Age Friendly Needs Assessment

Qualitative and Quantitative Findings - Oxford County

Technical Report
Prepared for the Oxford Age-Friendly Committee
Southwestern Public Health
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Age Friendly Needs Assessment - Methods

This report integrates findings from both survey data and qualitative input through focus groups and caregiver interviews. Together, these provide a comprehensive understanding of the experiences, challenges, and priorities of adults 50 and older in the community. The insights gained are intended to inform the development of an Age-Friendly Community Action Plan, which will guide future strategies and policy decisions to make Oxford County a more supportive and inclusive place for older adults. For this report, five domains were prioritized as being most relevant to the needs of older adults in Oxford County: Healthcare Services, Housing, Social Participation and Inclusion, Transportation and Outdoor Spaces and Buildings.

Data were collected using surveys, focus groups, and caregiver interviews. Adults aged 50 and older completed a survey to provide an overview of community needs. Up to ten virtual focus groups were held, including service providers and individuals with lived or professional experience related to the age-friendly domains. Additionally, caregivers participated in one-on-one phone interviews scheduled at a convenient time to capture their experiences and perspectives. The qualitative data were analyzed using a manual thematic analysis approach. The transcripts from focus groups and caregiver interviews were carefully read and reviewed. Keywords, recurring ideas, and notable phrases were highlighted to build familiarity with the material. Initial codes were developed from the highlighted keywords. These codes represented meaningful units of information, such as barriers, needs, or strengths mentioned by participants. Codes were then grouped to identify broader patterns across the data. These clusters of codes formed the basis of preliminary themes. The preliminary themes were compared across the dataset to ensure consistency, clarity, and accuracy. Themes were refined, merged, or reorganized as necessary to capture the core ideas more effectively. Each theme was clearly defined and named to reflect its content and scope. These final themes provide the framework for presenting the qualitative findings in this report. By combining survey results with thematic analysis results, this assessment provides both statistical trends and the lived experiences of older adults and caregivers. The findings highlight key strengths and gaps in current community supports and provide a foundation for actionable recommendations.

Qualitative and Quantitative Findings

Participants highlight both strengths and critical gaps across five domains: Healthcare, Social Participation & Inclusion, Transportation, Outdoor Spaces & Buildings, and Housing. Gaps in one domain often create barriers in others.

- Access to healthcare remains one of the greatest challenges for older adults. While 77.9% of survey respondents reported having a local family doctor or nurse practitioner (Figure 1), only 35.4% felt they could easily access them when ill (Figure 2). Long wait times, inconsistent home care, and staffing shortages were major concerns. Caregivers highlighted the fragmentation of services, poor communication, and limited follow-up, which added to their burden. Transportation, affordability, and knowledge gaps further restricted access. Despite these challenges, programs such as community paramedicine and the GEM (Geriatric Emergency Management program provide specialized frailty focused healthcare services in Emergency Departments (ED) to older adults) initiative were praised and responsive support can make a significant difference.
- Appropriate and affordable housing options are scarce, especially in rural areas. Only 24.9% of survey respondents agreed that their community offered smaller or alternative housing options (Figure 8). Caregivers reinforced these concerns, highlighting high retirement home costs, long waitlists for long-term care, and gaps in communication and leadership within facilities. At the same time, many emphasized the value of safe, supportive housing that enables independence and keeps families engaged in care.
- Older adults expressed both a desire for and barriers to participation in community activities. Survey results indicated that 33.2% of respondents reported attending local social gatherings (Figure 17), and only 35.1% agreed that community activities matched their interests (Figure 18). Technology, transportation, and cost often limited access.
- Transportation emerged as a significant barrier to participation in community life and healthcare access. Only 25.3% of respondents agreed that community transportation services were available to them (Figure 30), and cost was frequently cited as a barrier. Rural inaccessibility, limited scheduling, and lack of inter-community transit reinforced dependence on personal vehicles or family support.

Accessibility and safety in outdoor and built environments are inconsistent. Only 15.6% of survey respondents agreed that snow and ice removal considered the needs of older adults

(Figure 41). Sidewalk maintenance, accessible washrooms, and safe pedestrian crossings were recurring concerns in focus groups.

Age Friendly Needs Assessment Qualitative and Quantitative Findings - Oxford County

Healthcare

The healthcare domain focuses on access to healthcare services and whether those services meet the needs of adults aged 50+.

Barriers to Accessing Healthcare Providers

Participants across focus groups consistently described challenges accessing healthcare providers. Long wait times and response delays were highlighted, with several participants noting extended periods on waitlists before being seen. Others described difficulties related to retired or unavailable family physicians, leaving them without consistent primary care. As participants noted,

> "I was diagnosed with neuropathic pulmonary fibrosis. At that time, in 2019, life expectancy was three to five years after diagnosis. My family doctor told me the pulmonologist waiting list was 16 months."

> "Going to our emergency room has also really been negative in terms of the wait times and very unfortunately we've lost the human touch in terms of greeting people where they're at."

Overall, 77.9% of respondents reported having a local family doctor or nurse practitioner (Figure 1), but only 35.4% agreed that they could easily get in to see their provider when they were ill (Figure 2).

Figure 1: Proportion of adults 50+ who have a local family doctor or nurse practitioner

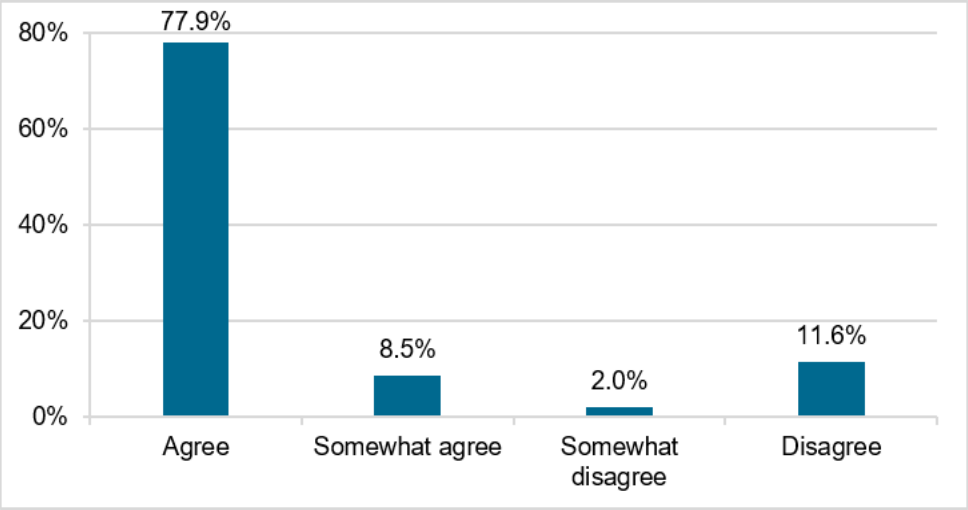
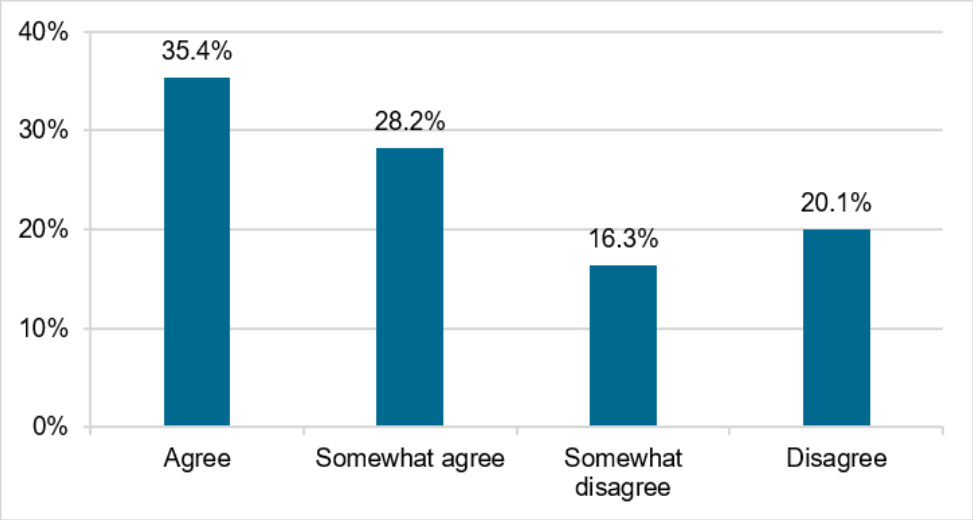


Figure 2: Proportion of adults 50+ who can easily get in to see a doctor or nurse practitioner, when they are ill



Focus group participants reported that some older adults avoid visiting their doctor or the emergency room due to fear that medical encounters could lead to hospitalization or long-term care placement.

> "They don't want to go to the emergency room or even to their doctor because they're worried that something is going to happen in that conversation or that encounter that then they're going to have to stay at the hospital or go to long-term care or something life changing is going to happen at that incident which makes them very frightened of going to either their doctor or the emergency room or particularly the emergency room."

Caregivers echoed many of the same challenges participants described. They highlighted difficulties with the process of obtaining health services, for example, challenges setting up care when new OHIP cards or family doctors were required. Caregivers described Ontario Health at Home (A single organization coordinating local home and community care, long-term care placement and help finding services in the community) services as fragmented and inconsistent. Despite assurances from hospital staff that support for medication management, personal care, and daily living needs would be in place shortly after discharge, families experienced significant delays and limited support. One caregiver said,

> "I talked to different staff and managers at Ontario Health at Home and no one was able to provide me with any answers or support. Ontario Health at Home was going to come in a few days, but once they realized my mom didn't have a health card, yet they said they wouldn't see us, and it would be months before they came back."

> "The connection between the hospital and Ontario Health at Home for discharge planning was a gong show. My sister from Toronto was there for discharge and they assured her that the homecare staff would be there within 48 hrs and the shower support, and med support and all of that would be taken care of and it would all be ready. She needed help with taking medication, a shower for 2x weeks, and help her get dressed, all those sorts of things. It was over 2 weeks she was at home before anyone showed up. We didn't get anywhere near the level of support we were told she would have."

Some caregivers noted poor communication between agencies, gaps in local service availability in Oxford, and a lack of accountability when service quality was poor. At the same time, there were reports of positive experiences: caregivers valued the community paramedicine program, hospital supports, and compassionate end-of-life care at facilities like Sakura House. Caregiver satisfaction was often linked to empathetic and trustworthy staff, team-based approaches, and continuity of support. However, they also reported stress, exhaustion, and health-related burdens from balancing independence and safety (e.g., falls prevention, resistance to assistive devices, meal preparation).

Caregivers emphasized that while some community-based health programs, such as the GEM (Geriatric Emergency Management program provide specialized frailty focused healthcare services in Emergency Departments (ED) to older adults) initiative and community paramedic

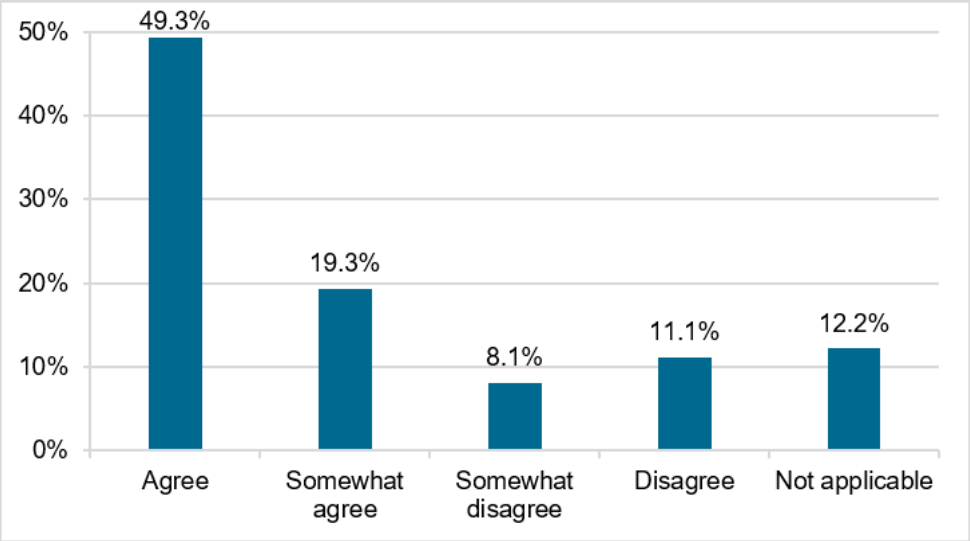
program, demonstrated respect and responsiveness, experiences were inconsistent. A lack of follow-up, especially in dementia care, was viewed as dismissive of caregiver effort and need. For those receiving home care, a lack of consistency in providers was noted, along with concerns that personal support workers often spent time on non-patient care tasks, limiting hands-on support. Transportation is also intersected with healthcare access. While virtual appointments were mentioned as a partial solution, many felt they were “not always viable” for older adults, particularly when personal interaction or physical examination was needed. Participants also emphasized the importance of a strong practitioner-patient relationship to ensure trust and continuity of care. As one caregiver observed,

> "I know my wife needed [home care] a few years ago and it was spotty at best. You never really knew if they were going to show up or not. And it's worse in a rural area when they have to drive a little further and weather may be an issue."

Transportation Barriers to Healthcare Access

Transportation was identified as a major barrier to receiving timely healthcare. Participants described difficulties coordinating schedules for rides, especially when appointments were scheduled at short notice. Some reported challenges with specialist locations being far away or outside of local service boundaries. Waitlists for accessible transportation, or restrictions on where PSWs could provide transport, created further difficulties. Participants often kept seeing doctors who were far from where they lived because of established relationships, even if transportation was difficult, emphasizing the importance of continuity of care. Survey data reflected these concerns, with only 49.3% of respondents agreeing that they could find transportation to get to medical appointments when needed (Figure 3).

Figure 3: Proportion of adults 50+ who can find transportation to get to medical appointments if needed



Cost of Care

The cost of care was described as a significant obstacle to accessing needed health services. Participants perceived private home care options as limited and expensive. While some families were willing to pay for these services, cost barriers prevented widespread access, despite home care being viewed as more affordable and preferable compared to institutional or hospital care.

> "I'm surprised there isn't more private sector companies offering this. Not that it's great to have the private sector in this, but I mean, there are people that would be willing to pay for home care, but I don't see it out there."

> "I think it's expensive, too. It's not feasible for all families out there. But cheaper to have people looked after at home versus institutions or hospital."

Caregivers noted that out-of-pocket expenses, such as parking, can create additional financial stress and exacerbate disparities for those with limited resources. One caregiver noted that,

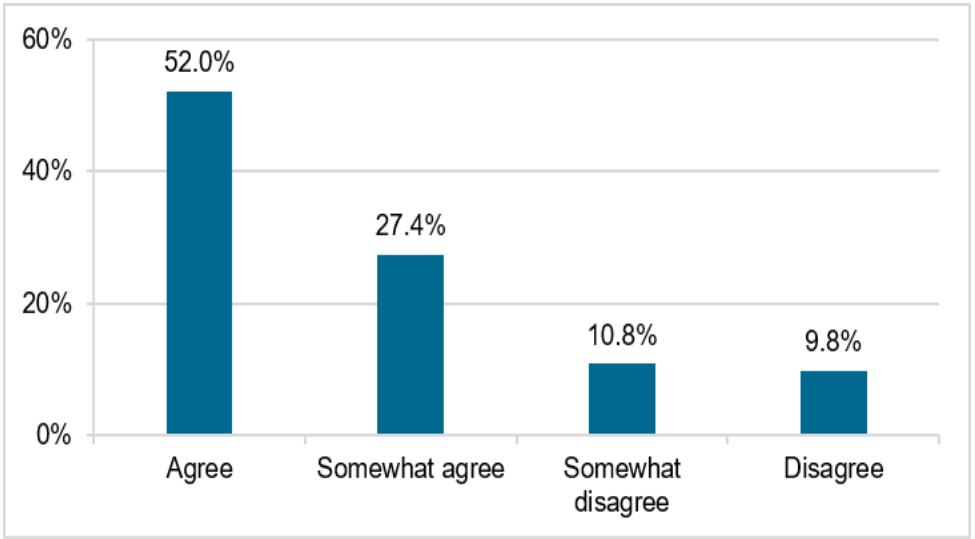
> "The cost of parking at the hospital, to the time off work. The whole experience was very frustrating due to lack of common sense of how things work and I'm sure it's due to

funding and not having enough money to go around. It really makes you realize how hard it must be for someone else without money."

Access to Specialized Care

Participants acknowledged that some specialized services were available locally, such as orthopedic surgery, dialysis beds, diabetes management, pain care, and internal medicine, while cardiac care often required travel to cities such as Woodstock or London. Participants mentioned long waitlists, difficulties navigating fragmented systems, and challenges for those requiring wheelchair or stretcher transport. Participants highlighted communication challenges with primary and specialized care, including limited follow-up, difficulty reaching clinics by phone, and trouble obtaining basic information. These barriers were seen as especially burdensome for older adults, affecting their ability to navigate care and maintain quality of life while waiting for services. Programs like Life After Stroke have limited staffing, providing only basic support and insufficient assistance for individual needs such as toileting, dietary restrictions, or communication. Technology barriers and costs were also cited, particularly for older adults. Survey findings showed that overall, 79% of respondents reported that healthcare services were located close to where they live (Figure 4).

Figure 4: Proportion of adults 50+ who can find Healthcare services located close to where they live



Despite these challenges, some facilitators were also highlighted, including local availability of specialists in certain cases, government transportation programs, and community-based research or transition programs that helped connect families to resources. One participant said that it was,

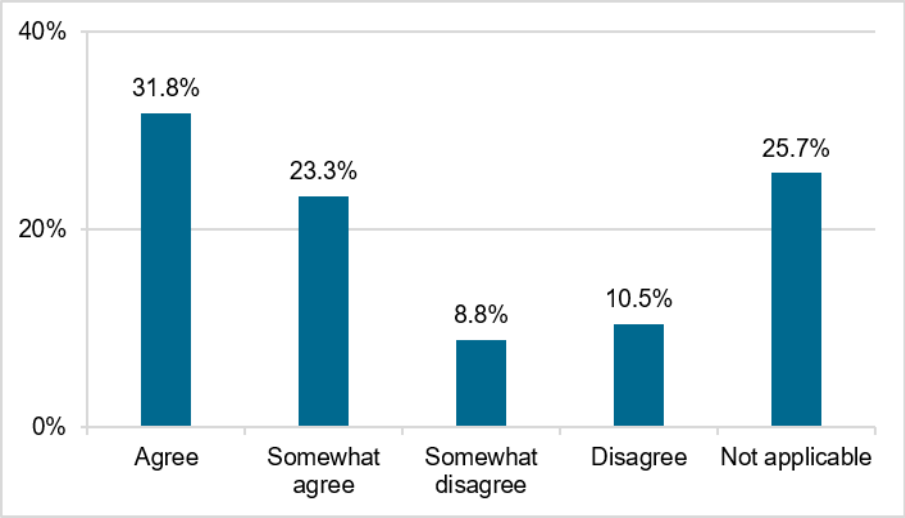
> “Fantastic when [Doctor] came (...). It was really great when he came to town because that really enabled a number of people to access specialized orthopedic care."

In-Home Care

Experiences with in-home care were mixed. While some participants emphasized the importance of advocacy, supportive PSWs, and opportunities for social interaction, many reported challenges related to cost, service reductions, and the strain on personal support workers. Concerns were raised about the quality of care, difficulty coordinating services, and the unavailability of healthcare professionals in some areas. Caregivers spoke of exhaustion from frequent emergency hospital visits and the stress of sudden health crises, particularly related to falls or stroke. They highlighted challenges with the organizations that provide in-home care, including inconsistent staffing, poor leadership, or lack of meaningful activity engagement.

However, positive staff relationships and family council involvement helped bridge gaps in care quality. Survey findings reinforce these issues as barriers, as only 31.8% of respondents agreed that healthcare services such as nursing, personal care, or housekeeping were available in their community (Figure 5).

Figure 5: Proportion of adults 50+ who feel that Healthcare services that come to their home are available in their community (These may include services like nursing support, personal care, or housekeeping)



One participant noted that,

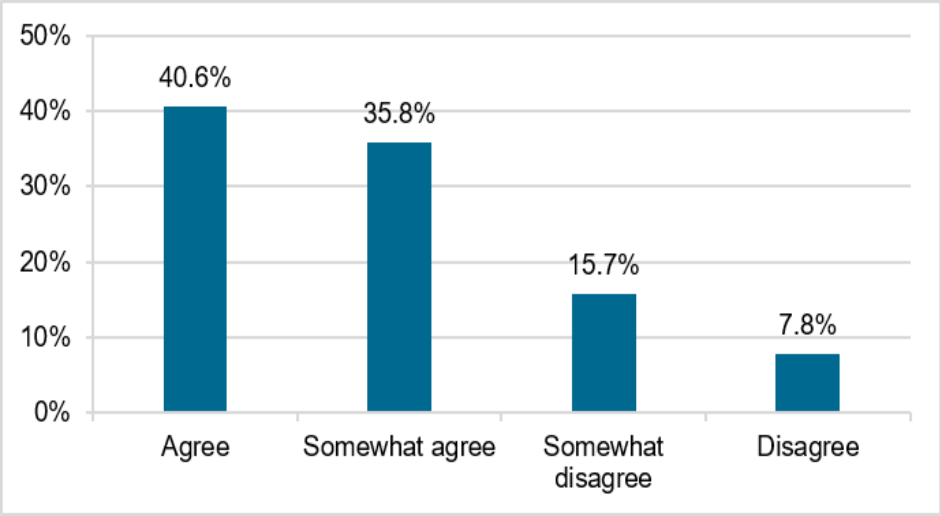
> "We service Ingersoll, Thamesford, up towards Embro and we have a 20–25-person waitlist constantly, but our funding doesn't go up and so we can't do anything about that."

Knowledge and Information Gaps

Knowledge gaps made it harder for participants to navigate the healthcare system. Caregivers and older adults alike described poor advertising of alternative care options, misinformation, and inconsistent advice from providers. It reflects participants' concerns that services like the 811 lines, which can guide individuals without a primary care provider, are not well-promoted. For dementia care in particular, assessments were described as inconsistent, leading to missed opportunities for caregiver involvement and ongoing tracking.

Survey data reflected this gap, with only 40.6% of respondents agreeing that they could find information about healthcare services in their community (Figure 6).

Figure 6: Proportion of adults 50+ who can find information about healthcare services in their community



Participants also stressed the importance of receiving information from physicians early during a crisis or when there could be a need for end-of-life care, noting that timely information could reduce confusion and help families plan more effectively. Participants noted that,

> "It's navigating the system and if you don't know the system you have to believe what anybody's telling you. Sometimes it's not good information."

> "Teaching the healthcare providers to have those conversations and to identify their [patients'] wishes because a lot of them are waiting for a geriatrician. Important to have these conversations ahead of time and know what is expected of their disease process because we wait too long and then, like, they're getting them to the very end."

Logistical Barriers

Participants described a range of logistical barriers that limited access to effective healthcare. Challenges included difficulty with selecting or accessing general practitioners, unclear distribution of tasks between nurse practitioners and physicians, and the presence of maximum time limits that restricted care. Financial and systemic issues were also noted, including low wages for providers, the reliance on private paid services, and the high costs of nursing homes. Staffing shortages, along with the limited availability of specialized general practitioners or

substitute physicians, further complicated access to care. Participants also highlighted concerns about coordination across services, particularly regarding hospital admissions, levels of care in retirement homes, and advocacy within nursing homes. These logistical factors were seen as ongoing barriers that reduced the overall capacity of the healthcare system to meet the needs of older adults. One participant observed that,

> "We haven't been able to bring on as many clients because most of our home care clients are now requiring more, because people are staying home longer. So, most of our clients get on average 3 or 4 visits a day, which again means we can't bring on more clients because we don't have more staff and it's a vicious cycle."

Caregivers described cost barriers, including expensive retirement homes, parking charges, and other hidden expenses. Limited system capacity and complex service navigation increased caregiver responsibilities, often leaving them feeling overwhelmed. Concerns about fragmentation, inconsistent PSW quality, and poor accountability were common. Caregivers emphasized the need for better inter-agency communication, clearer information on program timelines, and improved monitoring strategies for residents with cognitive decline or behavioural challenges.

Successes and Facilitators in Healthcare

Despite many challenges, participants also identified several positive examples of healthcare supports that enabled older adults to remain healthy and independent. General practitioners were often mentioned as a strong point of contact when accessible, providing continuity of care and fostering trust in the patient–provider relationship. Community-based resources were also highlighted. EMT visits were seen as a critical support that allowed many older adults to continue aging in place safely. Programs such as local research projects, family transition programs, and resources available through the community centre were praised for connecting people with information and services. These successes demonstrate that, despite existing barriers, there are established models and practices that communities can build upon to enhance healthcare access and delivery. Participants noted that,

> "We're fortunate to have our clinic with five physicians in it."

> "I live in an apartment across from Woodstock Hospital and I see the EMTs in here about two or three times a day. It's keeping people at home. It's saving money. The healthcare system is saving money."

Caregiver Experiences

Caregiver perspectives reflected both challenges and positive examples in healthcare access. Some reported supportive healthcare providers, respectful treatment, and continuity of care through programs such as community paramedicine. Others emphasized the importance of family networks in coordinating care. At the same time, many caregivers described feeling unsupported after hospital discharge, noting gaps in Ontario Health at Home (A single organization coordinating local home and community care, long-term care placement and help finding services in the community) services. Fragmentation in the system, poor communication between providers, long waits, and inconsistent dementia or cognitive assessments contributed to stress and uncertainty for families. Caregivers described variability in how they were treated within the healthcare system. Many felt respected by individual providers, but systemic support was lacking. Workplace flexibility, availability of respite, and access to caregiver exchange programs were highlighted as potential supports, but most participants noted barriers such as time, awareness, and eligibility. The sense of unequal respect, where those with stronger personal connections navigated services more easily, underscored inequities within the system. They highlighted the need for more accessible and specialized local supports (e.g., rehabilitation programs).

Housing

The housing domain focuses on whether adults aged 50+ have access to housing options that are affordable, accessible, and support them as they age.

Appropriate Housing

Participants in focus groups raised concerns about the affordability and availability of housing that meets the needs of older adults. In Tavistock Township, many residents aged 50 and older were interested in downsizing to smaller, more accessible housing, such as bungalows or main floor living, however, there are limited options available. Financial barriers, such as limited income and food insecurity, compounded difficulties in finding appropriate housing. Participants highlighted housing instability among older adults, noting that rising rents, renovictions, and displacement are forcing some seniors into transitional housing or the shelter system for the first time. A program like the Housing Stability Program, run by the OCCHC - Oxford County Community Health Centre, was noted as a helpful initiative, but overall, participants highlighted that many available housing options were not well matched to the supports older adults require. Broader systemic changes, including reforms to the CCAC system (A Community Care Access Centre is an organization in Ontario that connects individuals with home care services and other health care resources in their community), were seen as necessary to better integrate housing with health supports. As one participant noted,

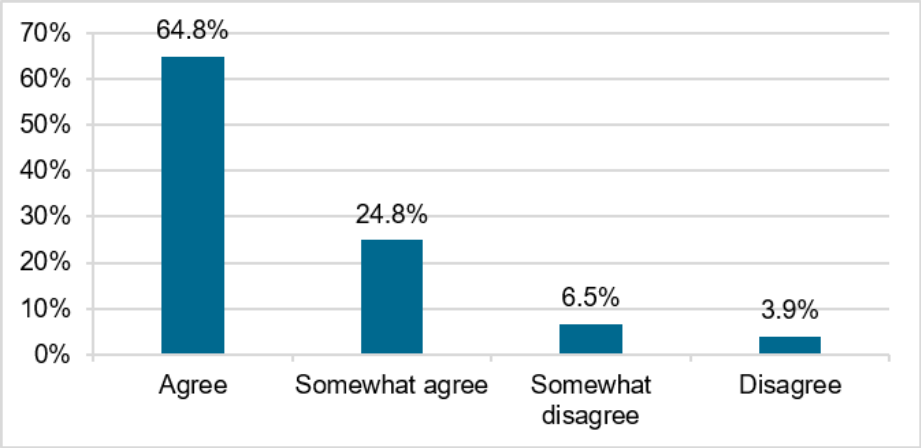
> "CCAC originally was supposed to be the one place that seniors could go to find and connect with all these resources, but that has fallen apart."

Caregiver interviews reinforced these concerns. Available housing options included apartments with services (such as Oxford Garden), retirement homes (often described as expensive), detached homes with assisted living supports, and long-term care homes. Families also mentioned that an important factor was striking a balance between independence and safety. There were some positive examples, such as supportive condos, specialized memory care

wards, and fall detection technology. Positive staff relationships and exceptional individual staff efforts were valued, yet many felt that affordability remained a limiting factor across housing choices.

Survey results showed that 64.8% of respondents agreed their current home is well suited to their needs (Figure 7).

Figure 7: Proportion of adults 50+ who feel that their home is well suited for their needs



Only 24.9% felt there were housing options (apartments, smaller condominiums, or detached homes) available in their community (Figure 8). When break this down by age groups, 19% of adults aged 50–64 agreed and 35.7% disagreed, while agreement rose slightly among older groups (31.1% for ages 65–79 and 32.3% for ages 80+) (Figure 9).

Figure 8: Proportion of adults 50+ who feel that there are housing options available in the community

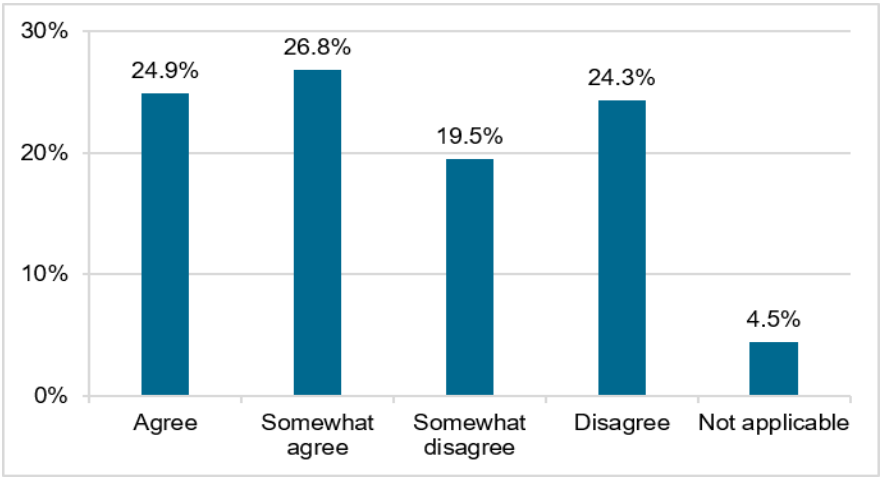
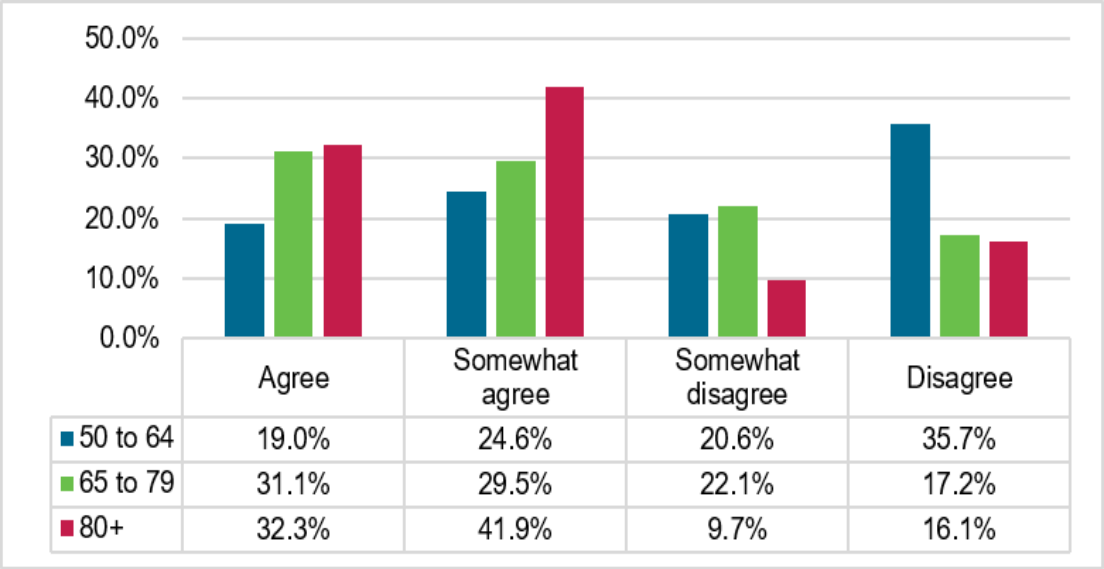


Figure 9: Proportion of adults 50+, by age group, who feel that there are housing options available in the community



	Agree	Somewhat agree	Somewhat disagree	Disagree
50 to 64	19.0%	24.6%	20.6%	35.7%
65 to 79	31.1%	29.5%	22.1%	17.2%
80+	32.3%	41.9%	9.7%	16.1%

Similarly, only 15.8% agreed and another 29.6% somewhat agreed that local housing is accessible to people with disabilities or limited mobility (Figure 10). Perceptions also varied by age group. Only 11.9% of adults aged 50–64 felt that such options were available, compared to 22.3% of those aged 65–79 and 27.6% of those aged 80 and above (Figure 11).

Figure 10: Proportion of adults 50+ who feel that there are housing options available in the community that are accessible to people with disabilities or limited mobility

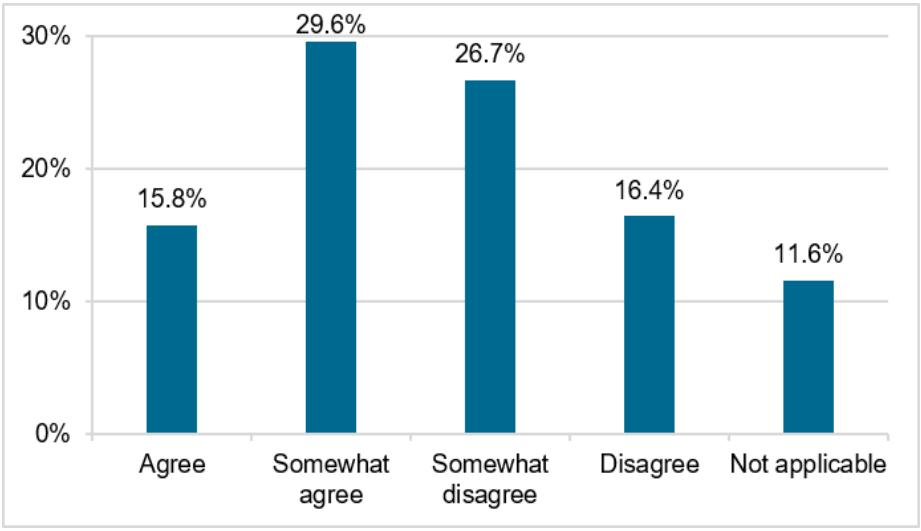
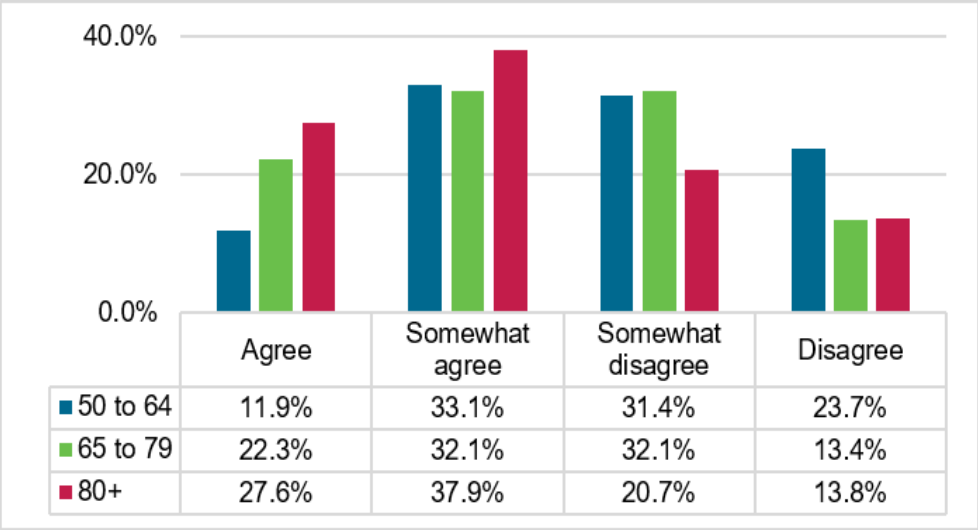


Figure 11: Proportion of adults 50+, by age group, who feel that there are housing options available in the community that are accessible to people with disabilities or limited mobility



	Agree	Somewhat agree	Somewhat disagree	Disagree
50 to 64	11.9%	33.1%	31.4%	23.7%
65 to 79	22.3%	32.1%	32.1%	13.4%
80+	27.6%	37.9%	20.7%	13.8%

Access to Long-Term Care (LTC)

Access to long-term care (LTC) was described as increasingly challenging, with lengthy waitlists, the need for physician approval, and high demand exceeding available spaces. Participants expressed frustration with the complexity of navigating the LTC application process and inequities in who gains access.

Only 24.7% of survey respondents agreed that retirement home options were available in their community (Figure 12), and just 19.7% agreed nursing home or LTC options were available (Figure 13).

Figure 12: Proportion of adults 50+ who feel that there are retirement home options in their community that they could move into if they chose to

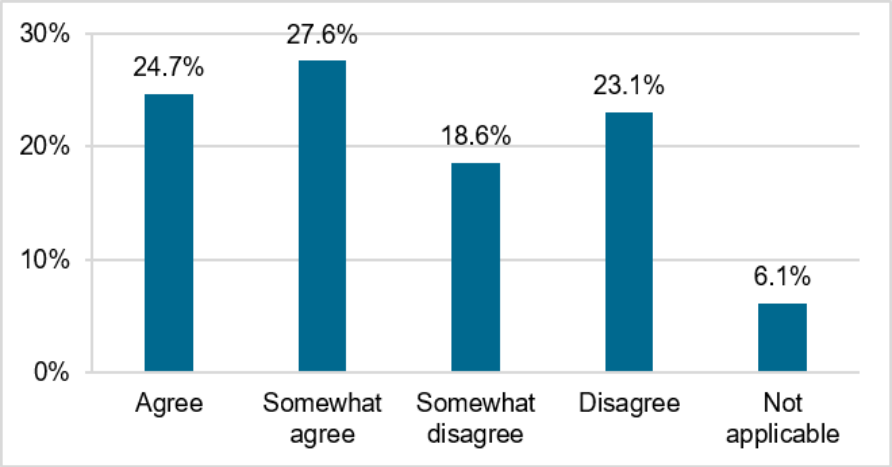
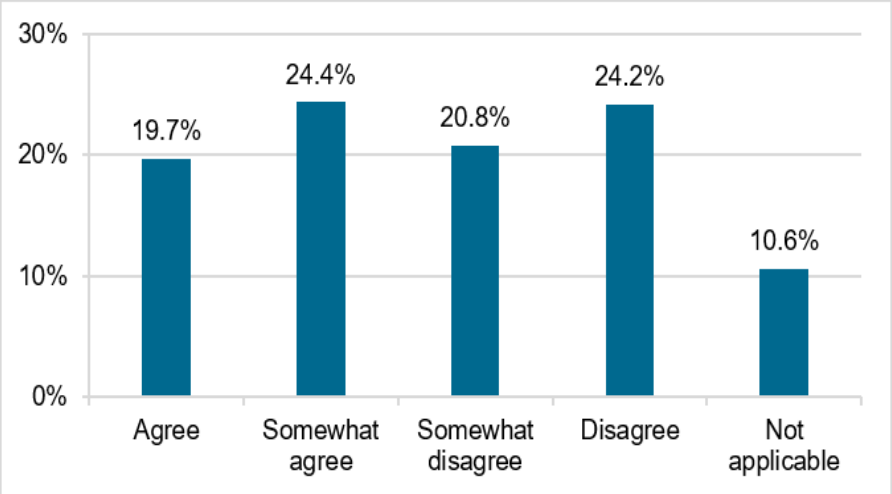


Figure 13: Proportion of adults 50+ who feel that there are nursing home options in their community that are available



Caregivers echoed these concerns, citing waitlists, pandemic-related restrictions, and difficulties navigating facility policies. Staffing challenges, leadership competence, and communication gaps were noted as factors affecting both the quality of care and resident well-being within LTC facilities. Nutrition, medication management, and activity programming were identified as gaps in long-term care. For example, at one facility, participants noted that residents do not receive support with medications. Caregivers expressed concerns about the poor quality of food, particularly the soggy vegetables. Additionally, activity programming was described as limited and unengaging, leaving some residents feeling disenchanted. One caregiver observed that,

> "The food was awful. I have a photo. Styrofoam container, two chicken wings, soggy brussels sprouts. That's what they served residents in lockdown."
>
> "We've been on the long-term care waitlist for five or six years. We finally got a call while I was in Florida with my brother—24 hours to decide, four days to move. (…) We talked to mom. She said, "I love my room." None of us live nearby to help her there. We felt it would be too hard on her mental state to move away from her familiar environment. So, we declined. That took her off the list, and now we're at the bottom again."

Caregivers emphasized the challenges of supporting loved ones within existing housing and long-term care systems. They pointed to gaps in communication, inconsistent leadership within facilities, and a need for greater family involvement in decision-making. Access to long-term care was perceived as limited, with waitlists and inequities adding to the strain. Many stressed the importance of developing supportive housing that integrates safety, independence, and family communication.

Aging in Place

Focus group participants emphasized the importance of helping older adults remain in their homes and communities as long as possible. However, smaller families and children moving away mean less family support. They raised concerns about financial abuse, where older adults' money could be mismanaged or taken advantage of. In addition, gaps in service coordination, such as the decline of once-centralized systems like the CCAC (A Community Care Access Centre is an organization in Ontario that connects individuals with home care services and other health care resources in their community, which is now part of Ontario Health atHome), made it harder for seniors to access the resources needed to age in place. Caregiver interviews highlighted the role of home modifications and adaptations in enabling independence. While many families invested in accessible renovations to support mobility and safety, the modification process was often described as lengthy and complicated. In some cases, relocation to supportive living arrangements became necessary when adaptations could not adequately meet needs. Caregivers emphasized the importance of personalized, person-centred approaches in balancing independence with safety. One participant described how the occupational therapist recommended safety modifications in their mother's bungalow, helping her maintain independence while staying safe.

Only 28.7% of respondents agreed that they could find information about home modifications (Figure 14), and 25.6% agreed that they could afford changes needed to continue living at home (Figure 15).

Figure 14: Proportion of adults 50+ who can find information about home modifications to continue living in their home if needed

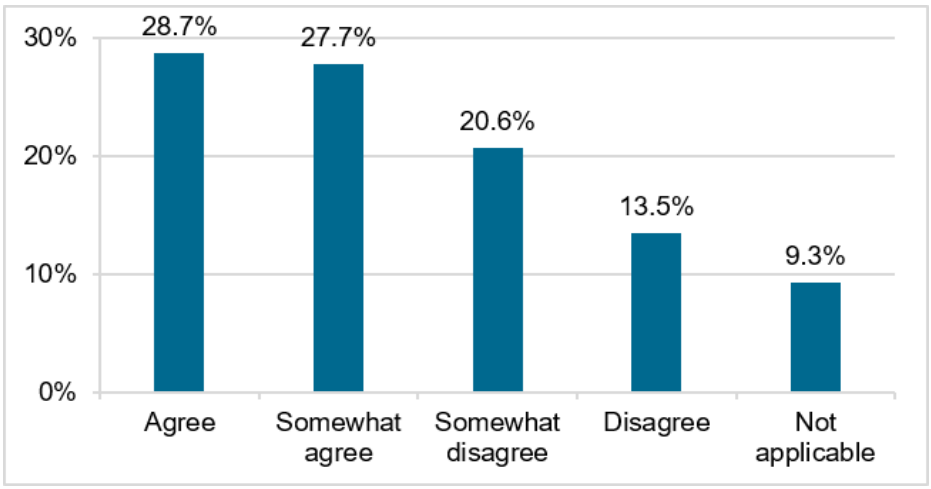
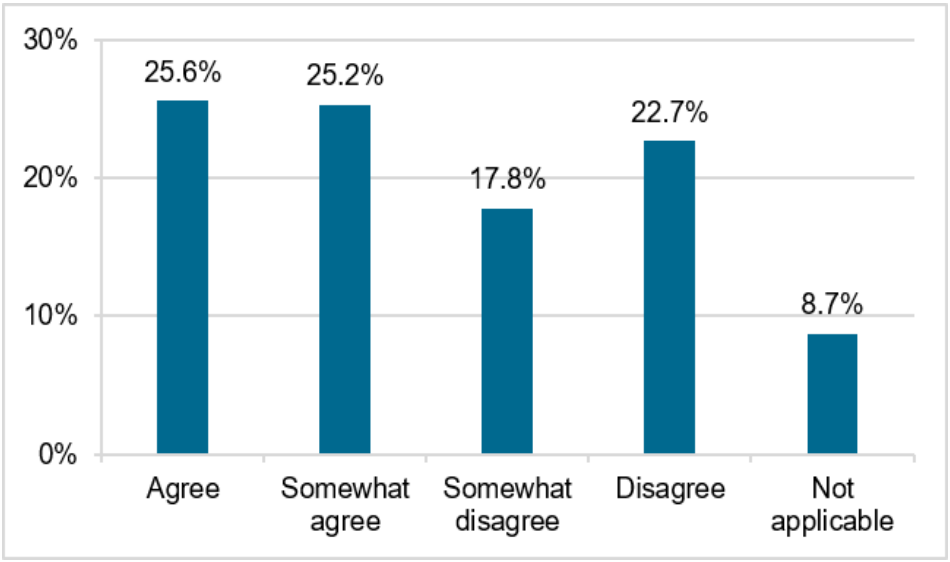


Figure 15: Proportion of adults 50+ who can afford to make changes to their home to continue living in their home if needed

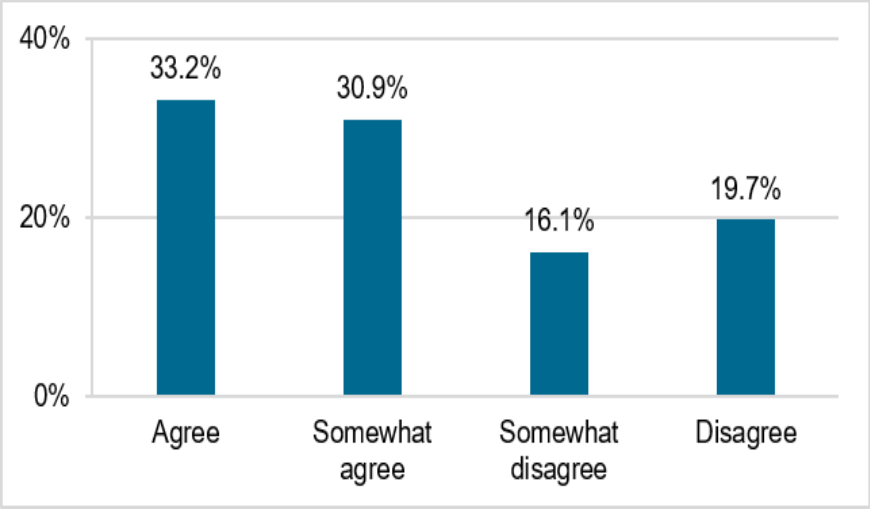


Barriers and Gaps in Housing Support

Barriers identified in housing support included fragmented or disconnected services, a lack of clear pathways for transitioning between independent living and assisted or retirement housing and limited formal support for older adults wishing to remain at home. Participants described COVID-19 as exacerbating the situation, creating further isolation and increased difficulty in navigating housing transitions.

Survey data also indicated financial barriers, as only 33.2% of respondents agreed that their income is sufficient to cover their basic needs without difficulty (Figure 16).

Figure 16: Proportion of adults 50+ who feel their income is sufficient to cover their basic needs without any difficulty



Caregivers described housing affordability as a barrier, noting that expensive retirement homes or limited funding options restricted support. Some caregivers reported challenges in balancing independence with safety when older adults resisted the use of assistive devices or home modifications. At the same time, caregivers acknowledged the availability of supportive retirement and long-term care services but noted that the quality of care varied significantly across facilities. Caregivers also reported significant quality of care issues within some facilities, linked to staffing shortages and leadership challenges. The suitability of activities, engagement opportunities, and overall facility management was inconsistent, resulting in varying experiences for residents and families, depending on the competence of leadership. Families often had to

advocate strongly to ensure accountability and responsiveness from facilities. As one caregiver said,

> " I helped start a family advocacy group."

Diversity of Perspectives and Contextual Factors

Participants noted that housing issues were particularly pronounced in rural areas, where fewer options and weaker service connections exacerbated barriers. At the same time, participants valued available supportive housing options and accessible building designs when present. Different perspectives on housing also emerged from immigrant communities, where cultural expectations around aging, family support, and housing arrangements influenced experiences. Language barriers can make it challenging to access appropriate housing and services. These perspectives highlighted the need for housing policies and programs that recognize diversity in expectations and needs. One participant mentioned that,

> “The immigrant population has a different perspective of aging and housing. The language issues and how do you find them a place that is comfortable for them. It is hard enough for people who can speak the language. A lot of parents of the younger people haven’t learned the language and they still speak their other language in the home.”

Resources, Awareness, and Advocacy

Focus group participants and caregivers emphasized the importance of advocacy in navigating the housing process. Families often provided informal support, monitored the quality of care, and ensured that needs were addressed, while systemic advocacy was seen as essential to hold facilities and services accountable. Awareness of housing resources, eligibility, and options was described as uneven, with many relying on personal networks rather than clear, accessible information from service providers. One caregiver mentioned that,

> "I emailed the head of the company, [Name], and the president. I asked them: if this was your mother or father, would you be okay with this? I included pictures. I got action right away. Within two weeks, people came down, inspections were done, and things started

to change. We got the local health board involved. I contacted the Retirement Homes Regulatory Authority (RHRA) and even called [Name] office. I never got a call back. That hurt because I had always supported him. It’s not about power—it’s about conscience.

Social Inclusion & Participation

The social, recreation, and community domain focuses on opportunities for adults aged 50+ to connect with others, take part in activities, and feel involved in their community.

Social Activities

Participants highlighted the importance of social gatherings, volunteer opportunities, and programs offered through churches, community centres, and local organizations (e.g., Southgate Centre, Navy Club, VON). Subsidized or free memberships, as well as volunteer fairs and short-term memberships, were suggested to reduce financial barriers. Some noted the value of cultural inclusion, such as developing a cricket area, to expand engagement for diverse groups. Caregiver interviews reinforced the significance of structured activities and supported participation. Programs like the Alzheimer's Society in-home recreation and the Family Transitions Program at Woodingford Lodge were noted as beneficial. Caregivers emphasized that social engagement was often conditional on having skilled PSWs or family members available to facilitate outings.

Survey respondents reported that 33.2% attend local social gatherings (Figure 17); however, only 35.1% said that community activities align with their interests (Figure 18).

Figure 17: Proportion of adults 50+ who attend social gatherings and activities that occur in their community

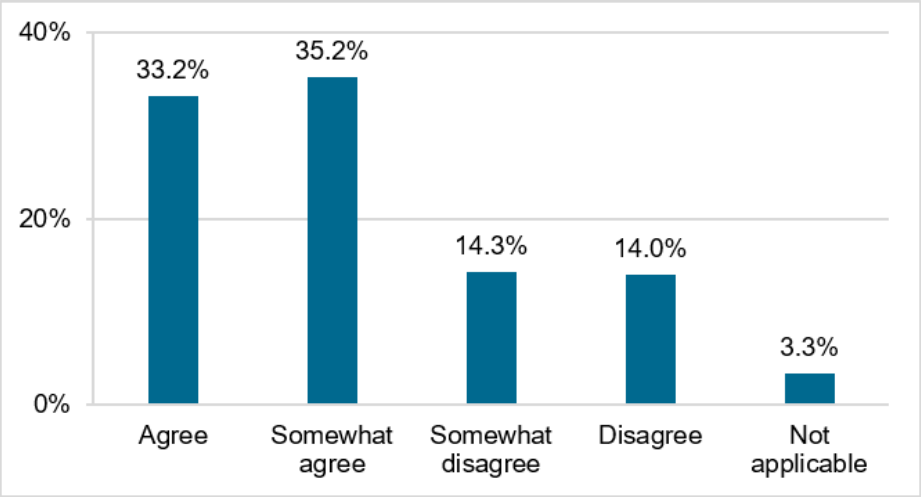
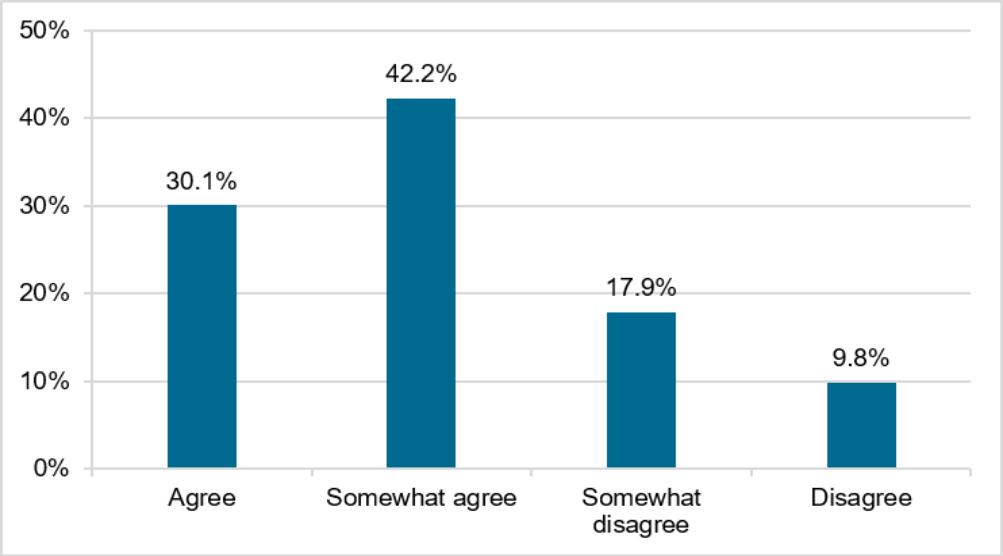
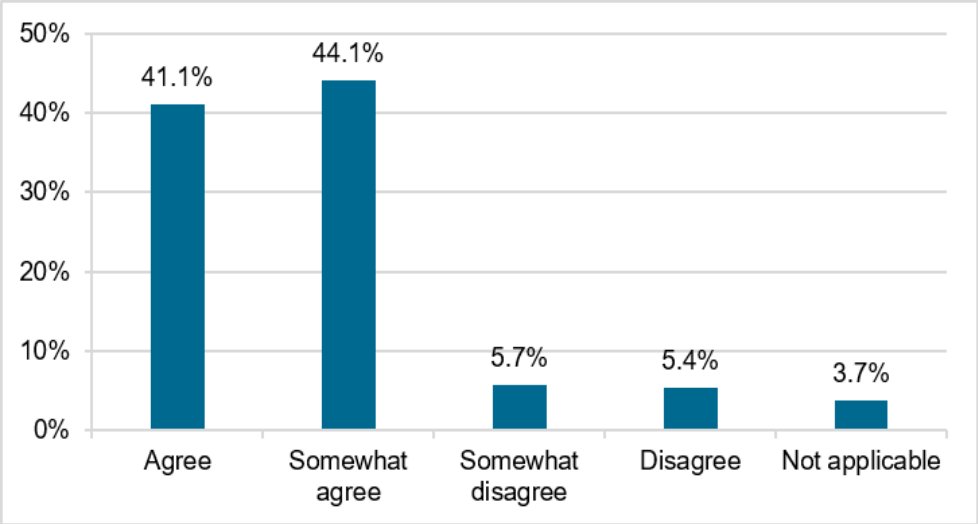


Figure 18: Proportion of adults 50+ whose community offers activities and events that interest them



Overall, 85% of respondents said they would attend intergenerational events (Figure 19), suggesting that interest exists when programming is relevant and inclusive.

Figure 19: Proportion of adults 50+ who would be interested in attending community events and/or activities that bring together different generations



Caregivers reported limited awareness or uptake of caregiver-specific social programs, often due to time constraints and reliance on informal networks. While caregiver groups and exchanges were available, many found them inaccessible or underutilized.

Barriers to Access

Technology was a recurring barrier, with older adults struggling to navigate social media and online platforms. Rural inaccessibility and unreliable transportation further limited access to activities. Language barriers were identified as significant for older adults, and no language support or programs are currently offered to help older adults overcome these barriers. Individual ability (physical or cognitive limitations) also contributed to reduced participation. Caregivers similarly described barriers, including the limited availability of adult day programs, a lack of in-home programs, and information gaps about available opportunities. Declining mobility and inadequately trained PSW support often compounded isolation. Caregivers noted that social participation for older adults was often limited by health crises, behavioural changes, or inadequate support for outings. While some reported positive impacts from PSW-facilitated outings, Alzheimer's Society recreation programs, and faith-based engagement, others described difficulties increasing social participation due to mobility, cognitive decline, or limited in-home programming. Caregivers also stressed the importance of intergenerational and community programs, including youth volunteering, to reduce isolation and foster resilience.

Survey data showed that 35.1% of respondents reported being able to easily find information about events (Figure 20), and overall, 73% agreed that information from organizations is easy to read (Figure 21).

Figure 20: Proportion of adults 50+ who can easily find information about activities and events occurring close to them

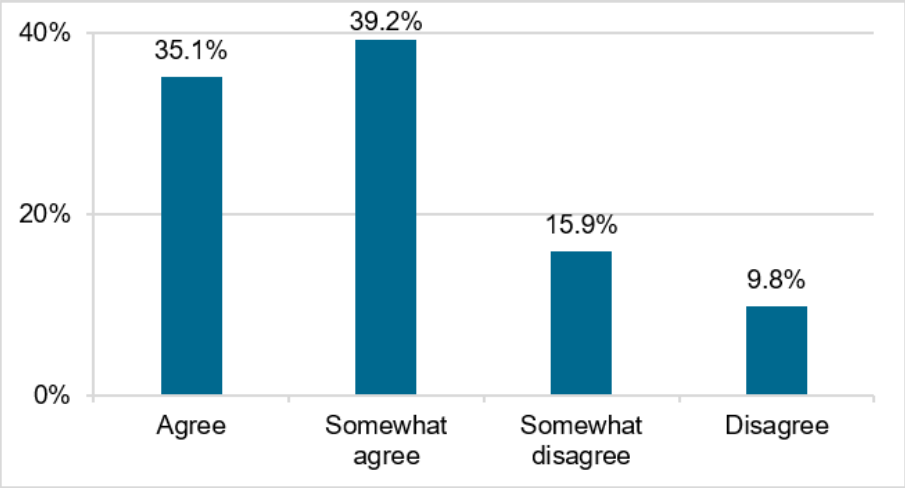
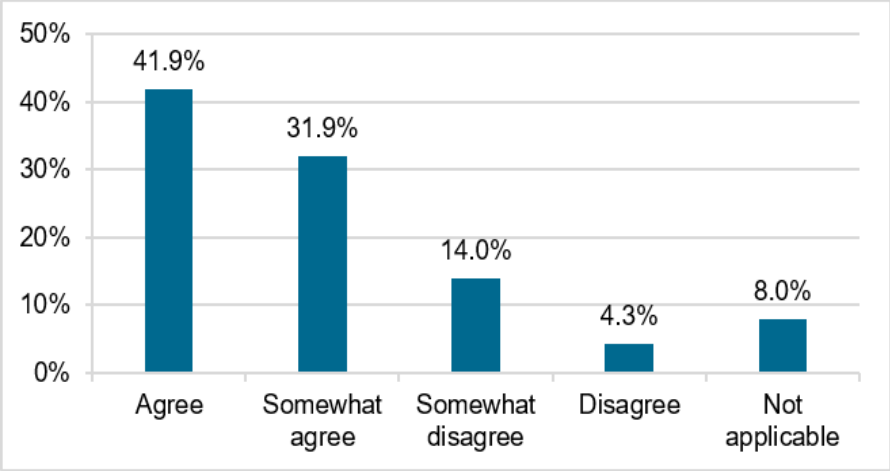


Figure 21: Proportion of adults 50+ who feel that Information sent out from community organizations where they live is easy to read



One of the focus group participants noted that,

> "Seniors over 75 use more papers instead of social media. The old way was shopping news, but now we are trying to streamline them and use social media but not everyone is comfortable."

Transportation Challenges

Transportation was viewed as a key enabler of social inclusion, but also a major barrier. Cost, limited-service availability, and the fear of being stranded after events discouraged participation. One participant said that,

> “I think transportation is a really tough thing for anybody living in a rural area, especially, (…), even if they do have transportation sometimes, (…) just going alone or (…) where there’s the possibility that they might get stuck or something might happen (…), I think that (…) they want to go, but they’d rather stay home because they have a little bit of fear of what could happen or might happen.”

Rural areas faced challenges due to limited public transportation and shortages of volunteer drivers. Programs such as VON offered mixed services (volunteer and paid drivers), but participants noted gaps in affordability and consistency. Many older adults, especially in rural areas, reported that even small bus fares were difficult to cover, limiting their ability to attend social gatherings or essential appointments. Subsidized programs, such as discounted bus passes, were helpful but often ran out quickly. Participants also highlighted that transportation costs could become unexpectedly high due to billing practices. For instance, the Ingersoll Senior Service Centre charges $0.50 per kilometre, starting from their location, meaning a trip from Woodstock to a destination and back could accumulate multiple charges, making travel expensive and less accessible for older adults. One participant mentioned that,

> "A lot of what I hear from people is that it's hard to get to places. They can't afford to even come to real treats to take the bus. It was $2.50 and they don't have enough money to take the bus down."

Caregivers described physical limitations and transportation barriers as significant contributors to social isolation, often leading to unmet needs and reduced participation.

Education and Awareness

Participants raised concerns about financial education, particularly regarding scams and fraud targeting seniors. They highlighted the need for ongoing financial support, improved awareness of volunteering opportunities, and efforts to reduce the stigma associated with mobility aids. Caregivers echoed these concerns, describing information and promotion gaps that left many unaware of available community programs. One participant said,

> "And it's something; the scams are big. I was sitting in the doctor's office yesterday and a senior man was on his phone, and he looked at me, and he said, do you think this is a scam? And he put his phone in front of my face, you know? And he had a 407 bill, and he hasn't been on the 407. And he was asking me, do I think it's a scam. And I'm saying, well, if you haven't been on the 407, then it probably is, right?"

20.4% said they can not find meaningful volunteer opportunities (Figure 22), overall, 59% said that volunteers are adequately supported (Figure 23).

Figure 22: Proportion of adults 50+ who can find meaningful volunteer opportunities that align with their interests and abilities

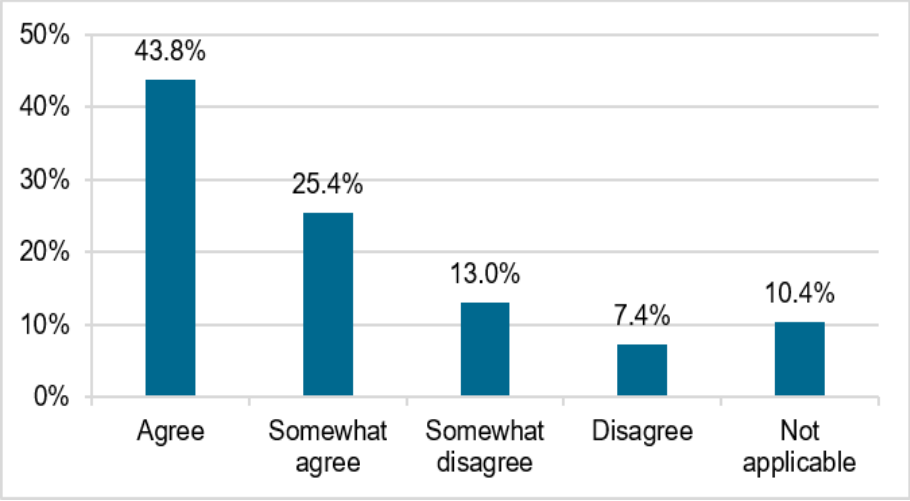
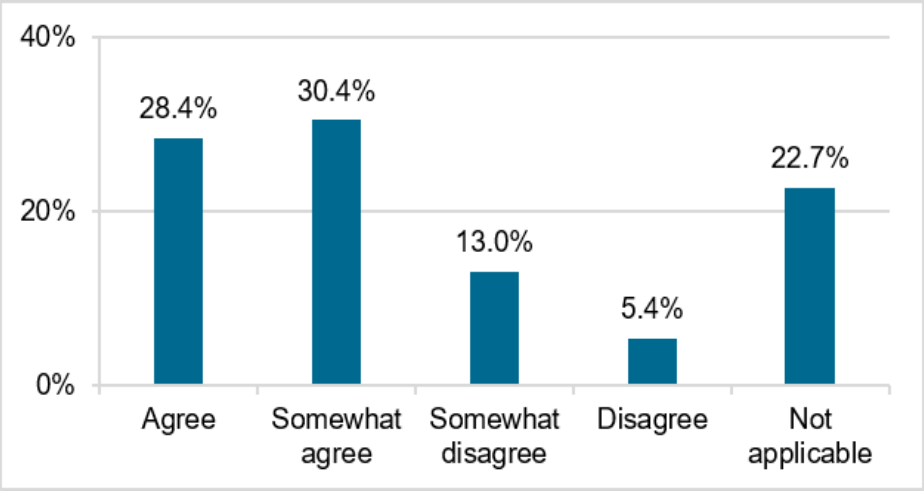


Figure 23: Proportion of adults 50+ who feel that volunteers are supported in their work



Diversity and Inclusion

The need for culturally inclusive activities was emphasized, with suggestions to better identify and engage underrepresented groups in community events. Efforts to incorporate diverse cultural activities (e.g., Indian community events) were seen to increase participation and inclusivity. One focus group participant mentioned that,

> "In the North End of Woodstock, for example, we have a larger Indian population than we did historically. So, I know we have things like a dairy capital festival. We have the highland games. We have a bunch of traditionally white, Caucasian holidays, from ancestral farming practices. But I don't know if we've ever looked into the ethnicity percentage within our county populations. Maybe something like a Diwali festival might be something to consider."

> "What's the environmental scan showing about our population demographics and then what holidays are important to that group of people, then maybe we can find a way to host an event like that."

Survey findings echoed that overall, 75% agreed adults 50+ are treated with respect (Figure 24), overall, 62% said their input is valued in decision-making (Figure 25), and 64% said contributions are recognized (Figure 26).

Figure 24: Proportion of adults 50+ in their community who are treated with respect

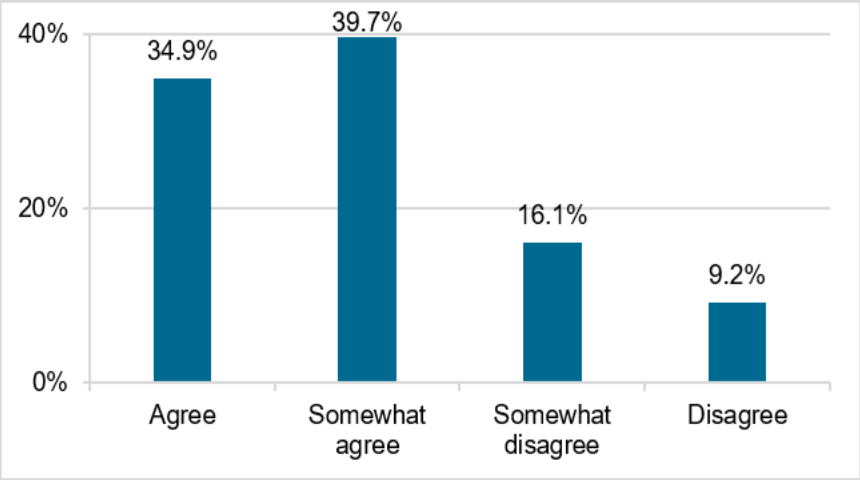


Figure 25: Proportion of adults 50+ who feel that their input is valued in decision making processes in their community

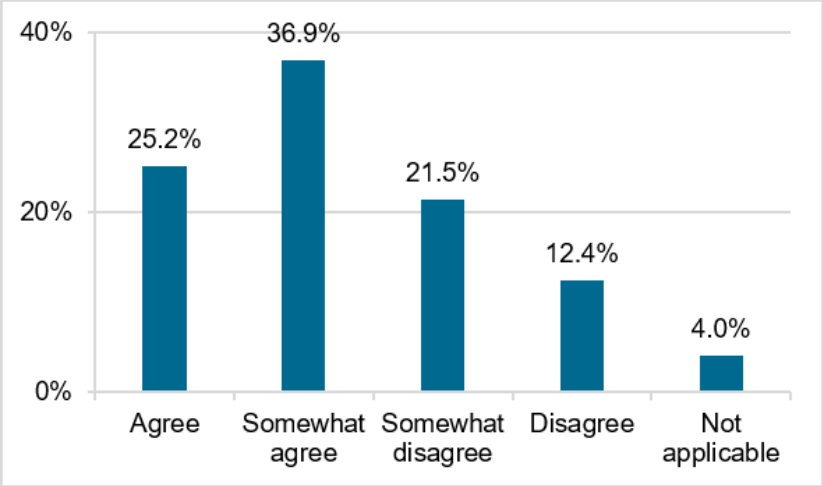
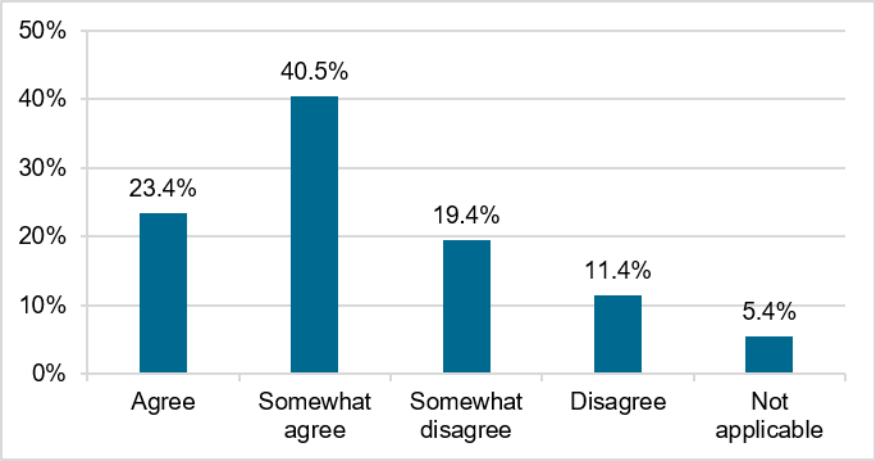


Figure 26: Proportion of adults 50+ who feel that their contributions are recognized and honored in their community



Social Interactions and Community Support

Communities with strong ties were described as protective against isolation. Examples included collaborative errands where older adults come together to complete everyday tasks, such as grocery shopping together, shared meals, and gathering spaces that fostered informal social connections. Caregivers observed that faith engagement and small-town connections contributed to resilience, with seniors drawing social and emotional strength from community and church networks. One focus group participant mentioned that,

> "In the new (…) Building... it's all low-income seniors... and they've formed a group, and they have meetings, and I provided all the food... 55 people came down and had turkey dinner at Easter time. The ones that couldn't come down they brought the turkey dinner to their apartments."

Survey data revealed that, overall, 78% agreed they connect with at least one neighbour regularly (Figure 27), and 80% agreed they know at least three neighbours (Figure 28).

Figure 27: Proportion of adults 50+ who have at least one neighbour whom they connect with regularly

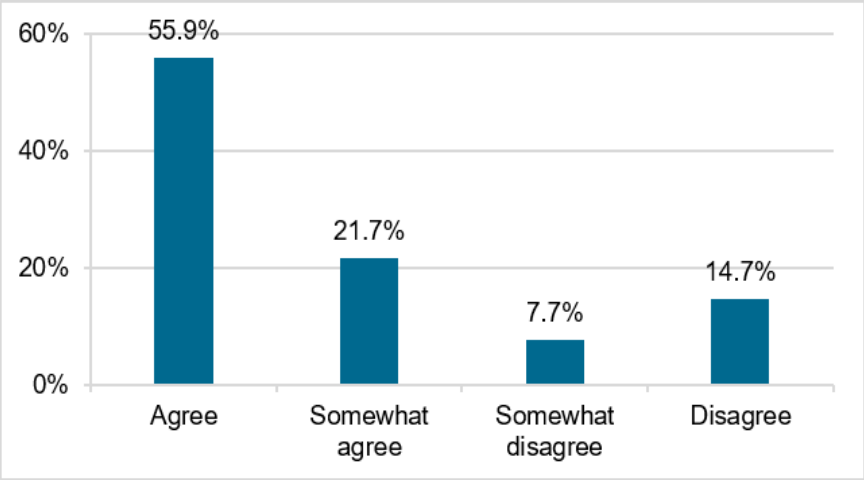
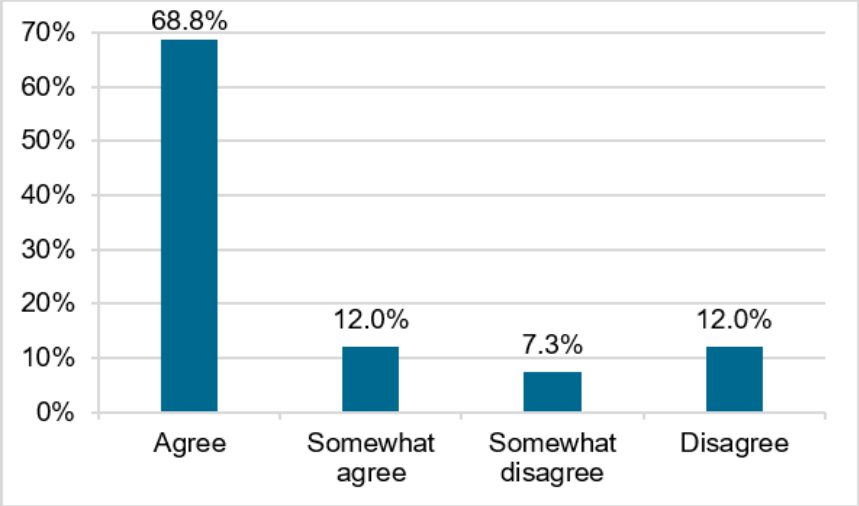


Figure 28: Proportion of adults 50+ who know the names of at least three of their neighbours



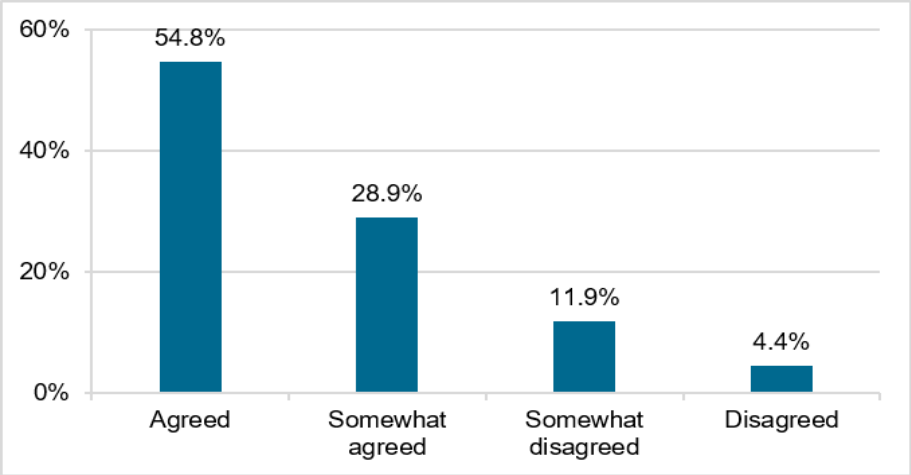
Senior Recognition

Recognition of seniors' contributions was valued, including through awards, senior discounts, "walls of fame," and volunteer appreciation initiatives. Veteran recognition was specifically highlighted. Participants noted that acknowledging seniors fosters community pride and encourages continued engagement.

Future Opportunities

Looking ahead, participants identified opportunities to strengthen inclusion through better advertising of programs, ensuring sufficient access to transportation, and addressing basic needs (food, money, clothing). Building “social capital”, which helps in networks and supports that enable participation, was seen as essential to reducing isolation. With relatively high openness to intergenerational events (Overall, 85% agreed) (Figure 19), and recognition of respect (overall, 84% agreed they don’t face age-based discrimination) (Figure 29), there is a foundation to expand participation if barriers are addressed.

Figure 29: Proportion of adults 50+ who don’t face discrimination or unkind remarks because of their age in their community



Caregivers also spoke about the role of nature, pets, and intergenerational connections in creating more supportive living environments. As one participant noted,

> "A big part of this is addressing the social determinants of health... Making sure people have enough transportation, money, connections, food, clothes... It's the social capital piece of building relationships and networks and seeing past the pandemic of everybody should be alone."

Transportation

The transportation domain focuses on whether adults aged 50+ have access to reliable, and convenient transportation options in their community.

Transportation Options

Participants described a mix of available transportation options in their communities. Community Transport Services, such as those coordinated by VON and volunteer driver programs, were noted as vital supports, particularly in rural areas. In-town services, such as TGO Transit (the regional transit system for Tillsonburg) and Woodstock's paratransit system, were also mentioned, with paratransit being viewed as affordable and, in some cases, free. Other options included taxi services in Woodstock, cycling paths outlined in the county's master plan, and the increasing use of e-bikes for short trips. Food and grocery delivery services such as Meals on Wheels and Skip the Dishes were frequently cited as important alternatives for those unable to travel. Retirement centre often provides vans for residents, offering transportation to essential services or planned excursions. However, these tended to benefit only those living in retirement communities, leaving gaps for older adults aging in place. Caregivers largely reported that the older adults they supported used public transportation minimally, emphasizing reliance on personal vehicles or arranged transportation. For some, taxis and alternative ride services were used occasionally, though cost concerns limited their frequency. As one participant noted,

> " Oxford... we hear of the community agency service vehicles like VON, the Multi Service Center... those accessible and volunteer-driven options."

Survey results reflect this as overall, 52% said that community transportation services are available for adults 50+ to attend appointments, events, shopping excursions, and recreational activities (Figure 30). When broken down by age, 22% of adults aged 50–64 agreed, compared to 26.7% of those aged 65–79 and 31.3% of those 80+ (Figure 31)

Technical Note: Within the transportation domain, 12.9% of responses indicating "Not Applicable (N/A)" were removed from analysis to more clearly identify barriers among respondents.

Figure 30: Proportion of adults 50+ who feel that community transportation services are available to take them to appointments, events, shopping excursions, and/or recreational activities*

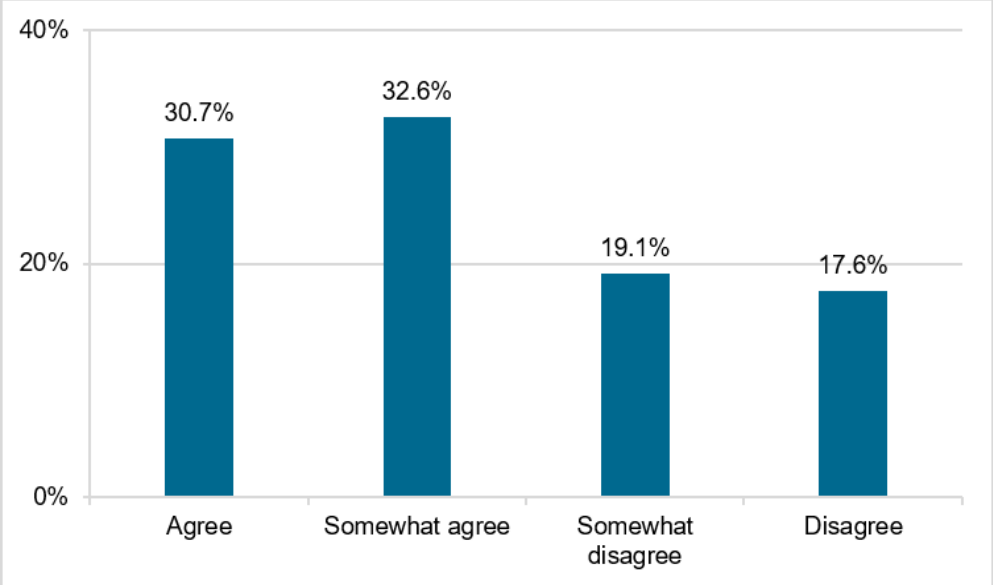
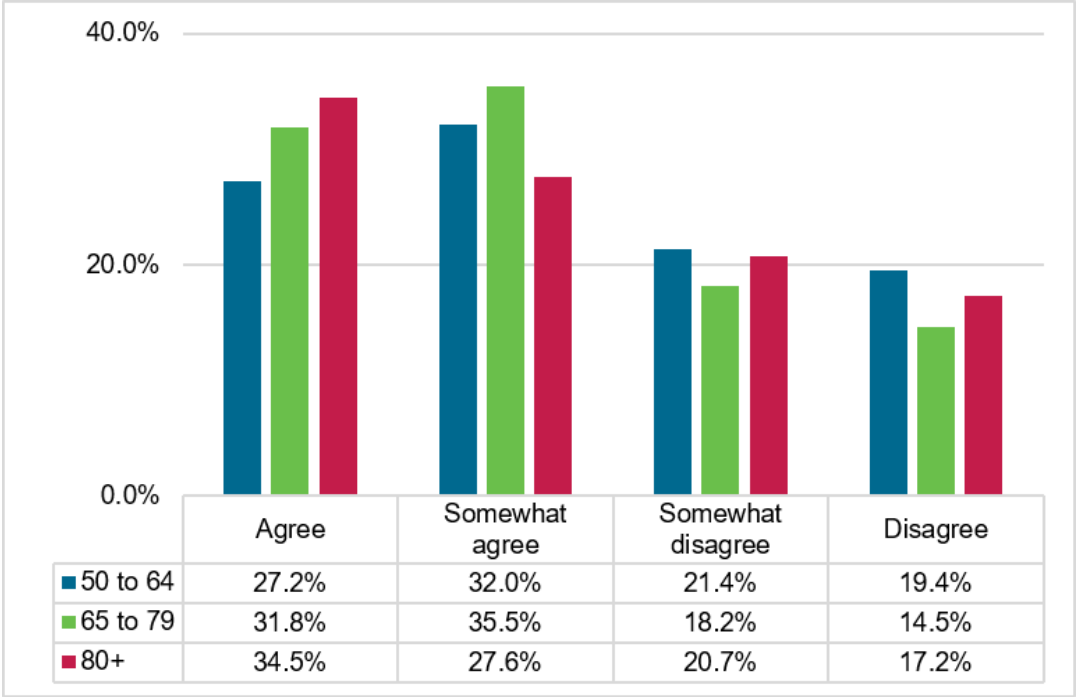


Figure 31: Proportion of adults 50+, by age group, who feel that community transportation services are available to take them to appointments, events, shopping excursions, and/or recreational activities



	Agree	Somewhat agree	Somewhat disagree	Disagree
50 to 64	27.2%	32.0%	21.4%	19.4%
65 to 79	31.8%	35.5%	18.2%	14.5%
80+	34.5%	27.6%	20.7%	17.2%

Cost Barriers

Cost emerged as a significant obstacle to transportation access. Ambulance fees were described as unaffordable, deterring some from seeking emergency services unless necessary. Participants also raised concerns about public transit costs, including proposed fare structures in Woodstock, which risked excluding lower-income older adults. Private transportation, such as taxis, was perceived as prohibitively expensive, particularly for seniors on fixed incomes or those reliant on Ontario Works (OW) or Ontario Disability Support Program (ODSP). Even minimal fees for bus services were considered a barrier for some older adults, underscoring the need for subsidies and reduced fares for seniors. Participants also emphasized that government support would be required to make public transit financially viable for communities while keeping it affordable for residents. Caregivers echoed these cost concerns, noting that limited financial resources often meant older adults relied on family members for rides rather than using paid transportation services.

Survey results align with these concerns: 30.9% agreed and 22.2% somewhat agreed that they can afford transportation services in their community (Figure 32), and 27.6% of adults aged 50–64, 35.9% of those 65–79, and 40.6% of those 80+ agreed they could afford transportation services in their community (Figure 33).

Figure 32: Proportion of adults 50+ who can afford the transportation services in their community

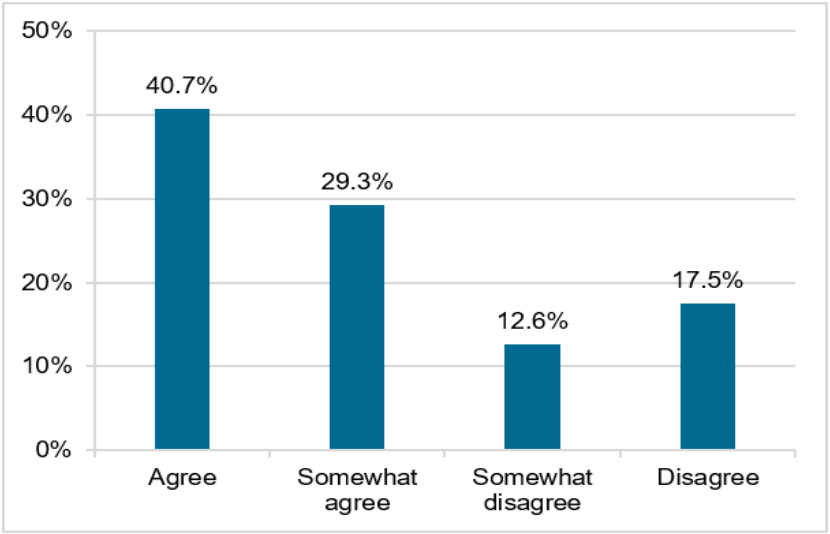
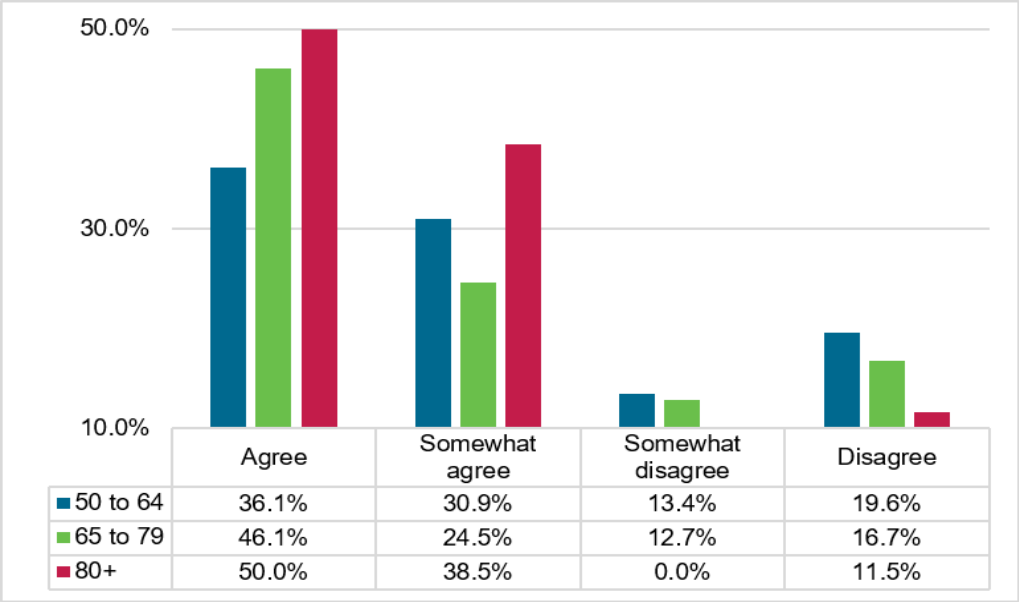


Figure 33: Proportion of adults 50+, by age group, who can afford the transportation services in their community



	Agree	Somewhat agree	Somewhat disagree	Disagree
50 to 64	36.1%	30.9%	13.4%	19.6%
65 to 79	46.1%	24.5%	12.7%	16.7%
80+	50.0%	38.5%	0.0%	11.5%

Transportation Barriers, Gaps, and Challenges

Gaps in available transportation options were a recurring concern. Participants described a lack of rural transportation and inadequate systems overall for meeting the needs of adults 50+. In some areas, like Woodstock, transit systems were available but insufficient to meet demand, while in others, such as Ingersoll, no public transit was available at all. This forced many to rely on family, friends, or volunteer services. Participants identified further gaps in service connections between towns, making it difficult for them to attend appointments or participate in social activities outside of their immediate community. Barriers also arose for individuals who relied on mobility aids, as these were not always accommodated on public transit. Other concerns included the lack of transit to key destinations, such as the Ingersoll Seniors Centre, and the limited availability of out-of-town services. Many highlighted that the heavy reliance on personal vehicles fostered dependency and contributed to isolation for older adults unable to drive. Caregivers supported these findings, noting their care recipients often had no access to public transit and were dependent on others for essential errands or medical appointments.

Fewer than half of respondents (46.6% agreed, 28% disagreed) reported being able to get to appointments, shopping destinations, and social events (Figure 34). While 44.9% of adults aged

50–64, 49.6% of those aged 65–79, and 50% of those aged 80+ agreed that they could get to their appointments, shopping destinations, and social events (Figure 35).

Figure 34: Proportion of adults 50+ who can get to their appointments, shopping destinations, and social events

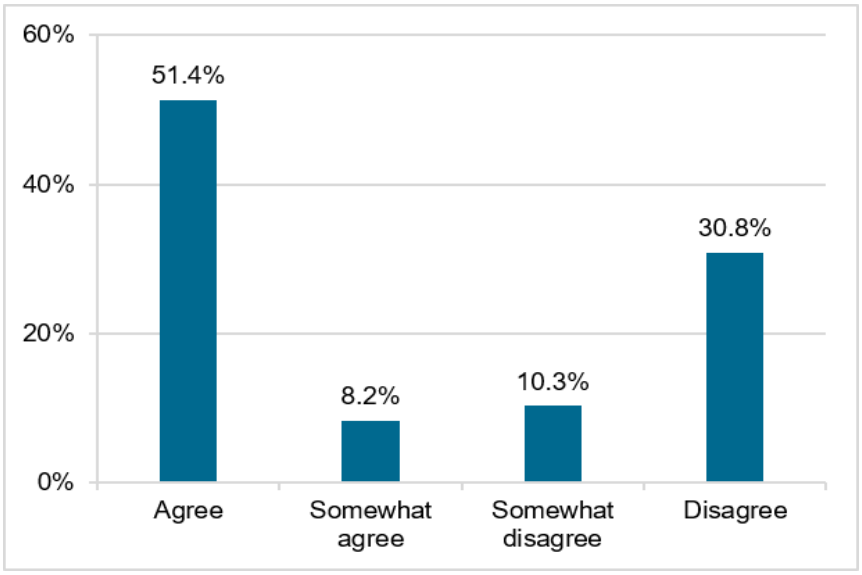
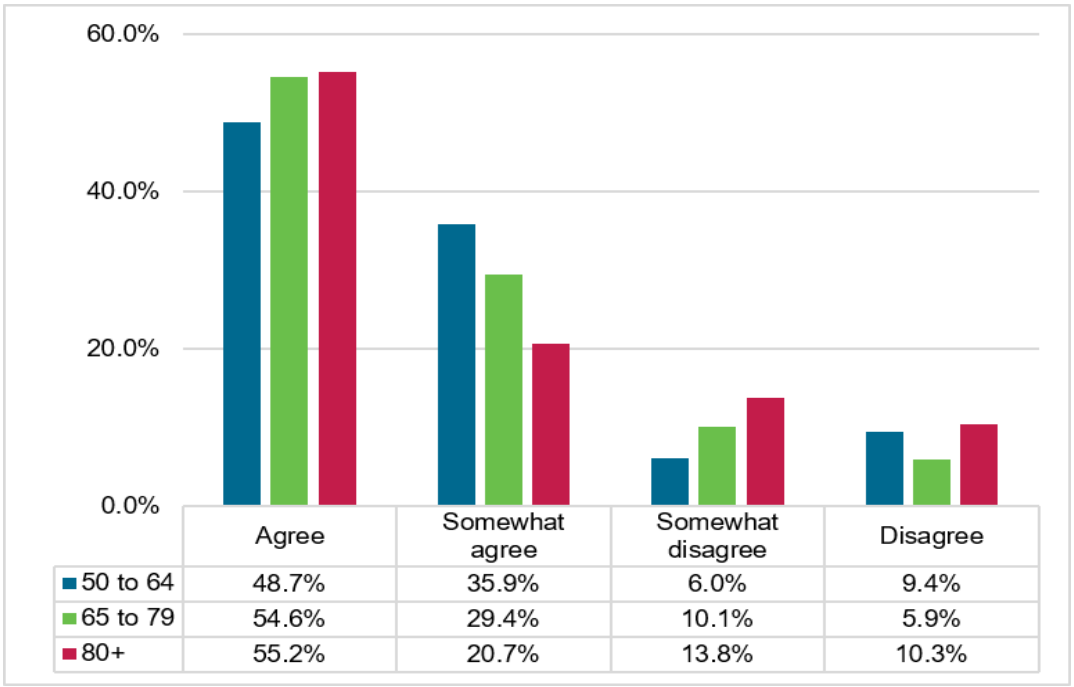


Figure 35: Proportion of adults 50+, by age group, who can get to their appointments, shopping destinations, and social events



	Agree	Somewhat agree	Somewhat disagree	Disagree
50 to 64	48.7%	35.9%	6.0%	9.4%
65 to 79	54.6%	29.4%	10.1%	5.9%
80+	55.2%	20.7%	13.8%	10.3%

Focus group participants said that,

> "Having spent 40 years in transit and when I came to Woodstock specifically, I saw the gap in transportation, I saw the lack of transportation."
>
> "Unfortunately, we're very car centric and especially in Oxford... it's a big part of our economy and because of our geography... how do you change that culture?"

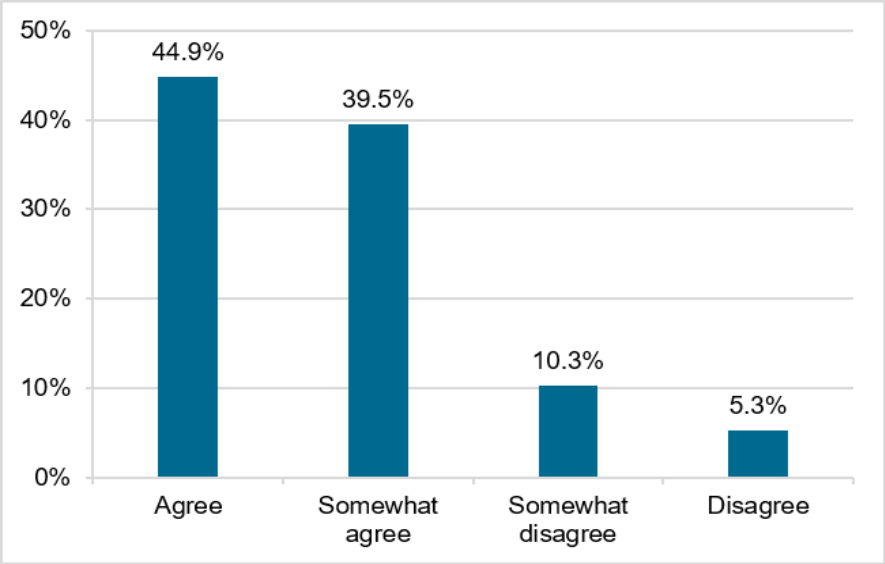
Accessibility and Scheduling

Scheduling difficulties compounded existing gaps. Rigid and infrequent bus schedules, particularly in rural areas, often resulted in participants missing medical appointments or social activities. Services were described as inflexible, with limited transit running throughout the week and no buses operating on Sundays. Discontinued pilot programs, including inter-community transit projects, were viewed as a significant loss. A common concern was the mismatch between medical urgency and transport response times. Participants expressed frustration when transportation options were not aligned with their healthcare needs, creating risks for older adults who require timely care. Bus schedules also interfered with social opportunities (for example, some noted that they missed social activities because buses stopped too early in the evening). Caregivers confirmed that when older adults attempted to use available transit, they found it unreliable or too limited to meet their needs. This reinforced reliance on family support for transportation. As participants noted that,

> “Public transit is available in Woodstock, not seven days a week... it does not reach every corner of Oxford”.
>
> “Paratransit came late... they only get like one to two minutes to speak to their provider... couldn't change their return ride back”.

Overall, 79% of participants said that parking is located close to community amenities (Figure 36).

Figure 36: Proportion of adults 50+ who feel that parking is located close to community amenities

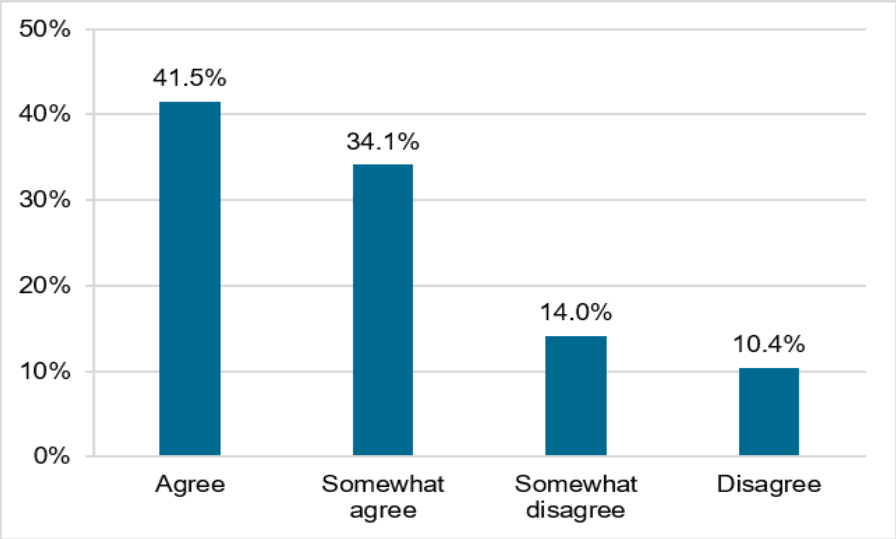


Systemic and Environmental Barriers

Beyond cost and scheduling, participants raised several systemic and environmental barriers. Eligibility requirements for certain services, such as needing a doctor's note to access subsidized disability transportation, excluded some older adults, particularly where physician shortages were already an issue. Weather also emerged as a barrier, with smoky air, humidity, or icy sidewalks restricting the ability of older adults to walk or use mobility aids. Concerns were raised about pedestrian safety, including insufficient time for crossing at intersections. Dependence on others was another recurring theme, with participants reporting that older adults often relied on neighbours, family, or community members for groceries and essential errands. Some participants even described avoiding rural housing options entirely because of the lack of reliable transportation. Caregivers reinforced these findings, noting that many of the older adults they supported relied on family or informal networks for grocery trips, healthcare appointments, and social outings.

Survey data showed that 38.4% agreed and 31.6% somewhat agreed that they feel safe driving in their community (Figure 37).

Figure 37: Proportion of adults 50+ who feel safe driving in their community



Outdoor Spaces and Buildings

The outdoor spaces and buildings domain focuses on whether public spaces and buildings are safe, accessible, and easy for adults aged 50+ to use.

Considerations when Designing Outdoor Public Spaces

Participants described a strong interest in ensuring outdoor spaces are planned with accessibility at the forefront. They highlighted positive examples, such as reviews conducted by the Upper Thames Conservation Authority, as well as site tours in St. Mary's, Woodstock, and Fanshawe, which helped identify design strengths and gaps. Community members also noted that planning meetings, including those aligned with the Ontario Building Code, were opportunities to advocate for accessibility. The role of accessibility committees was emphasized, with checklists that considered features such as parking, curbs, and sidewalks. Participants specifically referenced standards like the Accessibility for Ontarians with Disabilities Act (AODA) and the Facility Accessibility Design Standards (FADS, City of London) as frameworks to guide accessible planning.

> "Accessibility committee is working on a checklist that could be used by the County when they are doing buildings, housing, playgrounds, and would meet today's standards and even above the standards".

Accessibility Standards

Despite progress, participants identified several gaps in accessibility standards. Common issues included washrooms in parks that were either missing or too small, sidewalks that were slanted or uneven, and a limited number of accessible public spaces. Washrooms were also noted as not being adaptable for people of different body types (e.g., too low or narrow for taller individuals). Participants emphasized the importance of features such as accessible benches

with armrests, backrests, overhead coverings, and colour contrast, highlighting these as small but critical details for usability. There was a clear call for designing with universal standards in mind, ensuring wide, open spaces for all mobility levels. As one participant said,

> "Looking at washrooms, other facilities. One member is 6'3 - went to use a bench but wasn't sure how to get up, needing an armrest to help get up. [In] Tillsonburg, some people can't use the facilities because they aren't accessible (not just for short people but also for tall people)".

Survey results showed that 17.1% agreed and 35.7% somewhat agreed that public washrooms are inclusive to people with a variety of abilities (Figure 38), and 34.6% agreed and 43.1% somewhat agreed that most building entrances in their community are easy to navigate (Figure 39).

Figure 38: Proportion of adults 50+ who feel that public washrooms are inclusive to people with a variety of abilities

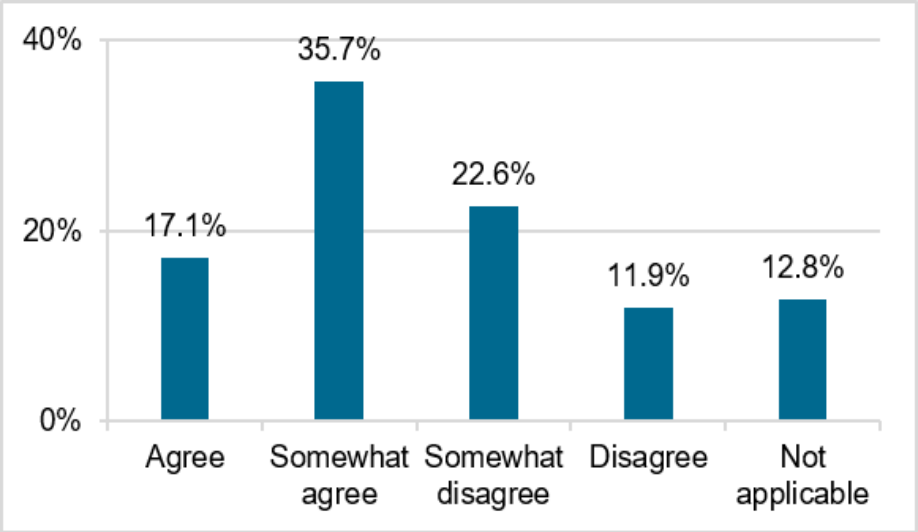
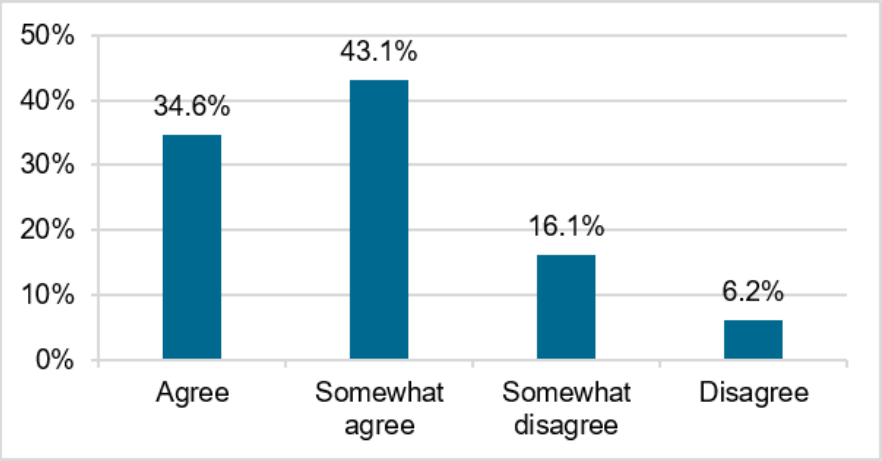
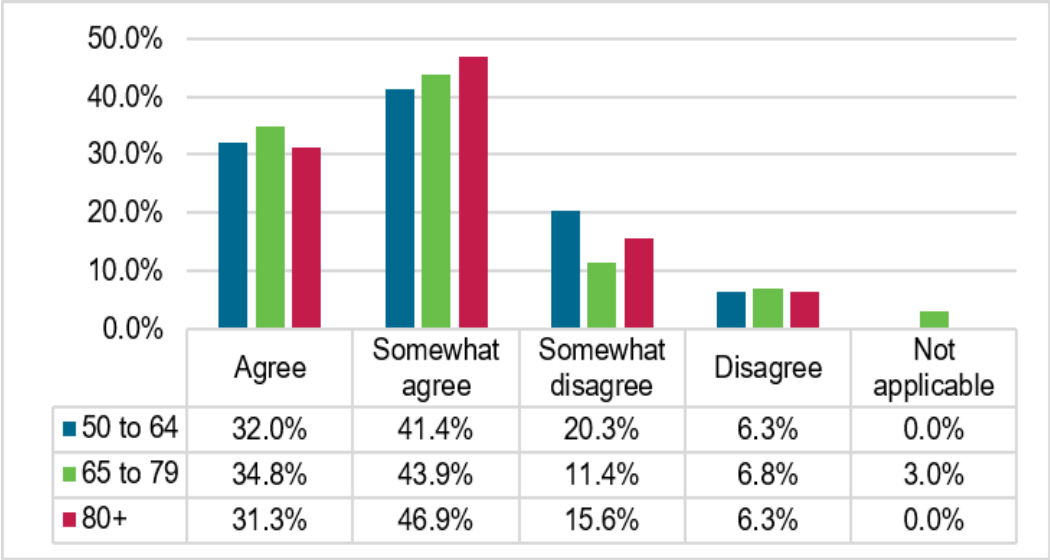


Figure 39: Proportion of adults 50+ who feel that most building entrances in their community are easy to navigate



Survey results also showed that 32% of adults aged 50–64, 34.8% of those aged 65–79, and 31.3% of those 80+ agreed that most building entrances in their community are easy to navigate (Figure 40).

Figure 40: Proportion of adults 50+, by age group, who feel that most building entrances in their community are easy to navigate



	Agree	Somewhat agree	Somewhat disagree	Disagree	Not applicable
50 to 64	32.0%	41.4%	20.3%	6.3%	0.0%
65 to 79	34.8%	43.9%	11.4%	6.8%	3.0%
80+	31.3%	46.9%	15.6%	6.3%	0.0%

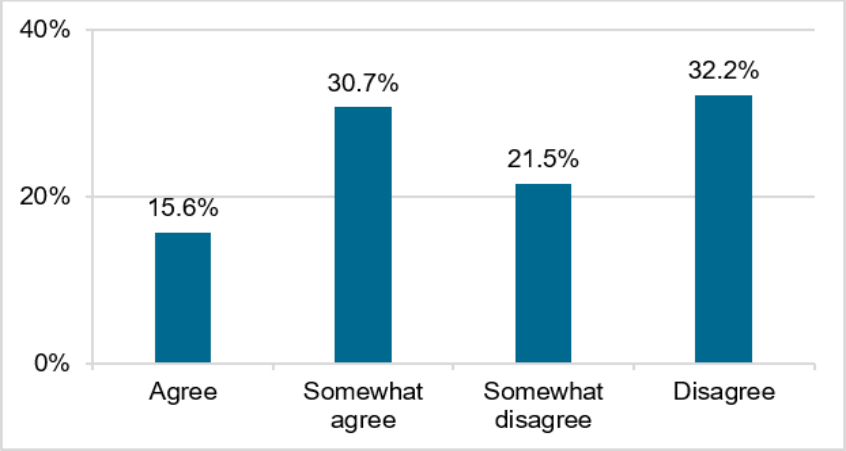
Maintenance of Sidewalks and Trails

Concerns about the upkeep of outdoor spaces were common. Snow removal and sidewalk cleaning in Oxford County were described as inconsistent, creating mobility risks for older adults. While some felt that park maintenance was satisfactory, trails were perceived as poorly maintained and unsafe. Participants described the restricted use of trails due to discomfort, a lack of monitoring, and safety concerns. Tick exposure was also raised as a health risk when trails were narrow or overgrown. The consensus was that better trail maintenance and monitoring are needed to ensure outdoor spaces are not only accessible but also safe and welcoming. One participant said,

> "Issue in terms of the trails – looking at the number of people who want to go for walks, [participant] notes they have heard from a number of different people that they don't feel safe going on the trails. "

Survey findings echoed that, overall, 47% of participants said that snow and ice removal considers the safety and mobility needs of adults 50+ (Figure 41).

Figure 41: Proportion of adults 50+ who feel that snow and ice removal in their community considers their safety and mobility needs



Safety Features for Street Crossings and Pedestrian Crossovers

Street crossing emerged as a major concern. Participants described anxiety and uncertainty when using crosswalks, citing insufficient crossing times, confusing processes, and angled parking that reduced visibility. In some cases, signs and speed bumps near parks were seen as helpful safety features, but participants called for more consistent implementation across communities. They also expressed the need for crosswalk timing to reflect the slower walking pace of many older adults, reducing the stress and danger of crossing busy streets.

> "Issue with limited time to even just cross the street, with very slow walkers (e.g. with walkers) being rushed. Someone was hit when they were crossing because of an issue with the timing."

Only 35.8% agreed and 34.4% somewhat agreed they can safely walk, bike, or use mobility aids in their community (Figure 42). While 33.6% of adults aged 50–64, 35.6% of those 65–79, and 43.8% of those 80+ felt they could safely walk, bike, or use mobility aids in their community (Figure 43).

Figure 42: Proportion of adults 50+ who can safely walk, bike, or use mobility aids such as a wheeled walker or wheelchair in their community

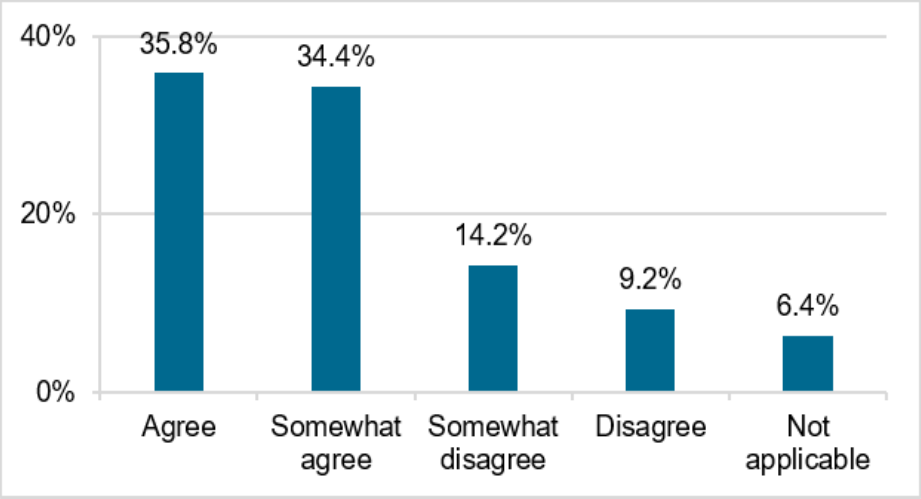
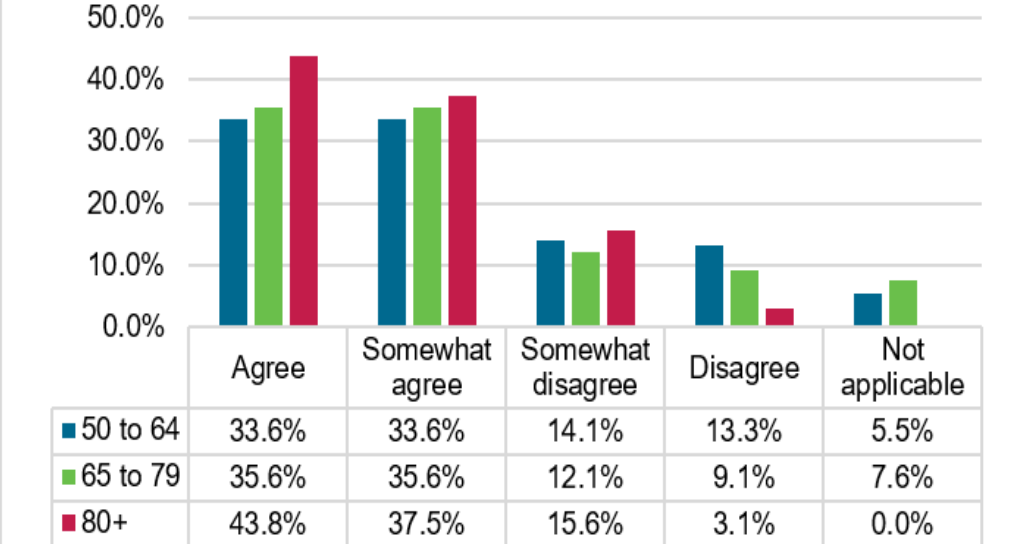


Figure 43: Proportion of adults 50+, by age group, who can safely walk, bike, or use mobility aids such as a wheeled walker or wheelchair in their community



	Agree	Somewhat agree	Somewhat disagree	Disagree	Not applicable
50 to 64	33.6%	33.6%	14.1%	13.3%	5.5%
65 to 79	35.6%	35.6%	12.1%	9.1%	7.6%
80+	43.8%	37.5%	15.6%	3.1%	0.0%

Determination of Location for Crosswalks and Roads

Participants raised concerns about how crosswalk and road designs are determined. Some described the process as unclear or inconsistent, with little input from seniors or other community members who rely on safe crossings. This lack of representation on planning committees was noted as a missed opportunity, as older adults are directly affected by the design and placement of pedestrian infrastructure. The uncertainty around decision-making reinforced perceptions of a disconnect between planning authorities and the lived experience of residents.

Everyday Accessibility Challenges

Additional concerns highlighted differences between public and private spaces. For example, some restaurants use dim or colored lighting in restrooms to deter drug use, which inadvertently makes the space inaccessible for older adults. Similarly, large stores like Walmart were described as difficult to navigate, particularly when trying to reach the restrooms. Participants also raised broader concerns about system gaps, such as a lack of awareness of available resources and inconsistent application of accessibility requirements across spaces. There was a strong call for more user-friendly, universally accessible designs that would improve everyday experiences for older adults. Caregivers shared that while some public buildings were generally accessible, heavy traffic made driving to and from these locations overwhelming, discouraging older adults from engaging with the community.

> "Accessible washroom closest in Walmart is always locked, so people can't get in, due to people going in to presumably use drugs."

> “Wheelchair accessible washrooms not having a button for the door (no automatic button). Not all the accessible washrooms are accessible. Too short of toilets, impact one participant’s washroom was up 2 steps, needing to push the door open, and then needing to transfer to too short of a toilet.”

Recommendations and Considerations for Improvement

Across discussions, participants emphasized the importance of incorporating community input into future planning. Specific recommendations included ensuring wheelchair turning radius in buildings, addressing narrow stairways, and designing spaces that anticipate the needs of older adults rather than reacting to barriers once they appear. There was broad hope for the development of an Age-Friendly Community Plan that would offer a chance for systematic input from older adults into the design of public spaces and buildings. Participants expressed that meeting accessibility standards should be viewed not only as compliance but as a commitment to dignity, inclusion, and independence for all residents. Focus group participants noted that

> "Public spaces. A group gets together once a week for breakfast had to change restaurants many times because of the music being too loud with hearing aids. Raising awareness of how spaces can be more user-friendly. Having people who are hearing impaired. She was speaking with someone earlier today, she has a cochlear implant, said she knows we can't really do anything about it, but how can we be mindful of people's accessibility (hearing, mobility, sight, etc.) - how do we make these spaces more user-friendly?"

> "Hoping this will be a part of the age-friendly plan ... Requirements of Ontario keep getting to be less and less with current government. Important for communities to have input for design to have accessibility needs met."

Conclusion

Overall, the findings highlight both strengths and persistent challenges in supporting older adults across Oxford County. Participants emphasized the importance of aging in place, access to specialized healthcare, affordable and consistent transportation, and culturally responsive services. Gaps in communication, staffing, housing options, and system navigation were identified as ongoing barriers, while examples of strong community programs and caregiver

advocacy demonstrate opportunities to build on what is working. Addressing these structural, financial, and social barriers will be critical to ensuring that older adults can remain safe, engaged, and supported in their homes and communities

Appendix A - Survey Respondent Demographics

Figure 44: Distribution of survey respondents by city/town

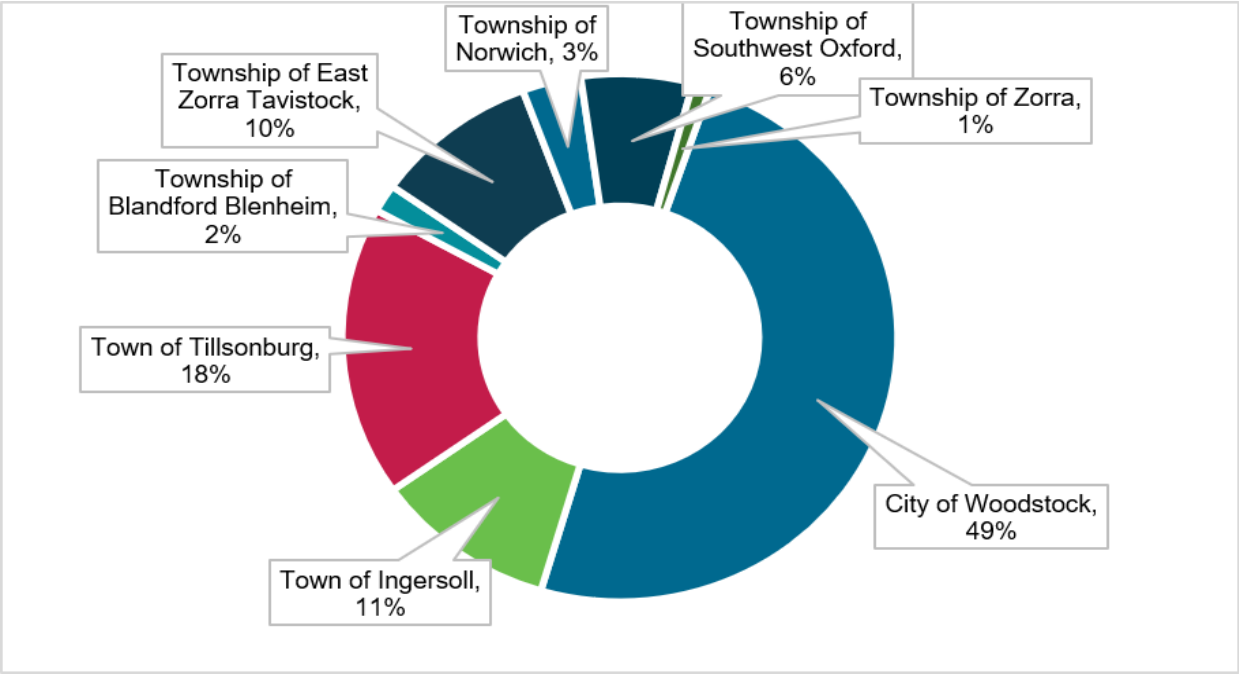
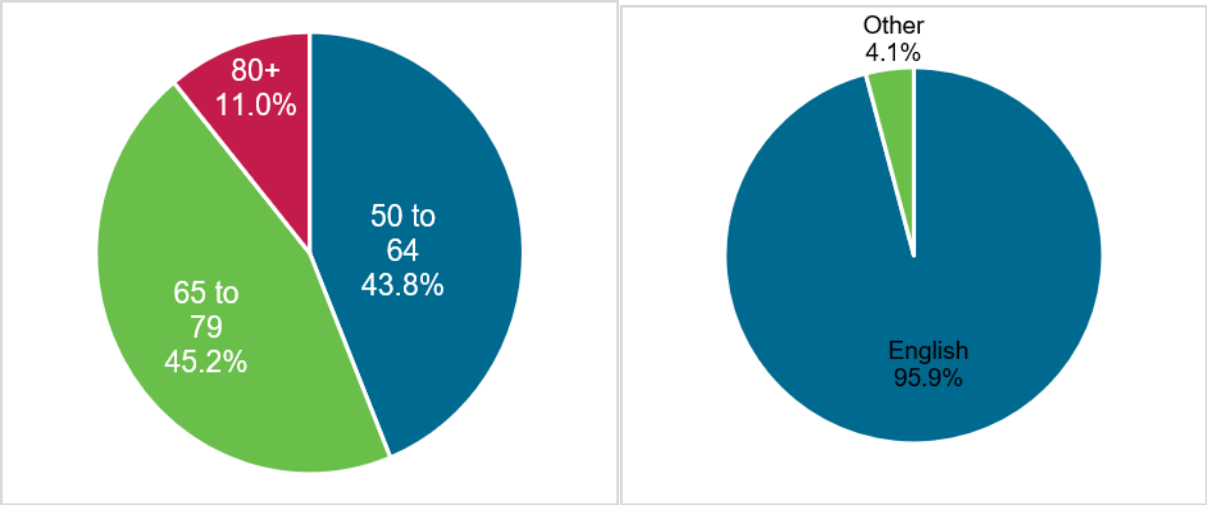


Figure 45: Distribution of survey respondents by age and primary language spoken



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