

UPPER CLUTHA SENIOR NEEDS SURVEY 2023



Prepared for the Reconnecting Seniors Network

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Summary

The Reconnecting Seniors Network has commissioned a research project to conduct a needs assessment of older adults in the Upper Clutha. Funding has been received from the Ministry of Social Development (MSD) Office for Seniors with the purpose of identifying opportunities to improve the quality of life for older adults in the area. The information gathered will help inform an Age-Friendly Action Plan.

A survey was conducted in April and May 2023 to assess the needs of older adults (aged over 65) living in the Upper Clutha. The following focus areas were chosen for this research: social participation, community and health care, and housing. There were 268 responses to the survey.

Overall, there was a lot of positive feedback on living in the Upper Clutha as an older adult. Many appreciated the beauty of the area, the climate, and the wide range of social activities available for older adults.

Access to specialist health care, including radiology services, was the biggest concern for most people. It was also listed by a number of people as a reason to not move to the area and many gave cautionary advice on this issue. The majority of people didn't currently seem to have barriers to traveling outside of the Upper Clutha for health treatment. However, it is obviously a main concern and major issue for some. For some, the choice to live in the area was to the detriment of their health, as far as access to medical services was concerned.

This is an issue that the Reconnecting Seniors Network could pursue and having this feedback from the community should support any advocacy work. A mobilising of the social capital held in the Upper Clutha to advocate for these services to be brought to Central Otago (at the least) would be a valuable use of time and energy. Another potential area of advocacy is the expressed need for small houses in the area. This could be some work done with the Queenstown Lakes District Council (QLDC) and developers and possibly be an area of further exploration.

As far as community participation is concerned there already exists a wide range of groups and opportunities for people to engage with. Potentially the area that the Reconnecting Seniors Network could work on is how these opportunities get communicated around the community and supporting those who have lost their confidence and need support to participate in these groups.

Based on the information gathered and the analysis conducted the following recommendations are made for the Reconnecting Seniors Network:

- Develop an advocacy group within the community that can focus on advocating for better access to emergency and specialist medical care within the region.
- Develop an advocacy group within the community that can focus on alternate housing options for older adults, especially smaller housing.
- Explore opportunities to support local health centres to help provide immediate access to medical care.
- Improve communication channels with older adults around opportunities to engage in social events, volunteering, services available, and social groups.
- Explore support needed for carers in the community.
- Enable existing social groups, such as Primetimers, to support those in the community who are struggling to engage in social activities.
- Continue to support those in the community who are struggling financially through the foodbank, Food for Love, and other community services.

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Upper Clutha Senior Needs Survey 2023

Introduction

The Reconnecting Seniors Network has commissioned a research project to conduct a needs assessment of older adults in the Upper Clutha. Funding has been received from the MSD Office for Seniors with the purpose of identifying opportunities to improve the quality of life for older adults in the area. Statistics from the QLDC estimate that the current (2022) population of adults aged over 65 in the Wānaka Ward is 2,716, with an expected growth to 4,250 in 2032. The information gathered will help inform an Age-Friendly Action Plan.

The Reconnecting Seniors Network is currently made up from wide representation across the community including Community Networks/LINK, Age Concern, Alzheimers Otago, LDC, MSD Office for Seniors, Volunteer South, Medical Centres, Allied Health Services from Dunstan Hospital, Enliven (PSO) Health Care NZ, Food for Love, St John, ACCESS Home Help and older adults.

A survey was conducted in April and May 2023 to assess the needs of older adults (aged over 65) living in the Upper Clutha. This survey builds on information gathered in 2013 when a survey of older people in the Upper Clutha was completed. The outcomes and recommendations from this research had a large impact on the development of age-friendly strategies across the community and led to an increased awareness of the needs of older people.

The World Health Organization's (WHO) Age-friendly Cities and Communities framework has eight domains that communities can focus on. Given the known issues in the Upper Clutha, the following focus areas were chosen for this research:

- Social participation
- Community and health care
- Housing

This work supports the visions of the Better Later Life He Oranga Kaumātua 2019 to 2034 strategy, which is "Kia noho ora tonu ngā kaumātua – Older New Zealanders lead valued, connected and fulfilling lives."

Methods

The key method for collecting data was a survey. The survey was designed in consultation with a steering group consisting of the following members: Kate Murray (Community Networks/LINK), Heather Clay (Community Networks/LINK), Robyn Brighthouse (Alzheimers Otago), Marie Roxburgh (Age Concern Otago (formerly)) and Kate Bariletti (community member).

Questions used were sourced from a range of places and adapted for the Upper Clutha context. It consisted of a maximum of 63 questions and took 18 minutes to complete. The survey was tested by three different testers.

The survey link was posted on the Community Networks/LINK website and promoted through radio, The Messenger, Wānaka Sun, community newsletters, and local networks. Paper copies were also printed and available to collect (and return to) Wānaka Library, Hāwea Library, Wānaka Presbyterian

Church, Wānaka Lakes Health Centre and the Wānaka Community Hub. The survey was open for six weeks in April and May 2023.

The fifty-six handwritten surveys returned were inputted into Survey Monkey by some students from Te Kura o Tititea Mount Aspiring College, as part of the Students in the Community Programme, supervised by Kate Murray and Kate Bariletti. A \$100 voucher was offered as an incentive and respondents chose to provide their contact details to enter the draw.

Completion of the survey was considered consent. No identifying data was collected and the raw data with contact details was only seen by the researcher. The raw data, without identifying details, will be held securely for five years by Community Networks/LINK.

Originally the plan had been to conduct some focus groups based on the survey findings. It was difficult to find people willing to participate in focus groups, so one small one with five people, all members of the Primetimers group, was held to discuss the key findings of the research.

Results

Demographics

In total, 268 responses were received to the survey (70% female, 30% male). There was a 69% completion rate (noting there were a number of skip options).

Respondents came from:

Area	Percentage	Number
Wānaka	66	176
Albert Town	6	15
Lake Hāwea	19	51
Hāwea Flat	2	6
Luggate	4	10
Makarora	0.75	2
Queensberry	0.75	2
John Creek	0.75	2
Glendhu	0.4	1

Length of time in the area varied but the majority, 62% (n=166), had lived in the area more than 10 years. Overall, people rated living in the Upper Clutha as a place to live as they age positively.

Responses were as follows:

- Poor - 4% (n=11),
- Fair - 15% (n=40)
- Good - 26% (n=69)
- Very good - 38% (n=99)
- Excellent - 17% (n=44)

Age of participants

Of the 225 that responded to this question:

- 65-70 - 27% (n=60)
- 71-75 - 28% (n=63)
- 76-80 - 20% (n=44)
- 81-85 - 15% (n=34)
- 86-90 - 7% (n=15)
- 91+ - 4% (n=8)
- Prefer not to say - 0.44% (n=1)

Ethnicity

Of the 225 people who responded to this question:

- NZ European - 74% (n=166)
- Pākehā - 10% (n=23)
- New Zealander - 4% (n=8)
- British - 3% (n=7)
- Māori - 1% (n=2)

Other ethnicities that responded were: European, North American, Australian and South American.

Marital status

Of the 225 people who responded to this question:

- Married - 60% (n=134)
- Widowed - 21% (n=48)
- Not married, living with a partner - 8% (n=18)

There were also respondents that are divorced, never married, and separated.

Social participation

The questions in this section focused on what people were doing with their time, how they get around and what social supports they are receiving.

Social groups and volunteering

As expected, most respondents were not working:

- Not working - 82% (n=211)
- Still working - 18% (n=47)
- Volunteering - 45% (n=115),
- Not volunteering - 39% (n=99)
- Interested in knowing about opportunities - 6% (n=15)

A number commented that they used to volunteer but couldn't now.

The majority had pastimes and interests at 84% (n=215), while 11% (n=27) didn't and 3% (n=7) would like to know about opportunities.

When asked about barriers to getting involved in social groups and activities 65% (n=159) had no barriers (or none of the options that were given), 14% (n=35) mentioned health challenges, and 6% (n=14) had transport challenges. The comments under the 'other' option gave a wide range of answers including being cared for or caring for a spouse or grandchildren, being busy with interests at home, not having enough spare time, deafness, and shyness.

ANSWER CHOICES	RESPONSES	
None of the above	65.43%	159
I am unable to get there	5.76%	14
I have health challenges	14.40%	35
I don't feel welcome	3.29%	8
I have someone I am caring for at home	4.12%	10
I can't find any that interest me	7.41%	18
Other (please specify)	9.47%	23
Total Respondents: 243		

Figure 1: Barriers to getting involved in social groups

Transportation

When asked about transportation, the respondents replied that they:

- Drive themselves - 91% (n=234)
- Walk - 33% (n=84)
- Ride a bike - 24% (n=61)
- Others drive them - 13% (n=34)

Other options included using a taxi or special transport service 4% (n=7) or a mobility scooter 2% (n=5). The majority had no challenges getting around Wānaka at 70% (n=177), however 16% (n=41) had challenges because 'the footpaths are dangerous'. Six people commented on cycles on the footpaths as a hazard.

Challenges around parking were mentioned in response to this question and in the comment section at the end of the survey:

"Finding parking is a challenge. Disability means walking is a bit difficult. I paid a 24 of Speights to have an Upper Clutha transport driver drive me into town and come and pick me up. Recently son took me from his workplace to town and picked me up when I rang. I have written at length in regard to the library parking. Inept and lack of empathy for the old come to mind when thinking of Wānaka parking. Designed and built by the young and the agile for the young and agile."

"I see the ever increasing dependency on tourism again. Did we not learn anything from covid? I would like to see tourist caps to sensitive areas...eg tramping tracks, Mt Roy. Open on internet cafe or similar, away from the centre of town, so that the library (and library parking) isn't crowded out with visitors looking for free internet."

"Trying to get rid of parking in town. Not everyone can walk."

“Being expected to park well away from shops in town will result in doing most of my shopping at Three Parks. Walking in Wanaka for me is for leisure/fitness not for essential retail.”

Local support

Most people had someone they could call on when they are in need 93% (n=238) however 7% (n=17) did not. However, when asked if they got support from friends, family, or neighbours 76% (n=194) said yes and 24% (n=62) said no.

For those that are getting help it was mainly for:

- Companionship - 41% (n=68)
- Gardening/home maintenance - 38% (n=62)
- House cleaning - 25% (n=41)
- Food/meals were - 20% (n=33)
- Transportation - 19% (n=32)
- Shopping - 15% (n=25)

Personal care like showering or taking medication was low at 4% (n=7). For those that answered the ‘other’ option the majority responded with no support needed, some mentioned friends, family, and neighbours as sources of support.

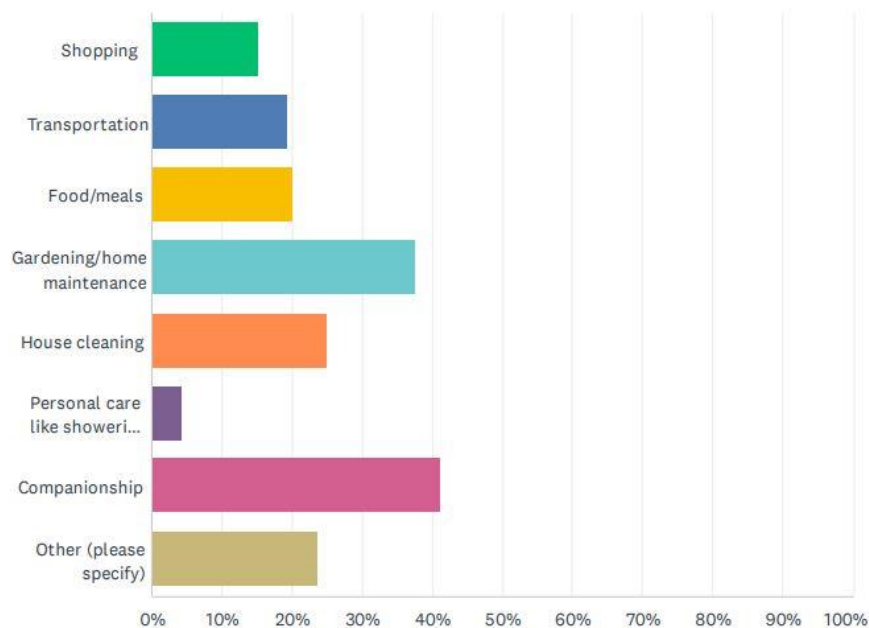


Figure 2: Types of support being received

Many people were happy with the support they are getting:

- Always or often - 71% (n=118)
- Sometimes - 14% (n=23)
- Rarely or never - 5% (n=8)

Some people did want some help: four with gardening/home maintenance; three with house cleaning; and one each for shopping and companionship.

Connection and isolation

Almost 50% (n=118) had friends or family visit weekly, 13% (n=31) had daily visits, 20% (n=47) had monthly and three people never had any visits. Forty-one gave other responses ranging from seldom, annually, occasionally with some having family living overseas. Most people didn't feel isolated in the last three months 87% (n=216) with 13% (n=31) replying they had.

Twenty-five respondents replied to the questions asking what would help them to connect with others. The top two responses were 'someone to go with' and 'I've lost my confidence' from twelve respondents each. Eight respondents gave both answers. 'I don't know what is available' was answered by five respondents.

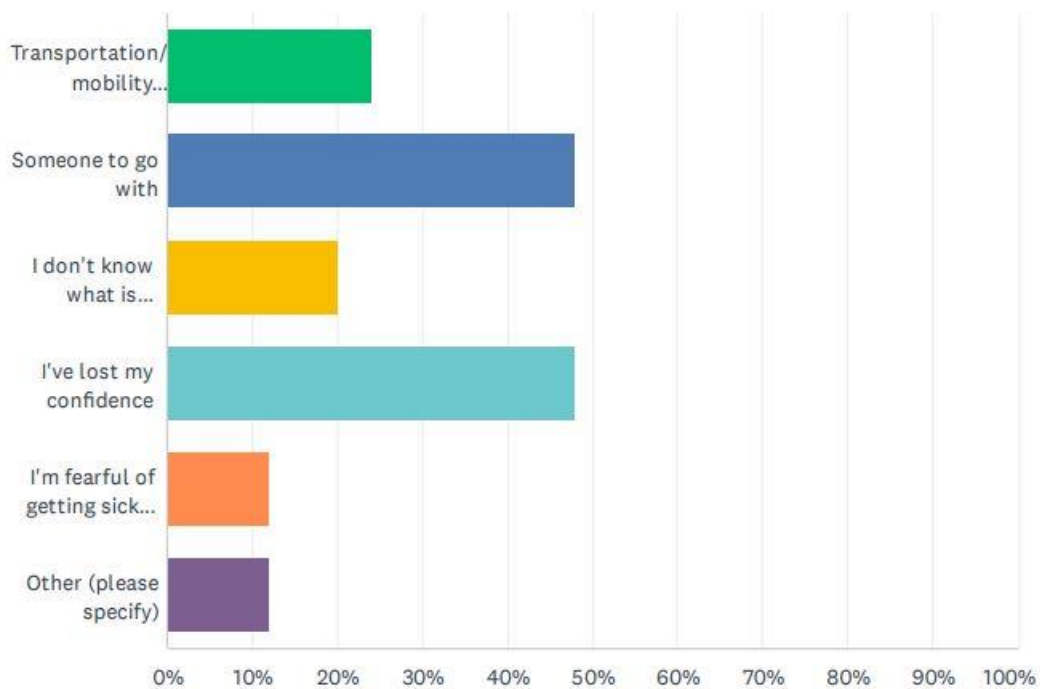


Figure 3: What would help you connect?

Internet

Over 96% (n=237) have internet access with 3% (n=8) not. Confidence in using the internet was moderate with 55% (n=135) either very confident or extremely confident, 33% (n=80) somewhat confident, and 12% (n=29) not so or not at all confident.

Discrimination

Fourteen people responded that they had felt discriminated against in the past 12 months with the main reason being age 43% (n=6). Other issues mentioned by one person each were: way of dress or appearance; race or ethnic group; accent or language spoken; gender; sexual orientation; disability or health issues; and economic status. One person commented:

"I feel ignored sometimes but I don't really classify it as discrimination, just life."

Information on community services

The most common ways people found out about community services were through:

- Printed local newspapers e.g., The Messenger, Wānaka Sun, The News, - 67% (n=161)
- Word of mouth - 55% (n=134)
- Email - 26% (n=63)
- The Community Hub - 22% (n=54)
- Facebook/Instagram - 15% (n=37).

A number did note that they don't need any services at 15% (n=36). The Wānaka Library was mentioned by three people as a source of information.

Those who used community services were asked to rate their level of satisfaction with them:

Service	Not used	Satisfied	Not Satisfied	Interested to know more	Total
Meals on Wheels	179	9	2	7	197
Food for Love	171	11	1	6	189
Wheels to Dunstan	148	16	1	6	171
Foodbank	183	3	0	2	188
Community Networks/LINK	153	26	0	9	188
Age Concern	166	15	1	8	190
Alzheimers Otago	176	9	1	6	192
Home help/Personal care	155	22	5	11	193
Wanaka Community Workshop/WoMenShed	159	14	0	15	188
Church/Faith groups	142	53	1	2	198

Meeting basic needs

The vast majority have enough money to meet their basic needs at 96% (n=222) however 4% (n=9) did not. Two-thirds of the respondents worried about money, from a little 44% (n=102), a moderate amount 17% (n=40), a lot 6% (n=13) to a great deal 2% (n=5).

When asked how many could meet their food needs (i.e., shopping, cooking, affordability) 99% (n=239) said they could, with three people saying they could not. A couple of people mentioned they would like support with having cooked meals (n=1) and home maintenance (n=1).

Community and health care

When asked some general health questions, the respondents replied that their health was:

- Excellent – 15% (n=36)
- Very good – 33% (n=80)
- Good – 28% (n=69)
- Fair – 18% (n=43)
- Poor - 6% (n=15)

Their mental health was also rated with the following results:

- Excellent – 25% (n=60)
- Very good – 36% (n=87)
- Good – 27% (n=64)
- Fair – 12% (n=29)
- Poor - 1% (n=2)

Another measure of mental wellbeing is whether things in life are considered worthwhile. Again, this was rated more highly than general health, with 95% rating somewhat worthwhile to extremely worthwhile (n=229). Ten people did rate things in life as ‘not so worthwhile’, and four as ‘not at all worthwhile’.

Access to medical care

Most respondents, 97% (n=233), are registered with a local doctor (n=8 not registered) and 76% (n=179) were satisfied with local medical and dental services with 24% (n=58) not satisfied.

The top responses to whether there were any barriers were:

- Length of wait for an appointment - 47% (n=111)
- No barriers - 35% (n=84)
- Cost of treatment/appointment - 31% (n=74)

Some feedback from respondents to this question, and some made later in the comment section, include:

“Wanaka is inadequately served by specialists and emergency medicine. People leave the area because they can't get care here. I have decided that I will die early because of lack of specialist care.”

“I like to have continuity of service with my doctor and dentist. It is very difficult to access the same physician, so seeing someone different often.”

“Wanaka Medical seems to have a problem with retaining staff so when I have to see someone they have to spend time to be updated. I am fortunate that at nearly 70 I have no health issues.”

“The nearest emergency medical services are in Dunedin. You could die getting there by friend or ambulance.”

“Not a good place to live if you have a medical emergency! A long way (even by helicopter) to Dunedin Hospital !!”

Five people specifically noted the cost of dental care as a barrier.

Access to medical services in Dunstan, Queenstown, or Alexandra

In the past 12 months, 61% (n=147) had travelled out of the area to Dunstan, Queenstown, or Alexandra for medical or dental services. A variety of transport options were used:

- Drove themselves - 65% (n=98)
- Others drove them - 34% (n=52)
- St John's Health Shuttle - 6% (n=9)
- Wheels to Dunstan - 5% (n=8)
- Ambulance - 3% (n=4)

Of the 217 respondents to the question on barriers, the main barriers listed were:

- Length of wait for an appointment - 24% (n=51)
- Cost of treatment/appointment - 17% (n=36)
- Distance to travel - 17% (n=37)

It should be noted that 55% (n=119) had no barriers to travelling out of the Wānaka for medical or dental services.

We asked about reasons for going to Dunstan, Queenstown, or Alexandra for medical or dental services. The number of respondents to this question was 128. The main reason to travel is for:

- Radiology - 37% (n=48)
- Specialists, including surgeons - 24% (n=31)
- Hospital admissions or services - 16% (n=20)
- Dental - 12% (n=15)
- Eye tests - 11% (n=14)

Some quotes related to access to health care include:

"Access to specialist medical care. Extra costs involved as we don't have a hospital with an ED dept where x-rays etc are free."

"Cost medical care - after hours, blood test, x-rays, travel mammogram, centre in Queenstown, bus in Alexandra."

"Lack of resources for major health issues such as hip replacements, cancer treatment etc."

Access to medical services in Dunedin or further

In the past 12 months, 46% (n=108) have travelled out of the region to Dunedin or further for medical or dental services.

When asked how they travelled there, the answers were:

- Drove themselves - 55% (n=60)
- Driven by someone else - 37% (n=41)
- St John's Health Shuttle - 11% (n=12)
- Wheels to Dunstan - 6% (n=7)
- Helicopter - 4% (n=4)

For the 108 respondents that had travelled, the main barriers listed were:

- Distance to travel - 44% (n=46).
- Length of wait for treatment - 31% (n=33)
- Cost of treatment - 27% (n=28)

A third of respondents had no barriers to travelling at 33% (n=35). Some comments made were:

"I have no intentions of ever returning to Dunedin - I have been there three times for eye tests and they expect me to return for a cataract operation but that would involve so much time and disruption I prefer to go without and just hope I don't go blind."

"Needed to see specialists - pulmonary, ophthalmology and endocrinology. They couldn't be scheduled same day or 2 days in a row, requiring me to make 3 trips to Dunedin in a month. I am too ill to be required to do that kind of traveling."

When asked about reasons for going to Dunedin or further, some people were specific and others vague. The main reasons were:

- Specialists - 45% (n=41) (almost half were to see eye specialists at 41% (n=17))
- Surgery - 21% (n=19)
- Radiology - 11% (n=10)
- Dental - 9% (n=8)

Six people noted that the cost of accommodation in Dunedin was a barrier:

"Sometimes I am required to pay for an overnight stay in Dunedin (expensive) if the appointment in Dunedin has to be early. This happens when I visit pulmonology as they have tests to run before you can see a doctor."

We asked about use of the emergency medical services such as the St John ambulance or a medical alarm service. Thirty-six people (16%) had used an emergency service in the last 12 months.

In the past 12 months, 15% had used an emergency service (n=36). Of those, 67% (n=24) were very satisfied with the service and 19% satisfied (n=7). Four people were dissatisfied or very dissatisfied.

Carers

Respondents were asked if they were a carer, with 22 responding that they were. Eight people are caring for someone with Alzheimer's disease or another type of Dementia, 11 have physical needs and two have mental needs. A couple are looking after grandchildren and one person after a child. Just over half had not used any form of support at 52% (n=11), eight had a friend or family member providing a break (less than a day), one had used respite care, and one had used residential care.

Housing

The third section asked questions about housing as this is an area of concern for the community. The majority are in their own home:

ANSWER CHOICES	RESPONSES	
In my own (or partly owned) property	70.87%	163
In a rented property	3.04%	7
In a property owned by a family trust	16.09%	37
In a right to occupy property	7.83%	18
In a care facility	0.00%	0
Other (please specify)	2.17%	5
TOTAL		230

Figure 4: Accommodation types

Of the five that had answered under ‘other’ the answers given were that three were living with family, one rented and one in a retirement village.

Over half are living with a spouse or partner at 66% (n=154) and 30% (n=71) are living alone. When asked about the conditions of the housing the quality was good, with the main challenge being needing repair at 11% (n=22) and accessibility at 2% (n=4). Otherwise, 99% of homes were warm, dry, healthy, and safe (inside the property). Two people noted that it was not safe outside of their property.

When asked about their plans for the next five years and whether they would move house, there was a range of answers:

ANSWER CHOICES	RESPONSES	
No	58.97%	138
Yes, to a smaller property	12.82%	30
Yes, to a retirement village	8.12%	19
Yes, to a care facility	2.56%	6
Yes, to outside of the Upper Clutha	4.70%	11
Other (please specify)	12.82%	30
TOTAL		234

Figure 5: Plans for next five years

There was a range of answers given under the ‘other’ option. Downsizing was dependent on health for some, and others commented that they don’t know what will happen in the future. For those that planned to leave the area the main reason was healthcare needs for 50% (n=6).

Overall, 71% (n=148) were generally happy with the housing options in the Upper Clutha, with 29% (n=59) unhappy. Over fifty people made comments on this topic with a focus on the availability of small houses and cost:

“I am unable to purchase property, making me a renter. I want to see some housing for elder and disabled people that caps the rent at a reasonable rate for people with limited income. Alexandra is building such a place and Queenstown has one, why not the Upper Clutha region?”

“Nowhere to downsize to.”

"I expect to stay at my daughters but don't know what would happen if I become unable to be cared for by her."

"Not enough SMALL town houses or flats available."

"Retirement villages care for wealthy. Do not need a huge 3 bedroom villa. Need to build small cottages. Need to provide comfortable but smaller but with some space outside. Nothing large."

"I don't believe the housing is affordable anymore to live alone."

"Needs more pensioner flats."

The last three questions of the survey asked the respondents to discuss what they loved about living in the area, what they didn't like, and what advice they would give someone moving into the area. Answers were analysed thematically.

The questions were:

- Thinking about the issues we have talked about in this survey (social connections and support, access to services, and housing), what do you like about living in the area?

Unfortunately, most answered this question generally and didn't concentrate on the areas of focus mentioned. From those that responded (n=198), what they liked most about living in the area is:

- Scenery - 29% (n=57)
- Climate - 28% (n=56)
- Outdoor activities - 18% (n=36)
- Friendly place - 13% (n=26)
- Accessibility - 12% (n=23)

Some interesting quotes are:

"Wanaka is a beautiful place and, by and large, has a caring community. After 45 years it is very much my home. No scary motorways or one way streets to navigate. Great walking and cycle tracks. Great library and staff. Good social connections and assistance for senior citizens who might be lonely or need a helping hand, e.g. Food for Love. The Wheels to Dunstan and health shuttle services to Dunedin are invaluable."

"I love the climate of four seasons, very friendly people, being close to my family and seeing snow every year. Wanaka is a beautiful place to spend one's last days."

The key themes that related to areas of focus were:

- Accessibility - 12% (n=23)
- Social network - 10% (n=20)
- Community groups - 9% (n=17)
- Lots to do - 8% (n=16)
- Good community spirit - 7% (n=14)

Relevant feedback included:

"The people and institutions I deal with are always pleasant. I have had helpful discussions in regard to social support. Urgent access to a doctor is available."

"Sense of community, knowing neighbours, it is very friendly, people help each other, people actively work for the community and all the tracks and outdoor possibilities."

"Weather, views, reasonable shopping facilities, proximity of friends, plenty of community groups (U3A, SeniorNet, Royal society, public library etc.), feeling that this is a vibrant community with year round activities and many very talented people both young and old."

"We are fortunate to have local supportive friends and family who would assist if called upon. Also fortunate to have a nice warm home of our own, and are within walking distance of the town and it's services. For it's size Wanaka is well provided for regarding medical and social services."

"Supportive community, easy access to everything except a hospital."

- Thinking about the issues we have talked about in this survey (social connections and support, access to services, and housing), what don't you like about living in the area?

From those that responded (n=183), what they liked the least about living in the area is:

- Access to medical care - 37% (n=68)
- Cost of living - 10% (n=19)
- Growth - 8% (n=14)
- Lack of public transport - 8% (n=14)

Twenty-nine people did say there was nothing they didn't like.

Some interesting quotes are:

"Wanaka is not served well medically. I have decided it is worth it for me to be in a "good air" town even if it means dying early for lack of medical intervention. It's a big trade-off, but I chose this place for my health."

"Lack of close contact to health care. Once I stop driving it will be hard to move around - no buses to supermarket, shopping, etc."

"Access to specialist medical care. Extra costs involved as we don't have a hospital with an ED dept where x-rays etc are free."

"No hospital (large) close by. Expensive food, no big shops for even small things everyone buys online. In Queenstown high prices apart from a few shops which is good. Mainly tourist shops. No orthopaedic or baby hospital, lacking medical staff and facilities close."

"It is expensive to live in Wanaka and sad that there is no supermarket competition (even though Countdown online shopping is an option). The distance from a base hospital for those of us who have reached retirement age is concerning, despite a helicopter service being available for emergency treatment. The St. John's ambulance service is under pressure, especially during the ski and summer seasons, and wait times for non life-threatening assistance are unacceptably long on occasion. It is no longer possible to get to see one's regular GP unless prepared to give considerable advanced notice. Not at all like the old days!"

House rentals are ridiculously unaffordable and house prices even more so. The bus service to Queenstown to connect with flights is woefully inadequate and the cost of airport parking sometimes exceeds the cost of the air ticket. A more regular bus service would surely lead to more people using the shuttle? For those of us becoming nervous about driving from Wanaka to Queenstown. during winter conditions it's a case of take the risk or be prepared to sit it out for 3 to 4 hours at the airport."

"It is so expensive and so difficult to access all medical facilities and hospital care. With no hospital nearby the private medical centre is used as an A and E and we've been charged \$400 to \$600 for assessments, and it is unaffordable and unacceptable for over 65s to be treated that way by the medical people here."

"Access to medical services can be a challenge and I don't feel there is enough support when one becomes infirm. If you have a partner or spouse who can be a caregiver it seems that that is expected even when it is detrimental to the health of the person who finds themselves a caregiver. There is just not enough support/ respite care."

- What advice would you give to an older adult who is shifting to the area?

In summary, the key pieces of advice were around:

- Health
- Cost
- Community groups
- Lifestyle

For example:

"Don't move here as inevitably you will have health care needs that require you to go to Dunedin. Be prepared to pay for services that are free at a city hospital."

"Don't unless you have plenty of money and very good health."

"If you feel lonely, reach out to others - many community orgs to choose from."

"Explore all walking tracks that suit you, patronise the libraries, swim in the lake, eat unprocessed foods as much as possible, and go wine tasting throughout Central/Upper Clutha, cancel social media."

"If you have any health issues think twice! a great place to live if you are healthy, active and can drive yourself wherever needed."

"If your not fit, it's not for you. If you don't have a million dollars don't bother."

"Unless they have family and/or a network of friends here I would recommend moving into a retirement village. It has worked well for me husband and me. Also, bring your bicycle!!!"

"You need to have "adequate" money behind you if wanting to retire to Wanaka and no longer plan to earn an income by working. If you have multiple, significant health issues, weigh up the pros and cons. If you have family support close by, so much the better, otherwise think carefully before shifting. If, however, you enjoy the outdoors and are relatively fit, where better place to live?"

Discussion

The discussion will follow the three domains chosen from the World Health Organization's Age-friendly Cities and Communities framework that were the focus of this research:

- Social participation
- Community and health care
- Housing

Social participation

Most of the respondents were actively involved in the community with many commenting on the wide range of activities available for older people in the area. These activities were appreciated and valued by the older adults. Church groups, followed by Community Networks/LINK, were the top community services used and both received high levels of satisfaction.

A number commented on not knowing what activities or volunteering opportunities were available. When asked about how they learned about opportunities the local newspapers and word of mouth were still the primary options used. Email and the Community Hub were the next highest ways of finding out information. Some work on promoting activities and opportunities through these channels could be considered.

Many commented that, while they were able to drive, access to services and opportunities was acceptable. Some did say that once they stopped driving, access would be a problem. Accessibility to services was seen as a benefit of living in Wānaka. Comments were made about hazardous footpaths and cyclists being a danger. Parking was also noted as an issue to access services, including the library.

There are some social support needs expressed by a small number of respondents. A popular type of service being used and needed was gardening and home maintenance. Companionship was the main area of support used. Isolation was an issue for 31 people. For those who wanted help to connect with others, having someone to go with and help to regain confidence were areas that could be addressed.

Whilst the vast majority had no concerns over meeting financial needs in the survey, the cost of living in the area was mentioned a lot in the open-ended questions. It should be noted that some in the community are struggling financially.

Community and health care

Access to specialist health care, including radiology services, was the most popular topic in the open-ended questions. It was also listed by a number of people as a reason to not move to the area and many gave cautionary advice on this issue. Whilst the majority didn't currently seem to have barriers to traveling outside of the Upper Clutha for health treatment, it is a main concern and major issue for some. For some, the choice to live in the area was to the detriment of their health as far as access to medical services is concerned.

Other issues were the length of wait for appointments (both locally and outside of the region) and the cost of treatments, e.g., paying for services that are free and accessible in the larger cities.

This is an issue that the Reconnecting Seniors Network could pursue, and having this feedback from the community should be able to support any advocacy work with local providers (medical centres), Te Whatu Ora and other government providers. A mobilising of the social capital held in the Upper

Clutha to advocate for these services to be brought to Central Otago (at the least) would be a valuable use of time and energy.

Housing

Almost one-third of the respondents were unhappy with the housing options available. The most commented topic was the need for smaller housing options. Over half of the respondents had no plans to move in the next five years with some wanting to downsize and some wanting to move into a retirement village. The vast majority wanted to stay in the area.

Again, this is an opportunity for advocacy with the QLDC and developers and possibly an area of further exploration.

Recommendations

The purpose of this research was to generate information on the needs of older adults in the Upper Clutha to create an Age-Friendly Action Plan that would increase their quality of life. The group that will manage and action the plan is the Reconnecting Seniors Network group consisting of members from Community Networks/LINK, Age Concern, Alzheimers Otago, LDC, MSD Office for Seniors, Volunteer South, Medical Centres, Allied Health Services from Dunstan Hospital, Enliven (PSO) Health Care NZ, Food for Love, St John, ACCESS Home Help and representative older adults. The capacity and capability of this group have been considered in the recommendations made.

Based on the information gathered and the analysis conducted the following recommendations are made for Reconnecting Seniors:

- Develop an advocacy group within the community that can focus on advocating for better access to emergency and specialist medical care within the region. This could be a group such as Grey Power or a local version of this national group.
- Develop an advocacy group within the community to advocate for alternate housing options for older adults, especially smaller housing.
- Explore opportunities to support local health centres to help provide immediate access to medical care.
- Improve communication channels with older adults around opportunities to engage in social events, volunteering, services available, and social groups. Should the need arise in the future these communication channels can be used for disseminating health advice and information.
- Explore support needed for carers in the community.
- Enable existing social groups, such as Primetimers, to support those in the community who are struggling to engage in social activities.
- Continue to support those in the community who are struggling financially through the foodbank, Food for Love, Meals on Wheels, and other community services.