

Developing a Framework to Support Rural Healthy Aging

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INTRODUCTION

The challenges of rural aging in place are well documented. Rural older adults are reported to have poorer functional health (Crowther, Scogin, & Johnson Norton, 2010), higher life stresses (Chalifoux, Neese, Buckwalter, Litwak & Abraham, 1996), more occurrences of functional disability and more chronic illness than urban seniors (Krout, 1994; Ortega, Metroka & Johnson, 1993). Despite documented urban-rural health differentials, there is a paucity of research examining interventions that support or impede healthy aging in rural communities (Skinner et al., 2008). Kirby and LeBreton (2002, p. 143) note that often “rural health issues tend to be eclipsed by those in urban areas... policy solutions often are based on experiences in urban areas and rely on urban data and research.” They also argue it is important to understand rural seniors’ perspectives on the policy, community and kin-level interventions that influence rural healthy aging as policy makers, researchers and health professionals address the needs of the rural aging demographic.

PROJECT OVERVIEW

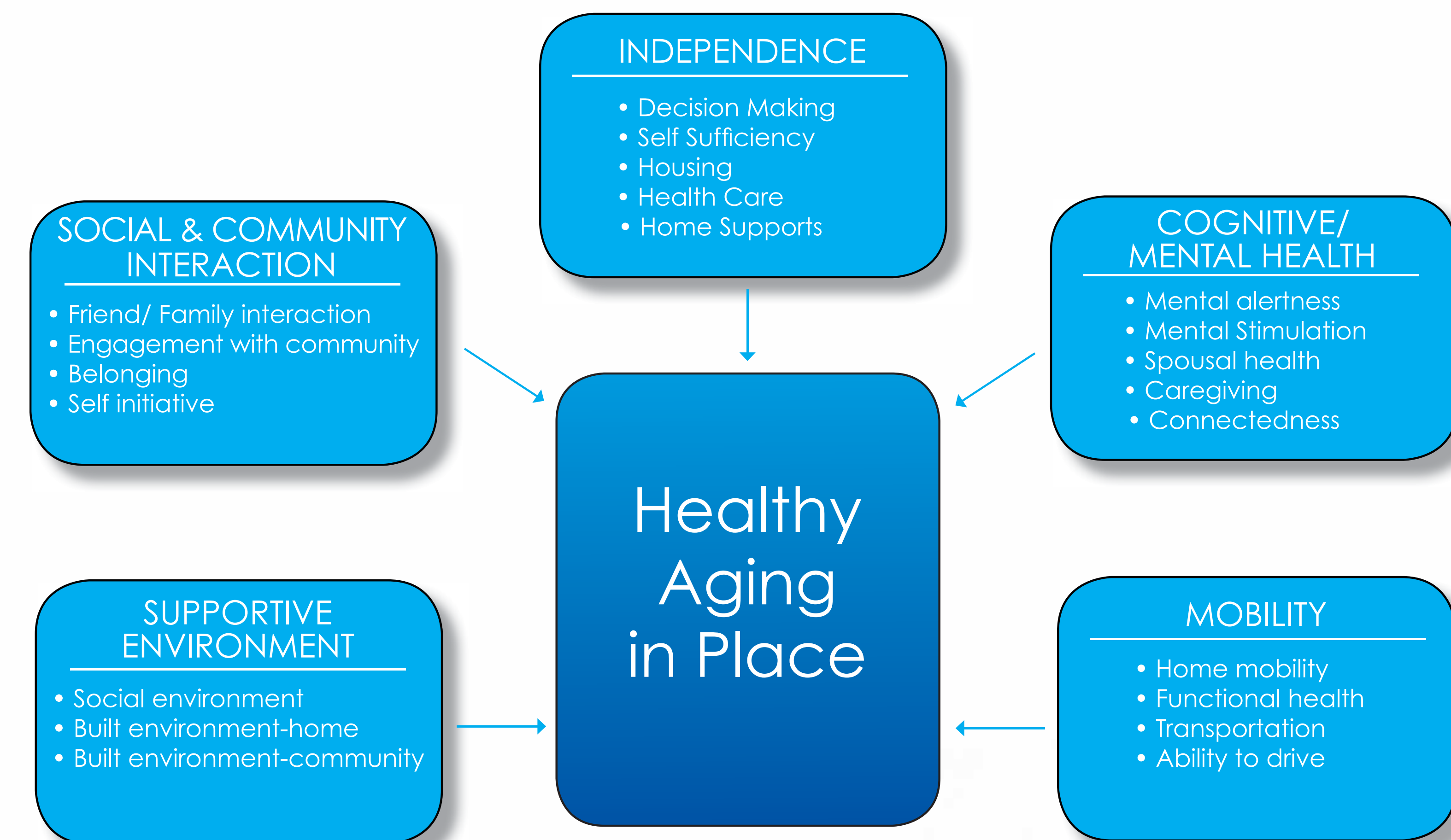
The overall objective of this research is to assess the policy, community, and kin level interventions that support healthy aging in place for rural seniors. We will assess intersectoral policy level interventions occurring at the federal level, provincial level, and local health regions, the nature of the linkages between them, and their impact on seniors’ health outcomes. Community and kinship level interventions will be assessed by examining formal interventions provided by government, private agencies and voluntary organizations such as home care and informal interventions provided by family, friends, co-workers and neighbours.

RURAL HEALTHY AGING ASSESSMENT FRAMEWORK

One outcome of this research is the development of the *Rural Healthy Aging Assessment Framework* which highlights the direct perspectives of rural seniors themselves. The assessment framework was created to identify, evaluate and monitor the impact of interventions on rural seniors’ ability to age in place. The assessment framework will be populated with potential indicators that could measure the impacts of the identified policy, community, and kin level interventions on rural seniors’ health, and more specifically, could identify what interventions support healthy aging in place. As a starting point, we have identified the following domains as a priority focus: independence, social & community interaction, supportive environment, mobility, and cognitive/mental health.

METHODS

Our approach builds on our experience in developing community-based research frameworks and indicators with northern Saskatchewan communities (Jeffery et al., 2006). We completed the initial assessment framework based on findings from the literature review and individual interviews with rural community-dwelling seniors. Focus groups were conducted with rural seniors, service providers and policy makers to review the initial framework and ensure relevancy of the domains and indicators. The final outcome will be a tool kit style workbook that will include the assessment framework in an accessible format to be used by community leaders and policy makers.



FRAMEWORK DOMAINS

- *Independence* refers to the ability to live self-sufficiently and have freedom in one’s life. The ability for seniors to have control over decisions in their lives and continue to be self sufficient as they age are aspects of supporting independence. The sense of independence is affected by the opportunities for a range of housing options in the community including assisted living options.
- *Social & Community Interaction* is defined as both the ability and opportunities to interact with family and friends and be involved, engaged and participate in a range of personal and community activities. Social interaction focuses on the nature and extent of family and friend interactions and highlights the importance of reciprocity, caring interactions and a sense of belonging.
- *Supportive Environment* includes both social and physical aspects that provide the setting for supporting aging in place. The social environment includes opportunities in the home and community for participating in activities that will support social interaction. The built environment in the home and the community is often described in terms of safety, accessibility, proximity and convenience.
- *Mobility* refers to the ability to physically move and be mobile within one’s home and community. Mobility was conceptualized as encompassing functional health including one’s ability to move and perform desired tasks without pain or injury. Mobility is influenced by environmental aspects that support seniors’ interaction with others.
- *Cognitive/Mental Health* includes activities and supports that facilitate both emotional wellbeing and keeping the mind sharp. Both mental alertness and mental stimulation are supported through participation in physical activities such as exercise and reading the newspaper and doing puzzles. Spousal health, grief/loss, caregiving, finances, isolation and functional health are highlighted as dimensions that can affect the mental health of rural seniors.