



SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

Saskatchewan Community Perspectives Survey

Initial Analysis

Prepared by:

Dr. Chad Nilson
Dr. Bonnie Jeffery
Colleen Hamilton
Sharianne Caffet

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INTRODUCTION

SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT (SPHERU)

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is a bi-university, multidisciplinary health research unit. Since 1999, SPHERU has established itself as a leader in population health research, focusing particularly on intervention research directed towards taking action on the social determinants of health in order to address inequities faced by various populations across Saskatchewan.

REDUCING ISOLATION OF SENIORS – SASKATCHEWAN IMPACT PLAN

In June of 2016, the Saskatchewan Population Health and Evaluation Research Unit began a 3-year evaluation of a collective impact project titled: *Reducing Isolation of Seniors – Saskatchewan Impact Plan*. The partners on this project include Saskatchewan Seniors Mechanism, Red Cross, Alzheimer’s Society of Saskatchewan, and Life Long Learning Centre (University of Regina). Including SPHERU, the partners of this initiative make up the *Reducing Isolation of Seniors Collective* (RISC). Through multiple activities in central and southern Saskatchewan, the collective effort is intended to generate four main outcomes. These include:

- Increase the proportion of seniors who have support and help when they need it by 25%.
- Increase the proportion of seniors who participate regularly in activities by 20%.
- Increase the proportion of seniors who feel connected to family, friends, and acquaintances by 25%.
- Increase the proportion of seniors who feel valued by family, friends, and acquaintances by 15%.

SASKATCHEWAN COMMUNITY PERSPECTIVES SURVEY

Of the multiple instruments created as part of the ongoing evaluation process, the *Saskatchewan Community Perspectives Survey* was created to gather a baseline of key variables explored in the evaluation. This brief report represents an initial analysis of data gathered through 271 completed surveys. Key variables of interest include:

- stakeholder types engaged with seniors
- observations of social isolation of seniors
- contributors to social isolation of seniors
- barriers to overcoming social isolation of seniors
- community efforts to address social isolation of seniors
- promising assets for overcoming social isolation of seniors

SURVEY BACKGROUND

The *Saskatchewan Community Perspectives Survey* was designed to gather information on barriers and opportunities pertaining to the reduction of social isolation of seniors. As part of the ongoing evaluation of RISC, the SPHERU team designed and implemented the survey as a measure of community awareness, involvement, and understanding of social isolation affecting seniors. Preparation for development of the survey involved consultation with RISC partners on the themes, purpose, and design of the instrument.

In particular, the survey was aimed at relevant stakeholders in communities ($N = 56$) where one or more projects of the RISC initiative had been introduced. This allowed SPHERU and its fellow RISC partners the opportunity to examine key variables of importance to the ongoing impact evaluation. Target respondents of the survey included individuals who through employment, volunteerism, personal interest, and/or other community involvement were in proximity to seniors. The survey was made available in English and French. Respondents were identified through direct mention by one of the RISC partners, as well as through online searches (e.g., 211 website) conducted by the research team.

In total, 962 contacts were identified for completion of the survey. Of these, 310 required mailed or hand-delivered surveys while 652 received the survey electronically via email. The survey was sent out in March of 2018 with a deadline of May 30, 2018. At the close of the survey period, 189 were completed online in English, 10 of which were submitted but left blank. In addition, 14 were submitted in French, of which 3 were left blank. Lastly, 75 surveys were completed in English and submitted by mail and 6 surveys were completed in French and returned by mail. In all, SPHERU received 203 online surveys and 81 paper copies; the surveys where all responses were left blank were removed resulting in a total of 271 for the analysis. Due to logistics of the survey distribution, the response rate of completed Saskatchewan Community Perspectives Survey is only known for English surveys (27.8%).

RESULTS

Respondents to the Saskatchewan Community Perspectives Survey ranged in age from under 25 to over 70. A majority, however, were over 50 years of age (see Table 1). Concerning gender, 29.9% were male while 67.8% were female [2.3% preferred not to answer] (see Table 2).

Table 1. **Respondent Age Cohorts** ($n = 271$)

AGE COHORT	<i>n</i>	%
25 years or under	1	0.4
26 to 29 years	5	1.8
30 to 34 years	12	4.4
35 to 39 years	13	4.8
40 to 44 years	18	6.6
45 to 49 years	8	3.0
50 to 54 years	31	11.4
55 to 59 years	31	11.4
60 to 64 years	44	16.2
65 to 69 years	37	13.7
70 years or over	62	22.9
Prefer not to answer	9	3.3

Table 2. **Respondent Gender** ($n = 267$)

GENDER	<i>n</i>	%
Female	181	67.8
Male	80	30.0
Prefer not to Answer	6	2.3

COMMUNITY

Due to the provincial nature of the survey, it was important to assess the type of community where respondents most often supported, observed, advocated for, or interacted with seniors in. In total, 11 individual communities were coded, with additional *community types* identified as “hamlet, village, town”, “out of province”, and “other”¹. As Table 4 illustrates, the single biggest single-community cohort of respondents came from Saskatoon ($n = 32$), followed by Yorkton ($n = 24$) and Regina ($n = 18$). However, the largest cohort of respondents came from “Hamlet/Village/Town”² ($n = 86$) and “Other” ($n = 51$) communities.

¹ ‘Other’ was used to account for those responses where it initially appeared that the individual misunderstood the term *community* due to question vagueness, and includes such terms as *my home community*, *my church*, *work and home*, *east central Saskatchewan*, *my work*, *senior village*, *school community*, etc. A crucial point to note, however, is that a relatively large number of respondents appear to consider those environments to in fact be communities unto themselves, and this may inform future efforts.

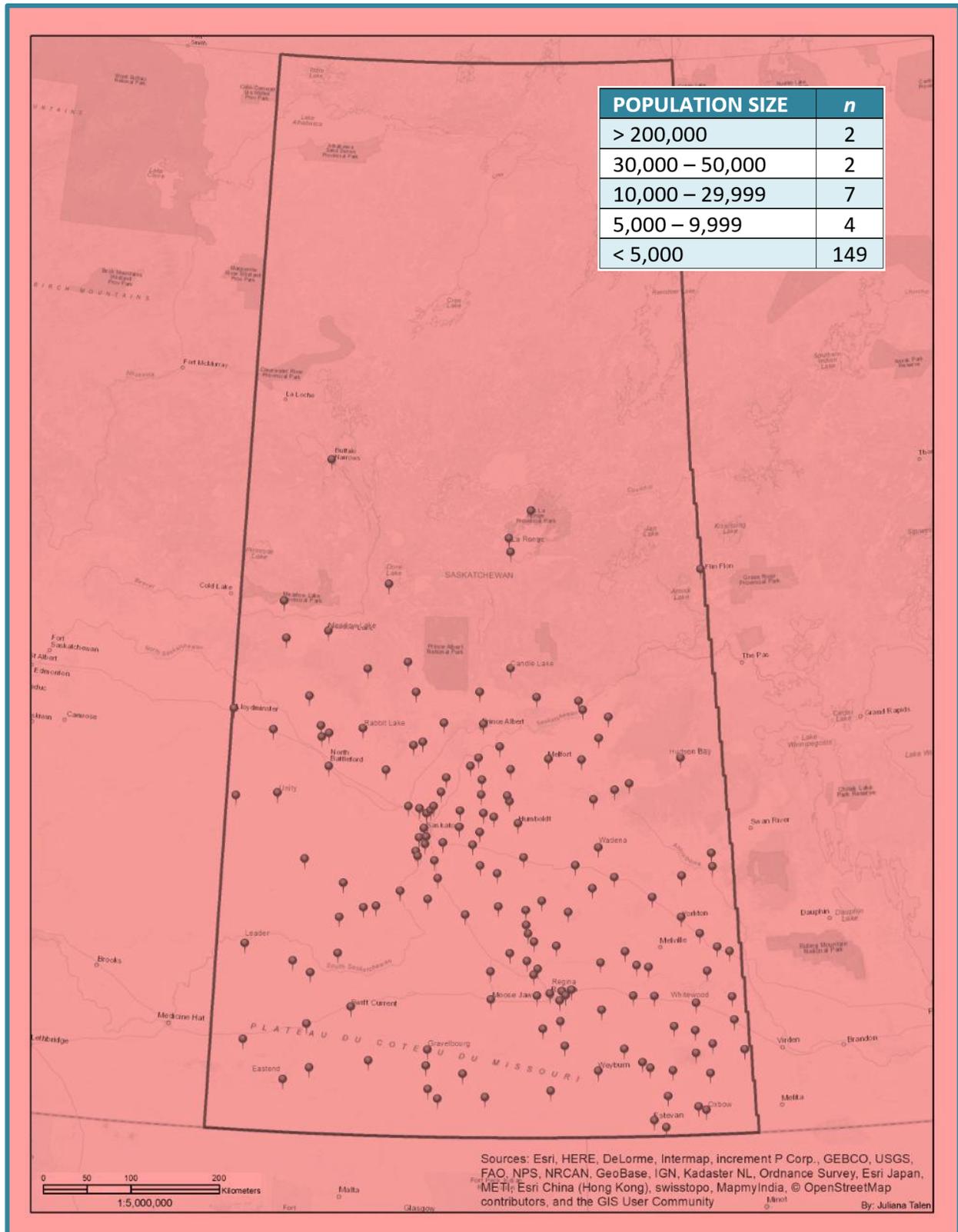
² This category included communities with populations less than 5000 people.

Table 3. Respondents by Community ($n = 250$)

COMMUNITY TYPE	<i>n</i>	%
Regina	18	7.2
Saskatoon	32	12.8
Prince Albert	12	4.8
Moose Jaw	5	2.0
Swift Current	2	0.8
Yorkton	24	9.6
Estevan	5	2.0
Humboldt	1	0.4
Melfort	5	2.0
Meadow Lake	2	0.8
Weyburn	7	2.8
Hamlet/Village/Town	86	34.4
Other	51	20.4

To demonstrate the coverage of the survey, individual community locations were mapped using geographic information system software. As Figure 1 illustrates, the Saskatchewan Community Perspectives Survey was administered widely across Central and Southern Saskatchewan.

Figure 1. Location Map of Respondent Communities in Saskatchewan*



*The locations of respondents ($n = 77$) from rural/farm locations are not included in this map.

ORGANIZATION INVOLVEMENT

Throughout the duration of the RISC initiative, each of the partners has carried out different activities of engagement across the province. This has provided several different opportunities for respondents to gain insight, understanding, and knowledge of social isolation of seniors. As Table 4 shows, a small proportion of respondents were involved with at least one of the RISC partner activities (multiple response options were available). Over one-half (53.5%) are engaged with seniors through some other type of opportunity.

Table 4. **Respondent Involvement in RISC Partner Activities** (*n* = 271)

ORGANIZATION INVOLVEMENT	<i>n</i>	%*
Alzheimer Society of Saskatchewan	26	9.6
Canadian Red Cross (SK Division)	18	6.6
Saskatchewan Seniors Mechanism	20	7.4
U of R Lifelong Learning Centre	7	2.6
Federation des Aines Fransaskois	15	5.5
None	62	22.9
Other	145	53.5

* Due to some respondents providing multiple responses, the total may be greater than 100%.

By isolating responses just to RISC organizations, further analysis reveals that of the 65 respondents who had been involved in RISC partner activities, 15 had been involved in the activities of at least two RISC partners while 3 had been involved in the activities of three or more RISC partners (see Table 5).

Table 5. **Respondent Involvement in More than One RISC Partner Activities** (*n* = 65)

ORGANIZATION INVOLVEMENT	<i>n</i>	%
Involved in Only One RISC Partner Activities	47	72.3
Involved in Two RISC Partner Activities	15	23.1
Involved in Three or more RISC Partner Activities	3	4.6

In addition to involvement with activities organized by RISC partners, respondents were asked to identify other organization types they may be involved in. Results shared in Table 6 reveal some of the more common organizations that respondents were involved in include churches, community associations, housing associations, and advocacy groups.

Table 6. **Respondent Involvement Other Organization Types** ($n = 145$)

ORGANIZATION INVOLVEMENT	<i>n</i>	%*
Church or Church Group	33	22.8
Community Association	27	18.6
Housing Association, Senior Residence, or Retirement Community	32	22.1
Arts/Crafts/Cultural Club or Association	15	10.3
Library	7	4.8
Seniors' Association/Advocacy Group	34	23.4
Service Club	11	7.6
Sports/Fitness Group	6	4.1
Health Care Provider	10	6.9
Civic: City/Town/RM	5	3.4
Non-Profit Charity	11	7.6
Other	10	6.9

* Due to some respondents providing multiple responses, the total may be greater than 100%.

SENIOR INVOLVEMENT

To help develop an understanding of the extent to which respondents are involved with seniors, the Saskatchewan Community Perspectives Survey asked respondents to report how often they supported, observed, advocated for, and/or interacted with seniors. Most respondents reported that they were involved with seniors at least daily (36.5%) or weekly (37.8%) (see Table 7).

Table 7. **Respondent Frequency of Involvement with Seniors** ($n = 249$)

FREQUENCY	<i>n</i>	%
Never	10	4.0
Several Times Per Year	31	12.4
Monthly	23	9.2
Weekly	94	37.8
Daily	91	36.5

COMMUNITY ROLE

To learn more about the role of respondents in their respective communities, the survey asked respondents to identify their primary role(s) in the community as it related to seniors. Results of the question indicate a number of more common roles among respondents. As Table 8 shows, these include human service professional, healthcare professional, program facilitator, community leader, community organization member, and volunteer. Respondents were allowed to select more than one role in the community.

Table 8. Respondent Role in the Community (n = 228)

RESPONDENT ROLE	n	%*
Human Service Professional (e.g. counsellor)	25	11.0
Health Care Professional (e.g. nurse)	19	8.3
Program Facilitator (e.g. social club)	38	16.7
Community Leader (e.g. mayor)	35	15.4
Organization Member (e.g. Elks Club member)	59	25.9
Community Volunteer (e.g. Meals on Wheels)	101	44.3
Other	31	13.6

* Due to some respondents providing multiple responses, the total may be greater than 100%.

To share some further understanding on the types of roles respondents have in their respective communities, Figure 2 shares additional examples.

Figure 2. Other Types of Roles Respondents Report Playing in Community

- city employee
- librarian
- public servant
- building manager
- senior visitor
- church staff
- transportation provider
- fire fighter

SOCIAL ISOLATION

Moving to the central theme of the survey, respondents were asked a series of questions on social isolation of seniors. The first question asked respondents whether they believed there was a general awareness of social isolation of seniors in their community. In total, 85 (36.5%) reported “yes” while 96 (41.2%) reported “no”. The second question asked respondents to identify how common social isolation was in their community. Overall, three-quarters (75.3%) of respondents believed that social isolation among seniors was either “somewhat common” or “very common” (See Table 9).

Table 9. Awareness and Extent of Social Isolation in Respondent Communities

	VARIANT	n	%
Do you think that there is a general awareness of social isolation of seniors in your community? (n = 233)	Yes	85	36.5
	No	96	41.2
	Unsure	52	22.3
How common is social isolation of seniors within your community? (n = 235)	Not common	18	7.7
	Somewhat common	103	43.8
	Very common	74	31.5
	Unsure	40	17.0

The next question asked respondents to provide examples of social isolation of seniors in their community. Some of the examples given concerned having no access to services and supports. Others included having no technological access or ability to leave their home because of weather. Additional examples of social isolation included a lack of friends and family, having nobody to talk to, and living alone with no one conducting regular checks/visits.

When asked to identify what contributes to the social isolation of seniors, respondents to the survey provided a range of answers. Several respondents provided multiple responses. As Table 10 shows, these included lack of affordable transportation, lack of family support, financial limitations, personal traits (e.g. shyness), and lack of programming for seniors, to name a few.

Table 10. **Contributors to Social Isolation of Seniors** (*n* = 195)

RESPONDENT ROLE	<i>n</i>	%*
Lack of affordable transportation	69	35.4
Lack of family support	60	30.8
Society is busy and hectic	49	25.1
Financial concerns	36	18.5
Personal characteristics (e.g. shyness, no interest)	35	17.9
Health challenges	46	23.6
Lack of awareness	37	19.0
Ageism, seniors not a priority	22	11.3
Lack of programming and supports	37	19.0
Other	25	12.8

* Due to some respondents providing multiple responses, the total may be greater than 100%.

Other examples of factors that contribute to social isolation of seniors include: low volunteerism, language barriers, low quality services, technology barriers, social media, people wanting to stay in their homes, racism, privacy regulations, and seniors having expectations of others (e.g., “they’ll come to visit one day”).

Concerning barriers affecting the ability of seniors to overcome social isolation, respondents were able to identify systemic, personal, situational, and environmental barriers. Table 11 provides some examples shared by respondents.

Table 11. **Examples of Barriers Seniors Face in Overcoming Social Isolation**

CATEGORY	BARRIERS
Systemic	service limitations; privacy regulations; jurisdiction
Personal	introverted; distrusting; unlikeable; ornery
Situational	financial limitations; no transportation; no technology; dependent upon others; distance from town; geography; no spouse;
Environmental	community disinterest; weather; busy society; crime; racism; language; low volunteerism; expenses of mobility

OVERCOMING SOCIAL ISOLATION

The next question on the survey asked respondents what (if anything) was being done in their community to address social isolation of seniors. As Figure 3 shares, some examples provided by respondents include transportation services, age-friendly projects, seniors' residences, and information sessions.

Figure 3. **Respondent Examples of Efforts that Reduce Social Isolation of Seniors**

- support through church
- social clubs that invite seniors
- programs offered in libraries
- service organization activities
- transportation services
- visiting programs
- age-friendly community plans
- seniors centre
- advocacy group
- information sessions for seniors
- senior residence facilities
- senior day programs
- informal community member assistance
- income tax preparation
- budget support for seniors
- meal support
- lower cost to access recreation facilities

The final question on the survey asked respondents to identify promising assets in their community that could be mobilized to address social isolation of seniors (multiple responses were allowed). According to results in Table 12, over one-half of the respondents mentioned community programming (55.7%), friends and neighbours (63.1%), and volunteers (57.2%) as an asset to reduce isolation of seniors. Others included professional services (29.2%), family supports (49.4%), and service clubs (41.3%).

Table 12. **Community Assets to Reduce Social Isolation of Seniors** (*n* = 271)

COMMUNITY ASSETS	<i>n</i>	%*
Professional Services	79	29.2
Family Supports	134	49.4
Community Programming	151	55.7
Friends and Neighbours	171	63.1
Service Clubs	112	41.3
Volunteers	155	57.2
Other	13	4.8

* Due to some respondents providing multiple responses, the total may be greater than 100%.

SUMMARY OF RESULTS

The results of this survey analysis provide an understanding of the awareness, condition, contributors, barriers, and promising reducers of social isolation of seniors. The following is a brief summary of the results of this analysis.

- 271 completed surveys were submitted.
- Total response rate for the survey was 27.8% (based upon English surveys only).
- Two-thirds of respondents were female (67.8%).
- Respondents came from communities across central and southern Saskatchewan.
- One-quarter (23.9%) of respondents had previous involvement with at least one or more of the RISC partners.
- Respondents were involved in a variety of organizations, including churches, community associations, libraries, advocacy groups, service clubs, municipalities, etc.
- 74.3% of respondents support, observe, advocate, and/or interact with seniors on a “daily” or “weekly” basis.
- Respondent roles in the community included human service professionals, healthcare professionals, program facilitators, community leaders, organization members, and community volunteers, among others.
- Slightly more respondents believed that there was “not” general awareness of social isolation of seniors in their community (41.2%) than those who believed there “was” general awareness (36.5%).
- Three-quarters (75.3%) of respondents believed that social isolation of seniors was “somewhat” or “very” common.
- Contributors to social isolation of seniors include lack of affordable transportation, lack of family support, busy society, financial concerns, personal characteristics, lack of programming, etc.
- Respondents believed that seniors face a multitude of systemic, personal, situational and environmental barriers.
- Respondents report several different examples of activities that reduce social isolation of seniors. Some examples include church support, library programs, transportation service, visiting programs, advocacy groups, and residence facilities.
- Respondents report that there are several assets that could be mobilized to reduce social isolation of seniors. These include professional services, family supports, community programming, friends and neighbours, service clubs, and volunteers.

APPENDIX