



SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

Saskatchewan Seniors Impact Survey Initial Analysis

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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 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 SENIORS IMPACT SURVEY

Of the multiple instruments created as part of the ongoing evaluation process, the *Saskatchewan Seniors Impact 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 1,719 completed surveys. Key variables of interest include:

- senior access to services/supports
- participation in activities
- feelings of being valued by others
- barriers to services/supports
- overall isolation experienced by seniors

SURVEY BACKGROUND

The *Saskatchewan Seniors Impact Survey* was designed to establish a baseline for some of the key impact variables measured in the overall evaluation project. The intent was for the survey to be administered in the summer of 2017 and once again in the winter of 2019 (modified post version). Target respondents of the survey included individuals 55 years of age or older who live in Central or Southern Saskatchewan. Results from the survey will not only be used to support the evaluation process, but to create a better understanding of senior isolation in Central/Southern Saskatchewan, and support the RISC partners in moving their collaborative efforts forward.

DEVELOPMENT

Preparation for development of the instrument involved consultation with available literature on measuring social isolation of seniors (Cornwell & Waite, 2009; Dickens et al., 2011; Medical Advisory Secretariat, 2008; Public Health Agency of Canada, 2015). Additional development efforts included discussion and feedback among RISC partners regarding the scope, nature, design, and implementation of the survey. These preparations resulted in four separate topics for the instrument. As Table 1 shows, these include *demographics*, *social isolation*, *suggestions*, and *survey source*.

Table 1. Survey Instrument Topics and Variables

TOPIC	VARIABLE
Demographics	age
	gender
	community
	living arrangements
	care partner status
	care partner duration
Social Isolation	feeling of support
	feeling of connectedness
	feeling of being valued
	community participation
	barriers experienced
Suggestions	improve participation
	additional comments
Survey Source	source of survey
	involvement with source

The literature review and partner feedback contributed to the design of the survey instrument. The literature and dialogue among RISC partners confirmed that both open-ended and fixed-item response questions would be appropriate. Furthermore, it was determined that the most effective strategy for survey implementation would involve multiple survey formats—including written hard copy, online, and telephone interviews available in both English and French.

PILOT

To pilot the instrument, an online link to the survey was distributed among the RISC partners in the spring of 2017. Feedback to the survey focused on technical functionality of the online instrument and minor suggested changes to fixed-response answer categories. Following a three-week pilot period, all suggestions were considered, with several being incorporated into the final survey (see Appendix A).

IMPLEMENTATION

An email invitation, overview of respondent consent, and survey link were sent to RISC partners with detailed instructions for survey distribution to begin on May 29, 2017. Project partners were asked to note the number (not names or addresses) of individuals the survey was sent to—regardless of format (e.g. online, hard copy). The closing date for the survey was October 6, 2017.

Online Survey

To protect respondent privacy, SPHERU suggested that RISC partners type all email addresses in a blind carbon copy (BCC)—as well as email it to themselves (verify sent). On May 29th, project partners emailed the invitation, survey link, and consent to their mailing lists. Since each organization sent the online survey link to their own clients and contact lists, the evaluation team did not have the list of email addresses that received the electronic version of the survey. Furthermore, because some project partners chose to email the invitation to their member organizations for distribution, it became impossible to estimate the number of individuals who received the survey link.

At the very least, however, a list of member organizations was provided to SPHERU. These include: The University of Regina’s Lifelong Learning Centre, Fédération des aînés Fransaskois, Saskatchewan Retirees Association, Superannuated Teachers of Saskatchewan, Saskatchewan Senior Fitness Association, National Association of Federal Retirees, Saskatchewan Federation of Union Retirees, and SaskTel Pioneers. Additional dissemination efforts included a survey link to subscribers of *Gray Matters Magazine*, members of University of Regina – Seniors University Group, and the Alzheimer Society of Saskatchewan. It is estimated that 15,000 different email addresses received the online survey.

Hard Copy Survey

In addition to the online survey, the evaluation team distributed several hard copies to the partners as well as an electronic version of the survey for partners to print and distribute at their events. During the survey period, RISC partners disseminated the survey through one-on-one communication, community events, and individual outreach. In addition, a hard copy of the survey was included in *Gray Matters Magazine*, which has a distribution of approximately 10,000. Completed hard copies were returned to the disseminating partner and then forwarded to the evaluation team. In total, 379 hard copies were returned. Of these, 336 were completed in English and 43 were completed in French.

Interviews

The third approach to implementing the Saskatchewan Seniors Impact Survey involved a written invitation to clients of Lifelong Learning Centre, Saskatchewan Seniors Mechanism, and Alzheimer’s

Society of Saskatchewan. Respondents were provided with an opportunity to respond online or over the telephone. In total, 14 respondents that elected to be interviewed by an evaluation team member were reachable over the telephone. During these interviews, the survey questions were posed in the same way as in the hard copy format; responses were recorded by the interviewer.

RESPONDENTS

To gain a better understanding of the respondents, the Saskatchewan Seniors Impact Survey included several demographic and situational questions. The following sub-sections provide an overview of this group, including information on age, gender, community, living arrangement, and care partner status.

AGE

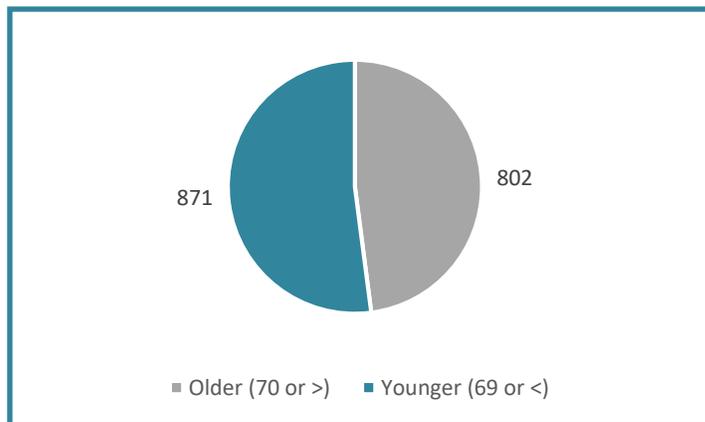
The age cohorts for the respondent group ranged from “54 years and under” to “85 years and older”. With 6 respondents choosing “prefer not to answer”, and age data missing for 40 respondents, the total response for age cohort was 1,673. As Table 2 shows, very few respondents were under the age of 54 (2.2%). The most common age cohort included those respondents who reported to be “65 to 69 years” of age. Following that, the age cohorts gradually shrunk as their age decreased or increased.

Table 2. Respondent Age Cohorts ($n = 1,673$)

AGE COHORT	n	%
54 years and under	37	2.2
55 to 59 years	193	11.5
60 to 64 years	275	16.4
65 to 69 years	366	21.9
70 to 74 years	241	14.4
75 to 79 years	233	13.9
80 to 84 years	180	10.8
85 years and older	148	8.8

Following an even split in the age categories, there is a balance between “younger seniors” (those 69 or younger) and “older seniors” (those 70 or older). As Figure 1 illustrates, the respondent group is only slightly more represented by “younger seniors” (52.1%) than “older seniors” (47.9%).

Figure 1. Age Cohort Re-Groupings: Younger and Older ($n = 1,673$)



GENDER

Among completed surveys, data were available on gender for 1,667 respondents. As Table 3 shows, two-thirds of respondents are female (66.0%) and one-third of respondents are male (34.0%).

Table 3. **Respondent Gender** ($n = 1,667$)

AGE COHORT	<i>n</i>	%
Female	1,100	66.0
Male	567	34.0

COMMUNITY

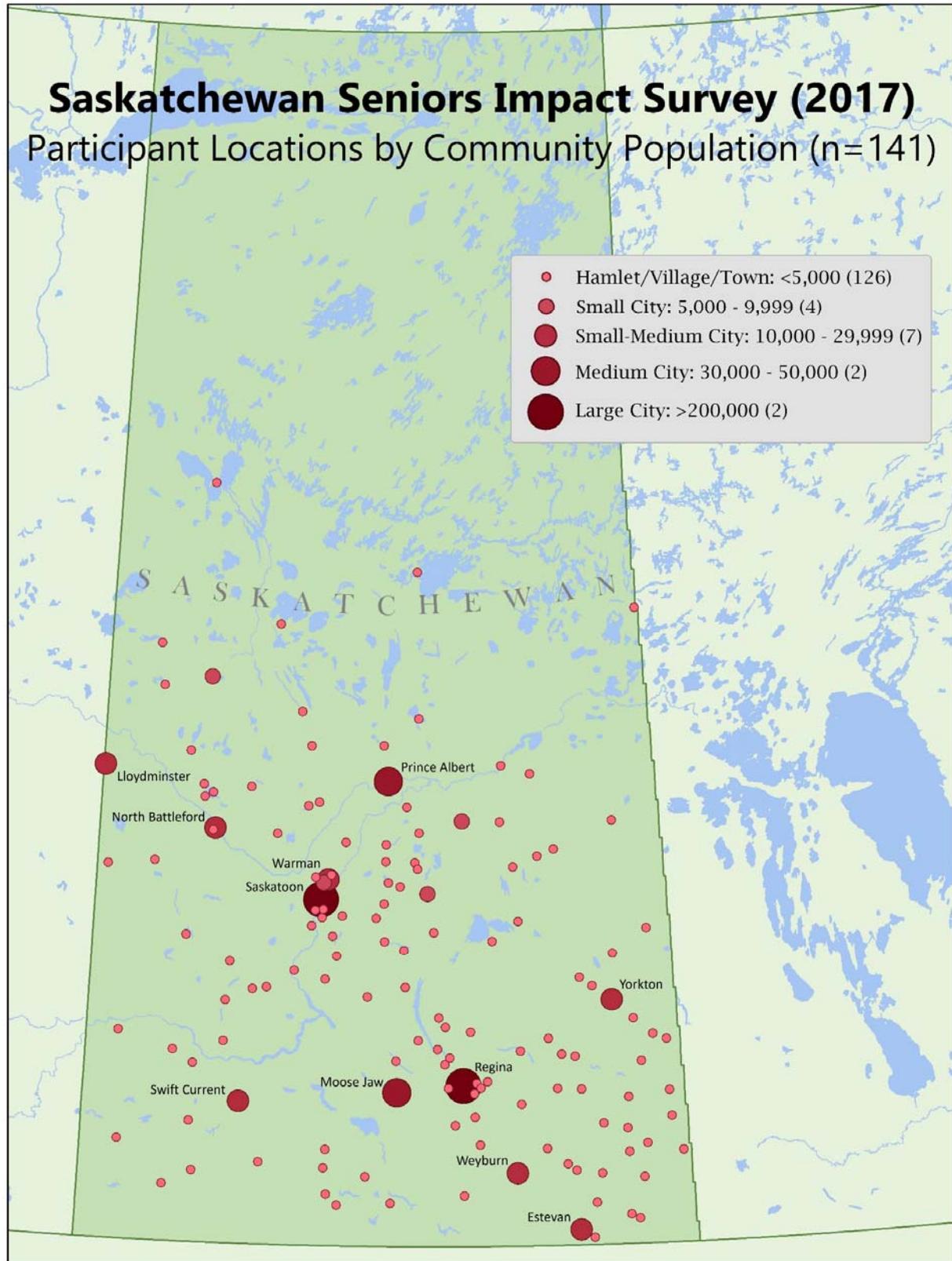
Due to the provincial nature of the survey, it was important to assess the type of community that respondents lived in. When completing the survey, respondents were asked an open-ended question: “what community do you live in?” Individual data from the survey responses were then recoded into seven community-type cohorts: *large city, medium city, small-medium city, small city, hamlet/village/town, rural area, other, and out of province*. As Table 4 shows, a majority (53.5%) of respondents were from large cities with populations over 200,000. The next largest group of respondents were those from Hamlet/Village/Towns (22.3%) and small-medium cities with populations over 10,000 but under 30,000 (10.8%).

Table 4. **Respondent Community Type** ($n = 1,615$)

COMMUNITY TYPE	<i>n</i>	%
Large City (>200k)	864	53.5
Medium City (30k – 50k)	110	6.8
Small-Medium City (10k – 29.9k)	174	10.8
Small City (5k – 9.9k)	19	1.2
Hamlet/Village/Town (<5k)	360	22.3
Rural Area	40	2.5
Other	40	2.5
Out of Province	8	0.5

To demonstrate the coverage of the survey, individual community locations were mapped using geographic information system software. As Figure 2 illustrates, the Saskatchewan Seniors Impact Survey was administered widely across Central and Southern Saskatchewan.

Figure 2. Location Map of Respondent Communities in Saskatchewan*



*The locations of respondents (n = 40) from rural/farm locations are not included in this map.

LIVING ARRANGEMENTS

To understand the living arrangements of respondents, one question on the survey asked respondents “Do you live alone?” Among the 1,646 surveys with complete data on living arrangements, 553 (33.6%) reported that they did live alone, while 1,093 (66.4%) reported that they did not live alone.

Where respondents indicated that they had not lived alone, they were referred to a follow-up question inquiring how many other people they lived with. The responses given ranged from 1 to 130 different people. Without any further knowledge on respondents, it may be fair to assume that some of the larger *N* responses came from those living in care homes. Nonetheless, Table 5 shows the different numbers of individuals living with the survey respondents. Overall, a large majority (86.7%) of respondents live with only one other person.

Table 5. Number of Co-Habitants to Respondents Living with Others (n = 1,072)

NUMBER OF CO-HABITANTS	<i>n</i>	%
1	929	86.7
2	100	9.3
3	25	2.3
4 to 6	11	1.2
7 or more	7	0.7

A second follow-up question for those who identified that they “did not live alone” inquired about the nature of relationship with people they lived with. In total, 1,075 responses were provided to this question. Results indicate that 83% (*n* = 895) of respondents who live with someone, live with their “spouse only”. Other types of co-habitant relationships include spouse and children (8.2%), children (2.9%), other relatives (3.5%), care home residents (1.1%), and other (1.0%) (see Table 6).

Table 6. Nature of Respondent Relationship with Co-Habitants (n = 1,075)

CO-HABITANT TYPE	<i>n</i>	%
Spouse Only	895	83.3
Spouse and Children	88	8.2
Children	31	2.9
Other Relatives	38	3.5
Care Home Residents	12	1.1
Other	11	1.0

CARE PARTNER STATUS

To help separate and support further exploration of response differences within the survey data, respondents were asked whether or not they were a “care partner”. A definition of care partner was provided as “a family member or friend (unpaid) who provides full-time or part-time care, or has primary or shared responsibility for coordinating and overseeing the care of another person”. Among the 1,618 responses on this topic, about one-fifth (17.8%) reported that they considered themselves to be a care partner while 1,296 (80.0%) did not. In addition, 35 (2.2%) selected that they “preferred not to answer”.

Among the 288 respondents who identified themselves as a “care partner”, 284 responded to a follow-up question asking “who do you care for”. As Table 7 shows, most respondents self-reporting as care partners, provide care for either their spouse (37.0%) or a parent(s) (41.5%). Other recipients of care from survey respondents include children (5.6%), siblings (2.5%), two or more other family members (3.5%), friends (3.5%), and other recipients (6.3%).

Table 7. Recipients of Care Provided by Survey Respondent (n = 284)

RECIPIENT	n	%
Spouse	105	37.0
Parent	118	41.5
Child	16	5.6
Sibling	7	2.5
Multiple Family Members	10	3.5
Friend	10	3.5
Other	18	6.3

A second follow-up question to care partners inquired about the length of time in which they have been a care provider. Open-ended responses were generally given in months and years. For analysis purposes, these responses were recoded into eight categories. As Table 8 shows, about one-third of the care partners had been providing this care for “2 – 5 years” (34.4%). Others had been providing care for “1-2 years” (19.9%) and “5 – 10 years” (18.8%).

Table 8. Duration of Care Provided by Survey Respondent (n = 282)

DURATION	n	%
occasionally	1	0.4
< 1 year	20	7.1
1 – 2 years	56	19.9
2 years + day – 5 years	97	34.4
5 years + day – 10 years	53	18.8
10 years + day to 20 years	29	10.3
> 20 years	12	4.3
other	13	4.6

SOCIAL ISOLATION

The main purpose of the Saskatchewan Seniors Impact Survey was to measure the social isolation of seniors in the province. The key indicators chosen for this measure were “feelings of support”, “family connectedness”, “feeling of value”, and “participation in activities”¹. Four fixed-response questions in the survey asked respondents to rate their feelings on these indicators. An additional set of questions explored the extent to which respondents face barriers when trying to participate in community activities and what the nature of those barriers are.

While the previous section (pp.6-10) of this report shared results from all surveys, this section will only share results from surveys completed by Saskatchewan respondents (n = 1,679). Due the evaluative nature of this analysis, it is important that we focus on the responses of respondents who may have contact with project activities underway in Saskatchewan².

FEELINGS OF SUPPORT

To gauge respondent feelings of support, respondents were asked if they felt that they had support when they needed it. Three-quarters of respondents (75.9%) felt they had support either “most of the time” or “all of the time”. As Table 9 shows, only a small portion (7.8%) of respondents felt they had support either “little of the time” or “none of the time”.

Table 9. Respondent Feeling of Support When Needed (n = 1,555)

RESPONSE	n	%
None of the time	29	1.9
Little of the time	91	5.9
Some of the time	254	16.3
Most of the time	632	40.6
All of the time	549	35.3

FEELINGS OF CONNECTEDNESS

When asked whether they felt connected to family and friends, most (82.9%) respondents felt connected “most of the time” or “all of the time”. As Table 10 shows, very few respondents (5.1%) felt they were connected with friends and family “little of the time” or “none of the time”.

¹ These indicators originally appeared in the Saskatchewan Impact Plan as core objectives of the initiative.

² Due to the online survey being sent to a broader audience, some out-of-province respondents ended up receiving the survey (n = 40).

Table 10. Respondent Feeling of Connectedness ($n = 1,574$)

RESPONSE	<i>n</i>	%
None of the time	13	0.8
Little of the time	67	4.3
Some of the time	190	12.1
Most of the time	549	34.9
All of the time	755	48.0

FEELINGS OF VALUE

The next social isolation question on the survey asked respondents if they felt valued by their family, friends and acquaintances. Results from the survey show that most respondents feel valued either “most of the time” (37.4%) or “all of the time” (45.8%). Similar to results on the *support* and *connectedness* questions, very few (4.3%) respondents felt that they had very little or no feeling of value to their family, friends, and acquaintances (see Table 11).

Table 11. Respondent Feeling of Value ($n = 1,566$)

RESPONSE	<i>n</i>	%
None of the time	13	0.8
Little of the time	55	3.5
Some of the time	196	12.5
Most of the time	585	37.4
All of the time	717	45.8

ISOLATION INDEX

To further explore social isolation, data from the three aforementioned questions in the survey were combined. These include response data from questions on “support”, “connectedness”, and “value”. Recall that each of these three variables are scored from 1 to 5, with 1 representing “none of the time” and 5 representing “all of the time”. First, the data labels were switched to data values (e.g. 1, 2, 3). Next, the sum of all three variables was calculated for each survey respondent. Finally, the resulting variable (range: 1 to 15) was then recoded to hold 0 to 5 as “high isolation”, 6 to 10 as “medium isolation”, and 11 to 15 as “low isolation”. As Table 12 shares, almost one-quarter (23.9%) of the respondent group scored “medium” or “high” isolation.

Table 12. Respondent Levels of Isolation ($n = 1,679$)

ISOLATION LEVEL	<i>N</i>	%
High	122	7.3
Medium	278	16.6
Low	1,279	76.2

ACTIVITY PARTICIPATION OUTSIDE OF HOME

To assess the frequency of respondent participation in community activities outside of the home, they were asked to rate their participation frequency on a five-point scale. Slightly more than one-fifth of respondents (28.1%) participate in activities outside of the home at least 1-2 times per week while about one-half (48.1%) participate in activities outside the home more than three times per week (see Table 13). Close to one-quarter of respondents participate in activities less than that (23.7%)³.

Table 13. Respondent Frequency of Participation in Activities Outside the Home (n = 1,564)

FREQUENCY	n	%
Rarely	101	6.5
1-2 times per month	129	8.2
> 3 times per month	141	9.0
1-2 times per week	440	28.1
> 3 times per week	753	48.1

BARRIERS EXPERIENCED

Following the question on *activity participation outside of the home*, respondents were asked whether they experienced barriers when trying to participate in these activities and/or socialize outside of their home. Of the 1,549 responses to this question, two-thirds (67.7%) responded that they did not encounter barriers. Of those who did face barriers, some responded with a firm “yes” (13.2%) while others responded with “sometimes” (19.1%) (see Table 14).

Table 14. Respondent Reports of Experiencing Barriers When Trying to Access Activities or Socialize Outside of the Home (n = 1,549)

RESPONSE	n	%
Yes	205	13.2
Sometimes	296	19.1
No	1,048	67.7

In a follow-up question to those respondents who answered “yes” or “sometimes” to the question of whether they encountered barriers, 183 respondents were able to explain the types of barriers they encountered. Through content analysis, 7 different barrier categories were identified in the responses. As shown in Table 15, these categories include health, personal, environmental, situational, social, transportation, and systemic barriers.

³ Note that in a Statistics Canada 2012 Health Report, almost one in four adults over the age of 65 (24%) reported that they would have liked to have participated in more social activities in the past year (Gilmour, 2012), but this survey included those aged 55 and older, so was a slightly younger demographic.

Table 15. Categories and Examples of Barriers to Participating in Community Activities

CATEGORY	EXAMPLE
Health	visually impaired • mobility issues • respiratory problems • wheelchair dependent • hearing loss • oxygen requirement • dementia • spouse faces health barriers • low energy • dependent upon walker • chemical sensitivity • medical requirements
Personal	lack of confidence • no desire • anxiety • single/widow • embarrassed • lack independence • shy • no interpersonal skills • difficulty maintaining commitments • wary of strangers • do not like large groups • not interested in what is available • emotional due to spousal loss • no motivation • guilt for going out • tired from working
Environmental	neighborhood is dangerous • no wheelchair access • stairs are a challenge • no handicap parking • lack of washrooms
Situational	scheduling conflicts • cannot leave spouse • no family to help • no money • spouse has behavioural challenges • must care for dependent parents • required to make meals
Social	cultural differences • newcomers not accepted • long-standing cliques • no dietary accommodation in rural areas • others are too busy • spouse is not interested • do not know anyone • most activities are couples-oriented • closed community • age gap
Transportation	no vehicle • cannot drive • no available rides • family too busy • require oxygen • no bus service • no taxi service • no money for transportation • cannot drive at night
Systemic	lack of activities • everything requires fundraising • web address only—never a phone • bigger town has all the activities • no money for senior activities • not enough staff to accommodate activities • limited options in community • everything is tech-based

SUGGESTIONS TO PROMOTE COMMUNITY ENGAGEMENT

To identify opportunities for improving engagement of communities in addressing the social isolation experienced by seniors, 1,031 respondents identified areas where their community could do, or is currently doing something to assist in participation of community activities outside of the home. Example responses to this question have been organized into four categories: *accommodation, services, practices, and activities* (see Table 16).

Table 16. Respondent Suggestions for Increasing Senior Participation in Community Activities

CATEGORY	EXAMPLE
Accommodation	<ul style="list-style-type: none"> • hearing-loss sensitive activities • accessible free parking • low/zero cost activities/admission • more affordable personal care • ice/snow removal • kneeling buses • proper sound system for guest speakers • two-way transportation • mobility friendly facilities • level sidewalks
Services	<ul style="list-style-type: none"> • rural services and support • cooperative housing • individual mentoring and support • rural bus service • volunteer respite • well-being checks on single seniors • income security
Practice	<ul style="list-style-type: none"> • activities near/in seniors housing • volunteer recruitment • family education on aging • improved communication and awareness • engage younger generations in activities • participation incentives • advertise on print/radio (not just web) • select invites for isolated seniors
Activities	<ul style="list-style-type: none"> • summer gatherings • physical activity opportunities • escorted field trips • visiting circles • education opportunities (workshop/university) • indoor winter activities • technology training (computer/tablet/cell phone)

ADDITIONAL COMMENTS

The final question on the survey invited respondents to provide any additional comments they would like to add. A wide range of comments were provided by 1,312 respondents. Respondents offered personal anecdotes, accounts of their personal situations, political observations, recommendations to government, assessments of our current society, predictions of future needs, and deficits in Canada’s readiness plan for the aging population. To highlight some of the different points made in respondent answers, Table 17 provides examples in two categories: *suggestions* and *observations*.

Table 17. Respondent Additional Comments

CATEGORY	EXAMPLE
Suggestions	<ul style="list-style-type: none"> • society needs more awareness on aging • need telehealth support for those with Alzheimer’s • allow seniors to rent family units if they are vacant • we must de-normalize the “couple society” • need home delivery of groceries • universal equity-based loans for seniors • railings on all steps and risers • support adults in preparing for retirement • promote daily exercise among seniors
Observations	<ul style="list-style-type: none"> • transportation is absolutely critical • there is still considerable stigma for dementia • difficult to make new friends as a senior • the cost of living is exceeding pension increases • widowed seniors face multiple barriers • there is really nothing for seniors in rural areas • community development is geared towards those who can drive • supported living is unaffordable • government needs to prioritize protection and care of seniors

SUMMARY OF FINDINGS

The results of this survey analysis provide an understanding of the achieved target group for the partners to *Reducing Isolation of Seniors Collective*. Through this analysis of 1,719 completed surveys, we have learned of the demographics, level of isolation, and suggestions for reducing social isolation of seniors in Saskatchewan communities. The remaining subsections present a summary of main results and brief narrative on a challenge with the survey results.

MAIN FINDINGS

The following bullets capture the main results of this initial analysis:

- There is a broad age representation among all age cohorts 55 and up.
- There is an equal split between seniors 69 years of age or younger ($n = 871$) and seniors 70 years of age or older ($n = 802$).
- A majority (66%) of respondents are female.
- Most respondents (53.5%) are from larger cities with populations over 200,000.
- Despite the respondent group mostly being from larger cities, there is representation from smaller rural communities across Southern and Central Saskatchewan.
- Most (66%) respondents live with someone else.
- A majority (87%) of respondents who live with someone else only live with 1 person.
- Most (83%) respondents who live with someone else live with their spouse only.
- 18% of respondents consider themselves to be a care partner.
- Among those who consider themselves to be a care partner, 37% provide care for their spouse while 42% provide care for their own parents.
- 24.1% of respondents felt that they have support “some”, “little”, or “none” of the time.
- 17.2% of respondents feel connected to family and friends “some”, “little”, or “none” of the time.
- 16.8% of respondents feel valued by their friends and family “some”, “little”, or “none” of the time.
- 23.9% of respondents scored “high” or “medium” on the SPHERU Isolation Index.
- 23.7% of respondents participate in activities outside of their home 3 times a month or less.
- 32.3% of respondents report that they have experienced barriers to participation in activities outside of the home.
- Among the feedback from 501 respondents who reported experiencing barriers to participation in activities outside of the home, 7 barrier types were revealed: *health, personal, environmental, situational, social, transportation, and systemic*.

CHALLENGES

One of the challenges with the overall survey is that there is no way for the evaluation team to be confident that the achieved sample is representative of Saskatchewan seniors. As described herein, most respondents became engaged in the survey opportunity by being connected to an organization (e.g. Saskatchewan Seniors Mechanism) and through online communication. Both of those factors alone may suggest that a respondent is “connected” or “involved” in the community, and perhaps not as impacted by social isolation as other Saskatchewan seniors⁴.

Another challenge is that the survey itself represents a point-in-time assessment of senior isolation. Due to the fact that no respondent contact information was recorded, there is no ability for the evaluation team to engage the same respondents in a post-survey at the end of the evaluation period.

⁴ However, the finding that a total of 23.9% of survey respondents scored ‘high’ and ‘medium’ levels of isolation on the Social Isolation Index, is consistent with existing findings placing the rate of Canadian seniors over the age of 65 experiencing social isolation at 24% (National Seniors Council, 2014).

GOING FORWARD

There are a number of opportunities as we move forward with the evaluation of *Reducing Isolation of Seniors – Saskatchewan Impact Plan*. The following suggestions may be worth consideration in not only improving ongoing data collection, but in helping the project partners strengthen access to the intended target group.

- Considering the results of this survey, project partners may want to explore how they can more effectively engage and/or support seniors who may be more affected by isolation than the current achieved target group.
- The evaluation team may wish to consider developing “community” rather than “individual” based measures of social isolation. This may enable a more accurate assessment of project reach and impact.
- Future surveys and measurement tools should adopt fixed-item responses around some of the recoded variables described in this report (e.g. barrier categories).

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APPENDIX A: SASKATCHEWAN SENIORS IMPACT SURVEY



Saskatchewan Seniors Impact Survey

The Saskatchewan Seniors Mechanism (SSM), Alzheimer Society of Saskatchewan, the Canadian Red Cross (Saskatchewan), and the University of Regina’s Lifelong Learning Centre are partners in a collaborative project to reduce social isolation of older adults in south and central Saskatchewan. To assess the impact of our combined efforts, the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) at the University of Regina is conducting an evaluation of the project.

If you are 55 years of age or older, we are asking for your help in assessing the level of isolation experienced by older adults. This short survey contains a few background questions about you, four statements that you will be asked to rank according to your experience, and some questions you can answer in your own words. All responses will be kept confidential.

1. Please indicate your age:

- 54 years and under
- 55 to 59 years
- 60 to 64 years
- 65 to 69 years
- 70 to 74 years
- 75 to 79 years
- 80 to 84 years
- 85 years and older
- Prefer not to answer

2. Please indicate your gender: Male Female Other

3. What community do you live in?

4. Do you live alone? Yes No **If no**, how many others live with you?

What is their relationship to you?

5. Are you a care partner? Yes No Prefer not to answer

If yes: Who do you care for?

How long have you been a care partner?

Care partner means a family member or friend (unpaid) who provides full-time or part-time care, or has primary or shared responsibility for coordinating and overseeing the care of another person.



Please turn over...

For the questions below, please check one:

	None of the time	Little of the time	Some of the time	Most of the time	All of the time
6. Do you feel you have support and help when you need it?	<input type="radio"/>				
7. Do you feel connected to family and friends?	<input type="radio"/>				
8. Do you feel valued by your family, friends and acquaintances?	<input type="radio"/>				

	Rarely	One or two times a month	3 or more times a month	One or two times a week	Three or more times a week
9. How often do you participate in activities outside your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you experience barriers when trying to participate in community activities or socialize outside your home? Yes No Sometimes

If so, what are the barriers?

11. What are some things your community could do, or currently is doing, to assist you to participate in community activities or socialize outside your home?

12. Are there any comments you would like to add?

THANK YOU!

APPENDIX B: RESPONDENT RECRUITMENT

The main distributors of the survey included the four key project partners: Saskatchewan Seniors Mechanism, Alzheimer Society of Saskatchewan, Red Cross, and Lifelong Learning Centre – University of Regina. In total, the direct contact made by project partners generated 860 online surveys and 310 paper surveys, accounting for 75% of the online/paper surveys⁵.

Supporting partners to the survey—including Federation des Aines Fransaskois, Saskatchewan Retirees Association, Superannuated Teachers of Saskatchewan, and National Association of Federal Retiree—recruited 276 (17.8%) respondents. Finally, a mix of other distributors—including family, social media, seniors’ groups, Gray Matters Magazine, and others—recruited 108 (6.9%) respondents to complete the survey (see Table A.1).

Table A.1. Source of Survey for Respondents by Partner Type and Survey Type

PARTNER TYPE	SOURCE	ONLINE		PAPER	
		<i>n</i>	%	<i>n</i>	%
Project Partner	Saskatchewan Seniors Mechanism	298	25.7	274	69.7
	Alzheimer Society of Saskatchewan	360	31.0	20	5.1
	Red Cross	3	0.3	2	0.5
	Lifelong Learning Centre	199	17.1	14	3.6
Supporting Partner	Federation des Aines Fransaskois	4	0.3	43	10.9
	Saskatchewan Retirees Association	190	16.4	0	0.0
	Superannuated Teachers of Saskatchewan	31	2.7	0	0.0
	National Association of Federal Retirees	8	0.7	0	0.0
Other	Family	6	0.5	0	0.0
	Social/Media	6	0.5	0	0.0
	Seniors Groups	18	1.6	0	0.0
	Gray Matters Magazine	0	0.0	40	10.2
	Other	38	3.3	0	0.0

In the online surveys, a follow-up question was posed to respondents who identified either Saskatchewan Seniors Mechanism, Alzheimer’s Society of Saskatchewan, or Lifelong Learning Centre as their survey source. In particular, the question asked respondents what project or projects they had contact with through their respective survey source. As Table A.2 shows, a majority of contacts for each partner were through contacts other than the specific projects in the RISC collaborative.

⁵ This does not account for phone interviews conducted by a member of the evaluation team (*n* = 14)

Table A.2. Respondent Contact with Particular Projects

PARTNER	PROJECT OF CONTACT	<i>n</i>	%
Saskatchewan Seniors Mechanism (<i>n</i> = 229)	Age Friendly Communities	50	21.8
	Older Adult Abuse/Fraud Presentations	12	5.2
	Media and Ageism	9	3.9
	Other	158	69.0
Alzheimer's Society of Saskatchewan (<i>n</i> = 278)	Dementia Friends/Friendly Communities	78	28.1
	Dementia Helpline	14	5.1
	ABC's of Dementia/Warning Signs Campaign	47	16.9
	Other	139	50.0
Lifelong Learning Centre (<i>n</i> = 155)	Reducing Isolation of Seniors in Regina	70	45.2
	Other	85	54.8