

Interventions that support rural healthy aging

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SPHERU: Who are we?

SPHERU Study Areas

Health Inequities:

North-South

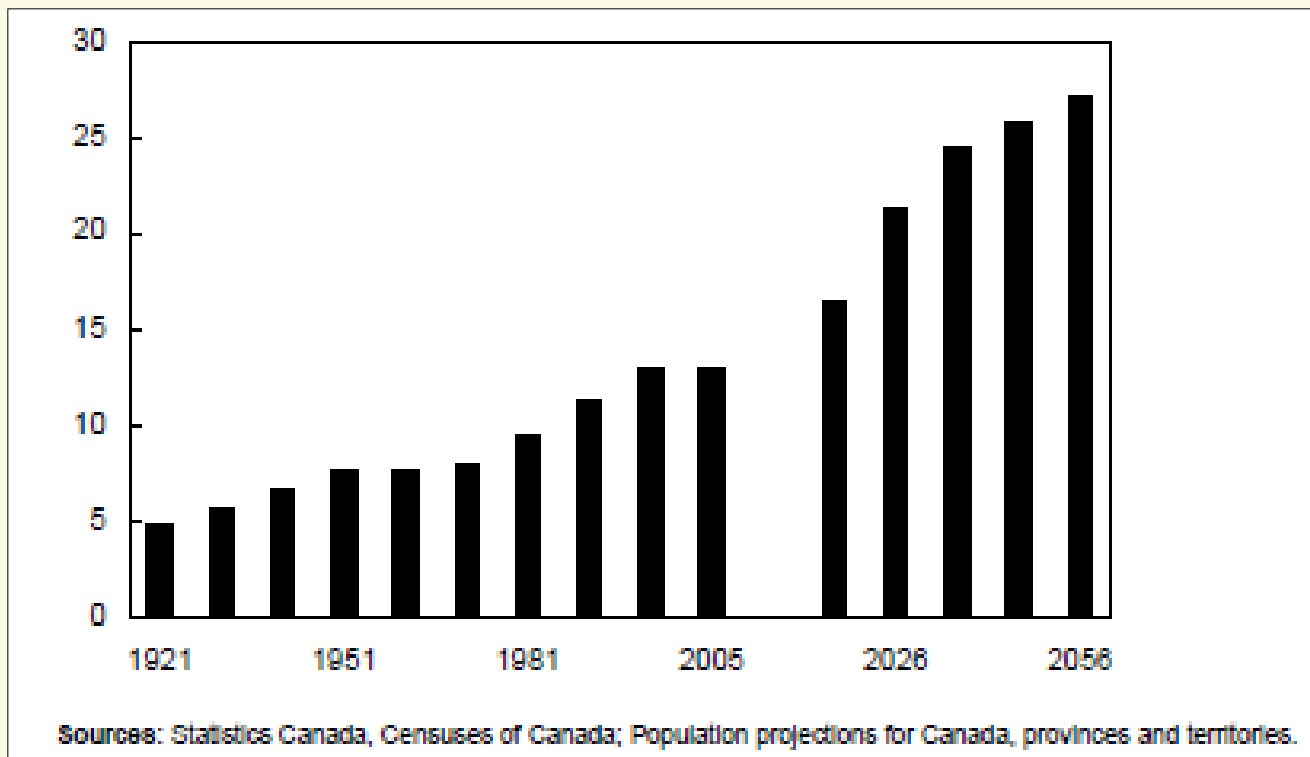
Rural-Urban

Aboriginal-Non-Aboriginal



Aging in rural Canada

Between 2006 to 2026, older adults in Canada are projected to increase from 4.3 to 8.0 million.

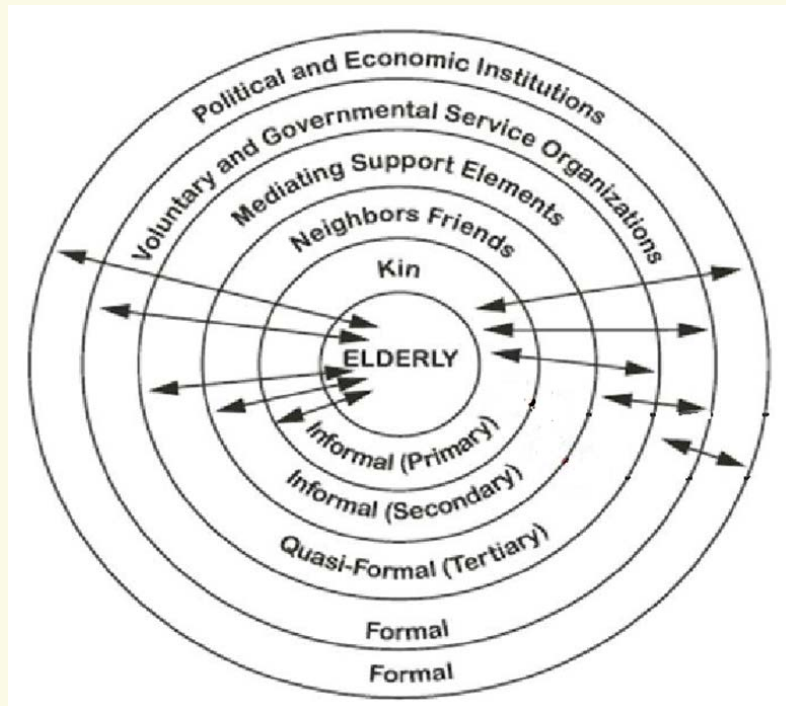


STUDY OBJECTIVES

- To examine the health service needs of seniors living in rural communities
- To identify the policy, community and kin level interventions that facilitate healthy aging in place.
 - This presentation will focus on the policy level findings.

Cantor's Social Care Model

- Systems approach for examining the policy, community and kin level interventions (Cantor, 1989).



Research Methods

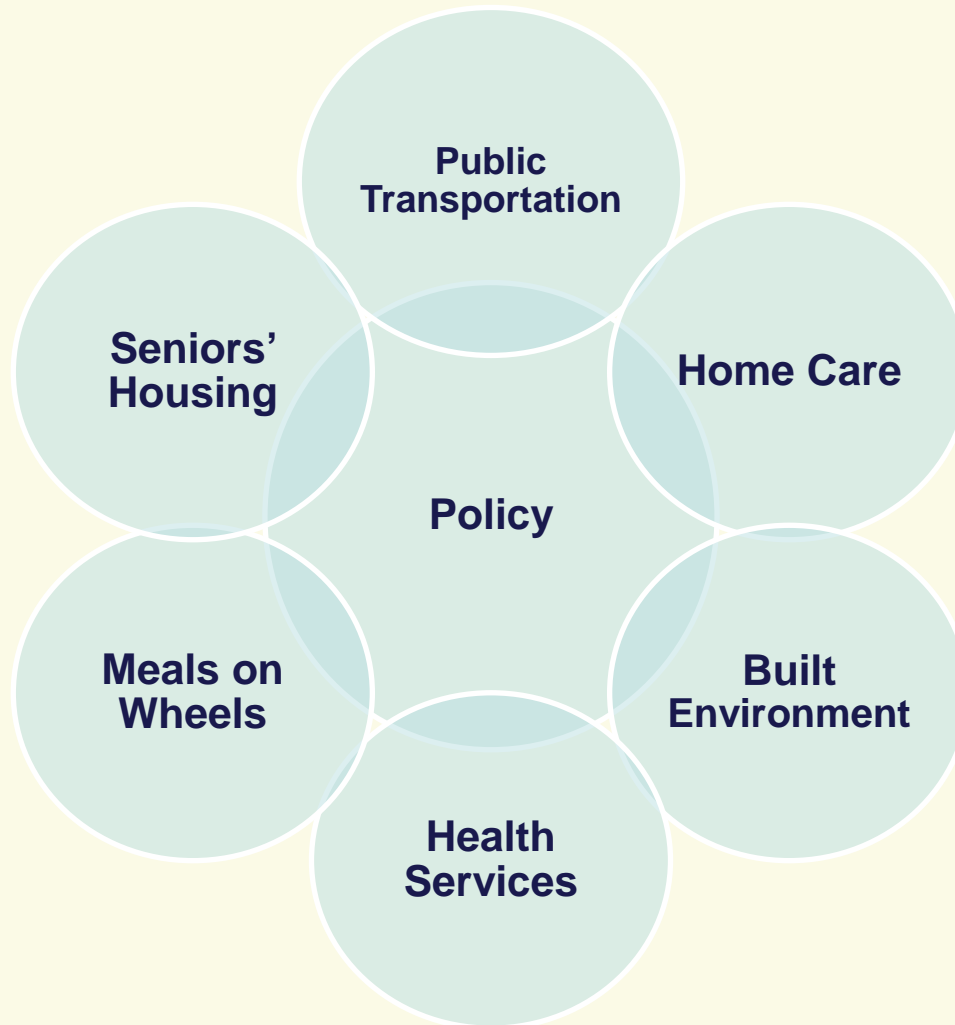
- Longitudinal, qualitative study using semi-structured interviews over 3 years.
- Every 6 months, interviews with 40 rural seniors in Watrous and Wolseley, SK.
- Data collection methods include interviews and field notes.



Findings



What policy level interventions support or impede rural healthy aging in place?



Public Transportation

- Self-imposed driving restrictions, long distances and large cities.
- Important for urban medical appointments.
- Bus service problematic for same-day travel.
- Limited knowledge on the cost, schedules, and how to access the bus service.

Home Care

- Shortage of workers creates medication management issues.
- Perception home care used to provide better support.
- Challenges in consistency of workers' schedules.
- Limited knowledge on services available, eligibility criteria, cost and access.

Home Care

“We’d like a pamphlet on costing, information on home care. That would even apply to if you had to get into assisted living or nursing home. What really is involved in getting in there?”



Built Environment

- Safe sidewalks and roads important for mobility
- Doors opening towards stairs make it difficult to balance
- Automatic doors make buildings more accessible.
- Need for more handicapped parking spaces at city hospitals.

Built Environment

- Heavy doors and stairs were identified as barriers of access to hospitals, seniors' housing, banks and post offices.



Health Services

- Consolidation of health services to urban centres creates challenges for accessing care.
- Increasing costs of medication and ambulance.
- Doctor shortage
- Knowledge gaps on mental health supports, podiatry, respite care, cognitive services and health insurance.

Health Services

“I think the health district needs to make sure that a lot more information gets put out... just more education too when it comes to knowing what is available.”



Meals on Wheels

- Participants felt that seniors were falling through cracks.
- Need for more awareness about the program.
- Concerns about program sustainability as the delivery of meals is volunteer-based.
- Respondents questioned the type and quality of meals provided by the service.
- Gaps in the service as no meals were provided on the weekends.

Meals on Wheels

“Probably because I skip a lot of meals I’m not too enthusiastic to cook... It’s not that much fun cooking for one...”

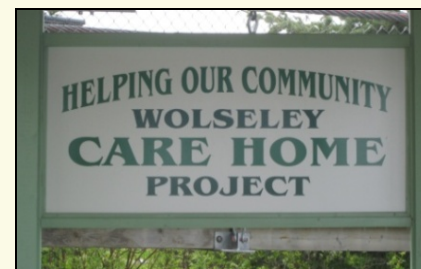


Seniors' Housing

- Accessibility for a range of physical abilities.
- More affordable housing, all levels of care.
- Concerns of being moved outside community.
- Important factors: meal options, formal check-ins and a common social space.
- Knowledge gaps on housing cost, waitlists, eligibility criteria and contact information.

Seniors' Housing

- *“I don't want to live too long, so long that I have to go into the home.”*
- *“Unless there was a facility here that we could feel very confident to move into, that we would get care, there's no point of thinking that we would stay here.”*



Next Steps

- In all stages of the research, we aim to inform policy makers, community leaders and health professionals.
- Long term goals: developing a healthy aging model and creating an assessment framework to monitor interventions impact on seniors' health outcomes.



Comments and Questions

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