



# Healthy Aging in Place

## Rural Healthy Aging Interventions

Findings from a longitudinal study  
in rural Saskatchewan

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## **EXECUTIVE SUMMARY**

The *Rural Healthy Aging Interventions* report highlights actions that support healthy aging in rural Saskatchewan. This report is part of a larger study being conducted by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) entitled, *Healthy Aging in Place: Improving Rural and Northern Aboriginal and Non-Aboriginal Seniors' Health through Policy and Community-level Interventions*. This study looks at the supports that enable rural and northern seniors to remain within their homes and communities to age.

Guided by a community-based research approach, this study is being conducted through local partnerships and direct collaboration with community members. Through consultation and interviews, this study sheds light on the perspectives of rural seniors themselves. Collaborating directly with rural seniors allows us to develop relevant and meaningful research to benefit those who are directly affected by rural healthy aging.

This report shares findings from the first two years of interviews in the three year longitudinal study with rural seniors in Watrous and Wolseley. The study is being conducted over three years to track the changing needs of rural older adults through the aging process. This research builds on work conducted by SPHERU in the rural communities of Watrous, Colonsay, Danbury, Endeavour, Hyas, Norquay, Sturgis, Preeceville, Manitou Beach, Young, Zelma, Rosetown, and more recently in the northern community of Ile a la Crosse, Saskatchewan.

This report identifies a number of actions to support rural healthy aging at three levels, including policy, community and kin-level interventions. The report finds that rural older adults' health needs extend significantly beyond access to physicians, and calls for an expansion of measures beyond formal healthcare services, including investment to increase awareness of existing services available to rural seniors.

Long term goals of the study include creating an assessment framework to monitor and evaluate the impact of different interventions to improve rural healthy aging. This study is funded by the Saskatchewan Health Research Foundation.

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## **INTRODUCTION**

This report highlights findings from a study entitled, *Healthy Aging in Place: Improving Rural and Northern Aboriginal and Non-Aboriginal Seniors' Health through Policy and Community-level Interventions*. In particular, this report shares findings from the first two years of interviews in a three year longitudinal study being conducted with rural older adults. This study builds on a recent pilot study (Jeffery, Bacsu, Martz, Johnson, Novik, & Abonyi, 2011) and was conducted by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), an interdisciplinary research unit committed to critical population health research.

Using a model of population health intervention research, SPHERU researchers are working to identify effective interventions at the policy, community, and kin-levels that support healthy aging in place for rural and northern Aboriginal and non-Aboriginal seniors. This report focuses on the findings from older adults living in the rural communities of Watrous and Wolseley, Saskatchewan, Canada.

## **PURPOSE**

Seniors are one of the fastest growing population groups in Saskatchewan, which makes understanding their health needs of vital importance. This study was guided by the following objectives:

- 1) To address gaps in our understanding of the health service needs of seniors living in rural communities;
- 2) To identify the policy, community and kin-level interventions that support healthy aging in place.

## **WHY IS RURAL HEALTHY AGING IMPORTANT?**

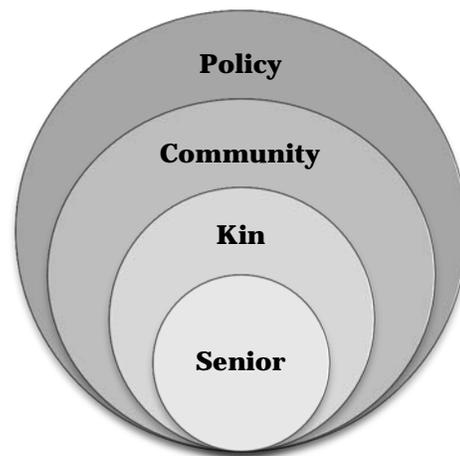
- ❖ Rural communities in Canada are facing escalating challenges in meeting the health care needs of an aging population.
- ❖ Saskatchewan has one of the highest percentages of seniors in Canada, and is one of the few provinces without an aging or long-term care strategy.
- ❖ Rural seniors are reported to have poorer physical health status, a higher prevalence of functional disability, increased sedentary lifestyle, less use of preventative care, and report more chronic illness than urban seniors (Crowther, Scogin & Johnson Norton, 2010; Kumar, Acanfora, Hennessy & Kalache, 2001).
- ❖ In comparison to urban areas, rural areas are often disadvantaged in terms of having lower incomes, less education, a lack of adequate housing, and poorer access to health services (Magilvy & Congdon, 2001).
- ❖ Between 2006 to 2026, the number of older adults in Canada is projected to increase from 4.3 million to 8.0 million (Statistics Canada, 2006).
- ❖ Approximately 47% of seniors have completed hospital treatment but remain in acute-care because they are waiting for space in long-term care (CIHI, 2011).
- ❖ A recent survey, found that nearly 80% of Canadians support the development of more home and community care programs (Healthcare in Canada Partnership 2007).
- ❖ There is a paucity of research that examines the supports that enable rural seniors to remain within their homes and communities to age.



## **THEORY AND RESEARCH MODEL**

- ❖ Cantor's (1989) "hierarchical compensatory theory of social supports" was used as the basis to study rural healthy aging.
- ❖ Cantor's social care model (1989) was used to provide a framework for identifying the policy, community and kin-level interventions that influence rural aging.
- ❖ Cantor's theory and model provide a basis for understanding the multiple factors that influence rural aging while highlighting the interdependent nature of the social care system from both an ecological and individual perspectives.

Figure 1: Cantor's Modified Social Care Model



Source: Adapted from Cantor, M.H. (1989). Social care: Family and community support systems. *Annals of the American Academy of Political and Social Sciences*, 503, 99-112.

## **METHODOLOGY**

- ❖ Community-based participatory research was used to examine the interventions that support rural healthy aging in place.
- ❖ Community-based participatory research is a collaborative process that involves local partners in all stages of the research (Minkler, 2005).
- ❖ Community-based participatory research supports equity, empowerment and local capacity building.

## **METHODS**

- ❖ This longitudinal, qualitative study is based on semi-structured interviews with rural older adults over a three year timeframe.
- ❖ Every six months, face to face interviews are being conducted with older adults (36 participants in 2012, and 40 participants in 2011) aged 64 and over in the rural communities of Watrous and Wolseley, Saskatchewan, Canada.
- ❖ Conducting interviews every six months, enables the researchers to identify seniors' changing health service needs over the aging process.
- ❖ The interviews are approximately one hour in length and are conducted by members of the research team.
- ❖ Data collection methods include interviews, detailed field notes and participant observation notes.
- ❖ This report includes data from the first two years of interviews.
- ❖ Ethics approval for this study has been received from the University of Saskatchewan and the University of Regina.



## DATA ANALYSIS

- ❖ Interview data was tape recorded, transcribed word for word, and analyzed for common themes using the software ATLAS.ti-6 (2011).
- ❖ Thematic analysis was conducted to identify key themes, patterns and relationships within the data (Cresswell, 2007; Gibbs, 2007).
- ❖ Throughout the analysis, team meetings were held to review any coding issues.
- ❖ After the data was analyzed, a full team meeting was held to review the findings.
- ❖ Community workshops were held in Wolseley on May 31, 2012 and in Watrous on June 28, 2012 to share the initial results and ensure that the findings accurately represented participants' views.
- ❖ On June 24 2012, SPHERU researchers received the opportunity to share and validate the study's findings with seniors from across the province at the Saskatchewan Seniors Association's Annual Convention.



## **KEY TERMS**

### **How do we define rural?**

- ❖ 'Rural' refers to Statistics Canada's (1998) Rural and Small Town definition, as a population living outside of large urban centres with fewer than 10,000 people.
- ❖ Rural communities were conceptualized as being underserved, sparsely populated and geographically disperse (Kivett, Stevenson & Zwane., 2000).

### **What does healthy aging in place mean?**

- ❖ The phrase 'healthy aging in place' was used to examine the supports that enable seniors to remain within their communities and homes to age (Cutchin, 2003).

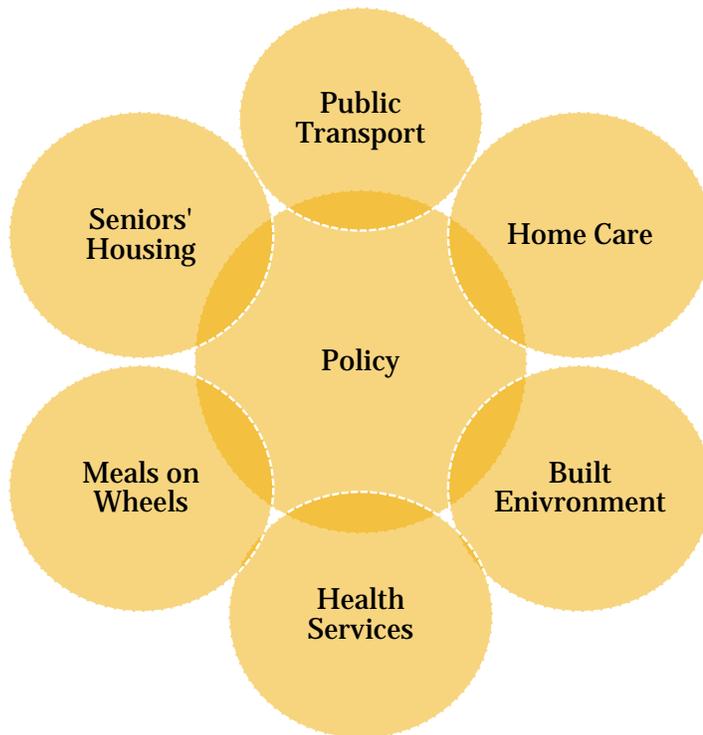
### **What is an intervention?**

- ❖ 'Intervention' refers to any existing, or changes to, or development of, programs, policies, research, funding, or any other form of action on the determinants of health to affect the health outcomes of a population.
- ❖ Interventions are interdependent but with interactions, linkages and overlap among and within the different types of interventions.
  - Policy-level refers to federal, provincial and local government interventions, this includes interventions under the mandate of regional health authorities.
  - Community-level refers to interventions by voluntary groups, community-based organizations and other local services.
  - Kin-level refers to interventions by family, friends and neighbors.

## FINDINGS

### POLICY-LEVEL INTERVENTIONS

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



#### Public Transportation

- ❖ Respondents identified self-imposed driving restrictions and not being comfortable with driving long distances or to larger cities.
- ❖ Participants commented that public transportation was especially important for medical appointments in the city.
- ❖ Bus service schedule was noted as being problematic for same-day travel.
- ❖ Participants described having limited knowledge on the cost, schedules, and how to access the bus service.

*“We have the Greyhound. But I think it comes at 6 in the morning. You have to be in the city overnight.”*

## Home Care

- ❖ Participants described having poor perceptions of home care.
- ❖ General perception of participants that home care used to provide better support in past years because they offered more services.
- ❖ Participants noted a shortage of local home care workers which creates problems for medication management in the early mornings and nights.
- ❖ Caregivers discussed challenges in continuing to provide care due to the shortage of local home care workers.
- ❖ Participants cited challenges around consistency of homecare workers and their schedules.
- ❖ Participants described limited knowledge and lack of information on the services, eligibility criteria, cost and how to access homecare.

*“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 were described as important for seniors’ mobility and the use of walking aids.
- ❖ Heavy doors and stairs were identified as barriers of access at hospitals, seniors’ housing units, banks and post offices.
- ❖ Doors that opened towards the stairs made it difficult for seniors to balance and increased their chance of falls.
- ❖ Respondents noted that automatic doors would make buildings more accessible.
- ❖ Participants discussed the need for more handicapped parking at city hospitals.

*“They’ve moved all our rural coordinators to the city. We used to have a rural woman, and they just moved her job to the city [Saskatoon]... If you’re not living the life, you don’t have an understanding of what’s going on.”*

## **Health Services**

- ❖ Consolidation of health services to urban centres has created challenges for rural seniors to access medical care.
- ❖ Participants shared concerns around the cost of the ambulance to receive medical services in urban centres.
- ❖ Doctor shortages made some seniors consider relocation and contemplate their ability to remain within their communities.
- ❖ Increasing medication costs concerned participants as many required several prescription drugs.
- ❖ Knowledge gaps were evident for mental health supports, podiatry, respite care, cognitive health and the services covered by Saskatchewan Health.

*“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**

- ❖ Respondents felt that the meals on wheels program was not reaching all of the seniors who would benefit from the service.
- ❖ Participants indicated that more awareness and information about the program was necessary.
- ❖ Concerns were shared around the sustainability of the meals program as the delivery of the food is volunteer-based.
- ❖ Participants indicated that there were gaps in the service as no meals were provided on the weekends.

*“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

- ❖ Participants stated that seniors' housing needs to be accessible for a range of physical abilities and should not have stairs.
- ❖ Respondents identified that more housing was required at all levels of care, and particularly for independent living levels.
- ❖ Participants discussed a need for more affordable seniors' housing options.
- ❖ Close proximity to services and downtown was identified as important for seniors' housing.
- ❖ Concerns were described in relation to seniors being moved to care homes outside of the community.
- ❖ Meal options and having a common social space were identified as important factors for seniors' housing.
- ❖ Respondents felt that having a formal check-in process in seniors' housing would be useful.
- ❖ Concerns about seniors' housing not being accessible to fit an ambulance stretcher.
- ❖ In Watrous, respondents described fears that the new lodge would not provide any additional space for seniors.
- ❖ In Wolseley, participants described a community led initiative to address the housing shortage through a private housing venture.
- ❖ Knowledge gaps were identified on seniors' housing cost, waitlists, eligibility criteria and contact information.

*“Especially Jubilee Court you have to wait till somebody dies... or is sent to the nursing home.”*

*“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.”*

## COMMUNITY-LEVEL INTERVENTIONS

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



### Physical Activity

- ❖ Respondents indicated that they felt more comfortable participating in gyms and exercise programs with other older adults.
- ❖ Many participants discussed the importance of physical activity for maintaining functional abilities.
- ❖ Some participants indicated that they would be interested in yoga if it was available.
- ❖ Respondents described being more inactive during the winter months due to fear of falling on ice or snow.

*“I quit curling and different things because nobody my age was still at it...”*

- ❖ Wolseley participants discussed the benefits of walking in the Opera House during the winter.
- ❖ Wolseley respondents described that they would like a swimming pool within their community.
- ❖ Watrous participants stated that they only going to gym in groups to ensure safety from injury since the gym activities are not monitored.
- ❖ Participants discussed having to travel outside the community for yoga or swimming activities that focused on older adults.
- ❖ Participants who lived close to downtown indicated that they walked often more often than seniors who lived further away.
- ❖ The Wolseley Seniors' Centre was identified as an important location for seniors' fitness activities.
- ❖ Many respondents described gardening as a form of physical activity.

*“I guess the only thing I kind of miss more in my life... I love my garden. But I’m just finding it harder and harder to do because of the uneven ground and the digging and that kind of stuff.”*



## Church Groups



- ❖ Many seniors were involved in local church groups.
- ❖ Church groups provided social interaction and activities such as choir practice and hosting local functions.
- ❖ Volunteer services provided by different church groups included driving networks, visiting, providing information, delivering meals on wheels, and providing lunches for funeral and special events.
- ❖ Respondents indicated that the church groups' volunteer base is aging and in need of younger members to ensure sustainability.

*"It's just sad. The schools are declining. The churches are declining. The restaurant is closed. So much is regressing."*

## Social Activities

- ❖ Many respondents looked forward to the events and activities in the community.
- ❖ 'Coffee row' was identified as an important social activity by several male respondents.
- ❖ Participants commented that educational speakers or learning opportunities on different aspects of aging would be useful.
- ❖ Volunteer activities provided a significant source of social interaction.
- ❖ Male participants described sharing and trading reading material with their friends and neighbors.

*"I just can't find my niche here. I'm sure that there's people that are shut in that maybe need visiting. I'm sure I will..."*

**Handy Person**

- ❖ Large yards were identified as a challenge for seniors to remain in their homes.
- ❖ Snow shoveling, hedge trimming and grass cutting were identified as key barriers to seniors remaining within their own houses.
- ❖ Participants indicated that they would like to hire young people to help with yard work but did not know how to connect with youth.
- ❖ In the past, high schools helped connect seniors with youth to help with yard work.
- ❖ Many seniors described a strong sense of pride in their gardens but required a handyperson to help with maintenance such as rototilling and weeding.

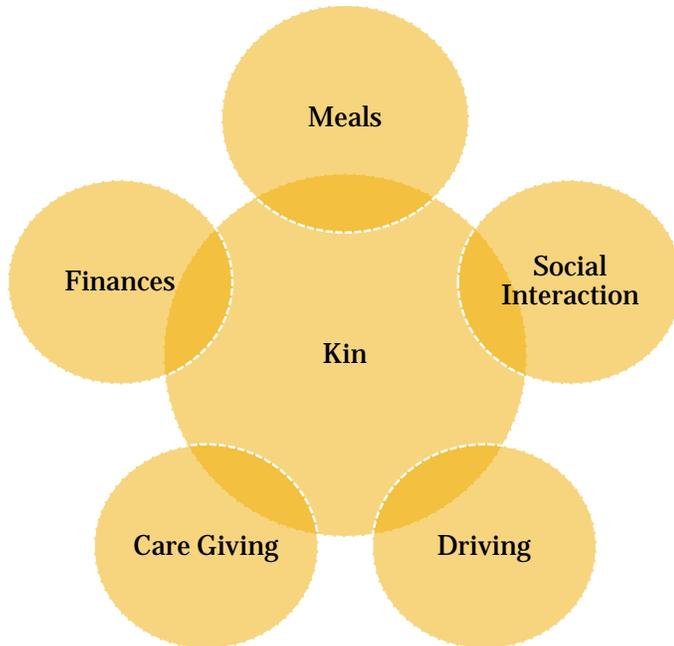
**Seniors' Centre**

- ❖ Seniors' Centre is recognized as an important venue for seniors' social interaction and entertainment.
- ❖ Costs related to taxes, utilities, and building maintenance were identified as key challenges to the centres remaining open.
- ❖ Participants discussed the need for more funding opportunities such as grants or tax breaks to help maintain the facilities.
- ❖ Some participants did not attend the seniors' centre and indicated a stigma of the centre as a place for "old people."
- ❖ In Wolseley, the seniors' centre did not use the term "senior" and was called the Wolf Creek Friendship Centre, it had an active centre.
- ❖ In Wolseley the centre provided social opportunities such as fall suppers, exercise programs, card games and access to information.



## KIN-LEVEL INTERVENTIONS

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



### Meals

- ❖ Meals and baking provided by family and friends were a common method of providing support.
- ❖ Widowed participants described the challenges and difficulties of cooking for one person.
- ❖ Women participants often baked for their friends and neighbors.
- ❖ Participants indicated that they would take meals to friends who were sick or going through a difficult time.
- ❖ Many participants enjoyed gardening and would share their produce with others.

## Social Interaction

- ❖ Social interaction was identified as a key support for healthy aging.
- ❖ Respondents with no local family relied on friends and neighbors for social interaction.
- ❖ Respondents discussed using the internet and telephone to keep in contact with family members who had moved away.
- ❖ Some newcomers talked about the difficulties of being accepted and making friends in the rural communities.
- ❖ Respondents often described that they would like their family to visit or call more.
- ❖ Participants with no local family discussed wanting more intergenerational contact and interaction with younger families but did not know how to meet younger people.
- ❖ Some participants indicated that they had no one to talk about personal matters or sensitive topics.
- ❖ Participants discussed contemplating relocation to be closer to their families.

*“I think friends and neighbors are your best resource to an aging population.”*



*“It would be nice if someone would phone and say, ‘Would you like to get together for a game of cards or do you want to go for coffee?’ That has not happened as much as I’d thought it would in a small town like this.”*



## Driving

- ❖ Family often provided transportation to medical appointments in the city and seniors without local family usually depended on friends for transportation.
- ❖ Women participants discussed the challenges of becoming the primary driver and driving in the cities for medical appointments when their spouses were no longer able to drive.
- ❖ Family members often provided transportation to medical appointments in the city.
- ❖ Seniors without local family often depended on friends and neighbors for travel to the city.
- ❖ Respondents mentioned that it would be helpful to have a contact list of drivers willing to take seniors to medical appointments in the city.
- ❖ Participants appreciated when their friends and neighbors would offer to drive.

*“Like yesterday my neighbours phoned me ‘would you like to go to the Fall supper?’ None of my friends could go and some didn’t want to go, so I thought I’ll just stay home. But my neighbors picked me up.”*

## Care Giving

- ❖ Spouses and adult children often provided a primary source of care giving for rural seniors.
- ❖ Respondents commented that their spouses’ health affected their own well-being.
- ❖ Spouses described a sense of guilt if not able to provide care for their spouse.
- ❖ Additional supports for caregivers are needed such as adult day care, respite care, in-home daycare and transportation.

- ❖ Caregivers described a lack of information and awareness of formal supports and contemplated their future capacity to provide care.
- ❖ A few seniors took on care giving duties for elderly neighbors with no local family.



## Finances

- ❖ Respondents described financial concerns about the increasing cost of prescription medication, ambulance and nursing homes.
- ❖ Many respondents wanted their family to manage their finances when they are no longer able.
- ❖ Participants discussed giving power of attorney to their children.
- ❖ Male respondents often managed the finances in their households and women respondents identified difficulties in trying to manage their finances after their husbands were no longer able to.
- ❖ Women respondents commented that education and training on how to manage finances would be useful.

*“But sometime you’re not going to be able to look after your finances and I would want my family to do that.”*

## DISCUSSION: MOVING FORWARD

- ❖ In this report, we have explored some of the policy, community and kin-level interventions that facilitate and impede rural healthy aging in place.
- ❖ We have examined the different types of interventions separately in order to add clarity to this discussion.
- ❖ However, interventions are complex with linkages, interactions and overlap. Often the programs and services offered by governments and regional health authorities depend on support from local volunteers and the community.
- ❖ Next steps in this study involve reshaping Cantor's Social Care Model (1989) and developing a conceptual model of healthy aging in rural Saskatchewan. This model will identify the interactions, gaps and overlaps in the different levels of interventions.
- ❖ Throughout all stages of the research process, we aim to engage and inform policy makers, academics, community leaders and health practitioners.
- ❖ Long term goals include creating an assessment framework to monitor the range and impact of interventions that are designed to support rural healthy aging in place.



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