



# **The Role of Social Systems in the Health of Seniors Living in Rural Saskatchewan**



## **Pilot Project Report**

**2011**

## **ACKNOWLEDGEMENTS**

This document was prepared by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU). Financial support from the Saskatchewan Health Research Foundation, the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) and the Canadian Centre on Health and Safety and Agriculture through the Canadian Institutes of Health Research, is gratefully acknowledged. We wish to thank the following community partners for their insight, support and contributions: Noreen Johns; Murray Westby; Ivan Peterson; Joanne Bodnar; and Jay Prekaski.

Team members on the pilot study included researchers from the University of Regina and the University of Saskatchewan: Bonnie Jeffery (Social Work/SPHERU, University of Regina); Shanthi Johnson (Faculty of Kinesiology and Health Studies/SPHERU, University of Regina); Nuelle Novik (Social Work, University of Regina); Sylvia Abonyi (Community Health and Epidemiology/SPHERU, University of Saskatchewan); Diane Martz (Director of Research Ethics/SPHERU, University of Saskatchewan); and Juanita Bacsu (SPHERU, University of Saskatchewan).

## **Suggested Citation**

Jeffery, B., Bacsu, J., Martz, D., Johnson, S., Novik, N. & Abonyi, S. (2011). The role of social systems in the health of seniors living in rural Saskatchewan: Pilot project report. Saskatoon: Saskatchewan Population Health and Evaluation Research Unit.



## TABLE OF CONTENTS

|                                  |    |
|----------------------------------|----|
| 1) Introduction.....             | 1  |
| 2) Purpose.....                  | 1  |
| 3) Methodology: What We Did..... | 2  |
| 4) What We Found                 |    |
| a) Housing .....                 | 3  |
| b) Transportation .....          | 5  |
| c) Healthcare.....               | 6  |
| d) Finances .....                | 7  |
| e) Care Giving .....             | 8  |
| f) Falls.....                    | 9  |
| g) Support Systems .....         | 9  |
| h) Health Perceptions.....       | 11 |
| i) Independence.....             | 11 |
| j) Rural Aging.....              | 12 |
| 5) Discussion .....              | 13 |
| 6) Next Steps.....               | 13 |
| 7) References .....              | 14 |

## **1) INTRODUCTION**

This report highlights the findings from a pilot study entitled “The Role of Social Systems in the Health of Seniors Living in Rural Saskatchewan.” The study was conducted by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), an interdisciplinary research unit committed to critical population health research. The objective of the study was to examine the relationship between social systems and the health of seniors living in two rural communities in different health regions in Saskatchewan.



Funding and support for the pilot study was provided by the Saskatchewan Health Research Foundation (SHRF), the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), and the Canadian Centre on Health and Safety and Agriculture (CCHSA) through the Canadian Institutes of Health Research (CIHR).

## **2) PURPOSE**

Compared to urban seniors, rural seniors are often severely disadvantaged in terms of lower incomes, less education, less access to health services and overall poorer health outcomes (Sylvestre, Christopher, & Snyder, 2006). This study was guided by two main objectives:

- 1) To examine the supports that facilitate healthy aging in rural communities;
- 2) To address gaps in our understanding of the health service needs of seniors living in rural communities.



### 3) WHAT WE DID

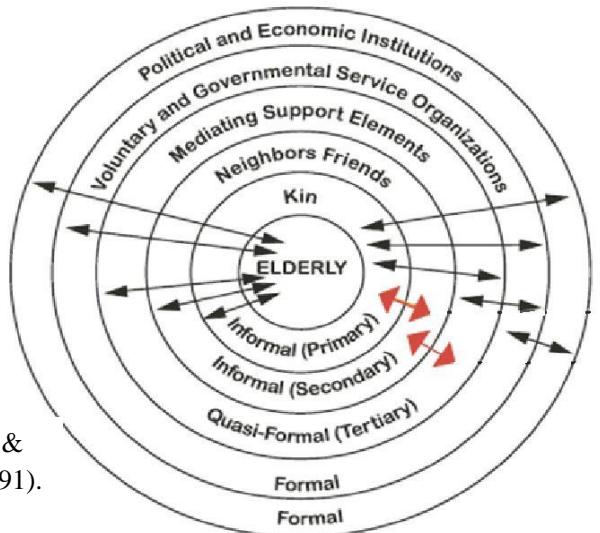
Forty-two participants ( $n=42$ ) aged 65 and older were recruited in the rural communities of Watrous and Preeceville, Saskatchewan. Semi-structured interviews were conducted from May - August 2010, with 24 women and 18 men, ages 67 to 98 years of age to explore the supports that facilitate healthy aging. In addition, 5 semi-structured interviews were conducted with caregivers of rural seniors. The interviews were audio recorded, transcribed and analyzed for common themes using the software ATLAS.ti-6 (2011). Group discussions were held with the participants in Preeceville and Watrous to share the results and ensure that the findings represented their views.

Cantor's (1989) Social Care Model was used as the theoretical framework to examine the various levels (e.g. family, friends, government) and types of seniors' support (formal and informal). In Cantor's (1991) model, each circle contains a different type of support from informal at the centre to formal at the periphery and arrows representing the reciprocity and interconnections among the levels of support. The interview guide was created to explore the supports of rural seniors and addressed several components: housing; transportation; healthcare; finances; care giving; falls; health perceptions; independence; and aging in rural communities.

#### Understanding Cantor's Model

Cantor's (1989) social care model is based on a systems approach which is useful for understanding the different types of seniors' support (formal and informal).

- *Formal support* refers to governmental organizations, voluntary services, political institutions and economic organizations.
- *Quasi-formal support* includes religious, cultural, social and neighborhood groups.
- *Informal support* refers to kin, friends and neighbors.



Cantor's Social Care Model Illustration from: Sims-Gould & Martin-Matthews (2007) originally adapted from Cantor (1991).

## 4) HIGHLIGHTS: WHAT WE FOUND?

### a) Housing

#### Do you think there is a housing shortage for seniors living in your community?

- Respondents described that more housing was needed across the different levels of care, from independent living to full care options.
- Rural seniors described long waiting lists to move into seniors' housing and identified the need for more affordable seniors' housing.
- Many respondents addressed that housing needs to incorporate a common space for social interaction, as well as supports for meals, cleaning services and transportation.
- In Watrous, respondents indicated concern with the closure of the existing lodge and that the new lodge would not address the housing needs.

*"My concern is there isn't a whole lot of spaces available for people who are no longer able to live in their homes... Does that mean I have to go out of town, when I can't manage here?"*

#### Quick Fact:

A Saskatoon Health Region (2010) report indicates that the shortage of seniors' housing in rural areas has created increased reliance on the health region's long term care facilities.

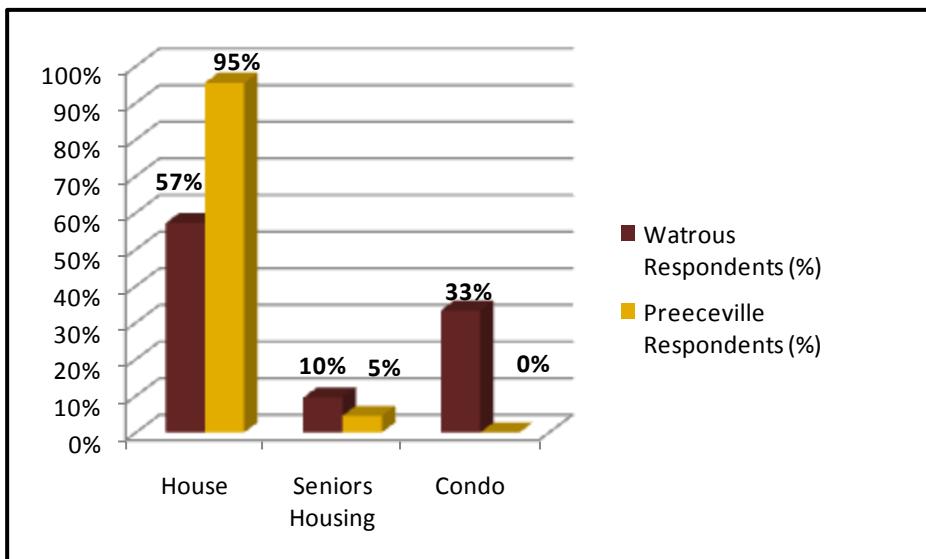


## Types of Housing

- In Watrous, about one third of respondents lived in condominiums.
- Respondents who lived in condos often felt that their needs were better met than seniors' living in houses.
- Condo living helped to meet seniors' needs through downsizing, car pooling, no yard work and social opportunities such as card games.
- In Preeceville, the majority of respondents (95%) lived in houses.
- Only a few respondents in Watrous (10%) and Preeceville (5%) lived in seniors' housing.

*"People who are on the waiting list for the lodge in Watrous are sent to Lanigan or Strasbourg, if there is room..."*

## Types of Housing



*"Well I don't know what's going to happen when the lodge closes...When they build the new one that will just be all, there won't be any suites for people that can look after themselves to just be. So we really need somethin like that."*

The graph above displays the different types of housing among the rural senior participants. A Canada Mortgage and Housing Corporation report (2003) found that in comparison to urban seniors, rural seniors' housing often requires more costly repair and maintenance as 29% of rural Canadian housing was built before 1941.

## b) Transportation

**Do you think there are transportation issues for seniors living in your rural community?**

- Many women respondents identified a strong need for formal transportation services such as a taxi.
- Transportation was especially important for medical specialist appointments in large urban centres.
- Participants described self-imposed driving restrictions such as not driving in urban centres or long distances.
- The ability to drive was often linked with being able to socialize.
- Driving was discussed as helping to maintain functional independence and was used to compensate for poor mobility.

*"I know I miss out on things because I just don't want to impose on my friends. So unless they say "well can we come and pick you up?" Something like that, it's like we have no taxi service."*



## Bus Service

- Only a few seniors (7%) took the bus to their medical appointments in urban centres.
- The seniors indicated that their medical appointments were often too far from the bus depot and they would need to get a taxi.

*"[I] dread the day I have to give up driving."*

***"It's difficult to phone friends to say you have to be in the city at 7 o'clock in the morning when it gets to be more than once or twice."***

- Seniors discussed concerns about missing the bus home to their rural communities after their medical appointments.

### c) Healthcare Issues

#### Shortage of family physicians

- In Watrous, participants described concerns that the family physician was overworked and would burn out.
- Watrous seniors identified the need for at least two family physicians to share the workload.
- Preeceville, in comparison to Watrous, had both a practicing family physician and a nurse practitioner.
- The nurse practitioner would travel to the participants' farms to provide care; participants commented on their high level of satisfaction with the health services provided by the nurse practitioner.
- Many Preeceville respondents were not reliant on a single location for medical care and travelled to Canora, Wadena, Kamsack, Sturgis and Swan River.
- The family physician in Watrous moved away in August 2011 and the community is working to recruit a new physician.

*"I think the fact that we only have one doctor is a little bit of a worry. I'm afraid we're going to kill him before he gets some help; we really need a second doctor here for his sake."*

#### Location of Care

- Stress and mental strain were described in relation to being moved from the community in order to receive care.
- Respondents attributed the movement of rural seniors to the centralization of health services to the large urban centres.

*"I don't want to move away from here no way. So I just hope to God that when I get old or sick or something they don't take me out of here. I want to be here."*



## d) Finances

**Looking at your future, do you think your income and investments will satisfy your needs?**

- In comparison to Watrous, many Preeceville respondents identified future finances as a significant concern.
- Participants in both Preeceville and Watrous discussed finances in relation to the high cost of nursing homes and medical costs.
- Seniors reported concerns about the high cost of nursing home care for themselves and their spouses.
- Many participants were concerned about finances in relation to covering the costs for medications, medical treatment and travel to receive medical services in urban centres.
- Some respondents discussed working odd jobs to help cover the high cost of medication.

***"That's a big thing, that's a big thing. And you have to constantly worry about how you're going to pay your bills this month."***

***"Because my pension cheque doesn't cover itself in the [housing] facility for rent \$1059, and drugs are \$300 a little over every two months. So yeah it's about \$150 per month [left]."***

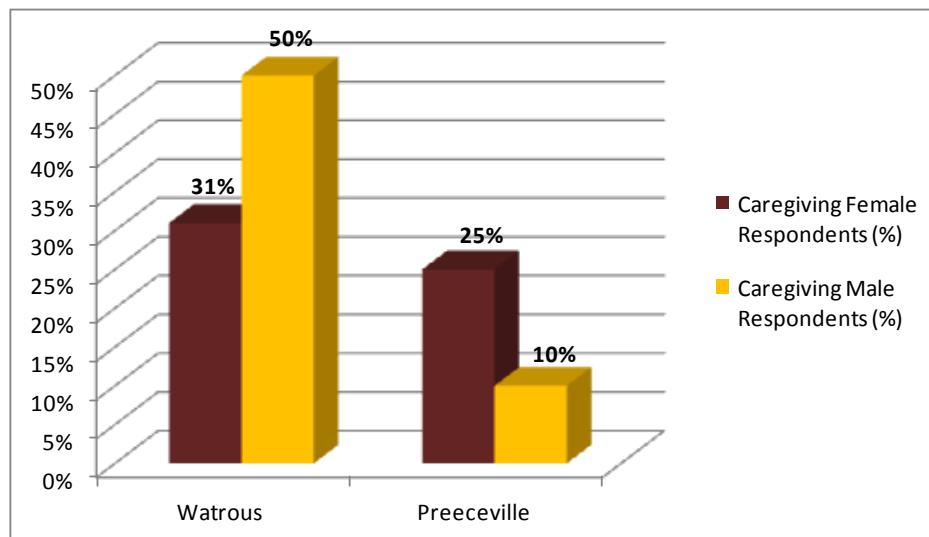


## e) Care Giving

- Care givers described how additional supports such as senior daycare programs are required to provide much needed relief.
- In Watrous, approximately one-half of the senior male respondents provided some form of care giving to their family members or neighbors.
- In Preeceville, two of the respondents received care giving from their children.
- Respondents who received care felt that their care givers needed to receive a break.
- Care giving spouses described a sense of guilt and felt they needed an afternoon off but did not want to leave their spouse in respite care.

*"Because I just got to get away... I like to golf, I like to fish, but I haven't got anybody to leave her with-I can't anymore."*

### Senior Respondents who Provide Care



*"Ever since she's [his wife] had her stroke, everybody seems to stay away. You don't have the same-you know-I find even-well family-they're away."*

The graph above displays the percentage of respondents who provide care. Many of the care giving respondents indicated that additional supports are needed to provide a break from their care giving duties. A study by Cueller and Butts (1999) found that caregivers often experience challenges in meeting their own needs because of the restrictions placed on them by their care giving responsibilities.

## f) Falls

### In the last year, have you had a fall or a serious fall related injury?

- Several respondents reported close encounters with a near fall or fall related experience.
- None of the respondents reported a situation where they fell but did not receive injuries.
- About one-third of both of men (31%) and women (39%) reported falls.
- Many of the participants downplayed the seriousness of fall injuries.
- Results suggest a gendered difference in the type of activities at the time of the fall:
  - Men often reported falls when performing high risk activities such as climbing a ladder or making an outdoor skating rink.
  - Women reported falls when performing day to day activities such as walking outside or down the stairs.

*"I fell the other day and got hurt, I just grab a hold on something and hold on for dear life, I've had a couple of ribs cracked."*

## g) Support Systems

### Gender and Support



- Respondents indicated a sense of reluctance in having to ask for help with tasks related to traditional gender roles among men and women.
- Senior women were less forthcoming about their need for instrumental support associated with housekeeping or meal preparation.
- Rural senior men indicated a sense of reluctance in having to ask for help with yard work or home repairs.

## Informal Support

- Informal supports (family, friends and neighbors) often accessed included transportation, house cleaning and yard work.
- Rural seniors discussed not asking for help in order to avoid being a burden to family and friends.
- Respondents were less likely to identify that they were receiving support if it was provided by a spouse or a family member.

*"If my curtains didn't open by noon my neighbour would be phoning to find out what's going on. It's our small town version of neighbourhood watch."*

## Formal Support

- Formal supports (private or paid providers) accessed included foot care, housekeeping and home care.
- Formal supports were only accessed if informal supports were unavailable.
- Home care was only accessed for short time frames such as coping with an illness or for surgery recovery.
- Respondents indicated that home care needs to provide more services (housekeeping and vacuuming); however, many were unaware of the home care services available.

*I'm not being critical of the system I mean God bless home care and the people that work there, but they come in 3 or 4 times a day and sure they can see that you get your pills and they can see you do little things but people are still basically on their own from 8:00 at night till 8:00 in the morning and that in my opinion is a crying need and yet I'm not sure what the answer is either to tell you the truth.*



## **h) Health Perceptions**

### **What does being healthy mean to you?**

- Perceptions of an individual's health were often dependent on the health of their spouse.
- Four primary themes were identified in relation to perceptions of health:
  - 1) Independence
  - 2) Cognitive Functioning
  - 3) No Pain
  - 4) Mobility

*"I don't even know what health is anymore. I haven't had it for so long. Before my accident I had reasonably good health but after the accident very poor health and it's not just because I can't walk around or anything. there's a lot of things that I would like to do and I cannot do to be independent or even for social life."*



- Health was often described using a value statement, "it means everything".
- Most respondents rated themselves as being healthy.

## **i) Independence**

- Independence was often described as "being able to do the things you like to when you want to do it."
- Independence was linked to the ability to perform daily activities and tasks.
- Seniors described a sense of reluctance in having to ask for help.
- Several participants equated losing their ability to drive with losing their independence.

*"I'm that type of person that's overly [independent], that's why I hate to have to get somebody to help me."*

do,

## j) Rural Aging

**Do you think there is a difference between aging in rural communities compared to aging in urban communities?**

- Participants felt that people are more willing to help one another in rural areas.
- The benefit of aging in a rural community was often described as “you know everybody, and they know you.”
- The importance of social interaction was identified as a key advantage in aging in rural communities.
- Many participants felt that urban seniors would be lonelier than rural seniors: “My opinion would be there’s probably a lot more lonely people in the city than there is in the town.”
- Respondents indicated that there is a sense of safety in rural areas: “...there’s nobody shooting anybody or robbing anybody.”
- Although fewer services are available in the rural communities, the participants were still fairly satisfied with the services.
- Respondents described that it is likely safer for seniors to continue driving in rural communities compared to urban centres.

*“...but if your driving skills are getting a little questionable, it would be probably safer in the rural community, maybe it’s not safer for your neighbours ...”*

*“I feel growing old in a small town is good, because you know so many people. I think they’re often more caring and everything, because I know in the city when we lived, you didn’t know your next door neighbor... It’s different here, everybody’s concerned with their neighbors and friends.”*



## 5) DISCUSSION

- Seniors' health service needs are primarily dependent upon the supports available within their rural communities.
- Rural seniors' health needs and independence extend significantly beyond access to physicians and the formal health care system.
- With limited housing, no formal transportation, and insufficient awareness of existing services, many seniors move to care facilities located outside of their communities.
- More information is needed to promote the awareness of existing services available to seniors such as home care and podiatry.
- A range of strategies are necessary for supporting independence and addressing seniors' health service needs.



## 6) NEXT STEPS



- We have received funding from the Saskatchewan Health Research Foundation to expand this work over the next 3 years through the study, *Healthy Aging in Place: Improving Rural and Northern Aboriginal Seniors' Health through Policy and Community Level Interventions*.
- This study will address healthy aging in place for both rural and northern Aboriginal and non-Aboriginal seniors.

## 7) REFERENCES

- ATLAS.ti 6. (2011). Scientific Software Development GmbH, Berlin. Retrieved from [http://www.atlasti.com/uploads/media/miniManual\\_v6\\_2011.pdf](http://www.atlasti.com/uploads/media/miniManual_v6_2011.pdf).
- Canada Mortgage and Housing Corporation (CMHC). (2003). Housing needs of low income people living in rural areas: The implications for seniors. *Research Highlights*, 1-6. Retrieved from [www.cmhc.ca/publications/en/rh-pr/socio/socio03-012-e.pdf](http://www.cmhc.ca/publications/en/rh-pr/socio/socio03-012-e.pdf).
- Cantor, M. (1991). Family and community: Changing roles in an aging society. *The Gerontologist*, 31(3), 337-346.
- Cantor, M. H. (1989). Social care: Family and community support systems. *Annals of the American Academy of Political and Social Sciences*, 503, 99-112.
- Cuellar, N., and Butts, J. (1999). Caregiver distress: What nurses in rural settings can do to help. *Nursing Forum*, 34(3), 24-30.
- Saskatoon Health Region. (2010). Saskatoon Health Region Rural Strategy. Retrieved from [http://www.saskatoonhealthregion.ca/about\\_us/rural\\_health\\_strategy.htm](http://www.saskatoonhealthregion.ca/about_us/rural_health_strategy.htm)
- Sims-Gould, J. and Martin-Matthews,A. (2007). Family caregiving or caregiving alone: Who helps the helper? *Canadian Journal of Aging*, 26(1), 27-46.
- Sylvestre, G., Christopher, G., & Snyder, M. (2006). *The mobility needs and transportation issues of the aging population in rural Manitoba*. Winnipeg, MB: Institute of Urban Studies, University of Winnipeg.