

AGING WELL ON THE PRAIRIES

Truth is, we're all getting older. And doing it well takes work.

Isolation can be an issue for older adults no matter where they live. Those in rural and Northern Indigenous communities far from services, as well as immigrants and refugees aging in urban centres – far from friends and family – experience the same types of mobility issues, illnesses, and pain. These obstacles to good health have the potential to impact *all* older adults and their ability to lead healthy and happy lives.

Researchers from the **Saskatchewan Population Health and Evaluation Research Unit (SPHERU)** are delving into what it means to age well in the province.

From ensuring small towns have proper sidewalks lining their main streets and helping young people connect with and value the experiences of Elders, to encouraging organizations to deliver services collaboratively to have more impact, the end goal is more successful aging for all.

As part of **Congress 2018** at the University of Regina, SPHERU hosted a conversation on healthy aging. This booklet contains the posters that were presented and additional information on the research that was shared at this **Community Connections** event on **May 28, 2018**.



About SPHERU

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is an interdisciplinary bi-university research unit at the Universities of Regina and Saskatchewan. Founded in 1999, SPHERU promotes health equity through innovative, timely, policy-relevant research. Our researchers come from a variety of academic backgrounds from both within and outside Saskatchewan, and are located at three SPHERU sites: the main campus of the Universities of Regina and Saskatchewan, and at the University of Regina Prince Albert campus. Out-of-province researchers with unique links to Saskatchewan are also part of our team.

SPHERU has a national profile and is one of a handful of research units in Canada well-known for advanced population health research. SPHERU researchers conduct intervention research to address issues of health inequity among vulnerable populations with a focus on children, rural older adults, and northern and Indigenous populations. This work involves evaluations of existing policies and programs, intervention research projects, and developing innovative knowledge translation strategies to ensure findings from our research make their way to policy makers at multiple levels.

This booklet highlights SPHERU's healthy aging research work, as presented at the Congress 2018 Community Connections event May 2018 in Regina.

Engaged Research as a Catalyst for Population Health Change: SPHERU's transformative work in Saskatchewan, 1999 – present

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is a transdisciplinary group of researchers who share a commitment to social justice and population health intervention research. We engage with communities and policy-makers to generate research-based evidence on the multiple factors that impact a population's overall health and wellbeing. The poster uses examples from past and current research projects to highlight our approach to population health intervention research. The examples focus on questions of scalability, history, context, the determinants of health, and solutions outside the health sector.

Scaling up and Scaling Back: Our different community-driven projects are linked through SPHERU to support the potential for scaling up across different rural, northern, remote, and Aboriginal communities. In some projects, effective adaptation was driven by communities who have leveraged their own capacity with the assistance of the unit.

Context Matters: Our research partners want to know what it is about where and how they live that contributes to their health status. One project developed a Community Health Indicators Toolkit with 9 First Nation and provincial communities in northern Saskatchewan and has had considerable uptake by other communities in the country. This work led to research with rural and northern seniors who have engaged with us on the opportunities and challenges that allow them to remain in their communities. One outcome is a framework and measures for monitoring and evaluating the impact of kin, community, and policy-level interventions on healthy aging in place.

Beyond Health Sector Solutions: SPHERU projects have a distinct focus on identifying non-health sector interventions that impact population health and may be aligned with health sector initiatives. Our research methods actively engage our collaborators in the design and implementation of projects and include partners, such as Saskatchewan Parks and Recreation, who desire to come together to address health challenges.

The Good, the Bad, and the Ugly – Learning From the Past: History is a powerful tool for studying the present. The *History of Health in Saskatchewan Interactive Timeline* allows users to explore the origins and evolution of health inequalities for different populations in different parts of the province. The freely available timeline is a teaching tool that can be adapted for use in high schools and university settings as well as a community resource that can track the historical patterns that underlie current health disparities. The timeline can be found at www.spheru.ca.

Finally, the poster describes research gaps that have been identified as areas of future research for the unit.

Engaged Research as a Catalyst for Population Health Change: SPHERU's transformative work in Saskatchewan 1999—present



SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

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³ Department of Community Health & Epidemiology, University of Saskatchewan,
⁴ Faculty of Social Work, University of Regina

Context Matters

Our research partners want to know what it is about where and how they live that contributes to their health status. One project developed a Community Health Indicators Toolkit (Jeffery et al., 2006) with 9 First Nation and provincial communities in northern Saskatchewan and has had considerable uptake (Jeffery et al., 2010) by other communities in the country (Example 1).

Example 1



This work led to research with rural and northern seniors who have engaged with us on the opportunities and challenges that allow them to remain in their communities. One outcome is a framework (Jeffery et al., 2015) and measures for monitoring and evaluating the impact of kin, community, and policy-level interventions on healthy aging in place (Example 2).

Example 2

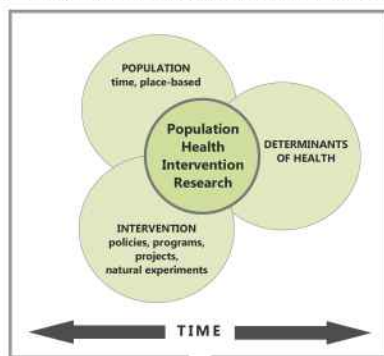
The Rural Healthy Aging Assessment Framework has provided the foundation for three population health intervention projects currently being conducted in collaboration with several Saskatchewan communities.



INTRODUCTION

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POPULATION HEALTH INTERVENTION RESEARCH MODEL



Improving Equity in Health Outcomes

FUTURE DIRECTIONS

Advancing and testing concepts and methodologies for population health intervention research, with specific interests in:

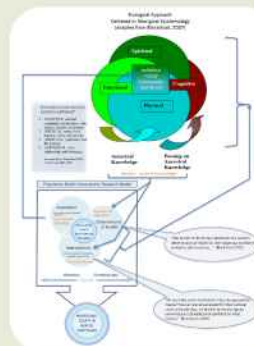
- ❖ The significance of the lived human experiences of place
- ❖ The meaning of program or policy 'effectiveness' among diverse stakeholders, as well as within and between implementation contexts

Scaling Up and Scaling Back

Our different community-driven projects are linked through SPHERU to support the potential for scaling across different rural, northern, remote, and Aboriginal communities. SPHERU has provided support as communities leverage their capacity in effectively adapting population health concepts (Example 1) and interventions (Example 2).

Example 1

In Ile-a-la-Croise, a northern Saskatchewan Metis community, SPHERU worked with community members to adapt our PHIR Model to an Aboriginal Ecological research framework developed by Cindy Blackstock (2007). This approach will produce program logic model structures to facilitate evaluations that look at programs and services through the values of this community.



Blackstock's (2007) Breath-of-Life-Based Ecological Framework with SPHERU's Population Health Intervention Research Model

Example 2

In Young, a small rural community in Saskatchewan, SPHERU introduced an exercise intervention as part of a study exploring mobility and social interaction supports that allow rural seniors to remain in their homes and communities as they age. As the study ended, community members organized to continue the exercise program, adapting it to meet their specific needs (place, time, fitness levels). The resulting adaptation will help sustain the program in the community, providing residents with an opportunity for physical activity and social engagement.



Beyond Health Sector Solutions

SPHERU projects have a distinct focus on identifying non-health sector interventions that impact population health and may be aligned with health sector initiatives. Our research methods actively engage collaborators in the design and implementation of projects and include partners such as community-based organizations, government departments, e.g. Saskatchewan Parks and Recreation, and municipal governments who desire to come together to address health challenges.



Through a MITACS sponsored research project, a graduate student worked with an organization in Rosetown to prepare a community audit which formed the basis for the organization's strategic action plan. This project led to ongoing research collaboration with SPHERU researchers on community priorities.

The Good, the Bad, and the Ugly: Learning from the past

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REFERENCES: Jeffery, B., Abonyi, S., Hamilton, C., Bird, S., Denecheze, M., Lidiguerre, T., et al. (2006). *Community Health Indicators Toolkit*. University of Regina and University of Saskatchewan: Saskatchewan Population Health and Evaluation Research Unit. Jeffery, B., Hackett, P., Abonyi, S., Hampton, M., Hamilton, C. (2010). *Evaluating the Use of Community Health Indicators Toolkit*. University of Regina and University of Saskatchewan: Saskatchewan Population Health and Evaluation Research Unit. Jeffery, B., Bacsu, J., Novik, N., Abonyi, S., Johnson, S., Osman, S., et al. (2014, April). *Developing a Framework to Support Healthy Aging for Rural Seniors*. Poster session presented at the Optimizing Health for Older Adults conference, Saskatoon, SK. Blackstock, C. (2007). *The breath of life versus the embodiment of life: indigenous knowledge and western research*. World Indigenous Nations Higher Education Consortium Journal, 6(7-9). Poster presented at the Congress of the Social Sciences & Humanities, Regina, May 28, 2018. Poster design by C. Hamilton.



Assessing the Rural Built Environment to Support Successful Aging in Place

Overview of the Study: In a previous study (2011-2014), SPHERU researchers examined and identified interventions rural seniors utilized to support aging in place. One of the findings was how the “built environment” – the human made structures in one’s environment such as sidewalks, roads, buildings, parks – impact the experience of aging in place. Current literature shows that the built environment can have a vital role in allowing seniors to remain independent while aging in place; for example, rural seniors may be a particularly vulnerable group (Sharkey, Johnson, & Dean, 2010). More insight is needed on healthy aging in place for rural seniors as existing research on the built environment primarily focuses on young to middle aged adults (Frost et al., 2010) and urban seniors (Yousefian et al., 2010).

Research Questions: In consultation with Saskatchewan community partners from Young, Watrous, Wolseley and Rosetown, this study, *Supporting Healthy Aging through Walkable Built Environment*, was developed to understand the role the rural built environment plays on rural seniors’ mobility and ability to age in in place. The study addressed the following questions:

- What factors in the rural built environment support or challenge senior’s mobility?
- What built environment related policies and programs are:
 - ⇒ Supportive of rural seniors’ aging in place experience?
 - ⇒ Challenging for rural seniors’ aging in place experience?

Methods:

- Interviews with 8 key informants from local leadership guided by the *Rural Active Living Assessment (RALA) Community Assessment* tool to provide an overview of the community demographics and civic facilities
- Focus groups with 15 community leaders guided by the *RALA Program & Policy Assessment* to understand the community’s policies and procedures in relation to the built environment
- Focus groups with 32 community residents to understand their perspectives of barriers and supports to mobility
- Observational community audits of the 4 communities using the *Healthy Aging Network (HAN) environmental audit* tool

What We Learned:

Built environment barriers

- ⇒ Uneven surfaces
- ⇒ Overgrown foliage
- ⇒ Potholes
- ⇒ Poor lighting
- ⇒ High curbs

Built environment supports

- ⇒ Benches and rest spots
- ⇒ Flowers and a pleasing landscape
- ⇒ Well maintained park spaces
- ⇒ Rubber stone sidewalks
- ⇒ Gravel/sand on icy sidewalks

Policy and program barriers

- ⇒ Dog by-laws not enforced
- ⇒ Snow clearing policies not enforced (1 community)

Policy and program supports

- ⇒ Clearing snow promptly (3 communities)
- ⇒ Level walking surfaces

Assessing the Rural Built Environment to Support Successful Aging in Place

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Study Overview

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- What built environment related policies and programs are:
 - Supportive of rural seniors’ aging in place experience?
 - Challenging for rural seniors’ aging in place experience?

Methods

Using standardized tools, direct observations and interviews, data were collected on:

- the human made physical environment (also referred to as the built environment) which includes streets, traffic lights, crosswalks and other structures, and community amenities such as parks, pools, playgrounds
- the programs and policies that exist within the community

1) Interviews with 8 key informants from local leadership

Interviews were guided by the *Rural Active Living Assessment (RALA) Community Assessment* tool to provide an overview of the community including demographics and topographical characteristics as well as a list of the educational, recreational and civic facilities in the community and their condition. Researchers also made visits to each community to observe and document the facilities.

2) Focus groups with 15 community leaders

Focus group questions were guided by the *RALA Program & Policy Assessment* tool to understand the community’s policies and procedures in relation to the built environment and the impact they may have on mobility for older adults.

3) Focus groups with 32 community residents

To obtain an understanding of residents’ perspectives of barriers and supports to mobility, focus groups were held with individuals over the age of 65 who were residents of the communities.

4) Observational community audits

We used the *Healthy Aging Network (HAN) Environmental Audit* tool to conduct a detailed audit of aspects of the built environment in each of the communities.

Watrous (population 1,900)

Built Environment (roads/walkways)	
Barriers	Supports
Broken or uneven walk surfaces	Level and smooth walk surfaces
Obstructions	Markings or caution signage
Icy or slippery surfaces	Salt or gravel applied
Overgrown foliage or weeds	Well maintained yards free of overgrowth
Potholes	Benches and rest spots
Poor lighting	
Lack of signage	
High curbs	
Policies & Procedures	
Barrier	Support
Residential and business snow clearing policies not enforced	Gravel or sand applied to icy sidewalks
Snow accumulation around empty lots	

Rosetown (population 2,451)

Built Environment (roads/walkways)	
Barriers	Supports
High curbs	Curb cuts or graduated sidewalks
Broken or uneven walk surfaces	Markings on cracks, dips and ledges
Narrow walkways	Rest spots / benches
Overgrown foliage	Public restroom
Street crossing dangers	Extended curb-outs for visibility and pedestrian crossing on highway
Potholes	Safe community
Policies & Procedures	
Barrier	Support
	Roads cleared and sanded quickly in the winter

Wolseley (population 854)

Built Environment (roads/walkways)	
Barriers	Supports
Lack of sidewalks	Well-kept park spaces
Uneven sidewalk surfaces	Flowers and pleasing landscapes
Missing bricks/stones from walkways	Benches and rest spots
Steep inclines	Salt or sand applied to icy sidewalks
Overgrown foliage	
Lack of proper hazard markings	
Stairs	
Poor lighting	
Icy or slippery surfaces	
Policies & Procedures	
Barrier	Support
	Compliance with snow clearing policies

Young (population 244)

Built Environment (roads/walkways)	
Barriers	Supports
Broken or uneven walk surfaces ¹	Level walk surfaces
Potholes ¹	Rubber stone sidewalks ²
Obstructions	
Poor drainage & water pooling on walkways	
Off-leash dogs	
Icy surfaces	
<small>¹ - problem areas were in front of the United Church, Seniors' Centre, recycle bins</small>	
<small>² - noted that one section of rubber stone work was unevenly installed and dangerous</small>	
Policies & Procedures	
Barrier	Support
Dog by-laws not always enforced	Roads cleared quickly in the winter
	Crushed rock, gravel or sand applied to icy sidewalks

Addressing Social Isolation through Intervention, Evaluation and Exploration

Older adults are becoming a larger proportion of the population and this demographic shift presents significant implications for the provision of healthcare, human services and community supports that will affect their aging experience. An important dimension of successful aging is the ability to stay socially connected and engaged in community life. Research suggests that there are significant numbers of older adults who are isolated and experience loneliness. Continuing to live and grow older in one's own community—aging in place—can reduce social isolation by allowing community and kin connections, and social supports to be maintained.

In previous research we developed a framework with five key domains supportive of healthy aging in place: independence, social and community interaction, supportive environment, mobility, and cognitive/mental health. Informed by the framework, we have undertaken research to identify and address barriers within these domains that could be effective in sustaining older adults' independence and ability to age successfully within their communities. The three projects highlighted here represent different approaches we have used to further understand and address issues related to social isolation.

Intervention: Findings from the exercise program intervention study suggest that a community-based exercise program can have positive impacts on both social isolation and mobility. Bringing older adults together in an enjoyable and health-beneficial activity was shown to be an affordable and sustainable way to facilitate community engagement and increase mobility, particularly in rural communities where scarce resources can limit opportunities.

Evaluation: Projects within the Reducing Isolation of Seniors Collective (RISC) are engaging both urban and rural communities to address social isolation on a number of fronts including: recognizing ageism and shifting perceptions of older adults; addressing stigma and building support for those experiencing dementia; providing social contact through a Friendly Visiting program; supporting communities to adopt strategies and actions that reduce barriers for older adult residents through the Age Friendly Communities initiative. As part of our evaluation activities, SPHERU is using survey data and preparing a scoping paper that will provide evidence-based best practices and strategies for policy direction and community interventions.

Exploration: Through a pilot study exploring emotional and mental healthcare supports, we examined mental health support services for older adults and gained a deeper understanding of the dimensions of social isolation experienced on an individual level. The study revealed four domains that directly impact isolation: independence; access to services, a range of services and supports for medical and social interaction, and the ability to age in place.

Addressing Social Isolation through Intervention, Evaluation and Exploration

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An Aging Population

In September 2015, Statistics Canada released data highlighting that one in six Canadians is now over the age of 65 years and that the proportion of those aged 65 and older will increase to 20.1% of the population by 2024 (Statistics Canada, 2015). There are currently 5 million Canadian seniors aged 65 years and older, and this number is expected to double to 10.4 million in 2036, making seniors a quarter of the population (Human Resources and Skills Development Canada, 2013). In Saskatchewan, the number of those over the age of 65 years is projected to increase from 14.6% in 2011 to 23.3% in 2036 (HRSDC, 2013).

Many older adults desire to age in place. Doing so supports the ability of individuals to stay socially connected and engaged in community life. However, research suggests that there are significant numbers of older adults who are isolated and experience loneliness (Newall et al., 2009). This is particularly important, given evidence showing linkages between social isolation, health, and mental health (Cacioppo et al., 2002; National Seniors Council, 2014).

Social isolation refers to a situation in which a person is no longer able to participate in community, civic, or social life in the way in which they would choose. Social isolation can occur as a result of several factors including: physical and mental changes; life changes; lack of transportation; living alone; lack of access to services; distance from family.

Improving Rural Seniors' Mobility & Social Interaction through Exercise

Much of SPHERU's research on healthy aging has focused on interventions that support older adults to maintain independence and mobility, allowing them to 'age in place' in their communities. While remaining in one's community can help to maintain existing social connections, supports are needed to overcome barriers that can result in reduced social contact and participation.

In one study, funded by Saskatchewan Health Research Foundation (SHRF) we examined the impact of a peer-led community-based exercise program aimed at reducing falls and fostering social engagement. Volunteer participants aged 55 and older from three rural Saskatchewan communities – Young, Watrous & Wolseley – participated in a group and individual exercise program over a three-month period. Findings suggest positive impacts on both social interaction and mobility.

- ❖ A majority of participants in all three communities felt the social aspect of the program was important to them (93% in Young, SK; 90% in Watrous, SK and 67% in Wolseley, SK).
- ❖ Some program benefits expressed by participants included: a different opportunity to socialize; an opportunity to meet new people and/or get to know their neighbours better; having a reason to get out of the house; increased motivation to get in shape.
- ❖ Although some individual scores showed a decline, on average a majority of participants' mobility remained the same or increased in the program. Most notably, 85% of participants improved their time in the six-minute walk.
- ❖ The majority of participants in two communities (Wolseley 100%, Young 83%) and 28% in Watrous reported increased physical activity since the program ended.
- ❖ At the end of the study, approximately 50% of participants reported that they would continue with the program. As of October 2016 programs were still active in all communities.

Table 4: Change in mobility after participation in exercise program (N=47*)

Mobility Test	Declined	No Change	Improved
TUG (Timed up-and-go)	3 6%	17 36%	27 57%
Functional Reach Test	20 43%	0 0	26 57%
Sit-to-stand (once)	5 11%	28 61%	13 28%
Sit-to-stand (5 times)	15 33%	7 15%	24 52%
6 minute walk	7 15%	0 0	40 85%
IADL (Instrumental activities of daily living)	5 11%	40 85%	2 4%
Life-space assessment	13 28%	9 19%	25 53%

*Values indicate the change in score between 12 and 17 weeks in tests.
*Note: For the Functional Reach and all other tests, as one participant was unable to complete these tests, we are reporting their scores as zero.
Source: Improving Rural Seniors' Mobility and Social Interaction through Physical Exercise Report

Reducing Isolation of Seniors Collective (RISC)

In June of 2016, SPHERU began a three-year evaluation of a collective impact project entitled Reducing Isolation of Seniors – Saskatchewan Impact Plan, funded through Employment and Social Development Canada's New Horizons for Seniors Program. Working as a collective, three provincial organizations have launched nine projects to specifically address social isolation for both rural and urban older adults in communities across South and Central Saskatchewan. The organizations and projects (in brackets) are:

- ❖ Saskatchewan Seniors Mechanism (Age Friendly Communities, Media and Ageism, Older Adult Abuse)
- ❖ Canadian Red Cross (Friendly Visiting Program)
- ❖ Alzheimer's Society of Saskatchewan (Dementia Friendly Communities, Dementia Helpline, ABC's of Dementia Warning Signs Campaign)

Data gathered from the evaluation will be used to inform discussion questions at a Policy-Community Summit planned for 2019, at which best practices for addressing social isolation will be presented and discussed among policy-makers, researchers, older adults, and those who deliver programs and supports to older adults.

Saskatchewan Seniors Impact Survey

To obtain a measure of the current level of social isolation a survey was conducted from May to October 2017 targeted at individuals 55 or older. 1,679 Saskatchewan responses were received, with approximately two-thirds of respondents being female and one-third male. Key indicators for the social isolation measure were: "feelings of support", "feelings of connectedness", and "feelings of value". Respondents were asked to rate their feelings on these indicators against a Likert-type scale. Additional questions explored barriers respondents faced when trying to participate in community activities.

- ❖ Findings indicate that 24% of respondents felt they lack support, 17% felt less connected to family and friends, and 17% did not feel valued by friends and family.
- ❖ Overall, almost one-quarter (24%) of respondents scored 'high' or 'medium' on a social isolation index comprised of respondents' scores from the "support", "connectedness", and "value" questions.

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

ISOLATION LEVEL	N	%
High	122	7.3
Medium	278	16.6
Low	1,279	76.2

Source: Saskatchewan Seniors Impact Survey/ Initial Analysis

Exploring Emotional and Mental Healthcare Supports for Seniors in Rural Saskatchewan

In 2014/15 a pilot study was conducted in the Sunrise Health district (Yorkton and area). It focused specifically on emotional and mental health care supports for rural older adults and factors that contribute to or hinder their emotional wellbeing. Data was collected through interviews with rural adults between the ages of 65 and 91 (N=27), and focus groups held in four communities (N=40). Community Workshops were held in two communities to share findings from the study.

Participants identified four areas that impact directly upon reducing social isolation:

- ❖ independence
- ❖ access to services
- ❖ a range of services/supports for medical and social interaction
- ❖ the ability to age in place

Some participants expressed the impact social isolation has on their lives:

- ❖ "Being alone - I think there is a shame on being depressed because people tend to stay away from you - they figure you are ready for a mental institution, they'll stay away."
- ❖ "It's not bad in the summer, but winter. When you get a lot of snow and everything, there is nothing to do and... Oh, you feel lonely alright but what can you do? It's when you are alone in the house you're kind of lonely. And you get depressed that's worse for you."

Our Culture and Traditions are Important to Aging Well.

Reflections from one northern Saskatchewan Metis community.

Living well across the generations – two tightly connected projects considering this concept are described below. One focuses on the seniors of a northern Saskatchewan Métis community; another on the youth of this same community. We first approached this work as understanding about what Métis seniors need to age well at home, and it soon became clear that the connection between seniors and youth is critical to a healthy trajectory for both. These projects are very much grounded in community perspectives of health, within, between, and across generations.

Wuskiwiy-tan! (Let's Move!) and Tah-Nigahniwhak! (They Will be Leaders!)

In Canada, the Aboriginal population is younger than the overall population. At the same time, Aboriginal people are aging faster than the overall Canadian population, and report more chronic conditions earlier in life. This health trajectory is set early in life and is influenced by circumstances in which people are born, grow up, live, and age. Little is known about what Indigenous youth perceive is important to set them on a healthier life trajectory as well as about the aging experiences, aspirations, and support needs of Indigenous seniors.

In partnership with the Métis community of Île-à-la-Crosse, SK, and guided by Aboriginal ecological epistemology, these population health intervention research projects will fill the knowledge gaps and provide evidence of the effectiveness of current and emerging program and policy interventions promoting aging well across the lifecourse.

Data are being gathered from discussion groups, interviews, conversations, and photo projects with children, adults, and seniors. Seniors are completing activity, diet, and quality of life measures at regular intervals. Finally, formal and informal supports and services available to community members are being systematically identified, with a selection undergoing evaluation. Our analysis considers sex and gender to better understand the specific needs of youth and senior men and women.

The findings from these projects will enhance our understanding of the intergenerational aspects of health and wellbeing among Métis peoples and will inform program and policy interventions aimed at supporting a wellness life trajectory.

Aging out of Place: Addressing Social Isolation among Immigrant and Refugee Seniors

Social isolation occurs when someone has infrequent and/or poor-quality contact with other people. Immigrant and refugee seniors are particularly vulnerable, so understanding what influences social isolation will help facilitate social inclusion and participation. Intervening successfully requires a better understanding of cultural backgrounds, the risk factors, the links between isolation and well-being, and the financial impacts for health care and social services.

Among all seniors in the Canada, 30% were foreign-born, compared with 21% of the total population. Many do not speak either of the two official languages and they are more likely to live in poverty, have poorer health, and face challenges in accessing services.

Along with the significant diversity among immigrants and refugees in Canada, the journey of migration, settlement and integration is unique to each individual. It is influenced by many factors, such as age and other socio-demographic characteristics, contexts prior to migration, reasons for relocation, availability of and access to appropriate supports, and the level and nature of integration desired. In addition to the demographic, health and social risk factors seniors face, immigrant and refugee seniors face a unique set of risk factors relating to cultural differences, language barriers, racism, discrimination, sponsoring relationships, insufficient support services, dysfunctional multigenerational families and limited cultural and religious activities. Social isolation limits effective participation in economic, social, political and cultural life and brings with it significant health-related, social and economic costs.

In response to the need for more research in this area SPHERU has undertaken three projects in the past year – an environmental scan, a scoping review and a reflection paper specifically related to addressing social isolation of immigrant and refugee seniors. What our work related to addressing social isolation among immigrant and refugee seniors suggests to us so far, is that we need to create solutions and opportunities for action that:

- consider the broader social determinants of health
- support more research and partnerships, particularly for those that are caregivers or live in rural or remote communities
- are part of a cohesive long-term strategy
- include the voice of the immigrant and refugee seniors
- understand the value of immigrant and refugee seniors to family, community and society
- that respond to the issues and challenges that are unique to immigrant seniors
- recognize the diverse needs of immigrant and refugee seniors
- that generate greater public support
- emphasize culturally competent service delivery

It is hoped that our research will provide a better understanding of these issues and begin a conversation to address social isolation among immigrant seniors and make sure that their needs are included on the public policy agenda.

Aging Out of Place: Social Isolation among Immigrant and Refugee Seniors in Canada

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Introduction

- Social isolation is a global issue experienced by many seniors, especially immigrant and refugee seniors.
- Social isolation is often defined as a low quantity and quality of contact with others (Bordi & Nicholson, 2008).
- In 2011, immigrants and refugees represented 30% of all Canadians aged 65 years and older (Statistics Canada, 2011).
- Compared to the general population, immigrant and refugee seniors experience unique challenges related to language differences, cultural barriers, racism, discrimination, and limited social networks which increase the risk of being socially isolated (World Health Organization, 2015).

Objectives

1. To explore social isolation among immigrant and refugee seniors in Canada in three areas: services and programs, research and methodological considerations, and immigration and refugee system and policies.
2. To discuss strategies to reduce isolation and support immigrant and refugee seniors.



Methods

This presentation draws on findings from three different Canadian-focused projects:

- Environmental scan of federal, provincial/territorial, and community-based programs and services available for immigrant and refugee seniors (Johnson et al., 2017);
- Systematic scoping review of literature on social isolation and loneliness among older adult immigrants and refugees (Johnson et al., 2018b); and
- Commentary article focused on reflections and recommendations for reducing and preventing social isolation among immigrant and refugee seniors (Johnson et al., 2018a).



Findings

Services and Programs

- Variety of supports available for immigrant and refugee seniors including: English language training, settlement services, social support, computer classes, wellness activities, and volunteer opportunities.
- Service gaps: rural areas, mental health, caregivers, and services for those with health conditions, disabilities, and hearing/visual impairments.
- Increased collaboration/coordination between providers could strengthen program sustainability.



Research and Methodological Considerations

- Most research based in Ontario, and primarily in large urban centres.
- Focus on resettlement and challenges - not on social isolation.
- Research mainly qualitative - limited indicators of social isolation.
- Accurately measuring social isolation continues to be a major challenge as considerations beyond one's living arrangements are needed.
- Limited research on unique needs of different ethnic and cultural groups.



System and Policies

- To address social isolation, understanding Canada's immigration and refugee system and policies across all levels of government is critical.
- Limited literature on policies across Canada to draw national-level comparisons.
- Strong need for continued collaboration across all levels of government, the community level, and specifically related to the seniors served.



Next Steps

- A more complete and targeted understanding of social isolation is necessary to facilitate policy and program development to support immigrant and refugee seniors.
- Further research on social isolation is needed to develop effective programs and policies to support immigrant and refugee seniors in Canada and beyond.

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