

Caring Contexts of Rural Seniors

Phase II - Technical Report

Executive Summary

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Executive Summary

This report presents findings from Phase II of a three-year research program, funded by Veterans Affairs Canada (VAC), to investigate the question, “Is rural Canada a good place to grow old?” There has been limited research that has considered the perspective of older people on how supported they feel in their communities and to the perceived importance of the social and physical elements of community in evaluating overall community support. This phase was designed to obtain the perspectives of older Canadians on what elements make their communities good places to grow old. Findings came from a national telephone survey of 1,322 individuals aged 65 years or older, who resided in Royal Canadian Legion member households in rural communities across Canada. The survey instrument was developed, in part based on existing surveys, to address three main research questions:

- What is the nature of the social environment of rural seniors?
- What is the service environment of rural seniors?
- How do the social and physical environments of rural seniors contribute to rural seniors’ views of their communities as good places to grow old?

The telephone surveys were conducted in the spring of 2004 by trained interviewers from the Population Research Laboratory (PRL) at the University of Alberta using its centralized Computer-Assisted Telephone Interviewing (CATI) facilities. The sample was stratified based on percentages of rural seniors 65 years of age and older in the following regions: Atlantic Canada, Quebec, Ontario, Prairies, Alberta, and British Columbia. Regional percentages mirrored the older rural population from the 2001 Canadian Census of the Population. Quota sampling at the household level was done based on age (50% aged 65 to 74 years and 50% aged 75+) and gender (50% male and 50% female). Once the data were collected and cleaned, descriptive and multivariate analyses were employed to address the research questions.

Veteran status of participants

Over 50% of men in the study had served in World War II or the Korean War in the military forces of Canada or its allies. Not surprisingly, the majority of women did not have wartime service. Of those with wartime service, nearly half of men and women were clients of Veterans Affairs Canada (VAC), though the numbers of women who are clients of VAC are small. Gender differences were apparent in the types of VAC benefits received. A higher proportion of female than male VAC clients received the Health Care Treatment benefits. In contrast, more male than female VAC clients received a Disability Pension and services within the Veterans Independence Program.

The social environment of participants

There is diversity across the social and support networks of older adults. The vast majority (91.8%) of seniors in the survey reported having social networks ranging in size from 5 to 13 people, with a median number of 10. These networks were diverse in composition, with over 90% of seniors reporting social networks with women and men of all ages and kin relationships who live either in the same community or at a distance from them. While these findings support the assumption that rural communities are ‘tight-knit’, having many family members and close friends around does not guarantee that assistance and support is provided. Support networks of

rural seniors tend to be much smaller, and have less diversity in the gender, age, relationship, and proximity composition than social networks. Almost 12% of participants had no support networks, with a further 30% having two or fewer members in their support networks. The median number of support network members was 3, suggesting that although most seniors are embedded in broad, heterogeneous social networks, most of their support comes from a small, homogenous group of people. This suggests that a narrow range of support may be available from these networks.

Most participants (88%) reported receiving support with one or more tasks from their support networks. While more than half (56%) reported having had someone check up on them, and at least several times a week, the majority of participants reported they did not receive support with tasks such as housekeeping, outdoor work, or shopping, despite over half reportedly living with chronic health problems. Characteristics of participants (primarily age) and of their support networks (primarily gender composition) were important in determining whether or not a senior received support with a particular task. While rural seniors may be receiving less support than expected, the vast majority were fairly or very satisfied both with the amount of support and its' adequacy. One explanation for these incongruent findings is that some exchanges, particularly between spouses, are so much part of everyday routines that the support received is invisible. When asked why support was provided to them, the main reason identified by seniors was "that's the way things are done with family/friends", supporting this hypothesis. Everyday tasks may be noticed more often when there are extra needs or when older adults are no longer able to do the tasks by themselves. Small support networks likely are harbingers of even smaller care networks.

The service environment of participants

Most rural seniors stated that their rural community had a church, post office, grocery store, and hair dresser. The post office, grocery store, bank, Royal Canadian Legion branch, hardware store, and pharmacy, where available, were used regularly by 50% or more of the participants. However, a number of seniors lacked services such as physicians (31%), pharmacies (31%) and dentists (44%) and most lived in communities without a hospital (66%). Despite these findings, the majority of participants were fairly satisfied or very satisfied with the adequacy of stores (78%) and services (82%) within their community. One possible explanation is that most women (77%) and men (94%) reportedly drove, and therefore may view services in nearby communities as accessible, augmenting the services available in their own community. For those who did not drive, 21% said that not driving affected their ability to do things like shopping and 32% said that not driving affected their ability to socialize. Transportation options other than driving may not ameliorate these rural seniors' ability to access services and people, necessary to remain connected to their communities. Poor levels of services for health and day to day activities, or an inability to access such services, may cause some older adults to move to another locality that better supports their needs.

Community as a "good place to grow old"

Despite limitations both in services and social support, most participants in this study thought that their communities had characteristics that have been associated with senior-friendly places: "older", "supportive" and "established with long standing residents", elements we found in Phase I to be associated with communities supportive to seniors. Seniors felt that a variety of elements were important in making their community a good place to grow old. Knowing where to go for services and having old friends were rated most important, suggesting that both physical and social elements of communities are valued by older adults. Personal

characteristics of seniors influenced what was considered important in communities. Women rated social aspects as more important than men did, strongly supporting a longstanding theme of women being the kin keepers and social connectors to others. Younger seniors rated physical aspects of their communities, such as the physical landscape of the community, its affordability and cleanliness, more highly than those in older age groups. Overall, 73% of participants rated their communities as very good places to grow old. These findings support the idea that although there is great diversity between rural communities, there is also great diversity in the expectations and satisfaction of older adults residing in these communities.

Conclusion and Policy Implications

We found that the rural communities as ‘good places/bad places’ dichotomy is a great oversimplification. Rural seniors differ considerably in their access to social support and in the services that are available to them in their communities. Further, their views of their communities as good places to grow old don’t map directly onto these differences. Yet if there was any overall conclusion from this study, it is that rural seniors generally are quite accepting of their communities-warts and all. The results of our national survey of older adults living in rural communities have some important implications for VAC policy and practice.

- A common belief is that rural seniors are buffered from a lack of formal services by having close knit networks of family and friends. It is important to recognize that support networks can not substitute for services, as both social and physical elements of communities are important to rural older adults.
- It is important to monitor VAC clients with small support networks through VAC’s integrated client-centred service delivery model, as those with small support networks are at risk of isolation, and to develop strategies for enhancing their support before care crises arise. Local Legion branches may be excellent partners in making links between the community and older veterans and their spouses.
- VAC has recognized the contributions of spouses to the care of their clients through the extension of its VIP program to them. There may be a place for similar input to spouses of clients with small support networks to help couples retain their connections to their broader networks.
- The importance of supporting the medical, necessary, and social transportation needs of clients in rural areas who do not drive through the Veterans Independence Program cannot be underestimated. Transportation enables older adults to gain access to services and people and remain connected within their community.
- Knowing where to go for services was the most highly rated community characteristic. Programs such as the Canadian Seniors Partnership might turn their attention to providing the Collaborative Seniors Portal Network in rural communities where information on regional programs could be especially useful to seniors and their families.

Next Steps

While Phase I focused on community characteristics, and Phase II considered the perspective of individual seniors, Phase III will consider the diversity among seniors within particular rural communities. In this final phase of this program of research, community case studies will take place in three rural communities in Canada to further understand who are the different groups of seniors, what do they view as supportive, and what policies and programs might assist them.