

Reaching Out:

Identifying isolated rural seniors &
determining their priority needs



Prepared for the Age Friendly Community Initiative

Nelson CARES Society

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Abstract

Reaching Out was a summer student research project that endeavoured to identify isolated rural seniors in Nelson and Regional District of Central Kootenay (RDCK) Electoral Areas E & F and Kaslo, and RDCK Electoral Area D, and to identify their priority needs. Seniors interviewed were also connected to services that would help them meet these priority needs. Seniors and senior's service providers were interviewed to gain a broad perspective. The project resulted in a number of significant findings and recommendations to address isolation among vulnerable rural seniors.

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Acknowledgments

I would like to thank the seniors who shared their experiences with me for this project, your stories and insights were enlightening and inspiring. By telling your stories through the pages of this report, you may help other rural seniors to age at home in the beauty of their rural Kootenay communities. Thanks also to the many community service providers for answering questions and offering endorsement and referrals, as well as Lardeau Valley Opportunity Links for sharing the results of their senior's needs assessment survey.

Thank you to the partner community organizations that supported this project, North Kootenay Lake Community Services Society, Nelson and District Seniors Coordinating Society, and lead organization Nelson CARES Society. A special thank you goes to my project mentors at these organizations, Dr. Janice Murphy, Elizabeth Brandrick, Joan Reichardt, Marjut Rihtamo, Becky Quirk and most of all Corrine Younie, Coordinator for the Age Friendly Community Initiative, my supervisor.

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Teck



Table of Contents

| | |
|--------------------------------|-------------|
| Summary | pg. 4 - 6 |
| Introduction | pg. 7 - 9 |
| Methodology | pg. 9 - 14 |
| Demographics | pg. 15 |
| Findings | pg. 16 - 25 |
| Discussion and Recommendations | pg. 26 - 31 |
| References | pg. 32 - 33 |
| Appendices | pg. 34 - 54 |

Summary

The *Reaching Out* Project was a three month summer internship for the purpose of identifying and interviewing isolated seniors in the rural communities of areas D, E, and F in the Regional District of Central Kootenays (RDCK). Eight interviews were conducted during the project. Another focus of the project was service providers. A questionnaire was disseminated and short interviews were conducted to gather information from this perspective. The following report includes the results of these interviews.

A literature review was undertaken to identify best practices in outreach to seniors. These best practices were then applied to the research strategy for identifying and connecting with isolated rural seniors, including advertising and promotions.

Communities were canvassed to inform community members about the project and endorsements and referrals were requested at that time also. Canvassing also included service providers who were thought to have the ability to refer seniors to the project. The review of best practices proved quite useful in the researcher's efforts to connect with interview subjects; however the number of interviews completed was lower than expected. It has been suggested that the summer season, along with the short project term likely was a significant barrier to identifying interview subjects.

Interviews were conducted throughout the summer with both seniors and service providers, resulting in a number of recommendations. Transportation barriers were explored as an issue previously identified as important to rural seniors. As most of the seniors interviewed were still driving, much of the discussion was based on their future

transportation needs. However, the anticipated loss of mobility represented a significant worry for all participants. Service providers and seniors provided suggestions to improve on the current transportation systems in the Kootenays.

Another area discussed in interviews was communication and information services. Navigating the different communication systems currently in use presented difficulties for most of the seniors. The seniors who participated in this project were more inclined to use the internet for communication (i.e. with family) rather than for finding information. Having a local central point of contact was said to be important as identifying numerous diverse services and gathering the appropriate information to utilize these services was difficult. The current trend of centralization of services in the larger municipalities (as opposed to community services organizations located in small towns throughout the region) presented a particular challenge. It was felt that often the individuals answering questions may not be familiar with the challenges of rural living.

Accessing health services present challenges for isolated rural seniors as well. Limited local health services and distances to the nearest medical centre were identified as barriers for rural seniors accessing health services. Service providers acknowledged this issue as well and offered recommendations that included mobile health services for rural communities. Many other options were explored through conversations with seniors and their service providers.

Another issue of concern identified was home and yard care services. These services are difficult to find and are generally cost prohibitive for many of the seniors. Assistance

with pet care also presented a problem, especially for activities requiring multiple-day or full-day outings. It was suggested that a volunteer program geared specifically to such services could address these challenges.

Many seniors also expressed the desire to be more involved in multigenerational activities. Providing activities like these could address rural senior's social isolation. This is one of the many challenges faced by seniors in rural communities that are be addressed by the recommendation in this report.

The most significant finding to emerge from this research is that isolated rural seniors want to be reached, and want to talk about the challenges they are facing. It therefore follows that the most important recommendation presented by this project is for the work of reaching out to isolated rural seniors to continue. Continuing to identify isolated rural seniors and providing them with opportunities to discuss their concerns will enable communities to develop strategies and ensure that rural seniors are receiving the services needed to reduce their isolation and improve their health and social outcomes.



Introduction

In May of 2014, with funding from Columbia Basin Rural Development Institute (RDI), Nelson CARES Society and the Age Friendly Community Initiative (AFCI) hired a student intern from Selkirk College for *Reaching Out*, a research and outreach project. The project aimed to locate and interview isolated rural seniors for the purpose of identifying service and resource needs, and connecting these seniors to organizations that can help them meet these needs. By addressing rural isolation in within the senior population we can greatly improve health and wellness outcomes for an increasing

number of seniors in the region.

"Participation in community based research should be given priority, because [rural seniors] are at great risk for becoming marginalized due to a lack of essential resources and services"

Regionally, Interior Health is projecting an increase in the senior's population that will reach 20% in the Nelson local health area and over 25% in the Kootenay Lake local health area over the next four years (Watt, 2013).

These two health areas were the focus of research which covered Regional District of the Central Kootenays Areas D, E, and F, with an

extension to Salmo. By identifying and interviewing isolated rural seniors, local organizations can be better informed on how to serve the most disconnected and vulnerable of these seniors. "Participation in community based research should be given priority, because [rural seniors] are at great risk for becoming marginalized due to a lack of essential resources and services" (Shearer, Fleury, & Belyea, 2010)

A number of initiatives have been undertaken recently by various social service agencies to tackle this growing need, including:

- Kootenay Senior's website (AFCI pilot project)
- Kootenay Seniors Service Coordination project (AFCI pilot project)
- Moving Together senior's transportation barriers project (AFCI pilot project)
- Seniors Connect Nelson senior's outreach worker (Nelson & District Seniors Coordinating Society)
- The Age Friendly Kaslo senior's coordinator (North Kootenay Lake Community Services Society)

All of these initiatives will benefit from the Reaching Out project research. This research covers a large rural area in which the AFCI has broken down the issues into three priority areas. These priority issues include:

- Transportation: This priority will be explored in the research in relation to isolated rural seniors.
- Communication and Information services: The research will explore the kinds of supports being used, the level of satisfaction of these services, and where service gaps exist. The project will also endeavour to connect the seniors involved to needed services that currently exist in the region.
- Isolated/Rural Seniors: Isolation is defined as a lack of social contact and participation in community (Isolation, 2014). An assumption of this research is

that the seniors involved in the project will have limited access to information or difficulty navigating through the different information services.

Methodology

The research project began with a literature review of best practices for outreach to isolated rural seniors (Appendix 1). Once best practices were identified, the process of canvassing communities for referrals to isolated seniors began. The process started with attending social service group meetings throughout the region to explain the purpose of the project and to request support identifying isolated seniors in their respective communities. Meetings attended included:

- Age Friendly Community Initiative Advisory Committee
- Moving Together Project Working Group (AFCI)
- Kootenay Seniors Service Coordination project service provider group meeting (AFCI)
- Nelson & District Seniors Coordinating Society

A poster was created to distribute throughout the communities included in the study area (Appendix 2). The poster was in colour, used larger than usual font, and included a picture of the researcher in a conversation with a senior. These were all factors identified as best practices in order to improve outreach results. Posters were put up on community bulletin boards as well as in Post Offices, veterinary offices, hairdressers, laundromats, libraries, Royal Canadian Legion branches, pharmacies, banks, credit

unions, doctors' offices, medical centres, grocery stores, and churches. Posters were placed in any location where a senior was likely to see it. The poster contained contact information for the project and was also used as a de facto business card for the researcher. They were given out to service providers to distribute to clients and sent electronically along with all emails sent out. These posters were used extensively throughout the project.

The Interior Health Authority (IHA) and rural home support nursing staff were considered of great interest as a potential source of endorsements as they are in direct contact with rural seniors facing health issues that can lead to isolation. Unfortunately this project was not something to which they felt able to refer to their clients, due to confidentiality concerns. The researcher was able to connect with one rural nurse working out of Salmo who subsequently supported the project in that area.

Confidentiality was also an issue for some other service providers and as a result they did not feel they were able to endorse the project to clients. Messages were left for the Meals on Wheels program as another method of distributing posters to isolated seniors, but no contact was ever made despite numerous follow-ups. The Meals on Wheels program is also offered through IHA and so may have faced the same confidentiality restraints as those faced by home support nurses.

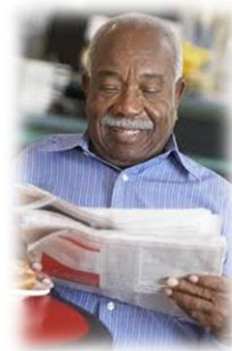
As the representative seniors for this project are some of the most vulnerable, the protective factor was understandable, but created a significant barrier to the research project.

Most seniors groups (i.e. social clubs run by and for seniors) were not active over the summer months. Kaslo Seniors Branch #81 and Nelson Seniors Branch #51 were meeting at the time and they were given a brief presentation of the project and posters distributed with my contact information.

Other seniors in the area were given presentations at local seniors housing complexes in collaboration with the Nelson & District Seniors Coordinating Society's outreach worker for the Seniors Connect project. The two projects overlapped in purpose but differed in region, allowing for collaborative work and referrals back and forth.

Anderson Gardens, Cedar Grove Estates, and the Kiwanis buildings participated in a senior's resource presentation. As the city of Nelson and the immediate surrounding area are not included in the catchment area for this project, the researcher encouraged local seniors who had friends, family or any other contacts in research area communities to ask their permission for the researcher to contact them or to pass along her contact information.

A media statement was released to all the local media outlets and rural community news publications were contacted. A weekly advertisement was placed in the Valley Voice, the Nelson Star, and the Pennywise encouraging isolated seniors and anyone who was aware of an isolated



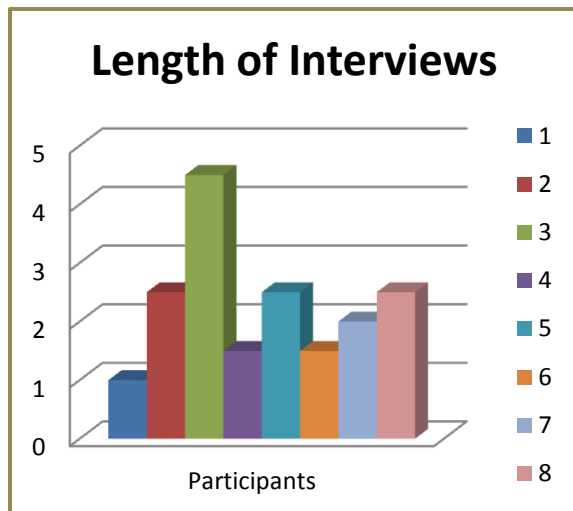
senior to contact the Reaching Out project. The information was in the papers for a three week period. This was a method of engaging participants that had some success.

With limited seniors groups available, contacting other individuals who could connect the researcher to isolated seniors became a large priority. Local fire departments were contacted; faith groups and pastors were contacted again. E-mail messages were the main form of contact, making follow-up essential. Follow-up conversations enabled the researcher to provide a clearer understanding of the project and resulted in increased referrals.

At the beginning of the project a brief, four-question service provider questionnaire (Appendix 3) was created to gather feedback, and was handed out at meetings and disseminate throughout the service provider community. A limited number of these were returned so additional time was allotted to individually interview service providers. This questionnaire became more important as the project proceeded. With the limited number of senior interviews achieved, information gathered from the professionals who provide services to seniors was critical for a full understanding of the issue of rural seniors' isolation.

For the purpose of interviewing senior participants, a questionnaire (Appendix 4) was created to guide the conversation and gather key information. The questionnaire explored:

- Transportation
- Health care and health challenges
- Social inclusion
- Other needs identified by interviewees (e.g. home repair and yard care)
- Anticipated future needs



Prior to beginning an interview, participants were read aloud a consent form (Appendix 5). One copy was left with the participant and one copy was signed for the research records. The form explained the purpose of the project, provided contact information, and outlined confidentiality measures.

Three pre- and post-test questions were also created to measure outcomes and assess change in senior’s perceptions or experiences of isolation before and after participation in the project (Appendix 6). Pre-test questions were asked at the start of the interview and again shortly before the end of the project; each participating senior was contacted by phone to answer the post test questions. The interview set out to identify service and resource gaps, and also to connect these seniors to services that they may not have known about, all of which had the potential to reduce isolation, perceived or real. A senior’s feelings of isolation may be relieved simply by having a source of ongoing contact; their real isolation may be relieved by learning about a new transportation service that allows them to travel more securely and often.

Interviews were primarily conducted in the homes of participants, however, an offer to meet at an alternate location that may be more convenient or perceived to be safer fostered trust and comfort. Two participants who lived in outlying areas of North Kootenay Lake met with the researcher in Kaslo. A gift of flowers was presented to

each participant as a thank you for sharing their stories. Conversations lasted an average of two hours with the longest lasting four and a half hours.

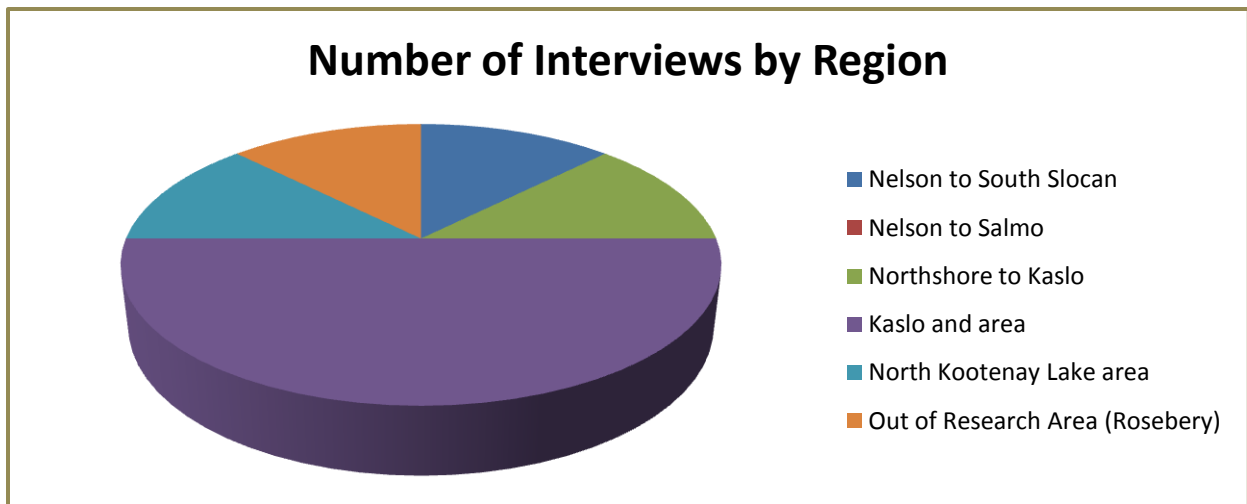
As the recruitment process for this project was difficult and a limited number of rural isolated seniors were identified, a focus for the final weeks was on service providers. Various service providers were contacted to complete the service provider questionnaire. Two service providers who had heard about the project through their work contacted the researcher directly to participate.

A limiting factor in recruiting seniors for interviews was encountered in the Lardeau Valley area. Lardeau Valley Opportunity Links (Links) is currently conducting a two year senior's needs assessment survey followed by interviews and community meetings. The group was approached about providing referrals to seniors in the area but they understandably felt that canvassing for two research projects would lead to confusion and therefore could lead to skewed results. However, once the Links survey was completed, the initial findings were shared for use in this project, providing valuable information about seniors in the communities north of Kaslo.

Although participation by individual seniors was limited, the information gathered is rich and informative, and the seniors who did participate provided positive feedback about their experience with the project.

Demographics

The project resulted in eight interviews with isolated rural seniors. Three participants were from Kaslo, one from Shubby Bench, one from Six Mile, one from Argenta, one from Blewett, and one in Rosebery, a community outside of the research catchment area. Six participants were female while two were male, and they ranged in age from 65 to 82. One participant did not reveal their age. Earlier in the project two seniors from Krestova were referred to the project but were not interviewed as they were outside of the project catchment area. At the beginning of the project the research area was the area of focus. Towards the end of the project one senior from Rosebery contacted the office; dealing with issues directly related to rural isolation, so at that point an out of area interview was included.



Findings

Seniors

Transportation

One clear finding from the interviews conducted is that transportation is a major issue for rural seniors, especially in relation to their ability to access services and participate in their local communities. For the North Kootenay Lake area, Kaslo is the centre for services and is a forty kilometre one-way journey from Argenta. Currently, a regional

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drive my car."*

transit bus travels to Kaslo just one day per week and does not allow access to the medical centre laboratory days of Tuesday and Wednesday (LINKS, 2014). The most common reason given to explain the low usage of transit was inconvenience.

The bus trip is also considered too long for many seniors. In the outlying areas north of Kootenay Lake and up the Lardeau Valley and towards Johnston's Landing, pick up is at 8am and drop off is 7pm, making the day too long for some seniors. This long day was also mentioned twice as a barrier for seniors with pets at home, who could not be left alone for that length of time. Although these comments were mentioned as a barrier to the transit system most participants still drove their own cars. When asked about the future and what would happen if they were to lose their license, every respondent expressed great fear that this loss of mobility would be unbearable. "Driving is essential; I would have to hire someone to drive my car."

All but one participant were currently driving their own vehicles and only two reported using the transit system as a regular service. One of these transit users reinforced the

need for a bus to run more than one trip per day to allow for shorter outings. The other respondent has never had a driver's license and lives in an area covered by bus service five times per day, except Sundays. The barriers that were noted by this senior were the lack of Sunday service, limiting isolated seniors ability to attend church and other Sunday activities, and the accessibility of bus stops along the North Shore.

If a service's accessibility is based on the average person (average age adult, average physical mobility, etc.), then a senior's ability to use the service is likely to be limited.

One participant living close to a bus stop and the neighbourhood has supported her by providing a chair to rest on while waiting for the bus, but with her mobility limitations, any distance greater than two blocks is a concern for her. One senior interviewed from the North Kootenay Lake area contacted the researcher specifically to discuss transportation concerns. She and other seniors in her area have been working on this issue for more than two years. She presented the researcher with a proposal that outlining these challenges and a number of potential solutions (Appendix 5). This was a wonderful display of residents in an isolated community working together to proactively find solutions to service barriers for seniors.

Communication and information services

The interview questions addressed the use of computers and the internet. All research participants reported that they had access to a computer and the internet; however these tools were more often used for communication than for information.



Communication with distant family was important and required them to learn to use the new technology but they found this technology daunting to use as a means of finding information.

Numerous participants mentioned the importance of being able to speak with a person when gathering information, making the internet an inferior method of obtaining specific information for them.

Another difficulty identified when seeking information related to the centralization of services. Seniors are unable to directly contact individual service providers in rural communities, like the Handy DART driver, as there is now a centralized call centre for making reservations. Multiple participants expressed concern with the trend towards centralization of services. Eventually the person requiring service is so disconnected from the service provider that “they become a number rather than an individual. It reminds me of the communist system I grew up in.” It was felt that centralization of services is a barrier for seniors and can limit a holistic, client centred approach to services.

Health services

Travel distance is a barrier for rural seniors trying to access health services that are unavailable in the region's smaller communities. A related issue was the lack of health care specialists in the region which requires seniors to travel long distances for some medical appointments. Many health services require regular travel to Trail, Kelowna or even Vancouver. For one senior interviewed, travel to Trail has become a two day process because the distance is too far to travel in one day. This senior also has the added expense of a hotel room for the night as well as the need to find care for pets while away. Another senior has a place to stay in Vancouver with friends and will try to schedule necessary appointments during planned visits, making Vancouver more accessible for her than Trail or Nelson, despite the greater distance.

Two participants from Kaslo mentioned the difficulty associated with changing doctors. Establishing a comfortable relationship is a challenge with each new physician. As mentioned in the literature review trust is very important for seniors and changing doctors does not allow for this trust to be built and maintained. As well as a lack of consistency and trust, it was discussed that it is frustrating having to repeat everything to the new doctor at each appointment.

"Rates of mental illness for adults between the ages of 70 and 89, including but not limited to dementia, are projected to be higher than for any other age group by 2041."

Mental health was only mentioned by one participant. Much like physical health, mental health can be a barrier to utilizing services. The lack of a mental health clubhouse for support was identified as a service gap. This finding is supported by research which states that clubhouse services are a protective factor (Leff, et al., 2004) for individuals. Mental health services are very important and could help ease

isolation for many rural seniors, especially as the baby boom generation ages. "Rates of mental illness for adults between the ages of 70 and 89, including but not limited to dementia, are projected to be higher than for any other age group by 2041 (The Mental Health Commission of Canada, 2012)."

Home, yard services and other services

When asked the questions about other services all the seniors interviewed reported difficulty completing household tasks like grocery shopping, house cleaning, yard work, and home repairs. One participant felt comfortable with their ability to accomplish these tasks and felt confident that they could hire assistance if required. For most of the other participant's assistance with these activities was needed but difficult to find or afford. Yard work was needed by most seniors, and many mentioned the youth in the community as a potentially affordable solution.

For house repair and housekeeping, where a service provider would have to enter the home, more privacy and trust issues were mentioned. Professional services would be a preferable option for safety and security when vulnerable seniors require assistance within their homes, rather than handy people or volunteers. This area of service represents a significant gap, as evidenced by the deteriorating homes of some of the seniors interviewed.

Other findings

The previously noted findings relate directly to the priority issues identified by the AFCI. However, some distinct findings regarding rural isolation emerged from the interviews. Pets were mentioned in three interviews as a complicating issue for various reasons. Kennels are difficult to find and are expensive when having to travel out of town. Pets were also mentioned as a discouraging factor in the use of public transit. These pets had great value as much-loved companions but they also limited the ability of some seniors to access services.

Another interesting finding mentioned by three participants related to intergenerational relationships. "I never have contact with children anymore. I used to be a school teacher." This may be partly due to their rural location and the lack of access to activities that bring different generations together. All three seniors lived away from family and have found themselves mostly involved in senior's activities

"I never have contact with children anymore. I used to be a school teacher."



that do not involve children. Intergenerational activities are limited in rural communities and can create a feeling of loss for some seniors.

Undoubtedly, the most significant finding of this research project was that isolated rural seniors are very difficult to locate. A number of factors could account for the low numbers of seniors who contacted the researcher to be interviewed. As mentioned in the literature review, trust is a large factor for isolated seniors reaching out to services. As evidenced by the number of interviews conducted in the Kaslo area, endorsement and promotion from a familiar individual or organization helps create trust, which is vital to connecting with vulnerable populations.

The addition of a photograph in the media release and the promotional poster was an effort to create familiarity that helped solicit interviews. Three of the participant's mentioned seeing a picture around town on the poster. The fact that they mentioned the photo could be an indication that the photo brought a level of comfort which encouraged their participation.

For more than two years, NKLCSS has had a dedicated senior's coordinator who is a long time community member, and whose responsibilities include outreach. The endorsement of the Seniors Coordinator at a well known social agency helped to build trust in the project, resulting in a greater number of participants from the Kaslo area than from any other area.

Time and timing are other factors that had a major influence on the number of seniors interviewed by the project. Summer is a time when most of the local seniors groups are on break. Salmo, Harrop/Procter, Ainsworth, and Balfour were some of the area seniors groups that the researcher was not able to reach due to their summer break. As well, when contacting service providers, return calls were slow to come, as many workers take holidays at this time of the year. An extended recruitment time during another season would have allowed for greater networking within seniors groups and more time to connect with service providers, which in turn would likely have resulted in increased referrals. Also, the time allotted for the project proved to be inadequate for the researcher to conduct the degree of community engagement necessary to garner referrals to isolated seniors.

One final reason for limited participation is the Links Seniors Needs Assessment, a two year project currently taking place in the Lardeau Valley region. As a courtesy to the other organization, which is based in that community, and to avoid the confusion of contacting the same population group for two distinct projects, the Researcher did not canvass for participants in that area. However, the researcher believes that, had she been able to do so, she would have achieved interview numbers similar to that in the Kaslo area. The information gathered by this project has been shared with the Researcher and included in her analysis.

Service Providers

Transportation

The service provider questions were very general and asked about client satisfaction, gaps, and recommendations for providing service to rural isolated seniors. Service providers interviewed identified “transportation” as both the single greatest service gap impacting rural seniors and the most significant factor contributing to rural seniors’ isolation. Some of the service providers interviewed are currently working on a transportation barriers project through the AFCI to address this important issue.



Communication and health services

As service providers the ability to access rural isolated seniors is difficult. Numerous service providers discussed the possibility of bringing services to the seniors. For example mobile health clinics, and a seniors outreach worker. The participating group of seniors, through isolation, has limited access to services, and service providers recognized the need to make services as accessible as possible for this vulnerable population. Research shows that “isolated seniors do not typically seek assistance” (Mark Holmgren Consulting, 2010, p. 5) which supports the recommendations of service providers that they bring their services out to rural seniors as a way of improving accessibility. Service providers cited inadequate coordination of services for seniors

specifically with regard to home and health services. The North Kootenay Lake area service providers expressed concern over the lack of access to specialists and 24/7 emergency services in their region, which mirrored the comments of the seniors interviewed.

A caregiver of two elderly bachelors in the North Kootenay Lake area mentioned the need for someone to provide regular check-ins for isolated rural seniors. They also expressed a desire to be better able to refer clients to appropriate supports when new issues arise. Two service providers mentioned pride in independence as a barrier to

"Isolated seniors do not typically seek assistance"

seniors seeking support services. The Better at Home program that is currently being piloted in many BC communities was identified by two service providers as a program with great

potential to support seniors in rural communities of the Kootenays, however this program is currently only offered regionally in Castlegar.

Other findings

A number of other issues were identified by service providers interviewed. Several service providers referred to the lack of flexibility as a limiting factor in providing services to seniors. They would appreciate the ability to do whatever needs to be done for a senior at any given moment, but feel limited in their ability to do this. Job descriptions, geographical boundaries, a lack of service coordination and a lack of resources are all possible causes of reduced flexibility.

Discussion and Recommendations

Transportation

Transportation was the number one service gap identified by service providers as well as by the seniors interviewed. All but one participant still drives their own vehicle but each of them recognized the negative effect of losing this ability and having to instead depend upon the transportation alternatives currently available. For most, transit and ridesharing services are not considered viable solutions to losing one's license. This supports the finding that seniors in rural areas consider the loss of the ability to drive a significant loss of mobility that can jeopardize their health and safety.

The desire to remain in ones rural community into old age was clearly expressed by one



participant who submitted documents (Appendix 7) suggesting transportation solutions for the North Kootenay Lake area. Another participant has placed the family home for sale due to the

isolation of rural living and the fear of losing the ability to drive. These actions appear to be driven by the need to plan for future mobility issues that are deeply impacted by the lack of services that can accommodate rural seniors, in terms of their health and social service needs, and with regard for their changing transportation needs.

Changes to the Handy DART program were referenced as a concern by both service providers and seniors. The local Handy DART driver was also interviewed as a service

provider. This driver was mentioned by seniors and service providers alike as an exceptional individual who goes above and beyond for isolated rural seniors and all seniors.

One service provider suggests with the changes in transit services over the last two decades, rules and regulations are reflecting the needs of seniors in urban centres more so than those living in rural communities and have a "one size fits all" format that lacks flexibility. Currently passenger rules state on the website that "you may bring two parcels with you but these must be held on your lap" (BC Transit Corporation, 2009). This is an unreasonable expectation for rural seniors who require a kind of flexibility that these restrictions do not allow for. With an understanding that rules exist for a reason it must not be assumed that one rule will fit all communities in the province of BC. Minimizing transportation services does not allow for the flexibility and community input that is required for seniors in rural communities.

Health services

Health services were a topic of much discussion. The biggest challenge for seniors interviewed was the need to travel to seek specialist's assistance. Transportation is the most important issue facing the regions seniors as identified by the AFCI, therefore rural seniors and the difficulty they can encounter travelling to specialists appointments can lead to exacerbated health issues. The overlap of health and transportation becomes evident through conversations with seniors.

Because of the rural nature of the region, a compelling suggestion concerned mobile clinics. Currently a flu clinic and a mammography clinic are offered in the Kaslo area, but this service could increase to cover other in-demand health services like dermatology and podiatry. Other suggestions for health services as included a 24-hour nurse practitioner available in all rural communities and “enhanced ambulance capabilities” to better handle emergencies in isolated rural communities.



Information and communication services

Seniors expressed the need to have one central point of contact and one individual who can assist with coordination of services. The issues experienced by some of the participating seniors required that they contact numerous organizations. In one case the senior had five different places to call and it was becoming difficult to navigate and organize all the details. Many of the organizations only had message machines and it became confusing, frustrating, and difficult to get needed services organized.

Communication is very important. Most of the seniors interviewed did not have family close by to visit or provide regular support. Consequently, they greatly enjoyed the interest the Researcher took in their lives, as well as being grateful for the advice and referrals offered. Social work became a large part of the project for the Researcher in order to help support the participants and the challenges they were currently facing.

The recommendation that might most enhance the lives of isolated rural seniors would be to have regular visits from a senior's rural outreach worker. As previously mentioned, isolated seniors do not often seek assistance but they appear to appreciate and accept help when it is offered. Pride was mentioned by service providers as a possible reason for seniors not requesting help, but reasons mentioned by seniors included confusion, nervousness, and frustration.

The seniors interviewed, as well as one caregiver, expressed the need to be contacted regularly by a trusted service provider who could check in on vulnerable seniors. This could serve another purpose: by identifying isolated seniors and asking them how things are in their lives and homes, service providers could address needs that might otherwise have remained hidden. This sort of outreach service can go a long way in reducing seniors' isolation.

Other recommendations

Many other recommendations emerged from the interviews, all of which have the potential to reduce rural seniors' isolation. A repeated comment throughout the project was the need for volunteer coordination. A program at a local community organization that could screen and organize local volunteers could be an affordable solution for many yard and home issues. This program could also offer a befriending service, providing volunteers to make weekly or bi-weekly "check-in" telephone call to isolated seniors. Girl Guides, Boy Scouts, and local youth centres were contacted by the Researcher as a potential volunteer resource for seniors but do not provide this kind of

volunteer service. Volunteers could perform many needed services for rural seniors but few community organizations have the resources to coordinate such an extensive volunteer program.

Another recommendation from seniors is for all service providers that work with seniors take some sort of sensitivity training. Isolated and vulnerable seniors may be more inclined to seek assistance if they are confident that the services they receive will be offered with empathy and compassion.

The final recommendation for reducing isolation among rural seniors and thereby reducing their vulnerability is simply to continue working to identify and connect with them. A rural senior's outreach worker could continue providing outreach to locations not covered through community social service agencies. This project resulted in a small number of participants who all greatly appreciated the opportunity to have a conversation about the issues they are facing. There are many more isolated seniors in rural Kootenay communities waiting for someone to simply ask them how they are. When a trained service provider is able to ask this question, needed services



"We need to get down and dirty sometimes. We need to just do what it is that needs to be done. The ability to provide service is for them not us."

can be made available and the health and social well-being of vulnerable seniors are enhanced significantly.

A comment by a service provider that especially resonated with the researcher was:

“We need to get down and dirty sometimes. We need to just do what it is that needs to be done. The ability to provide service is for them not us.”

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Appendices

| | |
|--|-----------|
| Appendix 1: Literature Review | pg. 35-44 |
| Appendix 2: Poster | pg. 45 |
| Appendix 3: Service Provider Questions | pg. 46 |
| Appendix 4: Interview Questions | pg. 47-49 |
| Appendix 5: Interview Consent Form | pg. 50-51 |
| Appendix 6: Pre-Test and Post-Test Questions | pg. 52 |
| Appendix 7: Argenta Transportation Proposal | pg. 53-54 |

Appendix 1

Literature Review – Reaching Out Project

This literature review will look into best practices for identifying and engaging isolated seniors for the Reaching Out Project. The purpose of this research project is to identify isolated rural seniors in the specified region of West/Central Kootenays, determine their priority service and resource needs, and create connections to services when available. This project is funded through Columbia Basin Rural Development Institute and is coordinated through Nelson CARES and the Age Friendly Community Initiative. Location and recruitment are essential for this projects success and represent the overall success of the research. This project will add meaning to the work already being under taken by the Age Friendly Community Initiative by adding the service and resource needs of an otherwise underserved, underrepresented (Shearer, Fleury, & Belyea, 2010), but growing group of seniors (Employment and Social Development Canada, 2011).

Research has been conducted through a number of studies that have identified barriers to engaging seniors in outreach programs and research, and strategies for increased engagement. This literature review will break down identified barriers, and identify best practices for overcoming these barriers that pertain to rural isolated seniors.

“Researchers can benefit from thinking creatively and developing meaningful partnerships when conducting research with older adults” (Shearer, Fleury, & Belyea, 2010, p. 1). These best practices will guide our research and maximize engagement and participation to reduce rural isolation.

Barriers

Isolation

The first barrier that must be looked at is isolation. This project is for the purpose of identifying isolated seniors, and therefore this barrier may be the most significant to overcome for this project and future outreach. Because isolation represents a lack of social contact and participation in community, (Isolation, 2014) engaging isolated seniors will present a significant challenge. Isolation can be intentional or unintentional and this will affect our ability to engage some individuals. As well it will be important to know if these individuals are physically isolated from resources and services because of poverty, ill health, or transportation issues or if this isolation is perceived isolation, providing an opportunity to reduce or alleviate this perception by creating connections to services that already exist. Although isolation presents a barrier it is also a requirement for our research. Creative solutions will be necessary to overcome this significant barrier.

Impairments

Physical and mental impairments represent another barrier for engaging isolated seniors. These impairments may be the reason for isolation or may exacerbate the isolation. Depending on the severity of the impairments individuals may be limited in their mental capacity to understand the research and provide consent (Dibartolo & McCrone, 2003). Impairment also affects a senior's ability to participate in community and their ability to access outreach services without assistance. Along with physical and

mental impairments there can be interference of medications (Dibartolo & McCrone, 2003). The use of medication can be a barrier for engagement in that it can increase mental impairment. Impairments represent a significant barrier in outreach with older adults.

Transportation

Transportation can be another barrier for engaging isolated seniors into research and outreach programs. When creating age friendly community's transportation has been identified as a significant barrier to participation in community and access to services. This barrier will be a significant issue for some of our research subjects but may not represent the most significant barrier to our project.

Trust

Another important barrier to look at when attempting to engage isolated seniors for outreach will be related to the issue of trust. Due to the rural requirement of our project, isolated seniors may not trust an "outsider" (Dibartolo & McCrone, 2003). As well as not trusting the individual working on the project, participants may not trust the agency behind the project or the concept of research and outreach. Isolation of these seniors could be because of a lack of trust in the "system" and, the person conducting the interviews could be identified as working for the "system" (Pribulick, Williams, & Fahs, 2010). Lack of trust can also come from reduced literacy making it more difficult to understand the research (Dibartolo & McCrone, 2003), as well as culture (Eide & Allen, 2005). First Nations culture for example, may have distrust in the "system" due to

historical injustice. Trust is a barrier to engaging isolated rural seniors in research and outreach.

Confidentiality

The final barrier identified through discussion of this project with mentors will be surrounding confidentiality. The subjects of this study are isolated by definition and it will be important to connect with service providers on a referral basis in order to gain access to isolated seniors. Because of confidentiality, service providers will be unable to provide names and locations of isolated seniors but, through referrals, will be one of the main points of access to these seniors. Confidentiality barriers will make it essential to collaborate with service providers and community groups who work directly with seniors.

Strategies and Best Practices

Isolation

When looking at isolation as a barrier to engaging seniors in outreach programs a number of strategies have been identified. Advertising and promotion will be important to accessing rural seniors (Dibartolo & McCrone, 2003)(Pribulick, Williams, & Fahs, 2010). Multiple avenues for distribution of material, from service providers to informal community leaders, as well as all forms of newspaper, online communication sources, and local gathering places for seniors will be utilized. Informal community networking through seniors groups and primary points of access for seniors within communities (e.g. pin boards in churches) will be essential for locating and referring isolated seniors

“in rural areas where the informal networks are so vitally important”(Dibartolo & McCrone, 2003, p. 77). Isolation can exist for many reasons making it important to saturate rural communities with promotional information to maximize engagement in our project.

Impairments

The barrier of impairments can be tackled in various ways. Physical impairments can be overcome by taking the survey to the individual. “Strategies for enrolment might best be individualized to meet the needs of each potential participant” (Shearer, Fleury, & Belyea, 2010, p. 4), allowing for interviews to be done informally wherever is most convenient and comfortable to the individual participant. The impairment of mental and/or physical functions due to illness or medication can affect participation in community and our outreach project. In these circumstances community involvement through service providers, either professional or volunteer, can provide endorsement and improve understanding of the project for participants. Font size and language used for promotional material informing individuals about the project should be tailored to address impairment, including large font, simple language, and a photo of the researcher for recognition.(Shearer, Fleury, & Belyea, 2010) Another strategy can be to have a trusted individual present while conducting the interviews. With these strategies the barrier of impairments can be overcome.

Transportation

Within current literature transportation is listed as a significant barrier for engaging seniors in community and outreach services.(Pribulick, Williams, & Fahs, 2010) This barrier can be a significant factor in why a senior is isolated. Our project is directed specifically at rural, isolated seniors and with that in mind the best practices for outreach will be met. Recognizing that isolated rural seniors represent an underserved population, interviews will be conducted at the convenience of the individual, either in their own home, or at any other location. Although transportation is a recognized barrier, it may be the easier barrier of this project to overcome due to the flexibility of the research procedure and our ability to travel to the participant's homes. However, it cannot be forgotten that transportation represents a major identified service issue for seniors possibly causing or compounding the isolation of some participants.

Trust

Trust is another barrier to this outreach project. Due to the common requirement of isolation for participants in this project, gaining trust, not only of the participants but of community members and service providers required for referrals will be an enormous barrier. A number of strategies have been identified to create trust and rapport. "Partnership with community leaders ... strengthened trust between homebound older adults and [the] research team."(Shearer, Fleury, & Belyea, 2010, p. 6) Trust with service providers will come through direct contact and relationship building creating an atmosphere of collaboration. With individual participants trust can be built in many

ways. Promotional material can have a photo of the interviewer to create a connection (Shearer, Fleury, & Belyea, 2010). In order to engage participants, trust can be built through community endorsed referrals by trusted individuals and service providers. Face to face interviews, including open-ended questions and ample time for story telling will also create safety, comfort and trust.

Another factor in trust will be related to the perceived benefit that participating in this project can provide to the participant and the greater community. "Elders often verbalize altruistic motives for participation."(Dibartolo & McCrone, 2003, p. 77) Clear explanations of the potential benefits of participation, and delivering those benefits to the participant and greater community will build trust in this project as well as future outreach projects. As an interviewer and outreach worker the ability to build positive relationships will be crucial in tackling the trust barrier for isolated rural seniors.

Confidentiality

The final barrier identified, confidentiality, ties directly into the previous barrier. Meeting directly with community members through seniors groups and organizations, as well as service providers will allow relationship building and trust in the project, in order to maximize referrals. Because of the barrier of confidentiality, building a relationship of collaboration between our project and the individuals and organizations that can make referrals to isolated seniors will increase engagement.

"Researchers can benefit from thinking creatively and developing meaningful partnerships when conducting research with older adults, particularly those who are

underserved, isolated from traditional resources, and who do not frequent the usual venues from which research participants are drawn.”(Shearer, Fleury, & Belyea, 2010, pp. 6-7) Identifying and contacting isolated rural seniors can be greatly improved through following the identified best practices. A review of the literature has provided a strong framework for this outreach project, in order to increase participation, and therefore allow for better results.

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Reaching Out

Are you an isolated rural senior? Do you know a senior experiencing isolation as a result of living in a rural area in the Kootenays?

The Reaching Out Project is seeking rural seniors interested in talking about their experiences and concerns.



For information please contact

Dana Burgess at:

250-352-2708 OR

afstudent@nelsoncares.ca

Appendix 3 – Service Provider Questions

1. In your opinion, what contributes to isolation for rural seniors?
2. Are you satisfied in your ability to provide services to rural seniors?
3. Where do you believe the service and resource gaps are for isolated rural seniors?
4. Do you have any ideas or suggestions that could help close those gaps?

Appendix 4 - Interview Questions (Seniors)

Explain purpose of project and consent form (sign) for participation.

Confirm consent for recording.

Conduct Pre-test questions

Opening questions (fill in if known)

What is your name?

What year were you born?

What community do you live in?

How long have you lived here?

Do you have a computer with the internet?

Do you use email?

Do you use the internet as a source of information?

How do you think living rurally affects your health and social outcomes? Positive and negative

Transportation Needs

What are your current forms of transportation? (Driving, relying on neighbours, handy dart, taxi, bus)

Describe what you like about your current forms of transportation.

Are you able to get to medical appointments and tests when you need them? If not, why? (Transportation, distance to specialists, fear of medical system, weather)

Explain to me your biggest transportation challenges?

What are some things you think might help you with these challenges?

If services for overcoming some of these challenges were available would you feel comfortable using them? If not, why not?

Health Needs

How would you describe your current state of health? (Mobility, memory, dental)

Tell me about some of the services for healthcare that you like? (Great doctor, great home nursing, great emergency response)

Explain to me your biggest health challenges?

What are some things you think might help you with these challenges?

If services for overcoming some of these challenges were available would you feel comfortable using them? If no, why not?

Social Needs

How are you engaged socially? (Visits or phone calls from family/friends/neighbours, social groups, online communications, church)

Explain to me your biggest social challenges? Lack of activities, transportation issues, shy or nervous about new people and groups, mobility issues

What are some things you think might help you with these challenges?

If services for overcoming some of these challenges were available would you feel comfortable using them?

Other Needs

Explain to me any other challenges you experience in rural living? E.g. Household chores (grocery shopping, cleaning, yard work, home repairs)

What are some things you think might help you with these challenges?

If services for overcoming some of these challenges were available would you feel comfortable using them?

Are there people around you and in your life that you feel comfortable asking for help? Who are these people? (Formal services or informal networks)

Are there things in your life that you need help with but do not know where to find it?

How do you get help when you really need it?

Tell me your favourite things about living in a rural setting as an elder.

Future Needs

How do you see yourself using services in the future? (When you can no longer drive, when your health/mobility declines, when you can't keep up with yard or house work)
Thank you for all that valuable information, is there anything else you'd like to add before we end?

Close Interview

Reminder about phone call for post test questions

Would you like a copy of the final report?

Would you like to participate in a public launch?

Appendix 5 – Interview Consent Form

Project Title: Reaching Out: identifying isolated rural seniors & determining their priority needs

Study Region: Nelson and Regional District of Central Kootenay (RDCK) Electoral Areas E & F (including Salmo) AND Kaslo and RDCK Electoral Area D

Research Intern: Dana Burgess
Age Friendly Community Initiative
Nelson CARES Society
afstudent@nelsoncares.ca
250.352.2708, ext. 11

Supervisor: Corrine Younie, Coordinator
Age Friendly Community Initiative
Nelson CARES Society
seniorsproject@nelsoncares.ca
250.352.2708, ext. 11

Purpose: To identify and reach out to isolated rural seniors in the Kootenay region; to determine how their isolation impacts ability to obtain health and community services, as well as social and recreational opportunities, and; to connect them to available services and resources.

The information gathered will help us to better understand the needs of rural seniors in the Kootenays. We will produce one or more project reports, which will be circulated to community organizations, Selkirk College and the Columbia Basin Rural Development Institute. The reports may also be presented to the media and, through the media, to the general public. The reports will be used to help seniors organizations provide better service to isolated rural seniors.

If you agree to participate in this study, your interview should take approximately one hour to one and a half hours.

Statement of Confidentiality: Any personal information about you (like your name, address, or phone number) will be kept entirely confidential and will not appear in any reports available to the public. Anyone involved in this research project will have signed a Confidentiality Agreement and will not reveal personal information about you to anyone outside of this project. No information will appear in any public documents that might allow someone from outside the project to identify you. The researchers will also make sure that all information gathered (forms, interview notes or tapes, surveys, completed questionnaires) is kept in a secure place during the project. At the end of the project, personal information will be kept in a locked file cabinet for one year and then shredded.

Concerns about the rights of research participants: If you have any concerns about your treatment or rights as a research participant, you may contact: Corrine Younie at 250.352.2708, ext. 11

Consent: Your participation in this research is entirely voluntary and you may refuse to participate or withdraw from the research at any time without consequences. Your interview will be audio recorded and you may give verbal consent to participating in this study, which will be recorded on the tape at the beginning of the interview. Your signature below indicates that you have received a copy of this consent form for your own records.

I understand that my signature below indicates that I consent to participate in this study:

Participant Signature & Date

Printed Name of the Participant

Appendix 6 – Pre-test and Post-test Questions

Pretest

1. Do you feel isolated?
2. Are you aware of the services for seniors in your nearest town and in the larger region (Nelson, Castlegar)?
3. Do you use any services? E.g. Handy dart, local doctors, outreach workers

Post Test

1. Since the interview have your feelings about being isolated changed?
2. Are you aware of the services for seniors in your nearest town and in the larger region (Nelson, Castlegar)?
3. Are you able to use the services in your area better since our interview? E.g. having less trouble getting to town, seeing the doctor when needed, more socially involved in nearby community?

Appendix 7 – Argenta Transportation Proposal

— A PROPOSAL —

1/2

(NOT MON.)

FOR ANY DAY MEDICAL SERVICES + SHOPPERS BUS TO SERVE THE NORTH END OF KOOTENAY LAKE + LARDEAU VALLEY

- 1- WHEREAS - Kaslo Village is the nearest service centre for the people of N. Kootenay Lake & the Lardeau Valley, and -
 - 2- WHEREAS - most people in this locale doctor + shop in Kaslo, and -
 - 3- WHEREAS - the Thurs. Bus to Nelson + Trail is primarily a referral service from Kaslo Clinic + Hospital, and -
 - 4- WHEREAS - using the Thurs. Bus for a simple trip to Kaslo takes close to 12 hours (departing Argenta 8:00AM, return 7:30-8:00PM) which results in such an arduous day that many seniors refuse to use the Thurs. Bus, and -
 - 5- WHEREAS - much of the riders are seniors in need of medical attention that can be done at Kaslo Clinic + Hospital, and -
 - 6- WHEREAS - additional Kaslo medical opportunities are: dentist, chiropractor, R.M.T., acupuncture, homeopath, massage, physiotherapist and counsellors and pharmacy, and -
 - 7- WHEREAS - most people in this locale use the services of Kaslo Branch of Kootenay Savings Credit Union, N. Kootenay Lake Community Services, Kaslo Library, restaurants, stores and such, and - (the Credit Union is closed on Mon.)
 - 8- WHEREAS - the Fri. Bus already goes from Kaslo up highway #31 North as far as Shuffy Bench which is approx. half way to the N. end of Kootenay Lake, and -
 - 9- WHEREAS - any Bus that arrives at the Kaslo Clinic + Hospital at 9:00AM + departs from Kaslo Clinic + Hospital at 3:30PM allows appointments + the use of Kaslo Village goods + services providers all day, and -
 - 10- WHEREAS - this ANY DAY BUS (NOT Mon) route and scheduling will fulfill our BEST WISHES - SEE 2/2 SUGGESTIONS
- BE IT RESOLVED, THE 'ANY DAY' MEDICAL SERVICES + SHOPPERS BUS TO KASLO SERVE THE NORTH END OF KOOTENAY LAKE + THE LARDEAU VALLEY SOON.

thank-you for your kind consideration and cooperation.

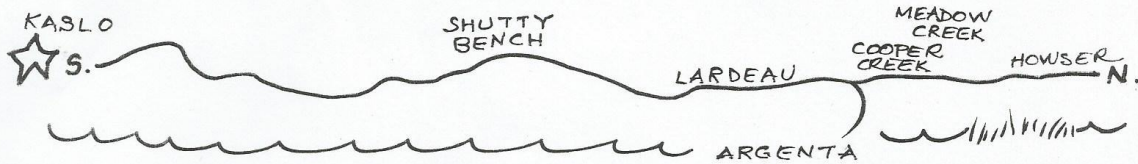
Sincerely,

Rowena Eloise, Argenta - for the above BUS GROUP.

- P.C. - KEVIN SCHUBERT (B.C. TRANSIT), BRENT HOBBS (I.H.A. TRANSIT), NICOLA (KASLO CLINIC) - 2012
- RANDY MATHESON (B.C. TRANSIT, NELSON), RAMONA FAUST + ANDY SHADRACK (RDCK) - 2013
- L.I.N.K.S. ISOLATED RURAL SENIOR SURVEY - SPRING 2014
- JESSICA RAYNER, PROJECT COORDINATOR (ASLCS) - SUMMER 2014
- DANA BURGESS, NELSON AGE FAMILY COMMUNITY INITIATIVE - late SUMMER 2014

~ SUGGESTED ROUTE ~

2/2



~ SUGGESTED SCHEDULE ~

A.M.

- 1- Depending on reservations at whatever communities, the Bus goes N. to Howser, turns around going S. to Meadow Creek, Cooper Creek and Argenta.
- 2- The Bus leaves Argenta Community Centre promptly at 8:00AM.
- 3- Going south it picks up Lardeau, Shuttly Bench, etc. arriving at Kaslo Clinic + Hospital parking lot at 9:00AM.
- 4- The Bus then proceeds to downtown Kaslo letting people off at the Senior's Centre.

P.M.

- 1- at 3:10 the Bus leaves the Senior's Centre, drives up the hill to the Kaslo Clinic + Hospital parking lot for picking riders up
- 2- It goes North at 3:30 (the School Buses leave at 3:00)
- 3- Based on the fact that the present Fri. Bus is also a paramedic bus which picks up at, and returns to, Abby Manor, Kaslo, vulnerable seniors for medical attention -

We strongly suggest this N. Bus, upon return trip to Argenta, makes two (2) additional stops for tired, parcel laden, vulnerable seniors:

- a- goes to the East end of Wolf Rd. (approx. 1 city block but very steep) where 6 seniors live, and -
- b- goes farther North on the Argenta Rd. (approx. 2½ city blocks but very steep) where 5 seniors live.

THANK-YOU AGAIN ~

Rowena Eloise

ROWENA ELOISE, ARGENTA, for the BUS GROUP working on this proposal.

366-4422