Rural Older Adults and the Impacts of Social Isolation

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Presentation Overview

- SPHERU Overview
- Research Program – Context
- Aging – Rural and Otherwise
- Social Isolation – Cognitive Decline
- Research – Goals, Methods, Results
- Friendly Visiting as a Support Option
SPHERU engages in population health research – the study of social factors contributing to the well-being of various groups within the population.

DISCOVER OUR RESEARCH
Background Research

• 2009-2010 - Pilot study conducted 42 interviews with seniors in rural towns of Watrous and Preeceville, SK, to test theoretical framework and research instrument – focus on aging in place.

• 2011-2014 – Longitudinal study with approximately 40 interviews every six months with seniors in rural towns of Watrous, Young and Wolseley to follow changing needs of older adults over the aging process.

• 2014-2017 – Intervention study – implementing and evaluating three areas of intervention: an exercise program, the built environment and access to information.
Aging in Canada and Saskatchewan

• As of September 2015, 1 in 6 Canadians is now over the age of 65 years (Statistics Canada, 2015).

• Saskatchewan: 14% seniors in 2012 – will increase to 23% by 2036.

• Saskatchewan: Many rural communities have a higher proportion of seniors than the provincial average.
Rural Aging

“Rural health issues tend to be eclipsed by those in urban areas... policy solutions often are based on experiences in urban areas and rely on urban data and research.”

-Kirby and LeBreton, 2002, p.143
Why is Rural Aging Important?

Compared to urban seniors, rural seniors are reported to have:

- Poorer physical health
- Poorer functional health status and increased sedentary lifestyle
- More chronic illness
- Poorer mental health status
- Greater prevalence of mental health stressors
Why is Rural Aging Important?

- Poorer cognitive health than their urban equivalents
- Less access to home care and seniors’ housing
- Access to fewer health services
- Less access to public transportation
- Literature on rural healthy aging focuses primarily on perceptions of policy-makers, and health professionals
Social Isolation and Seniors

• A complex issue when there is less social contact than an individual wishes that may lead to negative outcomes such as poor health, loneliness, or other emotional distress (Victor, et al. 2000).

• As the population ages, and more older adults live alone, the problem of social isolation increases.
Social Isolation and Seniors

• Seniors clearly value social relationships.
• Adults ages 65+ “consistently rank relationships with family and friends second only to health as the most important area of life” (Victor et al., 2000, pg. 409).
• We have found clear evidence to support this in our own research with rural older adults.
Social Isolation and Cognitive Decline

- Statistics Canada (2007) reports that 80% of Canadian seniors participate in one or more social activities on a frequent basis (at least monthly) – but that leaves fully one-fifth of seniors not participating in weekly or even monthly activities.
Social Isolation and Cognitive Decline

- Isolation of older adults increases the risk of mortality.
- Feelings of loneliness can negatively affect both physical and mental health.
- Social isolation in seniors is linked to long-term illness.
- Caregivers of the elderly are also at risk for social isolation.
Social Isolation and Cognitive Decline

• Perceived loneliness contributes to cognitive decline and risk of dementia.

“We evolved to be a social species, it’s hard-wired into our brains, and when we don’t meet that need, it can have physical and neurological effects.”

(Cacioppo & Hawkley, 2009)
The Study

A pilot study exploring emotional and mental healthcare supports for seniors in rural Saskatchewan
Research Goals

• To understand the emotional and mental healthcare needs of rural seniors.

• To understand what mental healthcare supports are currently available to rural seniors.
  
  o What are the supports and barriers to rural seniors accessing mental healthcare services?
Research Locations

- Rural communities of Preeceville, Norquay, Ituna and Melville, Saskatchewan.
- Rural conceptualized as being underserviced, sparsely populated and geographically disperse.
Research Approach

- Community-based participatory research (CBPR).
- Collaboration, capacity building and shared decision-making with local partners.
- Community partners were involved in all stages of the research from the research questions to knowledge translation.
Data Collection

• Individual participant interviews
• Focus groups
• Community workshops
Data Collection: Interviews

• A total of 27 community-dwelling older adults were interviewed – twice each – there was a maximum of 3 weeks between interviews.
• Participants ranged in age from 65 – 91 years.
• Ten participants were men, and seventeen were women.
Data Collection: Focus Groups

- Four focus groups were conducted in the four targeted rural communities – total of forty participants.
- Participants included those who work and volunteer with older adults – health care professionals, clergy, and seniors themselves.
Data Collection: Workshops

• Two full day community workshops were held to disseminate initial research data and to gather additional supporting data.

• A total of 80 individuals registered and attended the first workshop, and 40 individuals attended the second.
Findings
Independence

“I’ve got to move, I just can’t sit in the house...
I was thinking about it the other day, this is it for the rest of my life now. I don’t think I’ll ever get better…”
Services – Access and Variety

“I find that, in going to the big centers, their mindset is, we are right here and we do everything here. They don’t understand. You can tell them, ‘I don’t live here.’ They say, why can’t you jump in a car and go. You can’t get that through their heads – a lot of people don’t want to go to the bigger centers.”
Aging in Place

• Closely tied to independence, and the ability to grow old and die with dignity in one’s home community.

• Many wanted to remain in their own homes for as long as possible.

• Beyond that, people want access to affordable housing options that do not feel like an “old age home”.
Defining Mental Health

Mental health was understood by participants to range from having a positive outlook, to emotional stability, to strong cognitive function.

“[Being able to] Enjoy life, no pain; eat, sleep, recreation and friendship and all that kind of stuff.”

“Good mental health, I think is [being] emotionally stable. If you think positively, and always the other side of the coin, the positive is always the better side to look at, regardless of maybe how negative it might be.”
Challenges to Mental Health

- Limited interaction on farms and small villages
- Isolation exacerbated by limited mobility and winter (ice, cold, daylight)
- Caregivers isolated but unaware of supports
- Reluctant to ask for help, don’t burden others
- Limited seniors’ housing, fear of being sent away
- Newcomers had difficulties being accepted
Social Isolation

• “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 all right but what can you do? Its, when you are alone in the house you’re kind of lonely. And you get depressed that’s worse for you.”
“I don’t know what the heck it is, that there is no time now for nothing. Before we used to work with horses and everything and we always had time and everything now they have got big tractors and nobody has got time. They got no time to say hello to you.”
Need for Supports?

• “If I feel really bad, I’ll phone to somebody and talk to them, [then] I feel better.”

• “So, I call my neighbours - we talk in the morning, we have early in the morning a five minutes talk – just to make sure everyone is okay.”
An Intervention
Red Cross Friendly Visiting Program

- The Red Cross Friendly Visiting Program is a three-year pilot program that aims to help seniors stay in their homes longer by reducing isolation and increasing their health and safety.

- Friendly visiting is one on one, personal visiting by a trained Red Cross volunteer for an hour at least once every two weeks for a senior that finds it difficult to leave their home.
Friendly Visiting as a Support Option

• “Friendly Visiting” is not a new concept – the Red Cross has facilitated a number of versions of such programs across Canada.

• Most such programs focus on older adults and are found in urban centres.
Next Steps

• Continue to work with the SK Division of the Red Cross in order to evaluate the Friendly Visiting Pilot Program discussed above.

• Work with the Red Cross to explore and encourage other evaluation options for the Friendly Visiting Program, and focus on building the Friendly Visiting Program (volunteer and client recruitment).
Questions or Comments?
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References


