



**STRATEGIZING FOR  
POSITIVE AGING IN  
SASKATCHEWAN**



*Older Adults Moving Forward*

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# Seniors Strategy for Saskatchewan

## Introduction

Saskatchewan Seniors Mechanism (SSM) is located in Regina, Saskatchewan and is an umbrella organization that brings together Saskatchewan seniors' organizations with the common goal of achieving a better quality of life for older adults in the province. One part of SSM's work in the community is to research issues affecting older adults to provide empirical evidence for effective advocacy and to better inform decision-makers as they create policy affecting the lives of older adults.

Work completed by Saskatchewan Population Health and Evaluation Research Unit (Jeffery et al., 2018) revealed Saskatchewan's lack of a provincial healthy aging strategy. From that research, findings also highlighted best practices from across Canada to address the issues and concerns of older adults. In Saskatchewan, a single dedicated consultant position within the Ministry of Health, Community Care Branch, is responsible to ensure that the needs of older adults are addressed at the provincial level in the absence of a comprehensive strategy. To remedy this lack of provincial strategy and address the limited capacity present within the provincial government at present, SSM developed and implemented this research project to determine what should be included in the framework of a seniors' strategy for Saskatchewan.

To more accurately gauge the concerns of older adults in Saskatchewan, SSM engaged in a province-wide consultation with older adults through a series of focus groups and forums. A total of 656 older adults participated in 21 qualitative data collection activities including eight focus groups, eight forums with partner organizations, and five meetings with representatives of the Saskatchewan Urban Municipalities Association (SUMA). Participants were asked to share their insights and ideas surrounding the question: "How do we get from 'Where we are now' to 'Where we want to be'?" Another five related questions were asked to prompt discussions: "What needs to happen to get us there?"; "What actions need to be taken?"; "Who is best placed to contribute to the transition?"; "What would be some of the enabling factors?"; and finally, "What one key point would you want to see in a Seniors Strategy?"

The information collected through these activities formed the basis for the creation of a quantitative survey distributed across the province. Six themes emerged from this initial exploratory phase of the project: public transportation, availability and affordability of services, finances, healthcare, housing, and community involvement. Participants also brought forward issues of importance under the six themes. These issues of importance are also prominent in the existing literature on healthy aging strategies. Survey questions asked respondents to assign rankings to the issues under the six themes.

## Literature Review

As noted earlier, Saskatchewan does not have comprehensive provincial strategy to foster healthy aging. According to a Statistics Canada (2015) report, the median age of Saskatchewan residents is on the rise with an increase over 25 years from 37.1 years in 2013 to 42.7 years. Over that same time period, the percentage of people over the age of 65 years in Saskatchewan is projected to increase from 14.4% to between 19.4% and 22.7% by 2038. To prepare for any increase in population, longterm planning must be in place to meet their needs; this holds true for the changing and diverse needs of older adults as a growing population.

*[Please Note: The data in the following chart does not include initiatives by Saskatchewan organizations and/or communities. It includes only those initiated by provincial governments.]*

**Table 14: Healthy Aging Framework Components by Province**

Component	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NFLD
Access to information	✓	✓		✓	✓	✓	✓	✓	✓	✓
Active aging	✓	✓*		✓*	✓	✓	✓	✓	✓	✓
Aging in place	✓*	✓*		✓*	✓*	✓	✓*	✓*	✓*	✓
Caregiver support	✓	✓			✓	✓	✓	✓		✓
Lifelong learning					✓	✓	✓	✓		✓
Older workers	✓	✓			✓	✓	✓	✓		✓
Research	✓	✓		✓		✓	✓	✓		✓
Rural and/or multi-cultural focus	✓	✓		✓	✓	✓	✓	✓		✓
Safety & security	✓	✓		✓	✓	✓	✓	✓		✓
Supportive environments	✓	✓		✓	✓	✓	✓	✓		✓
WHO Age-friendly province	✓			✓		✓		✓		
Transportation	✓	✓		✓	✓	✓	✓	✓*		✓*
Senior secretariat/ministry	✓	✓		✓	✓	✓	✓	✓	✓	

\* Indicates a separate strategy exists in this area

Citation: Jeffery, B., Muharjarine, N., Johnson, S., McIntosh, T., Hamilton, C. & Novik, N. (2018). *An Overview of Healthy Aging Strategies in Rural and Urban Canada*. Saskatchewan Population Health and Evaluation Research Unit, University of Regina and University of Saskatchewan.

To download the full report - [www.spheru.ca](http://www.spheru.ca)

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) conducted an environmental scan to document healthy aging frameworks and interventions across Canada at the federal and provincial/territorial levels of government (Jeffery, Muharjarine, Johnson, McIntosh, Hamilton, & Novik, 2018). The purpose of this environmental scan was to document the current landscape of healthy aging frameworks and interventions to provide a foundation for future planning to support older adults in rural communities and beyond. The methods used in this scan included a review of online

documents, direct contact with government ministries and departments and electronic searches of the ProQuest database and Google internet search engine for the period 1994-2018.

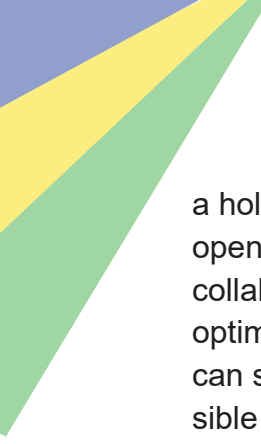
Planning needs to start now to create communities that meet the needs of an aging population. Best practices from across the country include a variety of strategies, such as: varied housing and public transportation options; health and community supports that are accessible, affordable, and available within the community in which older adults already live; and government structures to enable these community level changes, such as seniors secretariats, ministries devoted to older adult issues, seniors advocates, and advisory councils (Jeffery et al., 2018). There are many ways to foster communities that enable healthy aging in place by addressing many of the common issues of concern to older adults.

Older adults have a tendency to contribute to their communities through volunteering their time. Younger adults volunteer more as a group, but older adults devote a greater amount of their time to volunteering, which has been linked to increased sense of satisfaction with their lives (Anderson et al. 2014; Pilkington et al., 2012). Brown et al. (2012) corroborated this conclusion by finding that older adults reported greater life satisfaction and overall wellbeing when they volunteered their time in the community. Further, the community also reaps the benefits of older adults' volunteering in terms of economic benefits and increased social capital through social interactions and creation of social networks that build resilience within

the community (Pilkington et al., 2012).

In addition to time spent as volunteers, older adults often take on the unpaid care of family members, friends, and spouses. Family members have been found to assume a caregiving role that then leads to a personal toll in the form of increased stress and other mental and health issues that may be worse for women than men (Perkins et al., 2013; Polenick, Wagner, & Kales, 2017). Caregiving spouses are at heightened risk of adverse effects because of placing self-care as secondary to the care of the ailing spouse; women as the expected caregiver because of societal expectations are at an even greater risk (Polenick et al., 2017). Roth et al. (2015) explained that caregivers do not receive adequate training or support due to the typical focus of healthcare systems on the patient not the care provider. The expansion of focus to include caregivers requires community partnerships that can break down the barriers created by programs and services designed and implemented in isolation from the communities that access them (Everingham et al., 2012).

Older adults are a diverse group of people who require different levels of care at different phases of the aging process. With that in mind, housing options are necessary that can meet changing needs while allowing people the flexibility to remain in their communities (Fields et al., 2018; Keyes et al., 2014; Menec 2017). Taking



a holistic approach to the aging process opens up opportunities for innovation and collaboration. Creating communities that optimally support older adults so that they can stay in their homes as long as possible can increase the wellbeing of older adults (Greenfield et al., 2015; Lehning and Greenfield, 2017). Lehning and Greenfield (2017) explained this further by highlighting that creation of such communities also dispels ageist stereotypes and assumptions of homogeneity of older adults as a group. Another consideration is the significant impact that removal from the community can have on older adults' social connections and networks of support, which become interrupted during relocation (Parekh et al., 2018). The risk of interruption of social connections and networks is two-fold, as they are integral to reducing social isolation and can also be used to facilitate positive social change.

Social participation, or community involvement, is integral for reducing the risk of social isolation and providing avenues for older adults to remain active contributors to their communities. Parekh et al. (2018) explained the benefits of keeping older adults in their communities is tied to intergenerational interaction that provides purpose and increased feelings of wellbeing for older adults and gives opportunity for sharing of knowledge with the younger generations. Saskatchewan's rural communities are vast and often separated by great distances from larger centres. Residents of rural communities may encounter greater difficulties in accessing transportation to keep them involved in

the community, maintain connections with their families, and lacking other options, to access healthcare outside the community (Petriwskyj et al., 2017). Access to transportation can be a challenge even within larger urban areas and can become an obstacle to active community involvement leading to social isolation (Parekh et al., 2018). Maintaining a valid driver's license for as long as possible assists in avoiding the obstacles inherent to existing public transit options; in contrast, the loss of a driver's license often entails the loss of independence, depression, and sudden social isolation (White et al., 2016). When giving up a license is necessary, public transportation options must be available to maintain social interaction, community involvement, and active lifestyles.

Social interaction, community involvement, and an active lifestyle are often contingent on having access to financial means. The need to understand financial matters tends to increase with age, as people take over decisions that were made by employers, such as group pension plans and insurance, and take over responsibility to plan for the future with the added complication of fixed incomes (MacLeod et al., 2017). Financial supports can bolster the standard of living for individuals and can facilitate the creation of communities that grow with their residents, meeting their needs at all stages of life. These supports can come from the community, but when communities do not have access to sufficient financial resources, governments must step in to bridge the gap (Greenfield, 2018; Keyes et al., 2014; Menec 2017). Governments have



many opportunities to positively impact the lives of older adults.

Healthcare is one such opportunity to address concerns as the population ages. Federal funding for healthcare systems is distributed to the province to administer as they see fit, and it is at the provincial level that communities can have a say in how healthcare dollars are spent (Menec, 2017). Policies, programs, and other initiatives aimed at improving health outcomes for older adults are beginning to incorporate the insights and unique needs of this diverse group (Greenfield et al., 2015; Parekh et al., 2018). Being able to navigate the healthcare system becomes increasingly important as people age and healthcare needs change; being able to access and understand information about maintaining good health and options for care is absolutely necessary to ensure that people feel confident in their personal health choices (MacLeod et al., 2017). In addition, the health issues we face change as we age often requiring more personal responsibility and visits to care providers. Research has demonstrated that technology can lessen the weight of this added responsibility by providing reliable health information at home (Ware et al., 2017). Technology can be used to facilitate many things; however, it cannot fully replace social interaction and active involvement in the community.

Policy decisions can facilitate positive social change with input from those who may be most affected by policy decisions. The incorporation of insights from older adults, and the space for active participation in decision-making, represents a shift toward meaningful consultation and inclusion of a group that is often excluded from participation in the policy process (Petriwskyj et al., 2017; Serrat et al., 2018). Further, active participation in the political sphere has been shown to improve health outcomes for older adults, in addition to empowering their local communities (Serrat et al., 2019). Communities that are inclusive of all age groups demonstrate effective collaboration of communities, organizations, and governments working together to achieve a common goal (Menec, 2017), such as supporting people as they age-in-place.

Emerging from findings from forums and focus groups a survey was produced and distributed throughout the province via weblinks and hard copy versions. This project seeks to answer the question, “What is the best practice to address the issues and concerns of older adults in Saskatchewan?” To answer this question, older adults were surveyed about their most pressing concerns and what government structure would be best suited to provide a better quality of life for older adults in the province.

## Methods

Informed by the findings of the forums and focus groups, two types of surveys were distributed; one as a paper survey and the other online using Qualtrics survey software. This mixed method approach is similar to other research designs, including Levasseur et al.'s (2017) study to examine age-friendly communities across Canada. A total of 809 paper surveys and 1,235 online surveys were completed for a grand total of 2,044 completed surveys from older adults across Saskatchewan. The use of both paper and electronic surveys was purposely implemented to enable participation of as many older adults as possible, whether they lived in cities, towns, or in rural areas and whether they had access to the technologies, such as computers and the internet. Menec (2017) highlighted this need to reach as many people as possible to attempt to recognize the diversity of needs and to lessen the impact of existing inequality within older adults as a group. Surveys asked respondents to voluntarily provide demographic characteristics including age, gender, and hours spent volunteering and in paid and unpaid work.

Once all surveys were reviewed, 204 paper surveys were excluded based on completion errors (9.9%). For example, some respondents filled out the surveys as couples, providing multiple responses to each question, and other respondents used a variety of symbols to answer questions without defining the meaning of the symbols. After exclusion of those paper surveys, a total of 1,803 surveys (91.1%) were included for further data analysis. Surveys were analysed using Statistical Package for the Social Sciences (SPSS) to produce descriptive statistics, frequency charts, and calculate basic statistical measures, including sample means. Data was also analysed for relationships between variables by calculation of chi-square values and using contingency tables. The significant relationships between demographic characteristics and issues are described in Appendices A through D.

One focus of the surveys was to collect information on the issues most important to older adults in Saskatchewan within the following broad categories: public transportation; available and affordable services; finances; housing; healthcare; and community involvement. A final question asked older adults what mechanism would work best for addressing seniors' issues at the provincial level.

## Findings from Forums and Focus Groups

Forums and focus groups were held through Saskatchewan including the communities of Regina, Saskatoon, Prince Albert, Swift Current, North Battleford, Cutknife, Melfort, and Maidstone. Sessions began with a presentation from facilitators to stimulate small group discussions. All sessions ended with a large group discussion to highlight important insights from the small group discussions.

Findings from the qualitative portion of the project centred around best practices that interested participants, including their impact and feasibility. Participants were asked to contemplate their hopes for the desired state and future state of affairs for older adults. These discussions focused on age friendly communities with a dominant theme being to have support in the home for as long as possible, including client-centered services and supports available at home. Themes began to emerge over the course of these events as follows.

### *Public Transportation*

There was a focus on adequate public transportation to ensure that individuals who continue to live at home have access to community activities to reduce the risk of social isolation. Participants voiced heightened concern related to the impacts of lack of transportation services in rural areas and the forced relocation of older adults to bigger centres for ease in accessing services. Discussion called on local communities and municipalities to become more involved in innovative ways to


provide public transit options where none exist. There were suggestions that rural residents join forces to lobby for access to transportation and healthcare in their communities. For participants, access to public transportation was closely tied to better overall accessibility, enhanced quality of a life, and greater security to enable staying at home and in their communities.

### *Housing Needs*

As with all themes emerging from discussion, participants recognized that a one-size-fits-all approach is not sufficient to meet the needs of older adults. For housing in particular, participants agreed that not all seniors want to live in their home and that housing options need to be varied to meet diverse needs. In addition, caregivers, who are often family, friends, or spouses, may be tasked with caring for ailing loved ones in the home and require much needed support. Longterm care (LTC) was also discussed as a last resort and that short-term placement should be designed to assist people to return home with appropriate supports. Lack of affordable housing options— whether living independently, in a private care setting, or in LTC— was voiced in most focus groups as a concern.

### *Healthcare and Social Isolation*

As an additional support to facilitate remaining at home, participants also saw value in the use of technology and a common electronic health record (eHR). Participants also recognized that the healthcare system is complex and shared



their visions of a navigator to assist older adults, and their families, to access services. Lack of rural access to services was also a concern for many participants, whether related to actual lack of services or limited accessibility because of transportation barriers. To reduce social isolation, participants emphasized the importance of intergenerational activities to include older adults in community activities and to deepen understanding of the issues facing, and value of, older adults in communities. An emerging theme was the need to look beyond medical needs to encompass the whole person and work toward a prevention focus to improve overall quality of life.

### *Service Provision*

Participants recognized the existence of many programs and services but voiced frustration with a lack of coordination in service provision and a lack of awareness of what services are available: a possible effect of the provision of services within institutional and organizational silos. In addition, participants felt that use of technology can be a barrier to some older adults and suggested that education is important and that a call centre could be created to assist in navigation, accessibility, and awareness of services available in communities. A common suggestion related to the importance of communication and consultation. Communication of what services are available and how to access

them, and consultation to ensure that needs are being appropriately addressed.

Finances did not emerge as a specific theme, but participants drew attention to many financial aspects of the aging process throughout discussions on other topics. These aspects included cost of housing as needs change, lack of income due to retirement and increasing overall cost of living, lack of pensions for those who were self-employed (i.e. farmers) or did not consistently participate in the labour force, cost of transportation, and an increasing tax burden. Through these discussions, financial security was revealed to be integral to every other issue of concern highlighting the need to investigate this aspect further.

Data collected through focus groups and forums reinforced the desire of older adults for a provincial strategy to assist people to age in place with support for themselves and for their caregivers. Participants concluded that older adults cannot do this alone. A provincial strategy requires collaborative planning and the input from multi-sector partners, including communities, organizations, and governments. From these discussion, quantitative surveys were distributed to add to the growing understanding of issues and concerns of older adults in Saskatchewan.

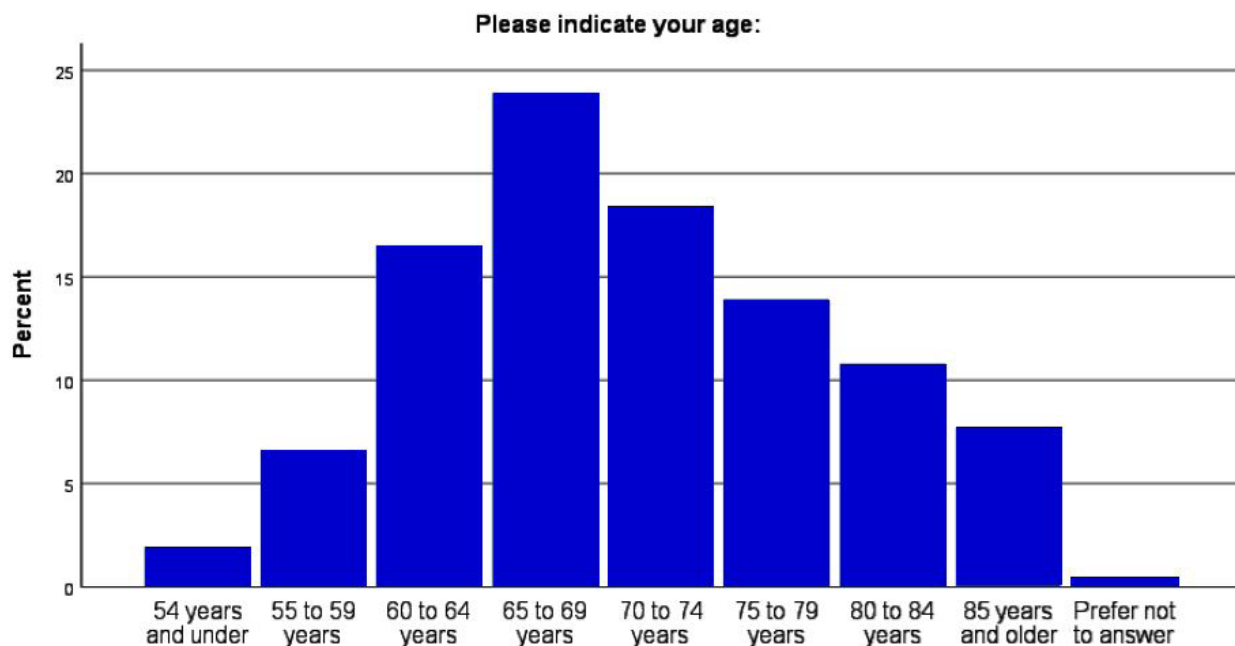
# Survey Results

## Respondent Demographics

A total of 1,803 surveys were included for quantitative data analysis. Respondents were asked to indicate their age group: “54 and under; 55 to 59 years; 60 to 64 years; 65 to 69 years; 70 to 74 years; 75 to 79 years; 80 to 84 years; 85 years and older.” Gender of respondent and town or city of residence were other demographic questions asked of respondents.

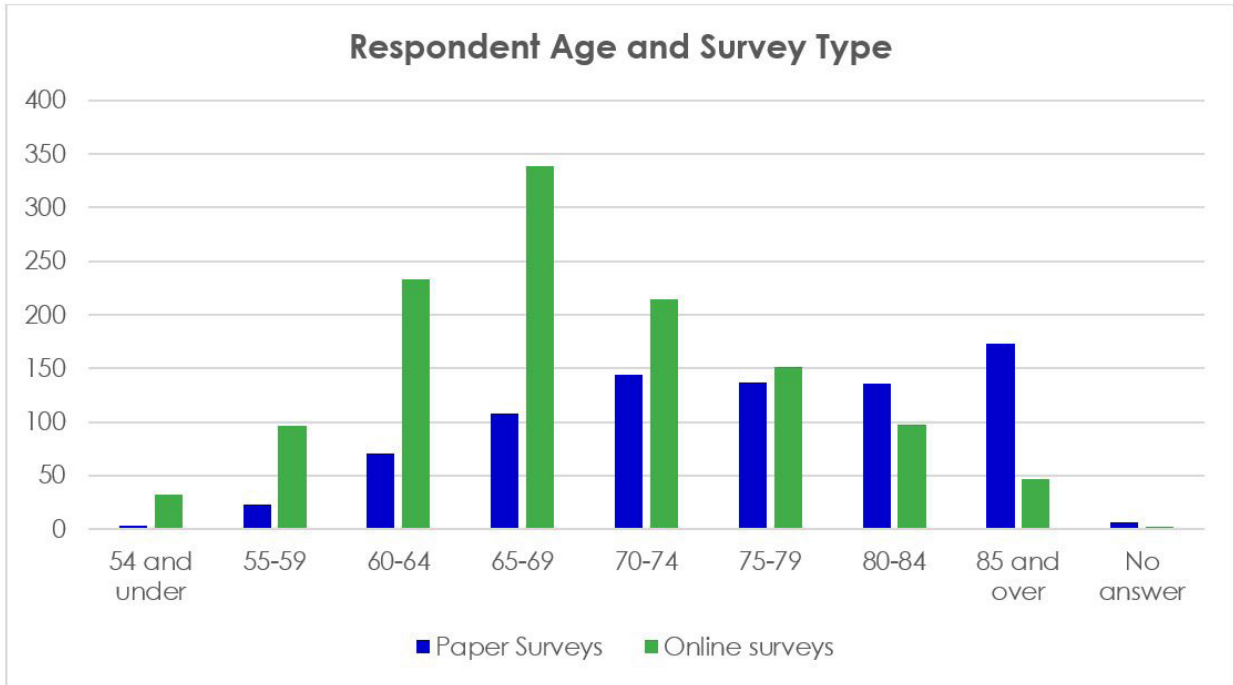
### Age

The largest group of respondents was between 65 and 69 years of age (23.9%, n = 426, Figure 1). The majority of respondents (67.2%, n = 1,199) were 74 years of age and under, while 1.5% (n = 27) of respondents chose to not provide an answer to this question by either choosing “Prefer not to answer” or leaving the question blank.



**Figure 1 Age of respondents**

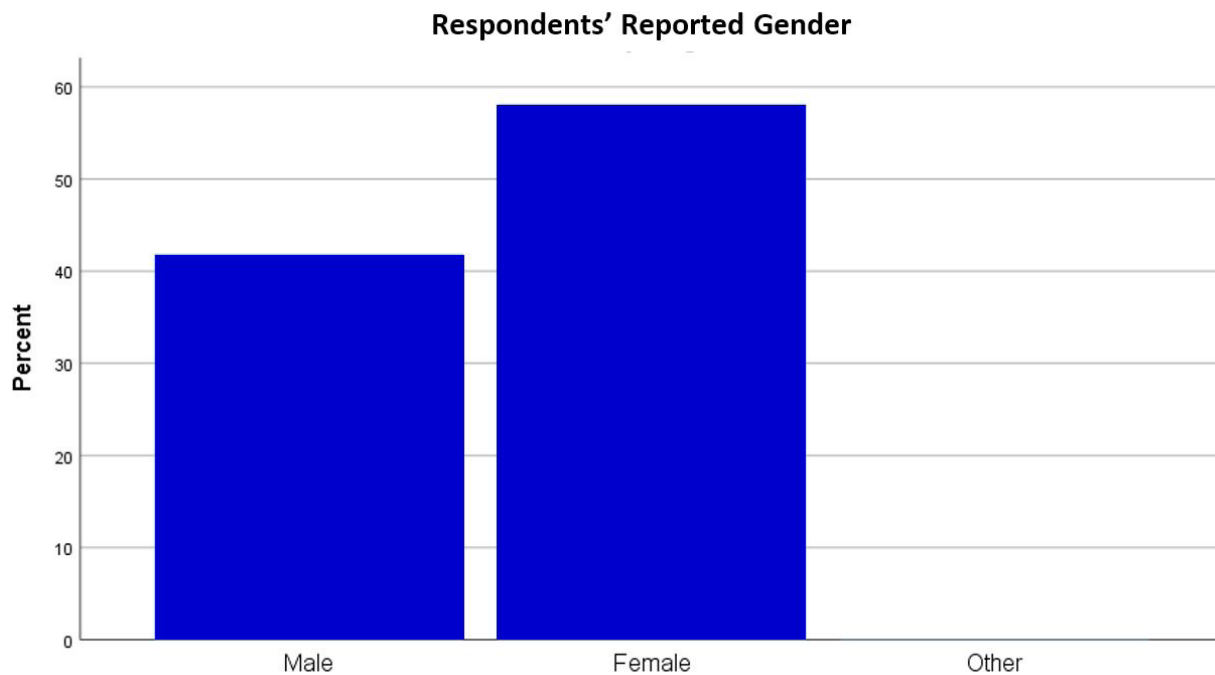
There was a significant difference in average age of respondents when examining paper responses versus online responses. The largest group of paper survey respondents was 85 years of age and over (22%). The majority of respondents (56%) were over the age of 75 years. In contrast, the largest group of respondents was between 65 and 69 years of age (27.9%). The majority of respondents were under the age of 69 years (57.7%).



**Figure 2 Age of respondents using paper surveys compared to online surveys**

## Gender

In terms of respondent gender, Figure 3 describes the number of male and female respondents. The majority of respondents were female (56.8%, n = 1,024), while males accounted for 41.8% (n = 737) of respondents. Missing responses on this question accounted for another 2.3% (n = 41), and one respondent chose the “Other” (not-specified) category.

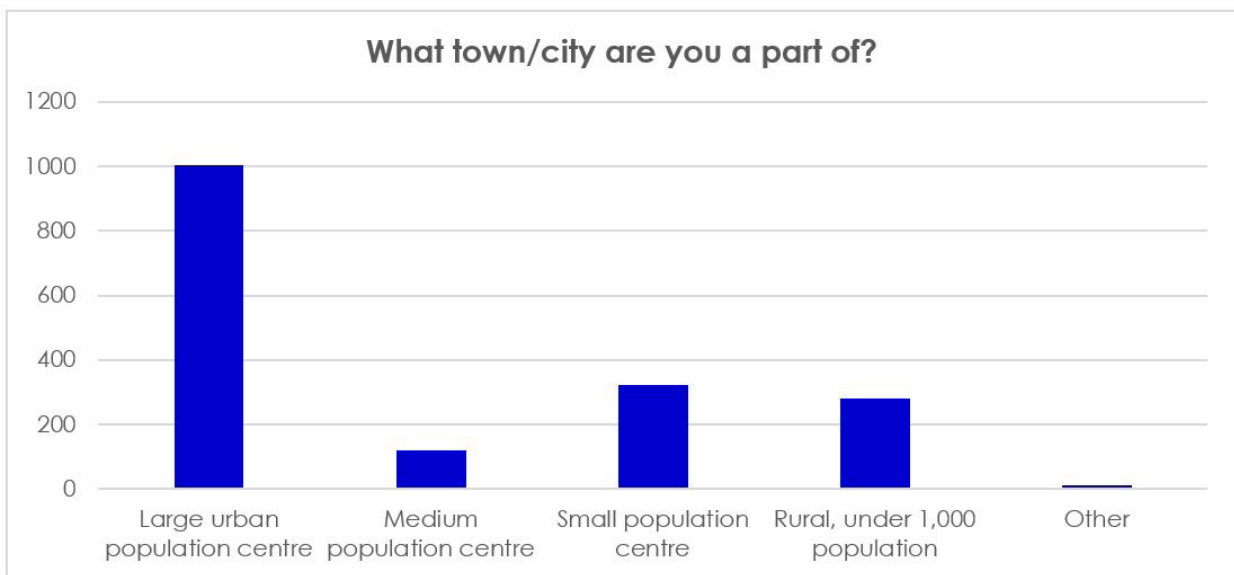


**Figure 3 Gender of respondents**

## Population Centre

Respondents were asked what town or city they were a part of as illustrated in Figure 4. Respondents gave a variety of answers that were categorized following Statistics Canada (2017) census guidelines as “Large urban population centre” (population of 100,000 or more); “Medium population centre” (population between 30,000 and 99,999); and “Small urban population centre” (population between 1,000 and 29,999). Additionally, the categories of “Rural, under 1,000 population” and “Other” were added to incorporate responses from those living in rural areas and those who responded while spending the winter months outside of the province, respectively.

The majority of respondents lived in the large urban centres of Regina and Saskatoon, Saskatchewan (55.6%, n = 1,003, Figure 4). Respondents from small urban population centres or rural areas accounted for just over one-third of all respondents (33.6%, n = 606).



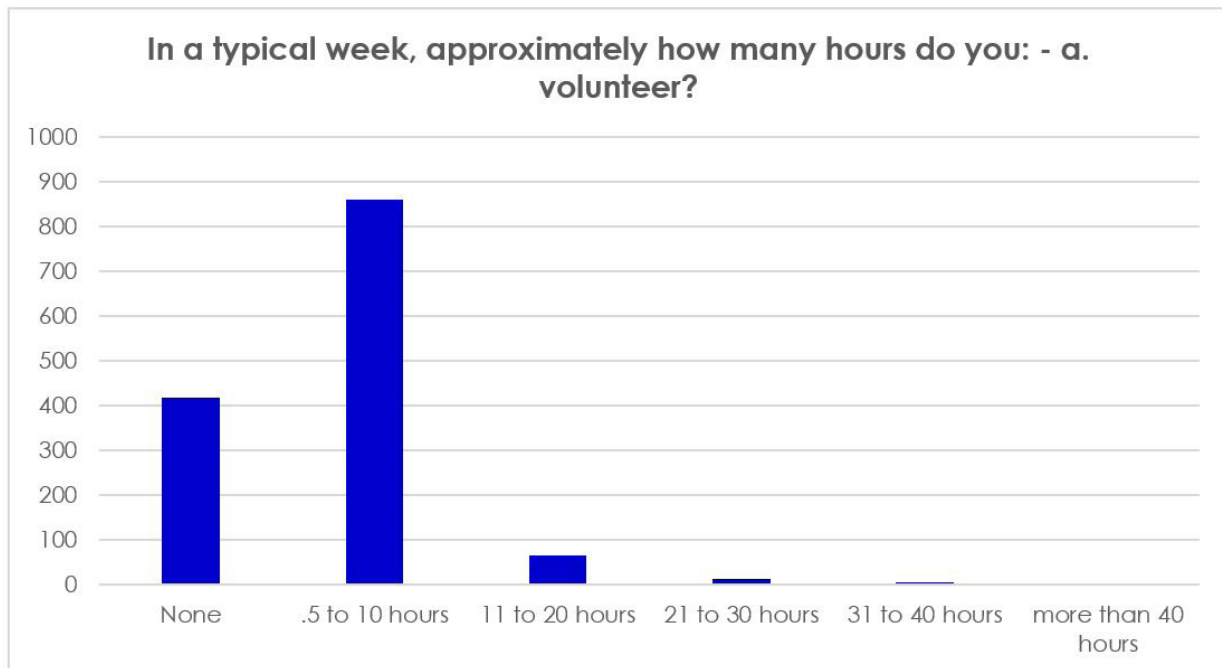
**Figure 4 Respondent location by population centre**



## How older adults spend their time

Respondents were asked: “In a typical week, approximately how many hours do you: a. volunteer ... b. work in paid employment ... c. spend as an unpaid caregiver to a family member(s) or friend(s)?”

### Volunteering

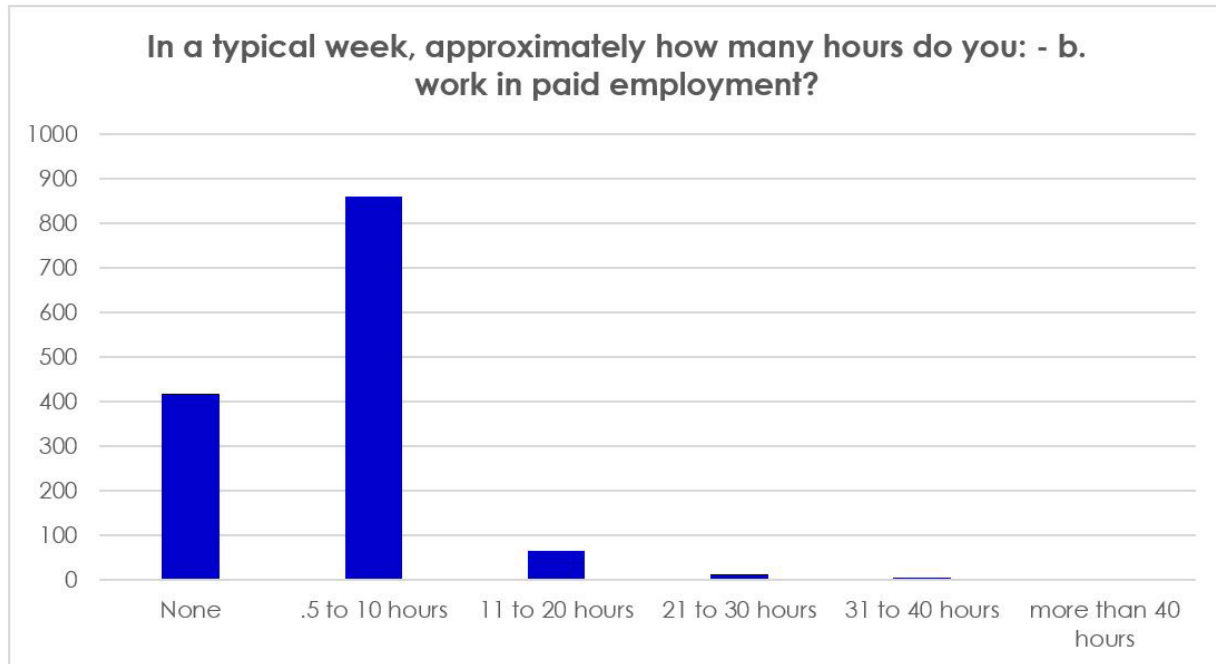


**Figure 5 Hours spent volunteering in a typical week**

Figure 5 shows the number of hours respondents spent volunteering. The largest group of respondents spent between 0.5 and 10 hours acting as volunteers (47.8%, n = 861). The majority of respondents spent 10 hours or less in volunteer activities (71.0%, n = 1,280).

There was a significant relationship between the gender of respondents and their time spent volunteering,  $X^2(14, n = 1,762) = 29.95, p < .01$ . Men were significantly more likely to report spending no hours volunteering their time. In addition, respondents aged 75 to 79 years were also significantly more likely to report spending between 31 and 40 hours volunteering:  $X^2(56, n = 1,783) = 100.14, p < .001$ . Population centre was related to amount of time spent volunteering as well with those living in small population centre significantly more often observed to volunteer more than 40 hours in a typical week,  $X^2(35, n = 1,803) = 89.60, p < .001$ .

## Paid Employment

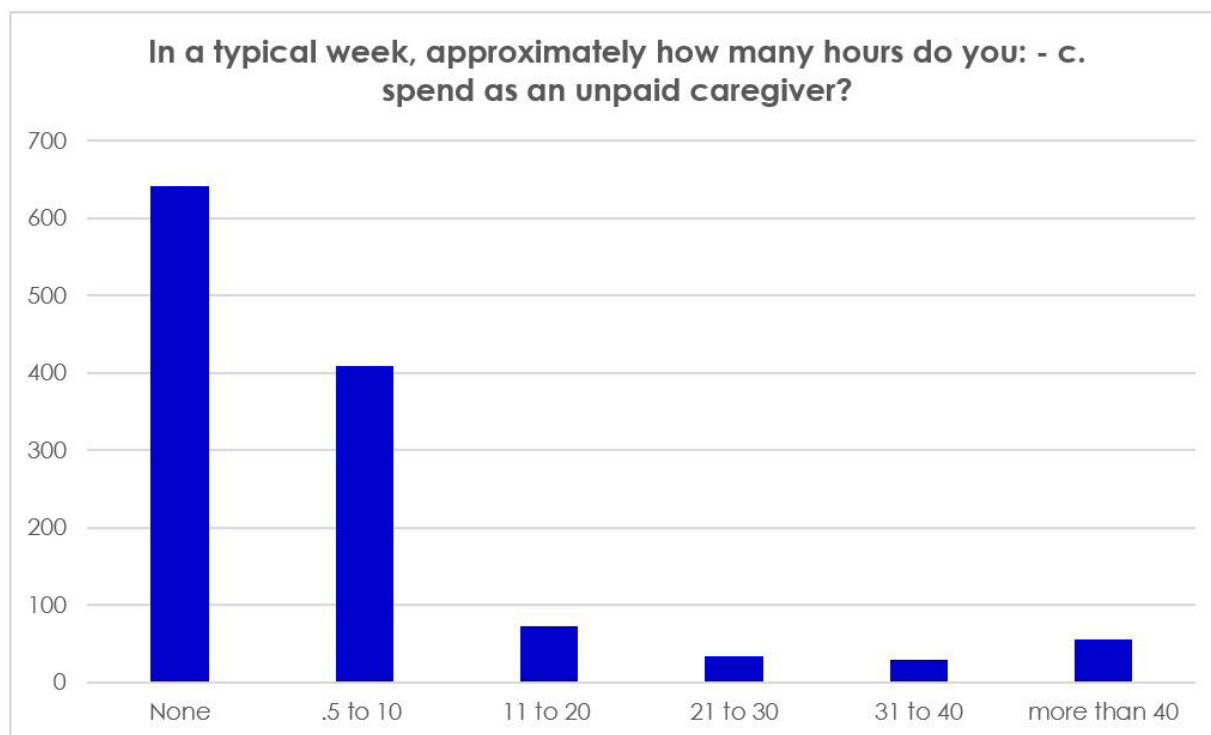


**Figure 6 Hours spent in paid employment in a typical week**

As illustrated in Figure 6, the 46.9% of respondents ( $n = 846$ ) were not participating in paid employment, while the smallest group ( $n = 31$ , 1.7%) worked more than 40 hours per week. A significant relationship was also found between gender of respondent and time spent in paid employment,  $X^2(14, n=1,762) = 26.39, p < .05$ . In this case, men were more likely to report spending no time in paid employment over the past week.

Additionally, respondents 59 years of age and under were significantly more likely to report spending more than 40 hours per week in paid employment,  $X^2(56, n = 1783) = 359.15, p < .001$ . In terms of population centre, those living in large population centres were significantly more likely to report spending *no* hours in paid employment, while those living in rural areas were significantly *more* likely to report working 40 hours or more in paid employment,  $X^2(35, n = 1,803) = 66.29, p = .001$ .

## Unpaid Caregiving



**Figure 7 Number of hours spent in unpaid caregiving activities**

As shown in Figure 6, 35.6% of respondents did not provide unpaid caregiving services to family members or friends ( $n = 641$ ). However, the next largest group of respondents ( $n = 409$ ) at 22.7% reported spending between 0.5 and 10 hours performing unpaid caregiving work.

Once again, a significant relationship between gender and hours spent as a caregiver was supported by the data,  $X^2(14, n=1,762) = 28.74, p < .05$ . As with the other categories of work, men were observed significantly more often reporting no hours spent in caregiving. Women were significantly *less likely* to report spending no hours in caregiving and more likely to report between 0.5 and 10 hours or 30 hours and more. Age was also significantly related to unpaid caregiving activities,  $X^2(56, n = 1,783) = 150.72, p < .001$ . Respondents between the ages of 75 and 79 years were significantly more likely to report spending between 11 and 20 hours a week as unpaid caregivers to family members or friends. Respondents' population centre was related to hours spent as unpaid caregivers as well,  $X^2(35, n = 1,803) = 78.70, p < .001$ . In this case, those living in rural areas reported significantly more often spending more than 40 hours a week in unpaid caregiving activities.

## Issues of Concern for Older Adults

Respondents were asked to rank on a scale from 1 to 3 (1 = Most important; 2 = Important; 3 = Somewhat important) the importance of issues related to transportation, accessibility, finances, housing, healthcare, and community involvement.

Sample means were examined to determine the importance assigned to each issue, and as respondents were able to leave blank any issues that did not concern them, response number for each category and issue varies. For this project, the *higher* the sample mean ( $\bar{x}$ ), the *less* important the issue is to respondents.

## Public Transportation

Surveys asked respondents to rank the importance of different uses of public transportation with the option of not choosing an issue if it was not applicable to them. As illustrated in Table 1, 30.0 % of responses ( $n = 1,369$ ,  $\bar{x} = 1.53$ ,  $s = .71$ ) indicated that respondents used public transportation “To get to medical appointments” followed by 29.5% of responses ( $n = 1,345$ ,  $\bar{x} = 1.78$ ,  $s = .75$ ) indicating respondents used public transportation “To get groceries, prescriptions, or other essential needs.” “To visit family and friends” was assigned a ranking in 22.6% of responses ( $n = 1,030$ ,  $\bar{x} = 2.65$ ,  $s = .76$ ) indicating this use as third most important.

**Table 1 Sample means of issues related to public transportation**

Issues	N	Percentage	Sample Mean	Standard Deviation
To get to medical appointments	1,369	30.0	1.53	0.71
To get groceries, prescriptions, or other essential needs	1,345	29.5	1.78	0.75
To visit family and friends	1,030	22.6	2.65	0.76
To participate in community events and activities	823	18.0	2.78	0.89

## Access to Transportation

Respondents were asked a follow-up question to measure access to public transportation: Table 2. The majority of respondents ( $n = 1,058$ , 68%) reported that they did have access to public transportation in their communities. However, further analysis showed a very significant relationship between respondents’ population centre and their access to transportation  $X^2(5, n = 1556) = 653.03$ ,  $p < .001$ . Those living in rural areas, towns, or villages with a population of 1,000 people or less were observed significantly more often to report they do not have access to public transportation ( $n = 210$ , 42.2%), while 75.8% of respondents living in large population centres reported having access ( $n = 802$ ).

**Table 2 Respondents' Access to Public Transportation in their Communities**

Response	N	Percentage	Cumulative Percent
Yes	1,058	68	68
No	498	32	100
TOTAL	1,556	100	

### Available and Affordable Services

The importance of provision of services is illustrated in Table 3. The largest group (27.8%) of responses ( $n = 1,333$ ,  $\bar{x} = 1.63$ ,  $s = .79$ ) reported “Homecare to assist with medical and personal care” followed by 26.1% of responses ( $n = 1,249$ ,  $\bar{x} = 1.78$ ,  $s = .95$ ) reporting “Clear and accessible information about what services are available and where.” The third most frequently chosen category with 23.4% ( $n = 1,119$ ,  $\bar{x} = 2.37$ ,  $s = .87$ ) was “Assistance with yard work and home maintenance.”

**Table 3 Sample means of issues related to available and affordable services**

Issues	N	Percentage	Sample Mean	Standard Deviation
Homecare to assist with medical and personal care	1,333	27.8	1.63	0.79
Clear and accessible information about what services are available and where	1,249	26.1	1.78	0.95
Assistance with yard work and home maintenance	1,119	23.4	2.37	0.87
Assistance with housework	1,088	22.7	2.49	0.76

### Finances

Respondents were also asked about what they felt was most important regarding the financial security of older adults. Outlined in Table 4, 23.3% of responses assigned a ranking to “Ensuring all services are affordable” more frequently than other issues ( $n = 1,319$ ,  $\bar{x} = 1.92$ ,  $s = .96$ ). The next most frequently chosen issue was “Increases to public income supports” at 21.9% ( $n = 1,243$ ,  $\bar{x} = 2.08$ ,  $s = .90$ ). While “Reduction in taxes for seniors” received fewer responses (21.1%,  $n = 1,209$ ), when chosen, respondents did assign slightly more importance to this issue ( $\bar{x} = 2.07$ ,  $s = .97$ ), compared to the average ranking for increases to public supports.

**Table 4 Sample means of issues related to finances**

Issues	N	Percentage	Sample Mean	Standard Deviation
Ensuring all services are affordable for those with lower incomes	1,319	23.3	1.92	0.96
Reduction in taxes for seniors	1,209	21.1	2.07	0.97
Increases to public income supports (pensions, social assistance, etc.) to provide adequate income	1,243	21.9	2.08	0.90
Legislated protection of private pension and benefits plans	1,149	20.3	2.13	1.05
Providing financial support or tax credits for unpaid caregivers	807	14.1	2.61	1.02

### Housing

As illustrated in Table 5, the issue with the highest average ranking was “Having affordable services available to enable me to stay in my own home until I die” ( $\bar{x} = 1.69$ ,  $s = .95$ ) with 20.5% of responses ( $n = 1,164$ ) choosing this issue as important. Additionally, 20.1% of responses ( $n=1,139$ ) ranked “Being able to choose where and how I live” as next most important ( $\bar{x} = 1.94$ ,  $s = .94$ ), followed by “Being able to ‘age in place’ - move from one level of support to another while staying in the same location” with an average ranking of 2.26 ( $s = 1.00$ ) and 20.1% of responses ( $n = 1,144$ ).

**Table 5 Sample means of issues related to housing**

Issues	N	Percentage	Sample Mean	Standard Deviation
Having affordable services available to enable me to stay in my own home until I die	1,164	20.5	1.69	0.95
Being able to choose where and how I live”	1,139	20.1	1.94	0.94
Being able to ‘age in place’ - move from level of support to another while staying in the same location	1,144	20.1	2.26	1.00
Access to a variety of types of housing that are affordable and appropriate to my needs	1,227	21.6	2.29	0.97
Access to a variety of types of housing so I can stay in own community as my needs change	1,006	17.7	2.39	0.92

## Healthcare

The rankings by respondents on healthcare issues of concern for older adults are indicated in Table 6. The highest ranking was given to “Access to primary/basic health care in the community in which I live” with an average scoring of 1.65 ( $s = .97$ ) and 15.1% of all responses ( $n = 1,064$ ). “Timely access to specialists and medical procedures” followed at 18.1 % of responses ( $n = 1,278$ ) with an average ranking of 2.05 ( $s = .88$ ). Close behind was “Having my needs taken seriously and addressed no matter what my age” with an average ranking of 2.09 ( $s = 1.06$ ) and 12.4% of all responses ( $n = 872$ ).

**Table 6 Sample means of issues related to healthcare**

Issues	N	Percentage	Sample Mean	Standard Deviation
Access to primary/basic healthcare in the community in which I live	1,064	15.1	1.65	0.97
Timely access to specialists and medical procedures	1,278	18.1	2.05	0.88
Having my needs taken seriously and addressed no matter what my age	872	12.4	2.09	1.06
Affordability of all aspects of healthcare e.g. prescriptions	1,205	17.1	2.21	1.01
Greater emphasis on preventive measures and wellbeing of the whole person	646	9.2	2.56	1.13
More specialists in the area of seniors' physical and mental health	666	9.4	2.72	1.09
Access to affordable respite care so caregivers can have a break	482	6.8	2.79	1.14
Education of health professionals on the particular needs of seniors	568	8.1	2.80	1.16
Access to multi-lingual services when needed	270	3.8	3.20	1.12

## Community Involvement

Respondents were also asked about issues related to community involvement as outlined in Table 7. “Being safe in my home and community,” with an average ranking of 1.59 ( $s = .85$ ) and 21.8% of responses ( $n = 1,365$ ), was the most important issue within this category. An average ranking of 2.17 ( $s = 1.02$ ) was given to “Reducing the possibility of becoming isolated” by 15.2 % of respondents ( $n = 950$ ), and “Affordable and accessible recreational and educational activities in my community” received an average ranking of 2.25 ( $s = .97$ ) in 15.4% or responses ( $n = 962$ ).

**Table 7 Sample means of issues related to community involvement**

Issues	N	Percentage	Sample Mean	Standard Deviation
Being safe in my home and community	1,365	21.8	1.59	0.85
Reducing the possibility of becoming isolated	950	15.2	2.17	1.02
Affordable and accessible recreational and educational activities in my community	962	15.4	2.25	0.97
Effective supports to prevent or address physical, financial, emotional, and sexual abuse of older adults	869	13.9	2.30	0.98
Access and ability to use technology	644	10.3	2.50	1.05
Community awareness of the contributions and needs of older persons	743	11.9	2.61	1.03
Opportunities for intergenerational activities	486	7.8	2.67	1.10
Opportunities to participate in bilingual activities	232	3.7	3.38	0.91

### Addressing Seniors' Issues at the Provincial Level

Respondents were asked: "Please choose which of the following options you think would work best for addressing seniors' issues at a provincial level. You may choose more than one, but if you do please rank them 1, 2, 3, etc. a. Seniors Advocate, b. Minister for Seniors, c. Seniors Secretariat, d. Advisory Committee on Seniors."

Table 8 shows the comparison of sample means for how to best address issues affecting older adults in Saskatchewan. The largest group of responses, 33.3% (n = 1,357), chose a Seniors Advocate with an average ranking of 1.57 (s = 1.14). Minister of Seniors was assigned the next highest average ranking of 1.91 (s = 1.02) in 22.8% (n = 928) of responses, while 24.8% of responses (n=1,011) chose a Seniors Secretariat as an option, the average ranking for a Seniors Secretariat was 2.13 (s = .90) placing this option as third most preferable.



**Table 8 Sample means for how to best address issues of concern to older adults**

Options	N	Percentage	Sample Mean	Standard Deviation
Seniors Advocate	1,357	33.3	1.57	1.14
Minister for Seniors	928	22.8	1.91	1.02
Seniors Secretariat	1,011	24.8	2.13	0.90
Advisory Committee on Seniors	783	19.2	2.43	1.03



## Discussion

Many of the findings from this study are similar to recent studies exploring quality of life for people as they age. To begin, Keyes et al. (2014) followed a similar research method of surveying older adults in Atlanta, Georgia to ascertain their wants and future needs. Findings from that study revealed a diversity of opinion and a multiplicity of possibilities to create age inclusive communities. As shown by the closeness in rankings of most issues in this survey, older adults in this province also hold diverse views of what is important and how to tackle those issues.

### *Use of Technology*

The relationship between age and completion of a paper or online survey seen in this project is also seen across many studies in relation to the use of technology by older adults. Being part of the younger age groups of older adults (e.g. under 75 years) has been demonstrated to be one factor in the uptake of various technologies when compared to older adults within older age groups (Gell et al., 2015). Schulz et al. (2015) found that the differing needs, abilities and preferences of older adults determined their willingness to use technology. Physical and other health limitations, as well as education levels, are other factors that affect technology uptake in older adults (Elliot et al., 2016; Gell et al., 2015). This phenomenon has current implications and implications for the future. Presently, older adults in the older age groups need support to engage within an increasingly technology dependent world, while a growing cohort of older adults will be more technologically savvy as they age.

Focus group and forum participants also emphasized how technology could be used to decrease barriers to service access. In keeping with findings from Ware

et al. (2017), respondents in that study valued access to clear information about what services are available and where they can be found. Findings from that study also highlighted the need for a resource that is credible and trusted. While not specifically addressed in the survey, forum participants referred to technology access and the expansion of Saskatchewan Health's eHR. Keeping in mind the effect of age on technology use, this recommendation relying on the willingness of older adults to engage with technology may need to be implemented with caution.

### *Caregiving*

Additionally, supported by existing literature, most often the family member taking on the caregiving role is a woman (Polenick, Wagner, & Kales, 2017; Polenick et al., 2017). This holds true for this sample of older adults as women were more likely to report spending more hours in the caregiving role in comparison to men in our sample. Rurality also has a relationship to unpaid caregiving activities, in that people living in rural areas may lack options or access to healthcare services and feel obligated to care for family members or friends (Crouch, Probst, & Bennett, 2017;

Henning-Smith & Lahr, 2018). Coupled with a lack of support services for caregivers (Crouch, Probst, & Bennett, 2017; Henning-Smith & Lahr, 2018), findings from this project point to a gap in service provision for rural residents in the province.

### *Transportation*

Revealed in the relationship between population centre and access to transportation, access to public transportation is a larger issue in rural areas than urban areas where public transportation is much easier to access. Multiple studies underscore the lack of transportation options for rural older adults (Clément et al., 2017; Weeks et al., 2017; Levasseur et al., 2015). Wedgeworth et al. (2017) found that lack of public transportation impedes the ability of rural older adults to access health services and decreases opportunities for social interaction. Rural residents have strong ties to their communities and to each other, but informal transportation systems cannot replicate formal public transportation systems, and as they are challenging to develop, public transportation challenges for rural areas require flexibility, innovation, and creativity to solve (Weeks et al., 2015). Lack of transportation options in rural areas is another service gap for older adults in Saskatchewan.

### *Government Structure*

Respondents had four options to choose from in terms of how to best address the issues facing older adults. Multi-sector col-

laborations—whether through the creation of a dedicated advocate for older adults, a cabinet position, secretariat, or advisory council—can work strategically to implement and advance policy solutions faster through early involvement of communities of older adults in longterm planning (Keyes et al., 2014; Lehning and Greenfield, 2017). While research supports the effectiveness of councils in fostering collaboration and knowledge-sharing (Everingham et al., 2012), respondents assigned the lowest ranking to an advisory council model in favour of an option that has both a mandate and a budget. Respondents may have felt that a Seniors Advocate, envisioned as independent of government that also was able to identify issues and make recommendations to government, could be more effective at creating positive change for older adults in the province.

One aspect that may have drawn respondents to this option was that this role could have the ability to assist in directing older adults to needed services—an aspect highlighted in desired state and future state forum discussions. In any case, Greenfield et al. (2015) and Menec (2017) highlighted the importance of multi-sector collaboration, no matter the model, to address the concerns of older adults. In addition, this question—frequency of respondents' choices and rankings—again demonstrated how there may be not be one best solution to address the issues of importance to older adults in Saskatchewan.



## Conclusion

Saskatchewan's population is projected to grow over the next 25 years, and one part of that growth will be in the population of older adults. Longterm planning must include consideration of the needs of older adults in the province. Through forums and focus groups, older adults shared their concerns and their vision for the future. These emerged as six themes incorporating transportation, community involvement, accessibility of services, financial considerations, healthcare, and housing. SSM has taken the lead to advocate for older adults across Saskatchewan to ensure their voices are heard. A growing older adult population requires concerted and collaborative effort across communities, organizations, and all levels of government to devise innovative solutions and a comprehensive plan that will maintain, improve, and ensure older adults' quality of life. SSM calls on the provincial government to develop a comprehensive provincial strategy for the older adults of Saskatchewan. There are many initiatives already in existence that need to be brought under the umbrella of a provincial strategy to ensure better coordination and collaboration between individuals, community-based groups, and all levels of government.

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## Appendices

Comparing the issues of concern for older adults revealed a significant relationship between opinion on some issues and the demographic characteristics of respondents (age, population centre, and gender) across all categories. Chi-square tests ( $X^2$ ) were performed on all issues under each category; the significant relationships are described below.

### Appendix A

Hypothesis 1: There is a relationship between the age of respondents and the issues they rank as important.

#### Age and Public Transportation

A chi-square test of independence was performed to examine the relation between age and the importance of getting to medical appointments. The relation between these variables was significant,  $X^2$  (24, n = 1,116) = 47.61,  $p < 0.05$ .

When comparing the actual count of respondents in each age group, it was found that those respondents 85 years and older were observed significantly less often ranking this issue as least important compared to respondents aged between 65 and 69 years who were observed significantly more often ranking using public

transportation for medical appointments as least important.

Another chi-square test of independence was run to examine the between age and the use of public transportation to visit family and friends. This relationship was also significant,  $X^2$  (24, n = 1,084,  $p < 0.05$ ) = 49.35,  $p < 0.05$ .

In this case, respondents between the ages of 80 to 84 years were observed significantly more often ranking visiting family and friends as important, while the average ranking of this issue for all respondents was least important.

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#### Age and Available and Affordable Services

For this category, the chi-square test of independence examined the relation between age and the importance of assistance with yard work and home maintenance. The relation between these variables was significant,  $X^2$  (24, n = 1,116) = 50.62,  $p < 0.05$ .

Those respondents 85 years and older were observed significantly more often

ranking this issue as most important compared to all respondents who ranked this as least important on average.

Another chi-square test of independence was run to examine the between age and assistance with housework. This relationship was also significant,  $X^2$  (24, n = 1,084) = 59.64,  $p < 0.05$ .

In this case, respondents between the

ages of 55 to 59 years were observed significantly more often to rank this issue as least important. Additionally, respon-

dents aged 75 to 79 years were observed significantly more often to rank assistance with housework as most important.

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### Age and Finances

The chi-square test of independence revealed a significant relationship between age and valuing that all services are affordable for those with lower incomes,  $X^2(24, n = 1,084) = 47.61, p < .05$ .

This issue was ranked as least important at a significantly greater frequency by respondents more often by respondents 65 to 69 years of age, while overall, respondents ranked this issue as most important on average.

The ranking providing financial support

or tax credits for unpaid caregivers was found to be significantly related to age of respondents,  $X^2(24, n = 807) = 45.59, p < .05$ .

Here, it was found that respondents 85 years and older were observed significantly more often ranking this issue as important. However, after incorporating the ratings from all respondents, this issue was ranked lowest in importance with those aged 60 to 64 more often observed to assign the lowest ranking.

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### Age and Housing

For the issue of wanting affordable services to enable people to stay in their homes, age of respondent was significantly related to ranking,  $X^2(24, n = 1,149) = 70.54, p < .001$ .

Respondents aged 80 to 84 years were observed significantly more often to rank this issue as most important, with those aged 65 to 69 years observed more often to assign a ranking of least important.

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### Age and Healthcare

For the issue of having access to primary/basic healthcare in the community, age of respondent was significantly related to ranking,  $X^2(24, n = 1,064) = 38.88, p < .05$ .

The age group most significantly observed to rank this issue as least important was 65 to 69 years, while overall, having access to healthcare in the community was ranked as most important on average.

Rank of "Having my needs taken seriously and addressed no matter what my age"

was also significantly related to respondents' age,  $X^2(24, n = 872) = 39.75, p < .05$ .

Two observations can be made for this issue. On the one hand, respondents aged 60 to 64 years were significantly more often observed assigning a ranking of least important. On the other, respondents aged 80 to 84 years were observed significantly less often assigning the lowest ranking to this issue.

### Age and Community Involvement

Age was significantly related to ranking of the issue “reducing the possibility of becoming isolated,”  $\chi^2$  (24, n = 950) = 38.27,  $p < 0.05$ .

In this case, respondents aged 60 to 64

years were observed significantly more often to assign the lowest ranking to this issue, and those aged 80 to 84 years were more often observed assigning a ranking of most important.

## Appendix B

Hypothesis 2: There is a relationship between size of population centre in which respondents live and the issues they rank as important.

This hypothesis was rejected for issues related to finances, housing, and community involvement, but was supported by a significant relationship between population centre and ranking of some issues within the categories of public transportation, available and affordable services, and healthcare.

### Population Centre and Public Transportation

There is a significant relationship between population centre of respondents and their ranking of importance for using public transportation to get to medical appointments,  $X^2(21, n = 1,369) = 49.37, p < 0.01$ .

Respondents living in rural areas with populations under 1,000 people were

observed significantly more frequently to assign a ranking of most important to this issue. In contrast, respondents from large urban centres were observed to less frequently assign a ranking of most important to using public transportation to get to medical appointments.

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### Population Centre and Available and Affordable Services

There was also a significant relationship between population centre and ranking of having access to homecare to assist with medical and personal care,  $X^2(21, n = 1,333) = 52.30, p < 0.01$ .

Again, respondents from rural areas were observed significantly more often to assign a ranking of most important to this issue. Similar to the preceding issue, respondents from large population centres were observed *less* often to rank this issue as most important.

Ranking of “assistance with housework” was also significantly related to respondents’ population centre,  $X^2(21, n = 1,088) = 33.87, p < 0.05$ .

In this case, respondents from rural areas were significantly less likely to assign a ranking of most important to this issue. Additionally, respondents living in medium population centres were significantly more likely to assign the lowest ranking to this issue.

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### Population Centre and Healthcare

There is a significant relationship between population centre and “affordability of all aspects of healthcare e.g. prescriptions,”  $X^2(21, n = 1,205) = 30.91, p < 0.05$ .

Respondents from small population centres

were significantly more likely to assign a ranking of least important to this issue, compared to respondents from large population centres who were more likely to assign a ranking of most important.

## Appendix C

Hypothesis 3: There is a relationship between gender of respondents and the issues they rank as important.

This hypothesis was supported by a significant relationship between gender of respondents and ranking of issues only within the categories of finances and healthcare.

### **Gender of Respondent and Finances**

Gender of respondent had a significant relationship to ranking of importance of the reduction in taxes for seniors,  $X^2(6, n = 1,192) = 14.51, p < 0.05$ .

The greatest effect came from men who

were observed significantly less often to rank this issue as least important, as well as being observed more often assigning a rank of most important to a reduction in taxes. Women were less likely to assign high importance to this issue.

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### **Gender of Respondent and Healthcare**

There was also a significant relationship between gender of respondent and valuing access to primary/basic healthcare in the community,  $X^2(6, n=1,048) = 12.69, p < 0.05$ .

In this case, men were significantly less likely to assign a ranking of least important to this issue even though, on average, having access to healthcare in their own community was ranked as most important overall in this category.

Lastly, importance assigned to being able to access multi-lingual services when needed was significantly related to gender of the respondent,  $X^2(6, n = 265) = 16.85, p = .01$ .

Here again, men were observed significantly less often to assign a ranking of most important to this issue with women ranking multi-lingual services as most important more often.

## Appendix D

Hypothesis 4: There is a relationship between demographic characteristics and what respondents report as the best way to address the concerns of older adults.

### **Gender of Respondent**

This hypothesis holds true only for gender of the respondent. There was a significant, but very weak, relationship between gender of the respondent to ranking of Minister for Seniors as the best way to

address issues,  $\chi^2(10, n=918) = 18.46$ ,  $p < .05$ . Men were observed more often to assign the highest ranking to this option in comparison to women.





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