

**Wellesley Township Seniors' Needs Assessment
Final Report
May 2007**

Wellesley Township Community Health Centre

Completed By:

**Stephanie Ellens-Clark, Student Intern
Wellesley Township Community Health Centre
1180 Queen's Bush
Wellesley, Ontario**

**For Further Information Contact:
Lynda Kohler, Program Coordinator
(519) 664-3794 ext. 249
E-mail: lkohler@wchc.on.ca**

TABLE OF CONTENTS

Acknowledgements

Executive Summary

1.0	BACKGROUND	5
2.0	METHODOLOGY	6
3.0	COMMUNITY PROFILE	7
3.1	Demography.....	7
3.2	Community Agencies Serving Seniors.....	8
4.0	STUDY FINDINGS	10
5.1	RECREATION AND LEISURE ACTIVITIES.....	11
5.2	INFORMATION ACCESS AND AWARENESS.....	16
5.3	TRANSPORTATION.....	19
5.4	HEALTHY LIVING.....	22
5.5	COMMUNITY CHARACTERISTICS.....	26
5.6	ISOLATION.....	29
5.7	HOUSING.....	31
5.8	HOMECARE.....	31
5.9	ACCESSIBILITY.....	32
5.0	DISCUSSION	33
6.0	RECOMMENDATIONS	38
7.0	REFERENCES	41

ACKNOWLEDGEMENTS

We would like to thank Wellesley Township Health Centre staff that contributed their time and energy to guide and provide support for this project. Specifically we would like to thank Karla Wilker, Health Promoter and Lynda Kohler, Program Coordinator.

Special thanks to Dina Etmanskie from the Social Planning Council of Cambridge and North Dumfries who provided guidance and insight into the research process and analysis of the findings.

Interviews were conducted with many local stakeholders, community members and service agency staff. We would like to thank all those who participated for taking the time to be a part of this study.

Community focus groups were successful because of the assistance we had from community group leaders who offered us space and a forum to conduct the focus groups. We would like to thank the following individuals and organizations for their assistance:

Mae Baer
Community Care Concepts
Anne Fowler
Marg Hergott
Linwood Congregate Dining Group
Pondview Residents
St. Clements Exercise Group
St. Clements Golden Age Club
The Women's Institute

EXECUTIVE SUMMARY

A total of 119 seniors from the Wellesley Township Community Health Centre's catchment area¹ have been consulted to gain insights into the needs and strengths of seniors in Wellesley Township. The methods of collecting information for this assessment included in-depth interviews with stakeholders, focus groups and a second round of interviews with community members. Analysis of the results was completed and six main theme areas emerged from the data. These include (1) Recreation and Leisure Activities; (2) Information Access and Awareness; (3) Transportation; (4) Healthy Living; (5) Community Characteristics; and, (6) Isolation. Findings from the major themes will be highlighted.

Recreation and Leisure Activities:

Although a few respondents explained they had plenty of things to do, an overwhelming majority mentioned a lack of recreational and leisure activities or dreamed of a community with more activities. One respondent said "it's kind of dull sometimes...there's not a lot to do especially in the winter months." Many creative ideas surfaced of possible ways to expand community activities. Some examples include the need for a drop-in centre or place to socialize, more computer lessons, and bus trips to plays, shopping and restaurants. Suggestions were also made as to how activities should be designed in terms of timing, location and ways to draw a crowd. It was acknowledged that currently many seniors play cards in the community; as one respondent noted "cards are something that binds a small community". Others are horticultural society members, Lions, members of the Women's Institute, and some attend a monthly congregate dining group in Linwood.

Information Access and Awareness:

Some community members interviewed saw the lack of awareness of services and community activities as the greatest challenge seniors face, commenting that in an ideal world "information would be available to all". While a few participants felt that most knew what was going on, others argued that some are aware and others are not. A definite strength identified was the Township Recreation Guide, where many seniors get accurate community information from. Suggestions were made for advertising strategies and how to raise awareness of services and activities.

Transportation:

The greatest variability existed around the theme of transportation for seniors in the community as respondents explained that "it is and it isn't" an issue for seniors. For those that saw it as an issue, loss of a license was equated to a loss of independence and one participant even equated it to placement into a long-term care facility. Those who cannot drive themselves to medical appointments, shopping and social activities rely on friends and family as well as transportation services from Kiwanis Transit, which was seen as a great strength within the community.

¹ Catchment area: The catchment area of the Wellesley Township Community Health Centre includes the territory within the Township of Wellesley boundaries, and extends to include parts of Wilmot Township and Perth County.

Healthy Living:

Needs centering around fitness/exercise were expressed by participants. Particularly the need for a walking group, a space to exercise and a pool were mentioned. It was noted that people are satisfied with local doctors and the Wellesley Township Community Health Centre was seen as a great strength.

Community Characteristics:

The various churches within the community as well as neighbours and family and volunteers were acknowledged as great sources of support for community members but also a characteristic that makes this community unique. However, people must be cautious not to assume that all seniors have these supports or rely on their help. As seniors move into the community we must be cognizant of how they are welcomed as it was noted that some did not feel a warm welcome when they arrived.

Isolation:

Participants explained that for some isolation is an issue. They discussed causal factors including health and mobility issues, the weather, and choice. Respondents felt that those who are isolated need homecare, visitors and motivation.

The results and final report from the Wellesley Township Seniors' Needs Assessment will be utilized by the Wellesley Township Community Health Centre's Program Advisory Group to further their understanding of the needs and capacities of seniors and as a source of information to direct future programming. The results and final report will also be shared with community partners, members and stakeholders with the hope that programming and service recommendations can be implemented throughout the community.

BACKGROUND

The Wellesley Township Community Health Centre opened its doors to the community in 2005 with the intention of providing programs and services that address a broad range of determinants of health for the agency's mandated priority populations. Seniors, along with rural farm families, families with young children, and youth have been named as the health centre's priority populations. Wellesley Township Community Health Centre in collaboration with other support agencies that serve seniors in Wellesley Township initiated this research to ensure that seniors needs could be addressed through increased knowledge of this population's needs and strengths. The purpose then of this research was to gain insight into seniors' needs so that we (as a community) can be more responsive to the needs identified.

Need, in this study, was conceptualized as the difference between the target state and the actual state. Specifically, the Wellesley Township Community Health Centre's vision for seniors was stated by the Program Advisory Group as "healthy connected seniors living in their community". To build upon this vision, the intent was to have seniors within the study express their wants and dreams in order to identify their vision or target state for the community. Describing the current state allows us to see the resources that exist in the community but comparing the difference between the actual state and needs, wants and dreams (target state) reveals gaps that exists. These gaps can be seen as opportunities for growth that as a community we can work together to address and eventually reduce.

With this conceptualization in mind and the value that seniors are the experts in their own lives, the health centre set out to garner the opinions of a cross-section of seniors residing within Wellesley Township. Over an eight month period, community members collaborated with the health centre's researcher to complete the study contained within. The concrete outcomes of this study are this final report as well as meetings held with local stakeholders. It is the Wellesley Township Community Health Centre's hope that this research can be utilized by community groups, service agencies, and planning bodies to work towards meeting Wellesley Township seniors' needs in the best way possible.

METHODOLOGY

In order to meet the goals of this research of gaining insight into seniors' needs it was necessary to complete three steps or methods to ensure that by triangulating the data all possible answers would be garnered (see methods listed below). The sample consisted of 119 community members with diverse backgrounds in terms of geographic location, varying ages of seniors (50-90), and newcomers and long time residents. An attempt was made to speak with individuals from the various Mennonite groups but only the perspective of the Low German Speaking Mennonites from Mexico was attained.

Key Informant Interviews

Key informant interviews were conducted with service providers and community leaders. The interviews were in-depth lasting approximately one and a half hours and the questions asked were open-ended and broad as the researcher was trying to determine what the important theme areas would be at this stage. Questions simply asked informants what seniors' needs are and what resources exist within the community to meet these needs. This process involved 13 interviews and the snowball technique was used to locate key informants for this section of the study.

Focus Groups

A total of six focus groups were held with 97 individuals participating. An attempt was made to hold the focus groups in geographically diverse locations. In most cases the focus groups were existing groups such as residents at Pondview, the Golden Age Club in St. Clements, the congregate dining club in Linwood, and the Women's Institute. Participants were asked three broad questions which required them to dream about an ideal community for seniors.

Second Round In-Depth Interviews

Once the key informant interviews and focus groups were complete it became evident that themes were emerging and the intent of this stage was to ask different community informants more specific questions to flush the themes out. At this stage nine people were interviewed and a series of 16 questions were asked of them to gain a more in-depth understanding of seniors' needs.

Limitations

Although the sample size in this study was large, the researcher feels that the sample could have been more representative in the sense that isolated people could have been sought out as well as those who do not drive. It is difficult to locate these people and perhaps innovative recruiting strategies could have been used to locate them. Another limitation of this study is that certain focus groups were run with too many people in them and they should have been split into smaller groups. The group may have prevented participants from sharing their experiences. Lastly, due to time constraints the researcher was unable to tape record the interviews and focus groups and instead took notes as the respondents spoke. The researcher feels that the quotes are accurate but if more time was available tape-recording and transcribing the findings would have given the study more rigor.

COMMUNITY PROFILE

Demography

As seen in the 2001 census data, there is a total of 1460 individuals residing in Wellesley Township who are 55 years of age and older, with approximately 49% being male and 50% female. Of these individuals 26% aged 65+ live with relatives while 66% live alone.² There are no long-term care facilities in Wellesley Township and a very limited number of senior's apartments. In addition, there is a lack of both affordable and subsidized housing in the township.³ Where adequate housing and supports are not available, there is a greater likelihood that rural seniors will not be able to remain in their communities and will have to relocate to larger centres where supports/services exist.

The following table from Statistics Canada (2001) outlines income status for individuals 65+ in Wellesley Township:

Wellesley Township Population by Age Group and Income Status, 2001⁴

Age Group	Total Population	Population Above LICO ⁵	Population Below LICO	Population % Below LICO
65-69	250	228.2	21.8	8.72%
70-74	220	200.4	19.6	8.91%
75-79	155	139.4	15.6	10.09%
80-89	100	82	18	17.98%
90 plus	55	41.2	13.8	25.14%
Total	780	691.2	88.8	

As can be seen, the older an individual becomes the higher the percentage of that age group who spend more than 50% of their income on food, clothing and shelter.

Many rural residents feel a sense of connection to their community due to many years of living in the area. People know their neighbours and feel they have both formal and informal social supports.⁶ However, the make-up of Wellesley Township is changing with newcomers moving out of urban areas and commuting into the city for work, shopping, recreation, and social connections. Therefore, there is an effect for both the long-term residents who mourn the loss of their small town connectedness and for the newcomers who may find entering into pre-existing connections and relationships difficult.

² Statistics Canada, 2001 Census, *2001 Community Profile-Wellesley* [Online] Ottawa, Statistics Canada. Available: <http://www12.statcan.ca/english> [Accessed 19 March 2007].

³ Region of Waterloo, Public Health (2006, March). *Rural health: Focus on service access in Waterloo Region*. Waterloo: Miedema, J., & Zupko, B.

⁴ Statistics Canada, 2001 Census, *2001 Community Profile-Wellesley* [Online] Ottawa, Statistics Canada. Available: <http://www12.statcan.ca/english> [Accessed 19 March 2007].

⁵ LICO—Low Income Cut-Offs. Canadians who spend more than 50% of their income on food, clothing, and shelter are said to be in stained circumstances.

⁶ Region of Waterloo, Public Health (2006, March). *Rural health: Focus on service access in Waterloo Region*. Waterloo: Miedema, J., & Zupko, B.

No specific data exists as to the percentage of those 55+ in Wellesley Township who continue to be employed. However, the top employer for males is in the manufacturing and construction industries followed by agriculture and other resource-based industries and then other services. For females the top employer is health and education followed by other services, and then agriculture and other resource-based industries. Perhaps some seniors are presently or have in the past worked in these sectors. In terms of education 47.2% of the population aged 45-64 in Wellesley Township have less than a high school graduation certificate.⁷

Consideration must also be given to the number of conservative Mennonites throughout Wellesley Township. Seniors in these groups typically live with relatives, socialize within their faith-based communities, and use horse and buggy as a form of transportation. Wellesley specific date is not available regarding the numbers of seniors in these various Mennonite groupings.

Community Agencies Serving Seniors

Although there are other agencies that provide services to seniors, mentioned below are agencies that are specifically mandated to serve seniors for Wellesley Township. As noted in the Recreation and Leisure section there are many clubs and groups in existence that specifically have senior membership such as the Jolly Oldsters card playing group in Wellesley or are mainly comprised of seniors such as the horticultural society. These groups and clubs provide entertainment, social ties and life meaning for seniors that attend.

Community Care Concepts

Community Care Concepts is a non-profit agency that provides high quality support services to seniors and disabled adults living in the townships of Woolwich, Wellesley and Wilmot, in order to keep clients living independently in their own homes for as long as possible. The services they provide are: assisted transportation, meals on wheels, homemaking, home maintenance, friendly visiting, lunch date, telephone reassurance and adult day programs. Community Care Concepts are specifically in Wellesley Township on Wednesday mornings at the Wellesley Township Health Centre. They can be contacted to book an appointment at their office at 669-3023 or 749-0784.

⁷ Statistics Canada, 2001 Census, *2001 Community Profile-Wellesley* [Online] Ottawa, Statistics Canada. Available: <http://www12.statcan.ca/english> [Accessed 19 March 2007].

Alzheimer's Society of Kitchener/Waterloo

The Alzheimer Society of Kitchener-Waterloo exists to provide:

- Support services that include but are not limited to a Volunteer Companion Program, the Safely Home Program, support groups and a cuddle bear program
- Information and education activities that include but are not limited to a resource centre, training series, specialty workshops and a newsletter

For family education and support call Lynelle Drudge, Family Services Coordinator at 742-1422.

Community Care Access Centre

The Community Care Access Centre provides a single point of access to community care and long-term care placement for individuals. The CCAC provides case management services to assess care needs, coordinate services, and provide information and referrals. Community members can refer themselves or others by calling (519) 748-2222.

Kiwanis Transit

Kiwanis Transit provides a wheelchair accessible transportation service to seniors (65+) and the physically and mentally challenged within Wellesley, Wilmot, and Woolwich Townships. This service is available Monday to Friday from 6am to 6pm and is provided for medical appointments, employment, shopping, visiting, social activities, school, therapy and meetings. Transportation requests should be booked a minimum of 48 hours in advance by calling the transit office at 669-4599 or toll free at 1-800-461-1355.

STUDY FINDINGS

The following section includes the findings from the Wellesley Township Seniors' Needs Assessment. Six main theme areas emerged from the data and these include: (1) Recreation and Leisure Activities; (2) Information Access and Awareness; (3) Transportation; (4) Healthy Living; (5) Community Characteristics; and, (6) Isolation. Three secondary themes are also discussed following the main themes. As this is a qualitative study the number of responses cannot be quantified but the themes are discussed in the following order because of the frequency of comments that arose in the particular theme areas. The theme sections are formatted to begin by looking at the overall theme generally and then moving into sub-sections that categorize the data more specifically. The intention was to draw out community strengths and capacities but also discuss challenges and opportunities for growth (recommendations) in which community resources could be better utilized to meet the identified needs and close the existing gaps.

It is important that the reader recognize that the comments made were dependent on the perspective of the person who made them and these perspectives contain a different life history, interests and knowledge. Researchers have proven numerous times that as individuals age the more heterogeneous and different they become. Therefore, it is necessary to acknowledge this point when reviewing the findings of this study as consensus could never be reached on a particular theme and thus, variance exists within each theme area.

One other noteworthy finding is that although the researcher represented the Wellesley Township Community Health Centre, participants did not dwell on health in the traditional sense of medical needs as may be expected. Instead respondents conceptualized and maintained a broad view of health and spoke of things considered determinants of health such as recreation opportunities and information rather than physical health.

RECREATION AND LEISURE ACTIVITIES

An overwhelming number of respondents identified aspects of recreation and leisure activities as strengths, challenges and opportunities. Overall, a small number of respondents explained they had plenty of things to do and felt that most people are active. One person interviewed explained that having your own place to look after keeps you busy during the day. Others indicated that there are a lot of activity opportunities available (as discussed below in the subsections games, social, and one-time events) but some people are not participating.

"There's a lot to do, it's what you make of it...you can lead a horse to water but you can't make him drink."

"People have to be willing to try activities."

"How do we motivate people? They have to feel that they want to do it."

Although some perceived there are many things to do a large percentage of respondents indicated otherwise. In focus group sessions participants indicated that they dreamed of a community with more activities and some respondents saw a lack of senior focused activities as the greatest challenge seniors in the community face.

"It's kind of dull sometimes...there's not a lot to do especially in the winter months."

When asked what seniors are doing presently for recreation, one respondent answered "not a heck of a lot."

Another respondent explained that the township has historically invested heavily in youth and expanding their recreational opportunities. "There has been little focus by the township to provide recreational opportunities specifically for seniors."

According to one participant "seniors are looking for something to do, looking to get out of the house."

Games

Playing Cards

A definite strength and common activity identified by senior community members was card playing. Those interviewed mentioned card playing groups or clubs in existence: The Jolly Oldsters in Wellesley, the Golden Age Club in St. Clements, cards at the condominiums and community centre in Linwood, the Pondview group, and informal groups as well.

"Cards are a main pastime. This is a card playing area. We like playing cards."

When asked what recreational activities seniors within the community are doing presently one respondent recounted their weekly card-playing schedule. "I play cards on Tuesday afternoons and on Thursday nights at the condos. I also drive into Elmira to play euchre once a week."

The social aspect of playing cards was identified by some, indicating that playing cards provides a venue for interaction and that certain clubs are close -knit groups.

"Cards are something that binds a small community."

As demonstrated above, card playing was seen as a strength by many but some mentioned the need for "more to do then just play cards." One respondent when discussing life purpose said "what else do people do if they don't play cards?" Others interviewed expressed the social challenges with card playing: "It is the same people that attend these card playing groups." Another respondent said, "If you play cards you are not allowed to talk."

Although one participant indicated that they want to strictly play cards and nothing beyond that, others expressed that card playing groups should be expanded upon to play a variety of games or do something more than play cards.

Other Games

Other games beyond cards that seniors are currently participating in include attending local baseball games, crokinole, curling and shuffle board. When asked what activities seniors would be interested in participating in or the focus groups dreams for the community question, mention was made of the desire to bowl, play ping-pong, darts, board games, puzzles, slot machines and lawn bowling. Some acknowledged the need to play a variety of games and others suggested that games should be held at the community centre for a low cost to rent the space.

Clubs

In addition to the card-playing groups that are meeting regularly many noted clubs that are a strength in the community. For example the Lion's Club, Women's Institute and the Rod and Gun Club (Linwood) were mentioned as groups that bring people together and sometimes do activities such as crokinole. A few informants mentioned quilting groups that exist, however, some noted if you cannot quilt you cannot attend. The horticultural society in Wellesley was noted by many as being strong as they draw 80-100 people "from all walks [of life]" to their meetings. A few participants discussed the seniors' club/woodworking workshop in Baden as a strength with many attending, however, to attend one must be from Wilmont Township.

Social

One could argue that all leisure and recreation activities have social components but certain comments were made directly relating to the importance of being social and social aspects of activities. Some of the clubs mentioned above were categorized by respondents as social groups and one respondent noted that "every town has social things." When asked what seniors needs are in the community respondents indicated that more socializing/interaction is needed.

"People need to talk to each other and socialize more."

"I'd like to get around and socialize more in the daytime."

"People need to keep in touch."

At one focus group when the participants were sharing their dreams for the community, it was agreed upon that a social club and more seniors' gatherings would be existent in an ideal world. One participant indicated that at seniors' gatherings there would be an opportunity to talk about the "good ol' days."

Currently, the seniors' congregate dining program in Linwood was cited by many as a success, providing an exceptional meal monthly as well as a venue to socialize. According to one senior, the 40-45 people that attend must make up at least 50-60% of the seniors in Linwood. It was suggested by individuals not living in Linwood that perhaps others from surrounding areas could attend the Linwood event, carpooling or arranging some form of transportation. Another respondent recommended that the congregate dining program could be a venue for other social events.

Although some churches have coffee hours and certain towns have coffee shops, it was noted by those without a local coffee shop that this is what is needed.

"In Linwood there is not a coffee shop to go to and shoot the breeze. You have to go over to Anna Mae's in Millbank."

"There is no meeting place."

"We need a place to get together."

Schmidtsville Restaurant in Wellesley was mentioned as a strength by many as it provides a place to gather and socialize. The need for a meeting place was echoed by numerous respondents. In an ideal world, participants said there would be some form of a drop-in centre to provide the space for social interaction and recreation activities to occur. Suggestions that the community centres could be this venue were common. It was noted that the community centres are not typically rented during the day and perhaps could be rented at a minimal fee.

One-Time Events

The Apple Butter and Cheese Festival in Wellesley and the Snofest in Linwood were mentioned by some as community strengths that seniors attend or help to organize.

"The Apple Butter Cheese Festival is our success story. This event brings all people together."

Many interviewed suggested that in an ideal world bus trips to various venues would be offered and depart from the community. These events could be one-time daytrips to the theatre, horse races, hockey games, the Casino or shopping. One participant even mentioned hosting mystery bus trips where those participating are taken to a surprise location. Another suggestion was to have a monthly dining club where members are bused to various dining location in Southwestern Ontario.

Education

Some respondents stressed the importance of continuing to learn and for the community to provide learning opportunities for seniors. One respondent discussed the importance of recreation and leisure program coordinators to recognize that "crafts are not the biggest deal". The respondent continued on to explain we have to get beyond the perception that seniors want to just do crafts. Instead programmers and groups should have guest speakers, and show slides and movies.

The local libraries were seen as a strength in the community, with many people using the services they provide.

One participant said "I go to the library and use the computer to keep my mind sharp."

The computers at the libraries were seen as a great resource and some indicated they had taken computer lessons at the library. Although there was some confusion about whether the library still provided these lessons. A computer course is also run at the Baden Seniors' Workshop for those in Wilmont Township to attend. It was suggested that there is a need for the library to have someone come in and teach seniors how to use the computers. To draw seniors out to these lessons the library should say in their advertisement "that you don't have to be a rocket scientist to run a computer."

Other suggestions for the library that were garnered include: scrap booking sessions where participants are taught how to scrapbook but also how to enlarge pictures on the computer; sessions to learn how to search one's family tree; and, a book club for seniors.

Design

Participants were asked questions relating to design of activities to provide design recommendations to those who run activities and programs. Many respondents discussed the structure of activities in terms of leadership, groups, timing, incentives, and fee structure. It was mentioned that in order for recreational programming to be successful there has to be a leader. Participants acknowledged that the leader does not have to be a senior although this is sometimes preferred. Another important point that was made is that not all people like groups and some prefer a smaller group. For those who prefer smaller groups the larger group could be broken down into smaller activity groups, and for those that do not prefer structure, things such as chess or computer courses could be offered.

Consensus was reached that activities should not be offered at night and should be offered in the early afternoon or mid-morning. Also, it was agreed upon that sessions should be for shorter periods of time, an exact time was not given. What was up for debate was how often it should be offered. Some said not every week others said two times a week. One person suggested that a program could be offered at two different times in one week to provide some flexibility if participants have other commitments. Very important to service design was the finding that incentives should be offered to get seniors to attend. It was suggested that "dinner helps to get attendance up" as do prizes and free entertainment, including guest speakers. Participants indicated that activities have to be fun and exiting and perhaps even something different has to be offered to create a buzz. Lastly, a few respondents made suggestions about fees and recommended that to get people out there has to be either no fee or a very minimal cost.

As mentioned earlier in the Social sub-section, numerous participants spoke of the need for a central location to meet. Respondents were asked where services and activities should be located and the response was often "in a central location" or "close to home". This is extremely difficult to find a common central location as everyone lives in a different part of the township. One participant suggested that you "look at a distance people are willing to travel: it has to be a site that is particular to each person." Many recommended using the community centres, churches, schools and meeting rooms of senior housing complexes as places to run programs. Finding the ideal location will be near to impossible, and to combat this fact, agencies could have traveling services or ensure that transportation is available to participants to ensure they will attend.

INFORMATION ACCESS AND AWARENESS

Although the theme of Information Access and Awareness did not appear as frequently as the above mentioned Recreation and Leisure, the overwhelming majority of those asked indicated that seniors do not know what is going on within the community. Just as variability exists in each theme area, there were some respondents that indicated that they personally know what is going on and so do others. It is logical that there is a mix of awareness levels, with some individuals replying that people know what is going on if they really want to and others expressing that they are not sure what is going on.

"Maybe there are programs going on that people are not aware of."

In focus group sessions participants expressed that in an ideal world "[we would] know what is going on"; "information would be available to all"; and, better communication would exist between service users and providers. One participant noted that this critical link is often missing with local citizens being unaware of what agencies and the township have to offer. Some suggested that this link may be missing because of the reliance in a small town on informal networks and tightly –knit church communities that often "do their own thing." It was also acknowledged that awareness goes beyond knowing about a service, meeting or group, but it also includes the logistics behind each service and meeting such as location, eligibility, and time.

"[People] don't know about services and what steps to take."

"Some people just don't know where and when."

Recreation Guide

The Recreation Guide that the township produces is seen as a strength within the community and the place where most people, in this case seniors, get their information. Participants cited the fact that everyone receives the guide as a key factor to its use. Some suggested that the guide should be promoted at the spring home and garden show and the fall fair, and that stands should be placed at the service centre, restaurants, and the bank. Beyond distribution participants suggested that the guide could be improved upon to be more user-friendly with larger print and less details. Perhaps a seniors section could be included that would incorporate all of these design suggestions.

Current Information Access

Beyond the recreation guide, seniors are currently accessing their information from print sources, person-to-person, and through the church. However, one participant indicated that overall "there is a lack of publicizing of events and people don't come to meetings." Print sources discussed mainly included the local newspapers, such as the Elmira Independent, use of posters on community bulletin boards in businesses and public spaces, and flyers or newsletters delivered to residents homes or mailboxes, such as the health centre's newsletter. A few participants mentioned the Wellesley community website (www.weare.ca/wellesleytoday) as a current source for information but in one focus group consensus could not be reached by participants about whether or not seniors use the internet.

Despite the availability of print media, some argued that "not a lot of people read the paper" and there is not a newspaper specific to the area. Person-to –person information access occurs at various points and from both informal and formal sources. Some indicated that they hear of other events at clubs they attend such as the rod and gun club or from formal sources such as health nurses, with one participant noting "that they are a good source of information." The same person explained that credit union representatives often are an access point for information. Others noted that they receive information through direct phone call invitations or the "good ol' gossip chain", although inaccurate information can be received.

Just as varying opinions exist surrounding other topics discussed in this study, so too does the topic of information accessed by word of mouth.

When asked to make recommendations for how things are advertised and knowledge transferred, one participant said that "word of mouth seems to be working pretty good."

Another person disagreed and noted their frustration with word of mouth as you "have to be part of the in crowd to know what is going on or to be invited", thus, leading to exclusion of certain community members that may be new to the community or not as well connected as others.

The churches were also seen as a great source for community information. Some have outreach programs and other advertise outside events in their bulletins or announce them during services.

Information Access Design Recommendations

Many design recommendations were made pertaining to advertising and information access. Some suggestions such as advertising in church bulletins, phone chains/phone committees, and posters on community bulletin boards already are currently used, as noted above, but these methods are seen as successful approaches

and perhaps should be utilized more. One participant said that in an ideal world "I would get a phone call to let me known what is going on." Again, use of print materials such as newspapers was recommended; however, suggestions included advertising in the Observer, having a newspaper specific to the township such as "Wellesley on the Pond" which once existed, or having a community section within the newspaper which advertises local events.

An overwhelming number of people discussed the value and effectiveness of direct mail outs. Some suggested that these mail outs contain program and service information, including logistics, and even programs from other areas such as Elmira. These mail outs could work to remind and/or clarify where resources are available and could be particularly useful for newcomers in the form of a letter of introduction. Although the recreation guide (discussed above) includes a section on local services, perhaps a direct mail out to seniors just of services and resources (a guide to services) may be easier to use.

Suggestions were also made that rely on person-to-person contact in order to access information. Again, the suggestion of using existent venues to advertise such as the horticultural society arose. But to expand upon this the recommendation was made that agencies promote or educate seniors about their services through somewhat of a traveling road show. The participants at the Pondview focus group thought it would be an excellent idea if various agencies would come to Pondview to do presentations to explain their services and this could be replicated at congregate dining groups or card groups. A few informants took this a step further and suggested a seniors' weekend or fair at the community centre with guest speakers and agencies with information booths set up. It was also noted that this would serve a great purpose for newcomers as well who are interested in learning what is available.

A number of individuals described creative suggestions that centred around the idea of having a central contact person or source of community information that could be accessed by community members. Suggestions came in many different forms, including a tourism/information office, a volunteer information coordinator, realtors acting as an information source to newcomers, a community liaison at the health centre, and, a key informant at each church. According to participants, if this concept is to be used it should be easy to use and well-advertised and could also perform an outreach role if key informants within the community contact the liaison and indicate that someone within the community needs information. It was suggested that perhaps the township is a central information source as described above but people are not necessarily aware that they can call the township for that purpose.

Lastly, overall suggestions were made relating to advertising and those include communicating clearly and in simple language; use larger print; "learn to speak in terms of the other"; focus on activities; and, include how participants will benefit from the service or program whether that is a health benefit or enjoyment.

TRANSPORTATION

Perhaps the most variability exists in the responses around the theme of transportation. When asked if transportation is an issue for seniors within the community, one participant eloquently said "it is and it isn't." For those who did not feel transportation was an issue they indicated that most seniors within the community can drive and if they cannot friends or family will assist them.

"One respondent said "no...I drive. I'm sure there are some who don't drive but their family looks after them."

"Most have automobiles and go to different things like Tim Horton's or shopping."

"Transportation is not an issue. Most people can get around."

In contrast, others expressed that transportation is one of the greatest needs for seniors within the community. According to some, this loss of a license or inability to drive leads to reliance on friends and family for transportation; if they do not seek alternative sources of transportation they are limited to the immediate community in which they reside; it may contribute to isolation or a loss of independence; and, in some people's perception lead to relocation into a long-term care facility.

"Transportation is needed to get to what you want to get to. Right now those without [a license or a car] are limited to the community."

"People loose their license in their 80's and that is their independence."

"Most of the time you will find that when you don't have a car you go to a nursing home."

It is difficult to determine how big of an issue transportation is for seniors within the community as it is difficult to get a representative sample that includes those who do not drive. A few participants interviewed indicated they did not drive, with one person saying that "I have no way of getting to events."

It was also mentioned that transportation needs to be reliable, affordable and accessible, and if services and programs are intended to be accessible, transportation should be available for participants.

Where Transportation is Needed To

Those interviewed were asked to indicate destinations that seniors needed transportation to and the three locales noted were medical appointments, shopping and social outings. Some noted the quandary that often exists as "people must go to

appointments for specialists that are often out of the region and transportation is difficult to arrange." In terms of shopping as a destination, it was discussed that although there are shops available within the township you are often required to go out of the area and into the city for things such as clothing. Social, recreation and leisure activities are held at locations further than walking distance for most, so those who would like to attend or visit a friend's house must have a way of getting there.

"We need transportation to social events to keep in touch."

At one focus group participants said that a dream for the community is to have transportation to offsite [or out of township] events. "There is no need to duplicate services that already exist rather provide transportation to existing things." Transportation available to local seniors' centres was mentioned or an indoor pool in another town. This comment ties into the concept of having bus trips discussed above in the One-Time Events section for the Recreation and Leisure theme. It was suggested that perhaps a bus could go on monthly shopping trips into the city.

Mode of Transportation

For those who do not have access to a vehicle or unable to drive, Kiwanis Transit and volunteer drivers may be utilized. One way to determine if transportation is an issue for seniors within this community is to look to the shear number of people accessing Kiwanis Transit, a non-profit transportation service for those with limited mobility. When speaking with a representative for the agency it became clear that their ridership has increased extensively over the past few years. Kiwanis Transit was mentioned by numerous individuals interviewed and it is seen as a great strength within the community. It was noted as being efficient and as an essential service. However, participants noted some opportunities for growth that the agency could choose to tackle.

In connection to the theme discussed above of Information Access and Awareness, it appears that some are not aware of Kiwanis Transit and the service they provide and others that are aware explained that others do not know about the service and that a lot of confusion exists about the logistics of the service.

"People don't know about Kiwanis [Transit]. When does it run? How does it work?"

One key informant interviewed explained that Kiwanis Transit could only be used by those who are physically disabled which is not the exclusive eligibility criteria to use their service. Any senior 65 years of age or older would be eligible to use Kiwanis' transportation service. This misconception creates confusion and may deter those eligible of using the service from accessing it. Another potential deterrent for some is the cost for use of the service. Although it is subsidized, seniors who are on a fixed income may refuse to use the service even though they may need it.

Suggestions that arose for Kiwanis centred around the expansion of hours. In one focus group session, expansion of hours of service for Kiwanis was mentioned as a dream seniors have for the community.

"Kiwanis Transit is amazing but it is not available on weekends and evenings."

"Kiwanis is run at certain times and days which are not necessarily the right times."

Other suggestions or areas for growth mentioned included the need for transportation for smaller trips or within town service, especially in the winter months which makes it difficult to walk even for a few minutes down the sidewalk. Perhaps, this need may be better met in another form than transportation service by Kiwanis Transit.

Volunteer drivers are often used within the community whether they are more formally organized in the form of a drivers list or simply through the request of a friend. A few participants mentioned a list that they had that they could call through to find someone to drive them. These are excellent supports but not all seniors within the community may feel comfortable asking others for a ride. For those who do, it was suggested that carpooling be used more frequently to get to events and services.

A number of participants discussed the potential of a transit system within the township. It was noted that a transit system is needed but that it does not necessarily mean a bus, as this may ruin the small town feel that currently exists. A passenger van may be appropriate for the size of the community and the ridership it will be likely to receive. Other design recommendations for this service included points about the cost to ride the van/bus. Participants said that in order for seniors to use this system the fee would have to be the same as the rest of the Region or no fee at all. Key informants interviewed indicated that the Region of Waterloo is currently looking into the prospect of having a transportation system for the township but they will be completing a study prior to making their decision about the feasibility and design of the system.

HEALTHY LIVING

Although health needs and strengths did not come out as the most frequently discussed theme within the study, they were discussed by many, and one focus group expressed that their number one concern was health issues but did not go into great detail about their health needs. The concept of health was discussed in a more holistic fashion in that it did not focus strictly on the body or medical services but rather much was said about physical fitness and nutrition. One participant said "people need to realize that you have to work at being healthy" and others must agree as they spoke at length of the need for more fitness/exercise opportunities.

Fitness/Exercise

Although fitness and exercise were mentioned at length, only one individual interviewed saw exercise as the greatest challenge seniors within the community face. Another participant indicated that "there is little to nothing for physical recreation. There is a need for more physical activities like a sports league for old-timers." Other comments centred around particular needs as they relate to fitness: walking, a space to exercise, traditional forms of fitness such as classes and equipment, and a pool.

Walking seemed to be mentioned as a popular activity but also suggested as something that could be enhanced upon. Currently, people indicated they are walking on existing walking trails within the community, which are seen as a strength, and some are even walking in a parking garage. When asked to dream what an ideal community would have, many focus group participants indicated either an indoor walking track, a walking group or more sidewalks.

"I dream of a safe walking path and more sidewalks so I don't have to walk on the highway."

Respondents explained that an indoor walking centre or track would provide a safe place to walk where falls may be prevented. It would also provide a place to exercise in the winter when many of those questioned acknowledged that they are unable to get out of the house. The many individuals that mentioned a walking group did not explain why they would like that format but it is likely because of the social aspect and the encouragement that you would receive from the other group members.

It was noted that in some of the towns within the township there are fitness centres that exist either at the community centre or as a business. However, participants indicated that more places (physical space) are needed to exercise at.

"There is no place to exercise when it rains or is cold."

"What is needed is a recreation area that is central."

"People would be interested in a place with some exercise equipment that seniors can handle: for example, a treadmill or easy to operate stuff."

"I dream of a fitness centre with Pilates and fitness for differing levels of abilities."

Clearly a space to exercise ties into what actual exercise will be completed at the facility. Other comments were made about traditional forms of exercise such as classes or equipment. Participants said that there would be community interest in low impact exercises whatever format that comes in. Currently, there are low impact exercise classes being held in St.Clements and the instructor explained that the key to success is explaining the exercises as you go and making it fun. Another participant explained the importance of modifying activities whether it be exercise or something like darts or horseshoes. One individual discussed how fitness classes are not for everyone, and perhaps another event such as dancing classes could be run that will give people the benefits of exercise in a format they will enjoy.

Lastly, a number of participants indicated that a local indoor pool is what is needed for seniors as many wish to swim for exercise. Currently, the local pools are not operated year round and this provides a challenge as many seniors are unable to exercise in the winter. It was suggested that perhaps transportation be provided to an indoor pool within the city to meet this need.

Nutrition

Nutrition was briefly mentioned by some participants who indicated that a need or issue for seniors within the community is proper eating.

"My neighbour eats headcheese often and gets sick. I drink milk that is too fatty."

Beyond this sometimes people do not feel like cooking for themselves so they do not eat or eat very little. It was noted that meals on wheels are available and are a definite strength within the community.

"The meals are affordable, taste good, and are good sized portions."

Meals on Wheels are an excellent option but some still wish to cook for themselves and suggested that healthy eating seminars or cooking classes would be helpful.

Health Promotion/Education

Participants indicated that health education opportunities such as the healthy eating seminar mentioned above would be well attended and is a need within the community.

"When it comes to health we are stuck in an educational rut."

"We need to know more about prevention or how to improve a current condition or loss."

As noted in the education section of Recreation and Leisure, participants indicated that they are willing and interested in learning new things. Potential topics to be covered could include smoking, nutrition, cholesterol, diabetes or prevention of chronic illness. Seminars should be interesting and fun and could include films.

Access to Medical Resources/Services

Many respondents noted the family doctors that are at work within the township as a definite strength. One respondent said that doctors are not always available but this was not explored any further for meaning. Some noted that people don't talk to their doctors so it is difficult for their doctor to help them. Others noted that they were aware of some who were having issues with medication management and compliance and perhaps this is something that needs to be addressed. Others discussed the need for more laboratory services available within the township and the distance to the hospital was noted as well.

The Wellesley Township Community Health Centre was frequently mentioned in discussion of current resources available to community members. The Health Centre was seen as a great strength within the community with many community members using the services offered.

"The health centre is a strength within our community because of their wellness philosophy and outreach they provide."

"A lot of people use it [the health centre] and there is a variety of disciplines that work out of the centre."

"One shop meets your needs....it's tremendous and the staff is very professional."

Other features of the health centre that people noted as being strengths are the diabetes program, the foot clinic, the rural health worker, and health sessions that are run. One focus group said that a dream from them is to have a health centre right in their town so they did not have to travel to Wellesley or St.Jacob's which spurred the

idea that perhaps the health centre should do traveling services such as a foot clinic in St.Clement's once a month.

Despite this positive response, it is important to note that respondents also indicated that the health centre presents a challenge for those who have had a good family doctor for a number of years that they do not want to give up to become a registered client at the health centre.

"People are afraid to give up their doctor."

"The health centre is great but people don't want to leave their doctor."

"The health centre is difficult to use if you don't change your doctor."

These last comments tie into a suggestion made by one participant about information provided to community members about the services available at the health centre. There are some services at the health centre that can be used by unregistered community members. What is needed is a list of services available and who can access each service (registered or unregistered) to clear confusion about eligibility.

COMMUNITY CHARACTERISTICS

Perhaps what sets the township of Wellesley apart from other communities is the small town feel and connection that exists. Participants were often proud of their community and were able to see many strengths that exist but they also recognized how the community was changing.

"A strength is Wellesley's uniqueness and we don't want to lose that by going too modern."

"The community is changing. There used to be a small town connection where people looked after each other but now families are dying or moving."

The focus of this study was not to explore whether small town connection exists anymore but rather this theme came to exist because of the overwhelming number of comments that centred around support from the church, neighbours and family, volunteers, and the degree to which the community welcomed newcomers. The following is an examination of the above mentioned characteristics of the community.

Support from the Church

The various churches within the community were seen as a great strength and source of support for community members. One informant from the Low German Speaking Mennonites from Mexico said "the church-they always have the church." Another participant commented on the church providing community in the form of social contact but was dismayed by the fact that the church is not attended as well by younger generations. This person did say that "seniors still use the church as community." It was noted that some church groups are very active and visit people within their congregation who are unable to get out, again providing support for community members. The question was raised in an earlier section about those who are not a part of a church-who do they receive support from? Many suggested that service agencies collaborate with churches for various purposes. There are opportunities to advertise services, use church space and work closely to identify people who may need a service, and, the church may appear to be a less intrusive way of helping a community member.

Support from Neighbours and Family

Just as the church supports community members and is seen as a strength, so too are neighbours and family members. Neighbours and family members help out older community members by driving them to events, completing tasks such as shoveling or mowing the lawn, paying a visit or phoning to check in. Pondview community was specifically drawn out by some who discussed how this housing

arrangement is ideal because people from this 'community within a community' look after each other and provide social support at monthly gatherings.

"One thing about a small community is that we help each other out."

"People are very well looked after."

"Families look after their own."

As this is very encouraging it is also very dangerous to assume that all people have family living close by or neighbours that will help them. It was noted that some people are not willing to ask for help from their neighbors or from more formal services and may be in need but do not receive the needed help because they do not like to bother anyone.

Volunteers

Volunteers within the community including senior volunteers were seen as a strength existing in the community. They are an important characteristic to the make up of the community and provide the needed supports for many people and programs. Participants noted that there are a lot of volunteer opportunities but that not everyone was sure how to find out about these opportunities. One informant said "I am not sure where to start looking for volunteer opportunities." Others noted the difficulty in trying to recruit volunteers as "people are scared away by the responsibility of volunteering." One participant suggested that some do not see what they can give and what we need to do is encourage individuals to volunteer by acknowledging and saying that "each individual has strengths and abilities and they should share them with others by volunteering." Perhaps mixing this message with supports for volunteers such as the idea of matching each volunteer with another volunteer would encourage more to volunteer.

Openness to Newcomers

Participants noted that there are seniors moving into the area to retire as well as younger seniors (50-60) that eventually will age within the community. How will these newcomers be treated? Again variability exists around the construct of openness to newcomers in the community. A few newcomers were interviewed in this process that represent different opinions on how they were welcomed.

One informant said "as a newcomer I just melded in. People are so friendly. It is easy at Pondview because here we have events."

Another particular newcomer interviewed, who has now lived here a number of years expressed their feelings on their experience: "Newcomers aren't welcome. There is a narrow-minded expression of hospitality. The Wellesley mindset is that we are Wellesley seniors and no one can join us unless they do what we do. [...] People who aren't born here face barriers. We need to find something that unites us all...find out why they [newcomers] chose Wellesley."

It was also noted that newcomers have difficulty in finding out about services and events that occur within the community. One newcomer said "when you move into the community you're not in the loop...you don't know the resources or practical services." Another acknowledged that a gap exists in how newcomers find out what is available to them. Perhaps this gap could be narrowed by suggestions that were recommended to connect newcomers to the community. The general consensus appeared that people felt that something should be done to welcome newcomers to the community and perhaps a community strategy for welcoming newcomers should be created. It was noted that currently a connection is being established with newcomers through welcome BBQs, the welcoming committee and the recreation guide that all residents receive. Suggestions for further actions to welcome newcomers include: establishing a welcome wagon, visiting newcomers, when people move in they are given a package with all the services available, mailing a letter of introduction, hosting quarterly welcome meetings, real estate agents advertising agencies' services, and having a seniors/newcomers fair as mentioned in the Information Access and Awareness section.

ISOLATION

Again this is another topic that is difficult to quantify or gauge as it is almost impossible to locate those who are isolated within the community and it is hard to come to a common definition of isolation. No one interviewed out-right identified that they were isolated but spoke of being lonely sometimes or of others they knew of or speculated were isolated. About half of those who commented on isolation said it was not an issue and the other half felt that it is.

When asked if isolation was an issue for seniors within the community one respondent said "no...I don't know ones that don't get out. Most seniors are mobile."

Another said "no, don't hear of anyone. We look after them."

"No isolation is not an issue because most people have automobiles. If you have your license and can drive isolation is not a problem."

For those that felt isolation was a problem, some said the greatest problem, indicated that connection to other community members was how they defined the concept of isolation.

"Isolation is an issue if you are not part of the church community or a service club."

"The one's that are connected are really well connected, the ones that aren't are very isolated."

"We often see the ones that get out...what about those that don't."

This last quote raises the point that if these individuals exist they are virtually invisible and difficult to reach if we are not aware who they are. Some commented that they estimate that there are only a small number of individuals within the community that are isolated but again this is difficult to determine.

Causal Factors

A few of the comments above hinted to the causal factors for isolation such as lack of transportation or no longer being able to drive. These are important to examine from the perspective of the population as they may be indicative of why isolation occurs and what factors can be protective for seniors within the community. Continuing the previous discussion on informal supports and social ties, respondents attributed isolation in part to family living at far distances or due to family dynamics and schisms that have occurred. One participant explained that isolation is an issue for "those who are not church oriented or those who are widowed." Another noted that "some have friends that come to them but some don't like to ask neighbours for help." Interestingly,

one respondent included "community assumptions that churches and family are reaching them" as a cause or precipitating factor of isolation and as mentioned earlier this can be a dangerous assumption.

Health and immobility issues were also cited as causal factors for isolation. Physical, as well as, mental health issues were discussed. One individual said "isolation could be caused by dealing with a loss or deficit. For example, if someone can't hear they may start to pull away from activities because of embarrassment or frustration." One participant explained that those who are immobile may not be willing to do activities perhaps because of embarrassment or perhaps because of inaccessibility of activities or inability of the individual to complete the activity. Immobility may also become an issue only for the winter months in which often people feel they cannot go outside because of their health and safety and this can cause them to be isolated in these winter months. When asked what you do in winter, one participant said "hibernate".

"In the winter or rain, we worry about falls. We want to be able to not go out."

"Winter is more of a problem because of mobility, driving, no outdoor activities and this may lead to isolation."

Others felt that isolation was a choice in some cases and that we "have to put the onus on seniors." It was noted that some people like to be alone but it is then difficult to say if those individuals are in fact isolated. One respondent explained that "isolated people can get narrow-minded in their thinking" and perhaps this narrow-mindedness prevents them from seeking help or contacting others for social connection. Beyond it being a matter of choice, a few individuals noted that isolation may be caused by a lack of stimulation or "a lack of things to do locally."

Needs of Isolated Individuals

The majority of the following responses were garnered by asking respondents about what isolated individuals need. Again, this is the perspective of third parties and to gauge a completely accurate answer to this question isolated people would have to be located and interviewed. There was one comment made that isolated individuals need transportation and a number who indicated that what is needed is home-care which will be discussed below under the theme area of Homecare, but a large number of those who commented on what isolated people need spoke of motivation and encouragement.

"They need someone to tell them what to do. They have to feel that they want to do it."

"Those who are isolated need someone to motivate them, convince them they'll have a good time."

"Those who are isolated need encouragement to get involved, a welcoming attitude, letting them know we want them to participate, showing them the benefit of getting involved."

Others suggested that the lack of information about events may keep people from attending, so what isolated people need is information about activities. Perhaps, they could get this information and social connection from a friendly visitor or buddy who comes to their house to chat but also to provide a check-in to ensure that the individual is ok.

HOUSING

The secondary theme of housing arose in some occasions in which focus group participants explained that their dream was to stay in their house for as long as possible. Participants could not agree about whether Wellesley Township currently has an appropriate mix of housing or an acceptable supply of housing stock. As this is not an inventory of the current stock available, it will just be noted that respondents saw senior-specific housing such as Pondview as a great strength and felt that more of this style of housing such as seniors' apartments where activities could be run as a dream for the community. Similarly, people noted the dream for a long-term care facility within the township so that residents do not have to go to other areas for a room. Concern was raised over affordable housing that has not been kept up to standard where safety has become an issue. Affordability of housing in the community was also raised as a concern as it is difficult for seniors to downsize due to the cost of buying a townhouse or an apartment in a senior-specific community.

HOME CARE

As noted earlier in the section on Isolation, homecare is seen as a need within the community. In a focus group session one participant noted that a dream of theirs is "a support system to allow seniors to stay in their own homes providing things such as lawn care or a check-in system." Homemaking that is needed extends beyond personal care but includes things such as cleaning or grocery shopping. Community Care Concepts who provides homemaking services was noted numerous times as a strength within the community. They are also responsible for the Meals on Wheels program which was seen in high regard as noted above. Some mentioned the Community Care Access Centre (CCAC) as a strength but challenges have presented themselves in the area of homecare. It was noted that it is difficult to find workers to fill the positions and the CCAC is limited in the amount of homemaking service they can allot to each client. "We [CCAC] are limited to the amount of service we can provide. Someone can only get homemaking if they require personal care and there is a limitation to the number of hours. People cannot afford the private caregiving that they require."

ACCESIBILITY

The issue of physical accessibility of structures was raised by a number of respondents and it was seen as a need and dream to correct this. It appears that it is very difficult for seniors to access stores and maneuver in other public places.

"People with canes, walkers, wheelchairs...it is difficult to get around here."

"Not all sidewalks are user friendly."

"People stay away from places that aren't accessible."

It was noted that older establishments are not accessible and are not required by law to be. Specific mention was made of certain grocery stores, convenience stores and drugstores that have no ramping and in some scenarios no railings on stairs.

DISCUSSION

In the following discussion section the findings are connected to existent literature on the various topics. The themes are discussed separately; however, one thing that stands out when reviewing the themes is their interconnectedness and in some cases the correlation that exists between aspects of the themes. For example, someone in the community may not be able to attend a recreation and leisure activity because of a lack of transportation to the activity or lack of information about all aspects of the event, so this further leads to their isolation and may affect the state of their health. While reviewing the discussion section keep this interconnectedness in mind.

Recreation and Leisure

It is important to note that no commonly accepted definition of leisure exists in the literature, and just as everything else that has been discussed, how an older person decides to manage their time, which in the later years is comprised of less obligatory tasks and more discretionary time, varies between each older person.⁸ Some may feel that time flies by and others are often bored as evidenced by comments made by various participants. It is important to acknowledge the amount of diversity in leisure pursuits so that we are not forcing all older people to play things such as Bingo, assuming that they like it when they may not. This was a comment raised by a number of individuals within the study. How someone chooses what leisure activity they will pursue is typically based on a pattern of activity in younger life that prevails but changes as our personal and social identity, abilities and interests change.⁹ Research has shown that leisure pursuits have profound meaning to older people that engage in them. "For most older adults, engaging in leisure activities represents an attempt to use their time in a meaningful way, to find meaning and an identity in daily life, and to facilitate access to social networks".¹⁰ Social interactions are pivotal to one's health in later life, as social exchange is highly correlated with one's happiness, well-being, and satisfaction with life.¹¹ Not only do leisure activities provide social interaction but they allow the individual to show that they are competent with a high sense of self-worth.¹²

As to be expected many barriers both individual and societal may exist to prevent people from pursuing leisure activities. In this study, people mentioned things such as motivation or financial barriers (individual level) or lack of information and inaccessible locations (societal level) preventing them from pursuing leisure activities. If leisure is so vital to one's meaning and life purpose it seems appropriate that local agencies and clubs work to provide meaningful activities for community members. Perhaps, simply providing the opportunity to do the activity and offering encouragement is breaking down societal barriers.

⁸ McPherson, B. (2004). *Aging as a social process: Canadian perspectives* (4th ed.). Don Wills: Oxford University Press.

⁹ Ibid.

¹⁰ Ibid, p.335.

¹¹ Ibid.

¹² Ibid.

Information Access and Awareness

It is not surprising that in the literature, studies have shown that a lack of awareness of the availability of services is reported by more than two-thirds of rural elderly people.¹³ Although knowledge of service varies extensively from person to person, this is an alarming fact when one considers the implications: studies have shown that service use is partially contingent on access to service information.¹⁴ One author notes that often high quality services are discontinued because organizations fail to market their service and seniors are unaware that it exists.¹⁵

Not only must the information be available but it also must be clear and easy to understand. Schoenberg, Coward and Albrecht (2001) found that a barrier to service is created by uncertainty of agencies' logistical information such as time and eligibility. Participants in their study became preoccupied by the details and arrangements of the formal service and this created confusion and worry and ultimately disuse.¹⁶ The above finding coincides with this studies finding that people often 'don't know where and when'. As well, in this community it is important to note the education and literacy rates when creating informational material and determining how it should be shared. Perhaps print material is not always effective. One study found that although mass mailings are effective, as recommended in our study, they are the most successful when they are combined with press releases, door-to-door dissemination and/or a printed announcement.¹⁷

Similar to the findings in our study, The Woolwich Community Health Centre in their Community Needs and Capacity Assessment (2005) found that older individuals were likely to find out about agency information from actual organizations and churches, but overall the community typically finds out their information from the newspaper.¹⁸ In contrast, the Region of Waterloo Public Health (2006), in a rural health study, found that word of mouth is the best advertiser according to rural residents.¹⁹ Although, debate exists around the medium for advertising the best idea would be to combine these formats and use the method supported by empirical data-mass mail outs.

¹³ Li, H. (2006). Rural older adults' access barriers to in-home and community-based services. *Social Work Research* 30 (2), 109-118.

¹⁴ Cherry, R. (2002). Who uses service directories? Extending the behavioral model to information use by older people. *Research On Aging* 24 (5), 548-574.

¹⁵ McKeage, K., & Kaye, L. (2003). A rural perspective on marketing services to older adults. *Journal of Gerontological Social Work* 41, 91-120.

¹⁶ Schoenberg, N., Coward, R., & Albrecht, S. (2001). Attitudes of older adults about community-based services: Emergent themes from in-depth interviews. *Journal of Gerontological Social Work* 35, 3-19.

¹⁷ Cherry, R. (2002). Who uses service directories? Extending the behavioral model to information use by older people. *Research On Aging* 24 (5), 548-574.

¹⁸ Woolwich Community Health Centre (2005, May). *Community Needs and Capacity Assessment*. St. Jacobs: Kohler.

¹⁹ Region of Waterloo, Public Health (2006, March). *Rural health: Focus on service access in Waterloo Region*. Waterloo: Miedema, J., & Zupko, B.

Transportation

According to an American statistic, it is estimated that over 90 percent of men and 80 percent of women over the age of 70 drive.²⁰ This was not broken down in terms of rural versus urban and the speculation would be that as someone ages their likelihood of driving would decrease but in rural areas there may be more of a necessity to drive. This statistic emulates the findings in our study that most people interviewed still were able to drive but knew of some that were unable. To many seniors, being able to drive a vehicle signifies a greater quality of life and independence, and research concurs that the loss of a license decreases socialization and activities done outside of the home.²¹ "Elders living in rural areas [...] may experience an even more profound impact on their health, well-being, and survival when they stop driving. Loneliness, lack of services and social activities in the immediate area, and vast distances to larger communities that offer these services and activities may be difficult to overcome".²² The perception by some rural elders that one must go into a nursing home when they are unable to drive was not documented in the literature and perhaps this is an area that could be researched further.

One study in particular examined factors that contribute to elders using alternative transportation, in this case Handy Dart transportation in British Columbia, which seems similar to Kiwanis Transit that operates locally. According to Nasdavi and Wister (2006), alternative means of transportation will increasingly become more important as people live longer and these alternative services such as Kiwanis are crucial to social interaction, and, reaching community, health and social services. Although this form of transportation is crucial, it is often underused, accounting for only 2.5 percent of daily travel among older adults and 12 percent of daily use for those that have a medical condition affecting their mobility.²³ The authors found that alternative forms of transportation are used to supplement other forms of transportation, primarily rides provided by informal networks. In fact, they found that people with many informal supports were more likely to use alternative transportation services, perhaps because they were encouraged and informed about the service by their family and friends.²⁴ Reasons cited for under use of this form of transportation were "financial barriers, awareness, accessibility, preference and attitudes".²⁵ They discovered that the strongest predictor of use of the transportation service was the individual's attitude toward the service.²⁶ Again, this provides another reason for an agency to work on marketing and image.

²⁰ Johnson, J. (2002). Why rural elders drive against advice. *Journal of Community Health Nursing*, 19(4), 237-244.

²¹ Ibid.

²² Ibid, p.238.

²³ Nasdavi, G., & Wister, A. (2006). Informal social support and use of specialized transportation system by chronically ill older adults. *Environment and Behavior* 38(2), 209-225.

²⁴ Ibid.

²⁵ Ibid, p.210.

²⁶ Ibid.

Healthy Living

Although it has been found that sport and exercise participation is strongly linked to successful aging, "over 60% of Canadians over the age of 65 remain physically inactive".²⁷ This finding contradicts a previous study by the Woolwich Township Health Centre (2005) in which individuals aged 60-74 years reported that they exercised more frequently and longer than individuals in a lower age category.²⁸ This may be due to the availability of senior-specific exercise classes and activities in Woolwich Township, the place where the above study took place. Many barriers to participation may exist, including lack of opportunities (or abundance which acts as an enabler as noted above). Two specific barriers worthy of noting because they can be combated by agencies are the older person's belief that they will be unable to do the physical task due to their age and the belief that there will not be any health benefits from exercising at this age.²⁹ Agencies providing health services and exercise programs can encourage seniors that they can do these activities and demonstrate how they have been modified for different abilities. They can educate them on the benefits of exercise at their age in a seminar format or at the beginning of classes. One author notes that in certain rural communities, history and values purport that one must be productive, so physical activity should mirror this and involve a purpose.³⁰ For example, instead of going on a walk for the sake of health, go on a walk to pick berries. This somewhat mirrors the comment made by someone in the study about hosting dance classes rather than fitness classes.

Community Characteristics

It has been found that support from friends and family, as evidenced in this study, allows seniors to remain in their homes.³¹ Not only does the variable of social support allow people to stay in their homes or not, high social support has a positive impact on a person's health and lower social support is connected to illness and death.³² Therefore, social support can be seen as a coping mechanism. Although one study found that rural older adults have few people in their social networks and decreased levels of support,³³ this may be combated in Wellesley Township by the fact that this community is not isolated and the important role the church plays which may provide a buffer. For those

²⁷ Witcher, C. (2006, April). Designing health-promotion messages for older adults in rural areas, p.2. *WellSpring 17* (2), 1-4.

²⁸ Woolwich Community Health Centre (2005, May). *Community Needs and Capacity Assessment*. St. Jacobs: Kohler.

²⁹ Witcher, C. (2006, April). Designing health-promotion messages for older adults in rural areas. *WellSpring 17* (2), 1-4.

³⁰ Ibid.

³¹ Johnson, J. (1996). Social support and physical health in the rural elderly. *Applied Nursing Research 9* (2), 61-66.

³² Ibid.

³³ Ibid.

that are new to the community or do not have a support system, formal supports such as Community Care Concepts may fill in this gap when informal supports are not available. It is essential that people do not assume that all people have a support network as this is how people slip through the cracks.

The tight-knit aspect of this community is important but it should not be so tight as to not let new people in, as was evidenced by some comments made in this study. Perhaps, as one person suggested, we, as a community, can find what unites us all rather than what makes us different and welcome all those who decide to choose Wellesley Township as a place to live.

Isolation

Not only does one's level of isolation predict satisfaction in later life but being isolated also has many detrimental consequences. Researchers have found that isolation contributes to depression, and is a risk factor in the development of cognitive decline and physical illness, including cardiovascular disease.³⁴ When discussing the nature of social isolation it is important to acknowledge the difference between isolates and desolates. Isolates are isolated by choice in that they have chosen this habitual lifestyle³⁵ as evidenced by comments in the study about choice. On the other hand desolates are isolated because of life circumstances, imposed on them by either emotional or physical loss.³⁶

As someone ages their social contacts typically reduce in number because of loss, and social interaction may become increasingly difficult as physical impairments such as vision or hearing loss impede on one's ability to communicate.³⁷ Also, certain environments can be isolating such as a rural community with a lack of transportation options. It is interesting to note the impact seasons have on individuals. Isolation does appear to occur more frequently in the winter months.³⁸ Having this knowledge, perhaps agencies could do special programming for the winter where people interact through computers or video conferencing or receive letters or videos from others. Perhaps agencies could do more visiting to homes and offer services at people's houses during the winter months.

³⁴ McInnis-Dittrich, K. (2005). *Social work with elders: A biopsychosocial approach to assessment and intervention*. Boston: Pearson Education incorporated.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Johnson, J. (1996). Social support and physical health in the rural elderly. *Applied Nursing Research* 9 (2), 61-66.

RECOMMENDATIONS

It is important to note that recommendations have been made throughout the findings section, such as having a strategy to welcome newcomers to the community, and often each section included a design section that made suggestions on how events and services should be advertised, located etc. As well, each theme is a recommendation in itself. For example, it was found that more recreation and leisure opportunities are needed, therefore, the recommendation is that more recreation and leisure opportunities be developed using the design recommendations included.

There are recommendations that have been made throughout that are specific to different agencies or community groups and each agency should keep this in mind as they scan the findings and discussion sections. Even if your agency or group is not mentioned, you will find that there are specific recommendations above that will apply to your agency or community group. The following is a list of overall recommendations that can be generally applied to various settings. They arose as themes that continually came up in the various theme sections and conversations with participants and service providers.

1. Think outside of the box...be flexible

It is important to try doing things differently because perhaps the way that they are being operated presently is not working. The community of Wellesley Township is unique and urban programming or solutions have proven to not always be successful in rural settings. Contrary to popular belief, seniors are able to learn new skills and knowledge and can adjust to change³⁹ and the old saying that you cannot teach old dogs new tricks is incorrect. It is important that as a community and agencies we stop hiding behind this old excuse and work to alter our programs or create new programs that best suit seniors' needs. The above recommendations can be used as a starting point to evaluate current practices and can be supplemented by an evaluation component.

2. Listen to seniors and include them in planning and participatory evaluation

Although this seems to be an obvious recommendation, it is surprising how often agencies proceed in planning without consulting or including service users in this process. Li and Blaser (2003) discuss how including the 'right' community leaders in planning can make or break a project in a rural community.⁴⁰ I would go beyond this in saying that seniors should be included in every step of the

³⁹ McPherson, B. (2004). *Aging as a social process: Canadian perspectives* (4th ed.). Don Wills: Oxford University Press.

⁴⁰ Li, H., & Blaser, C. (2003). Rural program planning and development for older adults. *Journal of Gerontological Social Work* 41, 75-89.

process and not necessarily seniors that are leaders. Ask for seniors' feedback after a program session. Include a senior in the actual planning of the event.

It is important to garner client satisfaction and analyze your agency statistics to get a gauge of how your services are going and thus how they can be improved. This does not have to be a time consuming process just something that is built into practice to ensure a high quality of service is maintained. It could include small focus groups or surveys of clients and be done on an annual basis. This study is an example of a model of participatory evaluation. As seen in this study, seniors' perspectives are valuable and being involved in this process is empowering and increases the participants' commitment to implementing the recommendations.

3. Work together

As agencies and as a community it is necessary to work together and build upon existing resources. An excellent idea is to form a seniors' network for the township that works together on common issues and needs raised that affect seniors on a community level. Space could be shared, funds could be shared and ideas could be shared by this group. It has been found that the service integration model works well in rural communities.⁴¹ Even some agency level issues could be addressed at an inter-agency level. As seen in this study, often there are commonalities that may exist within all agencies and what may be a barrier or issue for one agency may be occurring at the structural level rather than the individual agency level and the group could work together to advocate for a particular issue.

4. Be creative in promotion strategies and persistent with information dissemination

According to participants in the study and outside research, people are not aware of what services available and events going on. In order to combat this, McKeague and Kaye (2003) suggest that each organization has a marketing strategy that is organization-wide (everyone within the agency is aware of the strategy and promotes the agency at all possible opportunities).⁴² This could be applied to events as well. The marketing strategy does not have to be complicated, it just has to be an agency or event priority and be built upon the marketing premise that understanding the consumer is key to the success of the promotion. Try new ways of advertising to reach seniors using the design recommendations included in the Information Access and Awareness section

⁴¹ Region of Waterloo, Public Health (2006, March). *Rural health: Focus on service access in Waterloo Region*. Waterloo: Miedema, J., & Zupko, B.

⁴² McKeage, K., & Kaye, L. (2003). A rural perspective on marketing services to older adults. *Journal of Gerontological Social Work* 41, 91-120.

and be sure to have a few senior consumers review your advertisements prior to their dissemination.

As service agencies are relatively new to the Township it is absolutely crucial that service providers be persistent in the dissemination of information. As evidenced in the study there are still misconceptions that exist about services and community members need to hear the information over and over again to clarify. It may take many strategies of dissemination and it will definitely take time to ensure that people are aware of the service and are able to access this information.

REFERENCES

- Cherry, R. (2002). Who uses service directories? Extending the behavioral model to information use by older people. *Research On Aging*, 24 (5), 548-574.
- Johnson, J. (2002). Why rural elders drive against advice. *Journal of Community Health Nursing*, 19(4), 237-244.
- Johnson, J. (1996). Social support and physical health in the rural elderly. *Applied Nursing Research* 9 (2), 61-66.
- Li, H. (2006). Rural older adults' access barriers to in-home and community-based services. *Social Work Research* 30 (2), 109-118.
- Li, H., & Blaser, C. (2003). Rural program planning and development for older adults. *Journal of Gerontological Social Work* 41, 75-89.
- McInnis-Dittrich, K. (2005). *Social work with elders: A biopsychosocial approach to assessment and intervention*. Boston: Pearson Education incorporated.
- McKeage, K., & Kaye, L. (2003). A rural perspective on marketing services to older adults. *Journal of Gerontological Social Work* 41, 91-120.
- McPherson, B. (2004). *Aging as a social process: Canadian perspectives* (4th ed.). Don Mills: Oxford University Press.
- Nasdavi, G., & Wister, A. (2006). Informal social support and use of specialized transportation system by chronically ill older adults. *Environment and Behavior* 38(2), 209-225.
- Region of Waterloo, Public Health (2006, March). *Rural health: Focus on service access in Waterloo Region*. Waterloo: Miedema, J., & Zupko, B.
- Schoenberg, N., Coward, R., & Albrecht, S. (2001). Attitudes of older adults about community-based services: Emergent themes from in-depth interviews. *Journal of Gerontological Social Work* 35, 3-19.
- Statistics Canada, 2001 Census, *2001 Community Profile-Wellesley*. Ottawa, Statistics Canada. Available: <http://www12.statcan.ca/english> [Accessed 19 March 2007].
- Witcher, C. (2006, April). Designing health-promotion messages for older adults in rural areas. *WellSpring* 17 (2), 1-4.
- Woolwich Community Health Centre (2005, May). *Community Needs and Capacity Assessment*. St. Jacobs: Kohler.