

Caring Contexts of Rural Seniors

A case study of diversity among older adults
in rural communities

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And they put on suppers, again, that's the seniors. So they really contribute greatly to the community as well as being helped themselves. They're out there doing their bit too and they help greatly in the community. (20P_SR_tr Community active senior)

They want to continue living on the farm until they can no longer manage because it's home, there's privacy, and we're used to it. (18O_SRs_fn Stoic senior)

I am so comfortable here, really...And where would I go? To [the city]? I don't know anybody there and I couldn't afford it. (2B_SR_tr Marginalized senior)

See now people got to know that I, that my eyes are bad and they'll see me walking along, and they'll come along... Give me a hand across the street or anything like that. It's just, it's just like a big family. (22B_SR_tr Frail senior)

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1. Executive Summary

This report presents findings from Phase III of a three-year research program funded by Veterans Affairs Canada (VAC), to investigate the question, “Is rural Canada a good place to grow old?” There has been limited research that has considered diversity among older people and rural communities and the interplay among individual and community factors in supporting them. This phase of the program was a case study designed to explore the nature of diversity among rural older adults and the ways in which contexts matter to their experiences of supportiveness. In recognition of the diversity among rural communities, the case study was situated in three distinct communities: Oyen AB (a farming community), Bobcaygeon ON (a retirement community), and Parrsboro NS (a seasonal community). Each of these rural communities was small and had a higher than provincial average proportion of older adults (aged 65+). However, they differed in distance from a larger urban centre, population stability, labour force characteristics, income, and level of community supportiveness to older adults.

Case study methodology is a research strategy intended for the study of a particular, complex social behavior in real-life contexts (Marshall, 1999; Yin, 1994). The approach assumes that a complex phenomenon like supportiveness is best understood from being engaged in the setting over time, and using diverse methods and multiple perspectives to explore it. Several different methods were used to collect data to address our research questions.

- 152 interviews with older adults, family members, volunteers, service providers, and local mayors;
- Field notes made by interviewers;
- Over 2500 photographs of the community as a place where older adults live their lives, the social settings within the community where older adults spend time, the places where support is given and received, and older adults’ participation in various community activities; and
- 10 community consultations with key stakeholders.

Data were collected over a 14-month period (October 2004 – November 2005). Data analysis commenced as soon as sufficient transcripts were available, and continued parallel to data collection. Using the principles of qualitative data analysis and through a continuous, iterative, and comparative process, we first analyzed the data to create profiles of different groups of rural seniors to determine the diversity among older adults. Further analyses were used to identify the different ways in which these groups connected with people, and with services. Finally, we looked for how community context influenced each groups’ experience of supportiveness. These latter analyses rounded out our understanding of how context matters to the experience of supportiveness for each group of older adults.

The accompanying community album *Rural communities and older people in Canada: A photographic essay on diversity*¹ is a text and visual representation of supportiveness in the three rural communities. Quotes from the interviews completed, photographs taken, and observations made were used to create the community album. This technical report is a more detailed discussion of the nature of diversity among older

¹ The community album is available at www.hecol.ualberta.ca/RAPP

adults and how contexts matter to their experiences of supportiveness in rural communities.

A main finding from this community case study is that there are four distinct groups of rural older adults, each with characteristic defining features: community active, stoic, marginalized, and frail seniors. The defining features differentiate among older adults, and influence their connections with people and services.

Community active seniors have diverse social networks comprising family members, friends, and other community members. Their extensive involvement in a wide range of formal and informal activities, supporting friends, volunteering, and participating in community activities and organizations contributes to their diverse social networks and to their being well-connected. They have the resources that allow them to be active in their communities, such as energy, time, money, and skills. These same resources enable them to maintain close relations with others. They do so through regular visits, social gatherings, participation in leisure activities, and community engagement. Moving to a new community does not hinder community active seniors from becoming connected to other people. They seem to get a great sense of satisfaction from contributing to their community.

Community active seniors purchase as many goods and services locally as possible. They use their community connections to find services that they might not know about and their resources to get access to the goods and services that are not available locally. These resources include planning ahead, being able to drive, having money, and having connections to other people. However, community active seniors are also well aware that some essential services are not available in their rural communities. Despite all of their resources, community active seniors may not be able to get all the services they need. When the community no longer fits their needs, some consider leaving their rural community.

Stoic seniors are reserved, independent, and practical. They have a very strong work ethic, preferring activities that are purposeful or meaningful. They become connected to others through their work, their everyday routines in a small rural community, or their church involvement. They have limited community involvement, preferring solitary over social activities. Stoic seniors have purposeful interactions with others and believe that others are available should they need support. They provide support to others when asked. They have a 'make-do' attitude, appreciating the things in their life that they have, and not dwelling on the things that they do not have.

Stoic seniors consider themselves to be self-sufficient, and so make few demands on local services and are generally content with what is available locally. However, sometimes stoic seniors must leave the comfort of their community to access goods and services elsewhere that either support their continued work or health. Because of their sense of control and staunch independence it is often quite difficult for stoic seniors to realize that they may benefit from some assistance. Accessing some services (such as home care) may be perceived as a sign of weakness or dependence. Service providers commented on the challenges of providing services to stoic seniors, who often refuse services or reluctantly accept help but exercise tight control on service delivery.

Marginalized seniors may live alone or be part of a tight-knit couple. Their vulnerability has several dimensions including limited financial income, very small social

networks, and precarious health. They are family-focused, yet often live at a distance from most family members. Their limited friendships are with those with whom they share personal history, occupation, or experience. Familiarity and being able to understand their perspective seems key to marginalized seniors' social relations. They have limited involvement with neighbours and in community activities. Often their social interactions are constrained by money, companionship, or health. They tend to be passive in social engagement, waiting for family and friends to initiate contact. Other people may recognize their vulnerability and watch out for them. 'Help just happens' characterizes their submissive reliance on others to provide support.

Marginalized seniors are also passive in their connections to services. They may not access services, even in emergencies, because of concerns with costs, misinformation about services, and a general reliance on others to take action or make decisions. Their hesitancy in accessing support services may also be a means of preserving their privacy and dignity. When they do accept supportive services, these seniors may be unhappy because the services do not meet their (unexpressed) needs. Marginalized seniors also are judicious about how they spend their limited income. Sometimes this carefulness means that they may not purchase basic necessities locally; rather they will go to a larger centre to stretch their dollars.

Frail seniors have significant health challenges which necessitate reliance on others for support. They tend to be long-term residents of the community who vary widely in their economic resources. Frail seniors continue to stay engaged with people and participate in community activities to the extent of their interest and abilities, although there is considerable variability. While many are connected to other people who often check up on them, some interact only with family members, while others have a broader social network of family, friends, and neighbours. Some are able to travel to visit family members, while others rely on family to visit them. Some are constrained by aging bodies, some make adaptations in order to stay connected, some have people who help them stay engaged, while others do not. While some frail seniors are no longer capable of going out with friends and participating in community activities, they enjoy the company of people nearby, or stay connected as best they can.

Frail seniors often rely on family, friends, and neighbours for support, but the frequency and type of support they receive vary. Many need assistance with transportation, errands, housekeeping, outdoor work, or home maintenance. Preferring not to than rely solely on their support network, some have the resources to hire others, while others express concerns about the affordability of paying for the assistance they require. Because of their compromised physical health, frail seniors also receive some assistance from services in the community. However, family and friends often broker frail seniors' connections to services.

These four groups of rural seniors differ considerably. Their profiles provide a more nuanced understanding of the diversity among rural older adults beyond variability in individual socio-demographic characteristics. The defining features of the groups of older adults shape their interactions with family, friends, community organizations, and services, and influence the ways in which communities can be supportive to them. Defining features also have implications for targeting of public programs. The needs, styles of interaction in their communities, and preferences for connecting to services of these different groups of seniors mean that there is no single 'best fit.'

For community active seniors, a 'best fit' with their community occurs when:

- Communities are friendly and welcoming.
- There are opportunities to be socially active and keep busy.
- Service centres are within reasonable driving distance.
- There are opportunities to volunteer, to be recognized and appreciated, and to build community capacity.
- There is a large pool of volunteers who may be able to facilitate 'retirement' of older volunteers who are feeling stretched.

For stoic seniors, a 'best fit' with their community occurs when:

- The community allows them to continue to be productive.
- There are proximate family, close friends, good neighbours, and a church community.
- They are close to adequate basic, local services.
- There are employment opportunities for their adult children that foster close proximity and maintenance of social support networks.

For marginalized seniors, a 'best fit' with their community occurs when:

- Communities have stable populations with little in- or out-migration.
- They have adequate income to manage in a community where costs are rising or where incomes are modest making costs of good and services relatively high.
- There is homogeneous economic status of residents so that those who are financially vulnerable do not feel isolated.
- There is affordable housing.
- There are employment opportunities for family nearby who can monitor without intruding.
- Being near family and/or close friends who can monitor without intruding. Employment opportunities for younger family members to live and work near marginalized seniors foster social support interactions and make marginalized seniors more visible.
- Reasonable driving distance to larger service centres that have more affordable goods and services.

For frail seniors, a 'best fit' with their community occurs when:

- There are family members, friends, and community members nearby and able to provide care management and direct services when needed.
- There are local health and social services to support these family/friend carers.
- They or their family/friend carers are able to find and hire people to do part-time household or yardwork.
- The community is physically accessible.

2. Introduction

This is the final report of a program of research on older adults living in rural Canada. Over a period of 3½ years we have explored the question, “Is rural Canada a good place to grow old?” We undertook this exploration because although rural Canada has a disproportionate number of older adults, we knew little about the ways in which rural communities might be supportive to them. Throughout this research program, we have attempted to address conflicting assumptions about rural community supportiveness. The first assumption is that rural communities are good places to grow old because older adults who live there are embedded in strong networks of family and friends. The competing assumption is that they are poor places to grow old because of the paucity of social, health, and everyday services in rural communities.

This report is the fifth in a series in which we report on the diversity of supportiveness of rural communities in Canada². The reports are based on the three phases of our research program. In the first report, we described the human ecological framework that framed the study. We chose this framework for this program of research because of our belief that one cannot fully understand whether rural Canada is a good place to grow old without taking into account the contexts in which older adults live their everyday lives. This assumption that ‘context matters’ has framed our research program as we deconstruct issues of rural community supportiveness.

Gerontologists have argued that communities are significant in structuring the lives of residents (Joseph & Cloutier-Fisher, 2005). In the first phase of our research, we focused on the rural community context. In that phase, we conducted a community-level analysis of rural communities in the 2001 Census of Canada. Using the 2001 Census, we investigated the diversity among rural communities in Canada, and how such diversity relates to level of community support provided to older adults. The findings, reported in the Phase 1 Technical Report, revealed considerable diversity among rural communities. The proportion of community residents who provided (unpaid) care or

² Report 1: Keating, N., Chapman, S. A., Eales, J., Keefe, J., & Dobbs, B. (2004). *Caring contexts of rural seniors: Background and rationale for the program of research*. (Submitted to Veterans Affairs Canada in partial fulfillment of PWGSC Contract #51019-017032/001/HAL). Edmonton, AB: Authors. Available at: <http://www.hecol.ualberta.ca/rapp/>

Report 2: Keefe, J., Fancey, P., Keating, N., Frederick, J., Eales, J., & Dobbs, B. (2004). *Caring contexts of rural seniors: Phase 1 technical report*. (Submitted to Veterans Affairs Canada in partial fulfillment of PWGSC Contract #51019-017032/001/HAL). Edmonton, AB: Authors. Available at: <http://www.hecol.ualberta.ca/rapp/>

Report 3: Dobbs, B., Swindle, J., Keating, N., Eales, J., & Keefe, J. (2004). *Caring contexts of rural seniors: Phase 2 technical report*. (Submitted to Veterans Affairs Canada in partial fulfillment of PWGSC Contract #51019-017032/001/HAL). Edmonton, AB: Author. Available at: <http://www.hecol.ualberta.ca/rapp/>

Report 4: Eales, J., Jameson, K., Bowles, R.T., & Bardick, A. (2006). *Rural communities and older people in Canada: A photographic essay on diversity. Phase 3 community album*. (Submitted to Veterans Affairs Canada in partial fulfillment of PWGSC Contract #51019-017032/001/HAL). Edmonton, AB: Authors. Available at: <http://www.hecol.ualberta.ca/rapp/>

Report 5: Eales, J., Keating, N., Rozanova, J., Bardick, A., Swindle, J., Bowles, R. T., Keefe, J., & Dobbs, B. (2006). *Caring contexts of rural seniors: A case study of diversity among older adults in rural communities. Phase 3 technical report*. (Submitted to Veterans Affairs Canada in partial fulfillment of PWGSC Contract #51019-017032/001/HAL). Edmonton, AB: Authors. Available at: <http://www.hecol.ualberta.ca/rapp/>

assistance to seniors varied from less than 1% to a high of over half of community residents (56%). Several factors contributed to this diversity. Rural communities with the highest proportion of residents providing support to seniors were smaller in population size, further from an urban centre, had a greater proportion of seniors and widowed persons, lower household incomes, a greater proportion of long-term residents, and a greater proportion of persons doing unpaid work. Of these characteristics, factors that were key to strongly supportive communities (i.e., those in which at least 25% of residents provided support to a senior) included having a small population size, more long-term residents, a high proportion of seniors, and a culture of helping one another. These results provide strong support for the assumption that rural communities are diverse in terms of overall levels of supportiveness.

In the second phase of our research, we turned our lens from the communities in which rural seniors live to the seniors themselves. Our underlying assumption was that older adults are not passive beings in the communities in which they live, but are agents with the capacity to make choices and act on their perceptions (Marshall, 1999). Thus, our third report was written from the perspective of older adults themselves, based on a national telephone survey of 1322 rural older adults residing in Royal Canadian Legion member households across the country. Participants were asked about the people and services in their lives, providing further information on community resources that might make rural communities good places to grow old. We found that rural older adults differed considerably in their access to people and services. Seniors were diverse in the size of their social networks (median size of 10 people), though support networks were considerably smaller and more homogeneous (median size of 3 people). While most reported that their rural communities had churches, a post office, grocery store, and a hairdresser, a number of communities lacked services such as physicians (31%), pharmacies (31%), and dentists (44%). Most lived in rural communities without a hospital (66%). Despite diversity in social support and services, most participants thought that knowing where to go for services and having old friends were the most important elements in making their community a good place to grow old. Personal characteristics of respondents, such as gender and age, also influenced what was considered important. The variability found among older adults in their perceptions of what makes their community a good place to grow old and their access to people and services further illustrates diversity among rural older adults.

The final phase of the research program was a case study of three communities chosen to reflect the diversity seen in previous phases of the study: Oyen, a farming community in Alberta; Bobcaygeon, a retirement community in Ontario; and Parrsboro, a seasonal community in Nova Scotia. A case study approach emphasizes the collection and analysis of information about a phenomenon in its context. Building upon what we had learned thus far in this program of research, we set out to understand how the nature of diversity among rural older adults and how seniors might differ in connections to their communities.

There are two reports from the case study. Our fourth report is a visual representation of the physical context and supportiveness of these communities. The community albums have photographs chosen from among the more than 2500 taken over the course of the research program. The photos illustrate the regional settings in which the communities are located, features of the communities themselves, and the ways in which each rural community supports its older residents; photos are supported by quotes from case study participants. The community albums are augmented by this

fifth and final report which is a detailed discussion of the community case study. In this report, we describe in depth the ways in which groups of seniors differ in their interactions with their communities.

The five reports from the three phases of this research provide critical information for Veterans Affairs Canada (VAC). VAC has a mandate to enhance the health and well-being of veterans of various ages and their families. Traditional veterans, who served in World War II or the Korean conflict, are the focus of much current policy discussion in the department. At the time of the writing of this report, the Gerontological Advisory Committee to VAC was engaged in a process of developing a planning document that includes guiding principles for support of these very old veterans (Gerontological Advisory Council, 2006). While these veterans have military experience in common, their life circumstances and trajectories are diverse as are those of seniors of similar cohorts across the country. Understanding the nature of diversity among rural older adults will assist VAC by identifying different groups of older adults, some of whom may require their support, some of whom may not.

3. Literature Review

Throughout their lives, people have different experiences, diverse health and activity trajectories, and a variety of family experiences. Seniors are more diverse than people of any other age group. In fact, if we use the usual age of 65 as the entry into later life, older adults span at least two generations, growing old in different sets of social and historic circumstances from each other. We begin this chapter with a discussion of what is known about diversity among older adults. If older adults are to be well served by public programs, we believe that it is important to have a sense of how these older adults differ across broad sets of characteristics and what these broad differences might mean for the kinds of programs and policies that are relevant to their quality of life. This review of existing literature is an exploration of what is known about diversity.

In the first section of this review of existing literature, we consider what is known about the nature of diversity among older adults who live in rural areas, drawing upon literature in the areas of rural culture, frailty, caregiving, aging well, civic engagement, and social isolation. As we created this review, we found ourselves drawn into each of these different bodies of literature. So for example, reading the literature on caregiving, one is struck by a sense that later life is characterized by high levels of chronic illness and frailty. In contrast, research on civic engagement gives a feel of older adults as active and engaged in voluntary and other activities. It's in the comparisons across this research that we begin to see diversity.

In the second section of this review, we examine the contexts in which rural seniors live their lives. We return to the question of how friends and family support older adults by considering the place of these close relationships in the lives of different kinds of seniors. Is it more important to have family nearby if you are frail and in need of care than if you are the main organizer of the curling club? We also consider the place of services in the lives of different seniors, reviewing literature that suggests that older rural adults may differ both in their access to services and in the services that are most relevant to their lives. Finally, we posit how diverse groups of older adults may have quite different experiences of supportiveness depending upon the rural community in which they live.

This review of literature is based on two assumptions. The first is that older adults in rural Canada are diverse. The second is that context matters. Interactions with people and services and with the broader communities in which older adults live make a difference in terms of their experiences of their communities as supportive and 'good places to grow old'.

3.1 *Diversity Among (Rural) Older Adults*

There is little research on diversity among older adults and less focused specifically on those living in rural areas. Rather, researchers have tended to focus on adults with particular sets of characteristics. So for example, there is a large body of literature on older adults with high levels of chronic health problems and functional limitations, and another on participation and engagement of older adults in voluntary and other activities and a third on social exclusion of older adults. There rarely are direct comparisons made across these bodies of literature, to determine whether they represent different subgroups of the population of older adults. We undertook this review of the different

bodies of literature on adults in later life with the idea that we might be able to glean from this exercise some insights into key areas of diversity among sets of characteristics of older adults. Thus we unabashedly were searching for evidence of diversity. Where possible in this review we highlight what is known about older rural adults.

Rural seniors reflect a 'rural culture'

To begin our review of how older (rural) adults might differ from one another, we begin with research on rural culture which emphasizes characteristics of rural residents. This research suggests a coherent set of values and norms that may be inherent to those who have grown up and grown old in rural Canada. The term "rural culture" has been used to describe values of conservatism, individualism, distrust of outsiders, and the importance of family, work and the land that many believe are unique to rural communities (Bull, 1998; Shenk, Davis, Peacock, & Moore, 2002). These values are the basis of rules of behaviour that among others, have clear divisions between women and men's work (Shenk et al., 2002).

Do these characteristics exist among rural residents who are now seniors? The Great Depression and the Second World War were defining influences in the lives of those who were children or early adults during those years. In a study of older adults in the rural United States, Dorfman, Murty, Evans, Ingram, and Power (2004) found that respondents spoke of how the economic and emotional effects of conditions such as rationing, lack of consumer goods, and poverty changed their lives. These conditions formed the basis for their sense of self-reliance, practicality, and the importance of hard work and religion (Dorfman et al., 2004), characteristics that are congruent with those of 'rural culture'.

Other research on rural seniors suggests that they tend to have good community connections, and stable networks of friends which provide them with familiarity and continuity (Bull, 1998). Many are self-sufficient and independent and have a strong value of caring for oneself or family members as they have grown up in areas where services are distant or there are suspicions of outside service providers. Indeed, findings from one study are that women who were providing care for their frail and elderly husbands in rural settings viewed help from outside agencies only as a last resort when they were too ill to care themselves (Dorfman, Berlin, & Holmes, 1998). The importance of their privacy from outsiders, and their view that money should not be spent on caregiving also were contributing factors in their lack of use of outside services. Rather, caring for family members is seen as a part of their identity and viewed as being part of being a family (Shenk et al., 2002). This literature on rural characteristics suggests a set of shared values among older rural citizens.

Yet almost a generation ago, there also was beginning interest in how older rural adults might not all be typified by the characteristics that have come to be associated with rural residents. In a classic study, Scheidt (1984) interviewed rural seniors living in 18 small towns in Kansas about their engagement, their well-being, and mental health. He found that they differed considerably in what he described as their ecological, architectural, and psychosocial well-being. Some were partially engaged, participating in some formal and informal activities, with positive mental and physical health but with relatively few visits with friends and neighbours. Others were fully engaged and had positive physical and mental health. They were very active in their communities, and visited more with friends and families than any other group. Disengaged seniors also

had good mental and physical health but did not participate in community activities and had little social contact. The fourth group, frail seniors, had poor mental and physical health, little social contact, and low levels of activity involvement.

Research on rural culture has come primarily from a description of those whom in Canada we tend to think of as connected to an agrarian tradition: strong, independent individuals who are nonetheless embedded in supportive families and communities. Yet Scheidt's (1984) findings on differences among rural seniors and hints of contemporary differences suggest that researchers may have been very selective in the older rural adults who become part of our research interest.

There are a number of bodies of literature on older adults that inform the discussion of diversity among older adults, though most is not conducted with a rural lens. Nonetheless this research provides detailed information on particular groups of seniors and provides some validity to the hypothesis that rural seniors also may be diverse. Comparisons are not always made with those who do not share the characteristics of interest so that one gets a very different sense of later life depending upon the body of literature that one reads. Thus research on seniors' contributions provides a view of later life as active, engaged, and connected, while research on frailty highlights disability and dependence in later life.

Seniors are active and engaged

The caregiving, active aging, civic involvement, and volunteer literature provide quite a different sense of older adults than that of the conservative individualists described above. In the past decade there has been a great deal of interest in the engagement and contributions of older adults in a broad set of domains including individuals' contributions through the purchase of goods and services from and supply of labour to the market and payment of taxes to the state, their civic engagement in the community, and their provision of unpaid family labour (Fast, Charchuk, Keating, Dosman, & Moran, 2006). Some of this research resonates with and elaborates upon Scheidt's (1984) 'fully engaged' seniors described a generation ago.

Research on active seniors shows that they provide various forms of support to their family members, friends, and neighbours (Robb et al., 1997; Stobert & Cranswick, 2004). Some are care providers to close kin and friends while others provide everyday support to friends and neighbours to maintain their connections and independence (Keating, Fast, Frederick, Cranswick, & Perrier, 1999; Wiles, 2003). Grandparents may engage in activities with their grandchildren by teaching them family and social values; or by providing childcare, or material and financial gifts (Rosenthal & Gladstone, 1993; Vandell, McCartney, Owen, Booth, & Clarke-Stewart, 2003).

Another aspect of seniors' engagement involves their community and their devotion of considerable time and effort to unpaid work in the form of volunteering. Seniors provide more community volunteer work, and for longer periods of time than those who are still employed (Dosman, Fast, Chapman, & Keating, in press; Narushima, 2005). Senior volunteers often have a broad knowledge of social issues which prove very useful to many non-profit organizations where they may serve as board or committee members or take on tasks such as managing community events (Goss, 1999; Lindsay, 1999). Volunteer work serves to provide them with an outlet for staying involved in, and engaged with, their communities and their friends. Seniors are also increasingly involved

in civic activities as political representatives, activists, and supporters by providing their money, time, and skills (McPherson, 2004). Seniors are more likely than any other age group to vote in recent Canadian elections and to take a greater interest in politics (McPherson, 2004; Pammett & LeDuc, 2003).

Some older adults are engaged by remaining in the labour force through delayed retirement or re-entry into the workforce in a part-time capacity. In Canada in 2001, 300,000 people aged 65 and over were employed and more than one fifth of those who recently retired returned to the workforce in either a part-time capacity or as self-employed (Schellenberg, Turcotte, & Ram, 2005).

The literature on seniors' engagement and contributions introduced in this section goes beyond Scheidt's (1984) finding that some seniors are actively engaged. We have yet to explore whether engagement is a main theme among contemporary rural seniors.

Seniors are frail

In the research literature on frailty, we see another group of older adults. Frail seniors are characterized primarily by their high levels of chronic illness and disability. There is an extensive research literature on frailty that documents the decreased resilience of these older adults (see for example Markle-Reid & Browne, 2003).

Frail seniors likely have functional status limitations that result in compromised ability to perform such daily tasks as housekeeping or even personal care (Boaz & Muller, 1991; Miller & Furner, 1994). Frailty may be associated with a fragile support system, unmet needs, and low socioeconomic status (Gustavson & Lee, 2004; Mui & Burnette, 1994). As their health and personal resources deteriorate, home and neighbourhood environments of these older adults become less able to compensate for these losses (Abeles, 1991). Their limited independence and reliance on others also impacts on their ability to participate in community activities (McPherson, 2004).

The majority of frail seniors live in the community, relying on care from their families and friends (Boaz & Muller, 1992; Keating et al., 1999). In service-poor rural communities, there may be little choice in sources of care (Aronson & Neysmith, 1997). However, even among those who are frail, there is variation in their ability to meet their needs. For example, research on older, unmarried frail women has shown a preference for living alone in comparison to those who lived with others who reported more symptoms of depression (Gustavson & Lee, 2004). Those who lived alone needed less help and had more personal agency in comparison to those who lived with others who had poorer functional status and perhaps relational problems. Rural community context may make a difference to the family and service resources available to meet the diverse needs of frail seniors. Strong support networks may help maintain people at home though high levels of disability may preclude support in rural communities with little formal service backup.

For the frail elderly who receive care from family and friends, there are often mixed feelings as their levels of independent living wane and their need for assistance increases. These elderly individuals speak about feeling insecure as their level of dependence grows and yet acknowledge that this dependence is inevitable and acts as a "buffer against less desirable options" such as nursing homes (Aronson & Neysmith, 1997, p. 44). However, even in urban settings, elders who are both mentally and

physically frail are more likely to live in a residential care facility (Bond et al., 1999). Nursing home residence is associated with decreased levels of social participation and engagement (Washburn, Sands, & Walton, 2003). The latter may be especially problematic if seniors must leave their communities to find residential care options.

Seniors are isolated

Another body of literature is on social isolation/social exclusion. This research has been concerned with older adults typified by weak links to others in their social networks or communities. The older adults described in this body of literature are portrayed as socially isolated and withdrawn, unable to maintain their social connections or to develop new relationships. Isolation may result from a combination of financial constraints, fragility of social connections as a result of loss of a spouse or close friends, and some acute health problems.

Lack of social involvement is related to multiple role losses that include death of a spouse or friends, retirement, chronic illness, low income, and disability (Russell & Schofield, 1999). Limited community-based services, skills in finding information or service resources, and lack of meaningful relationships in their lives such as close bonds with family members are characteristics of isolated seniors. Russell and Schofield (1999) argue that these seniors often have lost the confidence to go out into their communities and did not want to be with others. However, they also found that admissions of isolation threatened respondents' sense of identity as independent individuals.

Research on rural seniors in the UK has shown that very old socially isolated seniors are more likely to live alone, to be at home alone for much of the day, to have no telephone, and to live more than 50 yards from their nearest neighbour (Wenger & Burholt, 2004). Findings from the US add a strong theme of financial difficulty in those who are socially isolated. In the US, some rural seniors experience poor health, low incomes, limited education, and live in poor housing, with female widows, more likely than other seniors, to face extreme financial difficulty (Bull, 1998).

In both the UK and US research, isolated seniors were very protective of their privacy. Wenger and Burholt (2004) found that many spent special holidays alone, not wanting to call on others. In the US research, Bull (1998) found that lack of privacy or anonymity were barriers to seeking help. Respondents were reluctant to seek services because they did not want their concerns to 'hit the grapevine' in their community.

An important caveat from this research (Wenger & Burholt, 2004) is that not all respondents who are isolated experience loneliness. Some were lifelong isolates who were quiet, retiring or reserved, and were content to be on their own, relying on a limited network of friends and family.

Social isolation may be exacerbated by caregiving responsibilities. Parents who have been lifelong caregivers to adult children with disabilities are faced with parenting well into old age. They often experience forms of physical deterioration that may challenge their ability to continue this care (Jokinen & Brown, 2005). Such intense, long-term caregiving may result in being distanced from friends and neighbours (Greenberg, Seltzer, & Greenley, 1993). Other seniors assume care of their grandchildren (Cox, 2003; Milan & Hamm, 2003). In these long-term caregiving settings, these senior

caregivers may be unable to maintain outside relationships, and experience financial hardships and failing health – all factors that make them vulnerable to social isolation.

Findings from both the UK and US on socially isolated seniors in rural areas suggest that there may well be similar patterns in Canada. Isolation may be of particular concern given Canada's vast physical context and the challenges of access to services and people in rural Canada.

In conclusion, the different bodies of literature reviewed briefly in this report may correspond to seniors in quite different circumstances. Explicit comparisons across these areas are rare. So, it is difficult to determine whether they represent distinct groups of older adults. Further, we don't know the prevalence of these circumstances in rural Canada. Thus the first research question in this community case study is: What is the nature of diversity among rural older adults?

3.2 *Diversity and Connections to People and Services*

The literature on diversity among older adults suggests that one of the ways in which older adults may differ is in their connections to the people and services in their lives. Findings from the national telephone survey of rural seniors are that older adults in rural Canada do not have the same access to family members and friends or to services (Dobbs, Swindle, Keating, Eales, & Keefe, 2004). In this section of the literature review, we assess what is known about how seniors might differ in their connections to people and services in their communities. We do so by drawing on literature on how people develop ties with others (Franke, 2005) and how these ties might be important in linkages to local people and services. An exploration of these connections is consistent with our interest in the assumption that rural seniors are embedded in networks of family members and friends. The degree to which individuals are in relationships with others determines the extent to which they are socially integrated into their communities. Social integration may be necessary for an individual to receive support since social ties serve as the basis from which support may arise (Macinko & Starfield, 2001; White, 2002). In the next section, we review what is known about connections to family, friends, and neighbours, and the type of connections that may be fostered by these interactions.

Diversity and connections to people

Throughout this program of research on rural seniors, we have been investigating the assumption that older adults in rural Canada are embedded in strong networks of family, neighbours, and friends that provide support and may compensate for lack of services in small communities. Findings from our national telephone survey of older adults in rural Canada suggest that there is some basis for this assumption. We found that almost all rural seniors had a social network of family members and friends, living in the community or at a distance (Dobbs et al., 2004). Yet while these findings show that the majority of older adults have social ties, they tell us little about the supportive exchanges that are part of these linkages.

Our brief review of research describing older adults with diverse characteristics suggests that there may be considerable variation in the type and quality of social ties to family members and friends, and to broader community organizations. A recent study in rural England hints at this variation. In a survey of older adults residing in three English

rural villages, Manthorpe, Malin, and Stubbs (2004) found that some seniors were well connected to other people and valued their social connections, whereas others wanted less of a connection, as they valued their privacy. We expect that given the potential for rather different profiles of older adults, their connections also might differ.

Diversity and connections with families, neighbours, and friends

Family ties often are the most significant and meaningful to older adults (Wenger, 1997). Developed and maintained over a long period of time, strong bonds between older adults and their family members are important for the exchange of support (Keating, Swindle, & Foster, 2005). Frail older adults may be especially dependent upon family ties to assist them to remain in their communities. Older adults described in the literature on social exclusion are unlikely to be geographically mobile, especially if they are living in poverty. In turn, low income individuals are often strongly dependent on their families for support (van Groenou & van Tilburg, 2003). A number of factors may influence whether there are relatives in close proximity. For example, the exodus of younger adults from farming communities is likely to reduce the availability of younger generation kin in areas of the country such as the prairies where farming has been a main occupation. In contrast, active older adults themselves may be mobile, moving into rural communities with desirable amenities and perhaps leaving kin behind.

Neighbours generally live in close proximity. It may be that when family members are at a distance, connections to neighbours may be more frequent. Indeed, one of the many ways close ties may be formed is through geographic location within the community. For example in a study of 35 rural villages in the province of Drenthe, the Netherlands, Thissen, Wenger, and Scharf (1995) found that the neighbourhood or street that an older person lived on was important "as a framework for social integration" (p. 88). The authors also found that length of residence was positively associated with creating ties with others.

Individuals active in the community are likely to value ties with their neighbours. They may also have a variety of connections with other friends in the community, forged through activities in social and community groups (Reimer, 1997). Active seniors may be less limited in their participation than frail individuals, and may therefore have larger more diverse networks. In contrast, some older adults may focus more on close family ties, which are emotionally meaningful, than on connections with more peripheral people, effectively narrowing their ties by choice (Fung, Carstensen, & Lang, 2001). Indeed, this may be characteristic of older conservative individualist seniors, who tend to be more independent and less willing to lean on others for support.

Socially isolated individuals are less visible in the communities (Manthorpe et al., 2004). They are typified by having few close ties and may interact only with a small number of people whereas those who are more active are likely to have a larger number of close relationships (Reimer, 1997). Conservative individualists are most likely to have strong connections only to close kin, as research suggests they are very family focused (Bull, 1998). It is also likely that frail individuals may have the strongest bonds with network members residing inside of their communities, as their mobility likely is limited.

Diversity and connections through community organizations

Connections with family, neighbours, and friends have been described as representing a particular type of social capital. Bonding social capital is the assets derived from links to a tightly knit group of people who are interconnected. These linkages often are intense and focused and may increase the potential for family/friend support. In contrast, ties created through participation in formal groups in the community and volunteer organizations may help the older person connect to more diverse networks that are useful for linking the older adult to other people, networks, and/or resources (Keating et al., 2005). The advantages derived from these linkages are called bridging social capital. Seniors may differ in their access to these different types of linkages to others.

Formal groups are found in nearly every community. Participation in community organizations can be an important asset to older adults who because of their involvement “learn about the activities of groups and people outside of their area, and they often establish personal contacts with them” (Reimer, 1997, p. 95), and with others in their own community. Participation rates in organizations such as senior centres and in more general community events such as public meetings are higher in rural communities (Strain, 2001; Turcotte, 2005) suggesting their particular relevance in connecting people in rural communities. Yet findings from our national survey of rural seniors (Dobbs et al., 2004) show substantial differences in rates of participation. For example, while three quarters of the older adults in the study reported the presence of a community centre and Royal Canadian Legion branch in their community, only 24% regularly used the community centre. In contrast, half (53%) regularly used their local Royal Canadian Legion branch (Dobbs et al., 2004). As a group, older adults are involved in similar proportions to rural adults of all ages. Reimer (1997) found that 52% of Canadians are involved in two or more community activities.

Volunteerism is one mechanism through which people establish connections to others. Rural residents are more likely to spend their time on unpaid volunteer work than their urban counterparts (Turcotte, 2005) and retirees provide more volunteer hours than those who are employed (Dosman et al., in press; Narushima, 2005). Volunteering increases the size of personal networks (Uhlenberg & de Jong Gierveld, 2004; Wenger, 1997), through the creation of ties with other volunteers or with those who receive their volunteer assistance. Indeed, older volunteers “are important generators of social capital, and play critical roles in maintaining strong communities and effective family functioning” (Warburton & McLaughlin, 2005, p. 726). Active older adults may be most likely to volunteer. By connecting with others such as frail seniors through volunteering, they also may enhance linkages of other older adults in the community.

Many community volunteers are those active-engaged seniors described earlier. In contrast those seniors in frail health or with limited resources may be ‘cashing in’ on their social capital, drawing on connections developed earlier in life rather than continuing to build them. There has been little systematic consideration of the ways in which rural seniors connect to others within their communities.

Diversity and connections to services

Rural communities are often thought of as being disadvantaged, as they tend to have few services available to support their older residents (Joseph & Cloutier-Fisher, 2005). Availability of stores and services was explored in detail in our national telephone survey of rural seniors. Survey participants were asked whether a particular store/service was present in their community, and how often they used the store/service. Results indicated that most rural seniors had a church, post office, grocery store, hair dresser, and community centre in their community. Among those who had the service in their community, many used these stores/services on a regular basis. Yet only 6 of the 17 services available in the community were used regularly by 50% or more of the participants (post office, grocery store, bank, Royal Canadian Legion branch, hardware store, and pharmacy) (Dobbs et al., 2004). The variation found in service use among older adults tells us something about accessibility and relevance of local services.

Halseth, Sullivan, and Ryser (2002) argue that family members and friends play an important role in obtaining access to services for older adults. This access may involve the exchange of information whereby family members or friends link the older adult to needed services. Linking may be accomplished by recommending services or suggesting whether stores and/or services are appropriate for the older person. Knowing where to go for services in rural communities was ranked as extremely important for 60% of the older adults in our telephone survey, suggesting that rural residents understand the importance of corresponding with others in order to access services (Dobbs et al., 2004). A US study on wives and daughters caring for older relatives found that the more heterogeneous and diverse connections are to others, the more likely that formal services are accessed (Li, 2004). In all, homogeneous, tight-knit groups such as close families may have less ability to provide a conduit to services for their older members than if connections exist with a more diverse group.

Research findings indicate that not all older adults are well connected to others, suggesting some older adults may have more difficulty in accessing services than others. Some people may become isolated with age, losing contact with friends (Holmén, Ericsson, Andersson, & Winblad, 1992). These individuals may not easily link to others, as they may not be able to join community activities due to financial or physical barriers, or due to lack of interest in group activities. For example, isolated seniors who may have limited connections to others as well as financial constraints may find it difficult to find out about or afford to use services. As frail adults are often limited in their participation in group activities or volunteer work, care provided solely by close family reduces their ability to connect with others and to access new information about services. As a result it may be hard for them to find out about appropriate services (Fennell & Davidson, 2003). Alternatively, older adults who are well educated and active in the community may have greater links to others and hence more information about available resources. For instance, research suggests that educated people are more likely to build non-kin members into their networks (van Groenou & van Tilburg, 2003). This helps diversify their connections, thereby increasing their knowledge about available stores and services.

In addition to differences in networks, other factors such as proximity have been shown to influence service accessibility in rural areas. When services are at a distance, seniors require reliable transportation to get to services (Glasgow, 2000). Rural seniors identify transportation as a barrier to accessing services more often than urban seniors

(Schoenberg & Coward, 1998), with women and older adults being particularly dependent on family and friends for rides (Glasgow, 2000). Results from our national telephone survey revealed that the majority of older women (77%) and men (94%) living in rural communities drive. For these individuals proximity to services may not be a significant barrier. However, a substantial minority (21%) said that not driving affected their ability to do practical tasks such as grocery shopping, while a larger percentage (32%) said that not driving affected their ability to socialize (Dobbs et al., 2004). For some rural residents, not driving may lead to a double jeopardy: limited ability to socialize with other people to obtain information on services, and limitations on getting to needed stores and services that are available. Clearly, older adults vary in the barriers they face in accessing stores and services as the result of their transportation resources.

Non-drivers may be older adults who are isolated and frail. Perhaps, due to ill health, these individuals may have given up driving, and may have become more isolated as a result. It may be reasonable to suspect that if they can not drive, they may shift from being more active to becoming more isolated (Glasgow, 2000).

In sum, this review indicates that older adults may differ in their circumstances and characteristics. Likewise there are indications that older adults may differ in their connections to both people and services. Some older people may be well connected to others, easily linking to needed resources, while others may be more isolated, relying solely on the support a few family members and friends can provide. Yet, to date few studies explicitly consider the nature of diversity among older adults, and how such variety influences their connections to people and services, and their experiences of supportiveness in different rural communities. In the next chapter of the report we discuss how we addressed the two main questions in our case study:

- What is the nature of diversity among rural older adults?
- How do the contexts in which seniors live matter to their experiences of supportiveness?

4. Methodology

In this final phase of our program of research on older adults in rural Canada, we employ a different methodology than was used in the first two phases. In Phases 1 and 2, we addressed the question of what makes a rural community a good place to grow old by conducting analyses of rural community files derived from the Census of Canada and by conducting a national survey of older adults in rural Canada. In this phase of the project we explore the interface between older adults and the rural contexts in which they live through a case study methodology.

This chapter has the following elements:

- 1) Rationale for using a case study methodology, description of the case study approach, and the focus on rural older adults as the case;
- 2) Process by which the three rural communities were chosen, description of each of the three communities, and description of the elements of these communities that provide the context for the older adults who live there;
- 3) Methods used to collect data to address the research questions, including interviews, field notes, photographs, and community consultations; and
- 4) Data analyses to understand the nature of diversity among rural older adults and how context matters to their experiences of supportiveness.

4.1 Case Study Methodology

Case study was an ideal methodological approach to address our two main research questions about the nature of diversity among rural older adults and how the contexts in which they live matter to their experiences of community supportiveness. Case study methodology is a research strategy intended for the study of a particular, complex social behaviour in real-life contexts (Marshall, 1999; Yin, 1994). It is a comprehensive approach that employs multiple methods of data collection and analysis (both qualitative and quantitative). As a result, researchers can triangulate the data to confirm and validate findings (Stake, 1995).

Case study approaches assume engagement in the setting over time, with the assumption that a complex phenomenon is best understood from being immersed in the setting and from exploring the phenomenon using diverse methods and multiple perspectives (Yin, 1989). Methodologically, we approached Phase 3 at three levels: descriptive, explanative, and assertive (Stake, 1995). First, we studied in depth and in detail the social behaviour of interest: rural community supportiveness. We took particular interest in the social and physical dimensions of each rural community, yet were mindful that each community was a whole system of interdependent parts (Patton, 2002). Second, we employed these descriptions to compare and contrast the character and complexity of rural community supportiveness across the cases. Third, we made several key assertions (Patton, 2002; Stake, 1995; Yin, 1994) about the issue of rural community supportiveness and how it may vary relative to a diversity of players and communities, an interfacing 'mix' of supportive resources, and changing thresholds of assistance required and provided. Our overall methodology arises from these assertions.

Case study methodology epitomizes the assumption held by this research team that 'context matters.' Congruent with case study methodological assumptions, we believe that to understand a contemporary phenomenon such as whether rural communities are good places to grow old, one must spend time in rural communities in the presence of older adults, with key people in their lives, and in interaction with the services, amenities, and exigencies of climate and distance with which they contend. As Yin (1989, p. 23) says, a case study approach is appropriate when the project "investigates a contemporary phenomenon in a real-life context."

Case study methodology permitted us to develop an understanding of supportiveness by observing older persons in the context of the people and services which whom they interact. As well, it allowed us to look across community contexts to understand how rural communities might differentially support older adults. The comparative elements of the methodology were especially important to this study. In previous phases we found that rural communities differ substantially in the level of supportiveness to older adults. Older rural adults differ as well in their sense of connection to their communities. Thus in addition to adopting case study as our overall methodology, we emphasized the comparative aspects of this methodological approach, choosing to study older adults in communities that differed from each other on key characteristics.

Patton (2002) and Yin (1994) outline the main steps in case study methodology: identify a phenomenon of interest, define one or more cases where the phenomenon is manifest, describe each case in terms of its major characteristics and unique features, and present cross-case findings and insight into the phenomenon of interest. Given the focus of the research program on older rural adults, the case was older adults. These adults comprise a cohort that shares some similar experiences because of their setting within historical time, experience of geopolitical events such as the Great Depression of the 1930s and the Second World War, and commonalities of living in rural Canada. Cases always are bounded (Stake, 1995), though boundaries around cases sometimes are not easily defined. We defined the boundaries of our cases as geographic communities, physical places that were the rural communities in which the study was conducted. In the next section, we describe the rural community contexts in which we conducted our case study.

4.2 Rural Community Context

In choosing three rural communities, we began by selecting rural communities from the 2001 Census that met two criteria. We first chose those rural communities that had a higher than provincial average proportion of older adults. To best understand the diversity among rural older adults it is important to select communities in which many older adults live. At least 22% of the residents of each community were aged 65 years or older. We then chose rural communities that were relatively small in size. According to Phase 1 findings, slightly more than half of rural communities in Canada have a population size of fewer than 1000 people, with a mean of 1736 (Keefe et al., 2004). We selected communities that had a population ranging from 1,000 to 3,000 people. The selected communities— Oyen AB, Bobcaygeon ON, and Parrsboro NS – shared these two characteristics (see Table 1). We also were cognizant of the diversity among rural communities.

We learned from Phase 1 that rural communities in Canada were diverse, and that region of the country influenced level of supportiveness to older adults. Hence, it was important to choose rural communities that were located in different parts of Canada and that varied in level of supportiveness provided to older adults. Using the categories developed in Phase 1, we categorized rural communities according to the proportion of residents who reported that they had provided unpaid assistance to one or more older adults. We sought rural communities that varied in levels of supportiveness to older adults. Oyen had the highest proportion of the population that reported hours of unpaid assistance to seniors in the 2001 Census at 20.1%. In comparison, levels of supportiveness were slightly lower in Bobcaygeon at 17.5% and substantially lower in Parrsboro at 10.8% of the population who reported hours of unpaid assistance to older adults (see Table 1). Selecting rural communities that varied in level of supportiveness to older adults allows us to understand how different contexts in which older adults live matter to their experiences of community supportiveness.

Final determination of the three rural communities, Oyen, Bobcaygeon, and Parrsboro, was based on research access. Having access to the case, that is older adults in this project, is an essential part of case study methodology. The communities chosen were those in which the researchers had formed relationships with some community members which could facilitate data collection in the community.

Table 1: Selection criteria used to choose the three case study communities

Characteristic	Oyen AB	Bobcaygeon ON	Parrsboro NS
Proportion of persons aged 65+ [Provincial average]	22.6 [10.4]	41.0 [12.9]	23.2 [13.9]
Population size	1,020	2,854	1,529
Proportion of persons reporting unpaid assistance to older adults (%)	20.1	17.5	10.8

Source: Statistics Canada (2001), Community Profiles
<http://www12.statcan.ca/english/profile01>

With Oyen located on the prairies, Bobcaygeon in central Ontario, and Parrsboro in the Maritimes, general differences among geographic regions were represented. The local geographic settings further illustrate the differences among the rural community contexts as shown in the accompanying community album *Rural communities and older people in Canada: A photographic essay on diversity* (available at <http://www.hecol.ualberta.ca/RAPP>). The community album portrays the geographic setting of the region in which each community is located and many features of the community itself, such as the population, economy, local businesses, housing, and recreation activities. In the following sections, we present an overview of each of the rural communities, compare particular features among the three communities, and speculate on how these varied community contexts may influence older adults' experiences of supportiveness.

Oyen, Alberta

Oyen, Alberta is a farming community located in southeastern Alberta at the crossroads of Highway 9 (the main route between Calgary and Saskatoon) and Highway 41 (the north-south route near the Alberta-Saskatchewan border) in a sparsely settled agricultural region at a distance from metropolitan areas. Oyen is approximately 190 km

north of Medicine Hat (pop. 51,249) and 308 km east of Calgary (pop. 951,395). The region was opened to homesteading in 1909 and settlement occurred rapidly over much of the next decade. Because of drought and economic depression in the 1920s and 1930s many farms were abandoned, but farming practices appropriate to the land and climate have been developed over subsequent decades. Agriculture, based on a variety of field crops (wheat, barley, rye, hay, oats, flax, and canola), cattle, and hogs, is the predominant economy throughout the Oyen area. Greenhouses located in Oyen supply spring bedding plants and Christmas poinsettias throughout Alberta and Saskatchewan. The oil and gas industry also contributes to the local economy. The population of Oyen has remained relatively stable over the past few decades, with many people growing up and growing old in the area.

Bobcaygeon, Ontario

Bobcaygeon is located in the Kawartha Lakes district of south central Ontario, a high amenity area. The lakes, streams, and woodlands which characterize the geography provide attractive places for recreation, tourism, and cottaging, activities which are prominent parts of social life and important to the local economy. The village itself is situated at the intersection of two lakes, and is the site of one of the locks which permit pleasure boats to navigate the Trent-Severn Waterway. Although it is a small rural community, Bobcaygeon is close to and influenced by Ontario's "golden horseshoe," the most urbanized area in Canada. Distances to other service centres are relatively short: Lindsay (pop. 16,930) 32 km, Peterborough (pop. 71,446) 52 km, and Toronto (pop. 4,682,897) 156 km. While tourism is the most visible part of the economy in the immediate area, jobs in the manufacturing and service industries characteristic of urban regions are within commuting distance for many residents. Agriculture continues to play a small but important role in the local economy. Residential construction has expanded continuously since the 1960s, following the development of modern water and sewer service. Bobcaygeon is now known as one of Canada's primary retirement communities, having attracted large numbers of older adults from across Ontario and a large proportion from the Greater Toronto Area (Bowles, Beesley, & Johnston, 1994).

Parrsboro, Nova Scotia

Parrsboro, Nova Scotia is located in a maritime region with a history of European settlement beginning in the 1600s. It is situated on the northern shores of the Minas Basin, an arm of the Bay of Fundy, 186 km northwest of Halifax (pop. 359,183). Through much of Parrsboro's history the forests provided lumber for shipbuilding and for shipment to other markets. Coal deposits supported a mining industry. Shipping and ship building were major sectors in Parrsboro's economy. During the days of wooden sailing ships Parrsboro harbour (which is the largest on the Minas Basin) was an important Atlantic Canadian port from which lumber and coal were shipped to many destinations and through which goods were imported. The closing of coal mines, the exhaustion of timber supplies, and the shift away from wooden sailing ships have left the Parrsboro region with decreased economic opportunities. Since many of the economic activities once important in the region have declined, so too has the population. Today, tourism is the predominant economy, with the area's scenic beauty, fascinating geology, and interesting historical sites attracting many summer visitors. Forest industries continue but on a reduced scale. There is some agriculture, particularly the intensive management and processing of wild blueberries. However, many of these industries operate either part-year or part-time.

Diversity among community contexts

By contrasting particular features of these communities we begin to see how each may provide a different context for older adults. Drawing upon Phase 1 results, we know that those rural communities that are more supportive of older adults are smaller in size, further from a service centre, have a higher proportion of older adults, women and widowed people, lower proportion of people with some post-secondary education, lower average household incomes, lower proportion of people who work part-time or part-year, and a higher proportion of long term (5 years or more) residents (Keefe et al., 2004). In the following section, we contrast these characteristics for our case study communities, and speculate on how these varied community contexts may influence older adults' experiences.

Distance may influence the ability of older adults to access the goods and services to support their everyday living, especially since the availability of essential services in rural communities has declined over the past five years (Halseth, 2003). Table 2 shows that Bobcaygeon is within commuting distance of larger cities or metropolitan areas, while Oyen is more remote and at a considerable distance from urban areas. While distance is one indicator of access to needed services, it can be intensified by severe climatic conditions such as ice storms common in Atlantic Canada and blizzards in southern Alberta.

Table 2. Distances to Larger Centres

Community	Centre	Population	Distance (km)
Oyen, AB	Medicine Hat	51,249	190
	Calgary (CMA)	951,395	308
	Edmonton (CMA)	937,845	426
Bobcaygeon, ON	Lindsay	16,930	32
	Peterborough	71,446	52
	Toronto (CMA)	4,682,897	156
Parrsboro, NS	Amherst	9,470	55
	Truro	11,457	94
	Halifax (CMA)	359,183	186

Source:

Population: Statistics Canada (2001), Community Profiles

<http://www12.statcan.ca/english/profile01>

Distance: <http://maps.google.ca>

Table 3 below compares the demographic characteristics and economic indicators among the three case study communities. The three rural communities were similar in the proportion of women and widowed people in the community, factors that are related to supportiveness. Rural communities that were more supportive of older adults had higher average proportions of females and widowed persons (Keefe et al., 2004). Yet these communities differ in ways that also influence supportiveness to older adults.

Table 3. Selected characteristics of case study rural communities (in 2001*)

Characteristic	Oyen	Bobcaygeon	Parrsboro
	Population & population history		
2001	1,020	2,854	1,529
1991	1,019	2,562	1,634
1961	780	1,210	1,834
1921	390	1,095	2,161
Population change - 1961 to 2001 (%)	23.5	57.6	-19.9
Lived in the same community 5 years ago (%)	83.8	74.7*	84.8
	Population characteristics		
Percent of population 65 and older (%)	22.6	41.0	23.2
Median age of population (years)	39.0	59.7	44.0
Female (%)	50.5	53.6	53.6
Widowed persons (%)	11.6	14.3	13.5
Population 15 years and older with some post-secondary education (%)	42.2	42.1*	43.5
Population aged 20-64 years with college or university certificate, diploma or degree (%)	32.4	31.6	29.4
	Labour force		
Workers with income employed part-time or part-year (%)	53.6	55.1	62.3
Unemployment rate ¹ (%)	1.8	6.8	17.2
	Income		
Median annual household income [Provincial median annual household income] {Difference}	\$44,926 [\$52,524] {\$7,598}	\$40,544 [\$53,626] {\$13,082}	\$25,886 [\$39,908] {\$14,022}
Government transfers as percent of income (%) [Provincial average of government transfers as percent of income (%)]	18.7 [9.3]	26.6 [9.8]	35.9 [16.1]
Incidence of low income in the population in private households (%)	9.7	14.4*	31.4
Incidence of low income among unattached individuals (%)	18.7	26.6*	35.9

Source:

Census of Canada 1921, 1961, 1991, 1996, and 2001

Statistics Canada (2001) Community Profiles <http://www12.statcan.ca/english/profile01>

* Note: Because Bobcaygeon and all other municipalities in Victoria County were amalgamated in January 2001 to form the City of Kawartha Lakes, some data are not reported separately for Bobcaygeon in the 2001 Census. In this table, Bobcaygeon data from the 1996 Census are reported for the following variables: lived at same address 5 years ago, proportion of the population 15 years and older with some post-secondary education, total income of private households by income levels, and incidence of low income in population in private households and among unattached individuals.

¹ Unemployment rate refers to the percentage of those who are not working but actively looking for work divided by the labour force (the population 15 years of age and over who are working or looking for work) in the week (Sunday to Saturday) prior to Census Day (May 15, 2001).

Population change and migration patterns are indicators that reflect the potential availability of family and friends for support. Typically, there is more community support available when family and friends live close by (Blazer, Langerman, Fillenbaum, & Horner, 1995). In fact, rural communities that provide moderate and strong support to older adults have a higher proportion of residents who have lived in their community for at least five years compared to weak support communities (Keefe et al., 2004). Both Oyen and Parrsboro have a high proportion of people, about 84%, who lived in the community five years ago. However, about one quarter of Bobcaygeon's population have moved into the community during the past five years. As well, the three communities have very different population histories. Over the forty year span between 1961 and 2001 (half the lifetime of an 80 year old senior) Oyen grew by 23.5%, Parrsboro declined by almost 20%, and Bobcaygeon more than doubled in size.

While the pattern of change in each community may be part of the community identity or shared sense of place for seniors, it has consequences for older adults' social networks. Even though Oyen has been growing and Parrsboro has been declining, the rates of change have been similar. Hence, seniors in each of these communities are likely to have long established networks of friends and be living in proximity to family members, unless their children have left the community. There are some long-term residents in Bobcaygeon who will have similar relationships. In Bobcaygeon, however, there are a large number of recently arrived older adults who are not likely to have community networks with long histories or to be near family members. But they have moved to Bobcaygeon because it offers a lifestyle that appeals to them and they are among many like-minded seniors so they may quickly form social networks within which they can receive and provide support.

Rural communities that provide weak levels of supportiveness to older adults have a higher proportion of persons who work part-time/part year than moderate or strong support communities (Keefe et al., 2004). Parrsboro workers were more likely to have worked part-time or part year while workers in Oyen and Bobcaygeon were less likely to have done so. The communities also differ on unemployment rates (% without work among those working or looking for work). Unemployment rates are very low in Oyen, somewhat higher in Bobcaygeon, and very high in Parrsboro. Thus residents of Oyen are the most likely to be working and those of Parrsboro are the least likely to be working. Employment status and unemployment rates are indicators of the general vitality of a community's economy.

Additional information about the local economy can be obtained by examining income data. Income is related to rural community supportiveness to older adults. Rural communities that provide strong levels of support are more likely to have, on average, lower household incomes than weak and moderate supportive communities (Keefe et al., 2004). Median household income in Parrsboro is \$14,000 lower than in Bobcaygeon and \$19,000 lower than in Oyen. Government transfer payments consist predominantly of Old Age Security, Canada Pension Plan, and social welfare payments of various kinds. They are often taken as an indicator of relative dependency. On average, a higher proportion of residents' incomes are from government transfers within each community than they are for the respective provinces, reflecting the large number of retirees drawing government pensions in each community. Overall, government transfers are lowest for Oyen and highest for Parrsboro. The proportion of households living below Statistics Canada Low Income Cut-Off (LICO) in Parrsboro is double that of Bobcaygeon

and three times that of Oyen. The patterns are particularly dramatic for unattached individuals, many of whom would be seniors.

Given the large differences in economic patterns, it is surprising that the three communities are nearly the same in the proportion of the population with some post-secondary education. The proportion of the population aged 20-64 who have a college or university certificate or degree varies only 3% among the communities. Rural communities that have a lower proportion of the population with some post-secondary education are more likely to have higher levels of supportiveness to older adults (Keefe et al., 2004). Unfortunately, the data did not allow us to compare the educational attainment of older adults across communities, although educational attainment is generally lower in older generations.

4.3 *Data Collection*

A case study approach emphasizes the collection and analysis of data about a phenomenon in its context. Consistent with the assumptions of case study methodology, we were engaged in each of the three rural communities for over a year, employing several methods of data collection to best understand the supportiveness of rural communities to older adults in context (Yin, 1989).

Data collection methods were developed to address the two main research questions in the study and included semi-structured interviews and field notes, photographs, and community consultations. To address the first research question about the nature of diversity among older adults, we interviewed older adults themselves, family members, service providers, and volunteers in each community, recording field notes after each interview. We took photographs of older adults engaged in their community. We conducted community consultations in which we validated our understanding of the nature of diversity among older adults. To address the second research question about how the interpersonal and service contexts influence older adults' experiences of community supportiveness we interviewed older adults, family members, volunteers, service providers, and local policy makers, and recorded field notes after each interview. Photographs of the community as a setting in which older adults live and community consultations in which participants were asked about the ways in which the community supports older adults further enhanced our understanding of the interaction between older adults and the interpersonal, service and community contexts in which they live. Data collected with each method interacted with and shaped data collection with other methods. At each stage of data collection we drew insights from our findings to guide choices in the next stages of data collection, thereby proceeding in an iterative manner. This process allowed us to triangulate the data to confirm and validate findings (Stake, 1995).

Triangulation of the data was done in three ways. First, we studied multiple cases, which was a form of data source triangulation (Patton, 2002; Stake, 1995; Yin, 1994). As a form of investigator triangulation, several researchers collected and analysed data across the three cases. Third, we used methodological triangulation by using a number of data collection strategies over three waves of fieldwork (Patton, 2002; Yin, 1994). These included interviews with key informants, field notes, photography, and community consultations.

In the following sections, we elaborate on the different methods of data collection used, organizing them by method for efficiency, as each method addressed both research questions. We describe how we conducted the semi-structured interviews and recorded field notes, how we photographed each community and its older adults, and how we conducted the community consultations. We begin by describing the sample of participants who informed our understanding of the nature of diversity among older adults and the influence of community context on their experiences of supportiveness.

Sample

Because we were interested in exploring the nature of diversity among older adults, sampling for the semi-structured interviews and community consultations was purposeful (Patton, 2002). We sought participants who were older adults and other people who interacted with older adults through family relations or service provision. Articles published in local newspapers introduced community members to the research project and its goals, informed residents that photographs would be taken, and invited interested residents to contact interviewers to participate in the semi-structured interviews. Initially, interviewers endeavored to find and interview older adults in each community who varied in their age, marital status, living arrangements, health status, income level, engagement in the community, degree of independence, and connection to agencies. Potential respondents were found by talking with people in each community at common places where older adults may visit, like coffee shops, senior citizen's centres, the Royal Canadian Legion branch, and at meetings of local interest groups (such as the historical society, craft groups, etc.). Talking with a broad range of older adults about their experiences of growing old in a rural community enabled us to begin to understand the diversity among older adults and the ways in which community context matters.

Subsequently, interviewers approached people who may interact with or provide services to older adults through family relationships (including caregiving), health care practitioners (including physicians, dentists, pharmacists, and massage therapists), continuing care services (such as home care, home support workers, and staff of residential care facilities), emergency response providers (including police and ambulance services), providers of basic goods and services (grocery stores, post offices, hair dressers, banks, and insurance services), specialty businesses (including real estate agencies, funeral homes, and gift stores), voluntary/not-for-profit programs (those who provide services such as Meals-on-Wheels, Food Banks, and volunteer driver programs), and advocacy groups (such as senior citizens coalitions). These respondents were important to deepen our understanding of the nature of diversity among older adults and the influence of community context. The mayors of each community also were interviewed to understand the role that municipalities play in supporting older adults.

Finally, interviewers identified key informants in each community who were articulate and knowledgeable about older adults in their community, either through lived experience or everyday interactions with older adults. Many of these individuals had been interviewed previously, and were invited to participate in the final community consultations. Participants in the community consultations confirmed and enriched our understanding of the diversity among older adults and enhanced our understanding of the influence of community context on their experiences of supportiveness. As summarized in Table 4 below, we conducted 152 individual and small group interviews with 194 individuals, and 10 community consultations with 57 participants. There were

few volunteers interviewed who were not seniors; those volunteers who were aged 65 and older were classified as older adults. Not surprisingly given the small rural community context, some respondents interviewed had multiple roles. For example, they were a service provider who did some volunteering in the community and had aging parents or they were a family member and a volunteer. These respondents were classified only once according to their predominant role in the community or in their interactions with older adults.

Table 4. Number of interviews completed and number of people interviewed

Stakeholder Group	Oyen AB		Bobcaygeon ON		Parrsboro NS		Total	
	Interview	People	Interview	People	Interview	People	Interview	People
Older adults (65+ years)	17	30	25	31	21	28	63	89
Family members	8	9	1	1	4	5	13	15
Volunteers	3	4	0	0	2	2	5	6
Formal service providers	36	44	12	15	20	22	68	81
Local policy makers	1	1	1	1	1	1	3	3
Subtotal	65	88	39	48	48	58	152	194
Community consultations	4	24	3	20	3	13	10	57
Total	69	112	42	68	51	71	162	251

In the next section, we describe the way in which we conducted semi-structured interviews with older adults, family members, service providers, and mayors of each municipality. The initial development of interview frameworks was guided by the conceptual framework of the research program and intended to address the research questions about the nature of diversity among older adults and the ways in which the contexts in which they live matter to their experiences of community supportiveness.

Interviews and field notes

We recruited one interviewer in each community; in Parrsboro we also had a community liaison, a resident of the community who facilitated data collection by contacting potential participants and setting up interviews. Each interviewer had a graduate degree in a relevant discipline. Each was trained in the community where they would work by one of the co-investigators, and by reading background information on the project and interview protocols. The interview protocols included detailed instructions about what the interviewer should do in preparation for, during, and after an interview. In the beginning, interviewers conducted joint interviews with a co-investigator, and then received feedback on their interview skills afterward. Because interviewers came to the project with good qualifications and were experienced interviewers, and because of the frequent consultations among all team members, interviewers became integral members of the research team, participating in the development of data collection strategies, data analysis, and interpretation.

Interviews took place in three waves, with the stakeholder group and guiding questions asked shifting in each wave, building on what we learned in earlier waves. In

the first wave (October 2004-December 2004) most of the interviews with older adults were conducted. Wave 2 (April-June 2005) involved interviews with other community members, namely family members, members of volunteer groups serving older adults, and service providers in public, private, and not-for-profit agencies. In the final wave of interviews (September-November 2005) individual interviews with the communities' mayors were held as well as focus group consultations with community members to validate and direct preliminary research findings. Each interview began with an explanation of the study and obtaining written consent to participate in the research study.

Interviews with older adults

In 63 interviews, we collected data from 89 older adults across the 3 communities. Our objective was to identify the diversity among older adults, understand their experiences of living in their rural community, and identify the ways in which the place was supportive or not. The following questions guided semi-structured interviews with older adults:

- Some people say [name town] is a good community to grow old; others say it's not so good to grow old here. What do you think? Why or why not?
- How do family/friends make this a good place to grow old? Why? In what ways?
- How do the available formal services make this a good place to grow old? Why? In what ways?
- Is this a better place to grow old for some groups of older adults than for others?

Interviewers were prepared with a variety of prompts that they used to encourage respondents to elaborate on their initial responses, thereby enriching the data collected. Participants' responses provided us with information about the diversity of older adults, their abilities, needs, and resources available to them, their interactions with family, friends and other community members, their ability to access services, and their need for services that are not available locally.

Interviews with other community members

In addition to the older adults, we wanted to hear the perspectives of other community members, especially older adults' family members, members of volunteer groups serving older adults, and service providers in public, private, and not-for-profit agencies. We wanted to learn how these people, who shape much of the interpersonal and service environments within which older adults live, view the diversity among older adults, feel about the ways in which they support older adults, and perceive the supportiveness of their community. The development of strategies for data gathering in the second wave drew on what we had learned in the first wave and involved all team members. We prepared a preliminary analysis of the coded findings for interviews with older adults in each community and circulated to all team members. We then held conference calls and team meetings both to discuss what had been learned to date and to formulate the specific questions to guide interviews with community based service providers. Because interviewers had been in the communities awhile and were familiar with agencies, organizations, and families in their communities, they were able to identify and approach family members and service providers who could be expected to have relevant information about the nature of diversity among older adults. Semi-structured interviews were completed with 81 service providers, 6 volunteers, and 15 family

members across the 3 communities. The probing questions asked of respondents varied across stakeholder type (see Appendix A).

Interviews with mayors

Toward the end of data collection we conducted individual interviews with the mayors of the three municipalities to explore their perspectives on the ways in which municipal governments create supportive communities that are inclusive of different groups of older adults, and the factors that facilitate and constrain them. The interviewers first shared descriptions of the different groups of older adults found in previous waves of data collection and asked the mayors to comment on the ways their municipality tries to help different groups of older adults, the gaps in service delivery, and the consequences of these gaps for the individuals and the municipality (see Appendix A for guiding questions).

Community consultations

Between September and November 2005 at least three research team members visited each case study community and held small group consultations with key community members. These consultation groups ranged in size from 2 to 7 participants and lasted between 1½ and 2 hours in length. We selected participants who, based on knowledge gained in earlier interviewing, we knew to be familiar with older adults and/or community issues locally, were articulate, and confident enough to participate in a group discussion. The objective of these community consultations was to validate our understanding of the different groups of older adults, and use these groups to frame a discussion about the ways in which each community supports different groups of older adults.

Based on earlier data collection and analysis that had been completed thus far, facilitators began each community consultation by presenting a series of profiles of four groups of older adults: community active, stoic, marginalized, and frail seniors. The defining features of each group were explained and written descriptions were provided. A discussion was then facilitated to check the validity of the description of each group, confirm the presence of each group in the community, and deepen our understanding about the nature of diversity among older adults and the ways in which the community context matters to their experiences of supportiveness. Participants were also asked to identify the programs or services they were most proud of and to make one wish that would enable their community to better support older adults.

Treatment of the data

All interviews (with older adults, other community members, mayors, and community consultations) were recorded on audio cassettes or digital voice recorders. In addition, field notes were made during and after each interview. Field notes recorded the date and venue of the interview, the name of the respondent, his or her length of time in the community, gender, age, health status, marital status, living arrangements, perceived adequacy of income, and other relevant information. Field notes outlined the key issues discussed during an interview, described the differences and similarities with other interviews in the same community, and included any comments the interviewers perceived as important about the process or outcomes of the interview. Field notes and audio recordings were both treated as important data.

Audio recordings of the interviews were transcribed verbatim by four qualified transcriptionists over the one-year period of data collection. When identifying information was part of the transcript, precautions were taken to protect the respondent's identity. For example, person's names in the transcript were given pseudonyms, and identifying information was removed. A verification check on a random sample of five transcripts (including at least one from each transcriptionist) found the work of all transcriptionists to be very accurate. We found that the margin of error (missed words, interjections, typos, etc.) was on average about 20 words in a 7,000-word transcript. Given the high accuracy of transcription found by all four transcriptionists, no further verifications were considered necessary.

Coding began as soon as transcripts were available (see section on Data Analyses for further details about coding). Following the general principles of qualitative research, we wanted to follow an iterative process of adapting our guiding interview questions to build on what we were learning, and we wanted to stop interviewing when the data collected ceased to provide new understandings (i.e., category saturation). Frequent telephone and e-mail contact between the project manager, data analyst, and interviewers in the field facilitated this continuous iterative process. At strategic points coded interview results were organized to create preliminary identification of patterns in the data and this material was circulated to team members. After team members had reviewed this material we held conference calls involving the principal and co-investigators, research staff, and interviewers in all three communities. These calls permitted interviewers in each community to share their observations and insights directly with all members of the team. They also permitted co-investigators to guide the field work and be more closely connected to the data collection process. Of particular importance, they allowed interviewers in each community to develop a sense of issues and patterns emerging in the other communities.

Over the one-year period in which these semi-structured interviews were taking place, photographs were also being taken of the community as a context in which older adults live their lives and the ways in which older adults interact with others in their community. The use of photographs as another method of data collection was based on the assumption that like words, visual images can communicate knowledge about or insight into social phenomena (Pink, 2001). In the next section, we describe the photography data collection method.

Photography

At the beginning of the study it was expected that a limited set of photographs would be used to illustrate patterns emerging from data collected in interviews and community consultations. As the study developed the role of photography expanded and photographs became an additional type of data and a useful tool in enhancing our understanding of the diversity among older adults and the influence of community context on their experiences of supportiveness. Photographs were used to capture images relating to: the community as a place where older adults live their daily lives; the social settings within the community where older adults spend time; the places where support is given and received; and older adults' participation in various community activities.

All photographs were taken by team members who were familiar with the goals of the study and the findings as they emerged. Photographers followed the general procedures of observational field research. Photographers operated openly so that it was clear they were taking pictures. When photographing in an organized setting, or when an individual expressed interest, photographers explained the study and provided an information sheet describing the research project. In private or confined spaces photographers obtained verbal or written consent from those being photographed. In public settings such as street scenes or organized community events permission forms were not used on a regular basis. In public gatherings such as bazaars or older adults' dinners they contacted the person coordinating the event, explained why photographs were desired, and if appropriate asked to be introduced. In so far as practical, when photographing an event they participated in the event. Photographs, like recorded interviews, were regularly sent from each community to the project manager.

Just as the periodic distribution of preliminary interview material and the initial patterns emerging from interview coding provided team members with a sense of what older adults in the community were reporting, the periodic distribution of photographs helped team members visualize and understand the rural communities as settings in which older adults lived their lives. Descriptions of qualitative research are often based on the image of an individual researcher fully immersed in the research setting and consequently able to develop an empathetic understanding of the research subjects and their experiences. Given the scale of this project it was not possible for any one researcher to be immersed in all research settings. Sets of photographs, frequently accompanied by field notes, were distributed electronically among team members. Patton (2002, p. 23) suggested that "qualitative data describe. They take us, as readers, into the time and place of the observation so that we know what it was like to have been there." Sets of photographs helped achieve this objective for members of the research team.

Over 2500 photographs were taken. From this pool, photographs were selected that helped us understand the geographic and community setting and the ways in which these three rural communities support older adults who live there. The community album, *Rural communities and older people in Canada: A photographic essay on diversity* (available at <http://www.hecol.ualberta.ca/RAPP>), is a visual representation of our understanding of the nature of diversity among seniors and how context matters to their experiences of supportiveness.

Additional community events

As researchers we recognize and appreciate the contribution of the case study communities and of individuals who were interviewed, observed, and photographed. Near the end of the time in which we were present in the three rural communities, we returned there to share preliminary findings and acknowledge the contributions of those people who participated in our research study. Accordingly, we held an open house in each community to thank community members for sharing their experiences and insights, present preliminary findings and photographs, provide community members with an opportunity to ask questions, and make a modest monetary donation on behalf of the research team to a local organization that would benefit older adults.

Open houses were advertised in the local newspaper and posters were placed around town. Complimentary food and beverages were provided. At each open house, a set of nine posters were displayed that portrayed the diversity among the three rural communities in terms of their regional settings, community features, and the ways in which each rural community supported the older adults who lived there. These posters were developed as part of the process of data analysis and were comprised of photographs, quotes from the interviews, and observations. Overall, the community consultations were well attended, attracting over 60 interested residents across all open houses.

Thus far we have described case study as a methodological approach, the rural communities that provided a context in which older adults live their lives, and the multiple data collection methods that were used to address our two research questions. In the next section, we describe how the data collected were analyzed to determine the nature of diversity among rural older adults, and how the interpersonal and service contexts in which they live matter to their experiences of community supportiveness.

4.4 Data Analyses

In this study, we sought to elucidate from the data an understanding of the nature of diversity among rural older adults, and how the contexts in which they live matter to their experiences of community supportiveness. In the quest for a thick description that is the essential outcome of qualitative inquiry (Patton, 2002), we deeply immersed ourselves in the massive amount of rich qualitative data comprising the interviews conducted with older adults and other community stakeholders, field notes and observations made by the interviewers, photographs taken in the community, and consultations conducted with key informants in the communities. We analyzed the data gathered through a continuous, iterative, and comparative process (Denzin & Lincoln, 2000; Patton, 2002; Silverman, 2000).

While photographs were not systematically coded (Suchar, 1997) or submitted to systematic content analysis (Rose, 2001), they were used in the process of reflexive inquiry which sees the researcher working with many types of data to produce an integrative narrative (Pink, 2001). We critically reflected on what we saw and heard from each source of data, and made multiple comparisons across the various sources of data, within each community, and across the three rural communities. We engaged in a constant comparative process: comparing what we heard in each interview both with the other interviews completed in the same community and with the interviews completed in

the other rural communities; and comparing what we heard in the interviews and field notes with what we saw in the photographs.

We used the qualitative data analysis software package NUD*ist v. 6 to support the organization, coding, and analysis of data. NUD*ist was selected because of its ability to manage and organize large sets of data, the nature of its search tools, and its hierarchical coding schema (Lewins, 2001). The software allowed us to create, modify, and refine the coding schema over the 14 months of coding, organizing, and analyzing the massive amount of data collected.

Human ecology theory underpinned the study, and as a result we incorporated concepts from human ecology theory into the initial coding schema. The initial coding schema was based first on environments central to our theoretical framework, including the personal, interpersonal, service, and community environments. These codes sensitized us to relevant concepts from the theory before we began to code text (Lewins, 2001). The initial coding schema was also consistent with the objectives of the case study, in which we sought to understand the nature of diversity among rural older adults, and the ways in which the contexts (interpersonal, service, and community) in which they lived mattered to their experiences of supportiveness.

Coding and analysis began as soon as sufficient transcripts were available and continued parallel to interviewing. We carefully read the text from both transcripts and field notes, and assigned those codes to relevant passages of text, thereby beginning the process of organizing the data. These codes allowed us to pull together and categorize a series of otherwise discrete statements made by respondents in the interview transcripts and observations made by interviewers in the field notes.

Within each theoretical code, we began to see complexities in the aspects within a particular environment. We analyzed the data toward building general patterns through a process of breaking down, examining, comparing, conceptualizing, and categorizing data (Suchar, 1997). In response, we developed new codes that were grounded in the data. We gave labels to segments of text that appeared to be particularly relevant to our inquiry about the diversity among rural older adults, and their experiences of supportiveness.

We also used some organizational coding to allow flexible access to the large corpus of coded data. Community (Oyen Bobcaygeon, or Parrsboro) and type of participant (older adult, family member or caregiver, volunteer, service provider, local policy maker, or community consultation) was ascribed to each transcript and field note coded. This allowed us to later make comparisons across the source of data and type of respondents. Once the different groups of older adults were developed, then the transcripts and field notes for each older adult were tagged as belonging to a particular group of older adults.

We retrieved passages of text based on the presence of codes to further our data analysis. These 'data reports' contained text segments or quotations in which examples of a selected code (or codes) were collected together across the whole data set. All excerpts in a data report note the original alphanumeric respondent identifier, which indicates the specific interview or field note this text segment was extracted from. By reading the data reports generated, we were able to step back from the dataset as a whole and focus on certain aspects.

We made relevant comparisons. We created summary tables for each set of analyses that facilitated the comparative process. These summary tables were a type of memo that we wrote for ourselves and shared with others with whom we worked (Bryman, 2001). The summary tables were used as the basis of focused discussions among research team members (including the interviewers) about data analysis. The process of developing and refining the summary tables gave us pause for reflection, clarified what was meant by terms being used, and afforded opportunities to crystallize ideas. Summary tables also recorded our thinking (at the time) on various aspects of diversity among older adults and the influence of context on supportiveness.

“Coding in qualitative data analysis tends to be in a constant state of potential revision and fluidity” (Bryman, 2001, p. 392). The interplay between interviews, interviewers’ observations captured in field notes, photographs, and community consultations enabled us to develop an in-depth understanding of the nature of diversity among rural older adults, and the ways in which the community contexts in which they live influences their experiences of supportiveness. Through the analytic process we came to agree with Becker (2000, p. 333) that “visual materials are significant for sociologists because photographs, more aptly than words, display social phenomena in context.” The accompanying community album, *Rural communities and older people in Canada: A photographic essay on diversity* (available at <http://www.hecol.ualberta.ca/RAPP>) represents visually the text in this technical report, illustrating the nature of diversity among older adults, the ways in which rural communities are supportive, and the context in which rural seniors live their lives.

In the next section, we elaborate on how we analyzed the qualitative data to describe the nature of diversity among older adults, and the different ways in which the groups of older adults interacted with the people and services in their lives.

Diversity among rural older adults

To begin to understand the nature of diversity among rural older adults we analyzed the data in four steps. First we explored the nature of diversity among older adults within communities, elucidating community-specific groups of older adults within each rural community context. Second, community-specific groups were compared across the three rural communities, to determine commonalities among the groups of older adults. Four aggregate groups of older adults were found, irrespective of the rural community context. Third, the rural older adults we interviewed were assigned to one of the four aggregate groups of older adults based on their predominant characteristics, and validated by two research team members independently. Subsequently, all interviews and field notes were coded as belonging to a particular group of older adults. Analysis of community consultation data validated and enhanced our understanding of diversity among rural seniors. We elaborate below on each of the steps used to analyze the data to identify the diversity among rural older adults.

The case was conceptualized as the population of seniors in the contexts of interest, that is, within each rural community. For each case, a densely descriptive ‘picture’ was developed (Patton, 2002; Yin, 2003) using data from interviews with seniors themselves, family members, community volunteers, and service providers. In addition, field notes, photographs, and community consultations complemented the interview data. Given our

conceptual framework and assumptions, we expected that older adults were not all the same.

We began by exploring the diversity among rural older adults who lived in the *same rural community*. We listened to interviews with seniors, read transcripts and field notes, viewed photographs, and talked with the interviewers, reflecting on who are the older adults that we interviewed. We also listened to interviews with non-seniors (family members, volunteers, and service providers), reading through their transcripts and field notes to see whether they spoke about other older adults that perhaps we had not been able to find and interview. We made a series of comparisons among each of the interviews conducted in the same community to identify a set of characteristics or features that seemed to define a particular group of older adults. These defining features related to differences among the groups in terms of their personal resources, and the ways in which older adults interacted with people in their community.

Through this comparative process we identified qualitative differences among older adults within each community, which lead us to acknowledge the existence of different groups of older adults within each rural community. A description of each community-specific group of older adults was written, and subsequently validated and refined through teleconferences with all research team members, including the interviewers. In validating the descriptions of the community-specific groups of older adults, it was important that these descriptions resonate with the interviewers, who had been in a given rural community for a considerable time, and who knew the older adults living there. The interviewers were asked to develop the labels for each group in his/her respective community that captured the essence or defining feature(s) of each community-specific group of older adults. Table 5 shows the community-specific groups of older adults that emerged from our initial analyses of data within each community.

Table 5. Groups of older adults within and across rural communities

Initial community-specific groups of older adults in Oyen	Initial community-specific groups of older adults in Bobcaygeon	Initial community-specific groups of older adults in Parrsboro	Final groups of older adults across communities
Active retirees	Altruist leaders Active/engaged seniors	Community active seniors	Community active older adults
Senior farmers Independent retirees		Secure seniors	Stoic older adults
	Secluded seniors	Struggling seniors Disconnected, come from away	Marginalized older adults
Residents of the Lodge Residents of Extended Care	Assisted seniors Supported seniors	Frail and isolated seniors Downsizers	Frail older adults

Consistent with case study methodology, we proceeded from analyzing the diversity of older adults within each community to comparing the different groups of older adults across communities, looking for commonalities between the groups that might supersede the different community contexts in which older adults lived. We examined all

of the groups of older adults, looking for shared defining features, such as the personal resources available or the patterns of interaction with other people. Three members of the research team conducted the comparative analysis by reviewing the description of a particular community-specific group of older adults, and systematically comparing the defining features of this group, with the descriptions of other groups of older adults in the same community as well as with other groups in the other two rural communities.

Through this critical comparative process we were able to refine the features that defined a particular group of older adults, and see commonalities across the groups and across the different rural community contexts. We noted that groups were penetrable; that is, membership in a particular group was based on having most (but not necessarily all) characteristics of the group. For example, a feature like length of residence in a particular community was no longer important. We synthesized the original 16 community-specific groups of older adults into four. A summary table was created which noted the defining features of each group of older adults, and how each group is influenced by the rural community context in which they live. New labels were created, drawing upon the words used to name the community-specific groups of older adults. This summary document was circulated among research team members, discussed, and subsequently validated by the interviewers.

Data from the community consultations were used to validate and further refine our understanding of the diversity among rural older adults. Key stakeholders in each community, including older adults, family members, services providers, volunteers, and local business people, responded to the profiles of older adults presented, confirmed that these groups existed in their community, and elaborated on their perceptions of each group and their defining features.

Transcripts from the community consultations were read. Excerpts that spoke about the characteristics of each group of older adults were coded into a new primary node *validate diversity among seniors*, which was comprised of four sub-nodes: *community active seniors*, *stoic seniors*, *marginalized seniors*, and *frail seniors*. We coded the community consultation data into distinct nodes separate from the interview data to recognize that the methods of data collection differed. The community consultation respondents' perceptions were likely influenced by having the opportunity to respond to the profiles of older adults that had been presented to them, and which were developed after analysis of the interview data.

After the coding of the community consultations was complete, four data reports were generated, one for each group of older adults. We carefully read through the data report for each group, and compared the contents to the existing profile and summary document. Through this process, we validated the features that defined each group of rural older adults, and enriched our understanding of the nature of diversity among rural older adults.

For organizational coding and to further understand the diversity among older adults, each senior respondent was assigned to one of the final four groups of older adults. Two research team members (including the interviewer where possible) independently reviewed each older adult respondent's interview or transcript and associated field notes, comparing what she heard/read with the written profiles of the four groups of older adults. Based on the comparison, she categorized each older adult interviewed as

belonging to a particular group based on having many (but not necessarily all) of the characteristics of a given group.

The project manager compared the inter-rater reliability in group assignment. Overall, the inter-rater agreement was 76.6% across 53 interviews with older adults. This value reflects the challenges in distilling the multi-faceted, complex, and dynamic lives of older adults into a few defining features. Typically disagreements arose when an older adult had characteristics in common with more than one group, perhaps because they were in transition from one group to another. For example, the level of engagement of a community active older adult may be declining because of increasing health issues. In cases where the two raters disagreed, the relevant transcripts and field notes were re-read, and then discussed among the two raters and the project manager to reach a final decision by consensus.

The interview transcripts and field notes for each older adult were then tagged in NUD*ist as belonging to a particular group of older adults. When two or more older adults comprised the interview, the interview was tagged as belonging to one group, either (1) when the older adults had complementary perspectives and shared characteristics of one group; or (2) when one respondent dominated the interview despite apparent differences observed between (or among) the respondents. The initial observations of neither groups of stoic seniors in Bobcaygeon nor marginalized older adults in Oyen (see Table 5 above) were refuted both in the community consultations and the subsequent tagging of each older adult interviewed. The assignment of older adults to a particular group and subsequent tagging of the interviews with older adults was the foundation for subsequent analyses that would deepen our understanding of the nature of diversity among older adults in terms of the ways in which they connect to people and services in their lives.

Diversity in connections to people

In line with our second research question, we sought to understand how diversity among rural older adults may manifest itself in different patterns of connections to people. By making comparisons among the four groups of older adults in the ways in which they interact with people we enrich our understanding of how the interpersonal context influences experiences of supportiveness. In this section, we describe how we analyzed the data to compare the ways in which different groups of older adults interact with family and friends, and engage in community organizations.

To describe and compare the differences in connections to people among the four groups of older adults required four steps in the data analysis. First the data about older adults' connections with their interpersonal environment from the interviews with older adults and corresponding field notes were organized by three key topics or domains which arose from the literature review. Second, we created data reports for each domain by group of older adults. Third, we analyzed these data reports by group and identified themes within each domain for each group of older adults. Fourth, we compared themes across the three domains and across the four groups of older adults to identify common threads along which the groups of older adults differed.

Coding of the data began as transcripts became available, and consequently, before the groups of older adults had been developed. Based on the research literature (see Chapter 3), we knew that family, friends, and community organizations were key

domains within older adults' interpersonal environment. We applied this knowledge as a starting point to organize the data from the interviews with older adults and the corresponding field notes. Within a primary node labeled as *interpersonal environment*, we created three sub-nodes: engagement with family, engagement with friends, and community involvement. Accordingly, we coded excerpts from the data into the respective domains that spoke to older adults' *engagement with family*, their *engagement with friends*, and their *engagement in community organizations*.

After the initial coding was complete, we generated 12 data reports: one for each of four groups of older adults by each of three domains in the interpersonal environment. Thus a separate data report was printed for community active, stoic, marginalized, and frail older adults in terms of their engagement with family, with friends, and in community organizations.

These data reports were then analyzed in batches. We carefully read through the three data reports for each group of older adults, reflected on their content, and identified themes within each domain that described how community active, stoic, marginalized, and frail seniors differentially engaged with family, with friends, and in community organizations. Key quotes that epitomized these themes were highlighted in the data reports. As each batch of data reports was analyzed by group of older adults, the themes that seemed to prevail in terms of their interactions with others were summarized in a table by group of older adults by domain. In terms of *engagement with family*, themes related to: emotional closeness to family; reciprocity of support given and received from family; the ways in which leisure activities were shared; issues of independence; and reliance on family for support. In terms of *engagement with friends*, themes related to: emotional ties to friends; shared participation in leisure and volunteer activities with friends; social support network composition; providing support to and receiving support from friends; and reciprocity. In terms of *community involvement*, themes related to: awareness of community organizations; contributions to organizations; intensity of community involvement; goals of involvement; and factors that facilitated or constrained community involvement. The summary table by group by domain captured the ways in which each group of older adults interacted differently with family, friends, and community organizations. This table was discussed by research team members, and subsequently the analysis was refined.

The fourth step of our analyses was comparative. We compared the themes that were identified across groups of older adults across domains. Two research team members reviewed and discussed the themes in the summary table, looking for commonalities across interactions with family, interactions with friends, and involvement in community organizations that cut across groups of older adults and domains. Through this active comparative process, we highlighted two areas of commonality. Older adults were more or less socially engaged with both family members and friends, and they were more or less involved in community organizations. Experiences of supportiveness were integrated within each of these themes. Social interactions with family and friends included variations among groups in their emotional ties to others, their participation in shared leisure activities with family and friends, their shared participation in volunteer activities with friends, providing support to and receiving support from family and friends, reciprocity, and factors that facilitate or hinder their social interactions with others. Community involvement included variations among groups in their awareness of community organizations, the intensity of involvement in community organizations, their contributions to community organizations, the goals of being involved in community

organizations, and the factors that facilitate or hinder their community involvement. We also noted how the ways in which each group of older adults interacts with people is influenced by the rural community context in which they live.

In the next section of the report, we describe a similar process of data analysis, in which we sought to explore the diversity among groups of older adults in terms of their connections to services.

Diversity in connections to services

This section describes the way in which we analyzed the data to describe the ways in which different groups of rural seniors connected with the service environment. The data analysis had eight steps. First, the transcripts from the interviews with older adults and the corresponding field notes were read and coded into two nodes, *access to services* and *community innovations*. Second, the transcripts from the interviews with service providers, volunteers and family members and the corresponding field notes were read and coded, which required the addition of three new sub-nodes: *barriers that constrain being supportive to seniors*, *factors that facilitate being supportive to seniors*, and *interactions between stakeholders*. Data within the node *access to services* were then analyzed to elucidate eight themes. A summary table captured the perspectives of older adults, family members, and service providers (which included the few non-senior volunteers we interviewed) on each of these eight themes. Through a comparison of the description of each theme, we condensed the original eight themes into three prevailing domains: availability, accessibility, and control of services.

Next we reorganized the interview and field note data from all stakeholders (older adults, family members, volunteers, and service providers) into these three new nodes. Once the reorganization of the data was complete, data reports were generated for each of the four groups of older adults, as well as for the service providers. These data reports were analyzed in batches, systematically comparing how community active, stoic, marginalized, and frail seniors differed in their perspectives on the availability of services, their ability to access services, and their perceptions of control. Our understanding of the diversity among older adults in their connections to services was enriched by subsequent and separate analysis of the community consultation data, which was collected during the third wave of data collection. Through this iterative and cumulative process, we developed our understanding of the ways in which different groups of older adults connect to services in rural areas, thereby advancing our knowledge of the nature of diversity among rural older adults. In the following section, we elaborate on this data analysis process.

Coding of the data from older adults began as transcripts became available, and consequently, before the groups of older adults had been developed. As the first step of our analyses, the data from the interviews with older adults and related field notes were organized into two domains or nodes: *access to services*, which included mention of met and unmet needs and *community innovations*. The first domain arose from our conceptual framework and guiding questions, knowing from the research literature the significance of the service environment to rural older adults. The second domain closely related to the guiding question asked about what people were most proud of in their communities. Respondents spoke about common practices and creative solutions that had been developed, either personally or locally, to better meet the needs of older adults in particular, or the general population in the community. Accordingly, we coded within a

primary node labeled as *service environment*, excerpts from the data from older adults that spoke to their access to services and innovative ways in which services were provided to older adults in their rural community.

As the second step, the data from the interviews with the service providers, volunteers, and family members, which were conducted in the second wave of data collection, were analyzed. As we listened to and read the transcripts and field notes from these interviews, we heard somewhat different views from older adults that required an elaboration of our initial coding structure. While all stakeholder groups spoke about older adults' access to services, service providers, volunteers, and family members also spoke of factors that facilitated or constrained their abilities to be supportive to older adults, and their interactions with other stakeholders. These topics were closely aligned with the guiding questions asked. Accordingly, we added three more nodes to the service environment about older adult's ability to access services, namely, *factors that facilitate being supportive to seniors*, *barriers that constrain being supportive to seniors*, and *interaction between stakeholders* (other service providers, volunteers, and families) *to provide support to seniors*.

Not surprisingly, the amount of data in the node *access to services* was very large. We carefully read through this data from all stakeholders. We noted that older adults, service providers, volunteers, and family members may have different perspectives, and that within older adults, they were not all saying the same thing. By examining and comparing the content of the data, we identified eight themes that pertained to access to services across stakeholder group. These themes were: availability of services, awareness of services, choice/array of services, control/willingness to access services, accessibility of services, affordability of services, expectations of service provision, and quality of or satisfaction with services.

This analysis was refined as we created a summary table, in which we captured the perspectives of older adults, family members, and service providers (which included the few non-senior volunteers we interviewed) on each of eight aspects of access to services. The summary table enabled us to compare perspectives across stakeholder group. The research team reviewed and discussed the summary table and the descriptions of the themes, looking for commonalities across themes. Through this active comparative process, we noted areas in which several themes related to the same issue. For example, we concluded that accessibility of services included the awareness of services, the ability to get to services in terms of physical ability and transportation, and the affordability of services. The issue of control included the choice/array of services, the control/willingness to access services, expectations of service provision and quality of/satisfaction with services. The third and final issue was the availability of services. Thus, we determined that there were three prevailing topics within access to services: availability of services, accessibility of services, and control.

Having determined the three domains within the service environment, we then reorganized the interview and field note data from all stakeholders (older adults, family members, volunteers, and service providers) within the primary node *service environment*. That is, we reviewed and sorted differently the data within the nodes *access to services*, *community innovations*, *factors that facilitate being supportive to seniors*, *barriers that constrain being supportive to seniors*, and *interaction between stakeholders to provide support to seniors*. These data were recoded into three new sub-nodes: *availability of services*, *accessibility of services*, and *control*.

Once the reorganization of the data was complete, new data reports were generated for each of the four groups of older adults, as well as for the service providers on the issues of availability, accessibility, and control of services. At this point, we decided to exclude the data from family members and volunteers from the analysis. Fifteen data reports in total were created. Thus, three separate data reports relating to services were printed for community active, stoic, marginalized, and frail older adults and three for service providers' perspectives on the issues of availability of services, accessibility of services, and control.

These data reports were then analyzed in batches. We carefully read through and reflected on the data reports for each group of older adults, comparing the perspectives of different groups of older adults to one another within each theme of availability, accessibility, and control of services. We identified themes that described how community active, stoic, marginalized, and frail seniors differed in their perspectives on the availability of services, their ability to access services, and their perceptions of control. As each batch of data reports was analyzed by group of older adults, the themes that seemed to prevail in terms of the diversity among older adults in their connections to services were summarized in a table by groups of older adults by theme. We then repeated the process with data from service providers to augment our understanding of how diversity among older adults may influence the service delivery process. The summary table captured the views of four groups of older adults and one group of service providers with regard to the availability, accessibility and control of services, thereby facilitating comparisons among groups. We also noted how each group of older adults is influenced by the rural community context in which they live, and the variability across communities in service providers' views.

When the data from the community consultations became available after the third wave of data collection, they were coded into new nodes distinct from the interview and field note data. Questions were asked in the community consultations specifically around the ways in which different groups of older adults connect to and use services in the community. Accordingly, a new primary node *Access to and use of services among different groups of older adults* was created to organize the community consultation data, which had four sub-nodes: *access to and use of services by community active seniors*, *access to and use of services by stoic seniors*, *access to and use of services by marginalized seniors*, and *access to and use of services by frail seniors*. Transcripts were carefully read and excerpts from the data that related to the ways in which each group of older adults accessed and used services were coded into one of the four sub-nodes.

After the coding of the community consultations was complete, four data reports were generated, one for each group of older adults' access to and use of services. We carefully read through the data report for each group, and compared the contents to the summary table previously developed. Through this systematic comparative process, we enriched our understanding of the different ways in which community active, stoic, marginalized, and frail older adults connect to services in their rural communities. This information enhanced our understanding of the differential influence of the service environment on experiences of supportiveness.

Summary of methodology

In summary, we used a case study methodology as a research strategy to explore the complex interaction between older adults and the rural contexts in which they live. We sought to understand the nature of diversity among rural older adults (our case) and their experiences of supportiveness. To recognize the diversity among rural communities, the study was situated in three distinct rural communities: Oyen, AB (a farming community), Bobcaygeon, ON (a retirement community), and Parrsboro, NS (a seasonal community). While each of these rural communities were small, and had a higher than provincial average proportion of older adults, they differed in other ways such as distance from a larger urban centre, population stability, labour force characteristics, income, and level of community supportiveness to older adults.

Several different methods were used to collect data to address our research questions:

- 152 interviews with older adults, family members, volunteers, service providers, and local mayors;
- field notes made by interviewers;
- over 2500 photographs of the community as a place where older adults live their daily lives, the social settings within the community where older adults spend time, the places where support is given and received, and older adults' participation in various community activities; and
- 10 community consultations with key stakeholders.

Application of these different methods resulted in a massive amount of data. The computer software package NUD*ist was used to support its organization and analysis.

Data analysis commenced as soon as sufficient transcripts were available, and continued parallel to data collection. Using the principles of qualitative data analysis and through a continuous, iterative, and comparative process, we first analyzed the data to create profiles of four different groups of older adults. We then analyzed the data to identify the different ways in which these four groups connected with people, and then with services. These two sets of analyses rounded out our understanding of how context matters to the experience of supportiveness for each group of older adults.

5. Findings

We believe that rural seniors are not all the same and their experiences of supportiveness are shaped by the contexts in which they live. Our case study employed various data collection methods to provide a rich set of data that we analyzed systematically to explore this hypothesis. In this chapter, we discuss the findings arising from this research process. Specifically, we describe the nature of diversity among rural older adults, and explain the ways in which these groups connect differently with people and services in the rural settings in which they live. The accompanying community album, *Rural communities and older people in Canada: A photographic essay on diversity* (available at <http://www.hecol.ualberta.ca/RAPP>), visually represents our findings about the ways in which rural seniors experience supportiveness in the rural contexts in which they live using photographs, quotes, and observations.

5.1 Groups of Rural Seniors

The following four groups of older adults emerged from the three communities who participated in this study: (a) community active, (b) stoic, (c) marginalized, and (d) frail. The descriptions of the four groups and their presence in each of the communities were validated by participants in the community consultations, as noted by one service provider:

In every community, there are those frail elderly that are cared for at home by their families; there are elderly people who are living in isolation that have no one; there are those seniors who choose to live at risk because that's the way they've always done it...there are people who are being cared for at a long term care facility; there are people...that are being cared for at home by home care, and receive respite...There are those who are active, there are those who [aren't], and there are those that are cared for. (15P_SP_tr)

Community active seniors

Defining features of community active seniors are their engagement in their communities and their resources. These active seniors are visible in their communities by the cultural contributions they make, the specialized or sophisticated services they develop, the basic services they provide, and the community spirit and social networks they build.

...keeping busy and being involved whether it's the church or seniors or friends or what[ever]. ... If I can get out for a walk or visit somebody I usually do. I think that's why I'm so busy all the time. (5O_SR_tr)

They're just entering the retirement zone and are looking for ways to contribute, still be active, and meaningful in their lives. They are ready and have that time to engage whether it's community projects or interests of their own. They are moving into that with a great deal of zeal because they don't have the same work requirements that they once had. (65O_CC_tr)

The movers and the shakers. They get the stuff done in this community. (40B_CC_tr)

[These seniors] are still capable of doing almost everything for themselves. They're out and about. They're shopping. They're visiting. They're coffee-ing... They're the ones that are still very active. (14O_SPs_tr)

Community active seniors believe it is important to be engaged in their community for both personal and social reasons. They are fond of their community and want to contribute. Community involvement gives them a sense of accomplishment and a feeling of security. They recognize that a time may come when they become frail and may also need the assistance of others, and thus are investing their time beforehand. By investing their time and effort into community service, they believe they are making it a better place to live.

One of the things that's really important for seniors is to be viewed as useful. (13B_SR_tr)

If you want to live in a certain type of community, you have to make a contribution to making it that kind of community... And to get involved is the way to do that. (47P_SR_tr)

I've taken an interest in the young people of the community and what is going on in the community, and taken part in activities that have been offered. (20P_SR_tr)

Some of the residents of the Lodge are actually volunteers for us at Continuing Care. I'd say 85 to 90 percent of our volunteers are your community active seniors... the seniors are volunteering to help your frail seniors. (65O_CC_SP_tr)

We couldn't let these people down... I feel for these people... somebody's gotta do something for them. They've been through the wars, you know, you've gotta give them, you gotta do something for them. (17B_SR_tr)

I'll be there one day, who knows! (17B_SR_tr)

The term 'active' is a good descriptor of these older adults. Due to their extensive community involvement, community active seniors have busy schedules. When asked to describe his activities, one community active senior laughed and commented, "You need a longer piece of paper. [Laughs.] Where do we begin?" (47P_SRs_tr).

Yesterday morning I went over to the Auxiliary [nursing home] in the morning. I go every Monday morning to help... from there I went directly over to the Seniors' centre and we had some students from the high school come over and help us decorate... Tomorrow I have to make a cake for the church to take to the funeral tomorrow afternoon. (5O_SR_tr)

[They are] involved in everything. There is that group of people that are the people who canvas for arthritis and kidney, you know, and they're the same people who belong to the Lioness club, and belong to the UCW [United Church Women], and are the visiting senior[s], and you know, drive people to their appointment. It's the same people. (15P_SP_tr)

The seniors building over there, they're the ones who built it. They're the ones who are renovating it. They just put in a new stove and new kitchen...it's just amazing what these people have done...it's always amazed me that we have all these old, talented people. (13B_SR_tr)

Community active seniors often discussed their involvement in both informal activities (e.g., volunteering) and formal community organizations (e.g., churches, service organizations, town council, etc.) that they perceive as benefiting their communities. Volunteering is one important way community active seniors are engaged.

Without volunteer groups, society wouldn't sustain itself. We rely on volunteers. The government relies on volunteers out there. That's how communities work, all communities everywhere...look at the number of hours that are spent by volunteers in the community. (39B_CC_SP_tr)

Some of those women put in more hours volunteering than I do working. (34B_SP_tr)

One of the nice things about a small town is that you can get involved in things that you wouldn't get involved in a larger place because you don't have experience in them. But here there just aren't enough other people to volunteer, so they take anybody. (47P_SRs_fn)

I belong to a choir and we work together, not only in our own church but other churches too, working together. And we take part in Christmas concerts that we put on for the public. (20P_SR_tr)

She was at the church so often I'd threaten to put an extra bed along there so she could stay down there! (19B_SRs_tr)

Community active seniors often take on leadership roles in their communities.

Many of the organizers in town are seniors themselves. (3P_SR_tr)

Once they get settled in, they're quite willing to take leadership roles. And that's very evident in our church. I would say, I think of the leadership in the church, there's probably one or two people who would be...local. Much of the leadership comes from people who have moved in. (21B_SRs_tr)

I worked for [employer] for 41 years. And then when I retired, I put my whole time behind the Legion. (14P_SR_tr)

Community active seniors have resources such as energy, money, time, and skills that allow them to be active in their communities. Their ages vary, but they are not likely to be the 'oldest old.'

There are quite a few people in my age group [75] who are in nursing homes and have been for some time. I would not see myself as ready for a nursing home at this time. (20P_SR_tr)

[They are] mostly people who don't even realize they're seniors themselves. They'll say, 'Oh, I work a lot with seniors,' and they're like 75 years old. (49P_CC_tr)

They often are retired and have an adequate income.

I've been out in the working world all my life. (20P_SR_tr)

[They are] successful, retired business people in their 60s. (26B_SRs_tr)

They've got the money behind them. (39B_CC_tr)

We've had a huge influx in this community of financially comfortable retirees...they're not so concerned about making extra money so they are willing to support our organization and other organizations with their time. (3B_SP_tr)

They also have time and skills that they are willing to share.

I think the community work that we do is just a continuance of what we have been doing all the time, only with a little bit more time to do it. (65O_CC_tr)

I think that's why we got involved, because we do have the time and we can help out. (47P_SR_tr)

They come with such wonderful expertise, you know, from their, often from their working careers. So they bring many gifts to this community. (3B_SP_tr)

They suddenly find all kinds of outlets for their talents and their qualifications. (26B_SRs_tr)

In sum, community active seniors are the people who have large social networks, who are well-connected, and who are actively engaged in the community in a wide range of formal and informal activities, including leadership roles. They have resources that allow them to be active in their communities, such as energy, money, time, and skills. They seem to get a great sense of satisfaction from contributing to their community.

Stoic seniors

Stoic seniors are best identified by their reserved, hard-working nature, and preference for purposeful, meaningful activities.

I think in some ways this group [stoic] is as hard to penetrate... they'll have a cup of coffee with you but they want to be doing something, and they want it to have meaning. So, we're not going to do a craft here. We want to do something that we can see with our hands, almost that this has a practical benefit. (65O_CC_tr)

[They are] pioneer type people...A lot of the things that were instilled into them could be called stoic seniors, the work ethic: I can do it for myself. (65O_CC_tr)

I think these people are probably more independent than a lot of the other groups... They're probably strong in their thoughts on what they're doing. (50P_CC_tr)

Purposeful activities are important to them.

I do not water my grass...I do not do landscaping. I plant berries in the garden. (6O_SR_tr)

[I] still have some cattle...and I still ... do my share of the field work. (18O_SR_tr)

She's very practical ...she'd rather work than sit on the couch and talk to someone. She doesn't join the clubs; she just has other priorities. (49P_CC_tr)

I've never seen [them]...sitting still. They're always doing yard work or stuff like that. I mean, I think they spend a great deal of their time, the one I'm thinking of in particular, in maintaining their property...They take a great deal of pride in the appearance of their property. As long as there's no snow on the ground, he's outside working. (50P_CC_tr)

I remember [a stoic senior], she was [occupation] for years and years and years. They were saying she should retire, it was probably getting to her that other people were saying that she should retire...She would have been close to 70 years old at that time...Her reaction was I don't want to play bingo. (18O_SRs_tr)

When they are not working, stoic seniors engage in solitary pursuits that have a purposeful outcome, such as a completed project or increased knowledge.

They're doing woodworking or some type of auto mechanics as a hobby. Their hobbies are personal. (41B_CC_tr)

I'm a compulsive reader...I read magazines, I read books. At one point I did a lot of knitting and sewing. I don't anymore. I spend a lot of time reading. (6O_SR_tr)

I have time to read lots...Playing at cards and those things are just a waste of time. (10P_SR_tr)

[Other people] look forward to selling, getting off the farm, and retiring to town like many people do. And supposed to live the life of Riley and retire, no real responsibilities and work and so on. But that doesn't appeal to me at all. You have a little more social life, play cards. They have a good, good active seniors' rec centre and club there. So a lot of people enjoy that. But I'd rather read my old magazines here at home. Stay in my own house, thank you. (18O_SRs_tr)

Stoic seniors are not joiners.

They're not out here doing the volunteer clubs. They're just kind of going about their lives and keeping really busy. (49P_CC_tr)

She does care, she does have a lot of community pride, and she's interested in everything that goes on, but she just chooses not to be out in front of everyone. (49P_CC_tr)

They will help others when asked and will in turn ask for help if they really need it. They do not confide in others and their exchanges are very focused.

If I ask him to do something within the community, he'll do it. He likes community, but he doesn't feel that he has to be constantly involved in it. (41B_CC_tr)

You know, they'll come and help you pile your wood. (50P_CC_tr)

I'm a solitary person. I don't run around asking other people... (6O_SR_tr), but also said she relies on her son for help when necessary, when I ask him he also comes. (6O_SR_tr)

Stoic ones are the ones you can check in with, have a 10-minute conversation, and be on your way because if there's anything up – well, they're stoic; they're not going to tell you anyway. (50P_CC_tr)

He did have a hip replacement here a few years back and couldn't do the chores and the boys managed to get it done. They would arrange between them who was going to be there to do it. (18O_SRs_tr)

Despite their limited involvement in their communities and reluctance to ask for help, stoic seniors believe that they have networks of friends and family that can be activated at any time in case of need.

She is very independent and said that she rarely calls on others for help, although she has lots of people around her who could help her out if she needed it. She calls the mayor to ask him questions. (4P_SR_fn)

She'd probably depend on her kids and her grandkids and that type of thing. (49P_CC_tr)

Stoic seniors typically are long-term members of a community. They usually live in their own home, and may be married with a spouse, although they may also live alone. In most cases, they are not forthcoming about their available resources such as money or health. Income usually does not come up in conversation, and they appear to be modest in their expectations. When asked, stoic seniors report that their needs are met and may not acknowledge a lack of resources.

It's affordable for me...I own my house...What I need is here at present. (6O_SR_tr)

They still consider themselves self-reliant, and she's quite proud of that, I think. She doesn't consider herself vulnerable or frail...She does have some health issues and that, but...I've never seen any vulnerabilities with her. (49P_CC_tr)

In sum, stoic seniors are reserved, independent, and practical. They have a very strong work ethic, preferring activities that are purposeful or meaningful. They have limited community involvement, preferring solitary over social activities. Stoic seniors

only ask for support when they believe they need it, and provide support to others when asked. They have a 'make-do' attitude, appreciating the things in their life that they have, and not dwelling on the things that they do not have.

Marginalized seniors

Marginalized seniors may best be defined as isolated or excluded because of their tenuous social, economic, and/or health status. They are among the least visible seniors, difficult to access as research participants, and whose needs often are not seen by others.

We can't get at them easily either but we have some sense of it. (30B_SP_tr)

No one really knows they're there in a lot of cases. (49P_CC_tr)

They might not realize that they're vulnerable...other older people in the community would know that Mrs. So-and-so existed, but they may not realize what is happening inside that household. (49P_CC_tr)

Marginalized seniors may be part of a tight-knit couple or live alone and keep to themselves.

This couple does not really depend on anyone for support except for each other. (12P_SRs_fn)

*They live by themselves...and they don't contribute to anything. (35O_SP_tr)
One lady that was very isolated – I couldn't believe she was living out there on her own – she was a veteran. She had been promised housing in [a nearby community], which was five years ago, and they still have yet to return. So there she is still. (39B_CC_tr)*

Well, one senior living alone has a rough time compared to two. (45P_SR_tr)

Nothin' else going for me, I got no kids, never was married. That's probably why nobody ever comes around and visit, that's why I go for coffee with the guys. (7O_SR_tr)

Social isolation is a defining feature of marginalized seniors.

The kind of people who don't belong to a senior club. They don't go out. They don't socialize a lot. (41B_CC_tr)

[They may] quite comfortably have sought out isolation and then as they become senior, that becomes problematic. (31B_SR_tr)

Economic vulnerability is another defining feature. They frequently report modest income, and try to adjust their lifestyles and expectations to available financial resources. They may worry about making ends meet.

[We have to be] very economic[al] to live on a pension. That's basically what we do. It's not that we have a lot of money; it's just that we have to pinch pennies. (45P_SR_tr)

We've always been on a tight budget...we find we don't do too much of it [shopping] here...because we find the stores are too expensive here, far as groceries... it's cheaper to drive to [city]. (14B_SRs_tr)

So far I've been able to handle it financially. But like, I'm not going to get the car undercoated this year cause I can't afford the \$100 dollars. (12B_SR_tr)

40 per cent of the people who come to use the food bank here ... are over 50 years of age, a number of them with disability pensions. (39B_CC_tr)

I've gotten to the point now I have to give my home up because I just can't keep up the work that's outside and inside too...I just have my bare income to rely on and have a mortgage, it's hard. It's hard...the house needs work done. I cannot afford the repairs on my home...it'll take quite a bit of my cheque to live up at the [residence]. It's scary. No income coming in, only my disability or my old age pension or something that I've had to do myself. (7P_SR_tr)

Marginalized seniors may have health concerns that make life difficult. Their health problems may not be visible to service providers because of their isolation.

The only time they come to the attention of anybody is when they end up in the hospital. (31B_VR_tr)

It takes often the hospitalization or the crisis to bring them to accept help. (41B_CC_tr)

You know, I've had to struggle. It's been a struggle trying to live here. It's a struggle for anybody that has poor health. (7P_SR_tr)

If he [spouse] dies, I will [too] because I have a serious heart condition. (45P_SR_tr)

If your health is good, then any place is good...but you have to have health or...money, but you can't buy health or friends with money. (9P_SR_tr)

In sum, marginalized seniors may live alone or be part of a tight-knit couple. Their vulnerability has several dimensions, such as limited financial income, very small social networks, limited connection to people in the community other than family, and precarious health. Marginalized seniors may be isolated and invisible in their communities until a crisis arises.

Frail seniors

Frail seniors may best be described as experiencing significant health concerns that affect their daily living and their patterns of engagement. Their health concerns range from limited mobility to breathing difficulties and heart problems. They often report multiple concerns.

I have a bad back. It's hard to do the yard work and keep up with the house work and everything. (10O_SR_tr)

I get short of breath if I do any fast walking. I get short of breath when I'm talking, which is a horrible disadvantage for me because that means I'm short of breath damn near all the time. (39O_SR/CG_tr)

I'm just on borrowed time. (10B_SR_tr)

Frail seniors require assistance with activities of daily living, ranging from mobility aids to personal assistance to financial assistance.

And I do take a cane. I did have a couple of falls and hurt my legs so, and I find the cane is great for balance. And I go upstairs at night to bed and I have a good railing along. My legs don't work that well on stairs anymore but I can go up one at a time. (27B_SR_tr)

The only problem is getting your mail if you don't walk very good... I have to walk with a walker, outside and I can't walk downtown. Maybe when summer comes I might try. (21P_SR_tr)

Veterans Affairs paid for the hearing aids...the yard maintenance...[my] walker... Two-hundred dollars a month towards housekeeping, housekeeping/care-giving, and about \$1,100 a year for yard maintenance and snow shoveling. And I think it's \$500 a year for washing windows. (39O_SR/CG_tr)

For some who had been actively involved in their communities, health challenges and need for assistance in daily living resulted in a need to curtail their activities or push themselves to stay involved. Others seem content or resigned to doing fewer activities or more solitary activities.

God forbid, that I should sit and not keep my hands going (21P_SR_tr).

If you didn't do these things, you would die. That's when you feel all your aches and pains, when you're sitting there, and you start feeling sorry for yourself...you gotta get out, you gotta get involved or forget it. (17B_SR_tr)

I quilt alone, and I don't mind. I love it. (21P_SR_tr)

I've seen, for instance, maybe how one group of residents we'll get, do absolutely nothing. They don't want to participate in anything. They were just content in their room, and if I don't want to do it, I don't have to. ...But then we've had another group that just loved – like this bunch, group, they love to bingo. They go bingo and they love their games. (42O_SP_tr)

Despite some frail senior's preference for remaining engaged in their community, they may become less involved in community activities due to their declining health.

She used to be really involved. I think she just kind of backed off. She used to do a lot. (38O_FM_tr)

Probably at one point, they were probably fairly active, in the community but, you know things happen, you get arthritis ...you get this and the other thing. And you just can't get out anymore. (17B_SR_tr)

I have a neighbour who has severe osteoporosis, and she is bent right over in half. She's bound and determined. It's amazing... fiercely independent. Yes, yes, they don't want to give up that independence...that's what keeps them going. (40B_CC_tr)

I'm not going to give up, I keep trying... I've always counted my blessings, I've always bounced back, I've always been able to manage. (21P_SR_tr)

Frail seniors most often are long time residents of their community.

I've been living in this building 6 years, I've been in [community] since 1967, that would be, what, 40 years? (21P_SR_tr)

We bought this lot in 1952, and we built it in '53, so I've been here, near 51 years. (11B_SR_tr)

I have a farm...it was bought in, my grandfather bought it in 1861...and he farmed it, and my dad then took over and he farmed it till 1938 and then I took over. (22B_SR_tr)

Its 12 [years] since I moved here but I was over on [another] Street there for 4 years. (23B_SR_tr)

They differ considerably in their economic resources. Some have only the basic Old Age Security pension, while others have additional public pensions or private income.

I get the old age pension. (22B_SR_tr)

All they have is the Old Age Security. (15P_SP_tr)

He has a Veteran's pension...He's in the category where he's able to get more than some. (39O_SR/CG_tr)

I was pretty lucky. I sold 3 or 4 lots off the lake and, uh, I put it away. You were getting a good interest there at one time. (22B_SR_tr)

I am in a better position because I still have a few investments that are paying and a dollar or two in the bank. (39O_SR_fn)

I get the Canada Pension, and I get the Widow's Pension, and I [have pension income from the workplace] ...but it only brings me \$200 or \$300 a month. I never have to touch anything else because – in fact, I take part of that to put in with the rest in the savings account...I don't spend it because it's just really reasonable to live here. (54O_SRs_tr)

A man from up near [community] cuts the hay, and bales it and pays me so much a bale. (27B_SR_tr)

In sum, frail seniors have significant health challenges which necessitate a reliance on others for support. Frail seniors continue to stay engaged with people and participate in community activities to the extent of their abilities. They tend to be long-term residents of the community who vary widely in their interests and economic resources.

5.2 Connections to People

The interpersonal environment is one of the two key contexts of older adults. In this section, we describe the ways in which each of four groups of older adults connects with other people. This includes their interactions with family members and friends, and their engagement in the community.

Community active seniors' connections to people

Community active seniors maintain broad social networks of family members and close friends. Family connections are important. Family relationships are nurtured even if family members live at a distance. Efforts are made to have regular visits.

I am close to my family, and I like family relationships. (16B_SR_tr)

I stay in very close contact with my kids! (17B_SR_tr)

Our kids are all settled right away from home. But they're all close enough that we get to see them. (21B_SRs_tr)

Somebody comes all the time. (54O_SRs_tr)

[My son is] up every weekend so I get to see my grandkids. (13B_SR_tr)

Our family gets together, 2 or 3 times a year at least. (10_SRs_tr)

I'm extremely lucky that our family, are so close and anything happens, and they all pull together its, a family network and it's a good network. And I'm extremely lucky that our family turned out that [way]. (7B_SR_tr)

Generally community active seniors have the resources to maintain close family relations. They travel to see family members.

I have a car, and I'm still capable of driving. (53O_SRs_tr)

Another couple who had moved to [community] from [city] which is a two hour drive away said, "we go up to visit our daughter and I have a brother here and old friends, but we stay a couple of days and we hurry back to [community]" (26B_SRs_tr).

I have no family here at all, so...I go to [community] every year for a month... Sometimes twice. Only I don't drive down. My nephew comes and gets me, which is kind of enjoyable. I enjoy that, going down. (11P_SR_tr)

They make a great effort to make sure family members are welcome when they visit.

My kids are very important to me. We spend a lot of time going back and forth [to child who lives several provinces away]. (20B_SR_tr)

[I put] my kids up in the [local motel]... I'm certainly not wealthy now, but um, you lived the way you've always lived, so saying I'm going to spring for 4 hotel rooms was not the sort of thing I'd do every day. But that was fun, and they loved it, everybody had a great time at the party. (16B_SR_tr)

So that if my family comes home or a friend comes they've got some place to sleep. They don't have to go to a hotel. I've got 5 kids, 12 grandkids, and 26 great-grandkids and ... I would like to have them stay with me. They've always been able to come home. (10O_SR_tr)

They have frequent contact with family members through telephone calls and e-mail.

They all phone me every week or two. (53O_SRs_tr)

I'm on the computer all the time so it's my contact with my kids. (20B_SR_tr)

We do email quite a bit. When we go down to [southern U.S], the first thing I do is email all the family. They send replies back, and then, about once or twice a week, I'll let them know all the exciting news, like we're going to a spaghetti dinner or something like that. The usual thing. (7B_SR_tr)

Community active seniors also help their families, and in turn receive help from them when they need it.

My sons have a business and work together and their children work with them. And we all help each other out. If one is sick, someone will step in, even myself, to work with them and fill in. And we work back and forth, if they need to go somewhere concerning the business. I'll take over the children and that sort of thing. And working at the business, yes, we all pitch in and work together. My grandchildren, and my children, and myself. (20P_SR_tr)

The interviewer noted the reciprocity in this relationship. *If she [the senior] is ill, her grandchildren will come and do her housework, get groceries for her, go to the drug store for her, and would do everything she needs done. (20P_SR_fn)*

She [my daughter] wanted all my begonias. She said Mom don't let those begonias get touched. I said okay, I want 2 Christmas trees. Go out in your bush... and bring me down 2 trees. So she dug up my begonias and she brought me down those 2 trees and put those 2 trees out there. (13B_SR_tr)

I know me and if I can't do it, like I'm not climbing up there and doing those lights. My daughter came and hung up my Christmas lights. (13B_SR_tr)

My daughter-in-law helps and my son they clean the windows and do that so I won't fall. [They help only a] couple times a year. (5O_SR_tr)

They willingly accept support without reservation or insult.

I have 2 girls and they come home several times, and they do a lot for me. They do cupboards and washing walls and anything like that. They do all of that. They usually do it when I'm not home. I went to [USA] with my niece a year ago. When I came home, [my daughter] phoned she says mom, did that garbage go? and I said no, why? It's Sunday night. The garbage goes tomorrow night. I said why did you want to know? Well, she says we hoped it would go before you got home. And the next morning I looked out. The garbage box holds 4 bags if it's full. And there were 8 other bags. A lot of my friends said I would have gone right down and looked in them bags and I thought no, if my girls thought they should go, they went, and the funny part is I've never missed anything. (10O_SR_tr)

Oh, as I get older, I don't know what I'd do without them, you know, because they're always there if I need something and don't feel able to get downtown and get it myself. Or if I need something from a larger area, they will pick it up for me if I'm not able to go myself. And certainly as I get older... they would be very helpful in doing these things for me. And they're very willing. (20P_SR_tr)

Community active seniors also are well connected to friends. They describe their communities as places, “where all my friends are” (10O_SR_fn) and where they have “real good friends” (19B_SRs_tr). They have numerous friends and they nurture those friendships.

I have friends, quite a few of them. (11P_SR_tr)

We have coffee or tea or you know invite a bunch in just for that. (5O_SR_tr)

Quite often I go for breakfast. (10O_SR_tr)

He doesn't drink the coffee here, but [he] pay[s] \$1.25 just to be with the men. (53O_SRs_tr)

There's a group of us that meet up on a Friday night and go out for supper. We have a different group there that meets up on a Tuesday or a Wednesday. And now the Tim Horton's has opened. You get somebody ringing up, saying let's go to Tim Horton's for coffee, which I think is a nice thing. We usually have friends who call us, and I think it's nice. (8P_SR_tr)

Fred³ plays poker with the boys, they have a poker club. (19B_SRs_tr)

There were many examples of how community active seniors helped their friends and other community members with transportation, driving them to church, appointments, errands, community events, and other activities.

I have a friend that has never driven a car and I'm her wheels. (10O_SR_tr)

I transport a lot of people. (3P_SR_tr)

³ All real names have been replaced with pseudonyms to maintain anonymity and confidentiality.

I was driving for Cancer for 4 or 5 years. (5B_SR_tr)

I drive this old lady, a 97 year old, to church every Sunday... You drive them [seniors] places and see that they get to the teas and the luncheons. (6P_SR_tr)

I'll just make a big bunch of soup or I might make chicken pies ... and I'll take these to a couple of people I know that would use it. (5O_SR_tr)

He's being treated for a tumor ... so we're looking after [his cat]. (26B_SR_tr)

An interviewer recorded how some community active seniors supported their Masonic brotherhood members by helping with a variety of tasks commensurate with their skills, such as painting, hanging wallpaper, medication administration, and personal care (41P_SR_fn). Other community active seniors provide emotional support to others, particularly those who are isolated or frail. They receive support as well.

I go and visit some people that can't get out... you know, its pretty lonely sitting in a place. (3P_SR_tr)

I go to visit at the hospital and the Lodge, maybe not as much as I should. And I visit people that don't get out. Older people that have been in their home that don't get out much. (15B_SRs_tr)

It can be very comforting when everybody knows you. ...you have friends here that I've only got to pick up the phone and tell them that I can't get out, or I don't feel well, [and] they'll be here in minutes. (8P_SR_tr)

Participation in community activities and organizations also enables community active seniors to become connected to other people, thereby fostering broad social networks. Many were involved in activities that included people of all ages.

I'm going to the pool 3 times a week. I'm out talking to people, and meeting people all the time. (16B_SR_tr)

I play darts on Wednesday nights... We have a rather big dart league over there [at the Legion], 80 odd people. (17B_SR_tr)

I don't have to be satisfied with just belonging to the Legion, I'm a Mason, I can join the Lion's club, I can go to a Seniors club, you know. There's plenty for me to do. (18B_SR_tr)

I belong to an art co-operative. There are 20 of us that have formed a co-operative to paint together and to mount shows to sell our paintings. (21B_SRs_tr)

I belong to [community] choristers and ...it's not a seniors group. (20B_SR_tr)

Establishing new social networks is particularly important for those older adults who move to a new community upon retirement. They actively create new connections upon arrival.

It was crucial for us because we didn't know anybody here... So we really had to plunge into different organizations. We went to church, anyway, so we started going to church here and meeting a lot of people. Otherwise, there would be no point in moving here because we'd just be sitting in our house watching TV or something. (47P_SRs_tr)

We were immediately invited to here for dinner or here for tea and then we joined a couple of organizations. We got to know people and we've made such good friends and I just can't imagine living anywhere [else]. (21B_SRs_tr)

In sum, community active seniors have broad social networks comprised of family members, many friends, and other community members. Their extensive involvement in supporting friends, volunteering, and participating in community activities and organizations contribute to the diversification of their social networks and being well-connected. They devote considerable resources to maintaining such close relations with others and actively do so through regular visits, social gatherings, participation in leisure activities, and community engagement. Even moving to a new community does not hinder community active seniors from becoming connected to other people.

Stoic seniors' connections to people

Stoic seniors value their independence and consequently, their ability to support themselves.

We're able to provide for ourselves, look after ourselves. (5P_SRs-st_tr)

The couple said they are self sufficient and haven't had any need to call on help from anybody. (9P_SRs_fn)

Family seems to be important to stoic seniors by virtue of family members "just be[ing] there for us" (10P_SR_tr).

Oh if I needed them, they're right there.

(I) Are they?

Yup, but I try not to bother them. (4P_SR_tr)

Family relations seem to be based primarily on assisting each other with specific and productive tasks as the need arises.

Well, my son, when he's home, he's really good if we need anything done with our furnace or with the doors, or the windows, or anything in the house, he's there to help us. Um, my other son, he just comes and visits; he helps us if we need him. (4P_SR_tr)

Husband: John helps with the haying usually, and I usually work more with [my son Paul] on the seeding and harvesting.

Wife: John wanted to take over the cows this fall. We'd like to get rid of the cows but [my husband] decided one more year, he's going to hang on. But John is there if he needs any help. (18O_SRs_tr)

Likewise the assistance with specific tasks extends to other people. Consistent with their own values of independence, stoic seniors do not offer to help other people if they are not asked. Rather, they respond to the expressed needs of others. Words like 'if' and 'when' abound in their conversations about support.

The wife said that she helps out her friends by cooking for them and visiting them. She helps them out quite a bit. (9P_SRs_fn)

If I need any help, I could call them [my friends]. They're right there to help me and I do the same for them. Especially one, I'm very helpful for Sadie. I help her. I don't do work for her or anything, but when she needs errands done, or to go up to the hospital to visit her husband, I'm there to take her and drive her back and forth. I help her really good. And my other ones, if they need any help, I'm there yup. (4P_SR_tr)

The availability of support is often based on proximity, either from family, friends or neighbours who live nearby.

We have a daughter who teaches school here, and a son that lives here in the summer, so they look after us... We're not helping neighbours out, they help us out. (10P_SRs_tr)

If you need help... or anything, they're [her neighbours] right there to help you. I don't bother my neighbors, I don't. I'm not one to go to this house, that house. I go to [named neighbour] that's the only one I really go to. But my neighbors they are very, very, very good neighbors. (4P_SR_tr)

Well, it's one of those places where if you needed help, practically anybody that you know well would come to the aid. They'd do what they could. It's sort of a big family here. I don't know just what you'd call it. A lot of them aren't people that I know really well, but it doesn't seem to matter. (34P_SR_tr)

My son lives here. One daughter lives in [country]; one lives in [province].

(I) So who are your responders?

My son and 2 other couples.

(I) Are the couple's friends of yours?

Well yes I never would have asked them. You don't ask someone that you're not friendly with to do that, do you? (6O_SR_tr)

Stoic seniors are familiar with people, but not intimate in their social relationships. They become connected to others through their work, or coincidental meetings in the course of their daily routines. Stoic seniors may get to know others through a prior occupation in the community, through their everyday routines in a small rural community, or happenstance social encounters with other community members.

Regardless of where you are or what you do, you're not going into a group of strangers. (5P_SRs-st_tr)

Well basically you're with people you know. (6O_SR_tr)

A lot of them you just take as you see them. Some of them are people that you'd stand and chat with and some of them aren't. I mean, everybody doesn't want to talk all the time. (34P_SR_tr)

Stoic seniors may have difficulty establishing new friendships, which may either hinder their ability to become connected in a new community or influence their decision to move to a new community that is larger and perhaps closer to family.

I still don't know very many of them, only the ones that I either go to church with or play cards with or go to [United Women's] Institute or something like that. Then I know them. (34P_SR_tr)

[It's] too hard to make friends. (6O_SR_tr)

Stoic seniors select and consciously choose how they will be involved in community activities. The church seems to be a meaningful community activity for many stoic seniors. Often social connections with others are established through their church involvement.

We go to church regularly and very little else. (18O_SRs_tr)

The only thing that I go do is my church choir ... My choir is my life... I love all the choir members. (4P_SR_tr)

We have an hour's practice beforehand [before church], and then we sing. I never get bored. (34P_SR_tr)

Many friendships start at church. Church is a great place for socializing. (9P_SR_fn)

She knows she can ask people at her church and in the choir...and they will all be right there for her if she needs help. (4P_SR_fn)

Outside of church, stoic seniors have limited involvement in community organizations and events, attending community events on a periodic basis.

I do not go and golf and I do not curl. I do not belong to the Legion. I do not belong to the seniors center's association and I don't want to. (6O_SR_tr)

I figure I should go to a hockey game once or twice a year and see, see how they're doing it. And the same, we'll go watch a bonspiel. (18O_SRs_tr)

I don't go usually when they're shopping because I'm not shopper. I've always, as I say, made my own clothes. I just don't – I'm not going to stand there and look for materials. I've got yarn and materials enough to make me another lot of clothes. I'll have to give them away is what I'll have to do, but I kept them for a long time. I can knit and crochet. (34P_SR_tr)

Stoic seniors generally do not participate in community recreational activities. Unlike community active seniors, they rarely attend for the sake of being part of a social group.

(I): Some people have said that they get together with people and go out as a group

And play cards? No, I don't. (6O_SR_tr)

I can pretty well always get a ride [to cards] ... but a lot of the time, I didn't – well, I just didn't feel like bothering. (34P_SR_tr)

I can entertain myself no problem at all. (6O_SR_tr)

While their community involvement is often limited, stoic seniors do become involved in community projects that they believe are worthy of their time.

I don't go to the Seniors' club because they want me to take an administrative position. If I belong to something, I might as well be doing something worthwhile. (15O_SR_fn)

The Lion's... have a world service day every year, and we give out fruit baskets and flowers to the sick and shut-ins that are around the [community] area in the nursing homes and Hospital. (5P_SRs-st_tr)

Tomorrow there's a supper, with ham and beans and potato scallop and pies and cakes galore, of course. So I'll be going to work at that. I'll either be cutting pies or doing something like that... it keeps us busy making money for the church. (34P_SR_tr)

In sum, stoic seniors have purposeful interactions with others and believe that others are available should they need support. Connections with others often revolve around the provision of or receipt of assistance with specific tasks in response to an expressed need. They become connected to others through their work, their everyday routines in a small rural community, or their church involvement. They have limited engagement in community activities or organizations.

Marginalized seniors' connections to people

Overall, “*being near your family*” (2B_SR_tr) was important to marginalized seniors. Some marginalized seniors live at a distance from most of their family members.

When asked if their family lived around the corner, one person replied, “No, definitely not!” (14B_SRs_tr)

Their children live outside the [community] area in locations that range from an hour to several hours drive to their parents home. (25B_SRs_fn)

They're [my children] not all around, but they're handy. (7P_SR_tr)

*My brother lives here... My sister lives in [community at a distance]. (7O_SR_tr)
Our family is gone. We're orphans. (12P_SRs_tr)*

Others have moved to be closer to family members, perhaps leaving behind their social and support networks.

My son and his wife here have 4 kids and my daughter has one. So I'm near all the grandchildren and watching them grow up. (12B_SR_tr)

Our son-in-law lives here, it was central to [city] and [community] to visit family. (3O_SRs_fn)

Marginalized seniors are very family focused.

Our kids are our life. (14B_SRs_tr)

I got 3 star hockey players [referring to his grandchildren]. (12B_SR_tr)

Grandma's going to babysit tonight and tomorrow night. (25B_SRs_tr)

Oh my son-in-law has the ranch out here and I go there quite often. (3O_SRs_tr)

When you have your family, it's everything as far as I'm concerned; having family around and having them care about you. They know the hard things you're going through. (7P_SR_tr)

We have our times together. Christmas, we'll be meeting here again for Christmas.... My main thing is we all go to church together and then come home here and open up presents, not all of them but a couple presents. Then, the next day I have Christmas dinner with them all and just carrying on and just knowing that they're there, feeling the love that you know that your family have. (7P_SR_tr)

My kids, my family, and my church are keeping me here now because I have no other family. My brothers and sisters, they all moved away. Even my sister, now, she lived here all of her life. Because of her health she had to leave. (7P_SR_tr)

Marginalized seniors tend to have few friends. Their friends share a personal history.

I have a few friends around here. (12B_SR_tr)

I don't have a whole lot of close friends because I'm not a visitor [one to visit]... Like I say, some of them more or less keep to themselves, but I do too. I like being private. I have my privacy, but I do reach out to others. (7P_SR_tr)

I have two special friends. They are friends because we have been together quite a while through the church and everything, special friends. I have one lady that we've been friends since 1956. We got married around the same time, and we had our children, and we're the same age. We both went through divorce, and we both remarried. We had similar backgrounds. (7P_SR_tr)

They're all farmers... No women. (7O_SR_tr)

I have some friends, but they are friends that have moved in from away. (45P_SRs_tr)

The best friend I had here lived next door. (12B_SR_tr)

Familiarity and having common ground seem important determinants of marginalized seniors' social interactions. For this reason, they may have little interaction with old friends whose lives have changed or with their neighbours.

She said that a lot of her old friends are now widows, and she can't be friends with them because they no longer have anything in common, because she has a husband. (12P_SRs_fn)

(Sr1): You don't come back and pick up where you left off.

(Sr2): Because your friends have gone, or they've moved on in their families and in their friends and so on. You have to find new friends. (45P_SRs_tr)

He's not very well. He's in the nursing home. He just went there a week or so ago...I miss him. (12B_SR_tr)

I don't talk to my neighbours. (12P_SRs_tr)

I don't know who the neighbors are here...I don't talk, I just wave at them. (2B_SR_tr)

The other neighbour over here... if she sees me out in the yard we'll holler back and forth over the trees. (7O_SR_tr)

Marginalized seniors tend to have limited involvement in their community.

I don't belong to anything here. (12B_SR_tr)

Some people go shopping all the time. They go out for their meals and stuff. I'm lucky if I get out once a week or once in two weeks. (24O_SRs_tr)

(I) Do you have activities with the churches?

No. I go to their bazaars, that type of thing.

(I) Catch any of their dinners?

No I haven't really. (24B_SR_tr)

We used to go more than we do now. We used to go and play cards and everything. But they've, oh I don't know. It got so, seemed like I was busy with other things or something, and I haven't been there for 3 months now I guess. (31O_SR_tr)

[Her participation in a leisure group] it's on the back burners at the moment. (25B_SRs_tr)

While marginalized seniors may have a few friends and limited participation in their community, their social interactions may be constrained by a number of factors, such as health, money, and companionship.

Like with floor curling, Fred finds it bothers his neck so he doesn't go. (3O_SRs_tr)

I got a kind of a bad back, so I had to quit the bowling. (12B_SR_tr)

I love to curl, and I'd love to go golfing with the boys. They ask me to go out all the time, but can't afford it... bills came first. (14B_SRs_tr)

There are lots of recreation opportunities for seniors here "if you can afford to go". (7P_SR_tr)

I had a very good friend down there [at the nursing home], and she died a year ago. So I don't I have the same incentive. (24B_SR_tr)

They have no one to go out and do things with. (12P_SRs_fn)

I have a couple of beers and that's it... there's not many left to talk to anymore, they don't go there anymore. (24O_SRs_tr)

Marginalized seniors tend to be passive in many of their social interactions, waiting for family and friends to initiate. They often use the word 'they' to indicate the responsibility of others.

The only time we go out is if we're invited to your birthday party or something... our kids pick us up for dinner or supper or whatever. (24O_SRs_tr)

They [children] had been here and left a nice chicken dinner in my fridge. (2B_SR_tr)

They [children] look after you ... They came here... a couple weeks ago, and put some more insulation in our house, and went down to the basement with all the insulation. (12P_SRs_tr)

When you're not feeling good, they [children] tend to, or mine do, take over sort of to help me out, not money-wise maybe – they're no better off than I am – but they're just there for you. You need that. (7P_SR_tr)

We were here five years and never asked to join anything. (45P_SRs_tr)

There's a regular function of darts, and they got me into that. (25B_SRs_tr)

Yet when someone extends an invitation, they often accept and enjoy the activity. Thus friends tend to facilitate the social interactions of marginalized seniors.

Oh, I had a new neighbor moved in next door... So they were supposed to go to this dinner, luncheon at noon, the seniors put it on, but it was up in the bowling club's facility... But her husband couldn't come, so she took me to the dinner. This was a couple of weeks ago and it was excellent. (24B_SR_tr)

We'd go for a drive. He put the gas in the car, buy the lunch, and we'd ramble off into the bush or someplace... I don't know where we went, but we see water falls and streams, and we saw a couple of deer one time... We thought we were having a good time! (12B_SR_tr)

The friend will take the participant on trips out of town for church events. If the friend did not take her, the participant would not be able to go on such trips and stay in a motel. (7P_SR_fn)

Other people may recognize the vulnerability of these older adults and monitor their situation. Sometimes it's family members, sometimes it's neighbours.

Maggie comes around here to make sure I'm still perking, brings me something to eat once in a while, like the stew she made. (7O_SR_tr)

They [neighbours] were watching him [her husband] to make sure he was okay. She added, it's absolutely wonderful to know that somebody's there. (45P_SRs_tr)

*If I don't open my blinds in the morning, I've gone to the hospital maybe in the night you see, or something, and he [neighbour] phones my son in [another town] and he walks in after, in the morning, and I say how'd you know? I didn't tell you. I didn't want to disturb you. And he's already phoned him.
(I) So do you like that, or do you find it an intrusion?
No, I don't mind it at all, really. I'm glad that he did. Because you know, I go and I don't want to call people in the middle of the night. So, I think it's sort of nice. (2B_SR_tr)*

Although marginalized seniors typically do not ask for help, help just happens, particularly in a crisis.

She [daughter] was exceptionally good. She came ... and stayed, and helped me out, and she was in every day after we came back [from hospital]. (31O_SR_tr)

*Friends have been very good to come over, and visit, and like I say, brought baking and food.
(I) So you didn't specifically ask them to come and bring these things, they just, knew that John was not well, and just came in.
Yes, they just brought the stew in at meal time and couple times, I knew they were coming, so we didn't plan anything else, but no, they just do it.
(I) And same with your daughter coming every day, she just did it.
Just come, uh-huh.
(I) So nothing was really organized and planned?
Not really, no, no. (31O_SR_tr)*

Like everybody, you know when I was sick, or when Robert had his heart surgery, everybody came by. (25B_SRs_tr)

When the husband had his eye infection, they had to drive to [community] for treatment. Although they have their own car, they needed a ride to [community], and a neighbour took them immediately. (12P_SRs_fn)

Well, when Arthur had this certain, nose bleed the other morning, I phoned my daughter... I had no ice on hand or anything so I didn't know what I was going to do, so I phoned her, and she came right over, and then uh, she wasn't getting

much headway, so she phoned another of the home care help, who came over, which was very nice. So they both were busy helping, until we got the ambulance to bring him here. (31O_SR_tr)

In sum, marginalized seniors are family-focused, yet often live at a distance from most family members. While they have few friends, friendships are formed with those with whom they share a personal history, occupation, or experience. Familiarity and being able to understand seems key to marginalized seniors' social relations. They have limited involvement with neighbours and in community activities. Often marginalized seniors' social interactions are constrained by money, companionship, or health. They tend to be passive in their social engagement, waiting for family and friends to initiate contact. Other people may recognize their vulnerability and watch out for them. The phrase 'help just happens' characterizes their submissive reliance on others to provide support.

Frail seniors' connections to people

Most frail seniors are connected to other people; some interact only with family, while others interact with a broader network of family members, friends, and neighbours. Overall, frail seniors spoke of frequent phone calls from people who check up on them.

I don't have to call them [her family], 'cause they call me and they make sure I'm all right. (21P_SR_tr)

Family and friends keep a close eye on Helen. (23B_SR_fn)

There's hardly a day goes by that one or two of them doesn't call me. I have a very supportive family... they keep in touch with me constantly. I'm never really alone. (13P_SR_tr)

My next door neighbor keeps an eye on me. (11B_SR_tr)

[It] doesn't matter if you want something through the night mother, we have a phone right by the bed and so do you. (23B_SR_tr)

Frail seniors still interact with family and friends in ways that they can manage. Some are able to travel to visit family members, while others rely on family to visit them.

She continues to visit her daughter who lives several provinces away "Still, every fall". (10B_SR_tr)

I was there [at her daughter's] last year for Christmas. (11B_SR_tr)

He goes down there at holiday time. (39O_SR-CG_tr)

I can't go up there [where her family lives, one hour away]. It's too hard on me. (39P_SR_tr)

They [children] come occasionally. (39P_SR_tr)

My daughter comes down quite often. (22B_SR_tr)

Frail seniors recognize their inability to be more active in terms of family connections and are understanding if family visits are infrequent.

Well, I've got three sons, and I've got a whole slew of grandchildren. Once in while some of the grandchildren [visit], but not very often... They all have got a life of their own. I understand that. (63O_SR_tr)

He has a family, and I realize that, but he does come to see me as often as he can... We usually go out to dinner or something like that when he comes. (39P_SR_tr).

They [children] don't get home that often, but they come home, oh, 2 or 3 times a year, sometimes they all come at once... We still have a good time, when we're all together, but it's just different because we don't have the space to spread out. And you do kind of try and keep the noise down. It's not likely a neighbour on that side and a neighbour on that side would appreciate somebody singing, somebody half-drunk singing the Old Rugged Cross off-tune. (13P_SR_tr)

Frail seniors continue to interact with friends and engage in community activities to the best of their abilities, but the extent of their social interactions and community participation varies widely. Some are constrained by aging bodies.

It's no fun growing old... there's nothing better, I think, than good friends. (63O_SR_tr)

I used to have lots of friends, but until I turned 94. Most of my friends had died before that. The younger ones are very busy, and I don't see much of them. (39P_SR_tr)

When you get to be a senior you're more or less by yourself you know. (21P_SR_tr)

Some frail seniors may make adaptations in order to stay connected. They use assistive devices or evolve the way they do activities.

We have the over 60 club and they have bus trips... With me, I'm a little slow, I take the walker, they put the walker in the back of the bus, terrific, they're really terrific with it, old people. And, but the problem I get there, and get off the bus, and get the walker, its an effort, you know, but we do, we do go, once in a while on the bus trips which is good. (21P_SR_tr)

I like playing cards. Now I can't see unless they get the big cards. (22B_SR_tr)

This wheelchair has just made all the difference in the world to me. (63O_SR_tr)

[My sister] and I, [are] planning a dance for the, for our church group. So that'll be nice. I like music, I love music, I've always been involved with it, you know. Singing and dancing, can't dance anymore, but I can do it in my mind! (21P_SR_tr)

Some have people who help them stay engaged, while others do not.

[She] does not get out much. She told me she hadn't seen anyone for a week and a half because no one had been in to see her or take her out. (21P_SR_fn)

I miss it [church]... I'd like to go. (39P_SR_tr)

[My friend] picks me up on Wednesday's and we go...out for lunch on Wednesday's... every Wednesday we go out. (22B_SR_tr)

When he's home, he and I go places. (13P_SR_tr)

We usually go out to dinner or something like that when he [son] comes. (39P_SR_tr)

When Leanne [his daughter] and Mark, that's her husband, come down here, we go there [to a favorite restaurant] and we get the platter. (22B_SR_tr)

I kind of look forward to this [church suppers] cause you meet people and its, I usually take the money at the door, and things like that. Keeps me going, its good to be in a group, you know... If my sister can't make it to church, one of them will come and get me... even our organist will come and get me. (21P_SR_tr)

However, some frail seniors are no longer capable of going out with friends and participating in community activities, but enjoy the company of people nearby, or stay connected as best they can.

I visit with the people in the lodge more than anything...a lot of the people here. too (63O_SR_tr)

I know some of them, I don't know everyone but... we can uh, walk out the door and visit one another, and that sort of thing, which is nice, so you're never really alone. (21P_SR_tr)

I don't see too much of them [neighbours]. Once in a while I might speak to one of the neighbours on the phone. I have other friends that I do keep in touch with by telephone in town and outside of town. I have family, like nieces and nephews and a sister-in-law in Ontario. I talk to them on the phone. Doesn't sound very interesting, does it? (39P_SR_tr)

Basically, I have no problems. Except I'm getting old. And I can't stop that. (13P_SR_tr)

In sum, frail seniors' connections to people demonstrate variability. While most are connected to other people who often check up on them, some only interact with family members, while others have a broader social network comprising family, friends, and neighbors. Some are able to travel to visit family members, while others rely on family to visit them. Frail seniors continue to interact with friends and engage in community activities to the best of their abilities, but the extent of their social interactions and community participation varies widely. They are constrained by aging bodies, but some

make adaptations in order to stay connected, some have people who help them stay engaged, while others do not. While, some frail seniors are no longer capable of going out with friends and participating in community activities, they enjoy the company of people nearby, or stay connected as best they can.

5.3 Connections to Services

In this section we describe the ways in which each of the four groups of older adults connects to services. They differ in their perceptions of the availability of services, whether and how they access services, and their sense of control in seeking support.

Community active seniors' connections to services

Community active seniors generally perceive their rural communities as having a reasonable set of services for a community of its small size.

There are many things offered to the seniors in Parrisboro. It's a small town but [it has] many things to help seniors in every way, to make a better life for them, to give them everything at their fingertips. (20P_SR_tr)

If you're older we do have homecare, to look after you, and we do have the auxiliary hospital [extended care] ...and then there is a hospital...there's services for seniors. (10_SRs_tr)

Community active seniors purchase as many goods and services locally as possible. They use their community connections to find services that they might not know about.

We try to do most of our shopping locally, because people are working to make a business out of it. So we do support, we do try. (21B_SRs_tr)

I try to get some of these young people in town to give them a chance to make some pocket money...Well, I had a chap in the other day... One of my friends told me that this chap was willing to do things. (10O_SR_tr)

I tend to do most of my grocery shopping here in town... I get ticked off, you know, if they don't carry my brand, but I let them know that too. I say come on, get with it. And they usually do. (20B_SR_tr)

I can't think of anything [I can't get]. You know, whatever we need, we call a local person and then if it needs to come in from outside, it's brought in to us, the courier or whatever, usually. If we need something today or if we need something, it's here tomorrow by courier. (20P_SR_tr)

I didn't have a doctor for two solid years... not a regular doctor... I have [a doctor] now. There's a good one here. He was young but he's very nice and very thorough. (11P_SR_tr)

The one [handyman] I used to use in [community] I played bridge with him. He completely redid my kitchen, but he'll do anything. And then we've got one out

[at] the cottage that will pretty well do anything outside, and that came through a bridge contact here. So you just, its word of mouth. (8B_SR_tr)

Oh yes, there are several businesses in town ... whom they can call and they're at their door in no time, to help out....And of course, if we have trouble with our furnace or stoves or whatever, we know who to call and they're there too. (20P_SR_tr)

If it snowed much, I will no doubt hire help to shovel the sidewalk... I hire somebody to do the yard for me. (10O_SR_tr)

I found absolutely the nicest people to work with and then I found a wonderful plumber who came into the house and redid my whole bathroom. (13B_SR_tr)

They also use their resources to get access to the goods and services that are not available locally. These resources include planning ahead, being able to drive, having money, and connections to other people.

What's on my mom's city list?... Groceries that she can't get here, certain margarines, certain meats, certain fruits. She would get, again, clothing necessities. She would pick up an odd little gift here or there that she could get here or, she could get a gift here but she found something special. Stickers, cuz she's wrote a book for each of us girls. She can't even buy her good pens here in [community]. Good pens that have got a good senior grip on. Oh yes, she has a city list. (17O_CG_tr)

I have my own car, and I'd be lost without it. (10O_SR_tr)

If they [community active seniors] want something, they do it now. So, if they need something, they just jump in their truck, and they go to Medicine Hat. That's the end of that. (56O_SP_tr)

I think it's \$12.00 from here to Moncton [for bus trip shopping]. Well, that's not very much. (11P_SR_tr)

I would say the biggest thing [I miss] is the theater. Once a month, my daughter, you met her, she goes down to the one in [city], she's got tickets for that, and she usually takes me. (19B_SRs_tr)

We have theatre tickets in [city], seasons tickets, so we go out of the village for entertainment but a lot of our entertainment comes from just getting together for dinner with friends and having them in and going out. (21B_SRs_tr)

If I needed anything from the city, they [her sons] would bring it, pick it up for me because they go to the city often in connection with their work and that. (20P_SR_tr)

However, community active seniors are also well aware that some essential services are not available in their rural communities. For example, they may need to go to a larger urban centre for medical services, specialized treatment, and tests (19O_SRs_fn).

There's nobody with any more health issues than I got right now, I'm being treated for Cancer right now myself...I have to go to [city] or [city]... But, I drove for Cancer for years, and now I, Cancer's driving me. So I don't have to drive. (5B_SR_tr)

We also went for water therapy, to the heated pool in [community], the therapy pool there. (16B_SR_tr)

In terms of hospitalization, no, you would have to go to [community] or [community] or somewhere...If they need cancer treatment, they have to have a hip replaced, they'd have to go anyway, you know? (6P_SR-tr)

We do have a hospital and we have 2 doctors right now... You're fine, but if there's medical complications...real medical [problems], well we have to [go to the city]. (10_SRs_tr)

Yet despite all of their resources, community active seniors may not be able to get all the services they need. Once it no longer fits their needs, then they consider leaving the community. For some, it may be closer to family, but for others it may not.

They [community active seniors] do move on. They go back to where their family is. (41B_CC_tr)

(Sr1) This last year, year and a half, we've had to face some difficult decisions. Our health is very good for our age, but it's breaking down bit by bit. We have a fairly nice home. What do we do now? Our family's in this immediate area... They [family] phone continuously. [Chuckles]... Anyways, what we've been looking around at is getting into a place where you don't have to cook... The place where we really went to – we're looking around and it came up to number one – was ... in [city]... It's \$36,000 a year for the two of us.

(Sr2) You want to think about how much money you have left and how much time you have left. Is now the time to blow it on good living? (41B_CC_tr)

In sum, community active seniors purchase as many goods and services locally as possible. They use their community connections to find services that they might not know about. They also use their resources to get access to the goods and services that are not available locally. These resources include planning ahead, being able to drive, having money, and connections to other people. However, community active seniors are also well aware that some essential services are not available in their rural communities. Yet despite all of their resources, community active seniors may not be able to get all the services they need. When the community no longer fits their needs, they consider leaving.

Stoic seniors' connections to services

The feature that defines stoic seniors' connections to services is a sense of control. These people are very practical, fiercely independent, and consider themselves to be self-sufficient. They make few demands on local services.

I am definitely not strong enough to drive out of town to get prescriptions. And if I can't get [medications] here, I'll go without. (4P_SR_tr)

Needs decrease as age increases, and my needs are not as great – I do not go out as much, I do not need as many clothes, I get what I need here. (15O_SR_fn)

It [the town] really is pretty good. It [the drugstore] doesn't have everything you want, but it's not often you have to go to Amherst to get what they don't have. It's pretty good. (34P_SR_tr)

I find health care, help up here's not good at all... Now I don't have [a] doctor...[but] I find everything perfect, [community] [is] perfect, as far as it goes, yup. (4P_SR_tr)

[The] people in Bobcaygeon get garbage collection. They just put it to the curb and its picked up. We have to take it to the dump, and have it in clear bags, and separated, just like you would in the city... we do it ourselves. (9B_SR_tr)

However, sometimes stoic seniors must leave the comfort of their community to access goods and services elsewhere that either support their continued work or health.

Our big thing is the delivery of parts [for heavy equipment]. We don't have something [in town] for that... Well we have couriers... that bring things in... and the local [grocery store] would deliver it, if I had to get it. But people don't have any way of getting to [community] or [community] on their own because there's no transport anymore. (10P_SRs_tr)

I wore a pacemaker, heart pacemaker, for a number of years now. I have to drive to [city three hours away] twice a year to have that thing checked, which annoys me very much to have to make that trip... I don't know exactly what technical parts of that is that they can't do here. But they, apparently, that's the way it is. Because they just wire me up with a half a dozen electrodes and make a recording of it. Ten minutes you're all done and gone out the door again. (18O_SRs_tr)

Because of their sense of control and staunch independence it is often quite difficult for stoic seniors to realize that they may benefit from some assistance. Accessing some services (such as homecare) may be perceived as a sign of weakness, and as admittance of an inability to be independent.

(I) Does Homecare come out and see you?

(Sr2) No, they don't come to us.

(Sr1) Well, not here of course. We've no need for them. (18O_SRs_tr)

Well, me, I never, I don't, myself I don't bother, asking for anything. But if I do need things I would like somebody, like in the winter time, uh, do my shoveling, and in the summer time, mow my lawn. I'm getting so, I'm getting so that's quite hard now for me.

(I) OK, so you have someone come in and do those things for you?

No, not as yet. (4P_SR_tr)

[She] was shaky (hands, head), her house was not clean, and she reported to take a long time to do things. It appeared that she may need help, but reported that she refused to ask for it...it was determined that because she made it very clear that she did not want help, that her wishes need to be respected.
(6O_SR_fn)

Hire somebody? I've never hired anybody to do anything for me in my life. He's going to keep doing that until he drops dead cutting the lawn. (41B_CC_tr)

If I can get them talking then they don't feel guilty that, that I'm doing it [cleaning their home]. You know, I think a lot of times it's a big step to get somebody to help them. (33O_SP_tr)

It was her long-term plan...that some morning she'll just wake up dead and that will be it. You don't have to go through the rigors of institutions. (51O_FM_tr)

Service providers commented on the challenges in providing services to stoic seniors, who often refuse services or reluctantly accept help but exercise tight control on service delivery.

Then when they do [get into the system], they're the first to say no, and you respect their [wishes]... So it's the hardest thing, really, is dealing with the families that, you know, expect us to push or to not honor or respect their wishes, which we have to do. (41B_CC_tr)

I don't think [she'd accept services]. No, not unless she would really get to the point where she really needed it. I know this past winter she had pneumonia, and she got to the point where she could barely even breathe before someone else had to call 9-1-1 for her. (49P_CC_tr)

Men who are forced to become domestic when their partners have dementia...Even in the way they interact with us is very, very controlled. They decide when they're coming, when they're not coming. When they come, they don't speak. Just give me a package of information, or I only want this one piece. You know, Don't give me more than I want. So... they control the situation.
(41B_CC_tr)

In sum, stoic seniors consider themselves to be self-sufficient, and so make few demands on local services and are generally complacent with what is and is not available locally. However, sometimes stoic seniors must leave the comfort of their community to access goods and services elsewhere that either support their continued work or health. Because of their sense of control and staunch independence it is often quite difficult for stoic seniors to realize that they may benefit from some assistance. Accessing some services (such as homecare) may be perceived as a sign of dependence. Service providers commented on the challenges in providing services to stoic seniors, who often refuse services or reluctantly accept help but exercise tight control on service delivery.

Marginalized seniors' connections to services

Marginalized older adults are judicious about how they spend their limited financial resources. Sometimes this carefulness means that they may not purchase basic necessities locally, rather they will go to a larger centre to stretch their dollars.

I mean, even the ones who only shop every Thursday morning, they only buy – like, we'll look in their carts and hope they're getting fed someplace else because that isn't a lot of food to get you through the week. (41B_CC_tr)

There were two women who lived down in [the subsidized apartments], and it was only 50 cents for the delivery, but they used to buy their groceries together, so they would only have to pay 25 cents. We knew they were doing it because when [the delivery person] got there, she'd go: 'oh, can you just take that to Mrs. So-and-so's apartment?' (41B_CC_tr)

There's not much in [community] to shop at, and the prices are double. So what we pay in [community] for groceries pays for our gas and more because it's cheaper, everything. (45P_SRs_tr)

I buy the instant skim milk powder, and the best place to buy that is at Burn's Bulk Foods in Lindsay. (12B_SR_tr)

It's 10 minutes more to go to Peterborough [than to Lindsay], and it's a little further, of course, but you've got all the stores. Wal-Mart, you got all your grocery stores and Sears... It's cheaper to drive to Peterborough [to shop]. (14B_SRs_tr)

Socially marginalized older adults who do not get out and who are poorly connected to other people may not know about the services available in their community. When speaking about available services they spoke in a hesitant, rambling and vague style, often using the word 'they' with no referent. They seem particularly susceptible to myths and misconceptions.

I think that we just have two doctors here, I don't know what...Um, you know, the exercising place, but they don't seem to, you know, keep it up. (12P_SRs_tr)

Yes, I really have no complaints [about having a doctor]. Now I know people that have moved in have difficulty getting a doctor. I have a friend who has a son that worked at [workplace], he retired and moved back to town, and none of the local doctors would take him. (24B_SR_tr)

Ambulances used to be associated with funeral homes, and used as a means of transportation. Then the province took over and put a lot of money into training paramedics to be able to respond to emergencies. However, people continue to be charged for each ambulance call. While the ambulance is free in New Brunswick, each ambulance call costs money in Nova Scotia. It is a huge obstacle. (48P_SP_fn)

Marginalized seniors may not access services, even emergency response services, because of concerns with costs, misinformation about services, and a general reliance on others to become engaged or make decisions.

For example, one lady who was caring for her sister was referred to the continuing program twice. Each time she refused an assessment saying she could manage, but after a crisis she accepted the assessment. Later she confessed if she had known how it would turn out as well as it has, in terms of qualifying for services, costs for and quality of services, she would have accepted them much earlier. (48P_SP_fn)

If they take one partner's pension to live in extended care, then the other partner can't live at home because they can't afford to live in that home without both pensions... So they tend to refuse the admission just to get the pension to be able to survive... We wouldn't know what's going on unless at some point during their stay in the hospital we find it out. It's not something that we inquire about... As soon as one or the other [spouse of a marginalized senior couple] needs to be admitted, then you get all these social issues coming forward. You know, you walk in the room, and the partner will be crying, and you say what's going on here? Finally they'll tell you. (67O_CC_tr)

Peter spoke with someone at the Department of Veterans Affairs and they now have a girl who comes in to help a couple times each week. It is important to note that Peter did not actively seek out DVA assistance, but casually mentioned it to someone, and that person actively sought out DVA assistance for him. (24O_SRs_fn)

It's up to him [his doctor] to see if I'm going to go to the hospital or the old folk's home or the funny farm or wherever the hell you go. (7O_SR_tr)

Marginalized seniors' hesitancy in accessing support services may also be a means of preserving their privacy and dignity. However, when they do accept supportive services, marginalized seniors may be unhappy because the services do not meet their unexpressed needs.

No, I wouldn't like that [Meals-on-Wheels], no. No, I uh, I don't think it's necessary for me to get that... Well you know, if you can be independent, be independent as long as you can. (12B_SR_tr)

I would hate to have to call someone in [to clean her house] because I like doing it myself. (31O_SR_tr)

I would hate like hell to live in somebody's space because you're tied up there... I would not like to go there [to a nursing home] but it's the next best thing...you got all the care you need and there's probably a few people that might know you. (7O_SR_tr)

I have Home Care once a week. But they don't do [what I need]. When it was in the government's hands, they would [do] anything for you. But these come in, I don't vacuum, I don't do this. They tell you right, well, as soon as they come, they don't...It's sickening, really. Because sometimes you think gee I don't think I need to bother. (2B_SR_tr)

In sum, marginalized older adults are judicious about how they spend their limited financial resources. Sometimes this carefulness means that they may not purchase basic necessities locally, rather they will go to a larger centre to stretch their dollars. Marginalized seniors may not access services, even emergency response services, because of concerns with costs, misinformation about services, and a general reliance on others to become engaged or make decisions. Marginalized seniors' hesitancy in accessing support services may also be a means of preserving their privacy and dignity. However, when they do accept supportive services, marginalized seniors may be unhappy because the services do not meet their unexpressed needs.

Frail seniors' connections to services

Frail seniors often rely on family, friends, and neighbours for support, but the frequency and type of support they receive vary. While they receive support because of their health challenges, most of the support received is not related to health care itself. Many frail seniors needed assistance with social, necessary, and medical transportation because they no longer drove.

I have a son who comes home quite often, and he drives me. And, if my neighbours are feeling in the mood, they'll drive. (13P_SR_tr)

I just have friends... and then my kids too... they uh, come and take me too. (23B_SR_tr)

I don't have problems, [I] usually get around, all I got to do is make a phone call. (21P_SR_tr)

I go to day care, but I have to have transportation. It's either my son if he's not away or Maureen or Bill [who take me]. (5P_SRs-fr_tr)

I have a sister in [community] and one in [community], and if I have an appointment... all I have to do is call them and... they're here to take me, one of them, sometimes both... so they drive, and we go down and I get my appointment, and then we can do what we want. And we have a brother that lives in [city], so that makes it quite neat; we get to see him too. (13P_SR_tr)

I had a minor operation here on my face, was skin cancer, and um, she come up and took me to the doctor, to the hospital, and then brought me home. (11B_SR_tr)

Some frail seniors needed assistance with errands, such as picking up mail, banking, and grocery shopping.

[A friend] She'll pick up my mail for me... She gets the mail because she does more. (21P_SR_tr)

[She] stressed many times how her niece and nephew are good to her and help her out whenever she needs them. (5P_SRs-fr_fn)

[Frail senior and sister] We usually get into town one day a week, if the weather is good. In the summer it's no problem. We go to church on Sunday's and we go

to the restaurant for lunch after church and we also, get out one day a week to do the grocery shopping. Buy stamps, go to post, go to mail, go to the bank I mean, you know, get the little things done we have to get done. And you don't really need to get out much when you're a senior, you really don't. (13P_SR_tr)

Some frail seniors needed assistance with housekeeping, particularly with heavy housework, and home maintenance.

My sister come down, and washed my walls and things like that... I have family, so I'm lucky. (21P_SR_tr)

He [friend] periodically comes over and sees if there's something we would like done, changing light bulbs, things like that. (39O_SR-CG_tr)

You know how you have little bitty jobs around? ...I can get him [my son] to do anything like that. He's a very kind person. (39P_SR_tr)

Though some frail seniors needed assistance with indoor work, others more often needed assistance with outdoor work such as chopping wood, cutting grass, and shoveling snow.

Phyllis heats her home primarily with wood. Her son provides the wood and she maintains the fires herself. (10B_SR_fn)

I used to be able to cut the grass, but, I haven't this last 2 or 3 years" [her son and grandchildren maintained her rather large yard]. (23B_SR_tr)

My son cuts the grass. (10B_SR_tr)

The neighbour... blows the snow. (27B_SR_tr)

[My grandson] he's cut the grass ever since Raymond wasn't here... so he comes out and looks after that... and very, you know, very good about it, too... Well, I don't think I could have stayed here without the boys helping me. (27B_SR_tr)

Rather than rely solely on family members, friends, and neighbours, some frail seniors hired some help to help them maintain their independence in their own homes.

She comes in here...and cleans a bit. (22B_SR_tr)

I'm able to hire some of the work done if I need it... They could do the things that I just am not able to do... I got the maid [to] come in and clean the windows and move out some furniture that I thought I couldn't move out now. (27B_SR_tr)

She has two women whom she has hired privately who come in every morning (they alternate mornings) and do her cleaning and help her make lunch and take her out to do her shopping or other errands... the girls who come in have also taken her to the doctor in [city]. They will take her to [community] once in a while to go shopping for clothes and shoes and other things that you cannot get in [community]. She also hires someone to shovel the driveway and mow the lawn.

She does not get out in the afternoons. She only goes out when one of the women she has hired takes her. (39P_SR_fn)

Dorothy has had a longtime arrangement with a handyman who maintains her property and completes needed repairs (\$2000 per year expense). (11B_SR_tr)

I have a man come and do that [shovels snow]. He comes and mows my lawn. I have persons who come to do that. I have to get somebody busy at my garden. The flowers are coming up, and there's nothing but hay around them. (39P_SR_tr)

Yet some frail seniors expressed concerns about the affordability of paying for the assistance they required. These out of pocket expenses were an obstacle to accessing services they needed and limited their independence in the community.

...if you want [a] taxi here they charge you...50 cents for every stop you make. They charge \$4.50 to take you downtown, and 50 cents if you want to go to the post office, if you wanted to go to the drug store its another 50 cents...I would never call a taxi in this town, I'd have to be desperate, absolutely desperate. (21P_SR_tr)

She said it costs \$120 to get the ambulance from her apartment to the [care facility]. This is very expensive on a fixed income, and since she has diabetes, she may need to call an ambulance. (13P_SR_fn)

Because of their compromised physical health, frail seniors may also receive some assistance from services in the community, such as pharmacies and home care agencies.

I don't know of any place that delivers your groceries and your medicine right to your door, whenever you call. They do have days, like Monday is not a delivery day, or, you know, things like that, but you can work around those. (13P_SR_tr)
I have home care come in here, twice a week... and they come, they'll cook stuff for me, and put it in the fridge, and I'll just bring it out and warm it up. (22B_SR_tr)

I do have a girl come from Home Care twice a week to help me bath. (11B_SR_tr)

I'd say frail seniors we [home care] have a lot of contact with. (49P_CC_tr)

The [physical] therapist has done me a lot of good...He's really helped me. (63O_SR_tr)

Family and friends often are important in brokering connections to services. They link frail seniors to services on their behalf or negotiate service use.

I took a funny feeling. I had a hair appointment, and I phoned her [the hairdresser], and she says what do you [feel] like, and I said, well, you know, I felt weak, as though I needed air, and I couldn't get the window open and so on. And she said, I'm going to phone George, that's my son. So George came down,

and we went to the doctor, and they shipped me to [community]. He [the doctor] said 80% with your symptoms, would have had a stroke.... When they know you, they know who to phone. (10B_SR_tr)

His son decided to put an advertisement in the [local newspaper] for a live-in housekeeper/caregiver. (39O_SR-CG_fn)

My son-in-law applied [for financial assistance with purchasing hearing aids]. (39O_SR/CG_tr)

When he got to the point that he was as ill as he was, you know, not physically but mentally, the support wasn't there for my grandmother...we [family] could never get a meeting with their worker out of the [agency] office... we wanted to do a one-on-one thing because my grandmother was very upset with his condition. (40P_CG_tr)

In sum, frail seniors often rely on family, friends, and neighbours for support, but the frequency and type of support they receive vary. Many frail seniors needed assistance with social, necessary, and medical transportation because they no longer drove. Some frail seniors needed assistance with errands, while others needed assistance with housekeeping, outdoor work, and home maintenance. Rather than rely solely on their support network, some frail seniors hire other people to maintain their independence in their own homes, while others expressed concerns about the affordability of paying for the assistance they required. Because of their compromised physical health, frail seniors also receive some assistance from services in the community. Family and friends often brokered frail seniors' connections to services on their behalf.

6. Discussion

The most striking finding from this community case study is that there are distinct groups of rural older adults, each with characteristic defining features. Community active seniors are typified by their engagement in their rural communities; stoic by their hard working nature and preference for purposeful activities; marginalized by their tenuous social, economic, and health status and isolation/exclusion; and frail because of their significant health concerns. From the vantage point of these profiles of rural seniors, we have begun to better understand the situation of being old in rural Canada.

In this chapter, we highlight our research findings on the four groups of rural seniors. We discuss how the defining features of the groups of older adults shape their interactions with family, friends, community organizations, and services. We consider the ways in which rural communities are more or less able to support these different groups of seniors, arguing that rural community contexts cannot be understood solely on the basis of being service poor but rich in caring people.

We discuss how context matters to each of these groups of older adults in relation to their experiences of supportiveness. Seniors' perceptions of whether a rural community is a good place to grow old are influenced by the degree of fit between the features that define the group to which they belong, the ways in which they connect to people and services, and the features of the rural community in which they live. Together these defining features and community contexts have implications for targeting public programs. The needs, styles of interaction in their communities, and preferences for connecting to services of these different groups of seniors mean that there is no single 'best fit.' Frail seniors need (and want) quite different things from their communities and in different ways than do those who are stoic.

Finally, we highlight the policy implications of our findings and suggest ways in which Veterans Affairs Canada might better support veteran clients who live in rural Canada. This policy discussion is done with reference to the recent report of the Gerontological Advisory Council to Veterans Affairs Canada (2006), *Keeping the Promise*. In the report, the Council suggests ways in which the Department might better serve its oldest veterans.

6.1 *Diversity Among Seniors*

A primary finding of our case study was that of four distinct groups of rural older adults: community active, stoic, marginalized, and frail. The description of these groups provides a more nuanced understanding of rural older adults and a basis from which to understand different needs for support among them. There is no single profile of older adults in rural Canada.

Community active seniors are typified by their extensive engagement in their rural communities. They have broad social networks which they nurture. They use their resources (such as time, money, energy, skills, and health) to support their active nature. Above all, they are willing to invest in their communities and take pride in their contributions. In many ways, these older adults are reminiscent of those identified in recent research as being highly engaged in social and unpaid-work activities. For example, research on older adults' civic engagement and participation shows that older

adults are involved in a wide variety of community volunteer organizations. (See Fast et al., 2006 for an overview of findings on participation of older adults). Our findings show that it is a particular group of older adults who are highly engaged, and who are motivated by a need to contribute.

One might think that these seniors have little need for interventions to support their aging well. Yet community resources make a difference in the ability of active seniors to contribute without undue personal cost. In well-resourced communities like Bobcaygeon, which have a large pool of volunteers and constant influx of recent retirees, community active seniors are having fun. Their voluntary services are welcomed but not essential, giving them the flexibility to leave the community to travel and to visit family and friends, comfortable in the feeling that there are other volunteers who will step in during their absence. In contrast, communities with fewer resources like Parrsboro have a sense of 'compulsory volunteerism.' Without the assistance of these active seniors, many residents would not have the assistance they need. In both Parrsboro and Oyen, community active seniors worry that there will be no one to take their place if they cannot continue because of declining health or energy. There are fewer people available to volunteer when the population of the community is declining, volunteers are growing older, and there may be generational differences in civic engagement. Similar to findings from urban studies, some of these community active seniors were reluctant to do more because of the financial costs of assisting others (Hall, McKeown & Roberts, 2001).

Stoic seniors seem the antithesis of those who are community active. They are reserved, independent, hard-working, and practical. While they often are long-term members of their community, they are not joiners and thus have limited engagement in community activities or organizations. They use their time differently than do community active seniors, preferring not to be 'out there' in active community roles. Stoic seniors are not forthcoming about their income or any health concerns nor about the ways in which they interact with family members and friends. They believe that they have networks of friends and family that can be activated if they need them though they rarely test this support potential. It is difficult to know where they stand on the usual indicators of well-being in later life: health, wealth, and social integration. In recent work in rural communities in the UK, Scharf and Bartlam (2006) note the reluctance of people on low incomes to discuss their financial hardships. The authors suggest that this may be because poverty in rural areas is dispersed. Unlike urban areas in which whole neighbourhoods have similar incomes, in rural communities someone living in poverty may not know others who have similar incomes and thus feel alone. The authors note that a strong sense of self-reliance also makes such older adults reluctant to ask for assistance, even when there are benefits to which they are entitled.

Stoic seniors are similar in many ways to the stereotypical rural residents described in research on rural culture (Bull, 1998; Shenk et al., 2002). This view of rural communities being populated by hard-working and independent residents often is associated with farming communities. Yet stoic seniors were present in each of the case communities. As well, the farming community of Oyen had community active, marginalized, and frail seniors as well as those who were stoic. In all communities stoic seniors shared a 'make-do' attitude, appreciating the things in their life that they have, and not dwelling on the things that they do not have. While perhaps laudable, this attitude might put them at risk should they develop chronic health problems or financial difficulties. Further, stoic seniors are at risk of social isolation as a result of changes in

their social network such as the death of a friend or spouse since they do not easily develop new relationships.

Marginalized seniors are excluded from many of the potential assets of small rural communities as a result of substantial limitations in resources associated with well-being in later life. They are typified by having insufficient health, wealth, or social connections. Health concerns of marginalized seniors generally are not of a level that requires continuing care. Yet they may be reluctant to deal with current health concerns because of worries about costs they could not manage such as medications or assistive devices. They also may worry that if they make their health problems more public, they may be persuaded to make an unwanted move to a new location. Their financial situation is tenuous. Some have always been on a tight budget while others have seen their retirement incomes eroded because of increasing costs of living in their communities. Deeg and Thomése (2005) have found that such discrepancies between personal and neighbourhood incomes are prevalent in rural areas in the Netherlands. They found that people with low incomes living in high-status neighbourhoods were most likely to experience poor health. Marginalized seniors have very small social networks. They often live alone or as part of a tight-knit couple, and have limited connection to people in the community other than family members.

In combination, these resource constraints mean that marginalized seniors have poor information about their communities and what they might have to offer, may become invisible to others who might assist, or may shun assistance. Social isolation and loneliness also may result from a combination of limited or changed social support network, chronic health problems, and economic hardship, especially among older men (Hall, Havens, & Sylvestre, 2003).

Frail seniors are typified by significant health concerns that affect their daily living and their patterns of engagement. They report multiple health problems and they require assistance with activities of daily living. In some ways, frail seniors are the most identifiable and familiar groups of older adults. Frailty has been one of the top concerns related to population aging because of its association with declines in physical function, increased needs for ongoing support, and high risk of death (Ferrucci et al., 2002; Gill, Gahbauer, Allore, & Han, 2006).

Yet describing frailty primarily by the physical leads to the neglect of other key resources: social relations and income. Frail seniors in this study shared physical health limitations but differed on these other resources. Those who were interviewed for this study typically had links to family members and friends who were important in providing emotional support and other assistance, and in brokering connections to services. This made them more visible in their communities than those who were marginalized because they were connected to community services and had others who helped them take part in community activities to the extent that they were able to do so. For some who had been actively involved in their communities, health challenges resulted in a need to curtail their activities or push themselves to stay involved. Others seem content or resigned to doing fewer or more solitary activities. Frail seniors also differed considerably in their economic resources. Some had only government pensions such as OAS and GIS, while others had additional private pensions or other income. Rockwood and colleagues' argument that social resources make a difference in the experience of frailty is relevant here (Rockwood, Fox, Stolee, Robertson & Beattie, 1994; Rockwood,

Hogan, & MacKnight, 2000). They argue that one is more likely to see themselves as frail if they lack the psychosocial supports that help compensate for physical problems.

This snapshot of types of seniors shows that they differ considerably. What it does not show is change over time. Are both community active and stoic seniors illustrating later life patterns that they have carried with them over the years? Have stoic seniors always been hard-working, practical, and independent? Is the widespread involvement of community active seniors an extension of a longstanding commitment to civic participation? Given research findings cited earlier in this report, we expect that these are stable patterns of engagement. So even though small rural communities might appear tight knit and supportive, one might predict that there are some people who throughout their lives will have a good sense of what's happening in their community and will have broad links to people of all ages, while others will be more insular and less engaged. Thus ideas such as providing information about services will be more useful to some people than others.

In contrast, marginalized and frail seniors are groups that may have changed over time. From other research, we know that some marginalized seniors have experienced longstanding poverty while others are newly vulnerable as a result of community change. The trajectories of marginalized older adults are of particular concern. Primary prevention in areas such as income security and health promotion might prevent some people from becoming marginalized early in life. As well, good community planning to support longstanding residents might offset the late life marginalization that can result from rapid community change.

We suspect that frail seniors may have come to frailty through a number of pathways. There was considerable diversity among frail seniors in other aspects of their lives beyond their physical condition in their preference for and engagement in social interactions, community activities, leisure pursuits, and income. These variations were not attributable solely to physical health. Rather we saw that some frail seniors wanted to socialize with other people and be involved in their community to the extent they could manage, while others preferred the company of family and more solitary activities. Some frail seniors hired others to support their continued independence in the community, while others expressed concerns over their available financial resources and the affordability of assistance with transportation, housekeeping, and home maintenance. Perhaps the diversity we saw within frail seniors is a reflection of the pathways to frailty from community active, stoic, or marginalized. If this is the case, it will be important not to assume homogeneity among those who are frail.

6.2 *Different Connections to People*

A key assumption about rural communities is that they are close knit, with older residents embedded in networks of family and friends. This assumption has been important to our cultural understanding of older adults in rural communities. We have taken comfort in the idea of a rural tradition of strong community supportiveness and of family members, neighbours, and friends who compensate for lack of services by being vigilant and helpful to those in need.

Our findings challenge this assumption by illustrating diversity in the ways that different groups of rural seniors connect with others. Social ties are the building blocks

from which support may arise (Keating et al, 2003; White, 2002). Without ties to others, support from family, friends, and neighbours is unlikely to occur. We have known for some time that some rural seniors are well connected to other people and value their social connections while others do not (Manthorpe et al., 2004). We now can begin to better understand these differences by looking at the interpersonal connections of the four groups of rural seniors.

Community active seniors seem most likely to thrive in rural Canada. They are well-connected in their communities through extensive participation in social, leisure, and voluntary activities. Their social networks are broad, comprising people of all ages, and often extending beyond the physical boundaries of the community in which they live. Community active seniors provide and receive support willingly from a large and diverse network of family, friends, and other community members. They nurture existing relationships and develop new ones, visiting family members at a distance, entertaining friends, and participating in leisure activities like golfing, boating, and shopping trips. These older adults have high levels of social capital – that is, their networks provide them access to the resources and supports that they need (Policy Research Initiative, 2003). Among their social networks are people who can connect them to services and activities and who are a source of knowledge about their communities (known as bridging social capital). They also have tight connections with family members who provide ongoing support (bonding social capital) (Keating et al., 2005). For the most part, their networks seem to serve them well.

Tensions related to connections with others arise in two areas for community active seniors. In communities like Parrsboro, some are doing more than they would like or can easily manage to do but feel that they must respond to the needs of other seniors. In Oyen and Parrsboro they worry that they will not be able to sustain their contributions as they grow older and that there may not be younger people who will take over. Here, the greatest need may be for community level interventions that would reduce the pressure on the voluntary sector. In contrast, those in Bobcaygeon are confident that the influx of retirees will result in an ongoing, robust, voluntary sector.

While community active seniors have good social connections, the assumption of embeddedness of rural seniors in supportive networks does not apply so clearly for other groups. Stoic seniors also seem content with their interpersonal connections, though to an outsider their linkages seem quite tenuous and very restricted. The ways in which stoic seniors connect to people is quite different than the multifaceted connections of community active seniors. Because of the value they place on productive activities, stoic seniors do not engage in social or recreational activities with others. They choose to limit their community activities and do not attend community organizations just to be sociable. They do not volunteer to help others on a regular, ongoing basis though they express willingness to help if asked. Their interactions are based primarily on the provision of tangible tasks. Stoic seniors come into contact with others through their work, their everyday routines, and their church involvement but building or maintaining relationships is not the goal of these interactions.

Stoic seniors spoke often of their neighbours and family. Proximity may facilitate social connections which otherwise are not actively sought. However, their independence and sense of control make it difficult for them to foster social relationships or to ask others for support. They likely have little bridging social capital that would connect them with people or resources outside of this tight group. Thus as they grow

older, they may be at risk of having insufficient support or care. Home care workers commented that stoic seniors often refuse services, saying they do not need assistance or they are managing fine.

Marginalized seniors are the most socially isolated. Their social networks are very small, focused primarily on family. Many lived at a distance from family members, yet they were not well connected in the community – not knowing their neighbours, having few friends, and seldom participating in community organizations or events. Marginalized seniors spoke of how their social interactions were constrained by a lack of money, health, or companionship. Others have found that such seniors may have lost the confidence to go out into their communities and did not want to be with others (Russell & Schofield, 1999).

These older adults may not openly express their needs but wait for others to provide support. If it occurs, support 'just happens.' It is particularly important that they be in familiar settings where others are aware of their presence. They rely on family members and close friends to initiate and facilitate social interactions. Neighbours in particular, with whom marginalized seniors reported little contact, sometimes keep a watchful eye, contacting family members or local authorities when they were concerned that the person was in crisis. For marginalized seniors, isolation and loneliness often go hand in hand (Scharf & Bartlam, 2006).

Like marginalized seniors, frail seniors also have small support networks. However, despite their physical limitations, frail seniors generally had more open, active links to others than did marginalized seniors. Family and friends played a major role by assisting with transportation, shopping, housekeeping, home maintenance, facilitating social interactions and community engagement, and brokering services. Perhaps because of their longstanding community residence and history of engagement with others, there seemed to be a strong commitment of support to these older adults despite their current situation of less active nurturing of these social ties.

Surprisingly, frail seniors are somewhat better known and better connected than are those who are stoic or marginalized. Frail seniors frequently had people calling or stopping by to make sure they were okay. The watchfulness of people connected to frail seniors had a different tone than those who monitored marginalized seniors. It was more interactive and more social. This difference may be taken as an indication that some frail seniors were more actively involved in their communities before their health problems restricted their mobility. It also may reflect community members' ability to be caring but also respectful of the wishes of the older adult. While stoic seniors may not wish others to 'intrude,' frail seniors may be pleased to have the company. Connections to others may reflect social capital accumulated over many years by people who previously had been active contributors. Some frail seniors may be community active seniors on a trajectory toward high levels of chronic health problems.

There also may be frail seniors who are invisible if they are not well known and have no family members or neighbours to keep an eye on them. These older adults may be stoic or marginalized seniors who have developed chronic health problems. Knowing something of the history of frail seniors can make a big difference in targeting approaches to care. Frail seniors who have been community active may be quite prepared to receive assistance and have skills in engaging others to assist. Those who

previously were marginalized are much more likely to be wary of assistance or to receive inadequate amounts of care.

6.3 *Different Connections to Services*

The second main assumption that colours our understanding of rural Canada is that rural communities are poorly served by day-to-day services such as post offices and grocery stores and by health services such as physicians and pharmacies. In previous phases of this project, we found that the availability of such services varies across rural communities (Dobbs et al., 2004). It is not accurate to assume that all rural communities are bereft of services. Findings from this case study add to our understanding of the service environment by providing information on how different groups of seniors connect with services and how they manage (or not) if services are unavailable in their communities. The presence or absence of services in a community differentially affects seniors representing these four profiles.

Community active seniors have a strong commitment to purchase goods and services locally where possible. If they have adequate income, they may have the financial resources to pay the higher prices found in small retail outlets that cannot compete with high volume stores in larger centres. They use their extensive social networks and skills in information search to find and acquire goods and services that they might not know about or that are not available locally.

Community active seniors' sense of community is broader than that of other groups. They have choices because of their extensive networks and their mobility. They go outside their community to participate in cultural events, receive specialized medical treatment, or shop for goods that are unavailable in their communities. They may extend their community contributions to assisting others in making this broader connection to services. The 'city list' in Oyen is an example. Because of great distances to the nearest service centre, people in Oyen keep a list of goods that they need. Community active seniors often let others know when they are going to the city and offer to purchase things on the list.

Each of the three case communities had service limitations and community active seniors dealt with these in different ways. Those in Bobcaygeon who were relative newcomers, talked of leaving the community if their ability to gain access to services became limited because of changes in their health or mobility. For them, the community was not necessarily seen as a good place to spend the rest of their lives. Those in Parrsboro and Oyen talked little of leaving though in both communities there was concern about adequate choices in supportive housing should they need housing alternatives in the future. Those who were longstanding residents in the three communities may find that their social capital keeps them connected to others who will assist.

Stoic seniors seem ideally adapted to live in a community with limited services. They make do with services available to them locally and if goods or services are at a distance, they typically don't use them. Overall, they make few demands of local services because of their independent and practical nature. Some may take this stoicism to extremes. The participant who decided to forgo a medication that wasn't available in his local pharmacy may be placing himself at risk of exacerbating existing health

problems. The question is how to manage judicious monitoring of those who do not ask and do not wish to be dependent.

Marginalized seniors may leave their rural community to purchase goods or services, although their rationale for doing so is quite different than that of community active seniors. Marginalized seniors are judicious in how they spend their modest financial resources, preferring to shop where costs are lower. If they have a car and can afford to buy gas, they drive to larger urban centres where they purchase groceries and other necessities from supermarket and big box chain stores at lower prices. If they are unable to shop elsewhere they purchase small amounts of necessary items like groceries. Local food banks or discreet gifts of money, oil, or other necessities given to them help keep them going.

Outside of shopping for food and other daily essentials, marginalized seniors are largely unaware of the range of services available in their community. They are susceptible to myths and misconceptions about services and often limit their access because of misinformation and overriding concerns about costs. They did not ask for assistance but often connections to services. As we saw with their social interactions, marginalized seniors often waited for others to connect them with services, thereby preserving their dignity by not having to ask for help. From the perspective of marginalized seniors 'help just happens,' though their wait-and-see attitude meant that others often were unaware of their need until a crisis occurred. Service providers who participated in our case study often spoke of marginalized seniors as falling between the cracks.

Family members and friends provide a great deal of support to frail seniors and broker connections to other services. While frail seniors receive support because of their health challenges, most of the support received is in the day-to-day services required by everyone to maintain their independence: meal preparation, grocery shopping, housekeeping, home maintenance, and transportation (Harleton, Keating, & Fast, 1998). Having such services available locally is more or less important depending upon the ability of their family/friend network members to provide or broker these services. For those with high levels of chronic health problems, remaining at home may require daily assistance that is beyond the resources of these informal networks. Supportive housing and local health and social care services can make a big difference to the ability of frail seniors to remain in their communities.

6.4 *What Makes Communities Good Places to Grow Old?*

In our discussion we have shown how different groups of older adults have different approaches to their connections with people and services. From a public policy perspective, this helps us understand how services might be targeted to these different groups. A final issue that must be considered in developing programs for older rural adults is the overall community context. People vary in their types and relative strengths of needs, and environments vary in the extent to which they are capable of satisfying these needs. The term 'person-environment fit' (Lawton, 1980; Peace, Holland, & Kellaher, 2005) when applied to older adults in rural communities suggests that communities that are good places to grow old are ones in which there is a positive relationship between peoples' needs and resources and community assets and challenges.

People who live in an environment that meets their needs often report a high level of well-being (McPherson, 2004). The following are aspects of communities that enhance or detract from a good fit for the four groups of seniors and suggested potential interventions.

What makes a community a good fit for community active seniors?

- Communities that are friendly and welcoming. All three rural communities were described by residents as warm and friendly places. Community active seniors who were newcomers became connected easily.
- Opportunities to be socially active and keep busy. All three communities had activities for seniors. The leisure opportunities in Bobcaygeon were particularly well suited to in-migrants who were recent retirees.
- Opportunities to volunteer, to be recognized and appreciated, and to build community capacity. Well-resourced communities like Bobcaygeon, which has a large volunteer pool and seniors with resources, may provide a more supportive context than communities with fewer resources.

Some potential solutions:

- Having employment opportunities and encouraging younger adults to engage in civic participation may relieve some of the pressure from older adults in communities like Oyen and Parrsboro who are feeling stretched and unable to 'retire' from their volunteerism.
- Federal programs such as New Horizons and other grant programs that provide infrastructure or development money to facilitate contributions of community active seniors. Where community active seniors are stretched to develop and run projects, governments might consider providing a 'navigator' to assist them with the project, supporting their willingness to contribute in partnership with shared responsibility.

What makes a community a good fit for stoic seniors?

- A community that allows them to continue to be productive. Communities such as Oyen with its hardworking farm tradition and Parrsboro with its culture of managing with limited resources may provide such contexts.
- Proximity to family, close friends, and good neighbours.
- A church community.
- Adequate basic, local services. Parrsboro and Oyen have limited shops and Oyen is a long distance from a larger service centre.
- Employment opportunities for their adult children to support such close proximity and maintain their social support networks. In rural communities like Parrsboro that have experienced the closure of local resource or manufacturing industries, adult children often move away in search of employment, thereby undermining proximate support networks. In rural communities that are remote like Oyen, distances can hinder frequent contact among family members.

Some potential solutions:

- Federal programs that provide development funds and education to enable the development and operation of small businesses seem particularly well-suited to stoic seniors.
- Stoic seniors may not search out information. They need to be made aware of programs through the media and brochures in places that they frequent such as grocery stores, post offices, and public libraries. Personal invitation or requests are the best ways to engage stoic seniors.

What makes a community a good fit for marginalized seniors?

- Residential stability of marginalized seniors enhances the possibility that neighbours will develop some familiarity with their needs and watch for problems. Communities with relatively stable populations such as Oyen and Parrsboro may be in a better position to do this monitoring. Risk of social isolation may be higher in communities like Bobcaygeon that have experienced considerable population growth in the last few decades.
- Adequate income to manage in a community where costs are rising such as Bobcaygeon or in a community such as Parrsboro where incomes are modest making costs of goods and services relatively high.
- Homogeneous economic status of residents so that those who are financially vulnerable do not feel isolated.
- Affordable housing. Depending upon whether their inadequate incomes are a result of long-term financial instability or recent increases in local cost of living, housing solutions will differ.
- Being near family and/or close friends who can monitor without intruding. Employment opportunities for younger family members to live and work near marginalized seniors foster social support interactions and make marginalized seniors more visible.
- Reasonable driving distance to larger service centres that have more affordable goods and services as in Bobcaygeon and Parrsboro.

Some potential solutions:

- Clear information about availability and cost of health and social care services would help marginalized seniors have better knowledge about what their communities have to offer. There needs to be creative ways to get this information to those who are marginalized and who do not actively seek out information.
- Identification of marginalized seniors through a good neighbour hotline or system navigation support that helps link marginalized seniors to programs and benefits that they may be entitled to receive.
- Proactive screening by Home Care programs and other service provider agencies to make sure adequate supports are in place that are more preventive than crisis intervention.
- Low cost or free community meals offered in many small communities such as Parrsboro and Oyen. If marginalized seniors can be identified and included, such services can provide companionship and dignity.

What makes a community a good fit for frail seniors?

- Family members, friends, and community members nearby and able to provide care management and direct services when needed. Local health and social

- services to support these family/friend carers. Being able to find and hire people to do part-time household or yardwork.
- People that facilitate frail seniors' engagement in community activities to the extent to which they want to be engaged. Friendly visitors for those who are no longer capable of going out with friends and participating in community activities. Local businesses, not-for-profit agencies, and service organizations that offer low or no cost delivery of meals, groceries, and medications as well as volunteer driver programs.
 - A community that is accessible. Frail seniors are less visible in rural communities that are not physically accessible for those with mobility challenges. Creative solutions are required to overcome insurance issues related to volunteer driver programs. Accessibility also occurs when boundaries between community and residential care are blurred as we saw in Oyen. Residents actively volunteer in the nursing home, nursing staff take their children to visit residents, and recreation staff take residents to community events like school concerts, special events, and community suppers.
 - Accessible medical services. The three case communities differed in these services. Oyen has the most complete medical services with physicians, pharmacists, and an acute hospital in the community. Long distances from other service centres may make it easier to justify these services locally. Solutions like air ambulance helps with emergencies in Parrsboro.
 - Case communities varied considerably in the availability and range of supportive living options. Some frail seniors hired people to assist them while others could not afford to. In Bobcaygeon there is considerable concern among older residents about the availability of affordable supportive housing options as they grow older. While developers have created lifestyle communities to attract young retirees to the area, the community's ability to support these older adults as they grow older is in question.

Some potential solutions:

- Affordable options for supportive housing. Services that follow the individual and are not discontinued if they move from their own homes.
- Coordinated community health teams with links to remote specialist consultations
- More seamless housing and care options like those seen in Oyen where the acute care hospital, nursing home, and lodge were integrated and where additional supportive housing was planned.
- Flexibility to hire family members to provide care if there are no formal care workers available.

6.5 *Connecting to Veterans Affairs Policies and Programs*

How might public policy be developed to support these different types of older adults? In this final section of the discussion we talk about how building on research extends this concept further by demonstrating that 'best fit' can occur at a more aggregate than individual level, between groups of older adults and the rural community environment in which they live. Some features of rural communities are better suited to a particular group of rural seniors than other aspects. For example, the community context influences the nature of volunteerism among community active seniors, the opportunities to continue to work for stoic seniors, the economic vulnerability among marginalized

seniors, and the options for supportive living for frail seniors. Although we have established that rural communities are diverse (Keefe et al., 2004), in this light, we see that rural communities have features and resources that may differentially support different groups of older adults.

Acknowledging this diversity among older adults is important when providing services to older adults. Assumptions about their support networks are different as well as their ability to connect with services. These differences change fundamentally the ways in which services are delivered to best meet the needs of different groups of older adults.

In May 2006, the Gerontology Advisory Council presented a document to the department. *Keeping the Promise* has a set of recommendations to support Canada's war veterans (Gerontological Advisory Council, 2006). The document targets support to very old Canadians who are veterans of WWI, WWII, and Korea. In this final section of our report, we discuss how the recommendations made in that document might enhance the experiences of older veterans as well as other older adults in rural Canada. We also discuss how the recommendations might be further refined to meet the needs of the groups of seniors who have been the focus of this report.

In *Keeping the Promise*, the point is made that about 10- 20% of older adults will become frail and in need of continuing care. These are the older adults identified as frail seniors in this project. The document states that some will remain "well, active, and socially integrated into their later years" (p. 4). We have identified these older adults as community active seniors. Others may need some types of social or health support to help them retain their independence. These are older adults that we have identified as stoic and marginalized. This acknowledgement of diversity and of potential differences in pathways of aging is an important step forward because it allows for thinking about services to support a much wider range of older adults than the small proportion in need of high levels of personal care.

The shift away from an exclusive focus on frailty allows for a consideration of the social as well as the physical and mental health risks of aging. Social and economic risks, risks related to strains on family relationships, and income security issues are highlighted in *Keeping the Promise*. We have noted throughout this report the tremendous differences in the abilities of older adults to develop and sustain close relationships. We also have noted the importance of income in facilitating engagement. Supporting health, income security, and social connections are important building blocks of aging well.

The main conceptual approach to the *Keeping the Promise* document is ecological. As in this report, the argument is made that 'context matters'. Community settings, physical environments, institutional efforts, and relationships with others all make a difference in the course of the trajectories identified in the document. The main recommendation in *Keeping the Promise* is that VAC "should adopt a more broadly based health promotion and disease prevention approach, which is integrated with care and support services" (p. 23). More specific recommendations target each of the proposed trajectories of aging: those who are aging well and need health promotion support, those who need socio-economic interventions to manage independently, and those who need continuing care either at home or in a residential care setting. We suggest that the proposed interventions could be further developed by taking into

account our findings about the particular set of health, wealth, and social connections of the groups of seniors in this study.

The proposed approach to support all older veterans is called “Veterans Integrated Services (VIS), its main objective being “to help create environments that promote and support aging well” (Gerontological Advisory Council, 2006, p.24). The proposed program has several elements relevant to rural seniors.

1. an interdisciplinary team would have the skills and mandate to work with older adults who might have few needs other than information and support for their activities as well as those with high levels of physical impairment. Such a team might have people who could work with community active seniors in resource-poor communities to help them get the resources they need to launch community-based voluntary programs such as meals on wheels or seniors lunch programs.
2. an early intervention specialist. This person would have expertise in health promotion and in how to navigate health and social services systems. The ability to find and support people who do not ask for services such as stoic seniors would be a definite asset since this intervention specialist would have the mandate to “arrange any social services the veteran or family may need to remain independent such as housekeeping or groundskeeping services” (p27) that can be very important in helping older adults retain their independence. Stoic seniors might be good candidates for such a service. The early intervention specialist would also have a mandate to work at the community level. Here there is potential to lobby for community change such as making communities more physically accessible. Community level interventions have not previously been part of the VAC mandate.
3. a care coordinator who will have expertise in assessment and case management and who will work with people who have some health and social needs but whose health is relatively stable. Marginalized seniors might benefit greatly from having access to such a person, especially if the care coordinator can offer services and support in a way that is not intrusive, and that is cognizant of the tenuous financial situation of many marginalized seniors. Developing personal, trusting relationships over time with the marginalized senior will be a key component of the success of interventions by the care coordinator.
4. a high needs care manager responsible for managing care of those “who are frail or disabled and have more intense care needs” (p28). This is the person who would most likely be charged with providing services to those whom we identified as frail seniors.

At the time of completion of this research report, the *Keeping the Promise* document had not yet been released by the department. Our findings resonate with the broad objectives and suggested reorganization of VAC programs for overseas veterans into a single comprehensive program. We believe that the document has the potential to better support the diversity of seniors in Canada and look forward to its implementation to meet the needs of older adults in rural Canada.

7. References

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8. Appendix A

Guiding questions for semi-structured interviews with older adults

- Some people say [name town] is a good community to grow old; others say it's not so good to grow old here. What do you think? Why or why not?
- How do family/friends make this a good place to grow old? Why? In what ways?
- How do the available formal services make this a good place to grow old? Why? In what ways?
- Is this a better place to grow old for some groups of older adults than for others?

Guiding questions for semi-structured interviews with service providers:

- What services do you provide to older adults in your community?
- How do older adults access your services? [Probe for direct access or access with help from others or access via other community services.]
- What challenges do you face in providing services to older adults? What makes it easier for you?
- From your perspective, what are the challenges that older adults face in accessing your service? What makes it easier for them?
- What are you most proud of? [Probe for the way the service is organized, who it is for or how it is delivered.]

Guiding questions for semi-structured interviews with family members:

- In talking with older adults in this community we've learned that they are not all the same. Briefly describe the senior(s) that you help out. [Probe for number of people they support, relationship, age, and health status/conditions.]
- How do you help him/her/them?
- Tell me about how support happens. Does the frail senior [your parent/friend] ask you for help, do you recognize that he/she needs assistance or does a friend/neighbor tell you that he/she needs help?
- Are there other family members, friends or neighbors who provide support to the same person? What interactions happen among these people? How is support coordinated?
- What role do formal and voluntary organizations play in providing support to your parent/friend? How were these services accessed? What services does your parent/friend need that he/she is not able to get in [Parrsboro/Bobcaygeon/Oyen]?
- What challenges do you face in providing support to your frail parent/friend? What makes it easier for you?
- From your perspective, what are the challenges that frail older adults in [Parrsboro, Bobcaygeon, Oyen] face in getting the support they need? What makes it easier for them?
- What are you most proud of? [Probe for the way the person organizes or provides the care.]

Guiding questions for semi-structured interviews with policy makers (three mayors):

- How does the municipality support different groups of older adults in [Parrsboro/Oyen/Bobcaygeon]? OR What municipal services are available that support these different groups of older adults in [Parrsboro/Oyen/Bobcaygeon]?
- Who are the groups of older adults you might worry about in terms of the community not being able to support them enough?
- What are some of the gaps in services that you see for older adults in this community? How is the municipality trying to help fill the gaps?