



# Reaching and integrating isolated rural older adults

Annie-Pier Clément<sup>1</sup>, Dusica Djilas<sup>1</sup>, Tanya Vinet<sup>1</sup>, Ariane Aubin<sup>1</sup> and Mélanie Levasseur, erg., Ph.D.<sup>1, 2</sup>

<sup>1</sup>School of Rehabilitation, Faculty of Medicine and Health Science, Université de Sherbrooke, Sherbrooke, Québec

<sup>2</sup>Research Centre on Aging, Integrated University Health and Social Services Centre – Eastern Townships - University of Sherbrooke Hospital Centre, Québec, Canada

*'Bravo, bravo, bravo. Because it provides a way by which the person will have access to services. That, is fantastic.'*

(C 1)

## INTRODUCTION

- Although social participation is essential for healthy aging<sup>1</sup>, social isolation is frequent in older adults, particularly in rural areas
- In the Eastern Townships, one rural county municipality (RCM) presents especially elevated rates of social isolation, which is amplified by a large rural territory
- While many social participation initiatives exist, none were developed in collaboration with community organizations<sup>2</sup>, an imperative aspect for their optimal implementation and sustainability

## OBJECTIVES

1. Identify social participation initiatives for older adults in a rural RCM
2. Validate these initiatives
3. Document the conditions for their implementation

## METHODOLOGY

- Action research
- Review of local initiatives and scientific and grey literature presented to 85 participants in 9 discussion forums with
  - 1) Community partners (P)
  - 2) Family-Seniors committee (F)
  - 3) Seniors' Table (S)
  - 4) Community organization managers (M)
  - 5) Healthcare and community organization workers (W)
  - 6) English-speaking older adults (E)
  - 7) Older adults with disabilities (D)
  - 8) 2 groups of older adults & caregivers (C1; C2)
- Thematic content analysis

## RESULTS

- The majority of the participants were women, aged between 23 and 91 years old, retired, with more than 7 years of education (Table 1)
- Based on the review, 6 social participation initiatives were identified and 2 of them were prioritized, as they fit more with community needs:
  - 1) Scouts network for older adults (RÉVA)<sup>3</sup>: Scouts (workers in grocery stores, pharmacies, etc.) identify vulnerable older adults in the community
  - 2) Personalized citizen assistance for social participation (APIC)<sup>4</sup>: volunteers assist older adults 3-hr/wk for 9 to 12-mt to realize their significant activities in the community
- The majority of the groups approved the Benevolent Community project (Figure 1), an adaptation of RÉVA and APIC, anticipated as feasible and fulfilling the needs of the community

Figure 1. Benevolent Community

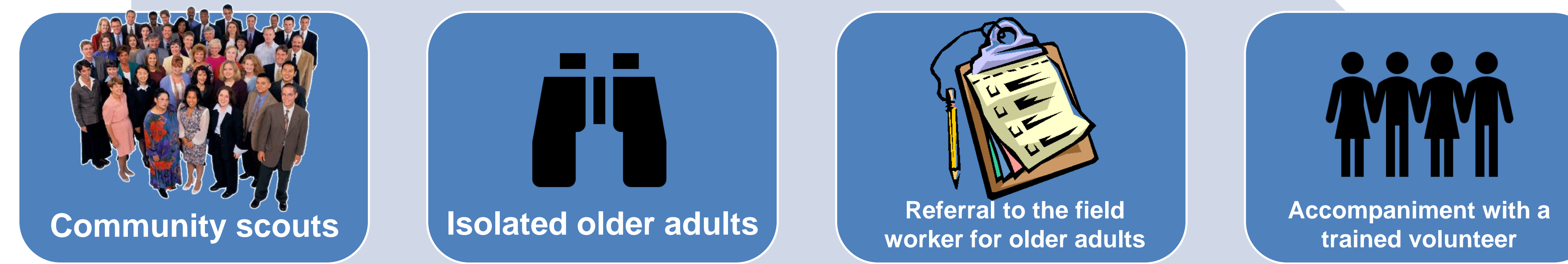


Table 1. Characteristics of participants (n = 85)

Continuous variables	Median (IQR)
Age (years)	66 ± 25
Categoric variables	Frequency (%)
Gender (women)	72 (84.7)
Education	
• High school or below	34 (40.0)
• College/professional	27 (31.8)
• Bachelor	13 (15.3)
• Masters/PhD	7 (8.2)
Professional status	
• Retired	45 (52.9)
• Working full time	32 (37.6)
• Working part time	4 (4.7)
• Other	2 (2.4)
Experience within the RCM (years)	
• < 1	3 (3.5)
• 1-4	5 (5.9)
• 5-14	11 (12.9)
• > 15	11 (12.9)

- The **main facilitators** were the field worker's presence and the community's sensitivity toward isolated older adults

*'There is to promote and to believe, and when a project is heartfelt, you truly wish to keep it going.'* (W)

- The **main challenges** to its implementation were: volunteer recruitment; older adult refusal and consent; few resources for the implementation; attachment of the older adults to the volunteer; sustainability of the initiative

*'The challenge, I think, is in the recruitment. [...] Finding volunteers who will accept to undergo a [...] training and to be available...'* (P)

- The **main advices** concern developing the trust of the helped person toward the volunteer, offering complete training to the volunteers, and targeting a group of people for volunteering (e.g. students, association members, etc.)

*'There is a relationship of trust that must be established, that must develop.'* (C1)

## DISCUSSION

- The development of Benevolent Community through collaboration with RCM partners will facilitate its implementation and sustainability as emphasized in Raymond's 2012 study<sup>2</sup>
- Adapting the initiative according to the facilitators, challenges and advice identified by the participants, will facilitate its implementation in the community
- The sustainability of Benevolent Community depends on the availability of human and financial resources which is precarious, considering how hard it is to find volunteers, and the context of austerity that exists across The province of Quebec
- However, the mobilization of key players in the RCM and the creation of a social participation agent will foster the continuation of Benevolent Community, even after the study is over

## CONCLUSION

- Benevolent Community, an identification initiative involving personalized accompaniment, promotes healthy aging by allowing social participation<sup>1</sup> for isolated older adults in a rural context
- A future study will document this initiative's effect and implementation
- An implementation guide will allow other communities across Quebec to follow this process to identify their needs and implement appropriate initiatives

## ACKNOWLEDGEMENTS

Financial contribution from the program Québec Ami des Aînés (QADA) of the Secrétariat aux aînés of the Ministère de la Famille

## References

1. Diez, E. et al. (2014). *Gaceta Sanitaria*, 28(5).
2. Raymond, E. et al. (2012). *Ageing and Society*, 33(2), 267 - 296.
3. Meloche, B. (2007). <http://www.moncsss.com/soins-et-services/personnes-en-perde-d'autonomie/formation-reva.html>
4. Lefebvre, H. et al. (2013). *Recherche en soins infirmiers*, 115, 107-132.