



Seniors Advisory Council 'Aging in Place' Survey

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"I joined the Clinic in 1969 – saw my doctor in the old building on Third Avenue. You provide a service which I use regularly. God Bless the Community Clinic." May 2022 Seniors Survey

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February 2023

Introduction and background

In the spring of 2022, the Seniors Advisory Council (SAC) decided to reach out to Saskatoon Community Clinic (SCC) members who are older adults to learn more about their healthcare and independent living needs. The Community Clinic has a long history of care and concern for seniors as a population group, which was expanded in the early 1980s when Clinic staff identified a need for:

- Specialized programs, staffing and supports for vulnerable seniors.
- The SAC - a volunteer advisory council of members who are older adults to provide input on seniors' health, accessibility, program and social needs to staff and the Board of Directors.

Accordingly, dedicated Seniors Counsellor and Volunteer Co-ordinator positions were created to offer seniors social and educational programs, and recruit and train Clinic volunteers to help. The Volunteer Co-ordinator also provides staff support for the SAC.

The volunteer led SAC's role is to:

- provide input and advice on seniors' health and program needs and undertake advocacy on seniors' issues that impact our patients' health and social well being.

They have also educated our membership through the presentation of resolutions at members meetings on such topics as: the need for more mental health services; support for transgender and 2SLGBTQ+ patients; improved long-term care standards; the importance of funding shingles vaccines for seniors and advocacy for a provincial Seniors' Advocate.

The more recent inclusion of SAC Student Research Volunteers and the development of intergenerational senior-student partnerships has assisted the SAC with:

- conducting research into priority health issues as identified by our seniors to better inform their recommendations to staff and the Board of Directors and our student research projects.
- providing a valuable volunteer opportunity for students to learn more about our primary healthcare co-operative, and identify future career opportunities in primary healthcare.

Survey Results

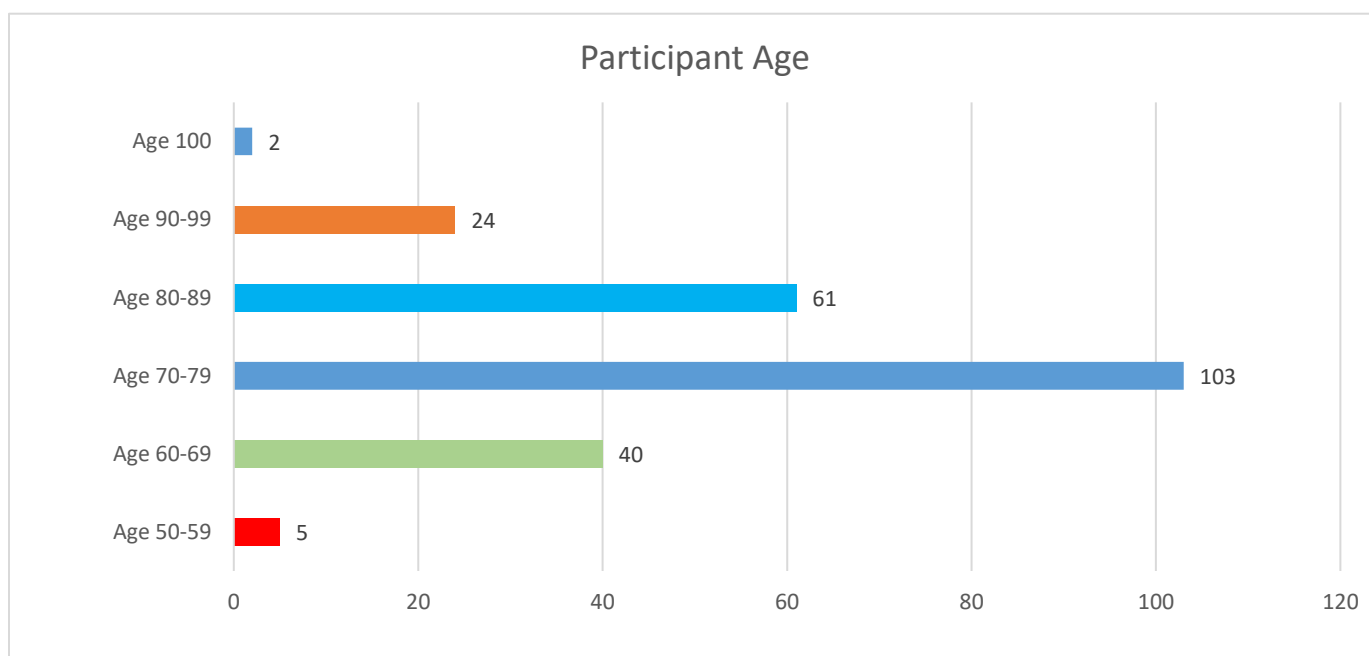
By the spring of 2022 the Covid pandemic had been impacting health services and seniors' programs for a full two years. (Seniors group programs did resume, in a more limited way, in the fall of 2022.) The Seniors Survey "Aging in Place" was distributed in the Spring 2022 newsletter Focus, and was available on the Clinic website and in the Westside and Downtown Clinic offices. Two hundred and thirty-five (235) seniors responded to the survey, the majority of respondents being patients at our Downtown Clinic.

Respondents were asked to reply anonymously and the survey questions were reviewed by the Clinic's Privacy Officer. It was clearly explained that the de-identified survey data would be used to inform the Clinic's understanding of seniors' health and social needs. The data has also been shared with SAC Research Students who are writing a paper on "Aging in Place."

Respondents were invited to make comments as part of the Survey. Most took the opportunity to do so and provided some very insightful thoughts. *A small selection of these are quoted in italics at the end of each section.*

Participant Age

The total number of participants was 235 with the breakdown of response rates by age identified below. For the purposes of this survey, seniors aged 50 and up had been invited to participate. Notably, the largest response group (70%) were seniors between 70 and 89.



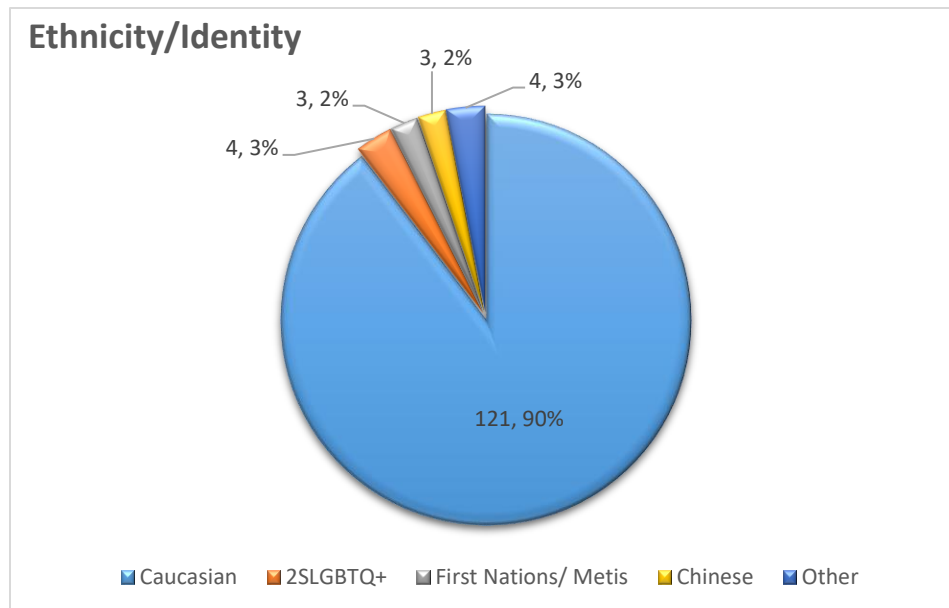
Ethnicity and Self-Identity

One hundred and thirty-eight (59%) of those who replied self-identified as representing an ethnic community, with 89% of those self-identifying as Caucasian. The breakdown is represented in the chart below.

Ten percent (14 seniors) of those who said they represented a community identified as one of the following: 2SLGBTQ+ (4 individuals); Chinese (3 individuals); First Nations/Metis (3 individuals); French (4 individuals)

Observations provided by these individuals who reported their ethnicity follow:

- Question whether the Clinic staff will provide the supports needed should one's sexuality be known by those who are depended upon for health services.
- Appreciation for Clinic efforts around 2SLGBTQ+ friendliness, and aspirations for more visibility.
- Access to health care providers who can communicate in Chinese.
- People coming from different languages groups, such as an Asian-Chinese, find medical jargon hard to understand.
- Frustration over the lack of medical people who speak and understand French language and culture. French is one of Canada's two official languages.



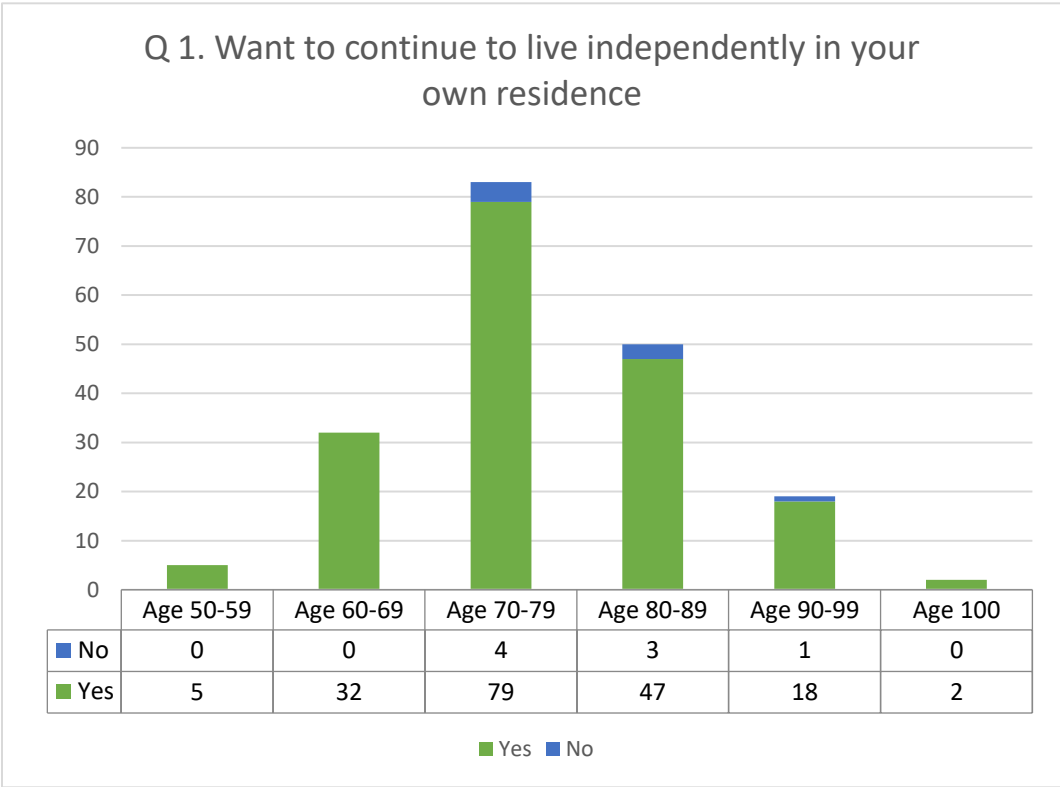
“As a gay man I am always aware of the need to keep that quiet (and it has taken a leap of courage to even mention this in this survey). I am currently not in need of any special services but I do wonder about the future - will I get the supports I need if my sexuality is known by those who I may depend upon for health services? I will say, I do appreciate the posters and occasional indications that the Clinic is LGBT friendly. This could be more visible I think.”

Living Independently

Seniors were asked how important it is for them to continue to live independently. One hundred and ninety-one responded (81%). An overwhelming majority (183, 78%) identified a desire to continue to live independently in their own homes. The following graphic suggests that the 70-79 cohort were the most concerned age group. In terms of feedback, many respondents noted that their decision to live independently was function of their health and their ability to manage daily living.

I think "aging in place" is fine but can be very isolating especially in winter when it's harder to get out and see people and do things. People living in their own homes may need more services - especially transportation - would they be provided and would people be able to afford them?

We are fortunate that we have sufficient resources to live comfortably in place. If we were to take this survey in 5-10 years from now, our responses might be quite different.



I am definitely thinking of moving. I am in good health now but that can change and I need to be prepared. I do not have family in or near the city to help.

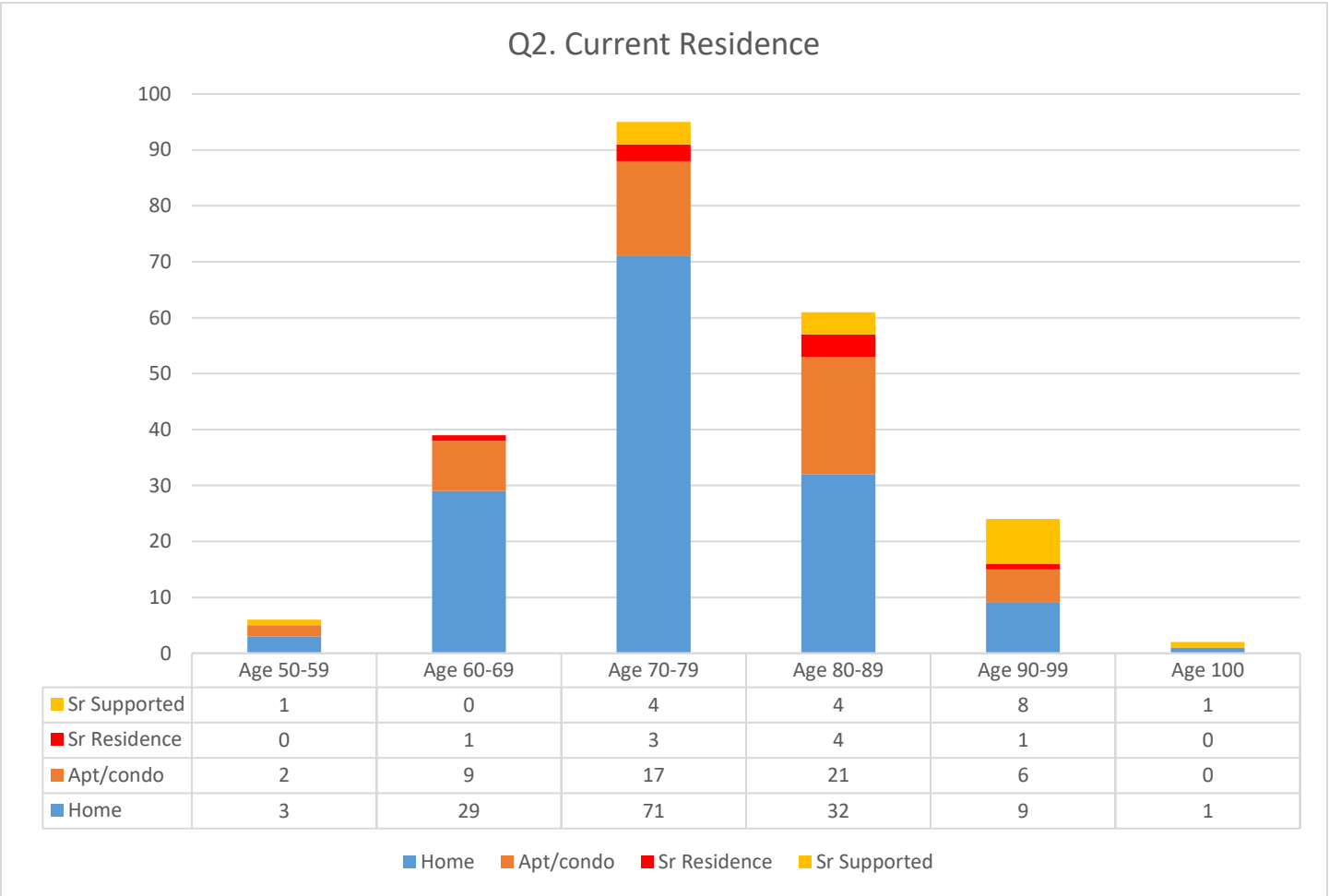
Would like help in knowing what assistance is available to us to know what options are available for housing and assistance as we age.

My wife died suddenly quite recently. I am continuing to live, alone, in our family home. I am currently able to manage all activities of daily living, but am very aware of how rapidly such a situation could change. I do have several neighbours who keep an eye on me, and family in Edmonton who keep in touch regularly.

Current Residence

Seniors were asked to identify their current residence status and 227 (97%) responded to this question. The majority of respondents in every age group are living in their own home (200, 85%). If the survey is representative of our seniors’ membership as a whole, it would be reasonable to assume that the majority of Clinic seniors are living in their own homes whether that is a house, apartment or condo.

A small number of respondents (27, 11%) are living in either a seniors’ residence or in a seniors’ supported residence. These individuals are typically in the 70+ age groups.



I feel fortunate to have settled in at Luther Tower. The staff are very caring and program activities (physical) but also sessions with a staff person like grief counselling, socializing exercises... You can be as active as you wish.

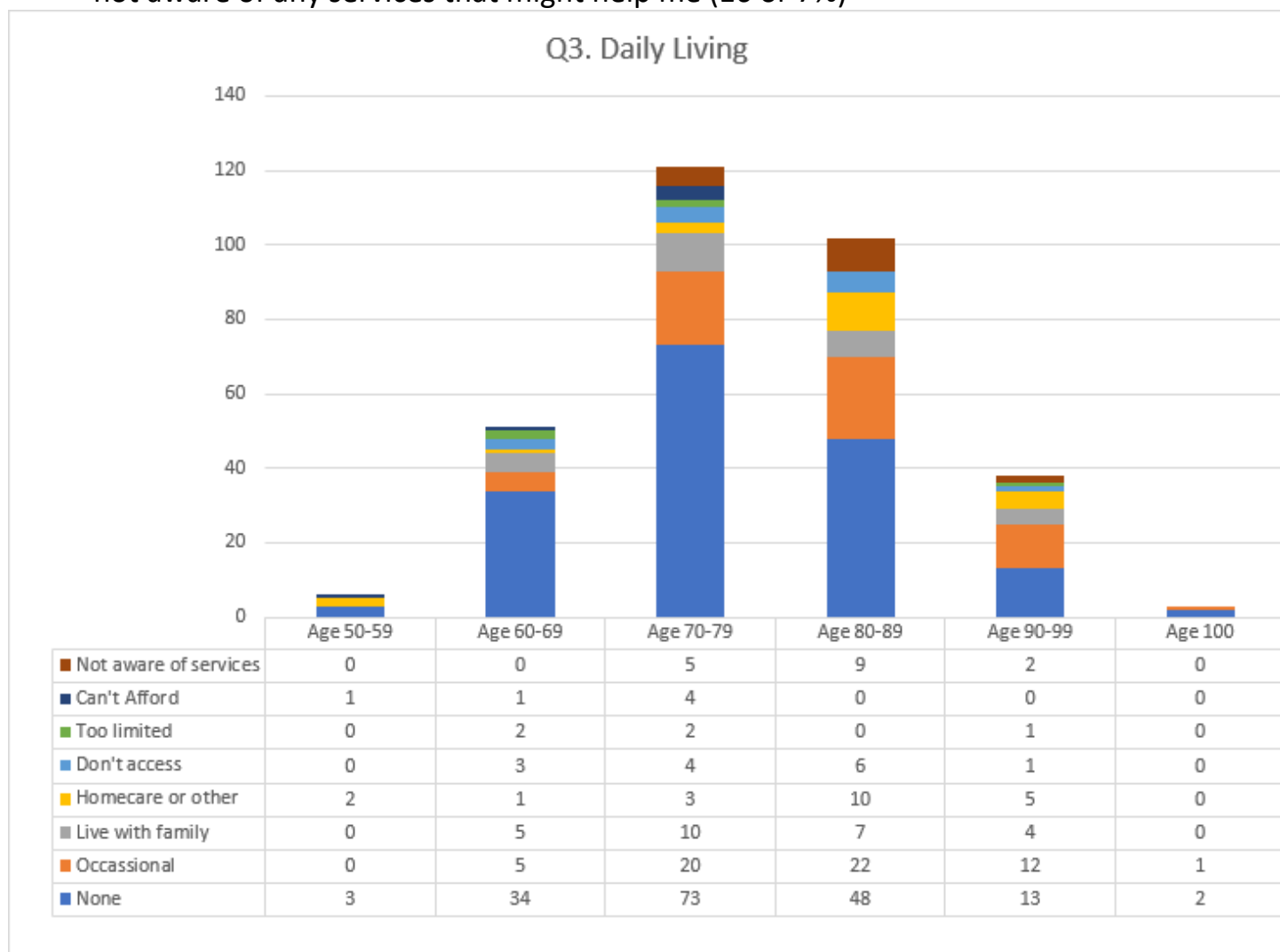
I assess my abilities to manage all household chores and yard work, and when I no longer want that responsibility I will move into a seniors’ residence where I am well positioned on the "wait list"

Daily Living

Members were asked to identify statements that apply to their daily living experiences. There were 321 (137%) replies to this question, indicating multiple responses by some members. Most identified that they currently do not require any assistance (173 or 74%). Notably, many respondents receive occasional assistance from family/friends (60 or 25%) suggesting that while they typically do not need assistance, on occasion they turn to family or friends. Some turn to homecare or other in-home services to help (21 or 9%). A few respondents said they live with family members who assist them (26 or 11%).

Finally, respondents were asked about their ability to access services they need, with the following responses provided:

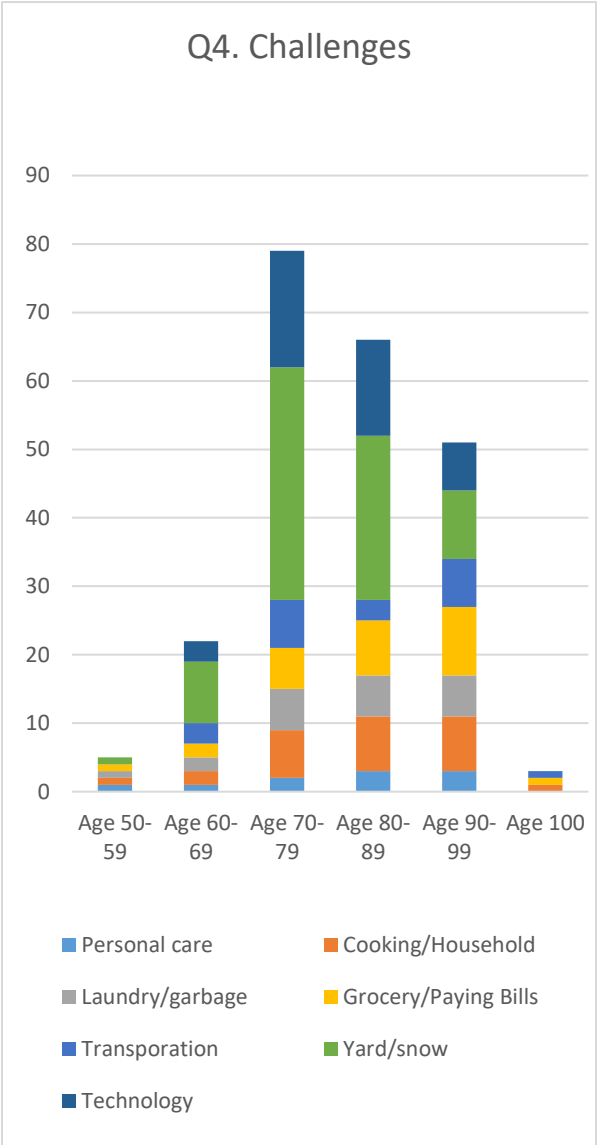
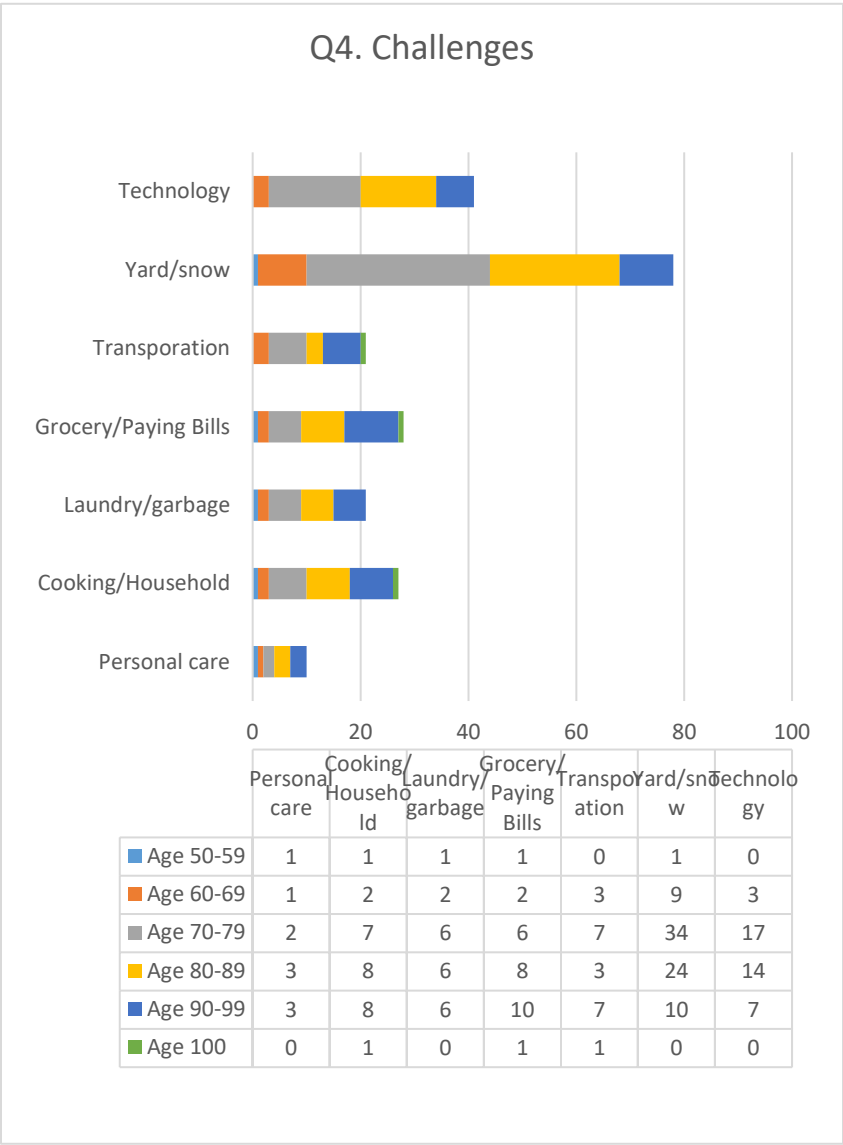
- aware of services but don't know how to access them (14 or 6%)
- aware of services but their availability is too limited to meet my needs (6 or 2%)
- not able to access help needed because they can't afford it (6 or 2%)
- not aware of any services that might help me (16 or 7%)



Challenges

Respondents were asked to identify the tasks where they are currently experiencing challenges. All 235 respondents replied to the question. Most seniors require some help. The areas of most interest were:

- Yard, snow shovelling, cooking meals, cleaning, doing daily household chores, laundry, taking out garbage, recycling (123 or 52%)
- Personal care such as washing, bathing, grooming (11 or 5%)
- Grocery shopping and paying bills (31 or 13%)
- Using a computer and access to internet (43 or 18%)
- Access to public transportation bus/access transit/taxi (23 or 10%)



Independent Living

Seniors were asked to identify challenges to independent living. Here is a selection of their comments.

I placed a question mark on bathing but so far managing and can't seem to figure my Ipad and as far as yard, haven't seen how I will be able to look after it as I had a fall years ago and feeling the effects more and more now.

The two main factors affecting "aging in place" is our particular neighbourhood has been the loss of public transit (the closest stop is now 4 blocks away, uphill) and the loss of the local grocery store where I did most of our shopping.

Our home is too large and yard work too difficult. We love having a nice yard and the privacy of our own home. We feel safe. We do not wish to move to Community Living - including condos or townhome (esp. those with many stairs). There needs to be more options for housing - more bungalows with small yards and no stairs (not "townhouse" bungalows, but stand alone bungalows). Help to downsize home contents in a safe and respectable manner would help too.

I think a problem with this survey is that it concentrates on a "point in time" and things can change very suddenly! I hurt my shoulder and neck late last year. I couldn't drive for more than two months, and still have difficulty being on the computer for more than a few minutes at a time. While I felt quite in control of my life before that happened, I realized how easily my independence could be taken away. I had been thinking of planning in terms of a slow decline since I have arthritis and increasing mobility issues, but I had not thought to plan for a sudden change, and I'm not sure how I would do that. It seems to me this would be a problem for many people because the changes can be so sudden, an injury or fall or health problem can make an overwhelming change in one's life, and it's not something we often discuss.

I will turn 70 next year. So far, I am in good health but I do care for my wife who is waiting for hip surgery. Hopefully once that has been done we will have a few more independent years

Age keeps me at home a lot. If I need to go out, I arrange for a helper to come with me.

We are able to manage on our own, however we pay to have someone come in to clean. We also pay for yard maintenance. We are accessing Community Clinic counselling services, and in the past have received services for health issues and mobility issues (Home Care). Our biggest challenges are dealing with technology issues which seems to be coming more and more needed.

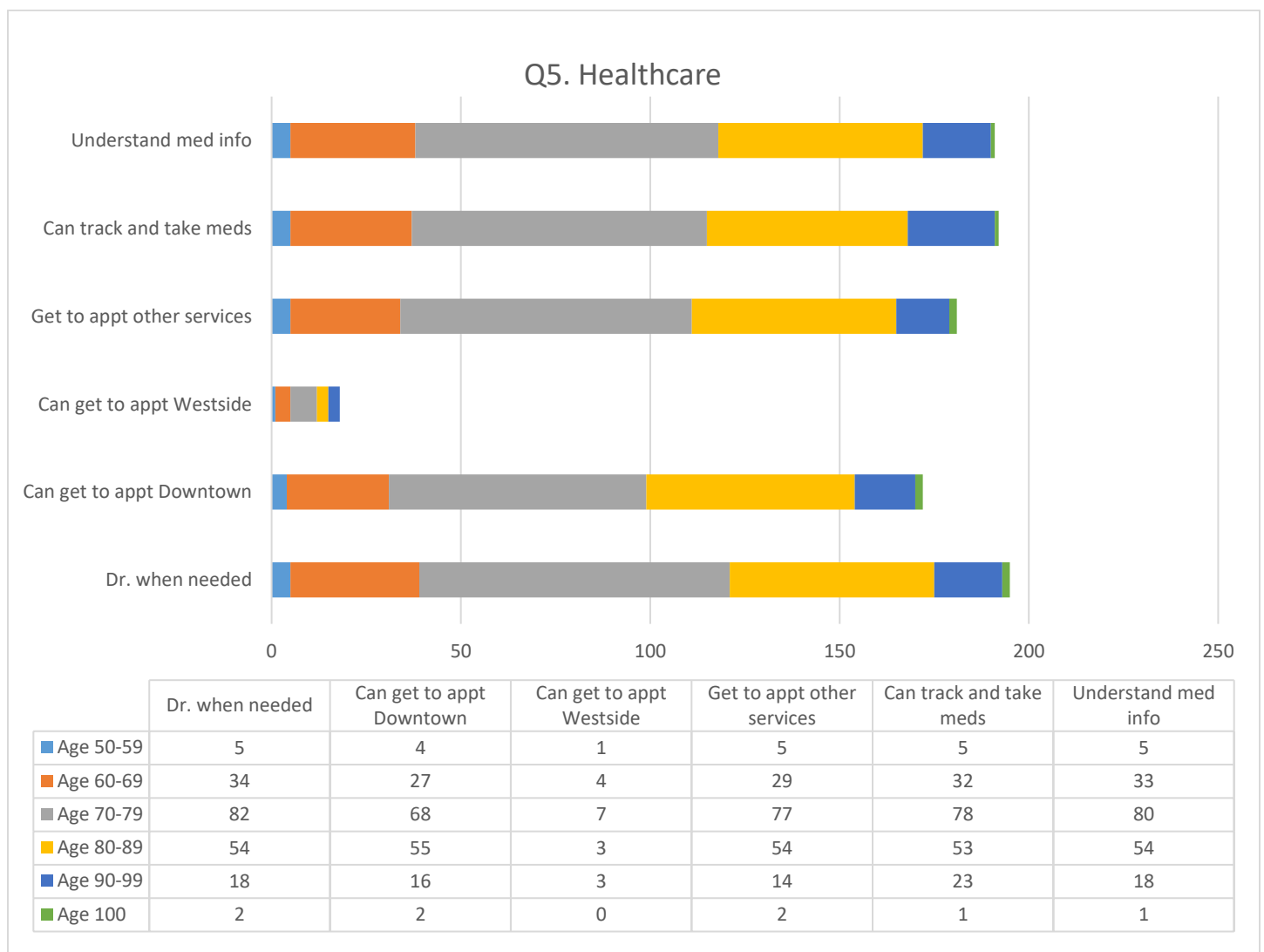
Luckily, I'm healthy and stay informed and participate by volunteering in anti-poverty and healthcare issues as an advocate. I'm also very lucky to have family and financial support that means I live comfortably... CHSA members could be louder and more frequent advocates.

Access to Primary Healthcare

Respondents were next asked to identify areas that might impact their healthcare access. As might have been expected, there were many multiple responses for a total of 439 (186%).

On a positive note, the majority indicated that they are able access their family doctor/nurse practitioner when they need to (195 or 83%).

The majority can keep track of their medications and take them regularly (192 or 82%) and they can understand the medical information given by my doctor/nurse practitioner (191 or 81%). The figure and table indicate that majority of respondents were again in the 70-89 age categories.

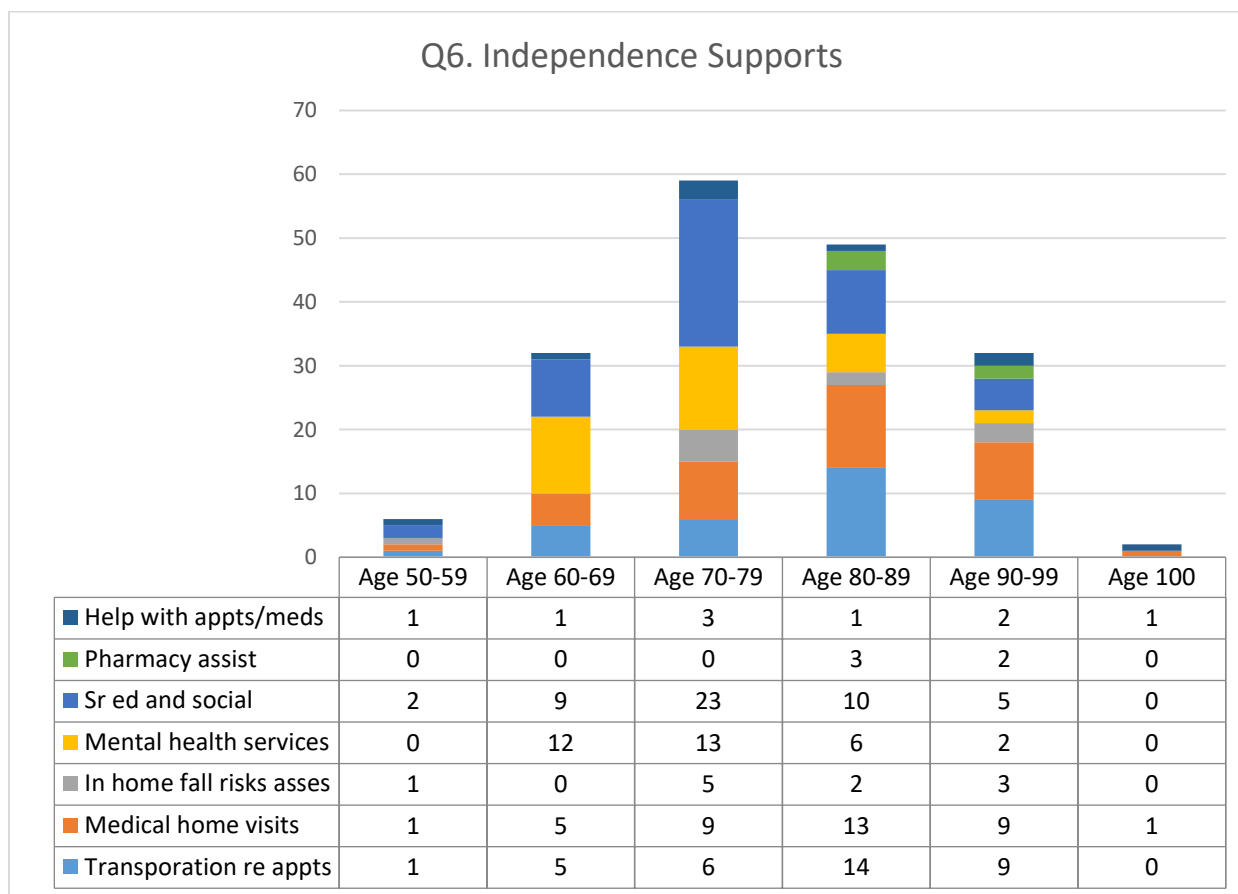


Healthcare Supports

Respondents were asked to identify the types of healthcare supports that would best assist them to maintain good health and to live independently. There was a total of 180 (77%) responses. Seniors educational and social programs was identified as the most important support needed (49 or 21%). This likely reflects the high level of independent living circumstances where individuals are seeking occasions for social outings.

Home visits from doctors and nurses (38 or 17%) and transportation to and from appointments (35 and 15%) were identified as things that would make aging in place easier. One could surmise, that these two needs could go hand in hand, in that seniors wish they had access to transportation and since they do not, home visits could provide a solution.

Mental health and counselling services (33 or 14%) also received significant attention from the age 60-79 respondents. This may reflect the growing demand for mental health services and the long wait times at the Clinic and in the community.



Primary Care Feedback:

Making appointments - wait too long on phone. You need more receptionists. I get help now for transportation, but, what I need is something perhaps when helper is unavailable?

We are members for more than 50 years. More and more the clinic is failing in our health care needs. As a senior, my 2 days/week doctor is not available when I need answers or help.

I would like to be able to see family doctor when I need it instead of phone call or going to walk in clinic.

I strongly feel doctors, nurses and patients benefit from actual clinic visits. Occasionally virtual appointments can suffice.

Please continue to offer phone appts. They are not a replacement for in person visits but are good for clarifying a problem or determining next steps required. Some in person visits are not necessary and use up everyone's energy and time.

I would really like to have the Community Clinic coordinate blood tests as well as other medical results with E-Health so they can be accessed on computer as opposed to having the Clinic arrange doctor appointments to discuss results. The doctors are quite busy. Thank you! Community Clinic rocks! People are awesome and approachable and helpful

So far, so good! Would like more connection/education, re: community resources for those with particular health issues. i.e. epilepsy

Social support would be helpful; although I recognize this is not SCC's responsibility. Because I am immunocompromised, regular social outings have been a challenge. LOVE the phone call appointments and excellent nursing program for me to call to share any questions/concerns. They are pleasant and prompt and give me answers.

I have a counsellor who has helped me through this terrible time in my life. She is the best.

Emotional health and available counselling when necessary is very important

I joined the Clinic in 1969 - saw my doctor in the old building on 3rd Ave. You provide a service which I use regularly. God Bless the Community Clinic!

I have been visiting this clinic since 2009 and I am very happy with the high quality of care.... The help provided from doctors, nurses and administrative staff are all in high standard.

I am thankful for the service I receive and feel safe in the clinic

Thank you for doing this survey. People should be supported to maintain their independence in their homes as long as possible. Assessing their needs and helping to assure they have access to the help they need is great initiative.

What Impact has the Pandemic had on “Aging In Place”?

The Covid-19 pandemic which began in early 2020 required a shift in thinking for health care providers and for our patients as well. Seniors, already identified as a vulnerable demographic due to increased vulnerability to Covid19 and many early deaths in LTC, continue to face challenges - particularly those who are most vulnerable or immune compromised. While the desire to live independently is strong, the pandemic has increased seniors’ awareness of their aging in place needs.

We asked Clinic seniors if and how the pandemic had impacted their ability to live independently. This is a sampling of the many comments we received:

I have used delivery services for the first time - for restaurant orders and groceries - and appreciated that service. I have made greater use of our public library - both physical materials and e-resources, books and music. I have also used more streaming services, for audio books, podcasts, music.

Being 75, no family, immunocompromised, and have no car, makes a challenge. Lost much trust overall - many have no care for the community. Lost my freedom to go about the city, attend events, even grocery shopping. Now I am a hermit!

Pandemic strengthened our resolve to stay in our own home as long as possible due to access to yard, workshop and ability to share time together and also home independent activities.

I now have direct access to outside in my townhouse, avoiding potentially contaminated common areas. Although moving to an apartment would be more convenient for many reasons, I appreciate and want to continue with this level of safety for as long as possible

I fear if my health becomes problematic that I will lose my independence and be forced into a home where I am more susceptible to catching COVID or any other sickness from community living.

Yes- I need to be far more careful in my interactions with others. I hope to stay in our condo until death do us part.

With the availability of organizations or businesses such as Access Transit, Home Help, Home Care, life is pretty good. In Luther Tower we have the addition of a dining room where we do eat - payment included in your rent, and pharmacy, grocery store 1/2 block away. Life is good.

Summary:

1. We believe that the subject of “Aging in Place” has generated significant interest within our membership and has helped to identify some needs within primary care access, seniors programming and supports for independent living. The 235 respondents were between the ages of 50 – 100, with the largest response group (70%) aged between 70 and 89.
2. The majority of seniors who replied want to live independently for as long as possible (183 or 78%). The majority, 145 respondents, live in single-family dwellings, 55 live in apartments and condos, and 27 live in seniors’ residences/assisted living. When asked about daily living circumstances, 77% of respondents did not require any assistance and 27% received occasional assistance from family or friends. The most difficult challenge of aging in place was with yard maintenance and snow removal at 37%, twice the number in any other category. The absence of family/friends to help and a need for information about services and options for housing when they can no longer live independently was noted by several respondents.
3. Regarding health care, there were generally high levels of satisfaction (May 2022) in the ability to see the family doctor or nurse practitioner, making appointments, keeping track of medications or understanding information given by their doctor/nurse practitioner (all over 80%). Asked about health care supports that would be helpful to maintain good health, the highest figure, 21% was for senior’s educational and social programs. The next highest was 14% was for mental health services. 2SLGBTQ+ and ethnically diverse respondents indicated a desire for greater awareness of their needs. A need for medical home visits and transportation was also expressed.
4. Please note that while the survey was shared with Westside Clinic there were very few survey respondents from patients who received services there. The majority of responses came from members who received the survey in Focus.

Seniors Advisory Council members look forward to opportunities to discuss these findings with Clinic Leadership, Clinic Staff and the Board of Directors. The SAC thanks Laurie Stone, Seniors Volunteer Co-ordinator for her work on the survey and report, and Lisa Clatney and Danielle Chartier for their support with the survey development and distribution through Focus.

Report respectively submitted

John Sheard, Cheryl Loadman, Michael Finley, SAC Executive

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