

**SOOKE REGION SENIORS
MANAGING AT HOME**

**Brief Report
Phase 1 and 2**

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Introduction

'Aging in place' is a priority for Seniors across the country as they deal with the multiple mental and physical challenges of living longer in a complex rapidly changing culture. As the population ages, government and health providers at all levels face the challenge of ensuring that Canadian Seniors have access to the resources and relationships they need in order to live full and well supported lives.

The *Sooke Region Seniors Managing at Home* study was the result of a partnership between the District of Sooke, the Sooke Region Communities Health Network, the Sooke Region Volunteer Centre, the West Coast Family Medical Clinic, the South Island Division of Family Practice, and Island Health. In 2015, these groups formed the Primary Health Care Services Working Group (PHCSWG) to address the needs of people living in Sooke and the Sooke Region. The health and well-being of Seniors was prioritized by early on by the PHCSWG, which served as the impetus for this study.

The primary aim of the study was to reach out to Seniors who identified themselves as "in need of additional services and supports in order to remain in their homes". The study took an integrative approach, recognizing the importance of each and all of the multiple determinants of health. It also acknowledged the value of natural, community, and professional networks and the potential of their individual and combined roles in improving health outcomes.

The *Sooke Region Seniors Managing at Home* study was conducted in two phases. Phase 1, which was completed in January 2015, was supported by the District of Sooke, the Union of BC Municipalities, and the South Island Division of Family Practice. It examined the challenges facing Seniors in the DM of Sooke who wished to remain in their own homes but were having difficulty doing so. With an additional grant from Union of BC Municipalities (UBCM), Phase 2 was initiated, and we were able to extend our study to examine the challenges facing Seniors in communities throughout Sooke Region; extending our reach from Beecher Bay to Port Renfrew, and including the First Nation communities of Scia'new, T'Sou-ke Nation and Pacheedaht. Phase 2 of the study was completed in March 2016. Two comprehensive reports were prepared at the end of each phase¹. This Brief Report describes the methods and key findings from Phases 1 and 2 of the study. After a brief overview of the research methods that were used during each phase, this integrative document highlights the most salient results from the full study.

The Population

In 2011, it is estimated that 4,500 Seniors over the age of 55 were living in the District of Sooke and the Sooke Region. The population of the District of Sooke was 11,694 in 2011. Forecasted growth is significant and is estimated to be 76.7% from 1996-2026. For the period 2012-2013 Sooke was the fifth fastest growing community in BC. According to population statistics from the 2011 Census Profile⁴, approximately 3,105 people, or 27%, in Sooke are 55 years of age and older. The smaller communities in the Sooke Region have a combined population of 3,874. Of these individuals, 1,495 (39%) are 55 years of age or older.

¹ <http://www.sookeregionchn.org/published-reports>

Research Methods

Phase 1

Confidential in-depth, in-home interviews with 47 Seniors living in the District of Sooke were conducted during Phase 1. Advertisements were used to recruit interview participants who were provided with a modest honorarium for their participation in the 1.5-2 hour interviews. The interviews followed a structure format that incorporated standardized measures.

Each interview began with a series of questions about the individual. Seniors were then interviewed about their current activities of daily living; the adequacy of their current resource base; their social participation; support requirements; health, and their interest in accessing specific medical and non-medical resources. Where possible, standardized research measures were used to gather information from Seniors. Activities of daily living were assessed using the Senior's Activities of Daily Living: Capacity and Resources scale, which is an adaptation of the widely used Instrumental Activities of Daily Living Scale (IADL) by Lawton and Brody and the University of Nebraska Geriatric Assessment Centre IADS Scale. Loneliness was assessed using a short scale designed specifically for that purpose. A measure of social support was developed by selecting key indicators from the longer social support survey developed by Sherbourne and Stewart.

Reports completed as part of the Better at Home study, including the "Better at Home for Victoria's West Shore" and the "Better at Home Parksville Community Development Report", were used to generate a list of non-medical requirements of Seniors. Participants were asked an open ended question about their needs which was followed up with specific prompts drawn from these reports.

Participants were asked to rate their own overall health status and indicate if they had received help for a long term health condition or physical or mental health disability in the past 12 months. They were also asked to identify and comment on the severity of their main long term health condition. The condition prompts were drawn from the 2012 General Social Survey. Building on the work completed by the South Island Division of Family Practice in 2013, questions about participants' access to a family physician were included in this study. Questions of particular interest to Sooke physicians and to the District of Sooke addressing current diagnostic services were also included in the interview guide. The closing question was open ended, asking participants if there were other medical services they believe they needed in order to remain in their own homes.

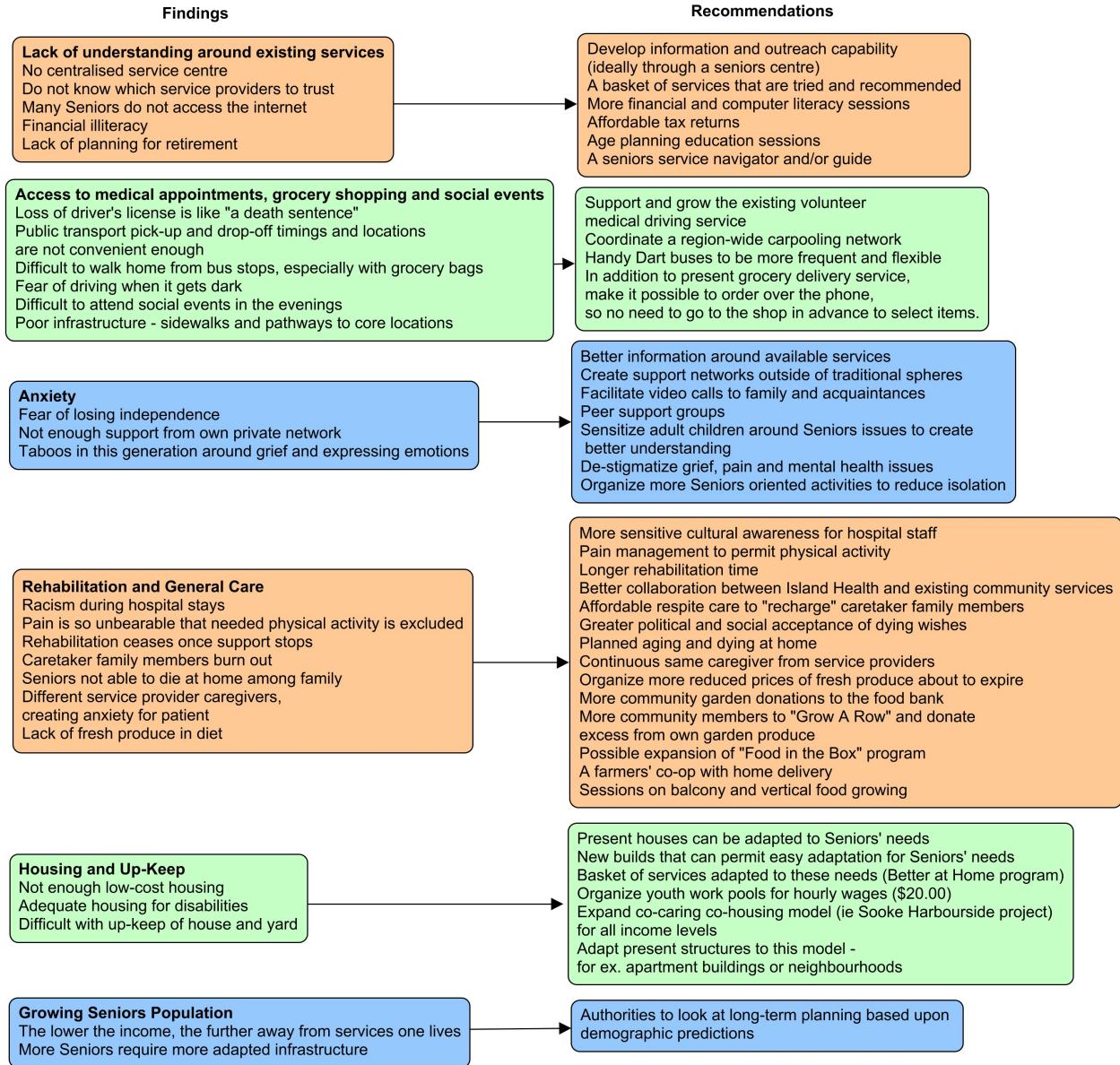
Phase 2

Community focus groups were selected as the method of choice for Phase 2 of the study. Focus groups provide insights into how people think, and provide a deep understanding of the phenomena being studied. Focus groups can be used to capture group interaction, and encourage participants to make connections based on the views expressed by other participants. They are an excellent supplement to individual interviews and can be used to capture rich qualitative information that could not be obtained in any other way.

The focus groups that were held in Sooke Region were semi-structured. A focus group guide was developed that addressed all of the constructs that were included in the Phase 1 interviews, as identified above. In addition, the focus groups drew from the rich interactions between participants, drawing conclusions from the collective comments that were generated during the discussions.

Nine focus groups were held across Sooke Region in the communities of East Sooke, T'Sou-ke First Nation, Sooke, Otter Point, Shirley/Jordan River, Pacheedaht First Nation and Port Renfrew. With regards to the Scia'new First Nation, a discussion was held with their Health Authorities. The size of each focus group ranged from 6 to 14, with over 80 Seniors participating in total. As in the first phase, ages ranged from mid-fifties to early nineties.

Key Findings and Recommendations: Phases 1 and 2



It is our intention that the *Managing at Home* study will inform the future provision of Seniors' services in the Sooke region, and identify practical ways in which we can support Seniors to live full and rewarding lives as they age.

For reports, please refer to: <http://www.sookeregionchn.org/published-reports>