

# *Improving Seniors' Quality of Life*

## **Action Plan**

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**February 2000**

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## Message from the Chair

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I am pleased to present this Action Plan developed by the Project Coordinating Committee for *Improving the Quality of Life of Saskatchewan Seniors*.

The actions recommended in this plan are intended to improve seniors' overall quality of life and to help seniors lead happy, healthy and productive lives.

I would like to thank Health Canada for funding this project. I would also like to thank the City of Regina and the Regina Health District who partnered with the Seniors' Education Centre on this project. Together our three organizations were able to accomplish much more than any of us could working alone.

Beth Smith  
Chair  
Improving Saskatchewan  
Seniors' Quality of Life

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# Executive Summary

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## Background

*Improving the Quality of Life of Saskatchewan Seniors* was part of a Canada-wide project funded by Health Canada and administered by the Centre for Health Promotion, University of Toronto. The project operated in eight centres across Canada: Halifax, Quebec, Montreal, Ottawa, Toronto, Regina, Whitehorse and Vancouver. Each of the eight cities participating in the project worked independently and the overall structure varied from city to city. A national coordinator, based at the University of Toronto, facilitated information sharing among the projects.

In Saskatchewan, the Seniors' Quality of Life Project was managed by the Seniors' Education Centre, University of Regina.

The objectives of *Improving the Quality of Life of Saskatchewan Seniors* were:

- to identify factors that affect seniors' quality of life;
- to develop an Action Plan outlining changes to municipal, provincial and federal government policy that would enhance the quality of life of Saskatchewan seniors and actions that community groups can take for the same purpose; and,
- to develop resource materials describing activities that individual seniors and seniors' groups can undertake to enhance the quality of life of Saskatchewan seniors. (These resources include a booklet with the title, *Speak Up, Speak Out*; a set of speaking notes and a pre-planned workshop outline.)

Interviews with seniors were the primary research activity for *Improving the Quality of Life of Saskatchewan Seniors*. A total of 35 seniors and 6 professionals who work with seniors were interviewed.

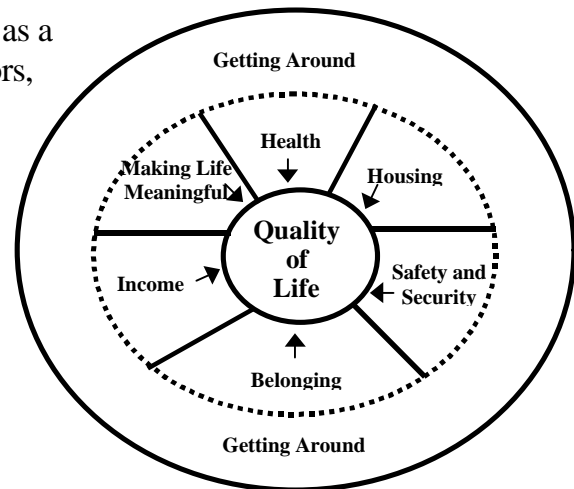
In order to enrich the research base for *Improving the Quality of Life of Saskatchewan Seniors*, the Seniors' Education Centre formed intersectoral partnerships with the City of Regina and the Regina Health District.

The City of Regina conducted a seniors' survey during the summer of 1999. A total of 662 people participated in the survey. The Regina Health District conducted interviews with 11 rural seniors in late 1999.

## Factors that Influence Seniors' Quality of Life

It is difficult to make generalizations about seniors as a group, because there is great diversity among seniors, just as there is among other groups in society. Seniors' quality of life, their perceptions and their expectations are influenced by their age, gender, health, economic situation, family and social circumstances, attitude, and many other factors.

The graphic on the right illustrates the seven quality of life factors that were mentioned frequently by interview participants. These are:



- **Health** – refers to physical and mental health. Health has two dimensions – maintaining good health and appropriate treatment for illness and poor health.
- **Income** – refers to having enough money so that one doesn't go without necessities or worry excessively about the future.
- **Belonging** – refers to relationships with family and friends and to feeling part of a community (community of interest or geographic community).
- **Making life meaningful** – refers to finding meaningful ways to use one's time and to feeling that one is making a contribution.
- **Housing** – refers to the availability of appropriate, affordable housing.
- **Safety and security** – refers to living without fear of violence and danger.
- **Getting around** – refers to availability of transportation and to removing barriers such as steps and icy sidewalks that make it difficult for seniors to get around. Getting around is shown on in the graphic above as a circle that encompasses all other aspects of quality of life. People's ability to get around affects their ability to connect with others, to do interesting things, to do everyday chores such as shopping, to get health care, and to enjoy life.

## **Recommendations**

The Project Coordinating Committee for *Improving the Quality of Life of Saskatchewan Seniors* recommends:

### **Health**

That the provincial government:

- review the subsidies available to seniors 65 years of age and older under the provincial drug plan and revise the subsidies as needed to ensure that seniors do not spend a disproportionate amount of their income on drugs;
- use electronic and print media to provide additional information about the drug subsidies that are available to seniors;
- encourage service providers such as pharmacists, doctors and home care workers to provide information about drug subsidies to their clients;
- provide funding to implement innovative self-directed home care and support networks (self-directed means that the client selects and hires his/her own care provider); and,
- implement policy which provides financial recognition for caregivers.

That the provincial and federal governments:

- work with medical associations to promote better understanding of the needs of older adults and a higher degree of client satisfaction.

### **Income**

That the federal and provincial governments:

- raise the income level at which low-income seniors start to pay income tax;
- create more tax brackets so that the income tax system is less flat;
- increase funding for programs such as the Social Assistance Program and the Old Age Security Program to accommodate the added expenses borne by people with disabilities.

That the federal government:

- retain the Old Age Security Program and Canada Pension Plan at present levels through indexing to the actual inflation rate.

### **Belonging**

That the federal and provincial governments:

- ensure that basic telephone service does not take a disproportionate amount of seniors' income.

## **Making Life Meaningful**

That municipal, provincial and federal governments:

- provide an adequate level of funding, including core funding, for organizations that offer social, educational and support services to seniors.

That community groups (such as writing groups, natural history groups and genealogical societies), service clubs and churches:

- facilitate seniors' participation in their activities in as many ways as possible, for example, by holding meetings in accessible buildings and by distributing information about their activities through seniors' organizations.

## **Housing**

That the municipal, provincial and federal governments:

- provide additional support for adaptation of residences to accommodate disabilities;
- establish policy that will make it possible for older adults to stay in their homes as long as practical and financially feasible. Policy initiatives might focus on housekeeping and maintenance services, provision of meals and on mechanisms to build social networks; and,
- establish policy that will lead to more housing units and a broader range of housing options for older adults. Options might include assisted living situations, seniors' condominiums, and cooperatives.

## **Safety and Security**

That the provincial and federal governments:

- implement policy to make home and car security measures more affordable to seniors, by making seniors exempt from the GST and PST on these items or through a subsidy.

That municipal governments and communities:

- facilitate the establishment of formal Neighbourhood Watch Programs as a means of preventing crime and strengthening a sense of community.

## **Getting Around**

That municipal and provincial governments:

- increase funding for public transportation; and,
- explore the potential of new and innovative methods of providing public transportation both within cities and towns, and throughout the province as a whole.

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# Introduction

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*Improving the Quality of Life of Saskatchewan Seniors* was part of a Canada-wide project funded by Health Canada and administered by the Centre for Health Promotion, University of Toronto. The project operated in eight centres across Canada: Halifax, Quebec, Montreal, Ottawa, Toronto, Regina, Whitehorse and Vancouver. Each of the eight cities participating in the project worked independently and the overall structure varied from city to city. A national coordinator, based at the University of Toronto, facilitated information sharing among the projects.

For more information about the national project and activities in each of the participating cities, go to the Seniors' Quality of Life website, [www.utoronto.ca/seniors](http://www.utoronto.ca/seniors).

In Saskatchewan, the Seniors' Quality of Life Project was managed by the Seniors' Education Centre, University of Regina.

The Seniors' Education Centre is a partnership between the Seniors' University Group Inc. and University Extension, University of Regina. The Centre's purpose is:

1. To provide opportunity, within a supportive environment, for continuing learning in a university context for those 55 years and over.
  - This mission is pursued through programs that stimulate participants' intellectual, emotional and physical well-being in order to enrich their lives and adaptive abilities.
  - To extend and facilitate applied research in the areas of older adult education and gerontology.
2. To extend and facilitate applied research in the areas of older adult education and gerontology.

The Seniors' Education Centre, founded in July 1977, provides annually over 100 older adult education programs in Regina and a variety of learning opportunities for and with seniors (age 55 and over) in a dozen rural communities. The Centre conducts applied research and community development work in areas affecting older adults: literacy, abuse prevention, health promotion, caregiving, cross-cultural/intergenerational communities, learning technology and distance education issues. It produces and makes available a variety of older adult education reports, program modules, broadcast quality videos and other educational products and processes (Seniors' Education Centre, 1999, Fall).

## Project Objectives

The objectives of *Improving the Quality of Life of Saskatchewan Seniors* were:

- ▶ to identify factors that affect seniors' quality of life;
- ▶ to develop an Action Plan outlining changes to municipal, provincial and federal government policy that would enhance the quality of life of Saskatchewan seniors and actions that community groups can take for the same purpose; and,
- ▶ to develop resource materials describing activities that individual seniors and seniors' groups can undertake to enhance the quality of life of Saskatchewan seniors. (These resources include a booklet with the title, *Speak Up, Speak Out*; a set of speaking notes and a pre-planned workshop outline.)

## Definition of Senior

For this project, seniors were defined as people 55 years of age and older. This is the definition used by the Seniors' Education Centre, University of Regina.

## The Population Health Approach

A population health approach provided the framework for the study. The population health approach focuses on factors that enhance the health and quality of life of the entire population. It views health as overall well-being, not merely as the absence of disease. Population health concerns itself with the living and working environments that affect people's health, the conditions that enable and support people to make healthy choices, and the services that promote and maintain health.

*Population health has as its goal the best possible health status for the entire population. In contrast, health care has as its aim the treatment or rehabilitation of illness. A population health perspective differs from traditional medical and health care thinking in two ways.*

- ▶ *Firstly, population health strategies address the entire range of individual and collective factors that determine health. Traditional health care focuses on risks and clinical factors related to particular diseases.*
- ▶ *Secondly, population health strategies are designed to affect whole groups or populations of people. Clinical health care deals with individuals one at a time, usually individuals who already have a health problem or are at significant risk of developing one* (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994, pp. 9-10).

In keeping with the population health approach, *Improving the Quality of Life of Saskatchewan Seniors* considered a broad range of factors that influence seniors' physical and psychological well-being and was not limited to a narrow "medical" view of health.

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# Organization of the Project

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## Project Organization

*Improving the Quality of Life of Saskatchewan Seniors* was chaired by Beth Smith of Regina. A nine-person coordinating committee composed of seniors and representatives of groups working with seniors provided direction for the project. The names of the members of the coordinating committee appear in Appendix A.

The researchers contracted to work on the project were:

- ▶ Project Coordinator – Loraine Thompson (of Loraine Thompson Information Services), #401 – 2305 Victoria Avenue, Regina, SK, S4P 0S7, Phone and fax: (306) 757-2306, E-mail: ltisl@sk.sympatico.ca.
- ▶ Research Assistant – Jayne Melville Whyte, P. O. Box 1160, Fort Qu’Appelle, SK, S0G 1S0, Phone and fax: (306) 332-5702, E-mail: jayne.whyte@sk.sympatico.ca

The project was under the overall direction and supervision of Rev. Dr. Don King, Director, Seniors’ Education Centre, University of Regina.

## Research Activities

Interviews with seniors were the primary research activity of *Improving the Quality of Life of Saskatchewan Seniors*. A total of 35 seniors and 6 professionals who work with seniors were interviewed. The professionals interviewed included health care administrators and managers of seniors’ programs. A detailed description of the methodology used for the interviews and basic demographic information about the people interviewed appears in Appendix B. Seniors who were interviewed also completed a demographic form that included questions about gender, marital status, housing arrangements and some questions about the individual’s emotions and finances.

Most interviews were with people who live in Regina or the Fort Qu’Appelle area. Rural areas were included in the study because:

- ▶ A large percentage of Saskatchewan’s population lives outside the province’s 11 major urban centres.
- ▶ In small communities, a higher percentage of citizens are seniors than in Regina. For example, in Beechy, Saskatchewan, a village of 281 people, the average age is 48.2 years and 37 percent of the population is over 65 years old (Mandryk, 1999).

- Changing economics and increasing centralization mean that health, business and recreational services are increasingly located in large centres. This means that rural people of all ages have further to go to get the services they need. This is of particular concern to seniors who may no longer be able to drive, or who may face moving from their community of a lifetime in order to access services.

In order to enrich the research base for *Improving the Quality of Life of Saskatchewan Seniors*, the Seniors' Education Centre formed intersectoral partnerships with the City of Regina and the Regina Health District. The involvement of each of these organizations is described below:

- **City of Regina** – The Regina and District Seniors' Action Plan Steering Committee is a joint committee of the City of Regina and the Regina Health District. It is charged with advising the City on seniors' issues. The chairperson of *Improving the Quality of Life of Saskatchewan Seniors* sits on this Committee, and a senior City of Regina staff member is a member of the Project Coordinating Committee for *Improving the Quality of Life of Saskatchewan Seniors*. During summer 1999, the Regina and District Seniors Action Plan Steering Committee conducted a survey of Regina seniors. Survey forms were distributed through seniors' recreational and care facilities, public libraries and several other locations. A total of 662 people participated in the survey. The Regina and District Seniors Action Plan Steering Committee shared the results of this survey with the Project Coordinating Committee for *Improving the Quality of Life of Saskatchewan Seniors*. A summary of the results of this study appears in Appendix C (Regina and District Seniors Action Plan Steering Committee, 1999).
- **Regina Health District** – A representative of the Public Health Branch of the Regina Health District and two rural seniors comprise the Rural Subcommittee of the Regina and District Seniors' Action Plan Steering Committee. This Rural Subcommittee did interviews with rural seniors in order to supplement the research being done for *Improving the Quality of Life of Saskatchewan Seniors*. Interviews were done between mid-November 1999 and early January 2000. A total of 11 interviews with rural seniors were done. The interview questions and methodology used were consistent with procedures used for *Improving the Quality of Life of Saskatchewan Seniors*. A summary of this research appears in Appendix D (Regina Health District, 2000).

*Improving the Quality of Life of Saskatchewan Seniors* was informed by two other research activities:

- **Caregiving project** – A 1998 project conducted for the Seniors' Education Centre (funded by Health Canada) looked at the needs (met and unmet) of caregivers and care-receivers – most of whom are seniors (Thompson, L., 1998). As part of this project, 9 caregivers, 3 care-receivers and 8 volunteers and professionals who work with caregivers and care-receivers were interviewed. A summary of this project appears in Appendix E.
- **Literature review** – The literature relating to seniors' quality of life and to the relationship between government policy decisions and quality of life was reviewed. The results of this literature review appear throughout this report.

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## A Portrait of Saskatchewan Seniors

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In Saskatchewan, 14.5 percent of the population is 65 years of age and over. This is the highest percentage of any province and higher than the figure for Canada as a whole (12.4 percent) (Figure 1).

**Figure 1: People 65 and Over as a Percentage of Total Population, Canada and the Provinces, 1996 Census**

Percentage of Total Population		Percentage of Total Population	
Canada	12.4%	Manitoba	13.6%
Newfoundland	11.5%	Saskatchewan	14.5%
Prince Edward Island	13.3%	Alberta	9.9%
Nova Scotia	13.2%	British Columbia	12.9%
New Brunswick	12.9%	Yukon	5.2%
Quebec	12.6%	Northwest Territories	4.0%
Ontario	12.5%	Nunavut	2.5%

Source: Statistics Canada. *Canadian statistics by age group, Canada, the provinces and territories*. [Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Population/demo31c.htm>

Among Saskatchewan's senior population, there are more women than men. Females over the age of 65 represent 8.2 percent of Saskatchewan's total population. Males over 65 represent 6.3 percent of the total population (Figure 2).

**Figure 2: Saskatchewan People 65 and Over, by Gender, 1996 Census**

People 65 and Over	#	Percentage of the Total Population
Total	148,757	14.5%
Male	64,784	6.3%
Female	83,973	8.2%

Source: Statistics Canada. *Canadian statistics by age group, Canada, the provinces and territories*. [Online]. Available: <http://www.statcan.ca/english/Pgdb/People/Population/demo31c.htm>

As illustrated in Figure 3, the percentage of seniors in the Canadian population as a whole is projected to increase over the next two and half decades. (Separate population projections are not available for Saskatchewan.) Statistics Canada projects that in 2006, people 65 and over will make up 13.3 percent of the Canadian population; by 2026, seniors will be 21.4 percent of the total population.

**Figure 3: Canadian Population Projections for People 65 and Over, 2006, 2016 and 2026**

	2006		2016		2026	
	# ('000s)	% of Total Population	# ('000s)	% of Total Population	# ('000s)	% of Total Population
Total Canadian Population	32,248.6	100%	34,428.8	100%	36,205.3	100%
65-69	1,222.0	3.8%	1,906.8	5.5%	2,415.3	6.7%
70-74	1,029.2	3.2%	1,362.8	4.0%	1,968.3	5.4%
75-79	856.8	2.7%	954.4	2.8%	1,512.9	4.2%
80-84	627.0	1.9%	655.7	2.0%	938.3	2.6%
85-90	351.9	1.1%	460.7	1.3%	524.3	1.4%
90 and over	215.1	0.7%	330.5	1.0%	400.6	1.1%
<b>Total people 65 and over</b>	<b>4,302.0</b>	<b>13.3%</b>	<b>5,690.9</b>	<b>16.5%</b>	<b>7,759.7</b>	<b>21.4%</b>

Source: Statistics Canada. *Canadian statistics – Population estimates for 1996 and projections for the years 2001, 2006, 2011, 2016, 2021 and 2026*. [Online].

Available: <http://www.statcan.ca/english/Pgdb/People/Population/demo23b.htm>

Note: In Figure 3, the totals, numbers and percentages in columns may be slightly different from the numbers and percentages in the “65 and over” row due to rounding.

Figures 1, 2 and 3 are for people 65 and over, which reflects the way that data is aggregated by Statistics Canada. Throughout the rest of this report seniors are considered to be people 55 and over.

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# Improving the Quality of Life of Saskatchewan Seniors: An Overview

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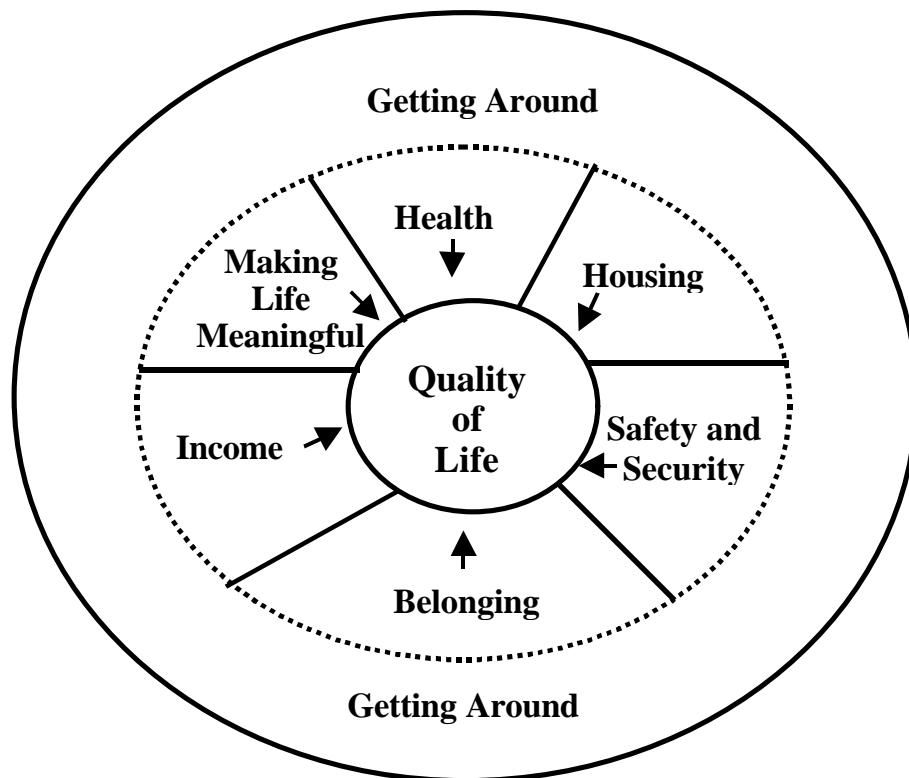
## Quality of Life Factors

It is difficult to make generalizations about seniors as a group, because there is great diversity among seniors, just as there is among other groups in society. Seniors' quality of life, their perceptions and their expectations are influenced by their age, gender, health, economic situation, family and social circumstances, attitude, and many other factors.

Figure 4 illustrates the seven quality of life factors that were mentioned frequently by interview participants. These are:

- **Health** – refers to physical and mental health.
- **Income** – refers to having enough money so that one doesn't go without necessities or worry excessively about the future.
- **Belonging** – refers to relationships with family and friends and to feeling part of a community (community of interest or geographic community).
- **Making life meaningful** – refers to finding meaningful ways to use one's time and to feeling that one is making a contribution.
- **Housing** – refers to the availability of appropriate, affordable housing.
- **Safety and security** – refers to living without fear of violence and danger.
- **Getting around** – refers to availability of transportation and to removing barriers such as steps and icy sidewalks that make it difficult for seniors to get around. Getting around is shown on Figure 4 as a circle that encompasses all other aspects of quality of life. People's ability to get around affects their ability to connect with others, to do interesting things, to do everyday chores such as shopping, to get health care, and to enjoy life.

**Figure 4: Factors that Influence Seniors' Quality of Life**



### **Seniors' Feelings and Attitudes**

Participants in the interviews conducted as part of *Improving Saskatchewan Seniors' Quality of Life* and in the interviews conducted by Regina Health District were asked to answer a written question about their feelings and attitudes. Their responses appear in Figure 5. Over four-fifths said they are happy and about half said they are hopeful, cheerful, content and satisfied. Seventeen percent said they are lonely. Less than 10 percent reported emotions such as unhappiness, anger, depression and dissatisfaction.

**Figure 5: Seniors' Responses to, "How do you feel most of the time?", 1999**

	Seniors' Quality of Life Interviews (Regina and Fort Qu'Appelle)		Regina Health District Interviews (Rural Areas)		Total	
	#	%	#	%	#	%
Happy	31	88.6%	7	63.6%	38	82.6%
Unhappy	2	5.7%	0	0.0%	2	4.3%
Cheerful	20	57.1%	7	63.6%	27	58.7%
Angry	2	5.7%	0	0.0%	2	4.3%
Joyful	3	8.6%	1	9.1%	4	8.7%
Lonely	4	11.4%	4	36.4%	8	17.4%
Hopeful	14	40.0%	9	81.8%	23	50.0%
Hopeless	1	2.9%	0	0.0%	1	2.2%
Content	26	74.3%	0	0.0%	26	56.5%
Depressed	3	8.6%	0	0.0%	3	6.5%
Satisfied	20	57.1%	6	54.5%	26	56.5%
Dissatisfied	4	11.4%	0	0.0%	4	8.7%
Other *	4	11.4%	0	0.0%	4	8.7%

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

Other \* Other responses included: *about ready to go if my time is up, depends on the moment, I'm a worrier, tired at the end of the day.*

Note: Interview participants were asked to check as many answers as applied, thus total responses equal more than 35 (for Seniors' Quality of Life interviews) and more than 11 (for Regina Health District interviews).

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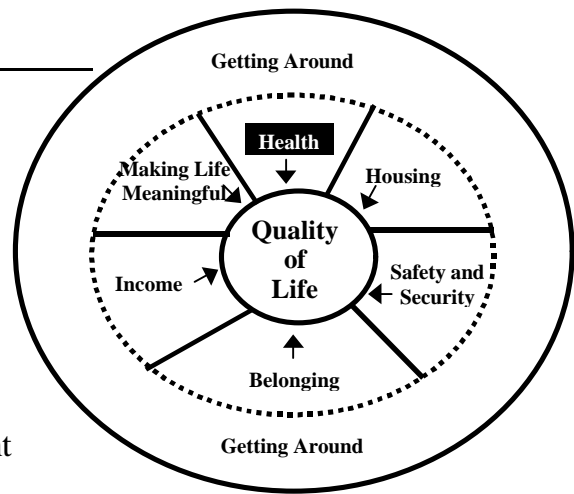
# Health

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## Background

Health is an important consideration for seniors. Health has two dimensions – maintaining good health so that medical intervention is not necessary and adequate health care when one does become ill.

The National Advisory Council on Aging says that promoting good health among seniors is an important national economic measure.



*While the health needs of an aging population may increase health care costs, economic growth combined with a reduced total dependency ratio should enable us to maintain our commitment to universal health care. But we may also have to rethink health care policy to focus on restoring and promoting health rather than to treat illness. Such a strategy could have a marked impact on the health care needs of our aging population* (Townson, 1994, pp. 32-33).

Governments and health districts are increasingly emphasizing the benefits of diet, exercise and other measures to maintain good health. These benefits are both physical and psychological and contribute to seniors' overall quality of life (Health Canada, 1999; Thompson, J., 1998).

Changes in the health care system are placing an increasing emphasis on caring for seniors in their own home. This means greater responsibilities for caregivers. In the 1996 Census, about 17 percent of the Canadian population aged 15 and over, or about 3.7 million people reported providing one or more hours of care to seniors in the week prior to the Census.

The time spent caring for seniors depended largely on whether an individual had elderly parents or other elderly relatives. Census data showed that the proportion of people reporting providing care to seniors increased as people approached middle age and then tapered off. Only 11 percent of respondents under the age of 35 reported spending time caring for seniors. Those aged 45 to 54 had the highest proportion (23 percent) of individuals providing unpaid care to seniors.

Women make up the majority of caregivers. In the 1996 Census, more women (19 percent) than men (14 percent) reported providing care to seniors. Most individuals who provided care or assistance devoted between one and four hours of their time.

Overall, only 3 percent of women and 2 percent of men spent 10 hours or more providing care to seniors. About 5 percent of women aged 45 to 64 spent this amount of time with seniors, the highest proportion of any age group (Figure 6) (Statistics Canada, 1998).

**Figure 6: Proportion of Hours of Unpaid Care to Seniors, by Gender and Age Groups, Canada, 1996 Census**

	Total	No Hours	Less than 5 Hours	5 to 9 Hours	10 or More Hours
	%	%	%	%	%
<b>Total – Males</b>	<b>100</b>	<b>86.4</b>	<b>9.6</b>	<b>2.4</b>	<b>1.7</b>
15-24	100	91.1	7.2	1.0	0.7
25-44	100	87.0	9.4	2.2	1.4
45-64	100	82.5	12.2	3.3	2.1
65 and over	100	86.5	7.8	2.9	2.9
<b>Total – Females</b>	<b>100</b>	<b>80.9</b>	<b>12.0</b>	<b>4.1</b>	<b>3.1</b>
15-24	100	88.6	8.9	1.5	1.0
25-44	100	80.6	12.9	3.9	2.6
45-64	100	75.0	14.4	5.9	4.7
65 and over	100	83.5	8.7	3.9	3.8

Source: Statistics Canada. (1998, March 17). *The Daily: 1996 Census: Labour force activity, occupation and industry, place of work, mode of transportation to work, unpaid work*. [Online]. Available: <http://www.statcan.ca/Daily/English/980317/d980317.htm>

Caregiving has many rewards. For example, caregivers report a sense of satisfaction in preserving the dignity and quality of life of their loved ones, and respect from others for their caregiving role. But caregiving can extract a heavy toll on the caretaker. The burden of caregiving can lead to anxiety, depression, stress, physical illness, lowered life satisfaction and social isolation. Some caregivers report being constantly exhausted, having no time for themselves and having their own health break down (Thompson, L., 1998).

The National Council on Aging (Townson, 1994) says that the needs of families who care for their senior members must be addressed. They suggest tax credits, family responsibility leave, and respite care as options. They also say that it is important to recognize the autonomy of seniors and to ensure that measures taken do not reinforce a stereotypical role for women who, in the past, have been expected to undertake the responsibility of caring for seniors in their own homes or in the community without pay.

The caregiving study conducted by the Seniors' Education Centre (Thompson, L., 1998) made similar recommendations. It suggested exploring the possibility of financial remuneration for caregivers and establishing respite programs that allow caregivers to have time for themselves.

## Seniors' Quality of Life Research

Sixty-one percent of the people participating in the City of Regina seniors' survey said that health care and health services was one of the most important issues facing seniors in their community.

Seniors participating in Seniors' Quality of Life interviews and interviews conducted by the Regina Health District with rural seniors were asked, "Compared to other people your age, how would you say your health is?" The results are shown in Figure 7.

**Figure 7: Seniors' Responses to, "Compared to other people your age, would you say your health is ....", 1999**

	Seniors' Quality of Life Interviews (Regina and Fort Qu'Appelle)		Regina Health District Interviews (Rural Areas)		Total	
	#	%	#	%	#	%
Excellent	4	11.4%	1	9.1%	5	10.9%
Very good	14	40.0%	6	54.5%	20	43.5%
Good	14	40.0%	0	0.0%	14	30.4%
Fair	2	5.7%	2	18.2%	4	8.7%
Poor	1	2.9%	0	0.0%	1	2.2%
Other *	0	0.0%	2	18.2%	2	4.3%
<b>Total</b>	<b>35</b>	<b>100.0%</b>	<b>11</b>	<b>100.0%</b>	<b>46</b>	<b>100.0%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

Other \* Other responses were: *require some home care*.

It is important to note that one's health status is partly a matter of perception and attitude. For example, the project researchers interviewed several people who said things like, "I have severe osteoporosis, but otherwise I'm in excellent health". These individuals made comments throughout the interview about how lucky they are to be in such good health. A few interview participants focussed primarily on health during the interview and talked about various medical problems to the exclusion of anything else.

About 85 percent of seniors said that compared to other people their age, their health is excellent, very good or good.

Several interview participants said that poor health or age-related frailty diminishes seniors' quality of life because these conditions prevent people from doing things they want to do. Although some medical conditions probably cause pain and discomfort, few interview participants mentioned this aspect and emphasized instead frustration at not being able to do things they used to do, or want to do.

Other themes that were mentioned frequently include:

- ▶ Some seniors talked about all the things they are doing to maintain their health, such as exercising and eating right. Others seemed to believe that the quality of their health is something over which they have no control. This latter group of people believed that the quality of their health is dependent on interventions by doctors, rather than on their own actions.
- ▶ Some interview participants (both rural and urban) said that home care is a good idea in theory, but is not working in practice. This belief was also expressed by people participating in the caregivers' project conducted by the Seniors' Education Centre in 1998 (Thompson, L., 1998). Various concerns were expressed about home care, but the chief one was that often different home care workers come each time. Home care clients said that they just get to know a home care worker and get a routine established when a different worker appears. This was particularly troubling when the home care worker is attending to intimate personal functions such as bathing, dressing and toileting. Home care clients would much prefer to have the same home care workers all the time. Some people said that homecare workers have their own way of doing things and that they sometimes disregard the preference of the care-receiver in regard to both personal and household routines.

Some people said that self-directed home care might be a solution to some of these concerns. With self-directed home care, a care-receiver would be provided with funds to hire whomever she or he considers appropriate as a homecare worker, rather than relying upon workers provided by the health district.

Other interview participants acknowledged that the home care system is imperfect, but that it is better than the alternative, which is institutionalization of seniors who can no longer manage on their own. They pointed out that, despite its flaws, home care is allowing many older people to remain in their homes and stay independent longer.

- ▶ There was great dissatisfaction with the provincial government drug plan. Interview participants said that the deductible is much too high and that seniors should pay less for drugs. Some interview participants talked about knowing people who have to cut back on their food budget to buy drugs. It was unclear whether these individuals were aware of the drug subsidies available to low-income seniors. There were also concerns that some drugs are not covered under the provincial plan. These include some new drugs, experimental drugs, some high cost drugs and various types of specialized drugs.

- Not all people interviewed commented on the quality of care they get from individual doctors, but most of those who did expressed dissatisfaction with the quality of service.

Concerns included:

- doctors with patronizing attitudes toward seniors, for example, doctors who call people old enough to be their parents or grandparents “dear” or by their first names;
- doctors who dismiss treatable/preventable conditions such as foot problems and arthritis as part of the aging process and refuse to treat these conditions;
- over-medication of seniors; and,
- doctors who refuse to address the side effects of drugs.

The first part of the solution to this issue is greater respectfulness by doctors and greater recognition that many of seniors’ health problems can be prevented and/or treated. The second part of the solution is action by seniors themselves – speaking up when doctors don’t treat them as they wish to be treated or changing doctors. Members of the Project Coordinating Committee for *Improving the Quality of Life of Saskatchewan Seniors* noted that some seniors find it very difficult to speak up for themselves when dealing with doctors, who they are accustomed to viewing as experts and authority figures.

## **Taking Action**

**The Project Coordinating Committee recommends that the provincial government take the following actions:**

- **review the subsidies available to seniors 65 years of age and older under the provincial drug plan and revise the subsidies as needed to ensure that seniors do not spend a disproportionate amount of their income on drugs;**
- **use electronic and print media to provide additional information about the drug subsidies that are available to seniors;**
- **encourage service providers such as pharmacists, doctors and home care workers to provide information about drug subsidies to their clients;**
- **provide funding to implement innovative self-directed home care and support networks (self-directed means that the client selects and hires his/her own care provider); and,**
- **implement policy which provides financial recognition for caregivers.**

**The Project Coordinating Committee recommends that the provincial and federal governments take the following action:**

- **work with medical associations to promote better understanding of the needs of older adults and a higher degree of client satisfaction.**

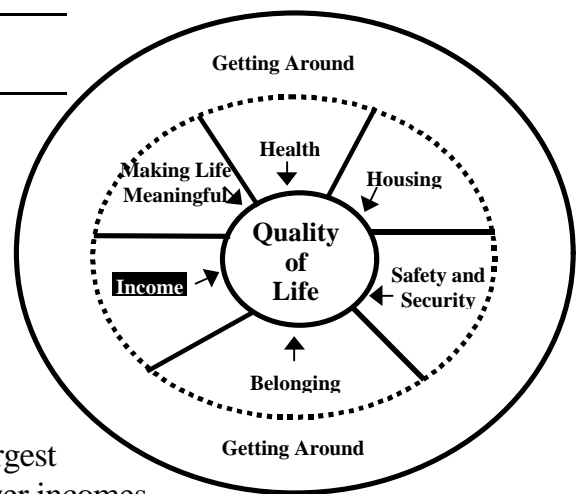
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# Income

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## Background

On average, seniors have lower incomes than people in most other age groups. Nevertheless, incomes for seniors have risen at a faster rate than incomes among other age groups over the past decade and a half. In general, Old Age Security (OAS) benefits, including Guaranteed Income Supplements (GIS), provide the largest source of income for seniors. Female seniors have lower incomes than their male counterparts and unattached senior women have considerably lower incomes than unattached senior men (*Canada, A Society For All Ages*, 1999).



Low income, of course, limits individuals' options concerning housing, travel, recreational activities and the like. Low income also has health implications. There is widespread evidence that people who are economically better off tend to live longer and healthier lives. People with low socioeconomic status are more likely than those with high socioeconomic status to have health-related problems. For seniors, the relationship between socioeconomic status and health-related limitation on physical activity is particularly important. Statistics Canada data shows that among people aged 65-74, those who are poor have almost double the amount of limitation on their physical activity due to illness or disease than people who are lower middle class ("Health Consequences of Inadequate Incomes", 1996).

## Seniors' Quality of Life Research

Among the people who took part in the City of Regina seniors' survey, seven percent said that income is one of the most important issues facing seniors in their community. However, when these responses are broken down by gender, some differences are apparent. Thirteen percent of women identified income as an important issue compared to 5 percent of men.

People interviewed by the Regina Health District and as part of the Seniors' Quality of Life research were asked to respond to questions about their economic situation. Their responses appear in Figures 8 and 9. Sixty-five percent of the people interviewed said they have enough money to live comfortably. However, 17.4 percent said that they have less money than they need to live comfortably. About half of the people interviewed (47.8 percent) said that they worry a little bit about the future and 39.1 percent said that they don't worry about the future at all.

**Figure 8: Seniors' Responses to, "What is your financial situation?", 1999**

	Seniors' Quality of Life Interviews (Regina and Fort Qu'Appelle)		Regina Health District Interviews (Rural Areas)		Total	
	#	%	#	%	#	%
I have less money than I need to live comfortably	8	22.9%	0	0.0%	8	17.4%
I have enough money to live comfortably	22	62.9%	8	72.7%	30	65.2%
I have more money than I need to live comfortably	3	8.8%	0	0.0%	3	6.5%
Other *	0	0.0%	1	9.1%	1	2.2%
No response	2	5.7%	2	18.1%	4	8.7%
<b>Total</b>	<b>35</b>	<b>100%</b>	<b>11</b>	<b>100%</b>	<b>46</b>	<b>100%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

Other \* The other response was: *getting by/holding*.

Note: Percentages in some columns do not total exactly 100 percent due to rounding.

**Figure 9: Seniors' Responses to, "To what extent do you worry about your financial future?", 1999**

	Seniors' Quality of Life Interviews (Regina and Fort Qu'Appelle)		Regina Health District Interviews (Rural Areas)		Total	
	#	%	#	%	#	%
A lot	4	11.4%	0	0.0%	4	8.7%
More than a little but less than a lot	1	2.9%	0	0.0%	1	2.2%
A little bit	17	48.6%	5	45.5%	22	47.8%
Not at all	12	34.3%	6	54.5%	18	39.1%
No Response	1	2.9%	0	0.0%	1	2.2%
<b>Total</b>	<b>35</b>	<b>100%</b>	<b>11</b>	<b>100%</b>	<b>46</b>	<b>100%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

Note: Percentages in some columns do not total exactly 100 percent due to rounding.

During the interview portion of the research, some people didn't talk about finances or seemed reluctant to address this topic. Those who commented about finances said that

seniors' quality of life is greatly enhanced by an adequate income. However, different people have different ideas of what "adequate" is. It depends very much on the individual's standard of living throughout life and on what his or her expectations are for their later life. For seniors, adequate income means:

- They can do the things they want to do. At least some of the things that seniors want to do cost money. These activities include taking a bus or cab downtown; eating in restaurants; attending plays, movies and concerts; buying gifts for family members; and travelling to other parts of Canada or the world.
- They don't have to worry about the future. An adequate income means a person will be able to live comfortably for the rest of her or his life.

Other themes that were mentioned frequently were:

- There is considerable fear that the benefits currently provided under the Canada Pension Plan and Old Age Security Program will be eliminated altogether, reduced dramatically, or clawed back through taxation. Many of the people interviewed said that they are okay financially now and will be okay as long as the CPP and Old Age Security Program are maintained at levels comparable to those of today. However, if these programs are cut back, people who have made these programs a major component of their future financial plans will be in trouble.
- Seniors' incomes increase little, but prices keep going up, so seniors' buying power is gradually being reduced. Inflation is very hard on people with fixed incomes.
- The income tax structure is too flat and low-income seniors end up paying more than their share of taxes. It was noted by many interview participants that the income level where low-income seniors start to pay income tax is very low and should be raised. Low-income seniors also pay consumption taxes such as GST and PST and therefore bear a large tax burden. This same issue was also raised in a recent issue of *Seniors' Voice*, the newsletter of Senior Power of Regina Inc. ("Saskatchewan Personal Income Tax," 1999; "Tax Relief on Lower Incomes Urged", 1999).

Tax relief for all seniors is not necessary, as seniors with comfortable incomes are well able to pay their share of taxes. However, low-income seniors' quality of life is diminished when their incomes are reduced even more by taxation.

- Poverty is a major concern for older widowed women. Many of these women have never worked out of the home or have worked only sporadically. They may not have money of their own or be eligible for the Canada Pension Plan. Death of a husband means a reduction in household income and also loss of someone to share expenses with. The problem is compounded by the fact that many older widows have no experience handling money and may not have any knowledge of the couple's financial affairs. The situation is similar for women who are divorced late in life. Divorced women may have the additional problem of trying to collect a financial settlement or spousal support from an ex-spouse who refuses to pay.
- People with disabilities have additional expenses. These may include batteries for wheelchairs and scooters, additional transportation expenses, and special clothing suitable for people with limited mobility. The Social Assistance Program and Old Age Security Program often doesn't recognize these additional expenses, which can take a big bite out of an individual's income.

## **Taking Action**

**The Project Coordinating Committee recommends that the federal and provincial governments take the following action:**

- **raise the income level at which low-income seniors start to pay income tax;**
- **create more tax brackets so that the income tax system is less flat;**
- **increase funding for programs such as the Social Assistance Program and the Old Age Security Program to accommodate the added expenses borne by people with disabilities.**

**The Project Coordinating Committee recommends that the federal government take the following action:**

- **retain the Old Age Security Program and Canada Pension Plan at present levels through indexing to the actual inflation rate.**

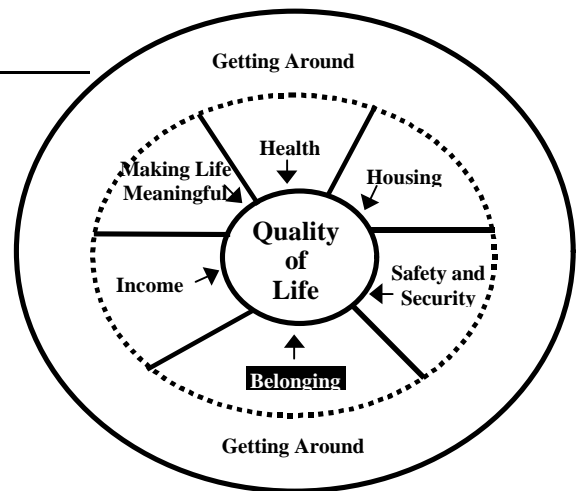
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# Belonging

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## Background

Strong social networks greatly enhance seniors' quality of life. Social networks include relationships with children, grandchildren and other family members, relationships with friends, and feeling that they are part of a community. Community may be a geographic community or it may be a community of interest such as the people belonging to a particular organization or living in a certain building.



## Seniors' Quality of Life Research

Interviews conducted as part of *Improving the Quality of Life of Saskatchewan Seniors* and by the Regina Health District indicate that social networks enhance seniors' lives in the following ways:

- Social networks provide a sense of belonging – belonging to a family, to a circle of friends/acquaintances and to a community.
- Social networks and interactions with friends and family provide an interesting and meaningful way to pass the time.
- Social networks provide security and safety for seniors. This is particularly true for people who are frail. Seniors who have frequent interactions with others through telephone calls and visits have more people looking out for their safety and well-being.
- Social and community networks provide a means by which seniors can contribute to society through volunteer work and helping others.

Other themes that were mentioned frequently during the interviews include:

- Telephones are an important part of seniors' social and safety networks. The phone allows seniors to check in with their friends and family frequently. Some of the people interviewed expressed concerns about rising telephone rates and the cost of various special telephone services.

- Loneliness and isolation are a serious problem for some seniors, particularly for those who live alone, who have lost their spouse and/or who have trouble getting out. Some rural interview participants said that aspects of the rural life contribute to loneliness and isolation. These include bad roads that are inaccessible when it snows or rains, beach communities which are largely deserted during the winter months, and the distance to recreational activities, shopping, and other services. Loneliness greatly diminishes an individual's quality of life and can affect physical and mental health.
- Some seniors interviewed expressed concern about the way that seniors are viewed and treated by the rest of society. This concern had two dimensions:
  - Anti-senior attitudes by society as a whole such as: “There are too many seniors, seniors are a drain on the health care system and on pension programs, seniors don't contribute to society, etc.”
  - Disrespectful treatment of seniors by younger people. Examples include: waitresses who say, “What will she have?” to a person accompanying a senior, instead of “What will you have?” to the senior herself, and health care workers who refer to seniors as “dear” or “these old dears” instead of by name.

## **Taking Action**

**The Project Coordinating Committee recommends that the federal and provincial governments take the following action:**

- **ensure that basic telephone service does not take a disproportionate amount of seniors' income.**

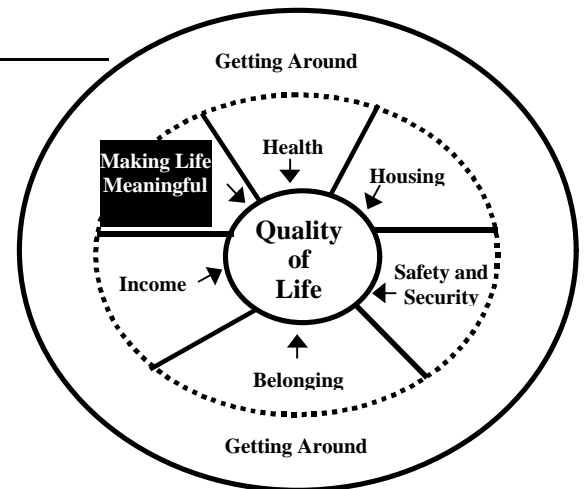
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# Making Life Meaningful

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## Background

Having something meaningful and satisfying to do greatly enhances seniors' quality of life. Seniors, like most other people, want to feel they are contributing and that they are doing things that have meaning to them personally and meaning to society.



Some facts about seniors' contributions to society:

- ▶ Sixty-nine percent of seniors provide one or more types of assistance to spouses, children, grandchildren, friends and neighbours.
- ▶ Seniors are the largest per capita donors to charity.
- ▶ An estimated 23 percent of Canadian seniors contribute some time each week as unpaid volunteers.
- ▶ In 1995, just under 20 percent of seniors looked after children at least once a week.
- ▶ The economic value of the volunteer work done by seniors is estimated at between \$764 million and \$2.3 billion annually (*Canada: A Society For All Ages*, 1999).

The National Advisory Council on Aging (1999) suggests that we, as a society, need to focus not only on what an older population “costs” in terms of health care and pensions, but also what it contributes.

The National Advisory Council on Aging (National Advisory Council on Aging, 1999; Tindale, 1991) also suggests that government and business should be planning for how they can change their practices to maximize older adults' potential to contribute to society. They suggest that life can no longer be neatly divided into the traditional phases of preparation to enter the workplace, work for a single employer and retirement. Today's worker may retrain and change careers several times and may wish to continue with paid employment after the traditional age of retirement.

## Seniors' Quality of Life Research

Information collected during the interviews suggest that some seniors want to continue on with the same activities that engaged them when they were younger. They want to do paid or volunteer work in the same professional field and they want to continue with the same recreational and social activities.

Other seniors use their later years to expand their horizons and do things that they weren't able to do because of time, budget or other limitations in earlier years. These new activities include:

- **Political activity** – Some of the people interviewed said that when you are a senior it is easier to speak out, to become involved in political activity, because maturity often brings greater self-confidence and because you are no longer afraid that speaking out will jeopardize a job.
- **Personal development** – Some of the people interviewed talked about having more time to take classes, participate in writing groups and do personal reading.
- **Recreational activities** – Additional free time allows some older adults to spend more time on recreational activities. Seniors' choice of recreational activities is very diverse and includes everything from card playing, to travel, to dancing, to attending plays and concerts, to sports such as walking and curling.
- **Community contribution** – Some of the people interviewed said that being retired gives them more time to contribute to the community, and that they are extremely busy with activities such as delivering Meals on Wheels, volunteer tutoring or serving on boards and committees.

Other themes that occurred frequently were:

- Most seniors are interested in activities that keep their minds engaged as well as their bodies. The type of activities that seniors describe as engaging their minds vary greatly depending upon individual interest. Examples include oil painting, bridge, scrabble and similar word games, formal classes at the Seniors' Education Centre, stimulating conversation, personal reading and being on the executive of various clubs.
- Seniors are interested in activities designed specifically for seniors, but they are also interested in activities intended for the general population such as part-time or contract paid work; volunteer work; plays, concerts and movies; clubs of many types; and community events.
- Seniors' interests are very diverse and it is not possible to make blanket generalizations about the kinds of activities that are of interest to seniors.
- Seniors who are in nursing homes usually get good physical care, but often lack stimulation. For example, one man interviewed for *Improving the Quality of Life of Saskatchewan Seniors* spoke both on his own behalf and on behalf of his 99-year-old mother who is in a nursing home and no longer recognizes family. He reported that his mother is adequately fed, bathed and toileted, but that she sits in a wheelchair all day with little stimulation. He felt that her mental state would be better if there were more music, more colour and more varied activity in her life. This point was also mentioned in the 1998 caregiving project (Thompson, L., 1998). For example, one person interviewed for the

caregiving project reported that her husband, to whom she provided care, occasionally went to a nursing home for respite care. One of his pleasures in life was listening to music through a Walkman tape recorder for most of his waking hours. At the nursing home, his music tapes were changed infrequently and, because he lacked the manual dexterity to change them himself, he was deprived of this source of stimulation.

- Some seniors' ability to participate in activities is hampered by personal barriers such as low literacy, low income or frail physical health. Seniors' ability to participate is also hampered by societal barriers such as buildings with steps, lack of transportation and icy sidewalks.

## **Taking Action**

**The Project Coordinating Committee recommends that municipal, provincial and federal governments take the following action:**

- **provide an adequate level of funding, including core funding, for organizations that offer social, educational and support services to seniors.**

**The Project Coordinating Committee recommends that community groups (such as writing groups, natural history groups and genealogical societies), service clubs and churches take the following action:**

- **facilitate seniors' participation in their activities in as many ways as possible, for example, by holding meetings in accessible buildings and by distributing information about their activities through seniors' organizations.**

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# Housing

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## Background

Most seniors live at home rather than in institutions. In 1996, about 92 percent of Canadians aged 65 and over lived in a private household.

A significant proportion of seniors live alone. In 1996, 29 percent of all people aged 65 and over lived alone, compared with just 9 percent of those aged 15 to 64. Senior women, especially those in the very oldest age groups, are even more likely to live alone. In 1996, 38 percent of all senior women, and 50 percent of those aged 85 and over lived alone (*Canada: A Society For All Ages*, 1999).

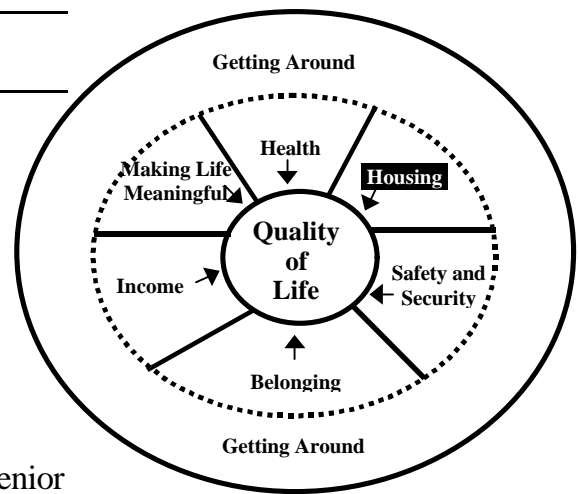
The Canada Mortgage and Housing Corporation (1987) notes that older Canadians have diverse backgrounds and interests, and varying levels of health, fitness, income and assets. It is natural then that their preferences for living accommodations will also vary. They emphasize, however, that while seniors' housing choices will vary they are likely to seek options that will enable them to maintain independent lifestyles and financial self-sufficiency for as long as possible.

The Canada Mortgage and Housing Corporation (1987) and the National Advisory Council on Aging ("A Choice of Housing Lifestyle", 1998) points out that literally dozens of different types of housing options are possible for seniors. These range from living in private homes and apartments with some housekeeping help, to seniors' apartment complexes (with or without support services such as meals and housekeeping) to group homes, to special care homes.

## Seniors' Quality of Life Research

Twenty-four percent of the people responding to the City of Regina Seniors' Survey said that housing is a major problem for seniors in the community where they live. There were some differences between females and males. Twenty-five percent of women and 19 percent of men said that housing is a major issue for seniors in their community.

The wish to stay in their own home is one that was very emotionally loaded for some interview participants. To them leaving their detached suburban house was synonymous with loss of independence. Some seniors who lived in seniors complexes which provide supports such as daily checks to be sure people are okay, said that their housing situation allows them to maintain their independence much longer. Other interview participants who lived in apartments or seniors complexes said that snow shovelling and leaf raking have little appeal



for them and that they were happy to live where they do.

The key to the dependence/independence issue is decision making by the person affected. Seniors, like every other group in society, want to choose where and how they live rather than having this decision forced upon them by others.

Other points that were raised during the interviews included:

- Rural seniors spoke about the farm economic crisis and the ongoing depopulation of rural Saskatchewan. This means that the number of people in their local community is gradually declining and that services such as banking, shopping and medical care are becoming less available. This gradual decline affects the quality of life in the community where they live. It also means fewer housing options. For example, a developer is not going to build apartments in a community that is in decline.
- Rural seniors also said that seniors' complexes and nursing homes are usually built at central locations in big communities. This means that people who require this type of housing may have to leave their community of a lifetime.
- Several urban interview participants said that there is a shortage of affordable housing units for seniors. They were referring particularly to apartment or townhouse types of complexes.
- In general, there were positive comments about initiatives undertaken by the private sector which offer apartment living and provide services such as laundry, housekeeping, two meals a day and an on-site nurse. The reservation about these private sector initiatives was that only middle- and upper-income people can afford them. Some people suggested that similar complexes should be available to low-income people through government programs.
- The Project Coordinating Committee for *Improving the Quality of Life of Saskatchewan Seniors* expressed concerns about privately operated personal care homes. They would like more intensive government supervision and inspection of these homes. They would like to see regulations specifying the training that people operating such homes must have and the minimum level of social and physical activities that must be provided to residents.
- Older people are more likely to find it difficult to navigate steps and to have disabilities that require wheelchairs, scooters and walkers. Adapting a home to accommodate disabilities is expensive and is beyond the means of many people on a fixed income. Although there are provincial government programs that provide some assistance for home adaptation, more support may be needed.

## Taking Action

**The Project Coordinating Committee recommends that the municipal, provincial and federal governments take the following actions:**

- **provide additional support for adaptation of residences to accommodate disabilities;**
- **establish policy that will make it possible for older adults to stay in their homes as long as practical and financially feasible. Policy initiatives might focus on housekeeping and maintenance services, provision of meals and on mechanisms to build social networks; and,**
- **establish policy that will lead to more housing units and a broader range of housing options for older adults. Options might include assisted living situations, seniors' condominiums, and cooperatives.**

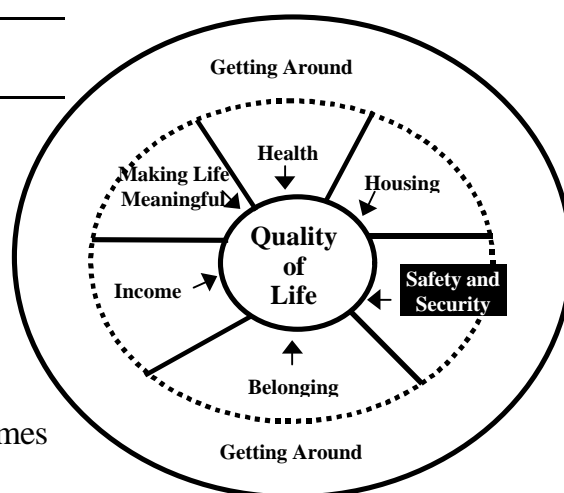
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# Safety and Security

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## Background

Crimes against seniors are not rampant, but they are keeping pace with population growth. Older people are vulnerable to exploitation by family members, caregivers, friends and landlords. They are considered easy targets by con artists and may be more subject to crimes such as mugging and purse snatching than the general population (*Crime Prevention and Safety for Seniors*, n.d.).



## Seniors' Quality of Life Research

Thirty-five percent of the people participating in the City of Regina Seniors' Survey said that safety is a major issue for seniors in their community.

Two themes reoccurred during the interviews conducted as part of *Improving the Quality of Life of Saskatchewan Seniors*.

- Many older adults are worried about safety and security. Interview participants talked about knowing others who had been mugged, about being careful where they walk and about worrying when they go out after dark.
- Information from the police is not particularly helpful. Such information often focuses on measures like installing home and car alarms, locking doors and windows, walking in well-lit areas and recognizing con artists. Some of the seniors interviewed said that this type of information tends to scare people and to make them think that it is their own fault if they are the victim of a crime. What is needed is for communities to be structured so that crime is less common, for example, by establishing Neighbourhood Watch Programs, by setting up recreational programs so that youth are off the streets, and by establishing community policing programs.

Other concerns mentioned were:

- The need to educate older people to recognize telephone fraud and to have the assertiveness to say “no” or hang up on people they think are telephone con artists.
- The importance of the telephone as a safety and security link for seniors and some seniors' need for special telephone equipment such as large buttons or speaker phones.

## **Taking Action**

**The Project Coordinating Committee recommends that the provincial and federal governments take the following actions:**

- **implement policy to make home and car security measures more affordable to seniors, by making seniors exempt from the GST and PST on these items or through a subsidy.**

**The Project Coordinating Committee recommends that municipal governments and communities take the following actions:**

- **facilitate the establishment of formal Neighbourhood Watch Programs as a means of preventing crime and strengthening a sense of community.**

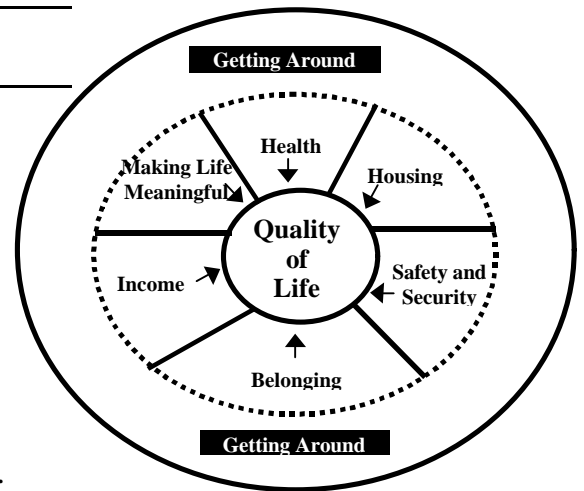
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# Getting Around

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## Background

Seniors have unique transportation needs that should be considered in development of public transportation programs and services. Many seniors need transportation to carry out daily activities such as shopping, banking and medical appointments. In addition, adequate transportation enhances seniors' access to social and recreational opportunities and which contribute to emotional well-being.



Older women are less likely than men to have their own independent forms of transportation. In 1991, less than half of women 65 years and older in Saskatchewan had drivers' licenses, compared to 85 percent of men (Saskatchewan Women's Secretariat, 1997).

## Seniors' Quality of Life Research

Thirteen percent of the people participating in the City of Regina's Seniors' Survey said that transportation is a major problem in the community where they live. There were some differences by gender. Transportation was a problem for 14 percent of women, but only 9 percent of men.

Senior interview participants said that getting around involves more than transportation. Another aspect of getting around is removing barriers to seniors' mobility. Such barriers include icy sidewalks, buildings that have steps at their entrance and multi-floor buildings without elevators.

Most of the seniors interviewed talked about how important it is to get out into the community. Getting out is a way of staying in touch with others, of keeping up with what's going on in the world, and of providing social, visual and auditory stimulation.

Other themes that were mentioned frequently include:

- For seniors living in rural areas, transportation was a big issue. They need inexpensive, convenient transportation into the city and also transportation within their own community for shopping, business and visiting.
- For some seniors in Regina, transportation was also an issue. Concerns were:
  - busses don't run before noon on Sundays, which makes it difficult to go to church;
  - taking the bus is difficult in winter for people who are physically frail, afraid of falling or sensitive to the cold;

- the para-transit bus is always late and one has to make an appointment to use this bus a long time ahead.
- Taxis are not an option for many seniors, because a round trip taxi ride between the extreme north end of Regina and downtown costs more than \$40.
- The majority of seniors do not require a para-transit bus. Most say that conventional buses are adequate, except for the big step from the sidewalk to the bus and the long wait in the wintertime.
- For most seniors who do not drive, grocery shopping is a problem. Several appreciated the efforts that the private sector is making in this regard. For example, on seniors' day, Safeway sends a bus to some of the seniors' complexes in Regina. This provides a pleasant outing and also allows seniors to stock up for the month at reduced prices. Some smaller grocery stores deliver free or for a small fee. Some seniors interviewed said that they use and appreciate this delivery service, while others were unaware of it. Generally, grocery stores that deliver could do a better job of making their service known to seniors.
- Buildings with steps and stairs are a problem for some seniors. People with limited mobility may not be able to attend functions that are held in buildings without ramps. The solution to this problem is for the government to rigorously enforce accessibility legislation and for community groups to make accessibility a consideration when deciding where functions are held.
- Towns and cities receive much of their funding for public transportation from the provincial government and this funding has increased very little over the past 10 years. However, additional funding is only part of the answer. There is a need to look at new and innovative methods of public transportation both within cities and towns, and province-wide. The larger bus on a regularly scheduled route meets the needs of many, but there may be other options such as smaller buses or vans, tele-bus service, and subsidies for transportation services offered by community groups or the private sector.

## **Taking Action**

**The Project Coordinating Committee recommends that municipal and provincial governments take the following actions:**

- **increase funding for public transportation; and,**
- **explore the potential of new and innovative methods of providing public transportation both within cities and towns, and throughout the province as a whole.**

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## Appendix A

### *Improving the Quality of Life of Saskatchewan Seniors* Members of Project Coordinating Committee

- ▶ Beth Smith (chair) – Retired educator; Board Member, Seniors’ Education Centre, University of Regina.
- ▶ Martha Wettstein (vice-chair) – Retired nursing administrator; Past President and current board member, Seniors’ Education Centre, University of Regina.
- ▶ Dr. Frank Bellamy – Retired school administrator; retired Director of Science and Mathematics, Curriculum Branch, Saskatchewan Education; President, Saskatchewan Seniors’ Mechanism; member of several other seniors’ organizations.
- ▶ Louella Cassell – Regina Housing Authority tenant.
- ▶ Blenda Ramsay – Active in the disability community.
- ▶ Dr. Colin M. Smith – Clinical Professor of Psychiatry, University of Saskatchewan; Treasurer, Seniors’ Education Centre, University of Regina; semi-retired.
- ▶ Jeanne Wassill – Retired obstetrical nurse at the, then, Grey Nuns’ Hospital; Director of Patient Care at Santa Maria Nursing Home for 13 years; Executive Director of Senior Citizens Service of Regina for one year; volunteer community activist for the last six years; presently on board of Regina Seniors’ Centre; volunteer with Wascana Home Care; member of Senior Power; also involved with yearly immunization clinics and giving injections of interferon to advanced MS victims.
- ▶ Rev. Dr. Don King (ex-officio), Director, Seniors’ Education Centre, University of Regina; ordained minister; former President of Luther College, University of Regina; manager of *Improving the Quality of Life of Saskatchewan Seniors*.
- ▶ Bruce Rice (ex-officio), Senior Policy Advisor, Social Development Division, City of Regina

## Appendix B

### *Improving the Quality of Life of Saskatchewan Seniors* Research Methodology

#### Qualitative Research

Qualitative research methods were used to collect data for *Improving the Quality of Life of Saskatchewan Seniors*. In contrast to quantitative research methods which focus on collecting numbers and statistics, qualitative methods focus on understanding a situation from the perspective of frame of reference of the individuals who are involved in the situation (Borg & Gall, 1989). This is different from quantitative research, which is based on the assumption that there is a single, objective reality that is independent of the participants in a situation.

Other characteristics of qualitative research include:

- ▶ The researcher is the data-gathering instrument. She talks to people and/or observes them in their natural situation. Quantitative research, on the other hand, uses paper-and-pencil tests and mechanical instruments as research tools (Ary, Jacobs & Razavieh, 1990; Borg & Gall, 1989).
- ▶ The design of the study emerges as the study progresses. In qualitative research, the researcher starts with an outline of a research plan and develops the design as the study progresses. This approach permits adapting the plan for the study to include variables that were not anticipated before the study began. This is in contrast to quantitative research where all aspects of the study are planned in detail before the study begins (Ary, Jacobs & Razavieh, 1990; Borg & Gall, 1989).
- ▶ The researcher analyzes the data inductively. A qualitative researcher first gathers the data and then tries to develop understandings and draw conclusions. In contrast, a quantitative researcher begins with a hypothesis and then sets out to prove or disprove the hypothesis (Ary, Jacobs & Razavieh, 1990; Borg & Gall, 1989; Slavin, 1992).

The research methodology for *Improving the Quality of Life of Saskatchewan Seniors* is described in the sections that follow. This methodology and all questionnaires and forms were approved by the University of Regina's Research Ethics Board before interviews began.

#### Interviews with Seniors

The experts on the factors that influence seniors' physical and psychological health are, of course, seniors themselves. Seniors know better than anyone else what keeps them well and happy and what actions need to be taken to promote good health among people 55 and over.

Accordingly, the main data collection activity was interviews with seniors. Interviews were conducted by the Principal Researcher and the Research Assistant.

Interview participants were identified through the following means:

- ▶ The members of the Project Coordinating Committee (see Appendix A) were invited to identify potential interview subjects.
- ▶ The project was announced in several Seniors' Education Centre classes and interested people were asked to volunteer to participate in interviews.
- ▶ Personal and professional acquaintances of the Principal Researcher and Research Assistant were asked if they wished to participate in the interviews.
- ▶ Each person who was interviewed was asked if she or he knew anyone else who might be a suitable interview candidate.
- ▶ The media release describing the project was distributed to all U of R staff via the University's Intranet system. This was done to increase awareness of the project, not to recruit interview participants; however, it produced several volunteers for interviews. One volunteer was a U of R staff member and several were friends and family members of U of R staff members.

All interview participants were asked to sign a consent form before the interview started.

Interview participants were asked:

1. What are some things that contribute to well-being for seniors? [Alternate wording: What are some things that make your life good?]
2. What are some things that reduce seniors' quality of life? [Alternate wording: What are some things that make your life bad?]
3. What are some things that you and other seniors are presently doing to ensure that seniors have a high quality of life? [Alternate wording: What are some things that you and other seniors are doing to make your lives good?]
4. Are there other things that you and other seniors, as individuals and as groups, can do to ensure that seniors have a high quality of life? [Alternate wording: What are other things that you and other seniors can do to make your lives good?]
5. What do you think that government agencies and community groups can do to ensure that seniors have a high quality of life? [Alternate wording: What can the government and the community do to make seniors' lives good?]
6. Can you suggest other seniors who might be willing to participate in interviews for this project?

Interview participants were asked to complete a short written demographic form at the conclusion of the interview.

Interview participants were provided with an honourarium of \$25.00. This is in keeping with past practice at the Seniors' Education Centre, where the value of interview participants' time and expertise is usually acknowledged with an honourarium.

A total of 35 seniors were interviewed. All interviews were conducted between mid-August and early October, 1999. Most were done in the Regina and Fort Qu'Appelle areas.

Demographic information about the people interviewed appears in Figures 10 to 15.

**Figure 10: Seniors' Quality of Life Interview Participants by Gender, 1999**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Female	25	71.4%
Male	10	28.6%
<b>Total</b>	<b>35</b>	<b>100.0%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

**Figure 11: Seniors' Quality of Life Interview Participants by Marital Status, 1999**

<b>Marital Status</b>	<b>Number</b>	<b>Percent</b>
Single	3	8.6%
Married	16	45.7%
Widowed/Widower	9	25.7%
Divorced	4	11.4%
Other *	3	8.6%
<b>Total</b>	<b>35</b>	<b>100.0%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

Other \* Other responses included: *separated and lesbian relationship*.

**Figure 12: Seniors Quality of Life Interview Participants by Year of Birth, 1999**

Year of Birth	Number	Percent	Year of Birth	Number	Percent
1912	1	2.9%	1927	2	5.7%
1914	1	2.9%	1928	1	2.9%
1915	1	2.9%	1930	2	5.7%
1916	2	5.7%	1931	3	8.6%
1917	3	8.6%	1932	2	5.7%
1918	1	2.9%	1934	1	2.9%
1919	1	2.9%	1935	1	2.9%
1921	1	2.9%	1936	1	2.9%
1922	1	2.9%	1938	3	8.6%
1923	1	2.9%	1940	1	2.9%
1926	2	5.7%	1942	1	2.9%
<b>Total</b>				<b>35</b>	<b>100.0%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

Note: Percentages may not total exactly 100 percent due to rounding

**Figure 13: Seniors' Quality of Life Interview Participants by Type of Residence and Gender, 1999**

	Total		Female		Male	
	Number	Percent	Number	Percent	Number	Percent
In a house that I own	23	65.7%	15	60.0%	8	80.0%
In a rented apartment	6	17.1%	4	16.0%	2	20.0%
In an apartment in a seniors' complex	1	2.9%	1	4.0%	0	0
In a private care home	1	2.9%	1	4.0%	0	0
In a nursing home	1	2.9%	1	4.0%	0	0
Other *	3	8.8%	3	12.0%	0	0
<b>Total</b>	<b>35</b>	<b>100.0%</b>	<b>25</b>	<b>100.0%</b>	<b>10</b>	<b>100.0%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

Other \* Other responses included: *in a house that I own with family, in an apartment with a friend/partner, in the care home I run.*

**Figure 14: Seniors' Quality of Life Interview Participants – Live Alone or Live with Others, by Gender, 1999**

	Total		Female		Male	
	Number	Percent	Number	Percent	Number	Percent
Live alone	13	37.1%	11	44.0%	2	20.0%
Live with others	22	62.9%	14	56.0%	8	80.0%
<b>Total</b>	<b>35</b>	<b>100.0%</b>	<b>25</b>	<b>100.0%</b>	<b>10</b>	<b>100.0%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

**Figure 15: Type of Community Seniors' Quality of Life Interview Participants Live In, 1999**

Marital Status	Number	Percent
Big city	20	57.1%
Town or village	10	28.6%
Farm	3	8.6%
Other *	2	5.7%
<b>Total</b>	<b>35</b>	<b>100.0%</b>

Source: Improving the Quality of Life of Saskatchewan's Seniors. (1999). *Project interviews*. Regina, SK: University of Regina, Seniors' Education Centre.

Other \* Other responses included: *hamlet*.

### **Interviews with Service Providers**

Six people who provide services to seniors were interviewed. They included health care administrators and managers of several different seniors' programs. The interview questions for service providers were a modified version of those asked of seniors.

## **Limitations of the Project Research**

The research conducted for this project is subject to the following limitations:

- Neither the seniors nor the service providers interviewed constituted a random sample.
- Female seniors may have been over-represented among interview participants. Although there are more females than males in senior age groups, it seemed that females were more willing to be interviewed than males.
- Farm and rural people were under-represented among the seniors' quality of life interview participants. However, this limitation was corrected through the interviews done by the Regina Health District.
- Interview participants came primarily from the Regina and Fort Qu'Appelle areas and were not representative of southern Saskatchewan as a whole.
- A disproportionate number of seniors interviewed may have come from middle and upper income groups.
- A disproportionate number of seniors interviewed may have higher levels of education.
- The seniors interviewed were aged about 55 to 85. None of the very oldest seniors were interviewed, although some seniors spoke both on their behalf and on behalf of their very elderly parents. For example, one man who was in his seventies spoke on behalf of himself and his 99-year-old mother who was no longer able to speak on her own behalf.
- Interview participants were all of Euro-Canadian background. There were no visible minorities.

## **Appendix C**

### ***City of Regina, Seniors' Survey: A Summary***

The Seniors Survey described below was conducted to gather information on issues of concern to seniors in the Regina Health District, and to support the planning work of the Regina and District Seniors Action Plan Steering Committee. A second objective was to gather the views of persons who may not ordinarily participate in seniors' forums and other types of public input processes.

#### **How the Survey Was Conducted**

- The survey was conducted between May and July 1999.
- The survey consisted of a three-page, pencil-and-paper questionnaire designed to be filled out by seniors. The surveys were distributed at:
  - All City of Regina sports facilities and neighbourhood centres
  - All branches of Regina Public Library
  - Regina Seniors Centre, Rotary Seniors Centre, U of R Seniors' Education Centre
  - Six seniors' housing complexes, including three complexes operated by Regina Housing Authority
  - 53 questionnaires were returned from the rural locations
- No personal information was requested and a number of steps were taken to ensure anonymity of the participants.

#### **Respondents**

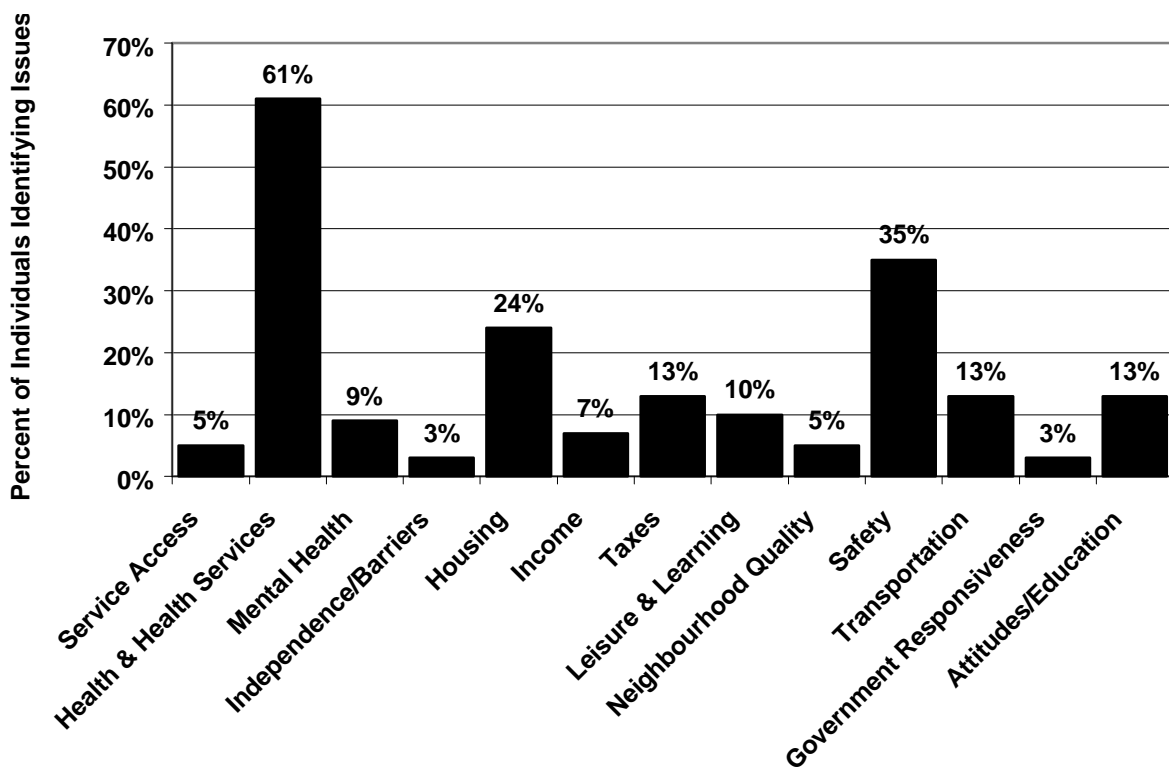
- 662 useable questionnaires were returned
- 98 percent of respondents said they were "a senior" (individuals were not asked their age)
- 76 percent were women
- 92 percent (607 people) were from Regina
- 8 percent (53 people) were rural seniors
- 44 percent of Regina seniors were from the Central Zone of the City of Regina

## Findings

### *What are the most important issues facing seniors?*

Sixty-one percent of seniors said that the most important issue facing seniors is health and health services. This concern was followed by safety (35 percent) and housing (24 percent) (See Figure 16).

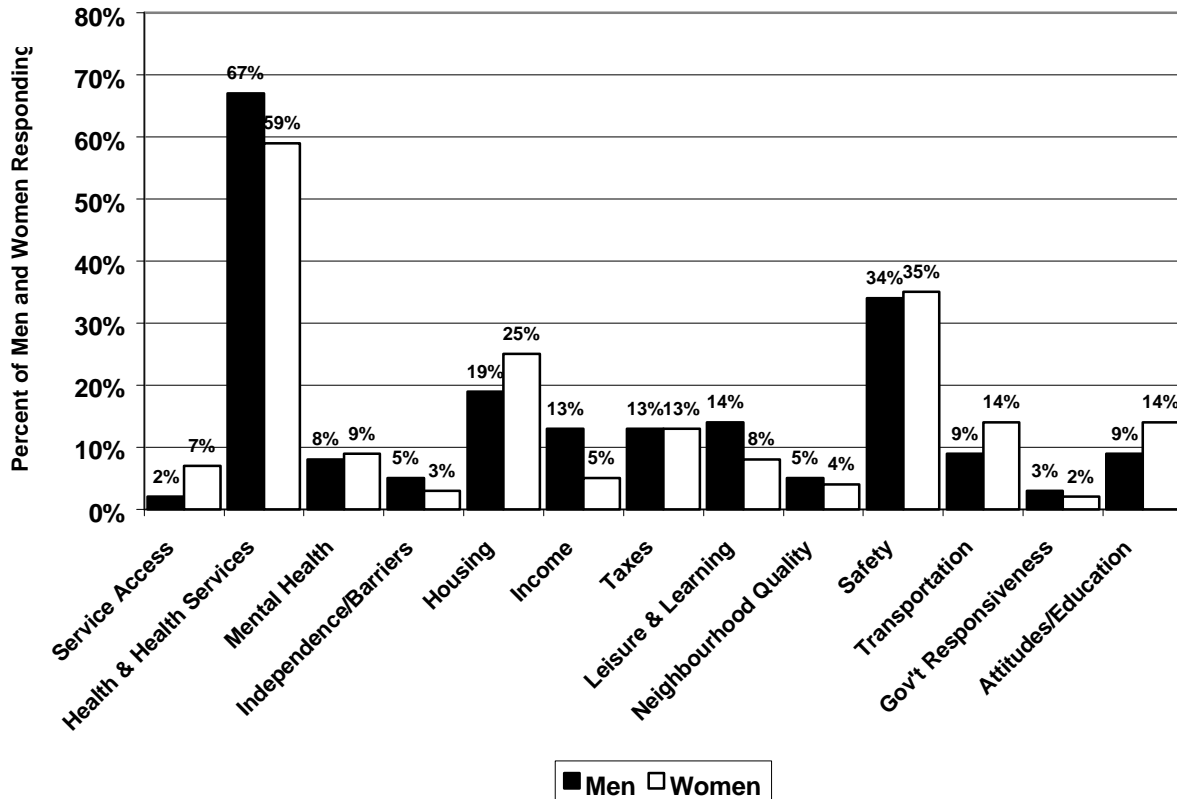
**Figure 16: Survey Participants' Responses to, "What are the most important issues facing seniors in your community?", 1999**



Source: Regina and District Seniors' Action Plan Steering Committee. (1999). *Seniors' survey: Preliminary summary of results*. Regina, SK: City of Regina.

There were some differences between men and women. More men than women were concerned about health and health services, income, and leisure and learning. More women than men were concerned about housing, service access, transportation and attitudes/education (See Figure 17).

**Figure 17: Survey Participants’ Responses to, “What are the most important issues facing seniors in your community?”, by Gender, 1999**



Source: Regina and District Seniors’ Action Plan Steering Committee. (1999). *Seniors’ survey: Preliminary summary of results*. Regina, SK: City of Regina.

## Quality of Services for Seniors

People responding to the survey were asked, “Overall, how would you rate the quality of services for people your age in your community?”

As shown in Figure 18, about four-fifths of respondents believe that services in their community (Regina and/or area) are either excellent or good.

**Figure 18: Survey Participants’ Responses to, “How would you rate the quality of services for people your age in your community?”, 1999**

	<b>Percent</b>
Excellent	25%
Good	56%
Fair	15%
Poor	4%

Source: Regina and District Seniors’ Action Plan Steering Committee. (1999). *Seniors’ survey: Preliminary summary of results*. Regina, SK: City of Regina.

## Appendix D

### *Regina Health District: A Summary of Interviews with Rural Seniors in Regina Health District*

Eleven seniors were interviewed from the five zones of the Regina Health District.

The purpose was to identify the needs of rural seniors, presently, in order to develop a long-term plan for seniors services in the rural areas of the district and to provide seniors with an opportunity to have input into planning for improvements to their own lifestyles.

The format of the interviews was similar to that used for *Improving the Quality of Life of Saskatchewan Seniors*.

Information about the people interviewed appears in Figures 19 to 23.

**Figure 19: Rural Interview Participants by Gender, 1999**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Female	7	63.6%
Male	4	36.4%
<b>Total</b>	<b>11</b>	<b>100.0%</b>

Source: Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

**Figure 20: Rural Interview Participants by Age, 1999**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
60s	4	36.4%
70s	4	36.4%
80s	3	27.3%
<b>Total</b>	<b>11</b>	<b>100%</b>

Source: Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

Notes: Rural interview participants ranged in age from 63 to 86 years.

Percentages in the table above do not equal exactly 100 percent due to rounding.

**Figure 21: Rural Interview Participants by Type of Residence, 1999**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Own home	8	72.7%
Low-rental suites	3	27.3%
<b>Total</b>	<b>11</b>	<b>100%</b>

Source: Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

**Figure 22: Rural Interview Participants – Live Alone or Live with Others, 1999**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Live with spouse/partner	4	36.4%
Live alone	7	63.6%
<b>Total</b>	<b>11</b>	<b>100%</b>

Source: Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

**Figure 23: Type of Community Rural Interview Participants Live In, 1999**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Small rural town	6	54.5%
Bedroom community towns	2	18.2%
Farm	2	18.2%
Isolated beach resort	1	9.1%
<b>Total</b>	<b>11</b>	<b>100%</b>

Source: Regina Health District. (2000). *Interviews with rural seniors in Regina Health District*. Regina, SK: Author. (Unpublished Report).

## Appendix E

### *Caregiving – Exploring the Options: A Summary*

*Caregiving – Exploring the Options* was conducted in summer 1998 by the Seniors' Education Centre, University of Regina with funding from Health Canada. The objective of the project was to develop an Action Plan for activities that will address the unmet needs of caregivers and care-receivers.

There was a focus throughout the project on the needs of the caregiver, a factor that is often overlooked in literature in the field.

Research for the project consisted of 20 interviews:

- ▶ Caregivers – 9 interviews
- ▶ Care-receivers – 3 interviews
- ▶ Volunteers and professionals who work with caregivers and care-receivers – 8 interviews

Caregivers participating in the project all said that caregiving has rewards and satisfactions as well as burdens. However, some caregivers said that they are exhausted (physically and emotionally), that they lack time for themselves and that they are lonely, discouraged and depressed.

Recommended proposed actions for the future included:

- ▶ **Pay attention to the needs of the care-receiver** – The needs of care-receiver and caregiver are not totally separate. One of the satisfactions that caregivers get from their role is knowing that their family member is being well looked after. Anything that government and community agencies can do to improve the quality of life for the care-receiver brings peace of mind to the caregiver also.
- ▶ **Make it possible for caregivers to talk one-on-one to others who understand their situation and can listen empathetically** – The interviews conducted as part of this study suggest that many caregivers desperately want someone to talk to – someone who focuses on their feelings and experiences exclusively. Support groups are not the answer. Some caregivers saw support groups as just one more drain on their time and energy. They want personal attention.
- ▶ **Make it possible for caregivers to have time for themselves to attend to their own needs and have fun** – Many caregivers talked about having little time to themselves – time when they were not required to be constantly focused on the care-receiver's needs. At a most basic level, this can mean rarely getting a full night's sleep. For caregivers whose loved one wanders, it can mean not letting the care-receiver out of your sight 24-hours a day. It also means using the limited time away from the care-receiver for errands such as banking and shopping, and never having time for personal activities such as

exercise, going to the hairdresser or seeing friends.

- **Explore the possibility of financial remuneration for caregivers** – Caregiving is valuable and important work. It improves the quality of life for many seniors, strengthens the bonds of family and lessens the demands placed on the health care system. Financial remuneration might take the form of EI payments like those paid for maternity leave, a tax credit or some completely new program.