



UNIVERSITY OF ALBERTA
ALBERTA CENTRE FOR SUSTAINABLE
RURAL COMMUNITIES

Rural Aging Workshop



Lars K. Hallstrom and Shay Barker

ACSRC Report Series #08-11

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Abstract

On June 13, 2011, the University of Alberta's Research on Aging, Policies, and Practice (RAPP) and Alberta Centre for Sustainable Rural Communities (ACSRC) hosted a meeting to discuss the potential for research collaborations with regard to aging in rural places. In attendance were Faculty and staff from the University of Alberta and a number of visiting scholars from the United Kingdom and Australia join us for the meeting. These scholars included:

- Jeni Warburton, John Richards Chair of Rural Aged Care Research, LaTrobe University, Australia
- Miriam Bernard, Professor of Social Gerontology, Keele University, UK
- Lucy Munro, Training Co-ordinator for the Research Institute for Humanities, Keele University, UK
- Sally Chivers, Dept. Chair of Canadian Studies, Trent University, Peterborough

In addition, Dr. Norah Keating, Co-Director, RAPP and Jacquie Eales, Research Manager, Human Ecology were in attendance.

This event included a few brief presentations from the aforementioned scholars, followed by a broader discussion on possible collaborations.

Table of Contents

Acknowledgements	1
Abstract	2
I. Round Table	4
Agriculture	4
Long-Term Care	4
Private Facilities	5
Displacement and Travel	5
Transition to Facilities	6
Wellness in Aging	6
Volunteering	7
Connecting Communities	8
II. Discussion	9
Community Connectedness and Aging	9
Rural Aging – Pros and Cons	10
Cultural Engagement with Theatre and Aging	11
Healthy Aging and Aging for Women	12
III. Wrap-up Discussion	14
Policy	14
Design	14
Research on Aging Communities	15
Sustainability in Aging Populations and Rural Communities	16
Issues for Potential Partnerships	16
IV. Next Steps	18
Possible Grant Opportunities	18
Possible Topics	18
V. Participants List and Contact Information	19

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I. ROUND TABLE

Agriculture

A large portion of the day was devoted to the discussion of the needs, gaps, reality and issues, and opportunities surrounding rural aging in Alberta. A wide variety of rural aging topics were discussed including capacity to maintain young population, resource needs, distance and population density, funding, transportation issues, social needs, and transition to healthcare facilities.

The first, and most important realization that Albertans must come to is that there is a severe depletion of the rural community in Alberta. When looking at rural communities, most are aging communities, which does not show sustainability or capacity to maintain itself.

This is especially noticeable in areas where agriculture is a prominent economic feature as farming is an aging profession and succession planning is a major issue. This issue is pronounced in this country and province due to the price of land and costs associated with going into the agricultural field. There are plenty of young families that would like to go into farming but they cannot afford to purchase a farm, or buy out their parents or grandparents (who cannot afford to sell their farms for less than market value). This causes rural communities to maintain a high level of aging individuals but limits increases in the number of younger individuals in the community.

Long-Term Care

Another issue with aging communities is that there is a limited labour market for young people, causing a decrease in population size and economic viability. Due to low capacity and decreases in population, rural communities often have the highest number of elderly individuals, but a low number of resources aimed at assisting the elderly as they transition through their lives, and transition from home to home care to facility living.

The diverse percentage of seniors in rural communities is also a challenge when it comes to providing resources and funding to rural aging issues. Population percentages range from less than 1% to more than 40% of seniors depending on the community. It would be extremely difficult and costly to provide for every rural community in Alberta regardless of the percentage of seniors actually living in that area. There must be a threshold, and unfortunately that is difficult in itself because not everyone will be satisfied. The reality of providing long-term care in rural areas is as follows:

- It is very expensive to operate a smaller long-term care site in comparison to a larger facility
- Facilities that offer less than 60 beds cannot financially afford this and are constantly running on a deficit
- It is taxing on the system to run small facilities with minimal usage
- It is very difficult to get employees to work in a rural area due to a variety of factors including a lack of resources, facilities, machinery, etc....

- Nurses and physicians are not going to work in an area that cannot provide them with the necessary resources
- All seniors pay the same fees for long-term care but due to the lack of interest by healthcare professionals to enter a rural facility seniors may not be receiving the same service.
- Cost of living is a major problem with the rise in costs and expenses for long-term care

Private Facilities

Due to the restrictions on building long-term care facilities in small locations in Alberta, private facilities are beginning to be built around rural Alberta. These facilities are equal to public long-term care units in regards to certification requirements and resources. As with public rural long-term care facilities, however, it is difficult to find employees. Salaries are dependent on the province, but a care aid generally makes from fifteen to eighteen dollars per hour depending on experience and education. The employees cannot start on the floor without proper certifications under the health care regulations, but they will never make more than twenty dollars per hour so that deters people from entering this job field. They put in the work, training and education but they do not reap the benefits in regards to wage increases. In addition, the job is very physically and emotionally demanding (there are still higher work related injuries than in the oil field).

A possible solution to this issue is to introduce initiatives such as bursaries for education costs, or payment for full education. This will not only deter people from entering the oil field because of their ability to pay higher wages, but will also have more students entering the healthcare field which is crucial. It is still very challenging to find people to enter this field though, so it is crucial to find people who love the job, enjoy the people, and who are appreciative and receptive towards the rural area.

Displacement and Travel

One reality of aging is that some individuals will rely on their families for support and care. Because of the substantial industry growth and economic prosperity that Alberta has seen recently, many families are moving here and bringing their aging parents. Although this may help the family become prosperous, the aging person may feel displaced and alone. The family will be working and the parent will either be left at home alone for a substantial part of the day, or will be placed in a facility.

Other challenges include the low population density in many of the rural areas. There is a large distance between not only the rural community and acute care, but often between residential care facilities and rural areas. This means that the elderly person must leave their rural home to live in a facility a distance away from the lifestyle they have known for years and the people that they know (and many times they even have to leave their spouses).

An additional issue with the current system is that individuals living in rural communities often have to travel hundreds of miles to see a specialist, have surgery, enter a hospital for intensive care and others. This is ineffective due in part to the fact that this is usually much harder on the senior than the treatment itself – the travel is what causes the senior serious health problems.

The draw of the small town, rural 'beautiful' area is something that appeals to seniors. Some individuals who lived on farms hope to stay in a rural area so they move to a small town, but frequently it is unable to suit their needs or support the aging process. There is also a push for seniors to move from urban to rural in order to experience the nice landscapes that the rural can offer. This is problematic because it not only swells the numbers and stretches the capacity of the rural area, but a lot of seniors come to the realization that the rural area cannot offer them the resources that they need. The lifestyle that the urban seniors were used to is not available, but they are unable to move back (as it is costly to move). In most cases, the senior is without family in the rural area and do not have the capacity to drive, and it is likely that there is no public transportation in the area causing a sense of isolation.

Thanks to technological advances and high speed internet, some of this isolation that is felt by seniors can be diminished. Through an online social connection or media site, those that have to move to a large centre to be provided with healthcare can still connect with friends and family that they left. Although this is insignificant in comparison to being able to receive healthcare in a rural area, it is a step towards connectedness that previously would not have been possible.

Transition to Facilities

The reality is that most aging people do not want to move into facilities and wish to remain at home with independence and control until it is no longer possible. It is a challenge for health care providers, family and other supports to understand how to facilitate the transition. Because there is no exact timeline, it is difficult to understand when it is crucial for a senior to enter a facility. Although facilitation the transition is difficult, it is important for the aging person to know that they have a support system when the time comes.

It is especially difficult for seniors to transition because moving out of the home, to a condo, a senior's lodge or an assisted living facility, and then eventually to long-term care is seen as the stages heading towards death. The elderly do not adapt socially, physically or emotionally to the changes in lifestyle partly because of the fear of death. A problem with the transition comes from most only looking at the physical transition – what the lodge can offer to increase a senior's physical capacity – but neglect to look at the emotional, spiritual and social wellbeing of the senior. It is important to look beyond basic needs and realize the psychosocial effects of the new lifestyle.

Although many seniors do not wish to or cannot adapt to a new living situation, congregate living settings are sometimes great and can offer the senior a lifestyle and quality of life that is different from what they were used to at home. The senior is able to interact with a variety of people, make friends and have a support system all within the walls of an assisted living facility or seniors lodge.

Wellness in Aging

A significant factor to remember when it comes to transitioning seniors is their wellness. Seniors are often lonely, displaced, or having difficulty adjusting to new living situations (whether it be a

new facility or a completely new community) so there has to be places to socially gather in communities. A Senior Centre is a great catalyst for social involvement and inclusion and can provide a vast array of activities to keep seniors active and engaged.

An issue that arises with Senior Centre's is that they are often costly to run and costly for a senior to attend. Because a Centre is often rented and a coordinator normally plans activities the costs are high and so the seniors are charged to attend activities and events. For most who are on a limited budget, this becomes difficult to afford and so in turn they generally stop attending.

The wish is to provide seniors with holistic, rounded care including care the benefits their social wellbeing but that requires funding that is not available or a large amount of volunteers.

Volunteering

If there is a lack of resources for seniors it is ideal to begin to look for volunteers, but it is essential that there is uptake and support from the community to ensure that all opportunities are explored, and the community works together to run programs and centres.

Programs such as Meals on Wheels, church groups, curling clubs, Senior Centres and even Senior Lodges would not function without volunteers. A prime example of the need for volunteers to run programs can be seen at the Camrose Senior Centre. The Centre functions well using volunteers because previously they paid an employee and ended up broke. The costs of renting the hall (approximately \$1500.00 per month) and paying an employee while making minimal income from charging seniors to attend was not sustainable. Switching to a system of volunteers cut the costs down and allowed for the Centre to continue to function.

Volunteer capacity on the other hand is something that should be addressed. Older adults are the primary volunteers for senior programs, running nearly every program that is available in the community; in other words, this causes an apocalyptic demography of volunteers. The elderly population that is running every program will eventually no longer be able to do so, so it is vital that younger generations are recruited to volunteer in these positions. It is also important that the individuals want to volunteer rather than feeling obligated or forced to volunteer.

To some volunteers, the importance behind volunteering is more than money can pay. The quality of life that some older people hope for themselves reflects in their caring attitude and passion for volunteering. That is exactly what a volunteer should be – someone who is connected to the cause and who volunteers for no other reason but to help.

Informal volunteering is another useful opportunity for people to undertake. Oftentimes older people support each other in terms of aging in place (or remaining in your own home). They do this by socializing, checking in, helping to grocery shop, providing household help and offering transportation, to name a few.

There are communities that attract individuals based not only on the amenities that they offer, but also based on the volunteering opportunities and programs that are run by volunteers. Moving to

a new community and wanting to connect, many people venture to volunteer for a variety of organizations and programs.

In addition to volunteering opportunities for older individuals, there should be an intergenerational aspect of volunteering. A community that someone would like to retire in is ideally one where there is intergenerational cooperation. This is difficult because although young people **are** volunteering, they are focused on more trendy causes that interest them, such as environmental initiatives or international causes.

The differences between older and younger volunteering priorities create a challenge on how volunteering and engagement is understood. Because volunteering opportunities are venturing beyond local community borders it is difficult to retain volunteers in local programs. It is also understood that volunteering plays a large role in job requirements, so some volunteer to strengthen their resumes rather than for the common good. Classical understanding of volunteering is to “volunteer to volunteer and nothing more.”

Connecting Communities

Communities that use such terminology as “age friendly communities” often receive a poor reputation due to the fact that it often means that there is a large senior citizen population. This makes young people weary of entering the community, leaving the rural areas with low populations and minimal resources. Most communities do not wish to advertise that they are age friendly, but still hope to provide a great community for seniors to grow old in. There is a strong need for better terminology and better community marketing in order to have a variety of age groups move to the community. It is more preferable to call it a “family community” or a “community for all ages.” This will help to develop and revitalize a community that someone feels comfortable living in throughout the course of his or her life.

A first step to create a connected community is to create events and programs that are intergenerational, interracial, mix gendered and accessible. It is important to have events that connect older and younger people to take away the stereotypes and stigmas of each generation. By socializing in a neutral location with food and fun activities it becomes much easier to see commonalities and friendships. The question becomes less of a generational one and more about the role of each person in the community, regardless of their age.

While focused on population aging issues we must remain cognizant of other issues as well. We must see that there are tensions between priorities and that when one area receives more funding and resources it often means that the others lose funding and resources.

II. DISCUSSION

An engaging discussion of specific research interests and priorities of our scholars took place during the workshop. The research topics focused on the areas of commonality or interest amongst the scholars, areas of divergence and opportunities for collaboration and funding. Below are the research priorities:

Community Connectedness and Aging

The focus of this research is on rural communities and whether they are good places to grow old and for whom. Research surrounds families and aging and farms and aging (including succession, transfer). Connected with Veteran's Affairs Canada who is interested in the number of elderly people living in rural communities, this research seeks to understand the ways in which older people are connected to their communities or not (how they are connected to each other and ways in which older people are engaged in their communities).

There have been some interesting results in response to case studies that were developed surrounding the connection that older people have to their families and community. The studies looked at an aging person at a single point of time and then follow their patterns of living from when they were young to when they are older. The studies question whether the person has had the same opinion about community connectedness their whole lives or if there is a point in time when their opinion shifted (either to being more social or being more marginal). There is great diversity in the opinions of older people on community and family. Either family and community is critically important to the elderly who appreciate having a good place to grow old, or the elderly are stoic in their potential engagement with the community.

Some elderly feel that they are not interested in any social activity or any activity that seems frivolous because work is what they have done their whole lives and it is something that they feel they should continue to do. Other reasons that seniors are disconnected from the community is due to poverty, being a single or a bachelor, or because they have lost their spouses, feeling that they cannot afford these activities or because they are embarrassed.

Other reasons for disconnectedness results from having a disconnected community, disconnected family, or a community that excludes the elderly from programming and resource allocation. It is a question of what a community has to offer and what older people need and want and whether the community is 'age friendly'.

On the other end of the spectrum we see that there are those who are very engaged in the social aspects of the community and their families. Even with chronic illnesses some people were still engaged in many volunteering activities (e.g. a wheelchair bound lady still running dispatch for Meals on Wheels).

In addition to research surrounding the issues of community connectedness, we are also involved in a beginning project proposal to the CIHR. It will study the issue of primary care in rural communities, and how we can better understand how the systems of primary care (positions to

family) can work or can work better to help keep people more healthy and engaged in their communities. This study will hope to create a possibility of a bigger program in research.

Rural Aging – Pros and Cons

The goal of this research is to broaden what is considered aging research amongst a variety of scholars in a variety of backgrounds. It is interdisciplinary and shows the breadth of aging and what it means to each group (i.e. brain aging in rats, architecture for the elderly, etc.).

There are two main strands of research coming out of this theme:

- 1) Health Work Force – recruiting and retaining health care professionals in rural areas
- 2) Community – what are the advantages and disadvantages of growing old in a rural location?

The literature surrounding these two strands is split. There is the stereotype that the rural environment has great social capital, and then the other side based on health requirements that says rural communities are dying because they do not have the health infrastructure.

Studying the effects of social isolation and exclusion and the importance of connectedness as related to healthy aging is at the forefront. Concentrating research efforts on farms and retirement and how farmers are planning for the future is a clear goal. It is also crucial to understand how living in a rural area such as a farm affects isolation and exclusion and ultimately leads to a high proportion of male farmers committing suicide.

Another focus is on what it is actually like to live in a rural community. By steering away from the stereotypes and dichotomy of social capital and poor level of services we can see what really makes the difference between a positive and a negative rural living experience. One idea that remains at the forefront of rural living as a negative aspect is that of transportation. It is always a challenge to live in a location where there is no public transit system and minimal access to other types of transportation services. Generally in a small community, a bus is run by volunteers, including a driver and an escort for those needing help, but this is a huge effort and very demanding.

Another program that is often highlighted in rural communities is Meals on Wheels – a great program for those who require meals but are unable to cook themselves. This program is important to keep people aging healthily, but is also volunteer intensive. In the UK Meals on Wheels is virtually dying off and being replaced by commercial models that cost more and are less healthy. Canada is looking at innovative ways to deliver services to bring new sources of volunteers (such as Bikes on Wheels) in order to keep the program running and keep the social aspect of the volunteering effort trendy and desirable.

Technological advances including cellphones, high speed internet, webcam and video chat and social media sources all have helped make it possible to live in a rural area and remain connected to people that are distances away from one another.

Prior research goals related to the rural aging facet included volunteering and climate change adaptability. By asking how older people contribute to the broad community, researchers were able to identify that volunteering plays a large role in senior engagement in communities.

Disability and chronic health issues are what reduces volunteerism in older people, not age. It is important to understand that age and illness are not equivalent.

Elderly people are also stoic and resilient when it comes to climate change. Climate change has affected older people frequently as they are quite vulnerable to changes. Most who have lived in a rural area have seen the cycles of floods and droughts, and they have learned from this. We can learn from their lessons because older people adapt in more environmentally friendly ways to climate change.

Cultural Engagement with Theatre and Aging

Research in this area emphasizes cultural engagement with theatre in regards to access to theatre, cultural interactions and intergenerational issues. It looks at what ties people to a community – sense of history, present status and potential of the community – specifically in regards to two community studies.

Looking at the intergenerational aspect of theatre it is seen that older people volunteer with theatre although the presentations are not designed for an audience specific to the elderly. There are plenty of intergenerational ideas that are connected to the theatre as well as a variety of intergenerational volunteers.

Another context of theatre based on aging well is a specific program based out of Edmonton called the “Geri-Actors”. It is a participant created theatre program where older people are a part of a group that discussed the ideas that are on their minds (about aging, their lives, the world, experiences, etc.) and then plays are written based on these discussions. In addition, the older people perform these plays. This program shows the broader idea of engagement into the arts and engagement in social ideas. Unlike most theatre groups, this one has always been based on age.

Interestingly, this theatre group brought in students to do a theatre production with the older people. This proved that intergenerational cooperation works better and there are mutual benefits to combining generations. To some this might seem like a trivial realization, but there are some great outcomes that come from intergenerational cooperation and coordination.

Another aspect of this research is focusing on the media representation of long-term care and pharmaceuticals. Media coverage and how not-to-do long-term care is parts of this research. Looking at which seniors are being interviewed (genders, ages, cultures) and which long-term care facilities show up in the news as “horror stories” are strong goals of this research. In addition, comparative projects based on websites of for-profit and not-for-profit homes in Toronto and the UK and how they run differently and define themselves is of interest.

Media representation of pharmaceutical efforts is another interest research prospect. Identifying how people advertise (e.g. Dementia) efforts and how they are advertised in the media and shown in literature will help to determine the public perception of health issues in regards to aging. The way in which we represent and understand old age tells us a lot about our society and what we understand, how we view it and how the media represents it to us.

Healthy Aging and Aging for Women

This researcher did not begin in the academic world, but started in the voluntary sector. She started in an organization that has coloured her lenses in how she looks at aging. Focusing on the positive aspect of aging rather than on the deficits helps to understand that elderly people should be enabled and facilitated to get engaged in creative, educational and recreational activities. The organization is quite small but has strong international links (Beth Johnson Foundation).

Heading into the research sector for six years before she returned to academia, this researcher focused her attention on a wide range of products including the creation of very early groups to support people with dementia and their caretakers, looking at trying to convince local services of the need for swimming, and the difficulties of getting services to mental health individuals in rural areas.

The two areas of focus now are:

- 1) Health Aging – how, what goes into it
- 2) Aging for Women – and the gender aspects of aging

Looking at caretakers (both formal and informal), work was drawn from CDN colleagues and finished by New Zealand colleagues. This work aimed at the caring for, caring of, and women caring for other women (while seeing images of themselves in the person they are caring for).

After fifteen years of working on purpose built retirement communities, it is seen that most accept the stereotypes of retirement communities, but they are not necessarily true. It is not true that a community is going to be built within those walls. There are issues of social exclusion, isolation, people excluding themselves and intergenerational issues of exclusion.

Most facilities are aimed at individuals fifty-five years and older and providers assume that by keeping a balance in chronological age a balanced community will be created. This is often untrue; what providers should be looking at is the function of the individual, not the chronological age. Facilities should be based on capabilities and physical and mental functioning in order to develop a positive community environment.

Another aspect of the research is on breaking down stereotypes about family and community life of older people. Working closely for about 7 years with a Manchester program called “Valuing Old People” shows that in the first ‘age friendly’ city there is much to offer culturally to older people. Called ‘cultural offer’, this feature of the program looks at how they can bring together all cultural offers across the community and make some of those much more accessible to older people. Although this program is in an urban area, there are many ties to other things that we have been talking about in regards to rural. Lots of connections can be made and the program can be adapted to fit smaller, rural communities.

Researching a variety of things surrounding aging, this researcher also focused on a study about arthritis. The National Arthritis Research Centre partnered to evaluate the arthritis pain

differences amongst older people. They are seeking to understand why some people who have the same conditions say they experience pain that interferes with their lives, and others who say that their pain does not. What is it about those people who do not let it interfere with their lives that allow that to happen? It is shown that people experience pain at different levels partly because they view the pain differently. A lot of the pain comes from mental standpoint and ability to perceive the pain in different ways.

A challenge with research in this sector is that community development has gone widely out of fashion in the UK (the focus of the research) – but slowly is returning. So, the research surrounding healthy aging, aging in women and community development will be at the forefront as the research theme becomes popular once again.

III. WRAP-UP DISCUSSION

Providing a specific example to work off, the researchers and guests had a discussion regarding ways the aging health can be improved through policy, research and programming:

How does a community like Camrose (rural and not rural; new ruralism – function like a city with a small population) (which is a destination for aging people) move forward in terms of the discussions that we have had today on aging, and aging in place? There are some real challenges. The town is expanding geographically, has an MSP, but there is no emphasis on aging and changing demographics (i.e. no public transportation and minimal senior's programming).

Policy

Developing and acknowledging policy research in regards to aging is important. It is crucial to understand how to go from being a community that is disproportionately older, but not structurally equipped to be so, to a community that from a policy standpoint is improved and elements are fostered that we have discussed (psycho-social, community, social inclusion, aging versus illness versus wellness).

Aging populations and demographic changes in rural communities have the potential for high levels of negative impact for community resilience, which causes serious policy challenges. This is one avenue to open up discussion on what changes need to be made and how.

It is essential that we look at participatory policy analysis and engaging users in the design process of a possible policy based research project based on aging. Must include members of the community in the process, not just experts and technocrats.

An important factor to remember is that there needs to be a broader understanding of policy, programming, resources and understanding of the functionality of facilities and buildings and those who live in the buildings. How do policies in regards to building regulations affect the suitability of those facilities for aging individuals? (For e.g. One facility in Edmonton has no access for those walking – no crosswalks, overpasses, etc.). This in a sense is the law of unanticipated policies. In other words, we tend to focus on what we want the policies to do and forget that they are going to affect a lot of other things (social, environmental, health, economic).

Design

We are not starting from scratch in terms of design. There have been many studies and research done on designing communities based on age-friendly standards. A first step would be to flip the urban design model and focus on chronic disease as a prevention measure rather than on where to build roads, shops, etc. It should also be noted in the new design that aging and illness should be decoupled. This design question may be parallel to a number of different health questions (chronic disease, social determinants of health).

Problems that come along with ‘design’ is that it has captured a certain idea of what that means for age friendly locations. For example, it looks beyond basic changes to make a community more age friendly and to technological advances such as “fridges with voices” and “timing on the toilet” (which takes freedoms away from the aged). The term ‘design’ is a worry; so associating this new idea with the term ‘assessment’ may help to alleviate the preconceptions.

Assessment can be focused on existing designs or of potential. There has been lots of work in regards to assessment, but little on an aging assessment tool. There is a [WHO age-friendly primary health care centres toolkit](#) and an international indices of living. This is a checklist, which instigates problems because once there is a distinct checklist, there is minimal work put into more research and development is the community meets the checklist ‘standards’.

Other problems arise when everything is connected with a certain design. It is difficult to see the uniqueness of each community when they are based on an ‘age friendly’ formula. Adopting initiatives such as the implementation of park benches for the aging to sit on while walking does not work for every community, as some do not have the proper seasons to use these to the fullest capacity. Must look at more than a simplistic checklist to determine changes that need to be made to make a community more age friendly – it should be based on uniqueness and specific complexities with that community. Canada and Australia have the most similar systems design with the UK being the most dissimilar. However, Central and Western Canada are quite different as well. This means that although certain things work in one area does not mean that they will work in another area. Local dynamics change what is needed and what is useful.

Research on Age Friendly Communities

Research on age friendly communities is:

- Focused on two agendas, set primarily in large cities around the world
- Built environment (urban planning, setbacks, highways, public transportation, etc.)
- Nothing in the agenda about the relationship between space and place, and nothing about rural or the natural environment
- The natural environment gets muted by other issues in mega cities
- Talks about the broader goals and leave the ‘people’ out of it
- Design gone wrong – there are unanticipated consequences with some designs, must look beyond the ‘experts’ and talk to the people that will be using this

The first step to identifying the needs, gaps and opportunities in regards to making communities more age friendly is a desk-based study. There is so little to go on in regards to information and knowledge, and so little that is user friendly so doing a study would be extremely beneficial.

There are a few potential venues to base this research from:

- Using grants to bring people together for meetings such as this
- Using grants to create projects such as fostering international and national collaboration on specific research questions and priorities
- Using venues within CIHR – health focused – based on social exclusion within those institutes due to being highly focused rather than broadly based
- Looking at social exclusion and isolation may be an interesting target to it

Sustainability in Aging Populations and Rural Communities

There has been minimal community research since the early 1970s, so it makes sense to go across the facets of sustainability to discuss the idea, as sustainability is at the forefront of rural importance at this time.

Aging should cut across all three facets of sustainability: economic, social and environmental in research and practice. Sustainability very rarely looks at aging as a lens. This is important and appealing to think of aging in terms of sustainability because it pushed beyond clichés that are usually seen in sustainability. It should be identified that a sustainable rural community must be age friendly in a way that is not just about benevolence; should not be based on the fact that people are still there, but why it is appealing for all ages to move there.

There are potentials for partnerships on a study that moves away from age friendly and towards “what it is that makes something age friendly, for whom and why.” Or, more specifically what makes a **sustainable** age friendly rural community? Does this idea defer those away that frame aging as a problem and see aging as taking away from sustainability efforts? Or is it more likely that this sort of outlook will help those people to see the positive value in including the aging in plans for sustainable rural communities?

To have success in this research it is essential to look at the positives and what works about aging and how this connects with sustainable rural communities. How can the community and the aging create a positive mutual relationship that benefits both?

An important question to ask is:

What does a sustainable age friendly rural community look like? What are the challenges and opportunities to the happening?

Issues for Potential Partnerships

We often create research projects and initiatives based on unrealistic ideas. Of course most researchers would like to see properly designed, age friendly, sustainable rural communities, but rural communities are not often well off to fund infrastructure changes to accommodate for these new age friendly ideas.

Oftentimes initiatives and ideas come from the community upwards. The challenge to that then is faith within the community that they can redesign the community. This is not a great method of sharing what has worked, or what can be adapted to work for other communities (across regional, national or international bases).

It is necessary that we stop being a “country of pilot projects”. It is more effective to do a sweep of several countries and look at a variety of economic levels to learn from. Pilot projects simply start and end without much longevity leaving resources and useful information at a standstill. Longevity is key to developing these age friendly, sustainable, rural communities. We must

remember though, that there are different dimensions that could be taken on this study, but some form of a constant would help to make a good project.

Starting with the three facets of sustainability as a constant between study groups is a good place to start. The study should be done beyond the health, illness, cost standpoint, and rather look at an asset perspective.

Another **must** is to aim bigger to start. Smaller grants and opportunities usually do not provide longevity. There is possible funding for a variety of comparative international studies:

- SSHRC likes this study idea focusing on the assets rather than the problems
- Another possibility is through Swedish Investment – rural network research
- Two other Scandinavian potential as well – consistent discussions about aging and connections with environment, community development, etc.

IV. NEXT STEPS

Possible Grant Opportunities

SSHRC is a possibility but it must include partners, community members and universities. There is potential for a three day planning meeting. These types of meetings have been done before and have been quite successful.

There is potential benefit in a real applied sense is connected with this application. It means that the federal government has acknowledged that this is an area of priority. It opens up possibilities for development into these topics.

International money is another possibility, but as with everywhere it is quite tight regardless of understanding that this is an important topic.

Possible Topics

Learning from the discussion today there are a variety of topics that ought to be addressed in regards to rural aging. It is seen that not one design fits all – the happiest people seem to be where there is different level of care (e.g. Sunrise Village/Daysland) because there is an auxiliary side or an assisted living section. There must be a variety of care and the option/security to have the availability of both. It is very hard to plan for the future because you never know what the trajectory of health issues may be, so having the availability of more or less care depending on the needs of the aging is great.

There is a very diverse set of possibilities when it comes to the aging process. Not all elderly age in the same way or in the same timeframe so it is important to define that each is unique and provide care to all levels of aging.

Another possible topic is looking at how caregiver and separation of families affect the elderly and the aging process. We can also focus on the idea that the “choice is theirs” – i.e. whether to be social/not social/engage/not engage/plan for the future/not plan, etc.

It would also be interesting to look at how the health system spills over into the social world including media, family, community, and important topics of discussion.

Finally, we could look at what constitutes an age friendly, sustainable, rural community.

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