

**AGE-FRIENDLY COMMUNITY CAPACITY BUILDING IN NEWFOUNDLAND  
AND LABRADOR**

by

© Elizabeth A. Russell

A Dissertation submitted to the

School of Graduate Studies

in partial fulfillment of the requirements for the degree of

**Doctor of Philosophy**

**Department of Psychology, Faculty of Science**

Memorial University of Newfoundland

May, 2015

St. John's

Newfoundland and Labrador

## Abstract

Although the number of communities in Canada implementing Age-Friendly programming is growing every year, few of these programs have been evaluated. The current research used social capital theory to study and to evaluate age-friendliness in Newfoundland and Labrador. Social capital is a useful theoretical framework when studying the impact of Age-Friendly community capacity building. Some communities may experience few challenges when bringing together volunteers and community members, whereas for others, this may be a major obstacle. A mixed methods approach to data collection included a) surveys of 23 communities, including surveys completed by 45 individual Age-Friendly committee members, b) an analysis of existing census and health data, and c) qualitative focus groups or interviews with 35 committee members in 11 communities, and with 43 seniors in 4 communities. In total, 108 people and 24 communities participated in this research. Communities were primarily small in population and were located in rural areas of Newfoundland and Labrador. Nearly all provincial geographic regions were represented in the analysis. Participants from communities with a high overall satisfaction with life had a significantly higher social capital score, and participants from communities with a high income per capita had a significantly lower sense of community than those living in a medium income per capita community. Population change significantly predicated sense of community, such that communities experiencing population outmigration experienced a lower sense of community. Qualitative findings indicated benefits for communities related to intergenerational programming, and for seniors, related to health, social support, and technological education. Outmigration both increased the need for Age-Friendly

programming given aging populations, and created a challenge for program development given volunteer burnout, typically addressed by community capacity building and maximizing social capital resources. Those communities who experienced lower levels of bonding social capital typically had more problems developing this capacity. Overall, community social capital was a helpful framework in understanding the success of community-based initiatives in rural or small-town Newfoundland and Labrador.

## **Project Background**

The following research was conducted both as a component of a dissertation in experimental social psychology, and as a program evaluation of the Age-Friendly Newfoundland and Labrador (AFNL) Grants Program, conducted on behalf of the Seniors and Aging Division, Department of Seniors, Wellness and Social Development, Government of Newfoundland and Labrador. The provincial government is one of a number of jurisdictions in Canada implementing Age-Friendly programming, consistent with recommendations of the World Health Organization (WHO; 2007) and Canada's Rural and Remote Communities Guide (Federal, Provincial Territorial Working Group, 2007). AFNL has funded, to date, 41 municipalities since its inception in 2010 to become more 'age-friendly' – more accessible to and inclusive of their aging populations (WHO, 2002; 2007) – using a model developed by the WHO and used worldwide. Following data collection and analysis, the provincial government was provided with a report detailing findings of the evaluation, including program effectiveness and recommendations to enhance program sustainability. In addition, municipalities will be provided with a separate document that concisely detail findings and recommendations to implement and enhance Age-Friendly programming at the municipal level. Although the number of official Age-Friendly cities, towns, and provinces in Canada is growing each year, few of these programs have been evaluated (Menec, Means, Keating, & Parkhurst, 2011). The evaluation component of this project will contribute to the sustainability of Age-Friendly programming in Newfoundland and Labrador, but also academically, this dissertation will contribute an effective and feasible methodological and theoretical approach to the limited body of Age-Friendly programming evaluation research in Canada.

## **Acknowledgements**

This project was a collaboration of many individuals, communities, and organizations, and as such, I would like to extend sincere appreciation to those who have enthusiastically supported this work in various ways. In particular, this project would not have been possible without the cooperation and participation of numerous community organizers, seniors, and municipal officials and employees in all corners of this province. It is clear that becoming a province more adapted to seniors' needs is important to many people.

Secondly, my supervisor, Dr. Ken Fowler, has been extremely supportive, responsive and helpful from the very first days of beginning this degree program, and I want to express particular thanks to him for this unwavering support. Additionally, my committee members, Dr. Jackie Hesson and Dr. Suzanne Brake have provided keen insight into this project, and have spent many hours reading drafts, responding to emails, and meeting with me at various stages of the research.

I was privileged to have five undergraduate research assistants volunteer their time in helping me with various aspects of data compilation, including Lisa Fang, Mariann Al-Jehani, Sarah Devereaux, Chelsea Hudson, and Colin Walsh. They expedited this time-consuming process, and I am thankful for their time, interest, and energy.

I am grateful to the Seniors and Aging Division, Department of Seniors, Wellness, and Social Development, Government of Newfoundland and Labrador, for allowing me to take on this project in the first place – without them, this would research would not be possible. In particular, I would like to thank Henry Kielley, Elizabeth Wallack, and Dr. Suzanne Brake. Additionally, I received helpful feedback on interpreting the concept of

‘rural’ in the context of this province by officials in the provincial government’s Rural Secretariat. Lastly, I want to thank officials in the Department of Municipal and Intergovernmental Affairs (MIGA) for spurring my interest in rural and municipal challenges and opportunities in this province, and for allowing me to work with and ultimately to connect academically with the Department of Seniors, Wellness, and Social Development during my time working with MIGA.

Research does not occur in a vacuum, and I want to thank the academic and funding organizations that supported this work administratively and financially. I received generous funding from the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR)’s Healthy Aging Research Program (NL HARP), Doctoral Dissertation Award, 2014-15, which allowed me to travel ‘beyond the overpass’ to visit communities in rural and remote parts of this province. I am appreciative of the Canadian Institute for Health Research (CIHR) for funding my participation at their Summer Program in Aging in Toronto in 2013, which allowed me to connect with other young aging researchers and with professionals in the field while the project was still in its earlier phases. This experience was invaluable in framing and focusing my approach to data collection and data analysis. I would also like to thank CIHR’s Institute of Aging for supporting my travel to the Canadian Association in Gerontology Conference in Calgary, Alberta, in October of 2015, allowing research dissemination at the national and academic level. Finally, from an administrative perspective I would like to thank Brenda Crewe and Scott Young in the Department of Psychology at Memorial University, for being so helpful with paperwork, travel claims, photocopying, and all the other behind-the-scenes administrative work that is required to support research.

I would like to extend a note of gratitude to my family and friends for supporting me in this project – and my previous academic work – over the past decade or so; in particular, my husband Andrew Irvine, my parents Mike and Carolyn Russell, and my sister Victoria Russell. Finally, I want to thank Charlotte LeGrow for joining me on many long walks with the dogs in the woods, and listening to me chatter about whatever was going wrong – or right! – with my dissertation.

## Table of Contents

|  |           |
|--|-----------|
| <b>Chapter 1: Population Aging and Age-Friendly Communities .....</b>      | <b>1</b>  |
| Introduction .....   | 1         |
| Population Aging .....   | 2         |
| The Canadian Context: Aging in Rural Canada .....                          | 3         |
| Active Aging and Aging in Place .....                                      | 5         |
| Age-Friendly Communities .....   | 8         |
| Chapter Summary .....  | 12        |
| <b>Chapter 2: Age-Friendly in Newfoundland and Labrador .....</b>          | <b>14</b> |
| The Newfoundland and Labrador Context .....                                | 14        |
| The Age-Friendly Newfoundland and Labrador Grants Program .....            | 16        |
| Chapter Summary .....  | 18        |
| <b>Chapter 3: Social Capital Theory .....</b>                              | <b>19</b> |
| Defining Social Capital .....  | 19        |
| Social Capital and Health among Seniors .....                              | 22        |
| Theoretical Approach: Application of Social Capital to this Research ..... | 24        |
| The Current Study .....  | 26        |
| Background .....   | 26        |
| Objectives, research questions, and hypotheses .....                       | 27        |
| Chapter Summary .....  | 28        |
| <b>Chapter 4: Method .....</b>   | <b>30</b> |
| General Approach and Design .....  | 30        |
| Participation in Meetings/Sessions and Important Correspondence .....      | 34        |
| Recurring meetings with Seniors and Aging Division Officials .....         | 34        |
| Yearly symposia for new program recipients .....                           | 35        |
| Pilot Study .....  | 36        |
| Study 1: Quantitative Survey .....   | 36        |
| Participants .....   | 36        |
| Funded Communities .....   | 38        |
| Ethical considerations .....   | 40        |
| Materials: The survey .....  | 40        |
| Procedure .....  | 43        |
| Community accounts .....   | 45        |
| Study 2: Qualitative Focus Groups and Interviews .....                     | 45        |
| Approach .....   | 45        |
| Participants .....   | 47        |
| Ethical considerations .....   | 53        |
| Materials: The question guides .....                                       | 53        |
| Procedure .....  | 55        |
| Qualitative data analysis .....  | 59        |
| Chapter Summary .....  | 61        |



|   |            |
|---|------------|
| <b>Chapter 5: Quantitative Results .....</b>  | <b>62</b>  |
| Descriptive Statistics: Profile of Communities .....                                    | 62         |
| Population and population change.....   | 62         |
| Community well-being.....   | 67         |
| Descriptive Statistics: Profile of Surveyed Communities .....                           | 72         |
| Demographic profile of surveyed communities. ....                                       | 72         |
| Sense of community and social capital descriptive statistics. ....                      | 76         |
| Age-Friendly NL program implementation.....   | 77         |
| Analysis of Variance .....  | 79         |
| Satisfaction with life and social capital.....  | 82         |
| General income and sense of community.....  | 83         |
| Regression .....  | 83         |
| Chapter Summary .....   | 84         |
| <b>Chapter 6: Qualitative Results.....</b>  | <b>87</b>  |
| Programming Produced by Age-Friendly Committees .....                                   | 88         |
| Defining “Age-Friendly”: Intergenerational, with a focus on seniors .....               | 91         |
| Section summary: Defining age-friendly. ....  | 93         |
| Impact of Becoming an Age-Friendly Community .....                                      | 93         |
| General impact.....   | 93         |
| Intergenerational programming impact. ....  | 95         |
| Health impacts on seniors.....  | 97         |
| Social support for seniors. ....  | 98         |
| Computers for seniors: Keeping in touch.....  | 102        |
| Section summary: Age-friendly impacts.....  | 104        |
| Social Capital.....   | 105        |
| The challenge of outmigration.....  | 106        |
| “Everyone is volunteered out”: Social capital, community champions, and challenges..... | 109        |
| Community partnerships. ....  | 114        |
| 50 Plus clubs.....  | 115        |
| “It’s not just about the money”.....  | 118        |
| Section summary: Social capital. ....   | 119        |
| Chapter Summary .....   | 120        |
| <b>Chapter 7: Discussion .....</b>  | <b>122</b> |
| Overview of Survey Findings.....  | 123        |
| Overview of Focus Group Findings .....  | 124        |
| Integrating Study Findings .....  | 129        |
| What is an age-friendly community in Newfoundland and Labrador? .....                   | 130        |
| How is age-friendly programming helping communities become more age-friendly?.....      | 130        |
| Social capital in age-friendly communities: Value of the theoretical approach.....      | 131        |
| Methodological Approach .....   | 135        |
| Recommendations for Enhanced Age-Friendly Communities Programming.....                  | 137        |
| Enhanced clarity. ....  | 138        |
| Inclusion of social capital.....  | 140        |
| Implementing regional approaches.....   | 142        |

|  |            |
|--|------------|
| Limitations and Future Directions .....            | 144        |
| Conclusion .....                                   | 147        |
| <b>References .....</b>                            | <b>148</b> |
| <b>Appendices .....</b>                            | <b>163</b> |
| Appendix A – Ethics Approval .....                 | 164        |
| Appendix B – Contact Email and Consent Forms ..... | 165        |
| Appendix C – Survey .....                          | 172        |
| Appendix D – Qualitative Question Guides .....     | 183        |

### List of Tables

|  |    |
|--|----|
| Table 1 – Communities Funded by AFNL .....   | 39 |
| Table 2 – Qualitative Interviewees .....   | 49 |
| Table 3 – Committee Members' Respondent Characteristics .....                            | 52 |
| Table 4 – 2011 Census Population of all AFNL-Funded Communities .....                    | 63 |
| Table 5 – Population Change of all AFNL-Funded Communities, 2006 and 2011 .....          | 65 |
| Table 6 – Community Well-Being Indicators of all AFNL-Funded Communities .....           | 68 |
| Table 7 – Survey Respondents Population Bands .....                                      | 73 |
| Table 8 – Survey Respondents – Self-Reported Community Age Groups .....                  | 74 |
| Table 9 – Survey Respondents – Self-Reported Geographic Location Types .....             | 75 |
| Table 10 – Rural Secretariat Regions of Surveyed Communities .....                       | 76 |
| Table 11 – Social Capital and Sense of Community Index Descriptive Statistics .....      | 77 |
| Table 12 – Descriptive Statistics for Program Operation Items .....                      | 79 |
| Table 13 – Means and Standard Deviations of Social Capital on Community Well-Being ..... | 81 |
| Table 14 – Means and Standard Deviations of Sense of Community on Well-Being .....       | 82 |
| Table 15 – Descriptive Statistics for Regression Model .....                             | 84 |
| Table 16 – Programming Produced by Age-Friendly Committees .....                         | 90 |

## **Chapter 1: Population Aging and Age-Friendly Communities**

### **Introduction**

It is well known that our population is rapidly aging – in Newfoundland and Labrador, in Canada, and around the world (World Health Organization (WHO), 2007). In the not-too-distant future (around 2036), Statistics Canada predicts that Newfoundland and Labrador will be home to the highest proportion of seniors – individuals over the age of 65 – in Canada (Statistics Canada, 2014a), and in turn, our communities must become more age-friendly – more accessible to and inclusive of their aging population (WHO, 2002; 2007). Multiple levels of government have identified the building of Age-Friendly communities as a health priority, both in Canada and internationally. In this country, the focus federally is on adapting transportation, housing, and community health services in rural and remote locations to facilitate and enhance seniors' health outcomes, at a policy level (Federal, Provincial Territorial (FPT) Ministers Responsible for Seniors, 2007). Our provincial government mirrors this focus, working from the Healthy Aging Policy Framework (Government of Newfoundland and Labrador, 2007a) and their cornerstone Age-Friendly Newfoundland and Labrador (AFNL) Grants Program (Government of NL, 2013) to facilitate the development of Age-Friendly communities throughout the province. In general, Age-Friendly communities programs seek to maximize seniors' health, security and community participation (Michael, Green, & Farquhar, 2006). Communities whose residents who are more close-knit, trusting and interdependent – who have high levels of social capital – may experience further success when implementing Age-Friendly programming (Poulsen, Christensen, Lund, & Avlund, 2011). The term 'Age-Friendly', in the context of the current research, refers to the programming

implemented by communities as detailed by the Age-Friendly Newfoundland and Labrador Grants Program or using the WHO model, whereas ‘age-friendly’ as an adjective describes the outcomes of programming following the WHO/AFNL program format.

### **Population Aging**

There is no doubt that the population is aging. For the first time in history, the number of seniors in Canada will outnumber the proportion of children in our country. This, according to Statistics Canada, is a historic first, in which the actual statistical *shape* of the population has ceased to be pyramidal (Statistics Canada, 2008). The baby boom generation has aged, and aged well, and combined with the decreased fertility rate and increased life expectancy occurring throughout the later part of the 20<sup>th</sup> century and on, there is now a bulge at the top of the population’s graphical representation (Statistics Canada, 2008). Seniors today are living longer, and in many cases, healthier lives (WHO, 2007).

This trend has been interpreted as a population crisis by some government and media institutions internationally (FPT Committee of Officials, 2006; WHO, 2007). Some media headlines are foreboding. “Gray Dawn: The Global Aging Crisis – Daunting Demographics” (Peterson, 1999). “Global Aging and the Crisis of the 2020s”, in which worldwide population aging is equated with the fall of the Roman and Mayan empires and the Black Death (Roche, 2011). At first glance, images created by these headlines are almost scary. However, more level and grounded research conducted by governments and academics alike have instead interpreted population aging positively – as a challenge, yes, but a challenge to be embraced and appreciated (e.g., Alley, Liebig, Pynoos, Banerjee, &

Choi, 2007; Department of Finance, 2012; Hanson & Emlet, 2006; Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009; Rozanova, Dosman, & de Jong Gierveld, 2008; WHO, 2007). Having *more* seniors around, and having those seniors living *healthier* and *longer*, is beneficial to communities. Seniors who are more active and engaged tend to give back to their community more – they may volunteer more, give charitably for a longer period – and they are around for younger relatives at a higher level and for a longer period of time (Alley et al., 2007; Rozanova et al., 2008). In many cases, seniors may contribute to the economy for longer (WHO, 2007). Seniors are “a resource with something to offer, rather than simply a burden needing care” (Arbuthnot, Dawson, & Hansen-Ketchum, 2007, p. 45).

However, for communities to realize the benefits of population aging, our communities need to adapt to the changing needs of this demographic. Increasingly, seniors are choosing to age in place, living in their own residences for a longer period or even in some cases for the rest of their lives, and effectively facilitating this requires a re-thinking of our traditional systems of care for seniors. Rather than relying on institutional care, communities must, for example, make environmental home modification a realistic option for seniors with disabilities or limitations, enhance community or home based supports, plan walkable neighbourhoods, and ensure that sidewalks are lit and that there is ample accessible parking (Alley et al., 2007).

### **The Canadian Context: Aging in Rural Canada**

Canada’s population aging is not unique. However, unlike many similarly aging countries, our geography is vast, and a large proportion of our seniors live in small, rural, and sometimes remote locations across the country. Statistics Canada defines a rural

community as one with less than 1,000 residents and a population density of fewer than 400 inhabitants per square kilometre (Statistics Canada, 2011). More succinctly, *rural* is conceptualized as those communities low in population and density, and which may not be within commuting distance to the closest city (Arbuthnot et al., 2007). It is however most relevant for research to define rural as is appropriate to the specific research questions and geography in question (Dandy & Bollman, 2008; Havens, Hall, Sylvestre, & Jivan, 2004; Keating, Swindle, & Fletcher, 2011; K. Carter, Personal Communication, October 10, 2013). The current research conceptualizes “rural” as a community low in population (under 1,000 residents), which although may be within commuting distance to a nearby larger town or city, is not itself a centre of population or employment.

Statistically, more Canadians (81%) live in urban regions, an 11% increase since 1961 and a 22% increase since 1941 – Canadians have been leaving the rural areas and moving to the city in large numbers (Statistics Canada, 2014a). However, this trend is not consistently spread across provinces and territories, nor across age groups. Our smaller urban areas and rural locations in Canada will experience faster population aging, and provinces that are largely rural will have higher numbers of seniors (CIHI, 2011); in fact, in 2006, it was estimated that 23% of Canadian seniors live in rural or remote locations (Turcotte & Schellenberg, 2006).

Although 80% of Canadians reside in cities, in Atlantic Canada, on average, only half of the population resides in an urban centre (Statistics Canada, 2014a). For example, in Newfoundland and Labrador, the smallest communities have experienced a vast outmigration of their younger population since the closure of the northern cod fishery in 1992, leaving many rural communities with high concentrations of seniors (Department

of Finance, 2012). *(Please refer to Chapter 2 for a discussion of population outmigration and aging in Newfoundland and Labrador)*. Seniors residing in rural Canada in many cases live far from family members who have moved to cities or other provinces, and may lack the family support that traditionally was important in helping seniors successfully remain in their homes or communities into their old age (Arbuthnot et al., 2007). Seniors may instead rely on neighbours and friends – often younger seniors themselves – to provide informal care. This may stretch the time and energy of friends and neighbours who may also volunteer in community organizations, such as church and service groups, that traditionally provided somewhat more organized resources in the community (Wideman, 2010).

Rural communities are increasingly economically challenged, and services that seniors may rely on, such as the local post office, medical centre, or corner store, are slowly closing. In rural Atlantic Canada, the declining population, and lower urbanization and income combined with a higher unemployment rate serves to exacerbate this challenge (Davenport, Rathwell, & Rosenberg, 2005), despite the higher levels of prosperity seen in recent years in some of the largest cities. Aging in a rural community may look quite different from aging in the city, and may require a unique approach to service provision (Lui et al., 2009). For this reason, aging in rural Canada is a different experience, requiring different policy decisions and health care options, than aging in Canada's urban municipalities.

### **Active Aging and Aging in Place**

The ability for seniors to engage in daily life and its tasks, including community participation, is dependent not only on personal health and mobility at the individual

level, but at the environmental level (Golant, 2014; Lehning, Scharlach, & Dal Santo, 2010). At a broader level, the World Health Organization (1948) defines health as inclusive of not simply the “absence of disease or infirmity”, but yet as “a complete state of *physical, mental* and *social* well-being.” So, too, is its definition of *active aging* – which focuses not only on maximizing health, but also on “optimizing opportunities for [...] *participation* and *security*” to enhance quality of life during the aging process (p. 5). This demonstrates the importance of focusing on the environment surrounding seniors as they age – their communities and social networks, for example, rather than simply minimizing disease or infirmity.

Lawton and Nahemow (1973), in their seminal book chapter, were among the first to discuss the aging process in the context of person-environment interaction and fit. They emphasized the importance of seniors continually adapting to their external environment, in addition to focusing on changes in internal capacities and physical functioning. They found unanticipated, negative consequences on seniors’ ability to remain a functioning community member in modernizing cities in which tax dollars were spent on building large-scale modern infrastructure, rather than on, for example, public transportation and affordable housing. However, they found that seniors were satisfied, on average, with their current housing, and despite the changing neighbourhoods around them, they were fairly unwilling to move.

Today, Lawton and Nahemow’s (1973) concept is referred to as *aging in place*, in which seniors prefer to age in either their home or community for as long as possible (Feder, Komisar, & Niefeld, 2000), typically for reasons of familiarity, social connections, and the often vast quantity of knowledge they have accumulated about their



neighbourhood (Rosel, 2003). Aging in place is a practice increasingly engaged in by Canadian seniors, in which mobility rates between households for seniors are lower than for non-senior households (CMHC, 2012). Between 2001 and 2006, 20% of senior households – homes with one or more individual over the age of 65 – moved residences, compared to a non-senior rate of 44% (CMHC, 2012). Aging in place may include a senior continuing to live in their own home, sometimes with home modifications, gerontechnological innovations (for example, smart sensors to remind individuals to turn off burners), and a variety of in-home services such as homecare and home delivery of meals. For other seniors, aging in place can be beneficial for seniors who cannot remain in their own homes for a variety of individual reasons, but are able to remain in their home community, living in smaller units designed for seniors, with family members, or in other types of seniors' accommodations. For example, a study of senior women living independently in Nova Scotia found that despite the challenges of home maintenance and in many cases of living far from family members, participants preferred to age in place, in their homes (Arbuthnot et al., 2007).

Aging in place allows a continuity of reciprocity between the person and their neighbourhood or home community and between the past and the present, and contributes to one's identity (Cloutier-Fisher & Harvey, 2009). In addition to the positive impact on seniors of remaining in their homes as long as is reasonable, aging in place makes economic sense, with fewer health care dollars being diverted toward maintaining full-time space in long-term care facilities (Lui et al., 2009). It is important to note, however, that aging in place is beneficial only to seniors who are able to actively and healthily age in their own homes or communities, and can be harmful or limiting to seniors who, for a

variety of individual reasons, may benefit more from more comprehensive seniors' facilities that may not be located in or even near their home communities.

Effectively planning for seniors to age in place when possible and beneficial – and age *actively* in place – requires complex planning at municipal, federal, and provincial levels (Pynoos & Nishita, 2007). From the home supports that seniors may require to removing barriers that may make community participation and inclusion difficult, all levels of government (e.g., municipal, provincial/territorial, and federal) must employ an Age-Friendly lens when undergoing community development and planning infrastructure. Additionally, successful aging in place requires municipalities not only to adapt physical infrastructure to meet seniors' needs, but to enhance municipal leadership and advocacy for seniors, in terms of working to successfully secure funding relating to Age-Friendly communities programming from higher levels of government (Spina & Menec, 2013).

Although advancements in modern medical science have added years to the average person's lifespan, it is important that adding *active* and *healthy* life to years is considered (CIHR, 2012). With so many seniors aging in place, municipalities must do their part in addressing the value of a positive person-environment fit in the context of aging, by providing seniors the opportunity to actively age. Age-friendly communities programming is a global movement that seeks to address this challenge, and when implemented at the local level, fosters aging well or aging in place (Spina & Menec, 2013).

### **Age-Friendly Communities**

A focus on Age-Friendly communities programming began to develop in the 1990s and early 2000s, and in 1999, during the United Nations Year of Older People, the

concept of active aging was established (Buffel, Phillipson, & Scharf, 2012), or “the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age. It applies to both individuals and population groups” (WHO, 2013). Active aging is positively related to life expectancy, and social, physical, and mental well-being (Fitzgerald & Caro, 2014). In 2002, the World Health Organization (WHO) released its Active Ageing Policy Framework, which was a discussion document meant to inform aging-related discussion and action plans. However, it was not until the WHO released their landmark Guide to Global Age-Friendly Cities in 2007 that the international Age-Friendly Communities movement began to gain momentum. Previously, some jurisdictions were independently considering and working toward what we refer to today as Age-Friendly communities from a community policy perspective, seeking to accommodate their rapidly aging populations in various ways. However, the WHO’s (2007) Guide provided a concrete research platform upon which these somewhat fragmented policies could be adapted and built (Menec et al., 2011). Worldwide acceptance of this document inspired a significant body of academic and public policy literature and programming (FPT, 2007; FPT, 2009; Menec et al., 2011).

Today, Age-Friendly communities programs focus on the entire spectrum of seniors’ health (Fitzgerald & Caro, 2014; O’Shea, 2006). Though there is no unanimous definition of this term (Fitzgerald & Caro, 2014; Menec et al., 2011), an age-friendly community 1) does not allow age to be a significant barrier for seniors to carry on with their interests and activities, 2) provides those with age-related disabilities with supports and accommodations to help meet their basic social and health needs, and 3) provides

new, potentially fulfilling opportunities for seniors to become engaged in their communities (Lehning, Chun, & Scharlach, 2007). Primary features of an Age-Friendly community include transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, and outdoor spaces and buildings (WHO, 2007). Communities may target those features most relevant to their geography or senior population, making changes to become more consistent with Age-Friendly ideals.

Although the WHO (2007) document is very specific with respect to ways that a community may become more adaptive to seniors, through modifications to primary features listed above, it is not prescriptive. Instead, Age-Friendly committees, formed through community capacity building in each location, undertake needs assessments to identify what seniors in *their* community require to actively age and to age in place. Based on findings of these needs assessments, committees then are able to determine specific projects to undertake which are best suited to their municipality and the needs of their senior residents. These projects form the basis of the Age-Friendly movement – for example, they may organize seniors’ social or special interest groups at a local community centre, or they may work with municipal governments to make infrastructure changes to accommodate seniors’ needs. Ultimately, each community implementing Age-Friendly programming is unique, but yet uses the same structure (*The section “AFNL Grants Program” details this structure*) set out in the WHO’s seminal Age-Friendly Cities (2007) document.

Given the uniquely large and rural geography of much of Canada, and that a significant proportion of Canadian seniors reside in rural or remote areas, it was important

for Federal, Provincial and Territorial (FPT) governments to study how the WHO's approach to Age Friendly cities could be most effectively implemented in a Canadian context (FPT, 2007). A culmination of this research, the Age Friendly Rural and Remote Communities Guide (the Guide; FPT, 2007) was developed as a joint initiative of FPT governments across Canada, in which ten communities were involved in focus groups concerning barriers and potential solutions to community Age Friendliness, regarding outdoor spaces and buildings, transportation and housing, respect and social inclusion, social participation, civic participation and employment, communication and information, and community support and health services. These focus groups identified challenges faced by seniors aging in rural and remote Canadian communities that, in many ways, were not faced or faced to a lesser extent by seniors living in urban centres. These challenges can present significant barriers to aging successfully in place, given limited health and community-based supports and longer travel times to many medical and health services (FPT, 2007). Two communities in this province were included in the Guide focus groups: Port Hope Simpson in Labrador and Clarendville in Eastern Newfoundland, and their inclusion in this 2006 assessment paved the way for the funding of thirty-eight communities to become more Age Friendly. The Rural and Remote Communities Guide (FPT, 2007) is used as a companion document in conjunction with the WHO's Age Friendly Cities guide by communities implementing an Age Friendly approach.

Age-friendly programming has developed communities into places in which seniors' physical and social environments – their neighbourhoods and communities around them – allow the maintenance of a high quality of life into older age (Lehning et al., 2010). They involve seniors in decision-making, and value and support seniors with

infrastructure and social participation opportunities tailored to meet their specific needs, which may require a total paradigm shift of thinking and priorities (Alley et al., 2007; Lui et al., 2009). Phillipson and Scharf (2004) suggest that the Age-Friendly Communities movement does not consider seniors to be a homogenous population, nor does it consider each city or town to have the same needs (as cited in Buffel, Phillipson, et al., 2012).

Rather, it seeks to foster the creation of grass-roots community networks among policy makers, local authorities, seniors' organizations, health authorities, business and nonprofit sectors, and other relevant stakeholders – and among seniors themselves (WHO, 2007).

These networks – typically known in Canada as Age-Friendly committees – form the platform upon which community-level research, senior engagement, community action, and policy-making may stem from.

### **Chapter Summary**

The population in Canada and around the world is rapidly aging. This sometimes has been negatively interpreted by the media and by governments as a population crisis, but for the most part is increasingly being viewed by governments as a benefit to communities and societies. Although most Canadians live in cities, many seniors in particular reside in rural or remote communities, and given the rapidly aging population, it is important that these smaller towns and rural municipalities adapt their facilities, programming and infrastructure to meet the needs of their aging population, helping seniors to actively age in place. To support the aging population worldwide, the WHO developed what is known internationally as the Age-Friendly movement, which uses community-based needs assessment and program implementation to work toward becoming more age-friendly – more accessible to and inclusive of aging populations

(WHO, 2002; 2007), by working toward enhancing transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, and outdoor spaces and buildings.

## **Chapter 2: Age-Friendly in Newfoundland and Labrador**

### **The Newfoundland and Labrador Context**

Today, Newfoundland and Labrador is home to the second highest proportion of seniors in Canada (Nova Scotia was home to the highest proportion of seniors, at 16.5%, in 2011 Census data), and will, in approximately 2036, have the highest proportion of seniors compared to the other provinces and territories (Statistics Canada, 2014a). This growth in many ways presents an opportunity for the province and for the country, rather than a crisis (CIHI, 2011; FPT Committee of Officials, 2006). In Newfoundland and Labrador, policymakers, health care professionals, academics, and community organizers are recognizing the important benefits that an increasingly older society can bring to our communities and to those of other ages. Despite the financial and healthcare challenges associated with an aging society, as people age and live longer, seniors bring their communities wisdom, experience, increased time to work and volunteer, and economic investment over a longer period (e.g., Alley et al., 2007; Department of Finance, 2012; Hanson & Emlet, 2006; Rozanova et al., 2008; WHO, 2007). When small, community-level changes are made to allow the growing number of seniors to live, participate, volunteer, and in some cases work in their communities, citizens of all ages benefit.

Although Newfoundland and Labrador is one of the smaller provinces and territories by population in Canada, it is spread out geographically, with one large metropolitan area (the capital city, St. John's, and surrounding municipalities, known informally as the Northeast Avalon and formally as the St. John's Census Metropolitan Area), several smaller towns and cities, and many rural communities that are quite small, and in many cases isolated. The province is home to 514, 536 residents, with



approximately 40% of the population residing in the St. John's Census Metropolitan Area (Statistics Canada, 2014b), and the remaining 60% spread throughout the province, mostly in rural areas. Although the 2011 census saw a small provincial population increase (Statistics Canada, 2014b), this growth was focused in the larger centres. The population of the province is growing, however the population living outside the Northeast Avalon is shrinking; in particular, in the rural and remote communities (Department of Finance, 2012).

Province-wide outmigration has been occurring annually since 1972, and following the collapse of the northern cod fishery in 1992, net outmigration was further exacerbated (Government of NL, 2007b). Outmigration patterns have been strong particularly in rural and remote communities, many of which scatter the coastline and whose economies were almost exclusively based in the fishery. Following the cod moratorium in 1992 – the collapse of rural Newfoundland and Labrador's primary economy – rural communities have grown smaller, with young people often permanently relocating after high school, and young families moving to larger towns in this province or temporarily or permanently relocating to Alberta to work in the oil industry (Government of NL, 2007b). This has left many communities in rural Newfoundland and Labrador with a particularly older population, even when compared with the cities throughout the province.

Indeed, this population aging trend is consistent with that across Canada and around the world, as discussed – currently, Newfoundland and Labrador has the second highest proportion of seniors in Canada (15.8% of the provincial population), tied with Prince Edward Island, and second only to Nova Scotia (16.5%) (Statistics Canada,

2014a). However, population aging is occurring drastically and more rapidly in the rural parts of this province (Department of Finance, 2012), and 2006 census data showed that Newfoundland and Labrador has among the highest proportion of persons over age 65 living in rural communities (46%), with the national average being 21% (CMHC, 2012). Furthermore, following the closure of the cod fishery in the early 1990s, the fertility rate in Newfoundland and Labrador dropped to that of the lowest in the country (Department of Finance, 2006), contributing to the speed at which this province's population is aging. In many cases, few if any children or young people are living in the smallest of the communities. Those seniors who make up almost the *entire* population of their communities are surrounded by few younger adults or children, and must sometimes travel long distances to reach the larger service centres to shop or access medical centres. Even today, these population changes present challenges to public service delivery, and in particular, place increasing pressure on the health care system (Department of Finance, 2012) and on the voluntary sector (Wideman, 2010). For this reason, it is important for governments of all levels to align their priorities to meet the needs of the rapidly aging population living in rural Newfoundland and Labrador – which may include making our communities increasingly age-friendly.

### **The Age-Friendly Newfoundland and Labrador Grants Program**

Here in Newfoundland and Labrador, the provincial government has implemented the Age-Friendly Newfoundland and Labrador (AFNL) Grants Program, a funding program that seeks to recognize and encourage the important benefits seniors bring to our communities; in particular, as communities themselves strive to become more age-friendly, by adapting to seniors' changing needs. The provincial move toward Age-

Friendly Communities in Newfoundland and Labrador began in 2006, around the same time that the World Health Organization and other provinces and international jurisdictions began to work toward defining and conceptualizing Age-Friendly Communities. The goal of this new granting program was to contribute to the creation of an age-friendly province by supporting communities in this undertaking.

Since 2010, the AFNL program has annually funded between three and twelve communities, selected from a pool of applicants, to move forward in becoming more Age-Friendly, following the WHO's (2007) model, the Public Health Agency of Canada's (2012) milestone framework, and is consistent with the Age-Friendly Rural and Remote Communities Guide (FPT, 2007). Funding supports communities to work through five phases of program development. Although the provincial government outlines the program's structure and expected outcomes, citizens and volunteers at the grass roots level implement their own programming. Generally, these phases include 1) forming an Age-Friendly committee to implement their program, drawing members from private citizens, volunteers, and professionals living and/or working in the community, 2) conducting a community needs assessment, to determine what kinds of specific changes seniors may benefit from, typically done using surveys or focus groups, 3) a planning phase, determining which outcomes from the needs assessment may be implemented, 4) an implementation phase, putting the plan into action, and 5) an ongoing monitoring process (an overall process rather than a specific phase). In essence, communities form an committee who must then, in their own way, assess the relevant needs of seniors in their community, often using survey tools provided by the provincial government. They then prioritize and begin working toward some of those recommendations.

## **Chapter Summary**

Newfoundland and Labrador is, today, the second most rapidly aging province in Canada, and in the near future is predicted to be home to the highest proportion of Canadian seniors. The population of the province is growing, however the population living outside the Northeast Avalon is shrinking; in particular, in rural and remote communities, with the ongoing outmigration of young people and of families. The Age-Friendly Newfoundland and Labrador (AFNL) Grants Program is a provincial government funding program aimed to guide communities in the province to become more age-friendly – more suitable to the needs of seniors as they actively age, and in some cases, age in place. Funds are administered to municipalities, and the programming approach taken is the same between communities and is in line with the WHO's main program components. However, because of the bottom-up nature of the program, each Age-Friendly Communities program is developed and implemented in a manner unique to the needs of their location and senior residents, as determined by a community needs assessment.

## **Chapter 3: Social Capital Theory**

### **Defining Social Capital**

Studied for over 20 years by researchers in various disciplines (Chaskin, George, Skyles, & Guiltinan, 2006; Kawachi, Subramanian, & Kim, 2008), research has linked social capital to community and health status (Kitchen, Williams, & Simone, 2012), and is a primary component of the guiding questions of this study. Social capital is an important variable in conceptualizing how the distinct, interactive characters of communities influence its population's health and wellness (Fowler & Etchegary, 2008; Fowler, Wareham-Fowler, & Barnes, 2013). At its core, social capital encompasses perceptual factors, such as trust and interactions between neighbours in a community, and active factors, such as volunteerism and involvement in community organizations. According to Putnam (1995; 2000), communities that function at a higher level socially and politically tend to have residents engaged in public issues who are trusting of one another and of community leaders, and who engage in equal, horizontal social and political networks. This development of social capital tends to be effectively drawn upon and utilized in times of social or economic crisis, and is related to more positive community and health outcomes than in those communities whose social capital may not be as strong (Fowler, 2001; Fowler & Etchegary, 2008).

Putnam has most famously conceptualized this term (1995; 2000) in his books and articles suggesting the strong influence of social connections on the extent to which individuals are civically engaged. Specifically, Putnam (1995; 2000) found that American life and civil society had experienced a decline over the decades, characterized by increased crime, poverty, and drug abuse, factors which were minimized, his research

suggested, by civic engagement – voting, membership in clubs and societies, and community connectedness. Trust and norms of reciprocity were key features of Putnam’s social capital – broadening the focus from the “I”, he postulated, to the “we.” These aspects of American society, he noted, had seriously declined since the 1960s, indicated by factors such as voter turnout, political engagement, trust in the government and authorities, and a decline in-group memberships (Putnam, 1995). According to Putnam, this exemplified a decline in direct engagement in American society. Since that time, substantial research has been devoted to exploring the relationships between social capital and well-being.

Although there is not one agreed upon definition of social capital (Brisson & Usher, 2007; De Silva, 2006), it essentially refers to “networks of social relationships characterized by norms of trust and reciprocity” which “sustain civil society and allow people to act for mutual benefit” (Stone, 2001, p. 4), and is conceptualized by “dense interlocking networks of relationships between people and groups” (Onyx & Bullen, 2000, p. 24). This definition, which includes social support at an individual level of analysis, conceptualizes social capital as is understood and used in the current research. These networks operate at both the local and community level (e.g., cannot be created by an individual in isolation), and can include clubs and organizations, neighbourhood connections, and groups of friends or family members who reside in close proximity and regularly interact (Onyx & Bullen, 2000). Networks of social capital are characterized by norms of trust and reciprocity (Stone, 2001), in which trusting individuals are willing to take risks in social settings based on the belief that others will respond, be supportive, and will not act maliciously, and will reciprocate kindness based on short-term altruism and a

long-term expectation that others will eventually return the favour (Onyx & Bullen, 2000). Fowler and Etchegary (2008) found that social capital was a useful framework to explore community responses to crisis in two rural Newfoundland communities.

However, social capital varied in relation to external community influences, such as an influx of public funding and economic development, and was not a single causal factor. Both rural communities in Fowler and Etchegary's (2008) study drew upon social capital in times of crisis; however, reciprocal trust, volunteerism and social engagement deteriorated in the town that in the longer term did not receive external economic support.

Putnam distinguished between bonding social capital that occurs within groups, at an internal level, and bridging social capital, which connects individuals in different and diverse groups (Putnam, 2001). Bonding social capital encourages group solidarity and reciprocity, and includes levels of trust between friends and neighbours, and social cohesion (Brisson & Usher, 2007). Variables such as social participation, membership in clubs or organizations, and participation in leisure activities outside of the home are typically used to study bonding social capital, often using qualitative methods (Poulsen, 2011). For example, items asking participants to rate whether they live in a close-knit neighbourhood, and if neighbours are willing to help one another or if they do not typically get along, are measuring bonding social capital (Brisson & Usher, 2007). Bonding social capital tends to be higher in rural areas, given the increased opportunity and need for mutual support and community participation (Kitchen, Williams, & Chowhan, 2012). Typically, bonding social capital in rural communities connects like-minded, similar persons (Chaskin et al., 2006; Kim, Subramanian, & Kawachi, 2006; Onyx & Bullen, 2000).

Bridging capital, on the other hand, is more prevalent in urban areas and involves connections between dissimilar individuals, but yet similarly promotes social cohesion and trust (Chaskin et al., 2006). Bridging is typically measured by examining, for example, perceptions of others with unique backgrounds, and connectivity with communities or organizations external to one's own (Poulsen, 2011). Although bonding social capital can, at times, encourage negative in-group dynamics at the cost of developing connections between dissimilar others, bridging social capital can *link* individuals in different communities and in different social classes. It can be a key to increased acceptance of diversity and difference (Curry & Fisher, 2013; Putnam, 2000; Putnam, 2005), and can facilitate connections between in-group and out-group members (Woolcock & Marayan, 2000). Both bonding and bridging social capital are discrete components of the social capital spectrum that are important to examine in conjunction, to determine not only the importance of social capital in a particular context, but the type of social capital which may be impacting relationships between variables.

### **Social Capital and Health among Seniors**

Research suggests that there is a strong association between social capital and health – in particular, stress and mental health (e.g., Kitchen, Williams, & Simone, 2012). Seniors in small towns and rural and remote communities are particularly vulnerable to challenges in maintaining their social networks, given outmigration patterns and distance from larger centres (Clark & Leipert, 2007). In Newfoundland and Labrador specifically, following the cod moratorium in 1992, Fowler (2001) found an increase in seniors' mortality rates in communities who depended the most upon the fishery, and who experienced a subsequent decline in social capital. Seniors lacking social support are



more likely to be unable to age in place and require institutional living, and may have more severe levels of impairment or mobility challenges (Andrews, 2005). They may experience role identity absences, in which long-term role identities as an employee or spouse may come to an end (Greenfield & Marks, 2004). On the other hand, seniors' social involvement – group membership, volunteering, or everyday social networks – is positively related to longevity (Maier & Klumb, 2005), and can protect or create new role identities (Greenfield & Marks, 2004). Participating in seniors' groups may provide new role identities and new or expanded social networks, thereby potentially enhancing psychological well-being and in some cases, sense of purpose in life (Greenfield & Marks, 2004). However, it is also possible that seniors who experience higher levels of health are more likely to be socially active and involved. Furthermore, seniors who experience neighbourhood social cohesion, trust, who volunteer, and who experience a sense of community – in other words, who experience social capital – quite frequently have higher self-rated health, lower levels of depression, or have lower levels of functional impairment (e.g., Almedom & Glandon, 2008; Andrews, 2005; Buffel, Verte, et al., 2012; Kim, 2008; Kitchen, Williams, & Simone, 2012; Lum & Lightfoot, 2005; Parkinson, Warburton, Sibbrit, & Byles, 2010). Ultimately, it has been shown that rural communities' informal practices in many ways strengthen their ability to tackle the social exclusion of senior residents (Walsh, O'Shea, Scharf, & Shucksmith, 2014).

Social capital, in terms of civic engagement and participation, tends to be higher in rural Canada – in particular, in those communities who fall to the extreme rural or remote side of an urban-rural continuum (Kitchen, Williams, & Chowhan, 2012; Rothwell & Turcotte, 2006). Seniors in particular report a higher sense of belonging

(Kitchen, Williams, & Chowhan, 2012) and are more likely than seniors living in urban centres to know and trust their neighbours (Turcotte, 2005). It is clear that living in rural communities may be related to beneficial health impacts for seniors living in these communities. However, given the relatively limited research on *rural* aging and social capital in particular (Kitchen, Williams, & Chowhan, 2012), it is difficult to determine whether the positive benefits of social capital on health are reflected in communities such as those in rural Newfoundland and Labrador, which are home almost exclusively to seniors. With the outmigration of younger people and families, are seniors in some ways able to maintain those social networks that traditionally characterized rural communities, or are social networks impacted by the gradual decline in numbers of children and younger residents, community organizations, meeting places, stores and post offices?

### **Theoretical Approach: Application of Social Capital to this Research**

Given the benefits of studying community social capital both in general and in relation to rural communities and their senior populations, a social capital framework may be useful when studying the impact of Age-Friendly community capacity building. Some communities may experience few challenges when beginning to bring together volunteers and other community members, whereas for others, this may be a major obstacle. Components of social capital are particularly relevant to examining Age-Friendly community capacity building, given the importance of including community leaders when forming committees, and of facilitating trust in seniors participating in Age-Friendly programming. Both bonding and bridging social capital are important when developing Age-Friendly community capacity. Community members, including both the volunteers and senior participants, tend to be known to one another, having come from the same

small town, but are connecting – or bonding – on a new level. Volunteers may have worked together in the past on other initiatives, and involvement in Age-Friendly work is simply a newer version of that same partnership. Seniors may be known to one another, whether from being involved in other programming in the past or currently, or simply from having lived in the same small town for many years. Aging in place, and the typically close-knit nature of small communities in rural Newfoundland and Labrador, make bonding social capital an important variable for consideration in the current study. On the other hand, in larger communities or in regional Age-Friendly groups, bridging social capital may play an important role in the current research, as seniors and volunteers may be unknown to one another and may come from different communities or backgrounds.

Finally, elements of leadership and trust play important roles when obtaining funding and developing Age-Friendly committees (Spina & Menec, 2013), and when seeking to attract seniors to participate in programming. Towns who have stronger elements of social capital are likely more able to attract community leaders to come together and undertake this new initiative and to successfully obtain funding, and to have seniors who are comfortable and trusting enough of program organizers to regularly attend Age-Friendly events.

Social capital variables are of particular importance when studying rural Newfoundland and Labrador communities, given outmigration population trends that have been occurring steadily occurring since 1972 and in particular since 1992. Previous research (e.g., Fowler, 2001; Fowler & Etchegary, 2008) has observed that communities who had more difficulty adapting to the changing community structure following the

fishery closure experienced a decline in the health status of individual residents, and in social and political characteristics – in social capital – which likely inhibited their capacity to cope with the economic crisis of the 1990s. Furthermore, social capital has been included when studying seniors' health and wellness at a broader level in communities; for example, community involvement among rural seniors (Curry & Fisher, 2013). The context of the current research, rural Newfoundland and Labrador at the individual and community level, is consistent with both the current review of social capital and the application of social capital in previous research. Furthermore, given outmigration trends observed in this province over the last several decades, it is important to ask whether the strong sense of community for which rural Newfoundland and Labrador is known is present today in its same form, and if social capital is connected to the success and sustainability of building Age-Friendly Communities. For this reason, the application of a social capital framework, used in both a qualitative and quantitative methodological approach, is appropriate. Furthermore, Spina and Menec (2013) suggest that identifying those characteristics that *predict* rural communities' capacity to becoming Age-Friendly is important, rather than studying and documenting only the *features* that comprise an age-friendly community.

### **The Current Study**

**Background.** Notwithstanding the importance of living in supportive communities, there is an identified gap between the academic literature and existing public policy and programming (Kendig, 2003; Lawton & Nahemow, 1973; Menec et al., 2011). Whereas academic research typically focuses on seniors' environments at the micro, more specific, level (Kendig, 2003), policy and programming in this country in

particular supports the big picture: Age-Friendly Communities (e.g., FPT, 2007; FPT, 2009; Government of NL, 2007). Furthermore, evaluation of the growing numbers of Age-Friendly Communities is critical, and assessments are recommended to extend *beyond* traditional outcomes to include the local context, use mixed methods, and to engage directly with seniors (Menec et al., 2011). This research is consistent with these recommendations and with the academic literature on healthy aging, seeking to examine the impact that an Age-Friendly community, as *defined* by the World Health Organization but yet as *interpreted* and *adapted* in a Newfoundland and Labrador context may have on seniors and communities, using a social capital theoretical approach.

This research is among the first of its kind in Canada, as far as can be determined. There is a conspicuous absence of Age-Friendly Communities evaluations, both provincially and federally, and in the academic literature (Menec et al., 2011). Furthermore, findings and recommendations of this project are important to the next phase of Age-Friendly policies and programming in Newfoundland and Labrador, in which additional municipalities receive dedicated Age-Friendly funding. This research addresses this gap by 1) studying the impact of living in Age-Friendly Communities on seniors and residents, and 2) examining the contribution of social capital to Age-Friendly readiness and success.

**Objectives, research questions, and hypotheses.** The objective of this research was to 1) assess and document whether and how living in increasingly Age-Friendly municipalities benefits seniors and their communities, 2) assess the importance of social capital in successful Age-Friendly implementation, and 3) to make recommendations for improving the AFNL program. (Objective #3 is detailed primarily at a policy level, in a

document separate from this dissertation, submitted to the Seniors and Aging Division.)

Primary research questions ask: Does an Age-Friendly programming approach support communities in becoming age-friendly? Are communities strong in social capital more ready to implement and benefit from Age-Friendly messaging and programming? Do community leaders and seniors recognize benefits from developing their town's age-friendliness? These questions are important, not only to expanding our understanding of Newfoundland and Labrador's Age-Friendly Communities, but also to contributing to the paucity of evaluation research in this area (Menec et al., 2011). It was hypothesized that 1) residing in Age-Friendly Communities benefits seniors and their communities at large, 2) communities with well-developed social capital are more ready to support and benefit from Age-Friendly programming, and 3) population trends related to lower social capital, such as outmigration and higher incomes per capita, will relate to a reduced ability to implement Age-Friendly programming.

### **Chapter Summary**

Social capital can be conceptualized as the trust and reciprocity between people involved in relationships and groups, and how it may influence individual health and wellness. Communities who are strong in social capital tend to be better able to come together during time of need, experience higher rates of volunteerism, and are more likely to be rural. Social capital is characterized by bonding and bridging components, and by trust and reciprocity. A strong sense of community is a component of social capital, in which the community experiences a shared commitment and sense of belonging. The current study seeks to apply social capital to Age-Friendly Communities in Newfoundland and Labrador. It seeks to assess and document the benefits of living in an

Age-Friendly community on seniors and community members, and to assess the importance of social capital in this process. It is hypothesized that residing in Age-Friendly Communities is of benefit to seniors and their communities at large, and that communities with well-developed social capital are more ready to embrace and benefit from Age-Friendly programming.

## Chapter 4: Method

### General Approach and Design

The current research was a component of a project that evaluated the Age-Friendly Newfoundland and Labrador Grants Program, an initiative of the provincial government. The following method section describes the exploratory design used to develop and analyze the data for both projects; however, results presented in Chapter 5 include only the findings specific to the academic component of the project.

Given recent calls in the literature for mixed methods program evaluations of Canadian Age-Friendly community implementation and programming (Menec et al., 2011), and with previous mixed methods research conducted in Newfoundland and Labrador informed by social capital theory (Fowler, 2001; Fowler & Etchegary, 2008), it was particularly important to use a mixed methods approach to data collection, consistent with current Age-Friendly research (e.g., Hanson & Emlet, 2006; Hsu, Wang, Chen, Chang, & Wang, 2010; O'Shea, 2006). Incorporation of both inductive and deductive reasoning was an important component of this study. Data collection initially began with a deductive reasoning approach, in which social capital theory and Age-Friendly research informed the hypotheses, research questions, and survey development. This top-down approach allowed for an analysis of the basic trends of community age-friendliness, and of the process of becoming Age-Friendly. However, questions were raised by responses to the open-ended components of the survey and by statistical findings, which were addressed by a complementary inductive reasoning approach. Observations and patterns were derived from a thematic content analysis of focus group and interview transcripts (*please refer to the Qualitative Analysis section for a discussion*), and exploratory themes were



formed based on this analysis (Braun & Clarke, 2006). The overall interpretation of both the inductive and deductive reasoning approaches adds strength to findings of the current study, examined in the Discussion section, and is consistent with Menec, Newall, and Nowicki (2014), which discussed the benefits of using both approaches to studying Age-Friendly Communities, including the connectivity between understanding Age-Friendly Communities and their impacts understood through survey data, and qualitatively exploring seniors' lived experiences with environments related to Age-Friendly settings. The current research moves away from focusing on a few specific Age-Friendly variables and their relationship to aging (e.g., transportation, mobility), consistent with recommendations in the literature, instead placing the scope on a broad approach to seniors' wellness (Menec et al., 2011). Furthermore, the literature increasingly recommends a move away from evaluating specific program outcomes in Age-Friendly Communities, and toward focusing on models of community development that are applicable to the diverse concerns within various groups of seniors, in unique towns and regions (Buffel, Verte, et al., 2012; Hsu et al., 2010), or on developing standardized, national Age-Friendly indicators (H. Kielley, personal communication, October 4, 2012; WHO Centre for Health Development, 2012, 2013). It was important to include the contributions of seniors themselves who availed of Age-Friendly programs, as they may have played key roles in facilitating a sense of community in their towns (Lui et al., 2009). Including seniors in the research orients the project using a bottom-up approach, considering the views and experiences of both the persons most knowledgeable from a user perspective (e.g., seniors), and from a volunteer or community developer perspective (e.g., Age-Friendly program coordinators and volunteers) (Lui et al., 2009; Menec et al.,

2011; Willig, 2003). Additionally, including the views of seniors involved in Age-Friendly programming in conjunction with that of municipal officials was important, given that recent research has found relative congruence between the assessment of community age-friendliness but with somewhat inflated estimations from officials (Menec, Newall, & Nowicki, 2014).

Approaching the study from a primarily rural perspective is in line with existing gaps in the Age-Friendly literature. Given that Age-Friendly programming is often implemented in cities, studies typically do not focus on rural communities and small towns, in which the experience of aging may differ, and the pathways taken by Age-Friendly programs must adapt to the unique needs of rural locations (Keating et al., 2011; Lui et al., 2009; Menec et al., 2011; Poulsen et al., 2011).

At the time of data collection, the Age-Friendly program had funded 41 communities in Newfoundland and Labrador, however only 29 of those municipalities had begun their community development work. It was important to include as many of these 29 communities as possible in the analysis at some level, be it through a survey or through focused qualitative interviews, and all 29 Age-Friendly committees were given the opportunity to participate in the research, with a final N of 23 communities and 45 individuals. Each individual committee member had the option of completing a quantitative survey, and from this pool of 29 communities, three communities – one suburban, one regional, and one rural – were selected for qualitative interviews/focus groups. These three communities were chosen based on population size and commuting zone definitions of the Rural Secretariat (2011) and the NL Statistics Agency (2014). The Rural Secretariat is a provincial government entity that focuses on rural sustainability

across the province of Newfoundland and Labrador. It has divided the province into nine geographic regions, which are often used both internally and externally to government in research and public policy documents. Age-friendly committee members in each of the three selected communities were interviewed or participated in focus groups, and in several cases, seniors in these communities who themselves participated in the resulting seniors' programming were interviewed. While the individual surveys were being returned and preliminarily reviewed, the responses of certain communities in particular stood out – some responses were consistent within surveys returned by others in the same community but inconsistent with the broader group of responses, or raised more questions than they answered. As a result, the Age-Friendly committees in these additional communities were contacted and, in most cases, survey respondents or the larger group of Age-Friendly committee members and seniors participating in Age-Friendly programming were visited in person for an interview or for focus groups.

This iterative approach allowed the researcher to a) question *all* funded communities who were interested in participating using a survey method, b) discuss the programming in person with seniors and community leaders in demographically selected communities, and c) to expand upon survey statements and to speak more broadly about the program with community leaders and seniors in a number of additional communities. This approach allowed for a comprehensive and unique approach to researching Age-Friendly Communities, with the survey being comprehensive, the focus groups being demographically and geographically targeted, and the follow up focus groups stemming directly from, and assessing gaps of information in, the returned surveys. Data collection of both qualitative and quantitative components were informed by one another.

Quantitatively, from the broadest perspective, 23 out of the 29 surveyed communities (with  $N$  being a single community) returned at least one survey (79% return rate, by community), and in total, individual committee members returned 45 surveys.

Qualitatively, focus groups or interviews were conducted in 11 municipalities with 35 committee members and 43 seniors who actively participated in community-level Age-Friendly programming. The following sections detail this procedure; Study 1 details survey data collection methods, and Study 2 details focus group/interview data collection methods.

### **Participation in Meetings/Sessions and Important Correspondence**

Throughout the course of this project, the researcher attended a number of meetings and sessions focusing on the AFNL program. Information gathered during these meetings was important during a) study development, b) instrument development (of the survey and the focus group question guides), c) establishing the sampling frame of potential respondents, d) considering the logistics of the research process, and e) suggesting appropriate documentation and literature sources which describe and endorse best practice approaches. During each meeting/session, various issues were raised and deliberated, and involved extensive note taking where appropriate (e.g., during conferences for new program participants). The following lists the meetings that the researcher participated in between 2012 and 2014.

**Recurring meetings with Seniors and Aging Division Officials.** Over the two year course of the study, the researcher met with officials in the Department of Seniors, Wellness, and Social Development, Seniors and Aging Division, on a number of occasions, initially to establish the scope of the study, to determine the data collection

approach and design, to review drafts of the questionnaire and focus group guides, and to begin arranging data collection.

**Yearly symposia for new program recipients.** In the first two years of the funding program, the Seniors and Aging Division held a symposium for new program recipients to gain a better understanding of what is required. Typically, one or two representatives from each newly funded community attended, as well as several previously funded community representatives, who gave presentations about their experiences forming an Age-Friendly committee, conducting a needs assessment, liaising with the community at large, lessons learned, and best practices. The researcher attended both symposia that took place over the duration of this research. The two-day symposium in June of 2012 was held during the very early stages of project planning, and attendance at this event allowed for idea generation and interaction with funding recipients/potential participants. Specifically, attending this symposium informed the survey questions and response options, in terms of a) identifying relevant questions, and b) identifying which options to provide for “check all that apply” questions – for example, being able to provide a selection of real ways that communities were promoting their programming, rather than simply guessing. The researcher attended the one-day symposium in November of 2013, attended again by the new program recipients and a selection of previous recipients. Pilot testing was in progress at this time, and recruitment was about to begin, so this was a valuable opportunity to fine-tune the research instruments, and to recruit participants and to raise awareness of the current research.

### **Pilot Study**

It was important for the research instruments to be reviewed by a representative participant before large-scale data collection began. In November of 2013, following approval of the draft materials (the survey and focus group question guides) by the academic committee and officials from the Seniors and Aging Division, the researcher met twice with the key representative of an Age-Friendly committee in a previously funded community. The first meeting was a mock data collection trial, including a formal interview and survey completion, and the second meeting included a debriefing by the participant on his questions and comments regarding the survey and interview questions. These meetings allowed for valuable feedback on the instruments, which were revised accordingly. The participant, who was satisfied with the approach taken and the survey and interview questions, recommended few changes, and so his responses are included in this research. Formal data collection began in December of 2013, following the pilot study. Although the pilot study was conducted with only one individual, given the nature of the programs and the limited pool of potential participants, it was important to include as many potential participants as possible in the primary research rather than in the pilot.

### **Study 1: Quantitative Survey**

**Participants.** It was essential that all communities whom the AFNL program funded and who had begun community development work had the opportunity to contribute to the research, and the most effective and wide-reaching way to do this was through a comprehensive survey of Age-Friendly committees. Survey participants were individual committee members who were in some way connected with the Age-Friendly grant application, with the committee that formed following receipt of the grant, or with

the seniors' programming implemented by the committee itself. In many cases, these individuals were private citizens who volunteered with their newly forming Age-Friendly committees. In other cases, they were municipal employees (often recreation coordinators or clerks) or elected officials (councilors or mayors) who were members of or who were in some way involved with their local Age-Friendly committee. Some survey respondents were volunteers or employees who represented separate – but related – organizations that were involved with Age-Friendly committees (e.g., local police officers, community nurses, church group members, seniors' caregivers). In total, the quantitative sample included 45 individual surveys completed by people living, working and/or volunteering in 23 of the 29 possible communities, or 79%. It is not possible to determine the total population of individuals from which the sample could be drawn, given that there is no record of members of Age-Friendly committee members other than at the individual community level, and even these records, if in existence, may be outdated, incorrect, or extremely changeable. As the majority of surveys were emailed directly to coordinators, it was fairly straightforward to obtain participation from Age-Friendly program coordinators in most funded communities. However, contact with participating seniors could only be made in person, by attending events or focus groups with the Age-Friendly committees. During those meetings, there was sufficient time to host small focus groups or to interview seniors while they participated in their programming; however, for logistical reasons, it was unfeasible to survey seniors. Ultimately, a qualitative approach was thought to be the best way to involve seniors.

### **Funded Communities**

The Age-Friendly Newfoundland and Labrador Grants Program has funded 41 municipalities since its inception in 2010. Most recently, this includes five communities who have been provided *additional* funding since their first round of funding – a unique addition to the program in 2014, which took place following the data collection period of this research. The following Table 1 presents a list of all communities that have been funded by this program; however, only communities who were funded between 2010 and 2013 and who had begun work on their project were invited to participate in this research. The list of communities that have been funded by the AFNL program is public knowledge, and so pseudonyms were not used. However, pseudonyms have been used throughout the dissertation to refer to those communities who chose to participate in this study.



Table 1

## Communities Funded by AFNL

| <u>Funding Year</u> | <u>Municipality</u>               |      |                        |
|---------------------|-----------------------------------|------|------------------------|
| 2014                | St. Jacques-Coombs Cove**         | 2011 | No'Kmaq Village**      |
|                     | Torbay**                          |      | Branch                 |
|                     | Aquaforce**                       |      | Cormack                |
|                     | Cupids**                          |      | Eastport               |
|                     | Pasadena**                        |      | Fortune                |
|                     | Mount Pearl**                     |      | Happy Valley-Goose Bay |
|                     | Fogo Island**                     |      | Middle Arm             |
|                     | Lewisporte*                       |      | New-Wes Valley         |
|                     | Trinity*                          |      | St. Alban's            |
|                     | Fortune*                          |      | Trinity                |
|                     | Kippens*                          |      | Wabana                 |
|                     | St. Anthony*                      |      | Miawpukek First Nation |
| 2013                | Mount Pearl**                     |      | North West River       |
|                     | Gaultois                          |      | Pouch Cove             |
|                     | Petty Harbour-Maddox Cove**       |      | Springdale             |
|                     | St. Anthony**                     |      | St. Lawrence           |
| 2012                | Carbonear                         | 2010 | Clarenville            |
|                     | Come By Chance                    |      | Cox's Cove             |
|                     | Conception Bay South              |      | Glenburnie-Birchy      |
|                     | Gambo                             |      | Head-Shoal Brook       |
|                     | Harbour Breton                    |      | Holyrood               |
|                     | Grand Bank                        |      | Kippens                |
|                     | Long Harbour-Mount Arlington Hts. |      | Lewisporte             |

\*Communities provided with additional, follow-up funding in 2014

\*\*Communities funded after data collection had begun

*Note: All communities, with the exception of those labeled above with two stars, were approached for inclusion in this research. Seventy-nine percent of these completed at least one survey per community.*

**Ethical considerations.** An ethics application for this survey portion of the project was approved by the ICEHR at Memorial University of Newfoundland, and the care and diligence with which the application was prepared was noted. The Committee agreed that the proposed research was valuable and important, and was without an excessive level of risk to the participants. Please refer to Appendix A for a copy of ICEHR's ethics approval letter.

The process of obtaining consent began when potential participants received an email from the researcher requesting their participation (Please refer to Appendix B – Initial Contact Email), but which also explained the anonymous and voluntary nature of their participation and the benefits incurred by their participation (e.g., ensuring that their community's point of view of the Age-Friendly program was included in the research). Along with the surveys, participants were sent Informed Consent forms (see Appendix B), which were to be returned separately from the surveys themselves (with no identifying markings on the survey). However, a number of participants did voluntarily write identifying information (e.g., town name, respondent name) on the long answer portion of the survey, demonstrating the absence of harm or ethical concern noted by the participants. Participants were informed in the consent form that data would be retained for a minimum of five years, as required by Memorial University's policy on Integrity in Scholarly Research.

**Materials: The survey.** The survey was developed specifically for this project from a variety of sources. Overall, the survey assessed six topic areas. 1) Community demographics; specifically, approximate size and age of population, geographic

description, and Rural Secretariat provincial region. Demographic questions were asked from the point of view of the participant specifically to assess their perception of their degree of rurality and population composition and its impact on community capacity building. Questions about Rural Secretariat region and population were asked in keeping with the limits of survey anonymity. 2) Sense of community and social capital; for example, asking respondents to rate the extent to which people in the community are willing to help one another, can be trusted, and the extent to which churches and volunteer groups actively support the community. 3) The Age-Friendly grant in the community; for example, asking respondents to rate the extent to which the municipality and also the general population was ready to embrace the Age-Friendly message. 4) Age-Friendly committee formation; for example, asking respondents to rate their experience of success when forming the committee. 5) The needs assessment procedure; for example, asking respondents to indicate who conducted the needs assessment, and what were the key recommendations produced by their work. 6) General questions about the Age-Friendly grant; for example, asking respondents to indicate who initiated the grant application, and if they had any changes to recommend to the program application process. Some of these topic areas are relevant only to the program evaluation; specifically, sections 3 to 6, and only the qualitative components of these sections are elaborated upon in this dissertation. The survey ended with a broad, open-ended question giving respondents space to add anything further to the research. This component was integrated with the qualitative component of the dissertation. Section Two of the survey used existing, reliable and validated measures (specifically of both sense of community and social capital), whereas the remainder of the survey was comprised of items specific

to this project, created by the researcher in collaboration with the Seniors and Aging Division.

In terms of embedded existing measures, items 5 to 24 made up the Sense of Community Index-II (SCI-II; Chavis, Lee, & Acosta, 2008), a measure used and cited frequently in social capital research, based on McMillan and Chavis' (1986) theory of sense of community. McMillan and Chavis (1986) found that a sense of community included membership and influence in one's community, meeting community needs, and a shared emotional connection. Sense of community is a component of social capital that refers to an individual's attachment to their community, whereas the broader social capital variable refers to individuals' connections with groups and networks in their community. Reliability of this instrument is strong, with past research finding a coefficient alpha of .94 and subscale reliability of coefficient alpha scores of .79 to .86 (Chavis et al., 2008; Chipuer & Pretty, 1999), and validity of the original scale was found to be strong (Obst & White, 2004). There is no analysis tapping into the validity of this scale in the current study. The SCI-2 is authorized for general use, free of charge.

In addition, items 25-32 assessed social capital, with the first five items being adapted from Vemuri, Grove, Wilson, and Burch (2011), a 5-item scale based on specific questions derived from previous literature, consistent with Putnam (2001), who noted that items measuring formal community membership, participation, and trust were indicative of social capital. Specific wording was based on research conducted by Raudenbush and Earls (1997) regarding social cohesion and trust. The five items combine for use as a single factor, with an alpha reliability coefficient of .805 (Vemuri et al., 2011). There is

no analysis tapping into the validity of this scale in the current study. Items 30-32 are unique to this project, and ask about community engagement and outmigration. The survey was pilot tested while it was in its first phase of development. Please refer to Appendix C for a copy of the survey. Although bonding and bridging social capital are important in the literature and are explored qualitatively in the current research, a single score assessing the variable “social capital” is most commonly used in the literature, and as such, no subscales assessing these subcategories are included in the current quantitative analysis.

**Procedure.** To indicate the official nature of the research, the first contact with participants was made through an introductory email sent by the Director of the Seniors and Aging Division, Department of Seniors, Wellness, and Social Development. This email noted that the AFNL program had reached the point at which an evaluation was necessary, and that a researcher from the Department of Psychology would be contacting them. Participants were asked only to consider taking part. Following this email, using email addresses obtained from the Seniors and Aging Division, the researcher individually emailed the survey and consent form to each of the 29 contacts of communities who had been funded by the program (e.g., mass email was not used). Please refer to Appendix B – Initial Contact Email for a copy of this communication. In most cases, there was one contact person per community. Participants were each given a general background on the research and its importance to informing future Age-Friendly policy and programming, and were asked to consider a) completing and returning the survey themselves, and b) passing on copies of the survey to other committee members in

their group. Participants were given the option to return the survey by email, or to request a postage-paid return envelope. Initially, a small number of surveys were returned. The researcher then followed up by telephone with each community who did not respond, in many cases contacting the local municipality and obtaining the correct contact information for committee members which was not known to the researcher or to the Seniors and Aging Division. This was an effective way to maximize the survey response rate, as many committee members were private citizens volunteering in their community whose contact information or even actual involvement would not have been known or documented in any official capacity. Frequently, this approach allowed for snowball sampling, in which one committee member would pass on the contact information of another. The majority of the time, Age-Friendly community committee members were quite keen and willing to complete the survey, as they wanted to ensure their feedback was passed on, thereby enhancing the existing program for other communities in future. A sense of the importance of Age-Friendly programming in rural Newfoundland and Labrador was noted, even in these brief telephone interactions, as participants were enthusiastic and quite willing to contribute their own data, and to provide contact information for others involved in their community's programming. Using this method, the researcher was able to collect at least one survey from 23 of the 29 funded communities (79%), with a grand total of 45 surveys completed by individual committee members. Surveys were reviewed as they were received, and important or interesting findings on both the Likert-type scales and the written answers were noted and used to inform the second portion of the qualitative study, as detailed later in this chapter.

**Community accounts.** The online database Community Accounts, an initiative of the Newfoundland and Labrador Statistics Agency that provides free community, regional and provincial data, was used to create *profiles* of the 29 communities that had been funded by the Age-Friendly NL Grants Program from 2010 to 2013. Information used from this outside source of community, regional, and provincial data contains information from the 2011 Statistics Canada's 2011 Census and 2010 Canadian Community Health Survey (CCHS). This demographic analysis included communities whose Age-Friendly committee members *did* and who *did not* complete the survey in this research – all communities funded by the AFNL program are included in this descriptive analysis. Variables included in the descriptive analysis were carefully selected for their specific relevance to this research, and are drawn from either the most recent (2011) administration of the Canadian census, or, from the most recent (2010) administration of Statistics Canada's Canadian Community Health Survey (CCHS), and are further organized and categorized by the Economic and Statistics Branch, Department of Finance, the Newfoundland and Labrador Statistics Agency, and in collaboration with other government departments, private organizations, and individuals (Community Accounts, 2015a). These variables included community-level satisfaction with life, sense of belonging, self-rated health status, income per capita, and population change (e.g., outmigration).

## **Study 2: Qualitative Focus Groups and Interviews**

**Approach.** Although it was critical to include the opinions of each of the 29 communities who wished to participate in the research, it was equally important to look below the surface of the quantitative results. There was an added and unique value to

examining more in-depth and thoughtful responses committee members may have had to the funding program itself, and to the impact of their own community-level Age-Friendly program that followed. A qualitative approach allowed for inclusion of seniors who participated in the community-level Age-Friendly programming that grew from the allocation of funding. It would have been nearly impossible to survey these people given the large numbers of seniors involved in the offshoot community programming, and literacy and/or eyesight challenges may have prevented meaningful survey responses from some.

The current study employed a thematic content analysis approach to qualitative data analysis. This method is consistent with Fowler (2001) and Fowler and Etchegary (2008), whose research studied social capital in relation to rural Newfoundland and Labrador communities, and with analytical principles of Braun and Clarke (2006), who suggested that thematic content analysis allows for both useful and flexible analysis of qualitative data in psychology.

Validity of qualitative themes was a consideration throughout data collection and analysis. Data were collected in naturalistic settings such as community centres, libraries, schools, and people's homes, to maximize ecological validity (Willig, 2001). This suggested that findings were not influenced by an artificial research setting, and instead were reflective of the thoughts, feelings and experiences of seniors and community organizers living and working in the everyday setting of Age-Friendly community development. Furthermore, reflexivity was employed throughout the focus group, interview, and data analysis process, such that the role of the researcher and the



predetermined assumptions of the research questions were considered and challenged (Willig, 2001). Care was taken to ensure that themes developed during the thematic analysis process emerged repeatedly across participants. Although there were no specific numeric markers after which themes were considered to be representative, care was taken to ensure that only themes which were dominant across the majority of focus groups or interviews were included, consistent with the steps taken in qualitative analysis (Braun & Clark, 2006). Themes that were unique to one town or one participant were not omitted, but were identified as such in the analysis.

**Participants.** The qualitative component of this study included two groups of participants. 1) The first group was a sample of Age-Friendly committee members, specifically including five focus groups and twelve interviews with 35 committee members in 11 communities (10 funded and 1 unfunded). It was important to include a community in the analysis who implemented the Age-Friendly program as designed and required by the AFNL funding program, but yet who did so without funding from the provincial government, to help delineate the influence of the financial aspect of the AFNL program from the general approach to becoming age-friendly. A focus group with one Age-Friendly committee in a town whose application was not successful but who implemented the program model as proposed using their own resources was also conducted in the Spring of 2014. 2) The second group included focus groups and interviews with 43 seniors who participated in programming developed by Age-Friendly committees in four rural towns (specifically, participants of quilting groups, craft circles, exercise groups, intergenerational dance groups, healthy eating or cooking groups, or

Age-Friendly general interest groups who were dedicated to providing seniors with a mixture of these types of activities).

Table 2 on the following page, *Qualitative Interviewees*, presents an aggregated breakdown of participating *communities*, based on town region, town, community type (regional hub, rural community, census agglomeration area, or urban adjacent, as indicated by Statistics Canada), numbers of participants per community, data collection type (interview or focus group), and the types of interviewees (seniors or program administrators) who were interviewed. Pseudonyms are used.

Table 2

*Qualitative Interviewees*

| Region    | Community         | Community type  | Participants | Meeting type | Gathering type       | Interviewee type    |
|-----------|-------------------|-----------------|--------------|--------------|----------------------|---------------------|
| Eastern   | Inland Bay        | Regional hub    | 2            | Interview    | Meeting              | Administrators      |
|           |                   |                 | 3            | Focus group  | Computer class       | Admins., volunteers |
|           |                   |                 | 15           | Interviews   | Computer class       | Seniors             |
|           |                   |                 | 1            | Interview    | crafts and yoga      | Administrators      |
|           |                   |                 | 15           | Interviews   | crafts and yoga      | Seniors             |
|           |                   |                 | 1            | Interview    | Meeting              | Administrator       |
|           |                   |                 | 6            | Focus group  | Board meeting        | Administrators      |
| Eastern   | Shell beach       | Rural community | 3            | Focus group  | Meeting              | Administrators      |
|           |                   |                 | 2            | Interviews   | Telephone interviews | Seniors             |
| Eastern   | St. Peter's       | Rural community | 1            | Interview    | Telephone interview  | Administrator       |
| Western   | Morganville       | Rural community | 1            | Interview    | Meeting              | Administrator       |
| Western   | Rhubarb Point     | Rural community | 3            | Interviews   | Meetings             | Administrators      |
|           |                   |                 | 1            | Interview    | Computer class       | Administrator       |
|           |                   |                 | 3            | Focus group  | Computer class       | Seniors             |
| Western   | Mizzle Cove       | Rural community | 1            | Interview    | Interview            | Administrator       |
| Central   | Whelan's Bridge   | Census agglom.  | 6            | Focus group  | Meeting              | Administrators      |
| Eastern   | Crane Cove        | Rural community | 3            | Focus group  | Quilting class       | Administrators      |
|           |                   |                 | 8            | Interviews   | Quilting class       | Seniors             |
| NE Avalon | Coldbank          | Urban adjacent  | 1            | Interview    | Telephone interview  | Administrator       |
| Western   | St. Christopher's | Rural community | 1            | Interview    | Telephone interview  | Administrator       |
| NE Avalon | Jagged Cove       | Urban adjacent  | 1            | Interview    | Meeting              | Administrator       |

**Census Agglomeration** = A smaller version of the Census Metropolitan Area (e.g., St. John's) in which the urban core population at the previous census was greater than 10,000 but less than 100,000.

**Urban adjacent** = Communities adjacent to the Census Metropolitan Area of St. John's (e.g., communities comprising the Metro St. John's Region) (Rural Secretariat).

**Regional hub** = A community with a population of 5,000 or more which acts as an economic, cultural and educational hub for the many surrounding rural communities.

**Rural community** = Those communities that are not included in Census Metropolitan Areas (e.g., St. John's) and Census Agglomeration areas, as defined by Statistics Canada, and those whose populations are less than 5,000.

Table 3 on the following page presents an aggregated breakdown of *individual participant* characteristics (town, approximate age, sex, and committee role) of those Age-Friendly program coordinators involved in the qualitative portion of this study, using pseudonyms for municipalities. Quotations from many of the following participants are included in the Qualitative Results section, using individual pseudonyms. As indicated, participants were primarily female, and tended to be over 45, and quite frequently were over age 65 – were seniors themselves, as well as being program coordinators and usually volunteers. Few participants were paid employees.

Table 3

*Committee Members' Respondent Characteristics: Age, Sex, and Committee Role*

|                   | Resident | Age (years) | Sex    | Committee Role              |
|-------------------|----------|-------------|--------|-----------------------------|
| Inland Bay        | 1        | 65-74       | Female | Volunteer                   |
|                   | 2        | 65-74       | Male   | Chairperson                 |
|                   | 3        | 65-74       | Male   | Vice-Chairperson            |
|                   | 4        | 45-64       | Female | Organization representative |
|                   | 5        | 65-74       | Male   | Elected municipal official  |
|                   | 6        | 65-74       | Male   | Ministerial representative  |
|                   | 7        | 45-64       | Female | Health board representative |
|                   | 8        | 45-64       | Female | Recreation representative   |
|                   | 9        | 45-64       | Female | Volunteer                   |
|                   | 10       | 45-64       | Female | Volunteer                   |
|                   | 11       | 25-44       | Female | Volunteer                   |
|                   | 12       | <25         | Male   | Volunteer                   |
|                   | 13       | <25         | Male   | Volunteer                   |
| Shell Beach       | 1        | 25-44       | Male   | Organization representative |
|                   | 2        | 25-44       | Female | Municipal employee          |
|                   | 3        | 25-44       | Female | Program coordinator         |
| St. Peter's       | 1        | 75-84       | Male   | Municipal representative    |
| Morganville       | 1        | 45-64       | Female | Recreation representative   |
| Rhubarb Point     | 1        | 45-64       | Male   | Elected municipal official  |
|                   | 2        | 65-74       | Male   | Volunteer                   |
|                   | 3        | 25-44       | Female | Volunteer                   |
|                   | 4        | 45-64       | Male   | Volunteer                   |
| Mizzle Cove       | 1        | 25-44       | Female | Municipal employee          |
| Whelan's Bridge   | 1        | 25-44       | Male   | Municipal employee          |
|                   | 2        | 65-74       | Male   | Elected municipal official  |
|                   | 3        | 65-74       | Female | Elected municipal official  |
|                   | 4        | 65-74       | Female | Municipal employee          |
|                   | 5        | 65-74       | Female | Volunteer                   |
|                   | 6        | 65-74       | Female | Volunteer                   |
| Crane Cove        | 1        | 65-74       | Female | Volunteer                   |
|                   | 2        | 65-74       | Female | Volunteer                   |
|                   | 3        | 45-64       | Female | Municipal employee          |
| Coldbank          | 1        | 25-44       | Female | Municipal employee          |
| St. Christopher's | 1        | 45-64       | Male   | Elected municipal official  |
| Jagged Cove       | 1        | 25-44       | Male   | Municipal employee          |

*n* = 35 committee members. *Note: Town names have been replaced by pseudonyms*

**Ethical considerations.** As with the quantitative study, the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University of Newfoundland approved the ethics application which included considerations for the qualitative portion (see Appendix A for a copy of the ethics approval letter). All participants who were involved in focus groups or interviews were verbally informed of the voluntary and confidential nature of their participation, but also were informed that their responses, when given as a part of a focus group, could not be kept anonymous. Participants were asked to sign informed consent forms (see Appendix B for copies), and were given six months following the interview within which they could elect to have their data removed from the analysis. No participants removed their data from the interviews; in fact, several participants followed up with the researcher to contribute additional information. Because the names of those communities who have been funded by the AFNL program is publicly available information, in descriptive statistics and data analysis referring to *all* funded communities, actual town names are used. However, in reference to those individuals and towns who participated in this research, pseudonyms have been exclusively used. Participants were informed in the consent form that data would be retained for a minimum of five years, as required by Memorial University's policy on Integrity in Scholarly Research.

**Materials: The question guides.** Two sets of question guides were developed, piloted, received ethics approval, and used for the qualitative portion of data collection. Given that the purpose of the qualitative interviews was 1) to allow program facilitators to expand on their experiences with the funding program and on aging in their community,

and 2) to allow seniors who participated in the resulting Age-Friendly programming to share how their participation impacted their lives, the question guide was a descriptive extension of the survey.

Focus group questions for *program facilitators* were categorized into four groups, including questions about a) the AFNL grant itself, b) age-friendly in the community more broadly, c) the community itself, and d) social capital, sense of community and outmigration. Primary, short-form questions included: How is this community doing, economically, and socially, now vs. the past? Are people socially connected? Is there outmigration (or in-migration) in this community? How is the future looking for this community? What does the term ‘age-friendly’ mean to you? Was age-friendly a part of your community *before* you received the grant? Was your community ready to embrace age-friendly? Tell me about the program you developed – how did it evolve? How was it implemented? Has the initiative helped your community become more age-friendly? What has been the reaction to the program? What is the best way to help newly funded communities begin? Questions were, for the most part, consistent between communities, but at times, the order changed depending on the flow of questioning. Additional questions pertinent to the evolving discussion were often asked.

Focus group questions designed for *seniors* asked about a) the Age-Friendly programming they were a part of, b) age-friendly in the community more broadly, c) the community itself, and d) social capital, sense of community and outmigration. Primary, short-form questions included: Please describe your community. How is this community doing, economically, socially, now vs. the past? Do you feel that the needs of seniors are



being met in this community? Are people socially connected? Is there outmigration (or in-migration) in this community? How is the future looking for this community? What does the term ‘age-friendly’ mean to you? Do you consider your community to be age-friendly? Are you familiar with your municipality’s efforts to become more age-friendly through the grant they received? If so – have you been involved in this program, through planning, organizing, or participating in any of their programs? Have these programs benefitted you? Has this grant impacted how age-friendly your community is? Again, this question guide was generally followed during interviews or focus groups with seniors, but at times more in-depth questions about the impact and in some cases benefits of the programming on themselves and on their friends and neighbours who also participated were asked. It was, overall, important to stay consistent between interviews but yet to allow conversations to remain fluid and relevant. Copies of the detailed qualitative question guides for both seniors and committee members can be found in Appendix D.

**Procedure.** The approach taken, generally, was to interview and/or conduct focus groups with a) seniors who participated in Age-Friendly programming, and b) with local Age-Friendly committee members who received and implemented the grant. Although it would have been preferable to conduct exclusively focus groups or exclusively interviews with participants, the nature of this applied, community-based research did not allow for this distinction. Instead, individual committees were approached for inclusion as a whole, in the form of a focus group; however, sometimes only one individual was available to meet, and thus an interview was the only option. In some instances, there was only one coordinator of a given organization, and so an interview was again the only option. As

research with seniors in the current research was mostly conducted in group settings, in which seniors were gathered for a regular meeting or session, only 2 out of 43 seniors were interviewed individually.

Several of these interviews took place over the telephone; however, the vast majority were held in person, in participants' homes, or in community centres during Age-Friendly programming (e.g., quilting classes, in libraries and town offices during Age-Friendly board meetings, in a school or community centre computer lab during seniors' computer classes, yoga classes, or craft classes). Telephone interviews were not the preferred interview type, as they do not necessarily allow the same personal connection that an in-person meeting may provide. However, given the applied nature of the research – considering geographic distance and the preference of individual interviewees and their schedules – telephone interviews were the only option for five participants (3 program coordinators and 2 seniors). Most interviews/focus groups ranged between 30 and 60 minutes, and participants were asked to provide insights and commentary based on experiences with and perceptions of various aspects of the Age-Friendly program and its resulting community programming. During each session, participants were audio taped to ensure accurate and effective data collection. Upon completion of the interviews, data were transcribed, and analyzed using NVivo qualitative data analysis software. In all interviews, participants were actively encouraged to discuss any other issues they felt were important, allowing for enhanced breadth of knowledge during the sessions. However, probing questions were used to elicit further information or to clarify information provided, which was vital for the interpretation of

participant experiences and to help ensure the validity of the qualitative interpretation.

Initially, one town was selected as a pilot community to test the survey and focus group questions. There were no substantive changes to the materials and as a result, pilot study results were included in the analysis. This community was a rural municipality located on the Northeast Avalon, in the greater St. John's region, known as a Census Agglomeration Area by the Rural Secretariat of Newfoundland and Labrador and by Statistics Canada (Rural Secretariat of NL, 2011).

Second, two additional communities were selected to participate in focus groups at the same time as the surveys were being distributed; one being a rural community and one being a regional hub in which many surrounding community members worked, recreated, shopped or took advantage of services. These three communities were carefully selected for their geographic designations (e.g., one Census Agglomeration Area suburban community – the Pilot community, one regional hub, and one rural community) in consultation with the Seniors and Aging Division, and with the Rural Secretariat. Each community had received funding, had implemented an Age-Friendly committee, and was interested in contributing to the research beyond simply completing a survey.

In late 2013, the researcher visited members of the Age-Friendly committees in these two additional communities, speaking with small and in some cases large groups of committee and subcommittee members. In each of these communities, the researcher met with the chair or co-chairs of the Age-Friendly committees, and additionally, in one of these communities (the regional hub), the researcher a) sat in on the committee's board

meeting and conducted a focus group toward the end of the meeting, b) interviewed the facilitator of a seniors' craft and activities group, c) interviewed volunteers of a computer class for seniors (during the class itself), and d) met one-on-one with one of the computer class coordinators at a later date. In this same community, the researcher interviewed seniors who participated in the programming. This included interviewing separate groups of seniors who were a) working on a Christmas craft project and doing yoga, and b) attending a seniors' Introduction to Computers class (specifically, their graduation reception). No seniors were interviewed in the pilot (metro St. John's) community, as the program had not gone further than conducting the required needs assessment, and no programming had developed. Two seniors in the rural community were interviewed over the telephone following the initial focus group. In addition to these three communities, one telephone interview was conducted with a committee member in a rural community who was asked to complete a survey (and did), but who also wished to be interviewed to give a more detailed discussion of his community's experience with the Age-Friendly program.

By early 2014, most of the surveys had been received. Upon review of the item responses and written answers to open ended questions, it became clear that certain responses required follow up with an in-person interview or focus group with program facilitators to elucidate responses. In some cases, this was required to make clear some inconsistencies between the responses of communities similar in geographic, social or cultural designations. For example, a number of survey respondents in one community, which fit the profile of most relatively successful Age-Friendly programs who responded

to the survey in terms of demographics (e.g., a small, rural community), each independently noted the challenges their group had faced when trying to recruit community volunteers and begin seniors' programming. A focus group with both seniors and program facilitators was organized, following this survey finding. In total, in the late winter and early spring of 2014, four additional communities throughout the province were visited for in-person focus groups and/or interviews with committee members and in some cases seniors, and two additional telephone interviews were conducted with committee members.

**Qualitative data analysis.** The current study employed a thematic content analysis approach to qualitative data analysis. This method is consistent with Fowler (2001) and Fowler and Etchegary (2008), whose research studied social capital in rural Newfoundland and Labrador communities, and with analytical principles of Braun and Clarke (2006), who suggested that thematic content analysis allows for both useful and flexible analysis of qualitative data in psychology, and with Green and Thorogood (2005) who detail the inductive method of reviewing transcripts and developing themes.

Thematic content analysis is the process of examining across a given set of data to discern any patterns or themes that are repeated throughout focus group or interview transcripts (Braun & Clarke, 2006). The current analysis followed Braun and Clarke's (2006) phases of thematic analysis. First, transcripts were repeatedly reviewed and initial connections between variables were noted. This was done with printed transcripts, and initial themes were recorded, such as challenges to implementing Age-Friendly programming in remote locations, and problems finding committed volunteers. Second,

initial themes were coded across data. Some initial themes that did not occur across data were discarded, and others that repeatedly emerged were coded. Third, the numerous smaller themes were gathered into fewer, larger, and more comprehensive sets of primary themes, many of which included subcategories. For example, challenges to implementing Age-Friendly programming included conflict with existing seniors' groups and geographic challenges, and benefits for seniors of attending programming were categorized into health, technological and social subcategories. Fourth, those themes were reviewed and refined, and repeatedly cross-referencing transcripts confirmed validity of themes. For example, many themes that seemed initially promising were discarded given a lack of consistency across transcripts, or themes that initially appeared discrete ultimately overlapped. Fifth, themes were named and defined, and sixth, selections of data representing the final themes were compiled and reported on, to tell a logical, concise and representative story of the larger data set. In general, only themes which occurred in all or nearly all qualitative transcripts were considered cross-cutting, and are included as major categories in the following data analysis. Seniors and committee members' responses were combined in the qualitative analysis, and consistency was found between groups.

Validity of qualitative themes was a consideration throughout data collection and analysis. Data were collected in naturalistic settings such as community centres, schools, and people's homes, to maximize ecological validity (Willig, 2001), to help ensure that findings were not influenced by an artificial research setting, and instead were reflective of the thoughts, feelings and experiences of seniors and community organizers living and working in the everyday setting of Age-Friendly community development. Furthermore,

reflexivity was employed throughout the focus groups, interviews, and data analysis process, such that the role of the researcher and the predetermined assumptions of the research questions were considered and challenged (Willig, 2001). Care was taken to ensure that themes developed during the thematic analysis process emerged repeatedly across participants. Themes that were unique to one town or one participant were identified as such in the following qualitative analysis.

### **Chapter Summary**

A mixed methods approach to studying Age-Friendly Communities employing both inductive and deductive reasoning was used in this study, consistent with current research (e.g., Hanson & Emlet, 2006; Hsu et al., 2010; Menec, Newall, & Nowicki, 2014; O'Shea, 2006). Quantitative survey data were collected from 45 individuals who lived, worked, and/or volunteered in 23 communities (79% of communities funded at the time data collection). Survey data were later combined with existing census data from Community Accounts. Qualitative focus groups or interviews were conducted with 35 committee members in 11 communities, and with 43 seniors in 4 communities. This included one pilot community. In total, 108 people and 24 communities participated in this research.

## Chapter 5: Quantitative Results

Quantitative data were analyzed in three ways. First, *descriptive analyses* were conducted of all communities funded by the AFNL program between 2010 and 2013, based on 2011 census data. Towns were not given pseudonyms, as the analysis included *all* communities funded by the program, which is public knowledge, and these data did not indicate which of these communities participated in the current research. Second, the demographic information of communities who completed the *surveys* were analyzed (note: seniors who participated in programming were included in the qualitative portion of the study only, although often committee members who completed the surveys were, themselves, seniors). However, community names are not included. Lastly, *social capital* data collected in the survey were combined with *demographic census statistics* to profile change in social capital among surveyed communities.

### Descriptive Statistics: Profile of Communities

**Population and population change.** A basic population breakdown in Age-Friendly Communities funded between 2010 and 2013 is provided on the following page in Table 4, *2011 Census Populations of All AFNL-Funded Communities*, showing *total* populations, and population broken down by age group into *seniors* (over age 65) and *non-seniors* (under age 65). Table 4 shows that communities ranged from a low of only 4% of its population being seniors, in Miawpukek, to a high of 30% in Eastport. Most communities clustered in the 20-30% range of senior population.



Table 4

*2011 Census Populations of All AFNL-Funded Communities*

| <u>Municipality</u>  | <u>Population</u> | <u>0-64</u> | <u>65+</u> | <u>% under 65</u> | <u>% over 65</u> |
|----------------------|-------------------|-------------|------------|-------------------|------------------|
| Branch               | 245               | 190         | 45         | 78                | 18               |
| Carbonear            | 4,740             | 3,765       | 970        | 79                | 20               |
| Clareville           | 6,035             | 5,130       | 910        | 85                | 15               |
| Come-By-Chance*      | 355               | n/a         | n/a        | n/a               | n/a              |
| Conception Bay       |                   |             |            |                   |                  |
| South                | 24,850            | 22,005      | 2,845      | 89                | 11               |
| Cormack              | 605               | 525         | 95         | 87                | 16               |
| Cox's Cove           | 660               | 530         | 130        | 80                | 20               |
| Eastport             | 480               | 345         | 145        | 72                | 30               |
| Fortune              | 1,440             | 1,180       | 255        | 82                | 18               |
| Gambo                | 1,985             | 1,580       | 390        | 80                | 20               |
| Gaultois             | 180               | 150         | 20         | 83                | 11               |
| Glenburnie-Birchy    |                   |             |            |                   |                  |
| Head-Shoal Brook     | 260               | 190         | 75         | 73                | 29               |
| Grand Bank*          | 2,520             | n/a         | n/a        | n/a               | n/a              |
| Grand Falls-         |                   |             |            |                   |                  |
| Windsor*             | 13,910            | n/a         | n/a        | n/a               | n/a              |
| Happy Valley-Goose   |                   |             |            |                   |                  |
| Bay                  | 7,550             | 6,900       | 650        | 91                | 9                |
| Harbour Breton       | 1,710             | 1,480       | 235        | 87                | 14               |
| Holyrood*            | 2,345             | n/a         | n/a        | n/a               | n/a              |
| Kippens              | 1,815             | 1,525       | 290        | 84                | 16               |
| Lewisporte           | 3,485             | 2,550       | 930        | 73                | 27               |
| Long Harbour-        |                   |             |            |                   |                  |
| Mount Arlington Hts  | 300               | 245         | 60         | 82                | 20               |
| Middle Arm           | 475               | 425         | 55         | 89                | 12               |
| New-Wes-Valley       | 2,265             | 1,785       | 470        | 79                | 21               |
| North West River     | 555               | 480         | 75         | 86                | 14               |
| Pouch Cove           | 1,865             | 1,630       | 235        | 87                | 13               |
| Miawpukek            | 920               | 885         | 35         | 96                | 4                |
| Springdale           | 2,905             | 2,195       | 690        | 76                | 24               |
| St. Alban's*         | 1,380             | n/a         | n/a        | n/a               | n/a              |
| St. Lawrence         | 1,245             | 1,025       | 205        | 82                | 16               |
| Trinity, Trinity Bay | 135               | 100         | 20         | 74                | 15               |
| Wabana               | 2,345             | 1,915       | 440        | 82                | 19               |

\*Data not available. Note: 0-64 and 65+refer to age in years.

However, it is important to examine population *change* to demonstrate population aging, given that the increasing number of seniors is directly related to the need for increasingly Age-Friendly towns. Table 5, *Population Change of all AFNL-Funded Communities, 2006 and 2011*, presented on the following pages, brings the two most recent sets of census population data together to allow for a comparison of the population change of both seniors and non seniors in each community. Table 5 demonstrates population declines in many communities; for example, Gaultois, an isolated South Coast community experienced a 32.5% drop in population between 2006 and 2011. In comparison, Clarendville, a regional community, experienced a 14.4% population jump, with a 25% increase in resident seniors. On the whole, communities tend to demonstrate slight decreases in population, and decreases were felt primarily in the population under 64.

Table 5

*Population Change of all AFNL-Funded Communities, 2006 and 2011*

| <u>Municipality</u>    | <u>+65 Change</u> | <u>+65 % Change</u> | <u>0-64 Change</u> | <u>0-64 % Change</u> | <u>Total % Change</u> |
|------------------------|-------------------|---------------------|--------------------|----------------------|-----------------------|
| Branch                 | 10                | 28.57               | -80                | -29.63               | n/a*                  |
| Carbonear              | 55                | 6.01                | -105               | -2.71                | 0.4                   |
| Clareville             | 185               | 25.52               | 560                | 12.25                | 14.4                  |
| Come-By-Chance*        | n/a               | n/a                 | n/a                | n/a                  | -9.0                  |
| Conception Bay South   | 720               | 33.88               | 2225               | 11.25                | 13.7                  |
| Cormack                | 20                | 26.67               | -60                | -10.26               | -7.6                  |
| Cox's Cove             | 30                | 30.00               | -25                | -4.50                | 2.3                   |
| Eastport               | 0                 | 0.00                | -10                | -2.82                | -3.6                  |
| Fortune                | 45                | 21.43               | -85                | -6.72                | -1.6                  |
| Gambo                  | 40                | 11.43               | -245               | -13.42               | -7.7                  |
| Gaultois               | -20               | -50.00              | -75                | -33.33               | -32.5                 |
| Glenburnie-Birchy      | n/a               | n/a                 | n/a                | n/a                  | n/a                   |
| Head-Shoal Brook*      |                   |                     |                    |                      |                       |
| Grand Bank*            | n/a               | n/a                 | n/a                | n/a                  | -6.3                  |
| Happy Valley-Goose Bay | 130               | 25.00               | -195               | -2.75                | -0.6                  |
| Holyrood*              | n/a               | n/a                 | n/a                | n/a                  | -0.4                  |
| Harbour Breton         | -210              | -12.43              | 20                 | 8.51                 | -10.2                 |
| Kippens                | 50                | 20.83               | 50                 | 3.39                 | 4.3                   |
| Lewisporte             | 145               | 18.47               | 0                  | 0.00                 | 5.2                   |
| Long Harbour-Mount     | n/a               | n/a                 | n/a                | n/a                  | n/a*                  |
| Arlington Heights*     |                   |                     |                    |                      |                       |
| Middle Arm             | 10                | 22.22               | -55                | -11.46               | -8.5                  |
| New-Wes-Valley         | -60               | -11.32              | -220               | -10.97               | -9.0                  |
| North West River       | 0                 | 0.00                | 60                 | 14.29                | 11.7                  |
| Pouch Cove             | 15                | 6.82                | 100                | 6.54                 | 6.9                   |
| Miawpukek              | -10               | -22.22              | 35                 | 4.12                 | 2.8                   |

| <u>Municipality</u>  | <u>+65 Change</u> | <u>+65 % Change</u> | <u>0-64 Change</u> | <u>0-64 % Change</u> | <u>Total % Change</u> |
|----------------------|-------------------|---------------------|--------------------|----------------------|-----------------------|
| Springdale           | 5                 | 0.73                | 70                 | 3.29                 | 5.1                   |
| St. Alban's*         | n/a               | n/a                 | n/a                | n/a                  | -3.8                  |
| St. Lawrence         | -40               | -16.33              | -95                | -8.48                | -7.5                  |
| Trinity, Trinity Bay | -15               | -42.86              | -55                | -35.48               | -27.9                 |
| Wabana*              | n/a               | n/a                 | n/a                | n/a                  | -2.9                  |

---

*\*Data not available. Note: 0-64 and 65+refer to age in years.*

**Community well-being.** Community Accounts (2015b), an initiative of the Newfoundland and Labrador Statistics Agency that provides free community, regional and provincial data, provides a number of indicators related to community well-being, which use Census and Canadian Community Health Survey (CCHS) data to create a profile, by community, of indicators related to community-level well-being, safety and social viability, health, income, consumption and leisure, employment and working conditions, and working production. Those objective and subjective variables that are specifically relevant to this project (e.g., to population aging and social capital) were drawn from Community Accounts, and used to profile and compare communities. Table 6, *Community Well-Being Indicators of all AFNL-Funded Communities*, presented on the following page, uses 2011 census data and 2010 CCHS data to present a demographic profile of each of the 29 communities, in terms of a) population, b) overall population change (2006-2011), c) personal income per capita, d) percent of population with excellent or very good self-assessed health, e) percent of population with very strong or somewhat strong sense of belonging to their community, and f) percent of population that are very satisfied or satisfied with life in general (variables are defined in detail below the table). This table includes a detailed description of each variable and its source. To allow for concrete understanding of these numbers, each statistic is coded by whether this number is high, medium, or low, when compared to the other municipalities in the province (as categorized by Community Accounts). Numbers highlighted in black are among the lowest 25% of municipalities, numbers highlighted in dark grey are among the middle 50% of municipalities on that particular variable, and numbers highlighted in light grey are among the top 25% of municipalities.

Table 6

*Community Well-Being Indicators of all AFNL-Funded Communities*

|  |   |                            |
|--|---|----------------------------|
|  | = | Low, bottom 25% of pop     |
|  | = | Average, middle 50% of pop |
|  | = | High, top 25% of pop       |

| <u>Municipality</u>                | <u>Population</u> | <u>Population change</u> | <u>Income per capita</u> | <u>Self-assessed health status</u> | <u>Sense of belonging to a community</u> | <u>Satisfaction with life</u> |
|------------------------------------|-------------------|--------------------------|--------------------------|------------------------------------|--|-------------------------------|
| Branch                             | 245*              | n/a*                     | \$24,400**               | 69.8%                              | 82.2%                                    | 50.7%                         |
| Carbonear                          | 4,760             | 0.4                      | \$25,800                 | 74.6%                              | 81.7%                                    | 89.2%                         |
| Clareville                         | 5,910             | 14.4                     | \$30,000                 | 63.0%                              | 86.5%                                    | 96.3%                         |
| Come-By-Chance                     | 355               | -9.0                     | \$28,600                 | 70.8%                              | 81.8%                                    | 87.9%                         |
| Conception Bay South               | 24,415            | 13.7                     | \$31,000                 | 66.0%                              | 81.3%                                    | 85.1%                         |
| Cormack                            | 600               | -7.6                     | \$22,300                 | 42.2%                              | 87.2%                                    | 89.7%                         |
| Cox's Cove                         | 640               | 2.3                      | \$19,800                 | 34.0%                              | 91.3%                                    | 92.4%                         |
| Eastport                           | 495               | -3.6                     | \$24,700**               | 76.8%                              | 89.6%                                    | 94.0%                         |
| Fortune                            | 1,440             | -1.6                     | \$22,600                 | 27.4%                              | 81.3%                                    | 85.0%                         |
| Gambo                              | 2,030             | -7.7                     | \$22,000                 | 51.6%                              | 67.3%                                    | 67.4%                         |
| Gaultois                           | 195               | -32.5                    | \$21,900**               | 60.4%                              | 95.4%                                    | 92.7%                         |
| Glenburnie-Birchy Head-Shoal Brook | 300               | n/a*                     | \$22,800                 | 64.9%                              | 92.3%                                    | 90.1%                         |
| Grand Bank                         | 2,520             | -6.3                     | \$25,000                 | 32.0%                              | 86.2%                                    | 81.7%                         |
| Happy Valley-Goose Bay             | 7,430             | -0.6                     | \$35,800                 | 65.8%                              | 86.4%                                    | 92.4%                         |
| Harbour Breton                     | 1,710             | -10.2                    | \$23,700                 | 55.8%                              | 98.50%                                   | 0.9%                          |
| Holyrood                           | 2,345             | -0.4                     | \$30,400                 | 66.0%                              | 91.7%                                    | 95.6%                         |
| Kippens                            | 1,820             | 4.3                      | \$31,300                 | 52.0%                              | 92.7%                                    | 87.0%                         |

| <u>Municipality</u>                  | <u>Population</u> | <u>Population<br/>change</u> | <u>Income per<br/>capita</u> | <u>Self-<br/>assessed<br/>health status</u> | <u>Sense of<br/>belonging to a<br/>community</u> | <u>Satisfaction<br/>with life</u> |
|--------------------------------------|-------------------|------------------------------|------------------------------|---|--|-----------------------------------|
| Lewisporte                           | 3,445             | 5.2                          | \$24,700**                   | 53.4%                                       | 73.1%  | 83.4                              |
| Long Harbour-Mount Arlington Heights | 290               | n/a*                         | \$27,000*                    | 70.8%                                       | 81.8%  | 65.1%                             |
| Miawpukek First Nation               | 930               | 2.8                          | \$22,700**                   | 55.2%                                       | 95.4%  | 89.3%                             |
| Middle Arm                           | 500               | -8.5                         | \$20,200                     | 69.0%                                       | 83.9%  | 75.1%                             |
| New-Wes-Valley                       | 2,355             | -9.0                         | \$26,400                     | 41.2%                                       | 88.8%  | 87.4%                             |
| North West River                     | 530               | 11.7                         | \$32,100**                   | 64.3%                                       | 86.6%  | 92.3%                             |
| Pouch Cove                           | 1,820             | 6.9                          | \$26,100                     | 64.5%                                       | 74.8%  | 89.7%                             |
| Springdale                           | 2,905             | 5.1                          | \$24,700**                   | 54.5%                                       | 67.6%  | 68.3%                             |
| St. Alban's                          | 1,380             | -3.8                         | \$25,200                     | 55.2%                                       | 95.4%  | 89.3%                             |
| St. Lawrence                         | 1,285             | -7.5                         | \$23,300                     | 35.7%                                       | 81%  | 89.5%                             |
| Trinity, Trinity Bay                 | 145               | -27.9                        | \$21,000**                   | 62.5%                                       | 82.2%  | 96.0%                             |
| Wabana                               | 2,325             | -2.9                         | \$18,100**                   | 62.4%                                       | 75.3%  | 69.1%                             |

\* = 2006 census data

\*\* = Local area statistics available only

|  |   |                            |
|--|---|----------------------------|
|  | = | Low, bottom 25% of pop     |
|  | = | Average, middle 50% of pop |
|  | = | High, top 25% of pop       |

**Population change** (2006-2011) = Population Change is the percent change in the population over a 5 year period. This indicator is based on the Census Population of 346 communities. The entire data set of population change overall ranges from a high of 40% growth in the data collection period, to a low of 100% population loss. However, this 100% population decline is likely an anomaly, probably indicating organized community relocation. The second lowest population change indicator is -32.1%. Indicator Source: Compiled by the Community Accounts based on the Census 2006 and 2011, Statistics Canada.

**Income per capita** = Personal Income per Capita is obtained by dividing the total income (both market and transfers) by the population. This indicator is based on the Personal Income per Capita of 149 communities, ranging in the entire data set of from a high Income per Capita of \$48, 500 to a low of \$14, 200. Indicator Source: 2011 Census, Statistics Canada.

**Percent of population with excellent or very good self-assessed health status** = Self-assessed health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Classified by asking respondents to rank their health into one of five categories: excellent, very good, good, fair, or poor. Self-assessed health refers to a person's health in general - not only the absence of disease or injury, but also physical, mental and social well-being. This indicator is based on the excellent or very good self-assessed health of 432 communities, ranging in the entire data set from a high of 95.7% of the community population rating their health positively, to a low of 27.4%. Indicator Source: Compiled by the Community Accounts Unit based on the 2010 Canadian Community Health Survey (CCHS), Statistics Canada.

**Percent of population with very strong or somewhat strong sense of belonging to a community** = To measure sense of community belonging, interpreted in the context of this research as Social Capital, respondents to the Canadian Community Health Survey were asked: How would you describe your sense of belonging to your local community? Would you say it is: very strong? Somewhat strong? Somewhat weak? Very weak? Sense of community belonging embodies the social attachment of individuals and reflects social engagement and participation within communities. This indicator is based on the percent of population with a very or somewhat strong sense of community belonging of 431 communities, ranging in the entire data set from a high of 98.5% of community members rating that they have a sense of belonging to their community, to a low of only 49.4%. Indicator Source: Compiled by the Community Accounts Unit based on the 2010 Canadian Community Health Survey (CCHS), Statistics Canada.

**Percent of population that are very satisfied or satisfied with life in general** = Satisfaction with life is a general measure of individual well-being based on a personal assessment or feeling. Starting in 2009, this indicator is based on a grouped variable. This indicator is based on the percent of population that are satisfied or very satisfied with their life in general of 433 communities, ranging in the data set from a high of 99.1% of individual community members feeling satisfied or very satisfied with their lives, to a low of 50.7%. Indicator Source: Compiled by the Community Accounts Unit 2010 Canadian Community Health Survey (CCHS), Statistics Canada.



As Table 6 indicates, it is interesting to note that no consistency is demonstrated across population change, income, health, community belongingness and satisfaction with life – there is no discernable trend among variables. Specifically, no communities fall within the high portion of the population on all variables, and, interestingly, those communities with particularly low assessments on one variable tended to score particularly high on others. For example, Cox’s Cove scored quite low on income per capita and self-assessed health in comparison to others, but yet its residents rated their satisfaction with life as very high. Similarly, residents of Gaultois, who experienced a major population decline, rated their sense of belonging to a community and satisfaction with life as very high. Although data presented in this table create a quick, interesting profile of each community in question, they do not, as discussed, demonstrate any patterns or relationships between variables. For example, two communities, Cormack and Gambo, who may be paired on population change and income per capita, demonstrate substantially different rates of sense of belonging to a community and satisfaction with life, with Gambo’s falling in the bottom 25% of communities, and Cormack’s approaching the top 25%.

The lack of relationship across variables suggests a considerably complex relationship between social, political, and economic variables in these mostly small and rural communities in Newfoundland and Labrador. Unstable populations, based both on gradual population outmigration, population aging, and on residents working in other geographic locations, have influenced income per capita, sometimes in a positive direction. These unclear relationships call into question the utility of making economic and population-based decisions solely on quantitative, demographic data. They suggest

the importance of incorporating a qualitative approach to understanding and interpreting quantitative data, placing importance not simply on isolated, descriptive statistics, but on qualitatively *how* communities and community members experience and interpret their economic, social and health realities.

### **Descriptive Statistics: Profile of Surveyed Communities**

It was important to understand the demographic profile of those communities who participated in the quantitative portion of the research – the survey. Of the 29 communities who were eligible for inclusion (e.g., had been funded and began their project between 2010 and 2013), 23 (79%) completed at least one survey. Each Age-Friendly committee had at least one survey completed by a member, with some committees contributing up to four separate surveys, one per person. The following subsections demographically profile these communities.

**Demographic profile of surveyed communities.** Table 7 presents the population bands represented by each returned survey. These specific population bands, which are a method of categorizing municipalities in Newfoundland and Labrador into six different population groups, were included in this research based on consultation with the Department of Municipal and Intergovernmental Affairs. They are the same population categories used in this department and in other government departments, to allow for future consistency of comparison.

Table 7

*Survey Respondents Population Bands*

| Population Band | Frequency | Percent Frequency |
|-----------------|-----------|-------------------|
| Under 500       | 12        | 26.7              |
| 501-1000        | 10        | 22.2              |
| 1001-3000       | 15        | 33.3              |
| 3001-7000       | 6         | 13.3              |
| 7001-11,000     | 1         | 2.2               |
| 11,000+         | 1         | 2.2               |
| Total           | 45        |                   |

*n = Individual Survey Respondents*

Based on this analysis, it is clear that the majority of surveys were completed by participants living in smaller communities (e.g., 3000 or fewer people). Small communities with populations of less than 1000 comprised one half of the quantitative portion of the study, whereas participants living in communities between 1001 and 3000 completed an additional 33%. Representatives of communities with a population over 3001 completed 13% of surveys, clustering mainly among those municipalities with populations between 3001 and 7000. These statistics mirror the population bands represented in all 29 communities who were funded at the time of data collection – to date, the AFNL program primarily has tended to fund smaller communities, although this is not a purposeful outcome as communities are funded based on application strength. This sample is representative of that population. Within the limitations of applied, community-based research, this sample is representative of the population of Age-Friendly community coordinators in Newfoundland and Labrador.

Table 8, *Survey Respondents – Self-Reported Community Age Groups*, profiles respondents' perceptions of the spread of ages in their communities. Many smaller communities in Newfoundland and Labrador are rapidly aging and are experiencing significant outmigration, often leaving communities with few children or younger adults; however, an even third of survey respondents felt their communities were a good mix of ages, just over a third felt that their communities were mostly comprised of younger adults and seniors, and nearly a third felt that the majority of community members were seniors. This table provides a breakdown of community age group profiles from the perspective of each survey respondent.

Table 8

*Survey Respondents – Self-Reported Community Age Groups*

---

| <u>Age Demographic</u>  | <u>Frequency</u> | <u>Percent Frequency</u> |
|---|------------------|--------------------------|
| Good mix of children, younger adults and seniors              | 15               | 33.3                     |
| Fewer children, mostly younger adults and seniors             | 16               | 35.6                     |
| Almost no children, few younger adults and nearly all seniors | 12               | 26.7                     |
| Total   | 43               |                          |

---

*n = Survey Participants*

Table 9, *Survey Respondents – Self-Reported Geographic Location Types*, indicates whether participants perceived their communities as being urban, a regional hub, rural (but not remote), or remote. Most committee members identified their communities as rural.

Table 9

*Survey Respondents - Self-Reported Geographic Location Types*

| <u>Geographic Location Type</u> | <u>Frequency</u> | <u>Percent Frequency</u> |
|---------------------------------|------------------|--------------------------|
| Urban                           | 2                | 4.4                      |
| Regional hub                    | 5                | 11.1                     |
| Rural (not remote)              | 36               | 80.0                     |
| Remote                          | 2                | 4.4                      |
| Total                           | 45               |                          |

---

*n = Survey Participants*

Eighty percent of surveys were completed by participants who self identified as living in rural communities, demonstrating the largely (but unintentionally) rural reach of the AFNL program.

Table 10 shows the *Rural Secretariat Region* from which the surveyed communities were drawn. This province is divided into regions by government and non-government organizations, and it was determined that using the provincial government's Rural Secretariat official regions would allow for comparison with existing and future documents related to this topic. All regions were represented, with the exception of St. Anthony-Port au Choix, whose funded community had not begun programming at the time of the study.

Table 10

*Rural Secretariat Regions of Surveyed Communities*

| Rural Secretariat Region                      | Frequency | Percent Frequency |
|---|-----------|-------------------|
| Labrador                                      | 5         | 11.1              |
| St. Anthony-Port au Choix                     | 0         | 0.0               |
| Corner Brook-Rocky Harbour                    | 5         | 11.1              |
| Stephenville-Port Aux Basques                 | 2         | 4.4               |
| Grand Falls-Windsor-Baie Verte-Harbour Breton | 7         | 15.6              |
| Gander-New Wes Valley                         | 4         | 8.9               |
| Clareville-Bonavista                          | 8         | 17.8              |
| Burin Peninsula                               | 7         | 15.6              |
| Avalon Peninsula                              | 7         | 15.6              |
| Total   | 45        |                   |

*n* = Survey Participants

**Sense of community and social capital descriptive statistics.** The following Table 11 presents descriptive statistics regarding the two embedded instruments in the survey – Social Capital Score, based on Vemuri et al. (2009)’s five item scale, with a rating scale from 1 (strongly disagree) to 5 (strongly agree), with possible scores ranging from 1 to 25, with higher scores indicating higher self-rated community social capital. Examples of items include, “people in my community are willing to help one another,” and “people in this community can be trusted”. Although descriptive norms are not available for this single derived scale, higher scores have been related to lower rates of violence (Raudenbush & Earls, 1997) and neighbourhood satisfaction (Vemuri et al., 2011). These item scores are added to form a composite scale score.

Total Sense of Community scores, reproduced from the Sense of Community-2 Index, is derived from a 19-item scale with a rating scale from 1 (not at all) to 4 (completely), with possible scores ranging from 19 to 76, in which higher scores indicate a stronger sense of community. Examples of items include, “being a member of this community makes me feel good,” and “I can recognize most members of this community”. Although descriptive norms are not available for the total Sense of Community-2 Index, higher scores strongly predict various community participation behaviours (Chavis et al., 2008), including longer length of time residing in a given neighbourhood, higher neighbourhood satisfaction and lower fear of crime (Perkins, Florin, Rich, Wandersman, & Chavis, 1990). Descriptive statistics on survey participants’ social capital and sense of community scores suggested that there was some variability among social capital scores of participants, and that sense of community scores showed a larger range of scores.

Table 11

*Social Capital and Sense of Community Index Descriptive Statistics*

| Variable           | <i>N</i> | <i>M</i> | <i>SD</i> |
|--------------------|----------|----------|-----------|
| Social capital     | 43       | 19.72    | 2.57      |
| Sense of community | 38       | 56.11    | 8.03      |

*N* = Individual Survey Respondents

**Age-Friendly NL program implementation.** Survey respondents were asked not only to reflect upon social capital and sense of community, but also on their experiences with the AFNL grants program. This information was essential in providing an overview of how committee members implemented their own Age-Friendly programming at the

community level. Statistics based on questions that were specific only to the AFNL evaluation provided to the Seniors and Aging Division in terms of program operation are not included in this dissertation. However, the following table presents descriptive statistics based on those items that assessed the impacts on seniors and communities of living in a community that is increasingly attentive to the specific needs of seniors. These survey items employed a Likert-type rating scale approach to assessment, in which participants were asked, from a scale of 1 to 5, to indicate their agreement to a particular item. The following Table 12 presents descriptive statistics for participants' ratings on each item regarding the outcomes and benefits of the AFNL grant program. Overall, participants noted positive impacts on their community and their seniors of becoming more Age-Friendly; in particular, the positive reaction of seniors to their programming. Communities were fairly consistent in their responses to these items; however, the most variation was demonstrated in municipal readiness, in that some municipalities were actively prepared to implement and operate the Age-Friendly programming. Others were rated to be fairly unsure and hesitant about how funding should be used, how the program itself should be developed, and to what extent the municipality needed to be involved. Often the task of program development fell to volunteers in those communities whose municipalities lacked readiness to work on Age-Friendly programming. Communities rated program operations fairly highly, noting, importantly, the positive reaction of both seniors and the municipality to developing an evolving, fluid but yet fairly successful first step toward becoming an Age-Friendly community.



Table 12

*Descriptive Statistics for Program Operation Items*

| Variable                                | <i>N</i> | <i>M</i> | <i>SD</i> |
|---|----------|----------|-----------|
| General population readiness            | 45       | 3.49     | .84       |
| Municipal readiness                     | 45       | 3.76     | .93       |
| Community became more age-friendly      | 45       | 3.89     | .65       |
| Grant enhanced community sustainability | 45       | 3.49     | .79       |
| Grant implemented as suggested          | 45       | 4.16     | .67       |
| Program evolved as implemented          | 45       | 3.84     | .82       |
| Committee implemented recommendations   | 32       | 3.62     | .94       |
| Success implementing recommendations    | 34       | 3.68     | .88       |
| Challenges implementing recommendations | 33       | 3.55     | .83       |
| Positive reaction of municipality       | 36       | 3.89     | .85       |
| Positive reaction of community groups   | 36       | 3.83     | .70       |
| Positive reaction of seniors            | 35       | 4.09     | .74       |
| Satisfied with notification of grant    | 39       | 4.00     | .56       |
| AFNL program design has been successful | 39       | 3.92     | .53       |

*Note: Items in complete sentences can be found in Appendix C*

**Analysis of Variance**

A one-way analysis of variance was conducted to determine whether there was a relationship between community well-being indicators derived from the Community Accounts database (high/medium/low: population change, income per capita, self-assessed health status, sense of belonging to a community and satisfaction with life), and total scores on the social capital and sense of community instruments. Tables 13 and 14, following the current section, present descriptive statistics for participants' mean ratings on embedded social capital and sense of community scales (the dependent variables),

based on how Community Accounts categorized their community on five well-being indicators (the independent variables). However, the direction of the relationships between social capital/sense of community and well-being indicators cannot be determined by this analysis; instead, a stepwise regression analysis was completed in the following section. Community Accounts, in the 2010 CCHS, assigned scores of high, medium or low based on the municipality's score in relation to other municipalities in Newfoundland and Labrador. Scores of *high* were assigned to communities scoring in the top 25% of the population of municipalities in Newfoundland and Labrador, *medium* scores included the middle 50% of communities, and *low* scores included the bottom 25% of communities. (Please refer to Table 6 for a detailed description of these five community well-being variables.) Scores on the Social Capital scale ranged from a possible low of 5 to a possible high of 25, and scores on the Sense of Community-II scale ranged from a possible low of 19 to a possible high of 76.

Table 13

*Means and Standard Deviations of Total Social Capital (Dependent Variable) by Low, Medium and High Ratings on Community Well-Being Indicators*

| Community Accounts Variable | <i>M</i> | <i>SD</i> | <i>n</i> |
|-----------------------------|----------|-----------|----------|
| Satisfaction with life      |          |           |          |
| Low                         | 17.75    | 3.88      | 8        |
| Medium                      | 19.94    | 2.36      | 17       |
| High                        | 20.39*   | 1.58      | 18       |
| Total                       | 19.72    | 2.57      | 43       |
| Income per capita           |          |           |          |
| Low                         | 18.00    | 0.00      | 2        |
| Medium                      | 20.26    | 2.21      | 27       |
| High                        | 18.93    | 3.13      | 14       |
| Total                       | 19.72    | 2.57      | 43       |
| Population change           |          |           |          |
| Low                         | 20.67    | 0.58      | 3        |
| Medium                      | 20.61    | 2.25      | 18       |
| High                        | 19.71    | 1.86      | 17       |
| Total                       | 20.21    | 2.02      | 38       |
| Self assessed health        |          |           |          |
| Low                         | 19.67    | 2.50      | 9        |
| Medium                      | 20.27    | 1.82      | 26       |
| High                        | 18.00    | 4.00      | 8        |
| Total                       | 19.72    | 2.57      | 43       |
| Sense of belonging          |          |           |          |
| Low                         | 20.00    | 3.54      | 5        |
| Medium                      | 19.47    | 2.69      | 30       |
| High                        | 20.50    | 1.20      | 8        |
| Total                       | 19.72    | 2.57      | 43       |

\* $p < .05$

*Note: Please see Analysis of Variance section above for range and directions of variables*

Table 14

*Means and Standard Deviations of Total Sense of Community (Dependent Variable) by Low, Medium and High Ratings on Community Well-Being Indicators*

| Variable               | <i>M</i> | <i>SD</i> | <i>n</i> |
|------------------------|----------|-----------|----------|
| Satisfaction with life |          |           |          |
| Low                    | 50.00    | 12.46     | 6        |
| Medium                 | 57.73    | 5.89      | 15       |
| High                   | 56.82    | 7.31      | 17       |
| Total                  | 56.11    | 8.03      | 38       |
| Income per capita      |          |           |          |
| Low                    | 59.50    | 2.12      | 2        |
| Medium                 | 58.08    | 7.76      | 25       |
| High                   | 51.00*   | 7.29      | 11       |
| Total                  | 56.11    | 8.03      | 38       |
| Population change      |          |           |          |
| Low                    | 62.00    | 3.00      | 3        |
| Medium                 | 59.31    | 6.96      | 16       |
| High                   | 54.47    | 6.58      | 15       |
| Total                  | 57.41    | 6.98      | 34       |
| Self assessed health   |          |           |          |
| Low                    | 58.12    | 8.15      | 8        |
| Medium                 | 56.43    | 6.29      | 23       |
| High                   | 52.71    | 12.49     | 7        |
| Total                  | 56.11    | 8.03      | 38       |
| Sense of belonging     |          |           |          |
| Low                    | 59.50    | 7.55      | 4        |
| Medium                 | 55.08    | 8.90      | 26       |
| High                   | 57.75    | 4.56      | 8        |
| Total                  | 56.11    | 8.03      | 38       |

\* $p < .05$

*Note: Please see Analysis of Variance section above for range and directions of variables*

**Satisfaction with life and social capital.** There was a statistically significant difference in the social capital score of participants, depending on the overall census life

satisfaction rating on their community of residence (low, medium, or high). Among social capital scores, 14% of the variance in social capital scores can be explained by satisfaction with life. There was a statistically significant difference in the social capital score of participants based on satisfaction with life in their community,  $F(2, 40) = 3.37, p < .05, \eta^2 = .14$ . Tukey pairwise comparisons showed that those participants from communities with a high overall satisfaction with life had a significantly higher social capital score. No other differences were significant.

**General income and sense of community.** A statistically significant difference was found between census income and sense of community. Among sense of community scores, 17% of the variance can be explained by community income per capita. There was a statistically significant difference in participants' sense of community scores based on the overall income per capita of their particular community,  $F(2, 35) = 3.6, p < .05, \eta^2 = .17$ . Tukey pairwise comparisons showed that those participants living in a community with a high income per capita had a significantly *lower* sense of community than those living in a medium income per capita community. No other differences were significant; however, those participants from a community with a low income per capita had a higher sense of community than those with medium or high incomes per capita.

## Regression

In order to determine whether demographic census variables (e.g., income per capita, population change, self assessed health, sense of belonging, and satisfaction with life) could predict sense of community and social capital, two regression analyses were conducted using the Stepwise method, including either sense of community or social capital, as well as the five community well-being variables of interest. The sense of

community model found population change to be the only significant predictor of sense of community,  $F(1, 32) = 5.75$ ,  $R^2 = .15$ ,  $p < .05$ . No other significant predictors were found, including the social capital analysis. Thus, the model suggested that population change was the exclusive predictor of sense of community, such that municipalities which were experiencing high levels of population change – e.g., outmigration – experienced a lower sense of community, accounting for 15% of the variance. Descriptive statistics for this model are presented in Table 15 below, in which only the regression model found to be significant is presented.

Table 15

*Descriptive Statistics for Regression Model: Community Well-Being Indicators by Sense of Community*

| Variable          | <i>B</i> | <i>SE</i> | <i>R</i> | $\Delta R^2$ |
|-------------------|----------|-----------|----------|--------------|
| Step 1            |          |           |          |              |
| Population change | -4.21    | 1.76      | .39      | .15          |

## Chapter Summary

Committee members who returned the survey tended to be from smaller, rural communities, with about one third having an even spread of children, younger adults and seniors, one third with primarily adults, and one third with primarily seniors. This was representative of the distribution of communities involved in the AFNL program, on the whole. There were no discernable trends among community health and wellness variables, based on Statistics Canada descriptive data; however, descriptive statistics on survey participants' social capital and sense of community scores suggested that there

was some variability among participants' social capital and sense of community scores. Communities rated program operations fairly highly. Most suggested that the program evolved during implementation, adapting in a fluid manner to individual community situations and constraints. Most variability in program operation was seen in municipal readiness, in that some municipalities were quite ready to move forward with creating a more age-friendly community, and that others were not. An analysis of variance showed that those participants from communities with a high overall satisfaction with life, according to Statistics Canada, had a significantly higher social capital score, and that those participants living in a community with a high income per capita had a significantly *lower* sense of community than those living in a medium income per capita community; a similar pattern was demonstrated among those living in low income per capita communities however this difference was not statistically significant. A regression analysis demonstrated that population change was a predictor of sense of community, such that municipalities which were experiencing high levels of population change – e.g., outmigration – experienced decreased sense of community.

Although descriptive statistics paint a clear picture of the communities involved with this research and with the Age-Friendly movement in Newfoundland and Labrador, few trends were observed across population, income, health, community belongingness, and life satisfaction. Limited predictability of social capital and sense of community based on these variables implies the high level of complexity at work among rural, aging communities. Variables such as dwindling populations and social and economic instability differ among communities, and it is clear that the social capital existing in communities in the form of volunteerism, mutual trust and cooperation, and civic

engagement in many ways minimize these more external threats to community growth. Furthermore, considerations such as low statistical power due to a small sample size and size of communities included in the analyses are a consideration, and there may be alternative explanations for these findings – it is not certain specifically why the current results were limited in predictability. However, both higher income per capita and outmigration were related to lower social capital. It is interesting to note that according to Putnam (2000), both high incomes and dwindling populations similarly contribute to a decline in social capital. People living in economically advantaged towns may not feel the need to engage as much in their communities, and, communities experiencing drastic population growth may lose the sense of community that once existed between community members. Loss of social capital may have occurred as some key community leaders and volunteers may have gradually relocated to other locations, reflected in the following qualitative findings. Simultaneously, social capital may have dwindled as the feeling of community spirit and engagement declined with economic and population crises (e.g., Fowler, 2001; Fowler & Etchegary, 2008).

This interesting – but not straightforward – relationship clearly demonstrates the importance of using quantitative data to examine relationships between variables, but yet also the value of also using qualitative data to clarify these relationships. Quantitative data, in this case, create the deductive structural framework with which to understand the value of social capital to rural communities in particular, within the context of outmigration and an aging population, but qualitative data was used inductively in conjunction to allow this research to examine *why*, and *how*.



## Chapter 6: Qualitative Results

Communities working toward becoming Age-Friendly, in the context of this research, refers to communities who were funded several years ago and have established successful and active committees and who now meet regularly, implement programming, and develop infrastructure. Also, it refers to communities who at the time of data collection recently had developed their committee and conducted their needs assessments, and were beginning to implement recommendations highlighted by their needs assessment. Although this may appear to be a drawback of the current research, given the few numbers of Age-Friendly Communities in the province, inclusion of all who had completed the initial phase of community development (e.g., forming the committee and conducting the needs assessment) was important. The following analysis is drawn primarily from focus groups and interviews with both seniors and committee members, but includes open-ended survey questions, and several evaluations completed by seniors who attended computer courses in one community. The analysis focuses primarily on defining Age-Friendly, the impact of programming, and on developing and maximizing social capital. Please refer to Appendix D for the detailed interview schedule. In general, questions specific to program facilitators related to the AFNL grant itself, and questions for both program facilitators and seniors related to how age-friendly the community was more broadly, the community itself, and social capital, sense of community and outmigration. For example, both groups of interviewees were asked questions such as, “How is this community doing, economically, and socially, now vs. the past?” “Are people socially connected?” “Is there outmigration (or in-migration) in this community?” “How is the future looking for this community?” and “What does the term ‘age-friendly’

mean to you?’. Broadly, qualitative themes were related to 1) the confusion surrounding the definition of ‘age-friendly’ and challenges related to this misunderstanding, 2) the impact of becoming a more Age-Friendly community on seniors and the community, in terms of beneficial intergenerational interactions, positive health outcomes for seniors, enhanced and expanded social support networks for seniors, and the benefits of technological education for seniors learning to use computers and the Internet, and 3) social capital and the stress of outmigration, burnout among volunteers, benefits of community partnerships, conflict between new and existing seniors’ groups, and the value of non-financial social capital resources in program success and sustainability.

### **Programming Produced by Age-Friendly Committees**

Table 16 on the following page presents a breakdown of those types of programming that Age-Friendly committees throughout the province have created, categorized by the WHO’s (2007) official components of Age-Friendly cities, demonstrating a mostly even spread of programming across the WHO dimensions. However, there was a limited focus by Age-Friendly groups in this province on transportation and on housing. This makes sense in the context of the Age-Friendly program, given the community development approach of the grant, which would not include municipal, provincial or federal responsibilities such as housing and transportation. A greater focus appears to have been placed upon outdoor spaces and buildings, social participation, respect and social inclusion, civic participation, communication and information, and community support and health services. These tables should provide the reader with some context in terms of the *types* of activities Age-

Friendly program coordinators and committees planned and implemented, and similarly that seniors participated in, when reading the following qualitative analysis section.

Table 16

Programming Produced by Committees in Newfoundland and Labrador Reflected in the WHO's Components of Age-Friendly Cities

|   |   |  |
|---|---|--|
| <b>Outdoor spaces and buildings</b>                                     | 14. Hot chocolate get-together  | 5. Food baskets and gifts for isolated seniors   |
| 1. Seniors' chalet  | 15. Home welcoming  |  |
| 2. Benches  | 16. Sing alongs   | 6. Effort to engage isolated seniors   |
| 3. Seniors' walking areas/<br>trails/parks/nearby playground/rest stops | 17. Potlucks  | <b>Communication and information</b>   |
| 4. Grocery store widened aisles   | 18. Dances  | 1. Resource book/brochures/seniors' guides   |
| 5. Seniors' library shelving  | 19. Live music sessions   | 2. Monthly seniors calendars/newsletters   |
| 6. Public washrooms made wheelchair accessible                          | 20. Cookie swaps  | 3. Legal information   |
| 7. Lighting around public buildings                                     | <b>Respect and social inclusion</b>                                       | 4. Presentation by seniors' advocate   |
| 8. Canada Post push button for heavy door                               | 1. Health related events to target isolated seniors                       | 5. Will and estate planning  |
| <b>Transportation</b>   | 2. Intergenerational youth programming                                    | 6. First Aid classes   |
| 1. Cross walks painted  | 3. Public awareness of seniors' concerns                                  | 7. Pension information   |
| 2. Ramps in community buildings   | 4. Businesses aware of seniors' concerns                                  | 8. Health care directives information  |
| 3. Accessible parking at community halls/stores/government buildings    | 5. Municipal age-friendly lens  | 9. ParticipACTION programming  |
| <b>Housing - n/a</b>  | 6. Addressing seniors' affordable housing needs                           | 10. Healthy eating/Canada's Food Guide information   |
| <b>Social participation</b>   | 7. School partnerships  | 11. Computer classes   |
| 1. Bus trips  | 8. Newspaper articles profiling age-friendly                              | 12. Technology room  |
| 2. Seniors' fairs   | 9. Government partnerships  | <b>Community support and health services</b>   |
| 3. Sewing   | 10. Law enforcement partnerships  | 1. Vial of Life program  |
| 4. Knitting   | 11. Health authority partnerships & awareness                             | 2. Lawn mowing & maintenance services for seniors (by students)  |
| 5. Crochet  | 12. Community organizations partnerships                                  | 3. Seniors' municipal snow removal   |
| 6. Quilting   | 13. Encourage municipal seniors' property tax discount                    | 4. Caregivers meetings   |
| 7. Christmas crafts   | <b>Civic participation and employment</b>                                 | 5. Walking programs  |
| 8. General crafting   | 1. Dolls and hats, for Afghan children, to be sent overseas with soldiers | 6. Community gardens   |
| 9. Volunteer appreciation dinners                                       | 2. Quilts for children in the Janeway                                     | 7. Square dancing group  |
| 10. Seniors' dinners  | 3. Leg aprons for stroke victims  | 8. Fitness: Bocci, yoga, Zumba, Curling, swimming, bowling, hiking, family skating, general exercise classes |
| 11. Summer music program  | 4. Seniors entertain at nursing homes (singing programs)                  | 9. Treadmills/recreation equipment/snowshoes   |
| 12. Seniors' Christmas party  |   |  |
| 13. Santa Claus parade float  |   |  |

### **Defining “Age-Friendly”: Intergenerational, with a Focus on Seniors**

Participants were unclear about what the term ‘age-friendly’ referred to and what specific population it encompassed, and although there were a wide variety of responses, themes consistently referred back to the inclusion of *all* ages in a community, with a certain degree of *focus* on seniors, rather than being exclusively senior-focused. Most participants spoke about the importance of including each generation in an Age-Friendly approach, with definitions such as:

*Having things for all ages.*

*It means that we look after the needs of all residents.*

and,

*Friendly for all ages – suitable for all!!*

Percy, an Age-Friendly committee member in Inland Bay and an important leader in that particular group, felt that:

*Age-friendly is not a flash in the pan – it’s about meeting the needs of all citizens – what’s good for seniors is what’s good for everyone.*

Jim, a committee member and mayor of Rhubarb Point, echoed these sentiments:

*We were, I think, a lot like other places in that the program was heavily weighted towards seniors. But in saying that, it was very important for us to blur the distinction between seniors as in single demographic because it can serve to isolate people and everything that we’ve done; actually, one of our main objectives is to integrate all of the age groups in our community.*

Many communities focused on intergenerational Age-Friendly activity as *reciprocal*, rather than simply working in one particular direction. Jim noted that:

*We want nobody to be able to recognize that this is a seniors’ group...whether they are doing square dancing with a bunch of high school kids, or with the brownies, or the Girl Guides or whatever, and teaching those skills. And we have kids in the community teaching an exercise program for example...so they are*

*passing on traditional skills to the children and then the children are passing on mostly social media skills from the bottom up, and that looks great because it integrates all of the age groups in the community, and I think it makes the seniors' group feel a little more at ease.*

Committee members spoke about the certain degree of stigma attached to the term 'seniors', noting that the broader 'age-friendly' term not only encompasses citizens from 'cradle to grave', as Mary, a municipal councilor and Age-Friendly committee member in Crane Cove noted, but is also an open and inclusive term. Given this stigma, many committee members noted that age-friendly was related to inclusion of citizens of all ages, as noted, but in many cases with a special *focus* on seniors. Nadine, the town clerk and Age-Friendly coordinator in Mizzle Cove, noted that:

*Age-friendly, to me, is a term that represents all ages working together to build and move toward a sustainable community. It includes creating senior-friendly spaces and buildings, opportunities for seniors to pass along knowledge to the younger generation, and education to all to create a stronger sense of community spirit.*

Committee members spoke of age-friendly as defining, drawing on and expanding upon *existing* community strengths, rather than simply trying to conform to a new and more formal structure. Percy in Inland Bay pointed out that:

*Age-friendly community strengths may already exist – but just are not called age-friendly. For example, in one community, they built washrooms by the wharf for the older men who gather there, installing cushions in the church, hosting seniors' dinners. These things weren't identified as age-friendly, but they are.*

Definitions, which focused *exclusively* on seniors were in the minority, and did not represent the feelings of most communities and respondents. It is clear that, to most committee members, age-friendly was a term that encompassed all age groups in a community, with a special focus on seniors.

**Section summary: Defining age-friendly.** Participants noted a lack of clarity on the term age-friendly, and were unclear whether this referred to individuals of all ages, or specifically to seniors. However, most interpreted this term as inclusive of ages, with a special focus on seniors.

### **Impact of Becoming an Age-Friendly Community**

Seniors and Age-Friendly committee members clearly indicated that Age-Friendly programming was beneficial for the community, in terms of creating an awareness of seniors' concerns and facilitating intergenerational connections. For seniors, the health, social, and technological benefits of participating in programming were discussed.

**General impact.** Although the general impact of becoming an 'age-friendly community' varied widely among communities, it is clear that in many locations, seniors, volunteers, and private citizens acknowledge the positive impact of the funding and resulting community-based action and programming alike. Committee members were enthusiastic about the positive benefits, in general, that becoming Age-Friendly had brought to their community, and in many cases how the grant and becoming Age-Friendly helped raise awareness of seniors' needs. David, a past councilor of St. Peter's and past committee member, noted:

*I believe this has been a tremendous asset for the town that continues to provide benefits and partnerships...I think it's really brought an awareness to issues that maybe wouldn't have gotten the same attention. It's been certainly a very positive exercise.*

Many others noted that concepts behind Age-Friendly had not been a part of their community before officially initiating this progress, including Percy from Inland Bay:

*Researcher: Was age-friendly a part of this community before you got the grant?*

*Percy: No. I would have to say that in every community in the province, we are age-friendly, but the sense is that we discriminate to a large degree to older people. But really the objective is for any community to become more age-friendly – as opposed to – you know, recognizing something that we haven't recognized before. Like, hand rails. Businesses recognizing lighting and signage – the grocery store is a prime example. We did a presentation there. They said, "Yeah, that makes a lot of sense, we've got an older population, most of our customers are older adults, and where's our washroom – upstairs." So they brought the washroom downstairs. Put some benches in the back of the store. Grocery delivery system. They widened up the aisles. And they've also brought in smaller carts. So you go in there, you live alone, you've got a small cart. You don't need \$500 worth of groceries.*

Others felt that an awareness of the broader population was an important benefit of working toward becoming age-friendly. Kelly, a committee member in Inland Bay who instructed seniors in crafts, healthy eating, and yoga, was asked about the development of Age-Friendly programming in her town:

*Researcher: Do you feel like the age-friendly aspect of the community has been enhanced over the years by this?*

*Kelly: Oh, I think more than a small bit...large...you hear comments like "Oh you're with that group" and stuff like that, "They are really on the ball..."*

Nadine in Mizzle Cove responded similarly:

*I do, because there's such a high percentage of people in that age bracket. And the people, especially in the older seniors, for me, that was sort of my biggest concern, because again, a lot of them are on their own now, they've lost their spouse, their families, a lot of them don't have any family, their families have moved away, so they're really on their own. A lot of them will never get out just go say "Okay, I'm gonna go here, I'm gonna go there," but if you call them and say "We're having this thing on Tuesday night at 6:00, we'd love you to come, this is what we're doing, do you need someone to pick you up," then they will come. It's sort of going the extra to say, you know, "We want you to be involved, we want you to be there," because I think often they're very isolated, and feeling very left out in the community.*

Finally, although mostly a work in progress, the respect of elders was perceived as a major initial benefit of becoming more age-friendly. David, past councilor and past committee member in St. Peter's, felt that:



*I think there's better awareness with respect to elders. I have nothing but positive things to say about the Age-Friendly initiative. It's a global effort...sort of a work in progress... but if you accomplish one thing, that's one thing that would not have been accomplished...there's always going to be challenges, and you will never accomplish everything that you identify as problem areas, although you should work towards it. That's what we are trying to do.*

Although many communities felt that even first steps toward becoming more Age-Friendly were noticeable and had a positive impact on their communities, others did *not* feel that there had been any real difference resulting from their efforts, often simply adding more work to already overburdened volunteers. Paul, one of the few Age-Friendly committee members in Shell Beach, felt that:

*We're a bit more active, but at the end of the day it's one of many committees; unfortunately there doesn't seem like there is a lot of drive behind it.*

Participants such as Paul who felt that their committees had worked in this more negative manner still supported the positive opportunities that the program could bring, often given the small pool of available and committed volunteers, and lack of cooperation between existing community groups. A further discussion of these challenges Paul noted is provided in the later section “Everyone is Volunteered out”. The later section “Community Partnerships” speaks to the value placed on collaboration between community organizations by Age-Friendly committee members to minimize volunteer burnout, and to breaking down barriers between isolated community groups.

**Intergenerational programming impact.** Many communities took an intergenerational approach to implementing programming, which fostered sense of community not only for seniors, but also for youth. Some communities built or are building seniors' parks, and in one instance, this park is located quite near a high school, with the hopes of encouraging natural intergenerational contact. Many communities

involved young teenagers as volunteers with Age-Friendly programming, particularly in computer classes. Often, the teenagers appeared to enjoy this activity as much as the seniors, voluntarily returning to the classes without any extrinsic incentive such as school volunteer hours. In some Age-Friendly programming, seniors taught skills to elementary or secondary school children, such as cooking and crafts.

Outside of school-based intergenerational contact, seniors' Age-Friendly programming was sometimes developed in conjunction with children's recreational programming, creating a natural interaction between children and seniors attending the municipal or recreational programming, and the children's parents. Stella, the main, and what appeared to be only, Age-Friendly organizer in Morganville, facilitated intergenerational programming in her town:

*So at least for one event we are going to have the children and seniors together...that's one of the things we've learned – if it's good for seniors, it's good for everyone else. That's why this grant has been a door opener to different things to make it more accessible.*

The Age-Friendly committee in Shell Beach used a number of creative ways to facilitate interaction between children and seniors, including cookie swaps and a letter-writing program:

*Paul: Also some younger generational programs, getting the younger age group mixed with the older age group.*

*Stephanie: So we do cookie swaps, and seniors are paired with a child, and they go and share the recipe...that usually goes over very well.*

*Jane: We get the seniors in the community to write letters to children in grade 4, 5 and 6...they do the exchange of letters through me, and at the end of the year we have a little meet and greet, and the kids enjoy it and the adults – they love it.*

Intergenerational interaction is a natural fit in Age-Friendly programming, and has been an important component of many communities' grant implementation processes.

**Health impacts on seniors.** As a result of programming created by Age-Friendly committees, seniors often were given the opportunity to participate in recreational and social activities including sports and exercise, bus trips, educational seminars, and volunteer and intergenerational work. As well as being fun, committee members noted health benefits for seniors of taking part in these activities. Specifically, these often related to increasing the fitness level of some sedentary or even housebound seniors. Arlene, a senior from Inland Bay noted, of some of her friends who participated in the activities:

*I mean we did everything from curling, swimming, bowling, we go bowling once a month...we have people who when they first came to us, did nothing but sit around the table and they could barely walk from the car to here, and in a few months they were out on hikes with us.*

Many seniors and committee members noted how important it was that the Age-Friendly approach tended to include a fitness and healthy eating component, along with regularly scheduled events, and how this has enhanced participants' health and fitness. A group of seniors, Katherine and Sarah, and a committee member, Caryn, in Inland Bay discussed the development of introducing healthy eating and activity to seniors:

*Caryn: At the end of the activities during the day we will have a cup of tea, a couple of us make up a lunch in the kitchen, we stress healthy food and we do exercise at the beginning.*

*Katherine: Some of them could barely walk when they came at first, they can do everything we are doing now. It's amazing. It has given them a totally – it's given them a lot healthier lifestyle, because they are involved.*

*Caryn: In the beginning they didn't want to see fruit.*

*Katherine: They wanted cookies and tea. We didn't give them fancy cookies and tea; we just put out the fruit and next thing you know they crave the fruit.*

*Sarah: We also has an exercise group and some people didn't even want to move their feet, you know, sitting down and moving your ankles and stuff, the basics, they didn't even want to do it, but now they are asking for it.*

This particular group also has been working on a community garden project, and using the fresh produce grown by seniors in their garden during lunch has contributed to their healthier approach to eating. In Shell Beach, George, a senior who participated in the Age-Friendly programming, noted the importance of educational sessions on healthier eating:

*There are health benefits – we are served different meals, they show you how to cook without salt. Cook a thing that’s good for your health. A lot of people (here) use a lot of salt.*

It was common to speak with Age-Friendly committees who included, as noted, physical fitness as a regular component of their various programming. In Rhubarb Point, exercise equipment was made available for seniors such as Joan attending computer sessions, for use when the instructor, Amber, a young woman of about 30, was busy with another person:

*Joan: If I go there, there’s 2 or 3 of these exercise equipment.  
Amber: Yes, they have a Wii Fit as well, and on Facebook page, actually every Thursday before I come up here I post a message and I put in, “Computers available 1:30-3:30, exercise equipment available...”*

Even during this particular interview, while Amber was busy instructing Joan on her computer, the other senior waiting for computer assistance, Yvonne, filled her waiting time by using the exercise equipment.

**Social support for seniors.** Beyond an increase in physical fitness and healthy eating behaviours, the vast majority of committee members and seniors alike spoke of the social support that being a member of these various seniors’ groups provided for seniors. Many seniors were widows or were slowly losing their siblings and friends around them, and their children and grandchildren lived in other geographic locations. Involvement in

Age-Friendly organizations or attending Age-Friendly events provided a new social network of support for seniors. Seniors and committee members alike spoke of seniors who ordinarily never left their homes, or “shut-ins” as they were commonly referred to, who were gradually drawn out of their homes into Age-Friendly participation. This was noted in nearly every community, both on the surveys and during focus groups and interviews. Philip, a senior participating in a Christmas craft and cards event in Inland Bay, very seriously emphasized this point to the researcher:

*The social aspect (of our group) is critical. Very important. Getting people out of their houses who never would have left.*

At the same event, Kelly, the committee member who instructed seniors in crafts, healthy eating, and yoga, commented:

*Oh my gosh, it's tremendous...it takes them out of isolation and feeling of being back into the community and giving back to the community...positive mental health, physical health, well-being, support group, peer group, opportunity to participate in the community...like this dance that's going on, the seniors dance, the majority of these women are widows...so what's your chances of going to a dance by yourself, so we all usually go as a group.*

George, a senior in Shell Beach, who participates in Age-Friendly programming, agreed, noting:

*This gets anywhere from a dozen or so people out that wouldn't ordinarily get out. And there are people that get out now that never did before. You get people out of their house. Once you get out of your house, you know what is on the go, and it spreads more and more each time.*

Walter, a senior in Inland Bay, felt that being age-friendly, really, was about being able to draw seniors out of their homes and back into the community:

*Researcher: Do you find that this community is more age-friendly now?*  
*Walter: I'm positive. I'm positive, yes. There are more people getting out playing cards, you name it...and having less older people sitting in their homes not getting out.*

Arlene, a senior in Inland Bay, and Caryn, a program coordinator, noted the importance that the Age-Friendly programming held in her life and the lives of her friends:

*Arlene: Everybody is disappointed if we have to cancel a day. It's social and active.*

*Caryn: In addition to enjoying themselves here, I find that an awful lot of them may become in touch with each other when they are not here. They'll phone each other, very supportive of each other. If someone is not here everybody knows why...they got a real network out of it. Which I think is very valuable.*

Often, being widowed was a major factor which participants noted to be related to staying at home all of the time; to being “shut in”. This programming provided widowed seniors with a new way to be useful in their communities, as emphasized by Kelly, an Age-Friendly coordinator in this same community:

*Widowhood, being older and being alone, and this (program) draws them out of isolation and they have the opportunity to be useful again which quite often seniors don't feel that way...one lady, she was a widow that was in the caregiver role for her sick husband for a number of years and prior to that her mother-in-law and prior to that her own mother, plus she had raised a family, so through that process she was always in a caregiver role for somebody else and she was so isolated, she was just frightened to death when her husband was sick that she wouldn't even go to the grocery store to get groceries. She said in her own words, “My life changed when I came to this group, I met all these people, now I'm in the craft group, church choir...playing the accordion again”.*

Several committee members noted both the importance of providing seniors with a space to go outside of their own homes, and of recognizing them for their long-term contributions to the community. Jim, the mayor and an Age-Friendly committee member in Rhubarb Point, emphasized the importance of senior recognition:

*There are people in their seventies and eighties who would have never ventured through the door - you know these people would normally have been isolated...we organize a seniors' appreciation dinner and we recognize seniors...in my opinion, it's very important because there is a lot more to social isolation, more than we know about, and we are not very good at identifying it, but when you see people*

*who never go out to anything, come out and talk to you, it's some nice – it makes it all worth while.*

Jane, the project coordinator in Shell Beach, agreed:

*Oh my goodness, just to get them out of the house, just to give them that much more confidence and feel that they belong and that they got the sense of community and they can offer and even just their experience, like when it comes to doing things with the kids and stuff, they can offer so much. Only if given that opportunity.*

Regarding her social group developed through the Age-Friendly initiative, one senior,

Katherine, in Inland Bay, noted:

*I think it's a place to go and not be alone.*

Committee members and seniors both agreed that the children and families of seniors in these mostly small, rural communities were quite relieved and happy to see their parents or older relatives involved in Age-Friendly programming, including Sarah and Katherine, seniors from Inland Bay:

*Sarah: Families said that they didn't know what to do with them...and now she got her life back...joined the church choir and they are into a lot of things where before they were just at home feeling miserable...they found friends here...so it's been really wonderful for a lot of people.*

*Katherine: A lot of people whose siblings had just died, they still come here the next day just to have something to do and keep busy...and the friends here understand.*

As well as providing social support among friends new and old, the events and organizations, which developed as a result of Age-Friendly funding or programming, were fun social days or nights out for the seniors involved. Often, seniors would join with a sibling or a spouse, and, as Pam, the computer class coordinator in Inland Bay observed:

*We've had five couples and it's a night out and they all make friends you know, and many of them keeping contact after. Attendance is incredibly high.*

Older seniors in particular were only able to attend the larger, less regularly occurring events such as holiday dinners, as three younger seniors discussed, during a quilting class in Crane Cove:

*Camille: They love it.*

*Leona: The social part of it.*

*Emily: We have soups or sandwiches and we had stew the other day. And they have their game of cards and their music. It's wonderful.*

These qualitative sentiments represent the kinds of comments made by nearly every one of the eighty participants, both seniors and committee members alike, and among nearly all 45 survey respondents. The social benefits to seniors were the most recurring theme in the data. These results clearly demonstrate the real social support value, for many seniors, of simply leaving their houses and interacting with peers, and the role of Age-Friendly Communities in replacing more traditional networks of interaction.

**Computers for seniors: Keeping in touch.** A number of committees developed computer classes for seniors to learn to use computers, the Internet, email, social media, and their smartphones. Many committee members reflected that in some ways seniors who did not use technology felt left behind when it came to communicating with family and friends who often lived in other geographic locations, or with keeping up with community activities which were posted only online. Two computer classes were visited, and both seniors and committee members reflected that keeping in touch with family, and being able to use the Internet as a research tool, were the main benefits of these classes.

Pam, a computer class coordinator, felt that online family communication was an important outcome of their programming in Inland Bay:



*The biggest benefit is so they can keep in touch with their families, most of them are away but they can keep in touch here as well, and it's a great pastime for them.*

She reflected on the excitement of a couple taking the computer course when they received their first email one night during one of the classes:

*This couple they brought in their son's email address down in California, so they sent off the picture to the son...within seconds he was back to them, so I stopped the class and I read his message, and he had a different message for his mom and his dad, and then his aunt...they were so so excited about that. It was just – it's really good to see.*

Another computer class coordinator, Linda, in Snowy Arm, echoed this positivity:

*There were 19 graduates of the computer class...this has opened up communications for them, and now they can reach out to family and friends through Facebook and things like that. We've got little 80-year-old ladies Facebooking and Skyping and stuff. This is the good stuff!*

Seniors themselves noted the value they felt in learning to use computers and the Internet to communicate with their families. One senior in Inland Bay, on her computer class evaluation, expressed:

*I did not know anything about computers. I feel I have most certainly made a start towards keeping in touch with my children.*

Additionally, these programs are important in keeping seniors who did not learn to use modern computers and the Internet in touch with modern times. Many seniors began the courses with only a basic knowledge of computers, or sometimes with no knowledge at all, as Pam identified:

*She's 69 years old, her children gave her a laptop, she only knows how to open the lid. That's what she said to me: "I only know how to open the lid. It is a lid, right?"*

Janine, one young computer class volunteer working with Pam, noted that:

*Some seniors used to be terrified to even touch a computer mouse – wouldn't even touch it – now they're comfortable.*

With the basic computer skills learned at these computer courses, seniors were able to conduct Internet research suited to their own interests, including looking up quilt patterns, gardening information, recipes, the news, weather, online banking, social media, and medical information. One senior, Herb, following the completion of this computer course, noted that:

*I still work seasonally; I'm a grounds keeper and I deal with a lot of things like tree diseases and plant diseases, and things go wrong and I have no clue what they are. In the last few years I used to get my wife to do it for me, but now I can look it up myself.*

Another senior in this group, Alfred, who worked as a commercial fisherman, took the course to allow him to be able to use newer online systems of which the fishing industry's regulatory bodies are increasingly requiring exclusive use. Pam noted that:

*One of the seniors who took the intro to computers was able to land a job because he knew how to use computers. It was a security job – need to put people's information in on registration forms. He didn't know how to use the computer, he wouldn't have been able to use it. It was great. We're very proud of it.*

Many seniors spoke of feeling “stupid” or “dumb” when it came to computers, before they began these classes, and that the basic technological education in these courses has helped them overcome those negative feelings of being behind the times, compared to younger people around them. It is clear that the computer classes for seniors developed throughout the province positively contributed to seniors' social well-being and technological education.

**Section summary: Age-friendly impacts - general, intergenerational, health, social support, and technological.** Becoming age-friendly was of benefit to the

community at large, in terms of raising awareness of and respect for seniors' issues, and simply the positive benefits of intergenerational collaboration, and community organization and action. Participants – both committee members and senior alike – spoke of the health, social, and technological benefits for seniors of living in communities implementing Age-Friendly programming. Seniors often became more physically active and socially engaged, and those who learned to use a computer and the Internet were able to connect with family members living in other geographic locations, conducted online research for personal and professional interests, and felt more engaged with today's technologically-based society.

### **Social Capital**

Given population decline in many communities, outmigration presented a challenge for communities seeking to become more age-friendly. Committees were challenged to find committed members, and those who did volunteer were often burned out from helping with many – or all – local initiatives. Creating partnerships with business, local industry, community organizations, schools, clinics and other relevant groups was often observed to be a solution to the limited volunteer pool available to newly forming Age-Friendly committees. However conflict with preexisting seniors' groups and a lack of intrinsic motivation to organize was sometimes problematic in committee development and programming, indicating the importance of social capital as a predictor in the short and long-term success of Age-Friendly initiatives, sometimes above and beyond the presence of financial resources. However, it is not possible to determine with certainty whether age-friendly programming built social capital, or built on existing social capital.

**The challenge of outmigration.** Rural Newfoundland and Labrador, in particular, is known for its small, close-knit and friendly communities, where everyone knows everyone. Historically, rural communities have been strong in social capital, or “dense interlocking networks of relationships between people and groups” (Onyx & Bullen, 2000, p. 24). However, since the closure of the northern cod fishery in 1992, many communities have suffered drastic outmigration, in which breadwinners may work for weeks or months at a time in other parts of the province or country, or may permanently relocate their entire families. Outmigration has had a sweeping impact on community social capital in communities involved in this research, in which communities and residents may, or may not, have been able to come together during times of crisis and maintain active volunteerism levels. This has been shown in previous literature conducted in rural Newfoundland and Labrador, both in relation to seniors in rural communities (Wideman, 2010), or more broadly, in relation to communities’ reactions to the collapse of the cod fishery in the years following 1992 (Fowler, 2001; Fowler & Etchegary, 2008; Goguen Campbell, 2012).

Many rural and remote communities in Newfoundland and Labrador have a large proportion of senior residents, with fewer younger adults and very low numbers of children (Department of Finance, 2012). For example, between 2001 and 2011, there was a 26.4% growth in the number of seniors residing in rural Newfoundland and Labrador, whereas younger adults of working age were increasingly working in other geographic locations from their rural communities, or, permanently relocating, during that time period (Strengthening Rural Canada, n.d.). Quantitative demographics examined in the current study were parallel with these recent data, showing that a third of communities

implementing Age-Friendly programming were often composed of almost no children, fewer younger adults and nearly all seniors, and that outmigration was present in many locations. This suggests that communities involved in the current research and the population and social capital challenges they experienced represent rural communities in Newfoundland and Labrador, more broadly. Outmigration and its relationship with reduced social capital was noted as a major factor impacting both the *success* of implementing Age-Friendly programming, and enhancing the *need* for Age-Friendly programming. In many communities, seniors and committee members alike spoke of the numbers of seniors who are left with few family members to support them. Stella, the program coordinator in Morganville expanded upon this point:

*In the past five years, I would say there's been 40-50 children taken out of this community because families have moved. That's a lot for a community of under 1000 people. We don't have it too bad, because we can attract children in this community...but I've had people go to places in outports and ask someone where the children are, and some of them answer, "There are none".*

In other cases, the effect is dramatically felt by the remaining population of all ages, and seniors in particular feel the void left by those who are gone, as indicated by Lauren, a program coordinator in Sunkers Point:

*Families are pulled apart because one or both parents have to spend most of the year out of province working. The male population decreases drastically certain times of the year due to working away. Less children for our schools, less recreation due to lack of young people, more seniors with no one to care for them.*

The loss of children and young families has a similar negative impact on the social capital in rural communities around the province, as Mary, the primary program coordinator in Crane Cove explained:

*When a student graduates from high school he/she goes to college/university and they never return home because there are few jobs available. All our high school*

*students when finished leave the community and no one replaces them. Our community has very few young families and children. The community has very few residents to participate in volunteer activities.*

Even with the departure of adult family members, both seniors and committee members spoke of the disconnect created in the community as social capital gradually crumbles, making volunteers more difficult to find. Even in affluent communities with industrial booms – communities connected economically to the profitable oil industry in Newfoundland and Labrador – the traditionally close-knit nature of community in some cases has dramatically dropped. Both seniors and volunteers in one particularly affected community discussed this challenge. Despite the economic development in Crane Cove, Eleanor, a senior and Age-Friendly coordinator explained, students tend to move upon graduation, and those who remain to work, are not involved in the community:

*We live in an affluent community but we are sadly poor in human resources. Our community has a population fewer than 300 and approximately 70% of our residents are seniors ranging in age from 60-96, most adults are employed and enjoying a comfortable livelihood; however, most of our seniors are living alone with no family members to assist them. Because of this demographic make-up, our town has few volunteers and few people who participate in activities provided by our Age-Friendly committee or any events promoted by the municipality. To rephrase a biblical reading, I would say of our efforts to date for the most part: To play the harp, they will not sing. To play the flute, they will not dance.*

However, Eleanor explained that with families and breadwinners working outside of the community or relocating entirely, seniors in Crane Cove are often left without children or close family members who would traditionally support them through the aging process. Study participants repeatedly raised this point, as Mary, a committee member in Crane Cove emphasized:

*Many seniors have little or no support. Aged citizens are left without family members to help and care for them.*

Although populations have decreased in these communities, there are still friends and neighbours who want to support seniors in the way that family members traditionally would have. However, given the decreasing population of younger adults and the observed lower sense of community and interest in volunteerism; those who did volunteer on Age-Friendly committees or with other organizations experienced significant burnout when trying to meet the needs of the primarily senior population.

**“Everyone is volunteered out”: Social capital, community champions, and challenges.** Community social capital was a predictor in whether the Age-Friendly program was successful. Typically, participants who lived in communities where Age-Friendly programming had been fairly successful talked about a strong sense of community and sense of volunteerism. Gilbert, a senior and Age-Friendly committee member in Rhubarb Point, noted that:

*There always has been a sense of volunteerism here – everyone helps out in one way or another. Very close-knit – lots of inter-group partnerships.*

David, a past councilor of St. Peter’s and committee member, agreed:

*I think that this community, like most, is close-knit – 1300 people – there was always a culture of helping others. Doing what you could for others.*

Those communities who spoke of a more socially disconnected population who had difficulty finding volunteers and even in some cases participants for seniors’ and other community events tended to have a harder time beginning the Age-Friendly programming, and sometimes, were able to accomplish little after the funding was spent. One particular community, Crane Cove, had been successful in working toward becoming more age-friendly, but the lack of social capital in their community, noted by all three

members of the Age-Friendly committee, was a barrier that had to be overcome when working toward their initiatives, despite economic prosperity in the municipality:

*Mary: There are some young people here and they're not even working. I honestly attribute my spirit of volunteerism to the way I was brought up...as little children even, you were given responsibilities...when you have 200 to 250 to 270 people, you should be like family, but now, it's more like you're living in St. John's.*

*Kimberly: A lot of it is work-based and industry-based. When communities have a lot of money, it kind of makes them self-sufficient. Don't need anybody else.*

*Eleanor: And I find that about people here, it's me first. Not altruistic.*

On the qualitative portion of the survey, Mary expanded on this point, representative also of her colleagues in Crane Cove and of those other communities who experienced significant challenges when developing their programming:

*If I was asked these questions by you 10 years ago, I could supply different answers, at present, our population is approx. 280 people (70% or more), 55-65 in age. The young are few – people are not settling here – nothing to attract anymore (no school, no amenities whatsoever). All of our age (60-70) are tired over the years from volunteering as we have very few leaders. A lot of people my age work (10 hours per day) and do not want to participate in events. Many people here have never volunteered, and the ones who are, are mostly involved in other organizations. There's a chronic health problem so (people are) unable to commit to volunteer like previous...I find a lot of selfish people are not wanting to do anything for others but work all for themselves. This is a problem for me as I feel it is part of our civic duty to help out in our communities.*

Age-friendly committee members spoke about the importance of having one person, a community champion, to take the project proposal or the committee structure and transform it into action and programming. In some cases, this person was a municipal employee, a mayor or councilor, but in the majority of communities, this person was a volunteer. One committee member and municipal employee, Richard, noted the importance of their community champion in creating the noteworthy success experienced in Inland Bay in becoming more age-friendly:



*The success of our committee is leadership. We have a chairperson who is a volunteer, busy himself in other volunteer work, willing to give up his time, getting other valuable people around him to work for the cause that then creates a positive attitude to do something for the community.*

A municipal councilor, Barbara, in Whelan's Bridge, a municipality not funded by AFNL which implemented Age-Friendly programming, reflected on the value of their community champion, Rob, who, although paid, was the key to the success of their programming:

*Rob is what's keeping us together. You've got to have that person, you know, keeping the group together.*

The presence of community champions was a critical factor in determining the success or ultimate failure of most Age-Friendly initiatives, often more so than the involvement of the municipality or even the financial resources allocated by the provincial government, as suggested by Percy, the Vice-Chairperson of Age-Friendly in Inland Bay:

*This program was driven by community champions – it floundered at first when a council member implemented it. They had the best of intentions but was on the side of her desk.*

Gilbert, a program administrator in Rhubarb Point, suggested that receipt of the grant was important, but that volunteer capacity was the critical factor of overall success in this community and in most communities involved:

*The grants do help, but, to make them successful and to go far, they need to have a larger committee of people interested and involved and invested to implement.*

In some communities, champions were not a single person, but a very small group of two or three individuals who collaborated and learned new processes that were required in attaining and developing Age-Friendly funding and programming. The overwhelming majority of communities relied on a few volunteers who, for the most part,

already volunteered in other aspects of the community. One of those primary volunteers was Gilbert in Rhubarb Point:

*There is a significant volunteer base here in this town. However, like elsewhere, it's the same few people who do all the big, boring, hard work. But it's no trouble to get everyone to come together to help in their own way, serve food for an hour.*

Many communities attributed volunteer burnout to programming failure or smaller failures or challenges along the way. These communities had a very small volunteer base who were involved with everything; volunteers were getting older themselves, and burning out. Recurring comments, both on the qualitative portion of the survey and in the focus groups, reflected this challenge:

*Lack of volunteer commitment is main issue.*

*When we met to plan for our volunteer week, the same people are in all the same organizations and they're a little burned out.*

*(Our progress was) a bit slow – the committee members that are involved are in so many other groups.*

*It seems difficult to get the community involved in Age-Friendly initiatives, including attendance of seniors.*

*Many volunteers, because of their current involvement in other committees and clubs, wish others would take the reins and step up to be involved. Volunteers are often close to burnout, even when they do continue to want to be involved.*

*It's hard to get people to our meetings now. Everyone is volunteered out.*

Ted, a paid municipal employee in Jagged Cove, noted the hard work that even a paid person encounters when working toward an Age-Friendly community, and the additional challenge that this would present those committees relying exclusively on volunteers:

*Networking...For me that's the biggest thing...but lots of places only have volunteers. They can't do that... lots of communities don't pay someone to work in my position. How do you get volunteers to be motivated?*

Mike, a program coordinator in Comber Rock Cove, reflected upon the same challenge:

*It requires a lot of organizing and planning as well as strong leadership with lots of resource people....most smaller rural communities don't have the influential personnel and resource people that can be found in larger areas. To apply for government grants and to carry out projects that will benefit the town requires a lot of dedication and hard work.*

In many communities, finding volunteers was not the issue – the challenge was finding *commitment* among volunteers. As Eleanor, a senior and committee member in Crane Cove, noted:

*It's one thing to join, but another to commit.*

The committee in Shell Beach noted:

*Jane: Challenges were get people together, getting people out, and you get the same people.*

*Stephanie: It's a lot of the same faces...you know some of those people you can't get them back cause their busy doing other things or whatever...a lot of it comes out to you, if it all relies on volunteers, there is no one person that drives, it then that kind of falls at the wayside.*

*Paul: Nobody really wants to take the lead...It's a one-person thing sometimes when it comes to committee...it's the volunteer part of having to organize yet one more committee, including people and doing the work. (To the researcher) You're probably going to hear that repeatedly.*

While visiting a quilting group in Crane Cove, where three committed volunteers were in attendance, it was noted that these volunteers were, primarily, the *only* volunteers actively working with the Age-Friendly organization, creating challenges for program sustainability. Consistently, participants such as Mary, the main program coordinator, viewed this as a generational challenge:

*What you see here is what you get. Our community is fewer than 300 people and I would say that 70% of our population is 60 years of age or older, as a matter of fact, we have a funeral going on in the community right now that at 12 o'clock I have to go and help the family prepare for that. Here, you're called upon for so many different things. This is just one of the things.*

Regardless of the challenges of stretched volunteer capacity and in many cases burnout, volunteers such as Pam, the computer class coordinator in Inland Bay, often reflected positively on their involvement, and on the involvement of their Age-Friendly committee members:

*To us, it is a rewarding experience. It's just the satisfaction.*

With reference to some high school volunteers in the computer class, Pam noted:

*These two boys were so reliable, so I said to them, "Thank you so much," and one of them said, "When is the next class starting?"*

Despite the challenges of volunteer capacity, many communities were successful in implementing their Age-Friendly programming, and helping their communities become more age-friendly.

**Community partnerships.** Facilitation of partnerships with external community organizations, including businesses, schools, and other committees and volunteer groups was essential to the success of the Age-Friendly initiatives. Communities who did not seek out partnerships with other groups; for example, sponsorships, shared building space, and assistance with event promotion, were typically less successful in their programming. On the other hand, those who actively sought to partner with businesses, schools and other groups and organizations were often more successful. Creating partnerships, for many Age-Friendly committees, was about tapping into existing social capital and sense of community. Some groups were able to use the building space in, for example, Lion's Clubs, in their communities; others were able to partner with schools or community centers to establish seniors' computer classes in existing computer labs, and sometimes to utilize their printing capabilities, as Pam in Inland Bay emphasized:

*This would not be possible if we didn't have free access, free computers, free books printed for you there, all I have to do is buy the binders, the college here provides the paper for us and the employees here print them for us and the rest of our volunteers...I mean we just couldn't operate without all the volunteers, and I especially want to point out our high school students...they are a great help and they really enjoy helping our seniors.*

This same community is given a free column in the local newspaper with which the committee is able to promote their events and programming, and build knowledge among the community about the Age-Friendly programming happening every day in their town. Businesses and other community groups in some communities tended to be happy to donate money or products to the Age-Friendly group, demonstrating the importance of a strong sense of community in building Age-Friendly capacity.

Other communities, typically those who expressed limited social capital and sense of community, and/or who were more economically prosperous, had great difficulty finding volunteers or even seniors to participate, and usually did not seek out community partnerships. Each community group was seen as independent, and it was perceived that other groups would not be receptive to collaborating with the Age-Friendly committee, whether it be in fundraising or shared building space. Typically, these were the communities who could not foresee an ability to create financial or organizational resources for their Age-Friendly committee by engaging in community capacity building, and sought only additional funds from the provincial government to continue with their programming. Although some communities did experience these challenges, the majority of communities were not in this situation.

**50 Plus clubs.** Although existing community organizations typically had a

positive influence on the development of Age-Friendly programming, almost every community encountered at least an initially negative reaction from the local, existing 50 Plus club. Quite often these organizations felt that the Age-Friendly programming was a threat or was competing with their own group, or that the grant money should have been given to their organization because of their direct involvement in the seniors' community. Sometimes, this animosity slightly dwindled; typically, however, animosity dissolved when 50 Plus groups realized that Age-Friendly goals differed from their own, often resulting in positive partnerships. In a minority of cases, however, a lack of partnership between groups severely hindered the success of Age-Friendly programming.

In some cases, there were challenges between 50 Plus clubs and newly developing Age-Friendly committees, frequently stemming from a lack of understanding and history of cooperation between the two groups. The following sentiment did not dissipate, even several years later, a challenge faced by Stella and her Age-Friendly committee in Morganville:

*Some seniors withdraw their support when the grant money did not go directly to their 50 Plus Club.*

Sometimes, 50 Plus clubs felt that Age-Friendly funding should be awarded to their group, since they were the seniors' group in town, as Percy, the vice-chairperson of Age-Friendly in Inland Bay commented:

*The one that's been around along time – a lack of understanding – it's a territorial thing – and that's normal. It's human nature. It happens...long established seniors' organizations – they sometimes feel that "Age-friendly is getting all the funding, we're (50 Plus) getting nothing, we've been here the longest, we're the biggest," but there are different agendas – Age-Friendly focuses on healthy aging, and healthy activities, the other group is a lot to do with playing cards.*

Often, committee members noted that this challenge can be overcome by emphasizing the real differences between the two groups, and minimizing the overlap in targeted demographic groups. Although similarly focused on seniors, Age-Friendly is more of an umbrella approach, is focused on healthy lifestyles, and tends to serve more of the community's senior population. Most communities resolved the animosity between the 50 Plus and Age-Friendly groups through the passage of time or work at growing a partnership, and in some cases the groups have formed active, friendly partnerships, including those in Inland Bay, as Kelly, the committee member in Inland Bay who instructed seniors in crafts, healthy eating, and yoga, noted:

*Initially...there were some concern that this group was funded by government and it was going to take over another group that was doing similar things that needed and didn't have funding. But I think we we've been trying to minimize that divide and I think that was successful.*

In a minority of communities, including Mizzle Cove, this perceived competition for financial and membership resources did not dissipate, and the negativity resulted in the collapse of the Age-Friendly programming, as Nadine, the town clerk and Age-Friendly coordinator, related:

*Any time I can get funding to do things in a small town and we're able to do things that can get people out and about, and just get seniors especially, some that are shut in, some people that are alone now, any time that we are able to get them out or help get them out to go to events, it's awesome. So it was just really disappointing when things just started sort of crumbling.*

It is clear that a fear of competition for scarce resources in the realm of overlapping seniors' activities and community volunteerism created negativity for many newer groups starting out.

**“It’s not just about the money”.** Although follow-up funding was of critical importance in sustaining the momentum begun by the Age-Friendly grant, participants noted the importance of other non-financial aspects in contributing to maintaining the Age-Friendly movement. Money was important – but the committee needed to be created from – and draw upon – a sense of community and the value of giving back, rather than simply seeing another government grant. In other words, social capital was important in program sustainability. This perspective is important municipally, as Roger in St.

Christopher’s indicated:

*In my opinion...the council did not take this program seriously... not for the purpose it was created. No council would turn down funding, but it can’t be seen that way...as just money that the government wants to inject into a community. Acceptance of grants for that purpose can sure help get ‘voted back in’ for the next term. They aren’t seeing it as an ongoing integral part of the community development. The municipality has to be genuinely concerned about a long-term strategy for becoming age-friendly. It has to integrate that strategy into their ongoing activities...budgets, municipal plan, projects, development approvals, etc.*

Equally important, is the intrinsic motivation of committee members, as Nadine in Mizzle Cove suggested, rather than simply the opportunity to inject some money into the community:

*I think for success, you just got to be excited about it. If you’re just doing it just because “Oh well, here’s a chance for some money,” it’s never going to work. I think you have to be really really on board with wanting to see these things happen in your community, and then, just do what you have to do to make it work.*

Drawing on a sense of community – or, in some cases, fostering a renewed sense of community – is important in building age-friendly community capacity, as Mary in Crane Cove indicated:

*It’s not all about money either, it’s about support, and it makes a difference. Our mayor gave his time that day to come as mayor to be a part of something that we*



*were doing for seniors. Recognizing your efforts, plus spending time with seniors. So it's not all about money.*

Some communities noted the challenges of bringing volunteers and municipal members together in an effective and long-term manner, when lack of involvement, the essential piece of social capital and sense of community, is absent, as program coordinators in Crane Cove noted:

*Researcher: What would you recommend to make this program better for your community or for communities that receive this funding in the future?*

*Mary: Well, get more people in involved.*

*Eleanor: And money's not going to do that, really.*

Eleanor wondered whether there was any potential value in examining a municipality's independent capacity to deliver this type of programming, before distributing funding:

*Take for instance, here, our municipality is pretty well off. We could've done what we're doing now without this funding. Our town is very generous with groups and anyone here. They would willingly give any of this amount of money. But there are towns next door here that have no money. So they wouldn't be able to come up with this - they would have to fund everything out of pocket...the little communities that got 50, 60, 70 people, they can get nothing. If you're an able bodied person... I think you're put on this earth to give. And when my turn comes when I'm not able to do or give, then someone should be there to do it. And I think if I got \$20 000, and my neighbour got nothing and they need something, then I should just help them out. And that's the way it used to be, but not anymore. I'd rather live in a giving community than living in a community where people are all for themselves and how much more we can get.*

Funding is important in supporting Age-Friendly organizations to begin their work and assist in becoming sustainable, but drawing on existing social capital and facilitating a strong sense of community may be as important in the long-term as the funding itself was to initiating programming.

**Section summary: Social capital – outmigration, volunteerism, community partnerships, and 50 Plus clubs.** Outmigration emerged as a variable that both enhanced

the need for Age-Friendly programming – but yet made it difficult to implement, given the limited volunteer pool from which to draw, and the burnout among those few volunteers left in many communities. Community champions and partnerships provided answers to these challenges. Conflict was ever present, however, between newly forming Age-Friendly committees, and Fifty Plus clubs. Ultimately, preexisting bonding social capital in communities was important in longer-term program success.

### **Chapter Summary**

Qualitative results suggest that both seniors and committee members were supportive of Age-Friendly initiatives in their community. Many experienced challenges developing or engaging in programming; however, overall there was a positive element to most focus groups and interviews. Participants were often unclear on what ‘age-friendly’ actually was in practice, and this created initial challenges for organizers attempting to form committees and begin needs assessments. Age-friendly programs had positive impacts on seniors, an opinion that tended to be congruent between seniors and committee members, suggesting a fairly accurate assessment of programming (Menec, Newall, & Nowicki, 2014). Seniors’ benefits related to intergenerational interactions, positive health outcomes, increased social support, and technological education. Furthermore, Age-Friendly programming was beneficial to the community, as it raised respect for and awareness of senior’s issues and contributed to sense of community. Lastly, outmigration seen in many rural communities enhanced the need for Age-Friendly programming, as population decline reduced the informal supports seniors traditionally received from younger family, friends, and neighbours (e.g., Wideman, 2010). Outmigration simultaneously made committee formation and program development

difficult, given the reduced volunteer pool available to newly forming communities, and the burnout volunteers often experienced from being relied upon by many informal groups. Often, successful Age-Friendly committees were able to reduce their reliance on their small volunteer base by developing community partnerships. Partnerships with preexisting seniors' groups were often challenging, as both groups were perceived to be competing for scarce community and government resources. Bonding social capital previously present in communities – or interconnections, trust, and reliance between community members – and bridging social capital, in terms of building connections between initially conflicting and/or overlapping groups, often were factors in the longer-term success of Age-Friendly initiatives.

## Chapter 7: Discussion

The current study sought to assess and document 1) whether and how living in increasingly Age-Friendly municipalities benefitted seniors and communities, and 2) to assess the importance of social capital in successful Age-Friendly implementation. Although the methodological approaches used in this mixed methods research were very different, convergent results from both add robustness to the findings of each, indicating the importance of studying both the broader population of municipal and community leaders involved in Age-Friendly programming, and understanding the more in-depth opinions of seniors and committee members involved in the process (e.g., Menec, Newall, & Nowicki, 2014). Little research has been conducted to examine or evaluate the Age-Friendly movement in Canada, in particular in rural Canada (Alley et al., 2007; Menec et al., 2011; Menec et al., 2015), and the current research contributes to this limited body of literature.

Primary research questions asked: Does an Age-Friendly approach support communities in becoming age-friendly? Are communities strong in social capital more ready to implement and benefit from Age-Friendly messaging and programming? Do community leaders and seniors recognize benefits from developing their town's age-friendliness? The following discussion examines the broader questions of benefit and support, suggesting that using an Age-Friendly implementation model *supported* communities in becoming more age-friendly; in particular, among those communities strong in social capital. Specific *benefits* experienced by seniors, recognized by both seniors and community leaders, and the broader positive impacts for communities, are detailed. The Recommendations subsection provides a discussion of the more program-

related research questions, providing several suggestions to enhance and expand upon the community and seniors' health and wellness benefits obtained by engaging in Age-Friendly programming.

### **Overview of Survey Findings**

Descriptive statistics were provided to give a general overview of those participants who completed the Age-Friendly survey, demonstrating that the sample was demographically representative of the grant recipients of specifically the Age-Friendly program (but not of Newfoundland and Labrador in general). The vast majority of surveys were completed by committee members residing in rural towns with small populations; for the most part less than 3000, and came from communities who had experienced population outmigration. Some survey respondents also experienced population in-migration, given their location in hub communities.

An analysis of survey respondents' sense of community and social capital, as measured by the SCI-2 and social capital items, respectively, demonstrated the importance of overall sense of community, a component of community social capital, when compared with income per capita. Those participants living in a community with a high income per capita had a significantly *lower* sense of community than those living in a medium income per capita community. Survey respondents living in low income per capita communities had a higher sense of community than those with medium or high incomes per capita, however this difference was not statistically significant. Interestingly, Spina and Menec (2013) found that contextual factors such as population, demographic composition and a town's ability to obtain financial support influenced the success of Age-Friendly programming in rural communities. Although Spina and Menec's (2013)

study did not directly examine income per capita in relation to age-friendliness, they found that communities who had higher numbers of younger adults and that were geographically close to larger centres were less age-friendly, as seniors were less of a priority from a population perspective and they were able to relatively easily access services outside the community. It is possible that the municipalities with higher incomes per capita in the current study may have a demographic composition of somewhat younger people who commute to population centres or work in nearby heavy industry, thereby lessening the need to be as responsive to seniors' needs.

Population change – or, outmigration – predicted sense of community, such that participants from municipalities experiencing outmigration rated their sense of community lower than those with more stable populations. Given the importance of social capital resources in the success of Age-Friendly committees, as found in the qualitative portion of this research, these results suggest that communities experiencing outmigration may be experiencing decreased social capital – and thus may require the extra support provided by regional Age-Friendly implementation. Furthermore, as Age-Friendly programming has been found to actually *create* community social capital (Lehning et al., 2007), program implementation may benefit the larger populations of those communities in particular experiencing outmigration. It would be interesting to explore whether recommending Age-Friendly programming to wealthier communities could boost social capital.

### **Overview of Focus Group Findings**

The majority of committee members viewed 'age-friendly' as a term that encompassed community development for all ages, with a special focus on seniors, with

only a minority of participants viewing it as an exclusively senior term. In many ways, this impacted the particular *type* of programming that was implemented, typically including children and younger adults as well as seniors, or integrating age groups into collective programming. However, there was an overall lack of clarity as to what ‘Age-Friendly’ in the official context referred to, creating a sense of confusion as newly-formed committees began to work toward a cohesive goal in their needs assessment. However, this lack of clarity is not inconsistent with the literature. Age-friendly is an abstract term, and despite its specific use in the WHO’s Age-Friendly Cities document, there is no particular agreed-upon definition used in the literature (Hanson & Emlet, 2006; Lehning et al., 2007; Menec et al., 2011). Clarity in the definition and practice of the term ‘Age-Friendly’ would likely be helpful in all stages of program development, from the early application stages, to committee development and program implementation.

The vast majority of participants felt that seniors had benefitted from Age-Friendly programming through an increased community awareness of their needs. Often, local businesses or municipalities were prompted to make changes to make community participation more suitable for seniors. It was noted that the AFNL program was integral in beginning the progress toward becoming a more Age-Friendly community; however, municipalities often had begun this process on their own in a small, undefined way, and that the funding pushed these small first steps toward a larger and more organized community development movement.

Seniors and children alike benefited from the natural fit of intergenerational activities within an Age-Friendly approach, consistent with other Age-Friendly implementation projects in Canada (e.g., City of Calgary, 2001) and Age-Friendly

recommendations (Hanson & Emlet, 2006; WHO, 2007). Many seniors who were users of Age-Friendly programming began to engage in healthy eating and fitness regimes that were previously non-existent. Participants – both committee members and seniors alike – spoke of seniors who in the past never left their homes or exercised, and who were now enjoying new physical activities like hiking and bowling, and were seeking out healthier snack food options. Seniors who engage in physical exercise often experience enhanced physical capacity, cognitive functioning, and quality of life, including social relationships, and mental and physical health (Colcombe & Kramer, 2003; Langlois et al., 2013), in particular, among the very old (Kahana et al., 2002). For seniors, these benefits can result from exercise and mobility activities as limited as running errands and attending social events (Glass, DeLeon, Marottoli, & Berkman, 1999). It can be suggested that seniors participating in Age-Friendly programming may have experienced these cognitive and mental health benefits.

The social support provided to seniors who engage in this programming cannot be minimized, given that enabling seniors' social environments can be as important as medical health in contributing to wellness (Lui et al., 2009; Thomas, 2012). This is in line with a large body of research suggesting that meaningful community involvement and social connections plays an important role in seniors' longevity (e.g., Kawachi, Kennedy, & Glass, 1999). Seniors and program coordinators alike spoke about the value of creating and maintaining a social network between seniors. This included making new friends and learning new things together, learning how to use computers and the Internet to keep in touch with families, and being able to keep current and conduct research online.



The presence of bonding social capital in communities – trust and mutual support between a closely-linked network of relationships (Brisson & Usher, 2007) – can be linked to the success of Age-Friendly initiatives, in particular given the challenge of population outmigration in many rural communities. Bonding social capital emerged in the form of community champions and partnerships, consistent with research suggesting that bonding is more present in rural communities, given the frequently strong mutual support among locals, and higher levels of community participation (Onyx & Bullen, 2000). Locations that had begun to form Age-Friendly committees prior to receipt of funding by building community capacity tended to have more success during program implementation – capitalizing on existing, specific networks created through bonding social capital. Though sense of community was found to be lower in communities with census-documented outmigration, consistent with previous research conducted in rural Newfoundland and Labrador (e.g., Fowler, 2001; Fowler & Etchegary, 2008), those networks that remained had been drawn upon and most likely were strengthened by Age-Friendly programming.

Outmigration emerged as a variable that both *created* the need for Age-Friendly programming, but yet made it *difficult to implement*, given the limited volunteer pool from which to draw, and given the burnout among those few volunteers left in many communities (e.g., Wideman, 2010). Communities who experienced outmigration often had become somewhat disconnected, and volunteers were difficult to find (Clark & Liepert, 2007). This is consistent with Menec, Novek, Veselyuk, and McArthur (2014), who found that a lack of people to lead the initiative, and a lack of capacity among volunteers who were already over-committed. Similarly, Fowler (2001) and Fowler and

Etchegary (2008) observed diminished social capital in a community that experienced an economic crisis combined with minimal follow-up economic investment. Even among those communities who were prosperous, significant challenges with recruiting and retaining both volunteers *and* senior participants were often experienced, consistent with the lower social capital found qualitatively and quantitatively in the current study in more prosperous communities. Both outmigration and financial prosperity were related to lower social capital, and the success of Age-Friendly programming may depend on both of these factors.

To combat these challenges when implementing Age-Friendly programming, participants noted the value of community champions in *initiating* the work, and community capacity, in *continuing* the work. Initial reliance on one or a small group of champions initially is important in generating interest in the group; however, these small communities often reported significant volunteer burnout, and challenges finding committed volunteers. This may be interpreted as a downloading of responsibility onto volunteers and voluntary organizations that is often seen in Canadian rural communities (Wideman, 2010), in which volunteers and intermediate community resources become critical components of the social and health structure of their communities, and work to meet the gaps left by healthcare downsizing (Skinner, 2008). However, Skinner and Joseph (2011) note that volunteers are important factors in allowing seniors to age in place (and, presumably, to age actively) in rural Canada. In some ways, they suggest that volunteerism, when supported by the general population, can be a source of resistance to the downsizing and restructuring increasingly observed in small, rural and remote communities. In line with this research, those committees who were able to develop

community capacity through liaisons with the business, nonprofit, education, healthcare or policing community typically experienced more success in their programming.

Capitalizing on existing, sometimes informal, community networks allowed programming to combat the social exclusion of seniors that often occurs in rural communities (Walsh, O'Shea, Scharf, & Shucksmith, 2014), and that was reported in findings of the current study. Those who reported a fairly low sense of community often were similarly unable to envision successful community partnerships, and often failed or had real problems developing their program.

Furthermore, those who applied for Age-Friendly funding as an already established group – be it previously established for other purposes, or, established for the purposes of developing the grant application – often experienced more initial success. Pre-existing groups were clear indicators of existing social capital in a community, and often contributed to ease of program development. However, it is important to make clear the distinction between Age-Friendly committees throughout the province, and the long-established 50 Plus groups. Nearly all participants reported some level of conflict between these groups; however, clear dialogue often resulted in positive, mutually beneficial partnerships – the development of bridging, intergroup capital. The presence of social capital in communities is an important contributing factor to the short and long term success of Age-Friendly committees and their programming.

### **Integrating Study Findings**

The following section defines what an Age-Friendly community in Newfoundland and Labrador looks like from a demographic and committee perspective, and how committees work to help communities become more age-friendly. In addition, the value

of studying community contextual factors; in particular, preexisting community social capital, is discussed.

**What is an Age-Friendly Community in Newfoundland and Labrador?** In this province, the Age-Friendly programming is *conceptualized* as defined by the World Health Organization (2007) and Canada's Age-Friendly Rural and Remote Communities Guide (FPT, 2007). Given that the majority of Age-Friendly Communities in Newfoundland and Labrador are small communities in rural locations, or larger hub communities serving multiple small towns, the most successful committees have been able to capitalize on existing social capital to build capacity. Age-friendly committees are groups of volunteers, sometimes including an elected municipal official, who are genuinely, intrinsically interested in supporting seniors in aging in place. In addition, Age-Friendly committees are comprised of people with a broad vision for community building, often facilitated by taking an intergenerational, regional approach to program implementation.

**How is Age-Friendly programming helping communities become more age-friendly?** Bringing together seniors and children, and seniors from the surrounding region, to participate in physically active, educational and social opportunities, builds community, as the current study suggests. Findings of the current research indicates that Age-Friendly Communities programming provides revitalization to those rural and remote locations in which seniors are experiencing the negative impact of outmigration, and provides a conceptual model upon which other community endeavours may be built. Seniors who participate in Age-Friendly programming activities are learning, with the assistance of younger people, to use the computer, are able to connect with their children

through modern technology, and are in turn sharing their wisdom and knowledge of, for example, cooking, baking, gardening, and local history, with children. Seniors who were previously “shut in”, as social isolation was commonly referred to during data collection, found themselves with new friends and a new activity schedule. Seniors who did not previously engage in healthy eating or physical activity learned new ways to stay active and to enjoy a healthy lifestyle. Community capacity is slowly building in some of the towns included in the current research that were struggling to attract and retain volunteers and to proceed with tangible outcomes. Development of capacity among communities included in this research is typically aided by the existence of trust, connectedness, and leadership – of social capital.

**Social capital in Age-Friendly Communities: Value of the theoretical approach.** In communities that are characteristically tight knit, bonding social capital provides a foundation upon which successful Age-Friendly initiatives can be built. Existing committees or networks of volunteers, friends and neighbours participated in Age-Friendly projects, and are better equipped to mobilize the community capacity that is required for long-term program sustainability. It appeared that networks with local organizations, clubs, schools, churches, Lion’s Clubs, and senior’s organizations such as Fifty Plus contributed to enhanced social capital, and increased the likelihood that Age-Friendly programs would remain. Bonding social capital in the forms of sense of community, trust, and leadership were important in ensuring the success of Age-Friendly capacity. Furthermore, this research suggests that Age-Friendly programming may have contributed to building social capital among seniors, who often lived in rural communities with aging populations and away from their children and grandchildren who traditionally

supported older relatives aging in place. Overall, Age-Friendly Communities were enhancing seniors' abilities to age in place, consistent with prior research (Spina & Menec, 2013).

Seniors were able to connect with one another on a regular basis through active and engaged systems, and through computer classes, were often able to connect at a deeper and more regular level with their families living in other locations, by learning to use the Internet. Sense of community was an important factor in these findings. Those individuals – both seniors and younger program coordinators – who rated a stronger sense of community typically were residents of towns with fairly successful Age-Friendly programs. The basic social infrastructure was already in place; committee development and program implementation was more a matter of utilizing existing social capital.

Those communities who experienced lower levels of social capital; be it through outmigration, an influx of industrial employment and financial prosperity, or simply population aging, reported a small resurgence in community networks which, in all likelihood, once were present. Participants in communities challenged by a lack of social capital often spoke of the “old days,” when “everyone helped everyone” – be it the old days when people lived and worked in their own communities, or, when people were not as prosperous and did not live the increasingly independent, modern lifestyles seen in some of the more industrial and financially successful communities. In particular, the finding that population decline, conceptualized in a Newfoundland and Labrador context as outmigration, is a significant predictor of *lower* sense of community, speaks to the importance of social capital as a model. Outmigration resulted in fewer community leaders, fewer residents to offer social support during challenging times, economic

hardship, and reduced community trust among those who remained. The inclusion of sense of community as an element of social capital and its predictability based on outmigration indicates the value of incorporating social capital as a theoretical framework in this research.

It is interesting to note that financial prosperity was *not* associated with higher levels of social capital, and in turn, with successful Age-Friendly capacity building. Both quantitative and qualitative results indicated that financially prosperous municipalities sometimes experienced challenges in attracting the volunteers or senior participants required to create an Age-Friendly program. The sense of community that had previously existed had dwindled, and simply gathering groups of people together, and achieving more long-term volunteer commitment, was difficult. Participants felt that the sense of community had given way to a more selfish, individual approach, and not to the collaborative, bonding social roles of the communities of the past. Financial prosperity provided a challenge to be overcome for community organizers. In some cases, organizers were successful in overcoming this challenge and were able to build community capacity, whereas others were unable to do so.

Furthermore, communities at all financial levels noted that succeeding in Age-Friendly initiatives depended on more than receiving funding; in fact, this was contracted in the current research. Having funding ensured that citizens started thinking about the concept of Age-Friendly communities, but did not ensure that they would develop the capacity and community linkages to enable uptake of their program in the short term, and sustainability of their programming in the long term. Success was not simply about being prosperous as a community, or about securing funding from the government, but about

developing community capacity by capitalizing on existing bonding social capital, trust, and reciprocity. By taking the capacity building approach recommended by the World Health Organization (2007), Canada's Age-Friendly Rural and Remote Communities Guide (2007), and the AFNL program, these communities were working toward building back community capacity and social capital of previous generations.

Social capital was a useful theoretical framework to use in this research, given its importance as a conceptual framework. Consistent with previous research both in rural Newfoundland and Labrador (Fowler, 2001; Fowler & Etchegary, 2008) and outside this province (Campbell, Wood, & Kelly, 1999), social capital emerged as a variable which was influential in predicting whether communities were able to come together to support a cause, or if they had difficulty building capacity. Although the current research examined contextual variables in a number of diverse towns and organizations, social capital was the variable that appeared to link the disparate parts of the research. Essentially, it created a theoretical lens through which practical findings and recommendations could be viewed, and enhanced the generalizability of findings. Although Age-Friendly programming and community capacity in rural communities and small towns exists outside of Newfoundland and Labrador and may be implemented in diverse ways, social capital is a common thread which, in large or small quantities, may be studied in all locations. However, it is important to note that the current research cannot determine whether Age-Friendly programming built social capital, built *on* social capital, or both, but current results demonstrate the importance of *considering* community-level social capital as a lens and framework when researching the successes and challenges of implementing Age-Friendly programming.



## **Methodological Approach**

The current study used a mixed methods approach, in line with similar in Age-Friendly literature (e.g., O'Shea, 2006) and with recommendations for Age-Friendly research in Canada (Menec et al., 2011; Menec, Newall, & Nowicki, 2014). Health promotion programming is often based on quantitative research findings, illustrating the value of staying within the bounds of numerical research. However, health promotion research (e.g., Green & Thorogood, 2005; Willig, 2003), and in particular, Age-Friendly research (e.g., Spina & Menec, 2013), is increasingly recognizing the importance of studying the context within which a given health behaviour occurs, integrating the “how” and the “why” into results from more mainstream projects, including similar Age-Friendly assessments (e.g., Hanson & Emlet, 2006; Hsu et al., 2010). Qualitative research, although very different in outlook and theory from quantitative methods, similarly uses standardized principles of design and analysis, emphasizing findings at a contextual level rather than aiming for large-scale generalization. When used independently or in conjunction with quantitative research methods, results may be understood in context and calls for future research to investigate underlying phenomenon can, in some ways, be addressed by this increasingly mainstream method of inquiry.

For this reason, the current research was designed using both qualitative and quantitative aims and methodologies in mind, in order to examine the health and social implications of Age-Friendly programming, program administration, and community social capital. Specifically, this allowed for in-depth discussion with volunteers and seniors, populations that are logistically difficult to obtain large samples from, given scheduling challenges, rural and remote locations, physical challenges associated with

aging, and the sometimes transient or scheduling problems associated with volunteerism. Including the voices of seniors, qualitatively, was an important feature of this research (Menec, et al., 2014). Furthermore, the qualitative approach in particular allowed for a naturalistic, place-based, contextual approach to rural seniors' research. This is consistent with past and current theoretical approaches, which note the diversity in rural settings but yet the need for enhanced and more specific approaches to examining age-friendliness in rural locations (Walsh et al., 2014). Social capital research conducted from a gerontological perspective, in addition, is recommended to employ qualitative methods (Poulsen et al., 2011). This portion of this project was carefully designed with both recommendations in the aging and Age-Friendly Communities' literature in mind, and the unique geographic and social landscape of Newfoundland and Labrador.

The questionnaire portion of the research was consistent with this mixed methods approach to researching Age-Friendly programming. Despite the fact that qualitative interviews build context, as discussed, the simple geographic distance between communities would not allow this project to reach and include all Age-Friendly Communities. A survey approach allowed as many of the communities to be involved as they wished (in this case, 79%), providing fairly strong generalizability of quantitative findings. Each rural secretariat region in Newfoundland and Labrador who was funded under the AFNL program at the time of data collection was included, and communities with small and large populations, and in rural, suburban and remote locations were surveyed. Furthermore, using existing measures to assess social capital and sense of community will allow for comparison of results in future, perhaps using a repeated measures design for this funding initiative or for similar others. Secondly, dividing the

questionnaire itself into two parts – one focusing on the healthy aging project, and the other focusing on policy and practice, is consistent with research methodology in this area (O’Shea, 2006), and allowed for the production of both academic and policy analyses and documents.

The lack of consistency noted in the quantitative, demographic analysis across population change, income, health, community belongingness and satisfaction with life, additionally implies the value of employing a mixed methods approach to data collection and analysis. Individual communities were not typically consistent across variables; for example, a community experiencing major population decline rated a strong satisfaction with life, and communities paired on one population variable, such as income per capita, varied substantially on other, related constructs. The lack of a discernable pattern between variables suggests that the connections between objective statistical data and subjective community experience may ultimately be a complex relationship between social, political, and economic variables. The incorporation of qualitative data analyzed from a bottom-up, inductive perspective provides a complementary layer of interpretation to data examined deductively, and allows research to explore communities’ experiences of economics, population change, health, and wellness. The mixed methods approach used in the current study balances the challenges associated with both qualitative and quantitative methodologies, producing a methodological structure that examines, at an in-depth level, the processes and benefits of becoming a more Age-Friendly community.

### **Recommendations for Enhanced Age-Friendly Communities Programming**

Results of the current study indicate that the Age-Friendly approach, both as developed by the WHO and as implemented by the Government of Newfoundland and

Labrador, is beneficial to seniors and communities alike. Community social capital predicts program success, demonstrating the importance of studying rural communities in particular using a lens of trust and reciprocity. However, improvements for Age-Friendly Communities programming, in general, can be made based on results of this study and on a review of the literature, to encourage the growth of Age-Friendly committees and to foster the sustainability of Age-Friendly programming. The program evaluation document provided to the provincial government details a number of program-specific recommendations; however, the following section focuses on the broader recommendations relevant to an Age-Friendly approach, from an academic perspective. Specifically, these recommendations include clarity of terminology, capitalizing on and developing social capital through municipal collaboration and community capacity building, and encouraging a regional programming approach to address the challenges of outmigration; specifically, declining social capital and volunteer burnout.

**Enhanced clarity.** In this province, although Age-Friendly programming utilizes a number of terms and concepts, both qualitative and quantitative results indicate a general lack of understanding from both seniors and Age-Friendly committee members regarding these terms. Specifically, there is considerable confusion among Age-Friendly committee members regarding a) the age groups which are targeted by this program, and b) the concept behind Age-Friendly Communities.

Current results suggest that the majority of Age-Friendly committees define this term from an intergenerational perspective, with a special focus on seniors, which is consistent with that of official provincial and international Age-Friendly programming. However, results indicate that committee members and even seniors struggled to arrive at

this definition, which provided initial confusion when developing their programming and seeking support from their broader community. To curb this confusion, literature detailing Age-Friendly programming should give a general overview of where the term is derived from, how it has developed (e.g., descriptively detailing the Age-Friendly cities movement and its procedures, the primarily rural Canadian and provincial context), and specifically what it refers to, demographically and procedurally (e.g., forming a committee and conducting needs assessments). It is clear that simply referencing external Age-Friendly documents may be confusing to new applicants; instead, a clear and parsimonious overview of the term, the history of the program, and the specific structure of Age-Friendly programming are required. It is recommended that these be made explicit in verbal and written program documents, to allow for consistent and parsimonious understanding of the programming being undertaken, at the community level.

Clarity and parsimony is particularly important given the perceptions of similarity that can occur regarding this grant and other, related seniors' grants across federal, provincial and municipal governments, and the population of individuals who typically compose grant applications in very small, rural communities. Frequently, those individuals writing the applications for Age-Friendly support are volunteers involved in their community in many ways, and who are not entrenched in government jargon, application processes, and calls for proposals. The current research makes clear that although the official definition of Age-Friendly places the focus on seniors by seeking to maximize seniors' health, security, and community participation maximize seniors' health, security, and community participation (Michael et al., 2006), there is confusion at the community level about what population Age-Friendly targets. It is important that the

definition be amended, in future programming, to indicate that ‘Age-Friendly’ includes, broadly, adaptations for the health and wellness of community members of all ages, but with a special focus on seniors. Clearly defining and explaining Age-Friendly terminology and concepts would most likely maximize the number of people who decide to invest their time into creating quality applications, thereby enabling more communities to get involved with developing an Age-Friendly approach, and will at the implementation end maximize programming uptake and involvement.

**Inclusion of social capital.** Secondly, it is important that the benefits of building and drawing on community social capital be incorporated into Age-Friendly programming. This is recommended given the results of the current study, which suggest that those communities that experience higher levels of social capital are more readily able to implement Age-Friendly programming. Encouraging and facilitating enhanced municipal support and community capacity building can assist in achieving this aim.

Developing explicit municipal accountability regarding Age-Friendly support should be encouraged upon receipt of funding, through creating an official municipal proclamation, as is currently done, and by adding standing Age-Friendly items to council agendas, thereby adding an Age-Friendly lens to municipal planning. Although municipal involvement is currently a component of the AFNL grant, this research makes clear that more direct connections between municipalities and Age-Friendly committees is critical to the long-term sustainability of Age-Friendly programming. Those committees who had developed clear and long-term links with their municipal representatives tended to be more successful in developing their initial program, recruiting volunteers and seniors, and maintaining programming for a longer duration. Creating a reciprocal link between on-

the-ground community groups and rural municipal governments in small towns is a particularly important way to capitalize on – and to develop – community social capital, which is critical to the success of non-profit programming. It is important that this municipal support for Age-Friendly programming become the norm, rather than the exception.

Building community capacity is a key component of Age-Friendly committee success, as indicated by the WHO (2007), but also by participants in this research. Communities tended to be less successful when work was conducted internally within committees, and quite successful by those who reached out to engage with other community organizations, businesses, schools, local media, the municipality, and the general population. This is consistent with the findings in Quebec by Garon, Paris, Beaulieu, Veil, and Laliberté (2014), who note the importance of collaboration between various stakeholders, and having a common goal, on program sustainability, and more specifically on attaining additional, follow-up funding, and with Keyes et al. (2014) who recognized the continual need for collaboration with a variety of community groups and stakeholders. Trust and reciprocity are important components of social capital (Putnam, 2000), and by encouraging committees to work with other established groups in their communities, they are laying the foundation for a reciprocal relationship between Age-Friendly initiatives and other groups. Those committees who were able to capitalize on existing bonding social capital by involving groups and organizations at various levels typically were more successful in their committee development and project implementation. Furthermore, volunteer burnout was an important finding in this study – and building community capacity allowed a greater distribution of work and effort

throughout the community, rather than simply relying on one or two community champions. It is key that committee members are made aware that they should appeal to the sense of community in their town to build capacity. Age-friendly cannot occur in a vacuum – it must engage community capacity building to maximize program success and ultimately benefit seniors, and committees must be made aware of their role in facilitating this process.

**Implementing regional approaches.** In a wide variety of community initiatives in rural Newfoundland and Labrador today, regional approaches are taken to implementation, to ensure maximum reach and uptake. This allows communities with shrinking and aging populations to combine their individual capacities. For example, one community may have a large community centre, and another community may have excellent technological and administrative resources. Sustainability of Age-Friendly programming is critical to the more widespread, strategic growth of initiatives that are, at the moment, often small-scale in nature and relevant only to a small number of communities in the province. It is for this reason that regionalization is recommended, to move the concept of Age-Friendly communities toward broader, and more long-term municipal and provincial policies, consistent with the recommendations of Ball and Lawler (2014), to reinvent Age-Friendly communities from the community level to a larger context.

Results of this study indicate that a wider, regional approach would contribute to and enhance the sustainability of Age-Friendly programming, and would extend its reach to a larger number of seniors in the area. Ultimately, it is recommended that a regional approach to committee building and programming implementation be taken, where



relevant. Participants from larger or isolated municipalities did not use this approach, however those communities who were very small in population and in close proximity to other small towns often successfully implemented their Age-Friendly programming regionally. This allowed a larger base for community capacity building, given that the smallest towns sometimes have fewer community organizations and businesses, and allowed the programming to reach more seniors in the region. Often, those communities who effectively used a regional approach were those who were used to working regionally on other initiatives, and regionally implementing Age-Friendly would be a natural extension of this process.

It is recommended that Age-Friendly committees be made aware that a regional process is an acceptable implementation option, and that they be provided with examples of communities who have been successful doing so. Furthermore, facilitating a regional approach to implementation creates bridging social capital, a concept less present in small, rural communities, but which may be effective in reinvigorating community involvement and connectivity at a regional level that in some locations is dwindling. Regional partnerships additionally would allow the sharing of administrative and infrastructure-related resources, and have been shown in previous research to be related to successful Age-Friendly programming (Spina & Menec, 2013). However, regional implementation should be approached with caution, given that some communities may not be keen to share funds resources with neighbouring towns. Overall, results indicate that improvements to Age-Friendly programming in terms of clarity, building and capitalizing on social capital, and taking a regional approach would benefit both seniors and the communities at large, and would maximize longer-term program sustainability.

## **Limitations and Future Directions**

Generalizations of the current study's findings are limited by its particular context in mostly rural, remote, and small town Newfoundland and Labrador, within the context of one particular funding program and theoretical approach. However, it is possible that these results and methodological approaches are to a certain extent relatable to similar funding programs and locations in Atlantic Canada that follow the WHO's Age-Friendly Cities implementation method. For example, Age-Friendly programs in Nova Scotia are implemented in partnership between academic and government institutions, however the method of program delivery is similar to the AFNL program Newfoundland and Labrador and is consistent with the WHO's guidelines (P. Fancey, Personal Communication, June 3, 2013; Government of Nova Scotia, n.d.; Mount Saint Vincent University, 2014). Additionally, study findings are targeted primarily at the program level, and do not examine rural aging in Newfoundland and Labrador more broadly. However, given that Age-Friendly programming across the country is growing, and that there is a paucity of evaluation research conducted in conjunction with these projects (Menec et al., 2011), results are applicable in this evaluation context.

Furthermore, the current research is limited by convenience sampling, a small survey sample size, and thus suffers from low statistical power. Statistical findings must be interpreted with caution, and in conjunction with the qualitative findings that provide support for the quantitative findings. Without statistical power, these results do not stand on their own, and must not be interpreted in isolation. It is important to note that despite the small degree of statistical power associated with the current findings, the population from which surveys could be drawn (e.g., of funded Age-Friendly committee members)

was quite small, and that 79% of Age-Friendly communities contributed at least one survey. Additionally, it is difficult to fully attribute change to this Age-Friendly initiative, as Menec, Novek, Veselyuk, and McArthur (2014) found in a Manitoba sample. Some communities had already begun planning their programming to a certain extent before the funding was distributed, and this maybe an important factor to consider when interpreting the current research. However, the vast majority of communities had not begin implementing or planning Age-Friendly initiatives prior to receipt of funding, and for this reason, it is clear at least that the programming was largely influential in successful Age-Friendly programming. In future, questionnaires need include only perceptions of rurality and population composition, and specific population parameters can be derived from provincial statistics.

Future research should take two directions. First, follow up research should be conducted in several years to re-evaluate this program, using a repeated measures design. This would facilitate concrete comparison of committee growth and success over time. More importantly, given that active programming would have taken place over a number of years in many of the communities, research could examine tangible health benefits to seniors of Age-Friendly participation. Researchers could compare community health census statistics, and speak with medical and community health practitioners regarding the more concrete health benefits to this program than the current study was able to do. Golant (2014) has raised concerns that Age-Friendly programming is too broad and too much of a temporary, bandage solution for more serious challenges in rural Canada in particular. Undertaking a repeated measures design to again evaluate this program could demonstrate whether this program is, in fact, a bandage solution, or whether it is

sustainable enough to build permanent community capacity, and to extend seniors' health and wellness benefits beyond a short period of implementation.

Secondly, given the methodological limitations to the current research, future research could take a broader approach to data collection, examining not only *organized* Age-Friendly initiatives in this province, but informal, unfunded programs supporting aging in place and active aging in small, rural and remote communities. This quasi-experimental approach would include examining the initiatives that communities have implemented to address their population aging, not under the Age-Friendly umbrella, but instead at a local government or community level alone, independent of funding or the WHO Age-Friendly cities approach. A quasi-experimental design would address issues of convenience and snowball sampling included in the current research. Accessing a broader sample of seniors than those who are involved in Age-Friendly programming would be important because, as research has shown, seniors are a diverse population and not every senior wishes to participate in community programming (Curry & Fisher, 2013). In addition, this approach could address statistical problems of the current research and research conducted in similar applied, community-based programming settings, by maximizing survey response rates and addressing problems of low statistical power. Similarly, because each community is different and programs are implemented from the bottom up (e.g., at the community level), future research could qualitatively group and analyze demographically similar communities, to allow for comparison across groups.

It is suggested that social capital be employed as a theoretical framework in future research, whether formally assessing Age-Friendly programs or simply studying healthy aging initiatives in general. The current research has demonstrated the importance of

social capital both as a theory in understanding Age-Friendly community capacity building, and also as a connector in communities seeking to become more age-friendly. Future research should include social capital and sense of community as a framework in understanding the success of Age-Friendly programming, in particular in rural communities and small towns, given the historical importance of social capital in these types of locations, and its erosion following outmigration population patterns, and in some cases, economic prosperity. Other communities who remained strong in social capital often were better able to implement successful, sustainable Age-Friendly programming, indicating its value as a theoretical touchstone in Age-Friendly research.

## **Conclusion**

It was hypothesized that 1) residing in Age-Friendly Communities benefits seniors and communities, 2) communities with well-developed social capital are more ready to embrace and benefit from Age-Friendly programming, and 3) population trends related to lower social capital, such as outmigration and higher incomes per capita, will be related to a reduced ability to implement Age-Friendly programming. These hypotheses were supported, by both qualitative and quantitative results. The preceding discussion integrated both qualitative and quantitative findings, making it clear that living in Age-Friendly communities benefitted seniors and the community. This effect was enhanced in communities with well-developed social capital; specifically, among those whose residents were satisfied with life and experienced a sense of belonging. Communities experiencing either outmigration or high levels of prosperity were sometimes less equipped with social capital and therefore were less able to effectively and sustainably develop and implement Age-Friendly programming.

## References

- Alley, D. S., Liebig, P., Pynoos, J., Banerjee, T., & Choi, I. H. (2007). Creating elder-friendly communities. *Journal of Gerontological Social Work, 49*, 1-18.
- Almedom, A. M., & Glandon, D. (2008). Social capital and mental health: An updated interdisciplinary review of primary evidence. In I. Kawachi, S. V. Subramanian, & D. Kim (Eds.), *Social capital and health* (191-214). New York, NY: Springer.
- Andrew, M. K. (2005). Social capital, health, and care home residence among older adults: A secondary analysis of the Health Survey for England 2000. *Eur J Ageing, 2*, 137-148.
- Arbuthnot, E., Dawson, J., & Hansen-Ketchum, P. (2007). Senior women and rural living. *Online Journal of Rural Nursing and Health Care, 7*(1), 35-46.
- Ball, M. S., & Lawler, K. (2014). Changing practice and policy to move to scale: A framework for age-friendly communities across the United States. *Journal of Aging and Social Policy, 26*, 19-32.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Brisson, D., & Usher, C. L. (2007). Conceptualizing and measuring bonding social capital in low-income neighborhoods. *Journal of Social Service Research, 34*, 1-11.
- Buffel, T., Phillipson, C., & Scharf, T. (2012). Ageing in urban environments: Developing 'age -friendly' cities. *Critical Social Policy, 32*, 597-617.
- Buffel, T., Verte, D., De Donder, L., De Witte, N., Dury, S., Vanwing, T., & Bolsenbroek, A. (2012). Theorising the relationship between older people and their immediate social living environment. *Int J of Lifelong Education, 31*, 13-32.

- Campbell, C., Wood, R., & Kelley, M. (1999). *Social capital and health*. London: Health Education Authority.
- Canadian Institute for Health Information (CIHI) (2011). *Health Care in Canada, 2011: A Focus on Seniors and Aging*. Ottawa, Ontario, Canada: CIHI.
- Canadian Institute of Health Research (CIHR) (2012). *Speaking of Aging Tour* [PowerPoint slides].
- Chaskin, R. J., Goerge, R. M., Skyles, A., & Guiltinan, S. (2006). Measuring social capital: An exploration in community-research partnership. *Journal of Community Psychology, 34*, 489-514.
- Chavis, D. M., Hogge, J., McMillan, D., & Wandersman, A. (1986). Sense of community through Brunswick's lens: A first look. *Journal of Community Psychology, 14*, 24-40.
- Chavis, D. M., Lee, K. S., & Acosta, J. D. (2008). The Sense of Community (SCI) Revised: The Reliability and Validity of the SCI-2. Paper presented at the 2<sup>nd</sup> International Community Psychology Conference, Lisboa, Portugal.
- Chipeur, H. & Pretty, G. (1999). A review of the Sense of Community Index: Current uses, factor structure, reliability, and further development. *Journal of Community Psychology, 27*, 643-658.
- City of Calgary. (2001). *Understanding community development and service coordination to enhance seniors' quality of life: Final report of the elder-friendly communities project*. Calgary, Alberta: University of Calgary. Retrieved April 30, 2013 from [http://www.calgary.ca/docgallery/BU/community/elder\\_friendly\\_communities.pdf](http://www.calgary.ca/docgallery/BU/community/elder_friendly_communities.pdf).

- Clark, K. J., & Leipert, B. D. (2007). Strengthening and sustaining social supports for rural elders. *Online Journal of Rural Nursing and Health Care*, 7, 13-26.
- Cloutier-Fisher, D., & Harvey, J. (2009). Home beyond the house: Experiences of place in an evolving retirement community. *Journal of Environmental Psychology*, 29(2), 246-255.
- CMHC (2012). *Housing for older Canadians: Understanding the market*. Government of Canada. NH15-295/1-2012E
- Colcombe, S., & Kramer, A. S. (2003). Fitness effects on the cognitive function of older adults: A meta-analytic study. *Psychological Science*, 14, 125-130.
- Community Accounts (2015a). About the project. Retrieved from [http://nl.communityaccounts.ca/about\\_us.asp](http://nl.communityaccounts.ca/about_us.asp)
- Community Accounts (2015b). *Community Accounts* (Data file). Retrieved from <http://nl.communityaccounts.ca>
- Curry, N., & Fisher, R. (2013). Being, belonging and bestowing: Differing degrees of community involvement amongst rural elders in England and Wales. *Eur J Ageing*, 10, 325-333.
- Dandy, K., & Bollman, R. D. (2008). Seniors in rural Canada. Rural and Small Town Canada Analysis Bulletin, 7(8) 56 .Catalogue no. 21-006-X .
- Davenport, J., Rathwell, T. A., & Rosenberg, M. W. (2005). Service provision for seniors: Challenges for communities in Atlantic Canada. *Longwoods Review*, 3, 9-16.



De Silva, M. (2006). Systematic review of the methods used in studies of social capital and mental health. In K. McKenzie & T. Harpham (Eds.), *Social capital and mental health* (39-67). London: Jessica Kingsley.

Department of Finance (2006). *Demographic change: Issues and implications*. Government of Newfoundland and Labrador: St. John's, NL.

Department of Finance (2012). *Demographic overview and outlook: Newfoundland and Labrador* [PowerPoint slides]. Government of Newfoundland and Labrador: St. John's, NL.

Feder, J., Komisar, H. L., & Niefeld, M. (2000). Long-term care in the United States: An overview. *Health Affairs*, 19, 40-56.

Federal/Provincial/Territorial (FPT) Committee of Officials (Seniors) (2006). *Healthy Aging in Canada: A New Vision, a Vital Investment. From Evidence to Action*.

Federal/Provincial/Territorial (FPT) Ministers Responsible for Seniors. (2007). *Age-Friendly Rural and Remote Communities: A Guide*. Ottawa, Ontario, Canada: Public Health Agency of Canada, Division of Aging and Seniors.

Federal/Provincial/Territorial (FPT) Working Group on Healthy Aging. (2009). *Healthy Aging in Canada: A New Vision, A Vital Investment*. Ottawa, Ontario, Canada: Division of Aging and Seniors.

Fitzgerald, K., & Caro, F. G. (2014). An overview of age-friendly cities and communities around the world. *Journal of Aging and Social Policy*, 26, 1-18.

Fowler, K. (2001). *Community reaction to a social disaster: A Newfoundland case study* (Unpublished doctoral dissertation). Memorial University of Newfoundland, St. John's, NL.

- Fowler, K., & Etchegary, H. (2008). Economic crisis and social capital: The story of two rural fishing communities. *Journal of Occupational and Organizational Psychology, 81*, 319-341.
- Fowler, K., Wareham-Fowler, S., & Barnes, C. (2013). Social context and depression severity and duration in Canadian men and women: Exploring the influence of social support and sense of community belongingness. *Journal of Applied Social Psychology, 43*, E85-E96.
- Garon, S., Paris, M., Beaulieu, M., Veil, A., & Laliberté, A. (2014). Collaborative partnership in age-friendly cities: Two case studies from Quebec, Canada. *Journal of Aging and Social Policy, 26*, 73-87.
- Glass, T. A., DeLeon, C. M., Marottoli, R. A., & Berkman, L. F. (1999). Population based study of social and productive activities as predictors of survival among elderly Americans. *British Medical Journal, 319*, 478-483.
- Goguen Campbell, M. (2012). *Rising above a crisis: Resilience processes and community well-being* (Unpublished doctoral dissertation. Memorial University of Newfoundland, St. John's, NL.
- Golant, S. M. (2014). *Age-Friendly Communities: Are We Expecting Too Much?* IRPP Insight 5 (February 2014). Montreal: Institute for Research on Public Policy.
- Government of NL (2007a). Provincial Healthy Aging Policy Framework. St. John's, NL: Department of Health and Community Services, Division of Aging and Seniors.
- Government of NL (2007b). Regional Demographic Profiles Newfoundland and Labrador. Department of Finance, and Rural Secretariat.
- Government of NL (2013). Age-Friendly Newfoundland and Labrador: Community

Grants Application Guidelines 2013-2014. Department of Health and Community Services.

Government of Nova Scotia (n.d). *Age-Friendly Communities*. Nova Scotia Department of Seniors. Retrieved from [http://novascotia.ca/seniors/age\\_friendly\\_program.asp](http://novascotia.ca/seniors/age_friendly_program.asp)

Green, G., & Thorogood, N. (2005). *Qualitative methods for health research*. Trowbridge: Sage.

Hanson, D., & Emlet, C. A. (2006). Assessing a community's elder friendliness: A case example of the AdvantAge Initiative. *Family and Community Health*, 29, 266-278.

Havens, B., Hall, M., Sylvestre, G., & Jivan, T. (2004). Social isolation and loneliness: Differences between older rural and urban Manitobans. *Canadian Journal on Aging*, 23(2), 129–140.

Health Canada (2002). *Dare to Age Well: Workshop on Healthy Aging. Part 1: Aging and Health Practices*. Ottawa, Ontario, Canada: Government of Canada.

Hsu, H. C., Wang, C. H., Chen, Y. C., Chang, M. C. & Wang, J. (2010). Evaluation of a community based aging intervention program. *Educational Gerontology*, 36, 547-572.

Kahana, E., Lawrence, R. H., Kahana, B., Kercher, K., Wisniewski, A., Stoller, E., . . . Stange, K. (2002). Long-term impact of preventive proactivity on quality of life of the old-old. *Psychosomatic Medicine*, 64, 382-394.

Kawachi, B, Kennedy, P., & Glass, R. (1999). Social capital and self-rated health: A contextual analysis. *American Journal of Public Health*, 89(8), 1187-1193.

Kawachi, I., Subramanian, S. V., & Kim, D. (Eds.). (2008). *Social capital and health*.

New York: Springer.

Keating, N. (2009). Social capital and the care networks of frail seniors. *Canadian Review of Sociology*, 301-318.

Keating, N., Swindle, J., & Fletcher, S. (2011). Aging in rural Canada: A retrospective and review. *Canadian Journal on Aging*, 30, 323-338.

Kendig, H. (2003). Directions in environmental gerontology: A multidisciplinary field. *The Gerontologist*, 43, 611-615.

Keyes, L., Phillips, D. R., Sterling, E., Manegdeg, T., Kelly, M., Trimble, G., & Mayerik, C. (2014). Transforming the way we live together: A model to move communities from policy to implementation. *Journal of Aging and Social Policy*, 26, 117-130.

Kim, D., Subramanian, S. V., & Kawachi, I. (2006). Bonding versus bridging social capital and their associations with self rated health: A multilevel analysis of 40 US communities. *J Epidemiol Community Health*, 60(2), 116-122.

Kim, D., Subramanian, S. V., & Kawachi, I. (2008). Social capital and physical health: A systematic review of the literature. In I. Kawachi, S. V. Subramanian, & D. Kim (Eds.), *Social capital and health*. New York, NY: Springer.

Kitchen, P., Williams, A., & Chowhan, J. (2012). Sense of community belonging and health in Canada: A regional analysis. *Soc Indic Res*, 107, 103-126.

Kitchen, P., Williams, A., & Simone, D. (2012). Measuring social capital in Hamilton, Ontario. *Soc Indic Res*, 108, 215-238.

Langlois, F., Vu, T. T. M., Chasse, K., Dupuis, G., Kergoat, M-J., & Bherer, L. (2013). Benefits of physical exercise training on cognition and quality of life in frail older

- adults. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, Vol 68B(3), 400-404.
- Lawton, M. P., & Nahemow, L. (1973). Ecology and the aging process. In C. Eisdorfer, & M. P. Lawton (Eds.), *The Psychology of Aging and Adult Development* (pp. 619-674). Washington, DC: American Psychological Association.
- Lehning, A. J., Chun, Y., & Scharlach, A. (2007). Structural barriers to developing ‘Aging-friendly’ communities. *Public Policy & Aging Report*, 17, 15-20.
- Lehning, A. J., Scharlach, A. E., & Dal Santo, T. S. (2010). A web-based approach for helping communities become more “aging friendly.” *Journal of Applied Gerontology*, 29, 415-433.
- Lui, C-W., Everingham, J-A., Warburton, J., Cuthill, M., & Bartlett, H. (2009). What makes a community age-friendly: A review of international literature. *Australasian Journal on Ageing*, 28, 116-121.
- Lum, T. Y., & Lightfoot, E. (2005). The effects of volunteering on the physical and mental health of older people. *Research on Aging*, 27, 31-55.
- Maier, H., & Klumb, P. L. (2005). Social participation and survival at older ages: Is the effect driven by activity content or context? *Eur J Ageing*, 2, 31-39.
- McMillan, D. & Chavis, D. (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, 14, 6-23.
- Menec, V. H., Newall, N. E. G., & Nowicki, S. (2014). Assessing communities’ age-friendliness: How congruent are subjective versus objective assessments? *Journal of Applied Gerontology*, 33, 1-17.

- Menec, V. H., Novek, S., Veselyuk, D., & McArthur, J. (2014). Lessons learned from a Canadian province-wide age-friendly initiative: The Age-Friendly Manitoba Initiative. *Journal of Aging and Social Policy*, 26, 33-51.
- Menec, V. H., Hutton, L., Newall, N., Nowicki, S., Spina, J., & Veselyuk, D. (2015). How 'age-friendly' are rural communities and what community characteristics are related to age-friendliness? The case of rural Manitoba, Canada. *Ageing and Society*, 35, 203-223.
- Menec, V. H., Means, R., Keating, N., & Parkhurst, G. (2011). Conceptualizing age-friendly communities. *Canadian Journal on Aging*, 30, 479-493.
- Menec, V. H., Newall, N. E. G., & Nowicki, S. (2014). Assessing communities' age-friendliness: How congruent are subjective versus objective assessments? *Journal of Applied Gerontology*, 33, 1-17.
- Michael, Y. L., Green, M. K., & Farquhar, S. A. (2006). Neighborhood design and active aging. *Health & Place*, 12, 734 – 740.
- Mount Saint Vincent University (2014). *Current projects: Building age-friendly communities: Messaging to shape policy and practice*. Retrieved from [http://www.msvu.ca/en/home/community/Centres\\_Institutes/centreonaging/projects/current/default.aspx#building](http://www.msvu.ca/en/home/community/Centres_Institutes/centreonaging/projects/current/default.aspx#building)
- NL Statistics Agency (2014). Community Accounts. Retrieved from <http://nl.communityaccounts.ca>
- O'Shea, E. (2006). Developing a healthy ageing policy for Ireland: The view from below. *Health Policy*, 76, 93-105.

- Obst, P. & White, K. (2004). Revisiting the Sense of Community Index: A confirmatory factor analysis. *Journal of Community Psychology*, 32, 691–705.
- Onyx, J., & Bullen, P. (2000). Measuring social capital in five communities. *The Journal of Applied Behavioral Science*, 36, 23-42.
- Parkinson, L., Warburton, J., Sibbritt, D., & Byles, J (2010). Volunteering and older women: Psychosocial and health predictors of participation. *Aging and Mental Health*, 14, 917-927.
- Perkins, D., Florin, P., Rich, R., Wandersman, A., & Chavis, D. (1990). Participation and the social and physical environment of residential blocks: Crime and community context. *American Journal of Community Psychology*, 18, 83–115.
- Peterson, P. J. (1999). Gray dawn: The global aging crisis. *Foreign Affairs*. Retrieved from <http://www.foreignaffairs.com/articles/54620/peter-g-peterson/gray-dawn-the-global-aging-crisis>
- Plouffe, L. A., & Kalache, A. (2011). Making communities age-friendly: State and municipal initiatives in Canada and other countries. *Gac Sanit.*, 25(S), 131-137.
- Poulsen, T., Christensen, U., Lund, R., & Avlund, K. (2011). Measuring aspects of social capital in a gerontological perspective. *Eur J Ageing*, 8, 221-232.
- Public Health Agency of Canada (PHAC) (2012). *Age-friendly communities*. Retrieved from <http://www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php>
- Putnam, R. (1995). Bowling alone: America's declining social capital. *Journal of Democracy*, 6(1), 65–78.
- Putnam, R. (2000). *Bowling alone: The collapse and revival of American community*. Simon and Schuster.

- Putnam, R. (2001). Social capital: Measurement and consequences. *ISUMA*, 2, 41-51.
- Pynoos, J., & Nishita, C. M. (2007). Aging in place. S. Carmel, C. A. Morse, & F. M. Torres-Gil (Eds.), *Lessons on Aging from Three Nations, Volume I, The Art of Aging Well*. (185-198). New York: Baywood.
- Roche, C. (2011). Global aging and the crisis of the 2020's. *Business Insider*. Retrieved from <http://www.businessinsider.com/global-aging-and-the-crisis-of-the-2020s-2011-1>
- Rosel, N. (2003). Aging in place: Knowing where you are. *International Journal of Aging and Human Development*, 57, 77-90.
- Rothwell, N., & Turcotte, M. (2006). The influence of education on civic engagement: Differences across Canada's rural-urban spectrum. Statistics Canada. *Rural and Small Town Canada Analysis Bulletin*, 7(1). Catalogue no. 21-006-XIE.
- Rozanova, J., Dosman, D., & de Jong Gierveld, J. (2008). Participation in rural contexts: Community matters. In N. Keating (Ed.), *Rural ageing: A good place to grow old?* (pp. 75–86). Bristol, UK: Policy Press.
- Rural Secretariat of Newfoundland and Labrador. (2011). Census Metropolitan Area (CMA), Census Agglomerations (CA) and Communities of 5,000 Population and Over.
- Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277, 918-924.
- Skinner, M. W. (2008). Voluntarism and long-term care in the countryside: The paradox of a threadbare sector. *The Canadian Geographer*, 52, 188-203.



- Skinner, M. W., & Joseph, A. E. (2007). The evolving role of voluntarism in ageing rural communities. *New Zealand Geographer*, 63, 119-129.
- Spina, J., & Menec, V. H. (2013). What community characteristics help or hinder rural communities in becoming Age-Friendly? Perspectives from a Canadian prairie province. *Journal of Applied Gerontology*, 1-21.
- Statistics Canada (2007). *Demographic trends and the geography of aging*. Retrieved from <http://www.statcan.gc.ca/pub/89-519-x/2006001/4122092-eng.htm>
- Statistics Canada (2008). *Some facts about the demographic and ethnocultural composition of the population*. Retrieved from <http://www.statcan.gc.ca/pub/91-003-x/2007001/4129904-eng.htm>
- Statistics Canada (2010). *Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual* (CANSIM Table 051-0001). Ottawa: Statistics Canada.
- Statistics Canada (2011). *Canada's rural population since 1851*. Retrieved from [http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-310-x/98-310-x2011003\\_2-eng.pdf](http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-310-x/98-310-x2011003_2-eng.pdf)
- Statistics Canada (2014a). *Canadians in Context*. Retrieved from [http://www4.hrsdc.gc.ca/d.4m.1.3n@-eng.jsp?did=6#D\\_6](http://www4.hrsdc.gc.ca/d.4m.1.3n@-eng.jsp?did=6#D_6)
- Statistics Canada (2014b). Population and dwelling counts, for Canada, provinces and territories, 2011 and 2006 censuses. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/hlt-fst/pd-pl/TableTableau.cfm?LANG=Eng&T=101&S=50&O=A>

- Stone, W. (2001). *Measuring social capital: Towards a theoretically informed measurement framework for researching social capital in family and community life*. Research Paper No. 24, Australian Institute of Family Studies, Melbourne.
- Strengthening Rural Canada (n.d.). Newfoundland and Labrador. Retrieved from <http://strengtheningruralcanada.ca/communities/newfoundland-labrador/>
- Thomas, P. A. (2012). Trajectories of social engagement and mortality in late life. *Journal of Aging and Health, 24*, 547-568.
- Turcotte, M. (2005). Social engagement and civic participation: Are rural and small town populations really at an advantage? *Rural and Small Town Canada Analysis Bulletin, 6*(4). Statistics Canada. Catalogue no. 21-006-XIE.
- Turcotte, M. & Schellenberg, G. (2006). A Portrait of Seniors in Canada. Retrieved from Statistics Canada.
- Vemuri, A. W., Grove, M., Wilson, M. A., & Burch, W. R. Jr. (2009). A tale of two scales: Evaluating the relationship among life satisfaction, social capital, income, and the natural environment at individual and neighborhood levels in metropolitan Baltimore. *Environment and Behavior, 43*, 3-25.
- Walsh, K., O'Shea, E., Scharf, T., & Shucksmith, M. (2014). Exploring the impact of informal practices on social exclusion and age-friendliness for older people in rural communities. *Journal of Community and Applied Social Psychology, 24*, 37-49.
- Wideman, G. (2010). *Strengthening rural social work practices with older persons: The relevance of intermediate resources in one Newfoundland community*

(Unpublished doctoral dissertation). Memorial University of Newfoundland, St. John's, NL.

Willig, C. (2003). *Introducing qualitative research in psychology*. Open University Press: Buckingham, UK.

Woolcock, M., & Narayan, D. (2000). Social capital: Implications for development theory, research, and policy. *The World Bank Research Observer*, 15, 225-49.

World Health Organization (1948). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

World Health Organization (WHO). (2002). *Active Aging: A Policy Framework*. Madrid, Spain: Second United Nations. World Assembly on Ageing.

World Health Organization (WHO). (2007). *Global Age-Friendly Cities: A Guide*. Geneva, Switzerland: World Health Organization.

World Health Organization (WHO) Centre for Health Development. (2012). *Developing indicators for the global age-friendly cities*. Retrieved from [http://www.healthinternetwork.com/kobe\\_centre/ageing/age\\_friendly\\_cities/AFC\\_Mtg-1\\_Report\\_AUG2012\\_StGallen.pdf](http://www.healthinternetwork.com/kobe_centre/ageing/age_friendly_cities/AFC_Mtg-1_Report_AUG2012_StGallen.pdf)

World Health Organization. (2013). What is “active ageing”? Retrieved from [http://www.who.int/ageing/active\\_ageing/en/](http://www.who.int/ageing/active_ageing/en/)

World Health Organization (WHO) Centre for Health Development. (2013). *Second WHO consultation on developing indicators for age-friendly cities*. Retrieved

from [http://www.who.int/kobe\\_centre/ageing/age\\_friendly\\_cities/AFC\\_Mtg-2\\_Report-SEP2013\\_Quebec.pdf](http://www.who.int/kobe_centre/ageing/age_friendly_cities/AFC_Mtg-2_Report-SEP2013_Quebec.pdf)

## Appendices

## Appendix A – Ethics Approval



### Interdisciplinary Committee on Ethics in Human Research (ICEHR)

Office of Research - #C2010C  
St. John's, NL Canada A1C 5S7  
Tel: 709 864-2561 Fax: 709 864-4612  
[www.mun.ca/research](http://www.mun.ca/research)

|                      |  |
|----------------------|--|
| ICEHR Number:        | 20140332-SC  |
| Approval Period:     | August 30, 2013 – August 31, 2014  |
| Funding Source:      |  |
| Responsible Faculty: | Dr. Ken Fowler<br>Department of Psychology, Faculty of Science                 |
| Title of Project:    | <i>Evaluation of the age-friendly Newfoundland and Labrador grants program</i> |

August 30, 2013

Ms. Elizabeth Russell  
Department of Psychology, Faculty of Science  
Memorial University of Newfoundland

Dear Ms. Russell:

Thank you for your email correspondence of August 23, 2013 addressing the issues raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning the above-named research project.

The ICEHR has re-examined the proposal with the clarification and revisions submitted and is satisfied that the concerns raised by the Committee have been adequately addressed. In accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS2)*, the project has been granted *full ethics clearance* to August 31, 2014.

If you intend to make changes during the course of the project which may give rise to ethical concerns, please forward an amendment request with a description of these changes to Theresa Heath at [icehr@mun.ca](mailto:icehr@mun.ca) for the Committee's consideration.

The *TCPS2* requires that you submit an annual status report on your project to the ICEHR before August 31, 2014. If you plan to continue the project, you need to request renewal of your ethics clearance, including a brief summary on the progress of your research. When the project no longer requires contact with human participants, is completed and/or terminated, you need to provide the final report with a brief summary, and your file will be closed. The annual update form is on the ICEHR website at <http://www.mun.ca/research/ethics/humans/icehr/applications/>.

We wish you success with your research.

Yours sincerely,

Gail Wideman, Ph.D.

Vice-Chair, Interdisciplinary Committee on  
Ethics in Human Research

GW/th

copy: Supervisor – Dr. Ken Fowler, Department of Psychology, Faculty of Science

## Appendix B – Contact Email and Consent Forms

### Initial Contact Email

Hi \_\_\_\_\_ (*Age-Friendly Committee Member*),

Following from Suzanne Brake's email, my name is Elizabeth Russell, and I am evaluating the Age-Friendly NL Grants Program. I am hoping you might have some time to help me out. I have created a survey for you and all of your age-friendly committee members to complete, which would be very helpful in discovering the value of this program to \_\_\_\_\_ (*community name*), and to its seniors.

How to fill out the survey:

I have created a Word version, which you can simply complete on your computer and return by email (attached, titled "**Survey**", and there are instructions written in the document). If you would rather fill out the survey by hand, please print the attachment and fill it out by hand. You can scan and *email* back to me, or, you can *mail* it back to me at the address below. I will be happy to send you two self-addressed, postage paid envelopes ASAP if you let me know your return address. There is also an attached consent form, which I would appreciate if you could sign (or type in your name) and return in a separate envelope from the survey.

Second, we want to survey all members of your **age-friendly committee**. Could you please pass on this email and its attachments to the other members, and request them to complete the survey as well? If it is easier, you can return your surveys as a group - again, I am happy to mail you a large self-addressed, postage paid envelope at the address of your choosing.

Thank you so much, and I sincerely appreciate your participation! It will be of great help in enhancing the Age-Friendly NL Grants Program, and, in writing my PhD thesis.

- Elizabeth

**Elizabeth Russell**

[erussell@mun.ca](mailto:erussell@mun.ca)

Department of Psychology

Memorial University of Newfoundland

St. John's, NL

A1B 3X9

### Consent Form - Survey

Dear Age-Friendly Committee Member,

November, 2013

My name is Elizabeth Russell, and I am working on a dissertation as part of my PhD in psychology at Memorial University. The purpose of the study is to study and to evaluate the Department of Seniors, Wellness, and Social Development – Seniors and Aging Division's Age-Friendly Newfoundland and Labrador grants. I would like to discuss how this program might have impacted your community and its seniors, by surveying all individuals who have administered AFNL programs over the years. Please consider taking part.

I want to sincerely thank you for considering completion of this survey. Not only will your responses help further my PhD work, but also you will have made an important contribution to helping the Seniors and Aging Division understand the impact of their Age-Friendly Newfoundland and Labrador program on your communities and on others like yours. This information will be of great assistance in helping me advise the Department on how best to move forward with this program, based on information provided in these surveys and also by focus groups being conducted with several age-friendly committee members and impacted seniors throughout the province.

Also, note that your participation in this study is voluntary. Your responses will be confidential to the research team (myself and my supervisor, Dr. Ken Fowler). If you do not wish to complete this survey, simply do not return it. If you wish to complete the survey, please complete the consent form and return it in the postage paid envelope marked "consent form". The completed survey may be returned separately, with no names or identifying markings, in the postage paid envelope marked "survey". Once the survey is mailed, it will not be possible to remove your data from the study, as there will be no way to identify which survey is yours.

*If you would like to take part in this study, please sign the attached sheet and return in the postage paid envelope marked "consent form." If you choose not to participate, please do not return any component of this package.*

Data will be retained for a minimum of five years, as required by Memorial University policy on Integrity in Scholarly Research. The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or by telephone at 709-864-2861.

Thank you so much, *Elizabeth Russell*

[erussell@mun.ca](mailto:erussell@mun.ca) or 765-3362

*Alternate Contact:* Thesis Supervisor - Dr. Ken Fowler, [kenfowler@mun.ca](mailto:kenfowler@mun.ca), 864-4897



### Signature Page - Survey

This sheet is to be signed by you, the participant, if you decide to participate. Please read it carefully and check off **Yes** or **No**. Please keep the information sheet and return this form in the postage paid return envelope marked “consent form”. Please return your survey separately, in the postage paid return envelope marked “survey”, making no identifying marks on the survey or its return envelope.

|   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 1. I have read the information sheet.                   | _____      | _____     |
| 2. I understand that it is my choice to be in the study | _____      | _____     |
| 3. I understand that I may not benefit from this study. | _____      | _____     |
| 4. I agree to take part in this study.                  | _____      | _____     |

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

### **Consent Form (Committees) – Focus Groups**

Dear Age-Friendly Committee Member,

November, 2013

My name is Elizabeth Russell, and I am working on a dissertation as part of my PhD in psychology at Memorial University. The purpose of the study is to study and to evaluate the Department of Seniors, Wellness, and Social Development – Seniors and Aging Division's Age-Friendly Newfoundland and Labrador grants. I would like to discuss how this program might have impacted your community and its seniors, by talking with small groups of age-friendly committee members. Please consider taking part.

Also, note that your participation in this study is voluntary. Your responses will be confidential to the research team (myself and my supervisor, Dr. Ken Fowler), as all names and identifying characteristics will be altered in transcription and use of data. Although the researcher will attempt to safeguard confidentiality, there is no guarantee that other participants will keep your identity confidential. However, the session will begin with a brief discussion about my request to keep participant information and content confidential between the group. Furthermore, because the participants for this research project have been selected from a small group of people, all of whom are known to each other, it is possible that you may be identifiable to others on the basis of what you have said. However, keep in mind that all personal and community names will be changed in all documentation of this project, to help minimize the likelihood of this occurrence.

If you choose to end your participation before the focus group is complete, you are free to do so. Any data contributed to the group will not be included in the transcription or analysis, and thus will be excluded from all written reports as well. If you later decide to withdraw your information, all data you contributed will be excluded from the analysis and reports. However, if you withdraw either during or after the focus group, data cannot be removed from the recording. Please let me know within six months of the focus groups if you wish to have your information excluded. There will be no consequences of withdrawing. Data will be retained for a minimum of five years, as required by Memorial University policy on Integrity in Scholarly Research.

The focus group session will be digitally recorded, so that later analysis remains true to precisely what was discussed. If you choose, however, the recording can be stopped at any time. Copies of the recording will be moved to a flash drive kept in a secure location, and myself and my supervisor will have access. When the session is transcribed for data analysis, the names of individuals and communities, and any identifying characteristics, will be changed.

*If you would like to take part in this study, please sign the attached sheet. If you choose not to participate, please leave the form blank. You may keep this page for your information.*

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or by telephone at 709-864-2861.

Thank you so much,

*Elizabeth Russell*

[erussell@mun.ca](mailto:erussell@mun.ca), 765-3362

*Alternate Contact:* Thesis Supervisor - Dr. Ken Fowler, [kenfowler@mun.ca](mailto:kenfowler@mun.ca), 864-4897

### Signature Page – Age-Friendly Committees Focus Groups

This sheet is to be signed by you, the participant, if you decide to participate. Please read it carefully and check off **Yes** or **No**:

|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 1. I have read the information sheet.  | _____      | _____     |
| 2. I understand that I am free to withdraw from the study at any time without having to give a reason  | _____      | _____     |
| 3. I understand that it is my choice to be in the study  | _____      | _____     |
| 4. I understand that I may not benefit from this study.  | _____      | _____     |
| 5. I agree to have the focus group tape-recorded   | _____      | _____     |
| 6. I understand that information provided in the focus group may be included in a written report that will be made available to the public, with the understanding that the names of participants, communities and identifying characteristics will be removed from the reports. | _____      | _____     |
| 7. I understand that I may request to have the recording device turned off at any time.  | _____      | _____     |
| 8. I agree to take part in this study.   | _____      | _____     |

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

### Consent Form (Seniors) – Focus Groups

Dear Participant,

November, 2013

My name is Elizabeth Russell, and I am working on a dissertation as part of my PhD in psychology at Memorial University. The purpose is to study and to evaluate the Department of Seniors, Wellness, and Social Development – Seniors and Aging Division's Age-Friendly Newfoundland and Labrador grants. I would like to discuss how this program might have impacted your community and its seniors, by talking with small groups of seniors involved in or affected by the program. Please consider taking part.

Also, note that your participation in this study is voluntary. Your responses will be confidential to the research team (myself and my supervisor, Dr. Ken Fowler), as all names and identifying characteristics will be altered in transcription and use of data. Although the researcher will attempt to safeguard confidentiality, there is no guarantee that other participants will keep your identity confidential. However, the session will begin with a brief discussion about my request to keep participant information and content confidential between the group. Furthermore, because the participants for this research project have been selected from a small group of people, all of whom are known to each other, it is possible that you may be identifiable to others on the basis of what you have said. However, keep in mind that all personal and community names will be changed in all documentation of this project, to help minimize the likelihood of this occurrence.

If you choose to end your participation before the focus group is complete, you are free to do so. Any data contributed to the group will not be included in the transcription or analysis, and thus will be excluded from all written reports as well. If you later decide to withdraw your information, all data you contributed will be excluded from the analysis and reports. However, if you withdraw either during or after the focus group, data cannot be removed from the recording. Please let me know within six months of the focus groups if you wish to have your information excluded. There will be no consequences of withdrawing. Data will be retained for a minimum of five years, as required by Memorial University policy on Integrity in Scholarly Research.

The focus group session will be digitally recorded, so that later analysis remains true to precisely what was discussed. If you choose, however, the recording can be stopped at any time. Copies of the recording will be moved to a flash drive kept in a secure location, and only myself and my supervisor will have access. When the session is transcribed for data analysis, the names of individuals and communities, and any identifying characteristics, will be changed.

*If you would like to take part in this study, please sign the attached sheet. If you choose not to participate, please leave the form blank. You may keep this page for your information.*

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or by telephone at 709-864-2861.

Thank you so much,

Elizabeth Russell

[erussell@mun.ca](mailto:erussell@mun.ca), 765-3362

Alternate Contact: Thesis Supervisor - Dr. Ken Fowler, [kenfowler@mun.ca](mailto:kenfowler@mun.ca), 864-4897

### Signature Page – Seniors Focus Groups

This sheet is to be signed by you, the participant, if you decide to participate. Please read it carefully and check off **Yes** or **No**:

|  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 1. I have read the information sheet.  | _____      | _____     |
| 2. I understand that I am free to withdraw from the study at any time without having to give a reason  | _____      | _____     |
| 3. I understand that it is my choice to be in the study  | _____      | _____     |
| 4. I understand that I may not benefit from this study.  | _____      | _____     |
| 5. I agree to have the focus group tape-recorded   | _____      | _____     |
| 6. I understand that information provided in the focus group may be included in a written report that will be made available to the public, with the understanding that the names of participants, communities and identifying characteristics will be removed from the reports. | _____      | _____     |
| 7. I understand that I may request to have the recording device turned off at any time.  | _____      | _____     |
| 8. I agree to take part in this study.   | _____      | _____     |

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

**Appendix C – Survey**

## AGE FRIENDLY COMMUNITIES SURVEY

| Part 1/6 - Community Demographic Information<br>(please circle one)                             |   |   |   |           |             |         |
|---|---|---|---|-----------|-------------|---------|
| 1. What is the <b>approximate population</b> of your community?                                 | Under 500   | 501-1000  | 1001-3000   | 3001-7000 | 7001-11 000 | 11 001+ |
| 2. What <b>age groups</b> would you say make up your community?                                 | A good mix of children, younger adults and seniors  | Fewer children; mostly younger adults and seniors | Almost no children, few younger adults and nearly all seniors |           |             |         |
| 3. How would you <b>describe the geographic location</b> of your community?                     | Urban   | Regional Hub                                      | Rural (but not remote)  | Remote    |             |         |
| 4. In what <b>Rural Secretariat region</b> is your community located?<br><br>(please check one) | <input type="checkbox"/> Labrador<br><input type="checkbox"/> St. Anthony - Port au Choix<br><input type="checkbox"/> Corner Brook - Rocky Harbour<br><input type="checkbox"/> Stephenville - Port aux Basques<br><input type="checkbox"/> Grand Falls - Windsor - Baie Verte - Harbour Breton<br><input type="checkbox"/> Gander - New-Wes-Valley<br><input type="checkbox"/> Clarenville – Bonavista<br><input type="checkbox"/> Burin Peninsula<br><input type="checkbox"/> Avalon Peninsula |   |   |           |             |         |

| <b>Part 2/6 – Your Community</b>   |                      |                    |                    |           |                |
|--|----------------------|--------------------|--------------------|-----------|----------------|
| 5. How important is it to you to feel a sense of community with other community members?<br><i>(Please circle one)</i> | Not Important at All | Not Very Important | Somewhat Important | Important | Very Important |

| <b>Sense of Community</b><br><i>(Please check one)</i>   | <b>Not at all</b> | <b>Somewhat</b> | <b>Mostly</b> | <b>Completely</b> |
|--|-------------------|-----------------|---------------|-------------------|
| 6. I get important needs of mine met because I am part of this community.  |                   |                 |               |                   |
| 7. Community members and I value the same thing.   |                   |                 |               |                   |
| 8. This community has been successful in getting the needs of its members met.   |                   |                 |               |                   |
| 9. Being a member of this community makes me feel good.  |                   |                 |               |                   |
| 10. When I have a problem, I can talk about it with members of this community.   |                   |                 |               |                   |
| 11. People in this community have similar needs, priorities and goals.   |                   |                 |               |                   |
| 12. I can trust people in this community.  |                   |                 |               |                   |
| 13. I can recognize most of the members of this community.   |                   |                 |               |                   |
| 14. Most community members know me.  |                   |                 |               |                   |
| 15. This community has symbols and expressions of membership such as clothes, signs, art, architecture, logos, landmarks, and flags that people can recognize. |                   |                 |               |                   |



|   |  |  |  |  |
|---|--|--|--|--|
| 16. I put a lot of time and effort into being a part of this community. |  |  |  |  |
| 17. Being a member of this community is a part of my identity.          |  |  |  |  |
| 18. Fitting into this community is important to me.                     |  |  |  |  |
| 19. This community can influence other communities.                     |  |  |  |  |
| 20. I care about what other community members think of me.              |  |  |  |  |
| 21. I have influence over what this community is like.                  |  |  |  |  |
| 22. If there is a problem in this community, members can get it solved. |  |  |  |  |
| 23. I feel hopeful about the future of this community.                  |  |  |  |  |
| 24. Members of this community care about each other.                    |  |  |  |  |

| <b>Social Capital</b><br><i>(please check one)</i>   | <b>Strongly disagree</b> | <b>Disagree</b> | <b>Neither agree nor disagree</b> | <b>Agree</b> | <b>Strongly Agree</b> |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| 25. People in the community are willing to help one another.   |                          |                 |                                   |              |                       |
| 26. This is a close-knit community.  |                          |                 |                                   |              |                       |
| 27. People in this community can be trusted.   |                          |                 |                                   |              |                       |
| 28. There are many opportunities to meet neighbours and work on community problems.                                |                          |                 |                                   |              |                       |
| 29. Churches and volunteer groups actively support the community.  |                          |                 |                                   |              |                       |
| 30. Other people in this community are engaged, through volunteerism, sitting on boards, municipal councils, etc). |                          |                 |                                   |              |                       |

|   |                   |  |  |  |  |
|---|-------------------|--|--|--|--|
| 31. There is outmigration in this community.              |                   |  |  |  |  |
| 32. If so – how is outmigration affecting this community? | <hr/> <hr/> <hr/> |  |  |  |  |

| Part 3/6 – The Age Friendly Newfoundland and Labrador (AFNL) Grant In Your Community  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|-------------------|----------|----------------------------|-------|----------------|
| 33. What does the term “Age Friendly” mean to you?  | <hr/> <hr/> <hr/> |          |                            |       |                |
| 34. When we received the grant, the <b>general population</b> of this community was ready to embrace the “Age Friendly” message.                            |                   |          |                            |       |                |
| 35. When we received the grant, the <b>municipality</b> was ready to embrace the “Age Friendly” message.  |                   |          |                            |       |                |
| 36. Our community has changed for the better since <b>becoming more Age Friendly</b> .  |                   |          |                            |       |                |
| 37. The AFNL initiative has helped our community <b>become more Age Friendly</b> .  |                   |          |                            |       |                |
| 38. Government’s Age Friendly program has helped to enhance this community’s <b>sustainability</b>  |                   |          |                            |       |                |
| 39. The grant was <b>implemented as suggested</b> (e.g., forming the Age Friendly committee and conducting a community needs assessment in the first year). |                   |          |                            |       |                |
| 40. The program <b>evolved</b> as it was implemented  |                   |          |                            |       |                |

| Part 4/6 - Age Friendly Committee Formation   |  |          |                            |       |                |
|---|--|----------|----------------------------|-------|----------------|
| The following questions relate to <b>how your committee came together</b> once you received your grant.   |  |          |                            |       |                |
| 41. How did you recruit your Age Friendly committee?  | <hr/> <hr/>  |          |                            |       |                |
| 42. Please indicate who the <b>key members</b> of your Age Friendly Committee are. (check all that apply) | <input type="checkbox"/> Professionals from related fields (e.g., medical professionals, social workers, etc)<br><input type="checkbox"/> Community volunteers<br><input type="checkbox"/> Private citizens (non senior)<br><input type="checkbox"/> Private citizens (seniors)<br><input type="checkbox"/> Municipal officials<br><input type="checkbox"/> An existing seniors' related community group (e.g., 50+ club)<br><input type="checkbox"/> Other: _____ |          |                            |       |                |
| 43. Most members were <b>already active</b> in other aspects of the community.                            | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 44. We experienced significant <b>successes</b> when forming our Age Friendly committee.                  | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 45. If so, please list a few of these successes you experienced when forming your committee.              | <hr/> <hr/>  |          |                            |       |                |
| 46. We experienced significant <b>challenges</b> when forming our Age Friendly committee.                 | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 47. If so, please <b>list a few of these challenges</b> you experienced when forming your committee.      | <hr/> <hr/>  |          |                            |       |                |

| Part 5/6 - Needs Assessment  |  |          |                            |       |                |
|--|--|----------|----------------------------|-------|----------------|
| <p>The following questions relate to the <b>needs assessment</b> process you may have completed or may be currently working on. Please check a response based on what you have accomplished to date. <b>If you are not yet at this stage, please leave this section blank.</b></p> |  |          |                            |       |                |
| 48. Who <b>conducted</b> the needs assessment?<br>(check all that apply)   | <input type="checkbox"/> Elected municipal official(s)<br><input type="checkbox"/> Municipal employee(s)<br><input type="checkbox"/> A hired student<br><input type="checkbox"/> Hired consultant(s) (other than students)<br><input type="checkbox"/> Volunteer<br><input type="checkbox"/> Private citizen(s)<br><input type="checkbox"/> Community group(s)<br><input type="checkbox"/> Other _____ |          |                            |       |                |
| 49. How was this person <b>compensated</b> ?<br>(check all that apply)   | <input type="checkbox"/> He/she was a volunteer<br><input type="checkbox"/> He/she was paid out of the grant money<br><input type="checkbox"/> He/she was paid by the municipality<br><input type="checkbox"/> He/she took this task on as a part of their current employment (e.g., municipal employee)<br><input type="checkbox"/> Other: _____  |          |                            |       |                |
| 50. Describe the <b>key recommendation(s)</b> of the needs assessment, if known (feel free to expand on the back of the page if you wish)  | <hr/> <hr/> <hr/> <hr/> <hr/>  |          |                            |       |                |
| 51. Our committee has implemented or is in the process of implementing the <b>key recommendations</b> from the needs assessment.<br>(If no, please skip to the next section)   | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

|  |  |          |                            |       |                |
|--|--|----------|----------------------------|-------|----------------|
| <p>52. How have you <b>implemented</b> any recommendations?<br/>(check all that apply)</p>           | <p><input type="checkbox"/> Seniors' awards</p> <p><input type="checkbox"/> Seniors' events</p> <p><input type="checkbox"/> Building a specific piece of infrastructure - <i>please identify:</i></p> <p>_____</p> <p><input type="checkbox"/> Seniors' fitness classes</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> |          |                            |       |                |
| <p>53. We experienced significant <b>successes</b> when implementing our recommendations.</p>        | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| <p>54. If so, please <b>list a few of these successes.</b></p>                                       | <p>_____</p> <p>_____</p> <p>_____</p>   |          |                            |       |                |
| <p>55. We experienced significant <b>challenges</b> when implementing our recommendations.</p>       | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| <p>56. If so, please <b>list a few of these challenges.</b></p>                                      | <p>_____</p> <p>_____</p> <p>_____</p>   |          |                            |       |                |
| <p>57. Our progress to date <b>enhanced our community's Age Friendliness.</b></p>                    | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| <p>58. The reaction of <b>municipal officials</b> to the Age Friendly program has been positive.</p> | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| <p>59. The reaction of <b>community groups</b> to the Age Friendly program has been positive.</p>    | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| <p>60. The reaction of <b>seniors</b> to the Age Friendly program has been positive.</p>             | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

|  |   |
|--|---|
| <p>61. How did you <b>promote</b> your Age Friendly initiative to your community?<br/>(check all that apply)</p> | <p><input type="checkbox"/> Local media (radio, tv, etc.)</p> <p><input type="checkbox"/> Local newsletters</p> <p><input type="checkbox"/> Promotion directly to seniors' clubs, facilities, etc.</p> <p><input type="checkbox"/> Community bulletin board</p> <p><input type="checkbox"/> Municipal signs/newsletters etc.</p> <p><input type="checkbox"/> Hosting a community event</p> <p><input type="checkbox"/> Word of mouth</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> |
|--|---|

| Part 6/6 - AFNL Grant – General   |  |          |                            |       |                |
|---|--|----------|----------------------------|-------|----------------|
| <p><i>The following questions relate to the Department of Health and Community Service's Age Friendly Newfoundland and Labrador Grants Program, NOT to the program you implemented in your community after being funded.</i></p>    |  |          |                            |       |                |
| <p>62. How did you hear about the AFNL program?</p>   | <p>_____</p> <p>_____</p> <p>_____</p>   |          |                            |       |                |
| <p>63. Who was responsible for <b>initiating the grant?</b> (e.g., suggesting that the town apply for a grant, or writing and submitting the application itself – <i>check all that apply</i>)</p>                                  | <p><input type="checkbox"/> Municipal official(s)</p> <p><input type="checkbox"/> Municipal employee(s)</p> <p><input type="checkbox"/> Private citizen(s)</p> <p><input type="checkbox"/> Community group(s)</p> <p><input type="checkbox"/> Other: _____</p> |          |                            |       |                |
| <p>64. We are <b>satisfied</b> with how we heard about the AFNL program.</p>  | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| <p>65. The Age Friendly program funds individual communities to establish their <i>own</i> Age Friendly committee and to conduct their <i>own</i> needs assessment. <b>This approach has been successful for our community.</b></p> | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |

|  |  |          |                            |       |                |
|--|--|----------|----------------------------|-------|----------------|
| 66. Do recommend any changes to the program <b>application process</b> ?                                       | <hr/> <hr/> <hr/>  |          |                            |       |                |
| 67. The AFNL program is <b>effective</b> in contributing to the Age Friendliness of our community.             | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 68. The Department of Health has <b>supported my community</b> in our Age Friendly project.                    | Strongly disagree  | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| 69. How can <b>municipalities</b> contribute to the sustainability and expansion of AFNL?                      | <hr/> <hr/> <hr/>  |          |                            |       |                |
| 70. How can the <b>provincial government</b> contribute to the sustainability and expansion of AFNL?           | <hr/> <hr/> <hr/>  |          |                            |       |                |
| 71. How can we best get AFNL on the <b>agenda</b> of municipalities who are not yet familiar with the program? | <hr/> <hr/> <hr/>  |          |                            |       |                |
| 72. How can we encourage communication between funded Age Friendly Communities?<br>(check all that apply)      | <input type="checkbox"/> Conferences<br><input type="checkbox"/> Teleconferences<br><input type="checkbox"/> Intranet (an internal Age Friendly NL website)<br><input type="checkbox"/> Social media<br><input type="checkbox"/> Regional meetings or councils<br><input type="checkbox"/> Peer mentoring with previously funded communities<br><input type="checkbox"/> Other: _____<br><hr/> <hr/> |          |                            |       |                |

73. Do you have anything further to add to this evaluation of the Age Friendly Newfoundland and Labrador Grants Program?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## Appendix D – Qualitative Question Guides

### Committees – Focus Group Question Guide

#### AFNL Grant:

1. Tell me about the program you developed – how did it evolve?
2. Who initiated the grant?
3. How did your **committee come together** once you received your grant?
  - i. Who are your committee members (e.g., representatives from related fields, volunteers, interested parties, municipal officials, an existing seniors related committee or group, etc)
  - ii. Were seniors involved in the age-friendly committee?
  - iii. Did you experience any particular challenges or successes when **forming your age-friendly committee**?
  - iv. Why do you think your program was so successful? (or unsuccessful)
  - v. Is this committee still operational?
4. How was the program **implemented**?
  - a. (e.g., conducting needs assessment as the main first year component, following your initial proposal and budget, etc).
  - b. Did the program change as it developed?
  - c. Describe your **needs assessment process** (is there a copy you can share?)
    - i. e.g., who conducted the assessment? (town clerk, volunteer, student, consultant)
    - ii. What were the main recommendations?
    - iii. How was / is your needs recommendations implemented?
    - iv. What has/will been done? (e.g., Seniors awards, seniors events, building a senior- or age-friendly specific piece of infrastructure, seniors' fitness classes, etc).

- v. Did you experience any **challenges or successes** with the needs assessment?
  - vi. Why or why not
- 5. Has the AFNL initiative helped your community **become more age-friendly**? (eg what differences have you noted in your community following grant implementation)
  - a. If so – how?
  - b. If not – why not?
- 6. What has been the **reaction** to the program? (eg of municipalities, community groups, and seniors)
- 7. Has **the Seniors and Aging Division** supported your community in its age-friendly project? (how/how not)
- 8. Do you recommend any **changes** to the program - application process, implementation, repeat funding, assistance throughout, etc?
- 9. What is the **best way to help newly funded communities** begin? (e.g., meeting with the Seniors and Aging Division, regional meetings with grant recipients, etc).

**Age-friendly in the Community:**

- 10. What does the term “**age-friendly**” mean to you?
- 11. Was ‘age-friendly’ part of your community **before** you received the grant?
- 12. **Community readiness** - was your community was ready to embrace ‘age-friendly’?

**Community – General:**

- 13. Please describe your community - social connectedness, activities, demographics, etc
- 14. Would you define your community as urban, suburban, a regional hub, rural, remote?
- 15. How is this community doing? Economically? Socially? Now vs. the past?

**Social Capital:**

- 16. Are people **socially connected**?

- a.* (e.g., helping someone out when in need, younger people helping older people, community coming together in times of crisis, etc).
- b.* Are people here engaged in the community (e.g., volunteerism, boards, councils, etc)?
- c.* If so – what demographic is most involved?

17. Is there **outmigration** (or in-migration) in this community?

- a.* If so – how has this impacted the population?
- b.* (e.g., are there more seniors than there are younger people)

18. How is the future looking for this community?

## Seniors – Focus Groups Question Guide

### Community – General

1. Please describe your community - social connectedness, activities, demographics, etc
2. Would you define your community as urban, suburban, a regional hub, rural, remote?
3. How is this community doing? Economically? Socially? Now vs. the past?
4. Do you feel that the needs of seniors are being met in this community?

### Social Capital:

5. Are people **socially connected**?
  - a. (e.g., helping someone out when in need, younger people helping older people, community coming together in times of crisis, etc).
  - b. Are people here engaged in the community (e.g., volunteerism, boards, councils, etc)?
  - c. If so – what demographic is most involved?
6. Is there **outmigration** (or in-migration) in this community?
  - a. If so – how has this impacted the population?
  - b. (e.g., are there more seniors than there are younger people)
7. How is the future looking for this community?

### Age-Friendly in the Community:

8. What does the term “**age-friendly**” mean to you?
9. Do you consider your community to be age-friendly?

### AFNL Grant:

10. Are you familiar with your municipality’s efforts to become more age-friendly through the grant they received from the provincial government (e.g., Age-Friendly Newfoundland and Labrador)?

- a.* If so – have you been involved in this program, through planning, organization, participating in any of their programs, etc?
- b.* Have these programs benefitted you?
- c.* If so – how? (e.g., health, well-being, social connectedness and support, etc)
- d.* If not – why not?

11. Has this grant impacted the age friendliness of your community?

- a.* If so – how? (e.g., inclusion, respect, new age-friendly infrastructure or adaptation to make existing infrastructure more age-friendly, etc).
- b.* What has been the **reaction** to the program? (eg of municipalities, community groups, and seniors)
- c.* Recommendations: Do you have any recommended changes to the program?