Project Impact

Healthy Aging

HealthyAging

by **United Way** At home. In community.

Project Impact

Healthy Aging

Contents

Foreword

British Columbia's first developmental evaluation course tailored to the needs of its expanding Community-Based Seniors' Service (or CBSS) sector got off the ground in Vancouver in late 2018.[1] This book presents the final reports – and the highly compelling insights – produced by this first cohort of students.

With population aging, increasing attention is going to the CBSS sector in BC, and to the many small programs for older adults it runs in our communities. The course – Project Impact Healthy Aging (PIHA) – shines an appreciative light on these programs, the people who offer them, and the extremely important work they do.

Led by Dr. Steve Patty with Dialogues in Action, the PIHA developmental evaluation course brought together 10 small teams of seniors programming staff from across BC. The 2- and 3-person teams came from organizations based in Vancouver and

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1 The community-based seniors service sector refers to all municipal and non-profit service organizations that provide programming for the growing older adult population, including recreation, community and seniors centres, multi-service agencies and neighbourhood houses.

its suburbs (Burnaby and Coquitlam), as well as medium-sized and small towns in the interior of the province (Kelowna, Castlegar and Logan Lake) and Vancouver Island (Campbell River and Port Hardy). The teams met for 2-day intensive sessions, on-line coaching sessions, and in June 2019 to present their findings to the CBSS sector during BC Seniors Week.

In PIHA, Steve asked the teams to reflect deeply and critically on the flagship seniors programs they offered in their communities – the drop-in programs, outreach programs to isolated seniors, information and referral programs, physical fitness programs and so on – in order to identify the specific impacts they hoped to achieve in the lives of participating seniors. With Dialogues in Action's unique approach to in-depth interview design and interpretation, the teams learned both how to prove the impacts of their programs and how to *improve* them.

This book captures the bold outlines of this innovative course, the significance of Steve's patented 'Heart Triangle' and dives deep into the teams' findings. Each team presents a program description, the impacts (or benefits to seniors) it aims to achieve, highlights from its interviews with seniors, and major findings, as well as recommendations for program redesign and actions on the part of others, including the CBSS sector and government.

The discussions of the significance of the teams' findings are truly compelling, for several reasons: the originality of a particular finding (e.g. "communicative accessibility"), the fact that all teams had the same major findings, and the importance at a basic human level of these findings, in terms of the health and well-being of the seniors in their communities.

In short, this book should prove thought provoking to anyone interested in creating better ways of supporting, communicating and connecting with, learning from and simply appreciating the older people living in our communities. It speaks to the ways of seniors and successful community building.

Very briefly, the findings of the developmental evaluations reveal the following:

First and most importantly, every single organization enrolled in PIHA learned from the seniors in their programs, through the interview process, that the primary reason they participated in the drop-in, the outreach or the physical fitness program was for the **social connections** it offered. The in-depth interviews also yielded compelling insights into the nature and depth of those connections, their impacts on seniors' health and well-being, and what it took – in terms of program design, the attributes of staff and characteristics of the venue – to make it a 'welcoming space' for older adults seeking the company of others. We learn more about the role and contributions of seniors themselves – as volunteers, as well connected and as isolated individuals – and the courage it takes to make the first step towards a seniors drop-in centre.

Second, all teams learned that seniors experienced and benefited from an increased **sense of community belonging** from participating in the programs.

Third, and again in all cases, participating seniors reported an **increased sense of self-reliance or independence.**

Fourth, all found seniors reporting a renewed **sense of purpose in life.** Several also found this energy directed to the seniors program – whether it was making more friends, working in the kitchen, passing along information, caring for others, etc. – such that a community of mutual care and support frequently developed around and through the program itself.

Fifth, and on another note, all of the teams' findings pointed to the need for more capacity-building initiatives and funding for the CBSS sector. The evaluated programs operated once or twice a week at most, and some only on a monthly basis. Reliance on volunteers for core program activities was problematic and common, as was a shortage of space (even as successful programs expanded).

Finally, the conclusions drawn by one of the PIHA teams bears special mention. The Western Institute for the Deaf and Hard of Hearing (WIDHH), which helps deaf and hard of hearing British Columbians overcome communication barriers created by hearing loss in all aspects of daily living, writes:

> Given that the prevalence of hearing loss in seniors is high (more than 50% of seniors 65 years of age and older experience some degree of hearing loss; rises to over 70% in populations 80 years of age and older), hearing loss will be a significant barrier for any seniors program.

In their chapter in this book, the WIDDH team sets out how community-based seniors programs can achieve "full communication accessibility."

In sum, all the PIHA teams both demonstrated and explored in new and helpful ways the many positive impacts for seniors of being socially connected, feeling a sense of community, being independent and having a sense of one's life purpose. In other words, they highlight impacts that contemporary research emphasizes as well. All the team reports also demonstrated the need for increased capacity in the CBSS sector. And one team, from WIDHH, makes a strong case for "full communication accessibility" so all older adults have the opportunity to participate.

For several years now, United Way of the Lower Mainland (UWLM) has hosted Steve Patty, Jessamyn Luiz and other members of the Dialogues in Action team as they offered the original Project Impact course to teams in the social service sector. More recently, and due to the Ministry of Health's support for UWLM as a key 'backbone organization' in the development of the CBSS sector in BC, the real need for capacity-building work in the older-adults serving sector has been recognized and acted on, and the necessary funding has materialized. (More specifically, in 2017, in the context of provincial consultations, investment in organizational capacity

building, especially around evaluation, was identified as a key priority area.)

In this sense, PIHA is a sign of the provincial government's serious intention to address the challenges of population aging and the challenges community-based organizations have in delivering high quality programming.

In closing, we would like to both acknowledge and thank staff at the BC Ministry of Health for responding to the training and professional development needs of BC's growing CBSS sector in the form of Project Impact Healthy Aging.

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Introduction to Project Impact

The aim of Project Impact is to develop in nonprofits the ability to do credible self-studies of their impact.[1] As such, this is a capacity-building project. The reports in this compendium are written by the staff and volunteer teams from healthy aging programs across British Columbia and represent the findings from their data collection and analysis.

This project follows the traditions of participatory evaluation. In a participatory evaluation approach, those who are doing the work also become the evaluators of the effects of the work. This requires capacity-building for the teams, for a self-study form of evaluation requires the development of skills, theoretical understanding, practice in the techniques, and attention to fidelity of implementation in order to ensure the proper level of rigor.

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1 This project is primarily focused on developing the ability of staff teams to implements self-studies about the effects of their programs. It is not designed to provide an experimental or quasi-experimental version of impact evaluation. Instead, it is an effort to upgrade the existing capability of each organization and give them to tools to gather data on the attributed impact both qualitatively and quantitatively from the subjects they serve.

The development of evaluation capacity takes time and iteration. It requires both instruction and practice – training in some of the leading techniques of research accompanied by ongoing applications and practice. This project recognizes the power of partnership, the enrichment of cross-pollination of ideas among like-minded organizations, the durable impact of a learning community, and the potential inspiration for a sector when exemplars are developed and elevated.

Project Impact takes teams of leaders from nonprofits through a process of discovery about the power of evaluation. The idea is to develop the ability to see and communicate the effects of the programs on the people they are designed to serve. There are three primary movements to the project: (1) Intended impact, (2) Inquiry, and (3) Implication.

Project Design

The project begins with a focus on the work of identifying and clarifying the intended impact of each of the participating programs. Once the ideas have been developed and indicators identified, the teams then design a questionnaire to collect data about quantitative measures and a qualitative interview protocol to collect qualitative data. These data are analyzed. Themes are identified and then translated into findings. From the findings, the teams develop program responses and communiques of their impact.

The fundamental elements of the Project Impact follow an arc of evaluation design:

Part 1 - Intended Impact

This project begins with the identification and clarification of what effects are intended through the work of each of the projects. Each team develops an articulation of intended impact to include the components necessary for evaluation design.

A. Main Ideas of Impact

Each team identifies and crafts ideas of impact to frame the intention of direct impact for the program. In some cases, these ideas are mapped in relation to the secondary and tertiary impacts of the program to gain clarity about the fundamental notions of desired effect as a direct consequence of the program or service rendered.

B. "What We Mean"

From these primary ideas, the teams then develop a brief explication of the meaning of their ideas of impact. This translates ideas that are occasionally technical and into messages accessible to all.

C. Quantitative Indicators

Teams then identify Quantitative indicators for each of the ideas. The aim is to generate five or six of the most critical indicators for each idea, paying attention to the data power, proxy power, and communication power of each of the key ideas. As well, the intent in this step is to identify a range of cognitive, affective, and behavioral indicators that can be measured through metrics.

D. Qualitative Indicators

Teams also identify qualitative indicators in this stage. These indicators are articulations of the structural and qualitative elements of growth and development that signal progress toward key ideas of impact. The qualitative indicators become the basis for the protocol construction to inform the in-depth interviews in the inquiry phase.

E. Principles of Change

Recognizing that an underlying logic exists for each program, the teams articulate the rationale for their intervention. This step connects what they do (action) to what will result from what they do (outcome). Each team builds a set of principles that explain why the do what they do in the way they do it. In so doing, the underlying philosophy of logic is exposed and can then be examined through the data from the evaluation.

This section of the project leads each team to develop a clear theory of change, including the outcomes, indicators, and principles embedded in the particular approach that is implemented by each team.

2. Inquiry

In the inquiry stage of the project, each team designs and implements a strategy for data gathering. These take two forms: a questionnaire to collect quantitative data and an in-depth interview to gather qualitative data.

A. Quantitative Data and Analysis

For each of the quantitative indicators, teams construct items for a questionnaire. Since these projects are not intended to provide experimental or quasi-experimental inquiry, the attribution of effect is built into the questionnaire items. The questionnaire is deployed, in most cases, to the entire population of recipients the program reaches. Data are analyzed mostly using measures of central tendency. The teams then design displays of the data and narrative for their report.

B. Qualitative Data and Analysis

The development of a qualitative design encompasses a number of steps, including the following:

1. **Protocol Design.** Each team designs an in-depth interview protocol that uses the *Heart Triangle*™ method of question design. These produces a protocol of about nine sequences of questions (18 questions in total) to be used as a guide for seeking data about the awareness and reflection of subjects' structural shifts and developments of growth and progress.

2. **Sample.** Each team identifies a sample of subjects using a purposeful stratified technique to identify a selection representing of the population being served.

3. **Data Collection.** Interviews a convened, most lasting between 45 minutes and 1 hour in length. Data are collected via notes during the interview, and then augmented immediately following the interview to provide a substantive rendering of the interview.

4. **Data Analysis.** Team members apply a four-step model of analysis to each of the interviews. This process provides them with an accessible version of analysis and interpretation to illuminate the primary themes from each interview. While the process is accessible, working through the data from each interview four times using different lenses of analysis each time provides a rigor to the analytical process that yields insight far beyond what is overt and obvious in the data.

5. **Thematics.** Through a guided and facilitative process, the entire data corpus is then examined. Themes are mapped through meta-analysis of the emerging insights.

6. **Findings.** The teams then examine each of the themes to discover and communicate the findings. These are rendered with explanation, illustration from the raw data, and significance.

3. Implication

The intent of the project is not to leave teams simply with a report about their program's effects, but rather to use the insights from the evaluation to guide the further development of the program. This takes two forms:

A. Program Adjustments

The team then takes each of the findings from the evaluation and considers possible program adjustments informed by the discoveries of the evaluation. This keeps the evaluation relevant for program application and improvement.

B. Program Experiments

In addition, the teams work to identify potential design experiments that they might run as an implication of the insights gained through the evaluation.

In this stage, the teams also begin to develop a report of the evaluation findings as well as other possible communiques of their discoveries to staff, stakeholders, funders, and other members of the community.

Explanation of the Reports

The reports from the organizations in this cohort are included in the following compendium. These include highlights from the three movements of the Project Impact. For each participating organization, there is an explication of the primary findings from

the evaluation accompanied by the programmatic responses of strategy and design. Since each organization has unique strategy and ethos, each report exhibits unique character and personality. Each report also includes both "prove" findings (evidence of impacts being achieved) and "improve" findings (areas for attention and further development). These reports are windows into the effects of the work of these organizations in the lives of the people they serve.

Western Institute for the Deaf and Hard of Hearing

Better at Home Seniors Outreach Program

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Organization and Program Overview

About WIDHH

The Western Institute for the Deaf and Hard of Hearing (WIDHH), established 1956, is a registered charity that provides

multi-disciplinary services and programs to help Deaf and Hard of Hearing British Columbians overcome communication barriers created by hearing loss in all aspects of daily living (personal, education, and vocational). Our services include Seniors Outreach, Employment Counselling, Sign Language Interpreting, Audiology, Aural Rehabilitation, Communication Devices Program and Clinical Research.

WIDHH's Vision, Mission and Values

WIDHH's vision is a society where Deaf, Hard of Hearing and Hearing people can interact freely without communication barriers.

WIDHH's mission is to serve Deaf and Hard of Hearing individuals, their families and the community by delivering innovative programs, products and solutions to achieve full communication accessibility.

WIDHH's values:

- ➢ Inclusiveness – We respect and value diversity and a commitment to equality.
- ➢ Participation – We value and recognize the contribution of volunteers and the people we serve.
- ➢ Quality – We strive for excellence through continuous improvement and aspire to best practices in all service areas.
- ➢ Teamwork – We commit to a culture of collaboration and innovation.
- ➢ Advocacy – We promote the importance of accessibility and Deaf and Hard of Hearing rights.

WIDHH strives to offer services and programs that promote communication accessibility for the Deaf, Hard of Hearing and Hearing. One of our unique programs, Seniors Outreach for Deaf and Hard of Hearing Seniors, was evaluated for the Project Impact Study.

Seniors Outreach for Deaf and Hard of Hearing Seniors Program

Hearing loss is one of the most common sensory impairments in our senior population and its prevalence will continue to rise as the population ages. Individuals with self-reported hearing loss also report at least one other chronic health condition and are more likely to report additional health conditions compared to respondents with normal hearing (Stam et al., 2014).

A review of cross-sectional and longitudinal observational studies (Pichora-Fuller, Mick & Reed, 2015) on health states associated with hearing loss revealed that those with hearing loss have a higher risk of mortality, cognitive decline, and dementia, social isolation and loneliness, falls and injuries, frailty and depression compared to those with normal hearing. The associated health risks increased when vision loss and cognitive impairment was combined with hearing loss.

To age well, seniors need to develop a strong sense of belonging which reflects a sense of positive connection with other people ("be what you want to be") and the environment and a sense of agency, which refers to the process of being a change agent in one's own life by means of intentional and proactive behaviours ("do what you want to do") (Pichora-Fuller, 2019).

To achieve a strong sense of belonging and agency, seniors are encouraged to participate in community activities to reduce social isolation and loneliness. Although there are many seniors' centres and programs in BC, most are inaccessible to Deaf and Hard of Hearing seniors due to a lack of accommodation for their communication and culturally Deaf needs. Many Deaf and Hard of Hearing seniors communicate primarily through American Sign Language (ASL), require assistive listening and alerting devices and focused speech communication. Deaf and Hard of Hearing seniors, already at risk for social isolation by being a senior, are therefore further marginalized by their hearing loss.

Deaf and Hard of Hearing seniors often report reluctance in attending regular seniors programs offered in community centres. They worry they will not be able to hear the instructor or presenter. If they are Deaf and use ASL, they will not understand the instructor and will be left with feelings of frustration and isolation. Deaf and Hard of Hearing seniors fear they will neither be able to socialize with other participants, nor be able to ask questions. Overall, they feel they will not get much out of the session so they do not bother to make the effort to participate.

To address these limitations experienced by our Deaf and Hard of Hearing seniors, WIDHH provides a unique Seniors Outreach program that offers companionship and travel assistance with daily activities to seniors.

The program has a growing base of 40 volunteers and five staff members, who are knowledgeable in the communication and cultural needs of the Deaf, Hard of Hearing and Deaf-Blind; many of our volunteers are Deaf and Hard of Hearing seniors themselves.

Volunteers are matched based on communication abilities, geographical location, and interests. Deaf and Hard of Hearing isolated seniors are referred to WIDHH by staff, service providers, care workers, and self-referrals. The seniors are interviewed by WIDHH staff through in-person, video or audio phone calls. Seniors are asked if they would like to have visitation, iPad-friendly visits, transportation, and grocery shopping. Multiple streams of service are possible.

For visitation services, a volunteer will visit the isolated senior and provide friendly home visits. The volunteer spends time with the senior in a social setting, either in the senior's home or in the neighborhood. The volunteer may take them for walks, converse with them in ASL or with strategies or devices to assist in communication, make recommendations to improve the communication accessibility of their home environment (e.g.,

review home alerting or assistive listening devices, communication strategies, environmental modifications). For transportation services, the volunteer will drive the senior on errands or accompany them to community events.

All volunteers are screened by the WIDHH Better at Home Seniors Outreach Program Staff. The volunteers all undergo a Criminal Record Search, an ICBC Drivers Abstract, and volunteer training before service delivery begins.

Intended Impacts of WIDHH's Better at Home Seniors Outreach Program

Impact #1: Deaf and Hard of Hearing seniors are empowered by independently navigating and participating in their community programs. As a result of this program, participants will have a strengthened sense of independence in obtaining information in their community; have become an agent in one's health decision-making process; and understand how to overcome communication barriers to access information which will help them gain the confidence and belief to age well.

Impact #2: Deaf and Hard of Hearing isolated seniors have a greater sense of belonging in their community. As a result of this program, the seniors will become stronger self-advocate for themselves; they will become ambassadors for other Deaf and Hard of Hearing people and appreciate a love and acceptance of oneself and their community.

Evaluation Methodology

The aim for our evaluation project was to determine ways that WIDHH's Better at Home (BH) program was impacting Deaf, Hard of Hearing, and Deaf-Blind senior clients. Specifically, we explored the following two evaluation questions:

1. What kind and quality of impact is the BH program having on our Deaf, Hard of Hearing, and Deaf-Blind senior clients?
2. What aspects of our program are contributing to this impact?

Our initial step was to identify and clarify the intended impacts of the BH program. We then used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact focused on the mental, behavioral and emotional changes in our clients that indicate we are achieving our impact. These indicators were used to develop our qualitative interview guide and a quantitative questionnaire to measure our progress toward achieving our intended impacts.

Qualitative Data Collection and Analysis

Preparing and piloting the interview guide. We developed our final interview guide (see Appendix) after completion of both a consultation and pilot interview process with two Deaf staff members. We wanted to ensure that the questions, which were written in English, would translate effectively into ASL. This was an important consideration for our project because Deaf clients who use ASL make up the vast majority of active program users. Through this process, we determined collectively that the interviews with Deaf senior clients would be optimal if conducted by a Deaf staff member, who could directly pose the interview questions in the Deaf client's first language of ASL. This strategy would help offset some concerns about the clarity and accuracy of the interview questions when posed indirectly by a hearing interviewer through a sign language interpreter.

Our interview team consisted of four staff members and two graduate students from the University of British Columbia. The staff members included our interim Executive Director, the BH program

coordinator, the research coordinator, and an audiologist. One of our graduate student trainees was pursuing a degree in audiology, the other in public health. Interviewers who did not participate in the Project Impact cohort meetings were trained in qualitative data collection and analysis prior to conducting interviews. During our piloting of the interview guide, some logistical considerations emerged. For example, it would be extremely difficult for a Deaf interviewer to conduct the interview in ASL AND simultaneously take detailed handwritten notes without severely impacting the flow of the interview. For this reason, one of our students, who is a hearing child of Deaf parents and fluent in ASL, was a designated note-taker during each of the interviews with Deaf clients. This strategy worked well; however, because the majority of BH clients are Deaf, it also meant that our Deaf staff member conducted the vast majority of interviews, which influenced scheduling and completion rate of all the interviews.

Sampling and data collection. Our population of active program users was 41, and our sample size was 8. We used a purposeful, stratified sampling technique to select a sample from the following strata of our population: a) Deaf, Hard-of-Hearing, and Deaf-Blind seniors, and b) both recent and longer-term users of the program. We conducted face-to-face interviews lasting between 45 minutes and one hour in length with each participant. Interviewers gathered the data by capturing the conversation through detailed written notes during the interviews, where notes were immediately reviewed and filled in after each interview to obtain a more complete rendering of the interview.

Data analysis. We analyzed the data inductively using a modified version of thematic analysis. Our process for analysis involved 1) becoming familiar with the data, generating initial codes and identifying themes for each interview; and 2) reviewing, defining,

and naming themes. Specifically, analysis involved the following sequence of steps:

➢ Review each interview four times through each of four lenses to illuminate a different aspect of what the data reveal about the research questions;

➢ Gather data into four categories to serve as an initial set of codes;

➢ Develop intra-interview themes to interpret the meaning and significance of the data from each interview;

➢ Review the initial themes as a team to identify the overarching and inter-interview themes

➢ Map the themes visually and examine them to further define and identify the features of the themes, causes and catalysts of the themes, new or surprising insights, and relationships between themes; and

➢ Determine the most significant and meaningful findings.

Quantitative Data Collection and Analysis

We used our quantitative indicators of impact to design a questionnaire that we then administered to all 41 active users of the BH program. The questionnaire included a brief background section followed by a substantive section with scale response formatted questions that focused on the experiences of BH users. We concluded the questionnaire with a short section that probed for general feedback and input on the program. In total, 9 individuals completed the questionnaire, resulting in a 22% response rate. Our most viable mode of questionnaire distribution at the time of data collection was via email. A follow-up reminder was sent one week after the initial questionnaire distribution. To promote a higher response rate, it would have been ideal to also administer the questionnaire during a face-to-face group event involving multiple BH clients. Unfortunately, there were no group events available during the time of data collection.

It is important to note that the questionnaire was written in English; therefore, we needed to ensure that the questionnaire items were also accessible in ASL. A Deaf fluent ASL signer and staff member translated each question and accompanying set of response options from English to ASL. Each translated question was videotaped then posted onto YouTube. Each BH client who received the questionnaire in English would also have received a link to the YouTube versions of the questions. Based on initial feedback from questionnaire respondents, we also adapted our written English version into a more simply formatted, large-font version that could be more easily readable by our Deaf-Blind clients. In general, questionnaire completion did require some additional time and individualized support from our staff, as individual questions and response options benefitted from further clarification and explanation. Consequently, in many instances, respondents completed the questionnaire while in close communication contact with our BH program coordinator.

The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

Limitations of our Evaluation

Very few Hard of Hearing BH clients participated in the interview (n = 1) and questionnaire (n = 1) data collection activities. Therefore, their perspectives are underrepresented in our findings. Learning more about the impacts of the program for this subgroup may be another important avenue for future data collection. Another limitation is that our questionnaire response rate was low, which means that our quantitative findings should be interpreted with caution, as they may not reflect the views of our population of BH seniors. As stated previously, we would want to consider alternative or supplemental options to questionnaire dissemination via email, such as face-to-face administration at a scheduled in-person event and/or an online survey.

Findings

Finding 1: Receive. Pay it Forward. Repeat.

Key insight: The pathway to community is a two-way street.

Our seniors reported that in order to feel a sense of community, it was equally important to give support as it was to receive it. Being in the program itself was an important part of the process of understanding and appreciating reciprocity. In participating in the program, they found that once they received support, they grew to understand the obligation and need to help others also. This bi-directional level of support helped create a stronger sense of belongingness and community connectedness. This "pay-it-forward" finding from our interview data was consistent with results from our questionnaire. We learned that the majority (78%) of questionnaire respondents reported that they were more likely encourage other people to join activities in the community through their involvement in the BH program (see Figure 1).

Figure 1. Since being in this program, I am more likely to encourage other people to join activities in our community.

Percent of responses
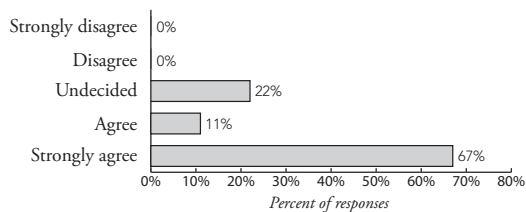
Significance

It's important to appreciate that the seniors have a strong sense of fairness. One senior, for example, felt there was an imbalance between the support she provided and the support she received. There was a desire to support others and for others to support her. "Community" meant supporting one another, and as one participated said, "It's about helping each other and relaying information to one another." This didn't necessarily mean creating a deep friendship each time; they didn't even have to like each

other, but there was a strong theme that in order to keep their community strong, they had to look out and support one another.

Possible responses

➢ At entrance to program, explain the benefits of reciprocating support

➢ Create opportunities where participants not only receive benefit, but are given opportunities to pay it forward

➢ Identify Better at Home Leaders to lead workshops that are geared towards deaf or hard of hearing community so that members can meet new people within their community first, prior to venturing out to larger community

Finding 2: Small Ripple, Large Impact

**Key insight:** The ripple effect of communication accessibility.

Communication accessibility is a key driver influencing the extent that seniors feel they are supported, independent, confident, connected, and valued members of their community. The challenges that our seniors reported, such as sense of isolation and feeling dependent on others, were rooted in whether or not they could access communication. This first single barrier was viewed as the biggest obstacle.

Communication accessibility is multi-faceted and requires an understanding of individual needs and preferences. For example, for a hard of hearing interviewee, a quality communication environment was quiet, face-face, and one-on-one. Being able to communicate clearly with the friendly visitor was a key to the positivity of the experiences. When communication was more difficult because of a lack of a shared language or noisy environments, the participant was much more likely to feel alone/ excluded. Finding a communication environment in community settings where one feels included can be a challenge. As this participant described,

People with hearing loss need help with communication. I need help with communication, so I'm better with one to one person, and I used to volunteer at (a program for the) deaf-blind and I never integrated. I went to most of the meetings but they would sign back and forth to each other and I never felt included so it's hard to tell whether I could communicate with someone else with hearing loss. It would depend on hearing loss too because if they were quite deaf, they would sign, and I'm not good at that. I may be able to communicate with one person who was hearing impaired and could hear some, but I'm not sure.

Our qualitative findings highlighted that the seniors experienced limitations in managing their own health because they weren't able to access key health information in sign language. Without access to information, seniors could not readily develop a sense of self-confidence to manage their lives independently. Reported difficulties accessing health information were also evident in our questionnaire results (see Figure 2). Fewer than half of the respondents (44%) indicated that they had more information about ways to live a healthier life as a result of being involved in the BH program, with another 44% reporting that they were "undecided."

Figure 2. Since being in this program, I have more information about ways to live a healthier life. (n = 9)
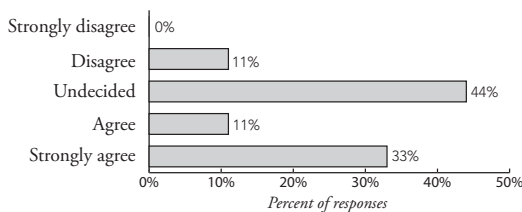
In contrast, our qualitative findings indicated that when seniors could access information in their own language, seniors could acquire knowledge that could help them make decisions about their health and other aspects of their lives; this was empowering because it provided a sense of control over their own health. It also instilled a sense of responsibility to share information with others who may be experiencing similar issues. As one participant indicated, she has "become a person that friends can go to for help" and feels that "communicating with others and getting other seniors out of the house was important for health." Participants expressed that a sense of community was created when there were shared experiences (e.g., a health concern), and information-sharing opportunities. Once communication accessibility was achieved, a ripple effect was felt throughout the community.

Significance

It was surprising to realize the critical importance of communication accessibility and the significant impact it had on a deaf seniors' well-being. Hearing loss and the associated challenges in communication accessibility were significant barriers that would not be otherwise experienced by normal hearing seniors. As well, we learned that the BH program could further play a role in supporting information access about healthy living for seniors. Our questionnaire did not probe specifically into types of health issues that were of most interest or concern for our clients; this may be opportunity for further exploration. Learning more about our seniors' needs and interests and promoting greater awareness of the range of supports available through the program could help us link them with program and workshop offerings that are of particular interest, relevance, and importance to them. As one participant stated, "I think of Better at Home program is a program that sends people to visit me. Maybe I should think of the program as more than that."
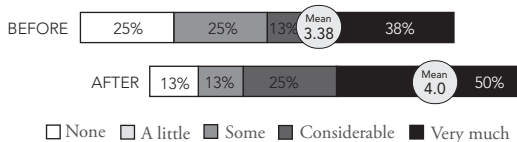
Possible responses

➢ Approach senior centres and educate them about the importance of communication accessibility and, in particular, strategies to address barriers as well as its shorter- and longer-term impacts for seniors' health and well-being, including implications for sense of self-confidence, connectedness, and independence

➢ Participants need more awareness of BH options. Check in with participants regularly to ensure their communication and program needs are being met

Finding 3: Valuing the "I" in "us"

Key insight: Being independent is strongly tied to belongingness in one's community.

The seniors really valued their independence. They were averse to the idea of being "dependent" on someone or viewed as one to be pitied because of their deafness. As one participant stated, "I enjoy being independent… independence is a big part of life - I would feel hopeless without independence." As a result of the program, seniors reported an increased sense of independence. This finding was consistent with our quantitative questionnaire results. When asked about attending community events, only about half of respondents reported that, prior to the program, they felt a high level of comfort ("considerable" and "very much") to attend an event independently; whereas approximately 25% more respondents reported similar levels of comfort as a result of participating in the program (see Figure 3.)

Figure 3. Level of comfort attending events in your community by yourself. (n = 8)

| BEFORE | 25% | 25% | 13% | Mean 3.38 | 38% |

| AFTER | 13% | 13% | 25% | Mean 4.0 | 50% |

☐ None ☐ A little ▨ Some ▩ Considerable ■ Very much

This sense of independence led them to become stronger self-advocates, and in turn, be more likely to encourage and influence other seniors in their community to be better at self-advocating also. Having a sense of independence was also interconnected with knowledge acquisition; as one participated said, "Independence is very important. The more you know, the more you can do." This sense of independence, in turn, influenced their drive to reach out to help other seniors. Once seniors felt a sense of independence, it increased the likelihood that they felt they could help others to be more independent as well.

Significance

Sense of independence at the individual level helps to promote the connectedness and health of the community. The independence acquired helped seniors gain better access to knowledge and from this, they used this knowledge to help each other.

Possible responses

➢ Ensure more knowledge/information workshops in the community are communicatively accessible to foster greater independence with the Deaf and hard of hearing seniors.

➢ Leaders in Better at Home program could help provide regular and consistent opportunities to lead and organize workshops. They, in turn, can train other seniors to lead other workshops.

Finding 4: Not all Bridges are Equal

Key insight: Deaf-Blind seniors report experiencing more significant barriers to accessibility compared to non-visually impaired Deaf seniors. This results in even stronger feelings of frustration and isolation.

Deaf-Blind seniors are a group that is even more marginalized than the Deaf and Hard of Hearing seniors without visual impairments. Barriers included difficulties accessing trained intervenors who are specialized in working with Deaf-Blind seniors and being able to pay for the costs of the intervenor.

While video relay services is now regularly used by Deaf seniors, many Deaf-Blind seniors still cannot access this type of service due to their visual limitations. Some Deaf-Blind participants reported frustration with communications access and in particular not enough government support for adults in need of Deaf-Blind intervenors or interpreters trained to work with Deaf-Blind clients; this divide from accessible communication created an even greater sense of isolation. One participant said that he feels that "Deaf-Blind are isolated and pushed aside, but if community stick together can help one another since all been through similar things."

Deaf-Blind participants reported that there was a general lack of understanding about what it's like to be Deaf-Blind and at times not feeling welcomed. There is a limited understanding among community members of effective ways to communicate or provide support. One participant said that "many people don't understand what it's like to be Deaf-Blind and don't know how to help." Some Deaf-Blind participants also expressed concerns that their vision loss was progressive and that the barriers they would experience would only increase or become more problematic over time. There were concerns that as vision worsened, feelings of isolation would also increase, and more supports would be needed as they would become increasingly dependent on others for daily living.

Significance

There are many barriers faced by Deaf and Hard of Hearing seniors, and these become even more prominent and challenging for our Deaf-Blind seniors. How can society, government, and our communities provide additional supports to help the even further

marginalized group of Deaf-Blind seniors? While small bridges are being built to help Deaf and Hard of Hearing seniors have better access to community events, there are very few bridges being built to reduce the gaps in accessibility for Deaf-Blind seniors.

Possible responses
- ➢ Offer training to community centres about the specialized support needed by the Deaf-Blind population
- ➢ Provide education to government about support needs/ gaps and specialized funding needed for this extremely marginalized group
- ➢ Tailor activities that better support the Deaf-Blind community. For example, leaders in the Deaf-Blind community could lead and design their own workshop - this will increase their sense of empowerment and self-advocacy. This will also help to build more bridges between the Deaf-Blind and the Deaf community itself, creating more opportunities for interaction and supports for shared understanding

Finding 5: Courage to Cross the Line
Key insight: Deaf and Hard of Hearing seniors need to be supported in finding the courage to take that first step to ask for communication accessibility.

The qualitative findings have shown that seniors need communication accessibility to access workshops and acquire knowledge. But the seniors have indicated that even if they knew they could ask for help, not all of them would have the courage or patience to ask for help each time. Many do not feel comfortable going to 'hearing' community centres or community events on their own and asking for interpreters or captioning. They were afraid of being told no and worried about trying to explain why they needed the service. Sometimes they felt asking for interpreters was

an ongoing battle that they didn't have either the courage or energy to keep taking on. As one participant said, "Without interpreter I not go. I cannot afford interpreter and they [community centre] don't know how," and the senior was unsure how to begin to ask.

This finding is consistent with results from our questionnaire. The majority of seniors in the sample did not report high levels of participation at community events and activities. Only about half of the respondents (55%) would be more likely to participate in an event in her/his community, with an even lower proportion (44%) who would be more likely to seek new opportunities to participate in activities in her/his community (see Figure 4).

Figure 4. Participation in community events and activities

Since participating in this program, I am...
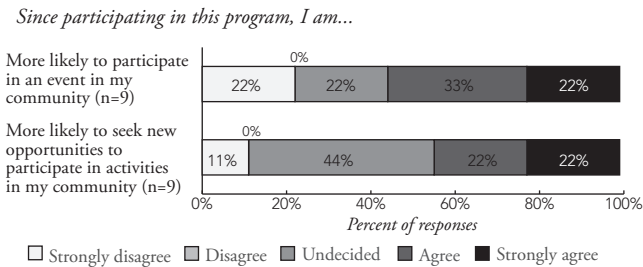
What was encouraging, however, was that the BH program appeared to enhance seniors' level of self-confidence to take action to address their communication needs. Before the program, 28% of questionnaire respondents reported high levels (i.e., "considerable" and "very much") of self-confidence to take steps to have communication needs met. Whereas, after the program, 57% of respondents reported similar levels of self-confidence -- a 29% increase (see Figure 5).

Figure 5. Level of self-confidence to take steps to have communication needs met. (n = 7)
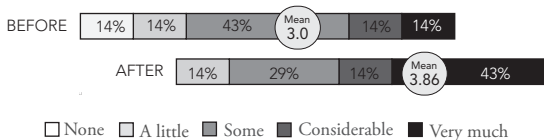
Significance

Deaf and Hard of Hearing seniors were not comfortable going to community events on their own and asking for interpreters or accessible options. They often report frustration over having to ask for basic accommodations each and every time they wanted to access community workshops or other events. This reduced their motivation to seek learning opportunities at the community centres. They were frustrated that these accessibility options were not already in place and believed that if they were, they would not be so afraid to venture out on their own.

Possible responses

➢ Organize BH leaders to approach a group of community centres to ensure some workshops are set up to be communicatively accessible.

➢ Advertise these communication friendly venues/workshops and use those as examples when approaching other community centres

➢ Train volunteers to be stronger self-advocates so that they can role model this behaviour to other seniors. Partner isolated seniors with confident volunteers

➢ Develop organization to organization partnerships to set up communicatively accessible workshops on a rotating basis throughout various neighbourhoods

➢ Hire staff as needed to ensure specific tasks and the above responses can be completed

Finding 6: Just do it, Part 1

Key insight: Active seniors are more likely to have the confidence to seek help and advocate for themselves.
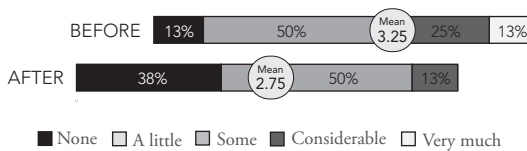
Some seniors experienced less self-confidence and some anxiety when considering personal health concerns and also growing older. According to our questionnaire findings, some BH

seniors may be lacking self-confidence to make decisions about their health. When asked about their level of self-confidence to make health-related decisions, the respondents were on average indicating "some" degree of confidence (Mean score = 2.88; Standard Deviation = 1.36 before the program; Mean score = 3.13; Standard Deviation = 1.25 after the program).

Some seniors were also experiencing some anxiety about growing older; however, the program appears to be providing some supports to offset the anxiety. Whereas more than one-third of our sample reported anxiety levels of "considerable" and "very much" before the program, only 13% reported similar levels of anxiety as a result of the program (see Figure 6). As well, the proportion of the sample who reported no anxiety about growing older increased by almost three-fold before and after the program, from 13% to 38%.

Figure 6. Level of anxiety about growing older. (n = 8)

Note: The ratings are reversed for this item. A lower rating is preferable to a higher rating.

BEFORE	13%	50%	Mean 3.25 · 25%	13%
AFTER	38%	Mean 2.75	50%	13%

■ None ☐ A little ▨ Some ■ Considerable ☐ Very much

Seniors reported that they felt better when they were active and appreciated the benefits of staying active. When they feel better, they are more likely to seek out opportunities to stay active and are encouraged by the fact that their health is controllable. One participant said, "I notice change since I eat better I not get sick often. Before always cold sick now never sick." Another participant said, "Keep moving good for mind and getting old."

The seniors appreciated that keeping the brain active and the body active was good for mind, body and soul. This motivated continuous change and improvement. The seniors desired more opportunities to be active, and would love to see more group activities that promote both physical and cognitive activity, e.g. dance classes,

exercise classes, card game activities, etc. They have expressed interest in a variety of physical activities that are communication accessible and also allow for social interaction and connectedness.

Significance

These findings illustrate the importance of the multiple dimensions of "healthy aging." Healthy aging involves feeling self-confident about both aging and making decisions about one's health. The seniors who participated in our project realized that staying active was great for their overall health. These may be motivating factors to seek more opportunities to stay active. Again, they wished more activities in the community were communication barrier-free.

Possible responses

➢ Promote activities that involve physical exercise as a new branch of services for WIDHH Seniors Outreach Program. Group activities that have both physical and social components could help to meet the needs of seniors who want to be active and who also want opportunities to interact and connect with other seniors

➢ In addition to offering programs for cognitive health (e.g. social card games, info sessions), offer yoga, light aerobics, etc. in a barrier-free environment

➢ Have BH leaders approach exercise programs in community centres to be barrier free

➢ Seek out other senior programs and partner to make them communication friendly for Deaf and Hard of Hearing seniors
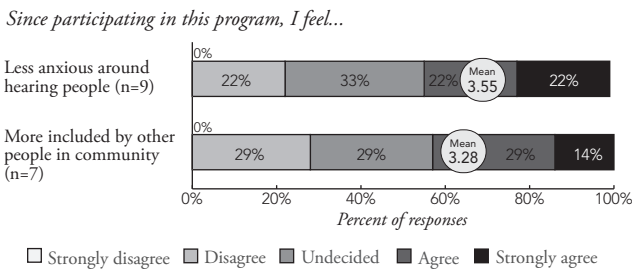
Finding 7: Just do it, Part 2.

Key insight: Confident seniors are more likely to participate in activities that promote healthy aging. The lack of confidence was often attributed to the lack of communication accessibility.

Attaining equitable access to communication is not just a senior's responsibility. If an inclusive society is valued, then promoting equitable access to communication becomes a responsibility for all.

The BH seniors valued the concept of aging well and recognized that if they were more confident, they would also be more likely to seek activities in their community. A common theme observed throughout the interviews was that their "lack of confidence" in seeking activities was due to language and communication barriers in society. The seniors expressed that hearing people usually had more information because they could access what they couldn't. A few participants said, "Not fair hearing more versus Deaf" and another said, "Hearing I don't know not comfortable I stay with Deaf." Some seniors indicated that they couldn't keep up with their hearing counterparts when accessing information. It became a never-ending cycle where they were always behind and needed to catch up.

Some seniors who were interviewed indicated that they lacked confidence and felt uncomfortable and afraid going to hearing dominated events. This finding was echoed by a number of questionnaire respondents. In fact, 22% of the respondents disagreed that they felt less anxious around hearing people, with a third of the sample "undecided." Similarly, more than a quarter of the respondents disagreed that they felt more included by other people in the community (see Figure 7).

Figure 7. Feelings about community interactions

Since participating in this program, I feel...

Less anxious around hearing people (n=9): 0% | 22% | 33% | 22% (Mean 3.55) | 22%

More included by other people in community (n=7): 0% | 29% | 29% (Mean 3.28) | 29% | 14%

Percent of responses

☐ Strongly disagree ☐ Disagree ☐ Undecided ■ Agree ■ Strongly agree

Significance

Our BH seniors experience unique communication barriers that their hearing counterparts do not. This raises important societal issues of fairness and equity because it also means that hearing people have access to information that people with hearing loss do not. In order to address these inequities, what is needed is not only for our seniors to become more confident and proactive in their self-advocacy skills but also, more broadly, for improved societal awareness and informed collective action to create and promote inclusive environments and conditions that are accessible to all. In this way, our organization can be an agent for action and change at multiple levels --- from services and supports for individual seniors in our program to community-wide awareness-building interventions, and also to informing practice and policy.

Possible responses

➢ Continue to build and enhance our agency as a model for promoting effective communication accessibility. This means that agency-wide at all times, the information would be available in languages that are accessible to our diverse population - clients, board, and staff. We would ensure that the required equipment and resources would be available, such as video/vlogs about the BH program are in ASL and that emails are distributed with captioned vlogs

➢ Host workshops to raise awareness about the importance of communication accessibility and strategies to promote it. These would be tailored to diverse audiences, including Deaf and Hard of Hearing seniors, with a focus on development of self-advocacy skills, and also community agencies and government, with a focus on strategies for creating environments/spaces that are inclusive and communication accessible.
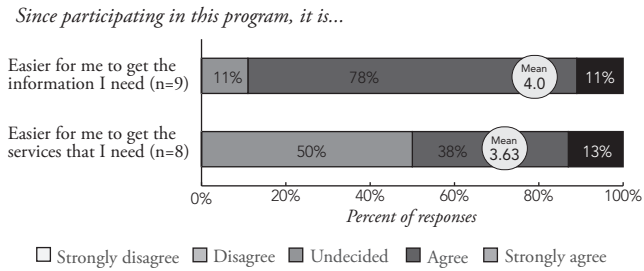
➢ We would also explore ways that we could better meet the needs of our Deaf-Blind clients. Not only would we consult with our Deaf-Blind clients over time to better understand and be in tune with their program needs and expectations, but also schedule meetings/consultations with the Deaf-Blind community. We could host workshops and tailor our communications in ways that are consistent with what we learn from the consultations with our Deaf-Blind clients and the broader Deaf-Blind community.

➢ At a systems level, we could create a centralized person/department that focuses on promoting communication accessibility. This could involve a dedicated role (e.g., ombudsman) that centers on advocacy and building partnerships/bridges across organizations and reaching outward to community partners and decision-makers/government to collectively design strategies on ways to promote accessibility and break down barriers at multiple levels - community, regional, and provincial.

Finding 8: Connection as a Catalyst

Key insight: Connection and communication → Information access → Knowledge → Freedom and independence

Connecting with other people and events in the community when there was shared language and ease of communication served as the foundation and catalyst for a multitude of potential impacts. Importantly, it gave our senior clients access to information and new knowledge. Our quantitative data revealed that as a result of the program, 89% of respondents found it easier to get the information that they needed. Interestingly, a similar pattern was not evident in terms of respondents' ease of access to services. Only about half of respondents felt that it was easier to get the services that they needed; whereas the other half were undecided (see Figure 8).
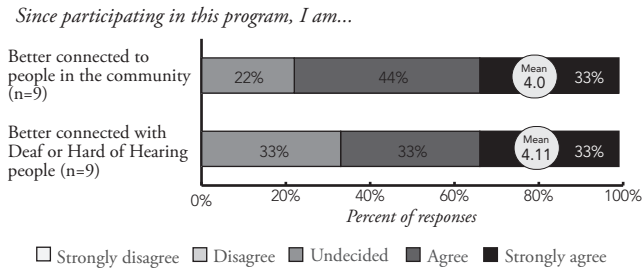
Figure 8. Access to information and services

Since participating in this program, it is...

Easier for me to get the information I need (n=9)	11%	78%	Mean 4.0	11%
Easier for me to get the services that I need (n=8)	50%	38%	Mean 3.63	13%

0%   20%   40%   60%   80%   100%
Percent of responses

□ Strongly disagree ▨ Disagree ▣ Undecided ▪ Agree ▨ Strongly agree

Many of the Deaf seniors felt that sign language was the epitome of freedom. Without language, they would not be able t o access people, events, or activities in society or community. Shared language and communication available through the BH program offered seniors with opportunities for connectedness and relationship-building with others. One hard of hearing interview participant with mobility and vision issues described past experiences of social isolation and highlighted the companionship and friendship offered by the friendly visits of the BH program. This participant said the friendly visitor was "someone to look forward to, and someone friendly to talk to. (The friendly visitor) and I sometimes send emails, but it's not the same as having someone to visit… Looking forward to visits helps you feel more positive…. I'm alone a lot, so it's nice to have someone to come visit."

The important role of the program in promoting social connection and offsetting feelings of isolation and loneliness was also evident in our quantitative findings. Results from our questionnaire indicated that more than one-quarter of the respondents felt high levels of loneliness ("considerable" and "very much"), whereas none reported this same degree of loneliness since taking part in the program. Furthermore, the majority of respondents agreed that since they have participated in the program, they have felt better connected with deaf or hard of hearing people (66%) and with people in their community (76%) (see Figure 9).

Figure 9. Connectedness with others

Since participating in this program, I am...

Better connected to people in the community (n=9)	22% 44% Mean 4.0 33%	
Better connected with Deaf or Hard of Hearing people (n=9)	33% 33% Mean 4.11 33%	

Percent of responses

☐ Strongly disagree ☐ Disagree ■ Undecided ■ Agree ■ Strongly agree

Our questionnaire findings indicated that the majority of the sample (67%) reported knowledge of the benefits of connectedness to other people. Interestingly, however, other attitudinal/emotional or person-level factors may be influencing the extent seniors were connecting with others in the community, such as seniors' level of anxiety to meet other people in the community and also their level of enthusiasm to participate in activities in the community. We learned that 43% of our sample felt highly anxious (anxiety levels were "considerable" and "very much") about meeting people in the community prior to taking part in the program. About one-third of the sample also reported feeling no or only a little enthusiasm to participate in activities in the community before becoming involved in the program.

Our qualitative findings also showed that communication accessibility is an important prerequisite for the BH seniors to make informed decisions about themselves. One participant mentioned that with declining cognition, there would also be a decline in communication ability and, in turn, independence. As one participant said, "When mind go down I need more support. Mind is important for communication".

Significance

The program plays a key role in promoting a sense of connection and belonging among seniors. Connecting with others when there was ease of communication also facilitated seniors' access

to information, though not all participants were aware that the program offered information supports. Experiencing barrier-free communication was associated with greater sense of independence. A greater sense of independence promoted more self-awareness (about health, how to obtain supports) and opportunities for learning/knowledge acquisition, which in turn facilitated informed decision-making.

Possible responses

➢ Provide check-ins by program staff and additional ongoing evaluation initiatives to deepen understanding about the emotional/attitudinal factors (e.g., anxiety, enthusiasm) that may be holding back some seniors to engage with events and people in their communities

➢ Similarly, further assess through check-ins and program evaluation the types of services that seniors in the program are trying to access and reasons why it is not easier for some to access these services through the program

➢ Provide multiple-pronged strategies and discuss with clients a menu of options on ways for seniors to build connectedness (to information/services and organizations/people) within their communities. Determine what communication and language environments work best for each senior and try to provide a best fit in terms of context and personnel. Determine activity preferences and goals. Is it home visits with a primary goal to provide companionship/friendship? Is it shopping or outings? Is it information- or skills-focused workshops? Is it group-oriented physical fitness?

Finding 9: To quote Steve, "All Evaluation is Educative"

Key insight: The educative role of evaluation is not only relevant here in terms of what our agency learned and how we choose

to respond to our key findings on program impacts, but also in terms of the learning and reflection of ourselves as evaluators, the evaluation process -- facilitators and hindrances -- and the specific aspects of the evaluation context and target population.

Evaluating a program serving the Deaf and Hard of Hearing population required much greater planning, human resources, and time than expected.

Although this is not a finding reflective of our data, per se, it still is a key learning from this project that will greatly impact our future evaluation initiatives. Developing and finalizing the interview guides and questionnaires and conducting the interviews and administering the questionnaires to carry out this evaluation required a great deal more planning than anticipated. Even though the evaluation team was well aware of the requirements needed to make the interviews and questionnaires communicatively accessible, carrying out this project in the timeframe allotted proved challenging. We highlighted some of these challenges in our evaluation methodology section, but specify them further here in the context of our key lessons learned:

➢ To coordinate interviews with participants, the Better at Home Program Coordinator, Tammy Gray, sent an invitation letter in English that was accompanied by an ASL translated video (VLOG). For many Deaf persons, English is not their first language, so an ASL translation was required. Translating English to ASL into a video format requires time and additional resources. This delayed the delivery of the invitational letters to the seniors.

➢ A secondary interviewer fluent in ASL also had to be recruited. It was determined that when conducting the interview, Tammy would not be able to take notes as her hands would be busy "signing". The secondary interviewer needed to be able to take written notes while watching the interview conducted in ASL.

➤ Once permission was obtained, Tammy arranged in-person interviews at a time that was suitable for both the senior and the secondary interviewer. Deaf and Hard of Hearing seniors do not all live in the same geographical region. As our program serves Metro Vancouver, and in various locations, we couldn't arrange for interviews all in one setting or location. As a result, it took several weeks to coordinate interviews for 8 participants.

➤ The interviews with Deaf signing clients also needed to be video-recorded so that it could be reviewed later. Both the notes and the video-recordings were reviewed for analytic purposes. This meant additional time was required for the qualitative analysis process

➤ To conduct the quantitative phase of the project, each questionnaire item, including all the response items, needed to be translated into an ASL vlog and sent out with the English versions of the surveys. Responses were sent in and completed in English or through a video response through ASL. Adapted questionnaire versions were also created for our Deaf-Blind clients. We received requests for the questionnaire in Braille, but unfortunately, we did not have the capacity or resources to enable this.

Significance

It was interesting that we, the evaluators, also experienced a communication barrier in carrying out this project that other groups in Project Impact would not likely have experienced. For example, some groups were able to distribute surveys during one of their lunch events, and the survey was collected and completed within that session. For our group, our survey had to be translated into ASL and disseminated via email to our clients and followed up to ensure our seniors were able to view the VLOG. In addition, as noted above, the Deaf and Hard of Hearing seniors do not

regularly meet in one location, so to carry out the interviews required individual, specially arranged visits or appointment times to different areas. Future evaluation of programs involving members of the Deaf community will need additional time and resources to account for the extra planning and organization required.

As evaluators, we also found some frustration in being able to keep up with the timelines required for this project because of the communication barriers. Even though we were aware of the tools required to overcome the barriers, we did not plan for the additional resources of time required. For example, not all project resources, such as informational webinars, were accessible to our Deaf evaluation team members; therefore, additional time and adaptation was needed to ensure that all team members had access to the same level of information depth and detail, which wasn't always possible given the timeframes of the project. Overall, this process gave us even greater insight and empathy into what Deaf and Hard of Hearing seniors experience daily when they try to access services or coordinate communicative supports for themselves.

Possible responses

➢ Develop a standardized work plan for projects that require English to ASL translation to ensure the proper resources of time and staffing are adequately organized prior to the start of any project

➢ Ensure proper equipment and resources are available for making vlogs, captions, and Deaf-Blind friendly surveys

➢ Develop a volunteer seniors communications coordinator position for future projects to help us assess and meet the communication accessibility needs of Deaf, Hard of Hearing, and Deaf-Blind participants in advance of data collection

➤ Plan additional interviews/opportunities to learn about the experiences and perspectives of Hard of Hearing clients. Because the BH Hard of Hearing program is relatively new, we didn't have many Hard of Hearing participants in our sample, interviews with this population will also require in-person interviews as participants will likely have trouble hearing over the phone. Extra planning and organization for this group will be required as well

Conclusion

Insights from Impact

As a result of our BH program, Deaf and Hard of Hearing seniors are demonstrating greater independence in navigating and participating in their community programs. They are more likely to venture out and participate in community centre events and seek assistance for their communication needs. By developing this greater sense of independence, they are more likely to be an agent in their own health decision-making process and have developed a sense of greater self-confidence in aging well.

In addition, the Deaf and Hard of Hearing seniors have developed greater self-advocacy skills for themselves and are more likely to reciprocate support to others in their community. In fact, some are likely to become leaders/ambassadors for their community, to help foster greater social connectedness for themselves and for other members in their community. They are experiencing a greater sense of belonging, which leads to a greater appreciation of love and acceptance of oneself and their community.

Steps Forward

To continue the improved social integration within the community and to foster ongoing social independence, WIDHH needs to

recruit leaders that will help to grow this outreach program.

Several of these steps include:

1. Plan and offer workshops, led by BH leaders in the community, that are communicatively accessible (ASL interpreters and assistive listening devices provided).

2. Offer a variety of workshops that stimulate cognitive, mental, and physical health well-being

3. WIDHH to partner with other senior programs in other community centres to ensure workshops are communicatively accessible - help encourage sharing of resources

4. Given that the prevalence of hearing loss in seniors is high (>50% of seniors 65 years of age and older experience some degree of hearing loss; rises to >70% in populations 80 years of age and older), hearing loss will be significant barrier for any seniors program. WIDHH should explore partnerships with other organizations that provide seniors programs (e.g. active living, food programs, information programs) to seek opportunities and joint funding to provide sustainable programs that benefit all seniors

Areas for Future Evaluation

➤ Integrate further evaluation activities that reflect a wider and more diverse range of client characteristics (e.g., hearing status, duration in program, gender, socioeconomic status, services used, geographic location). Ensure future evaluation opportunities are communication friendly to Deaf and Hard of Hearing participants, e.g. interviewers need to be fluent in ASL or have strong communication skills to communicate with hard of hearing seniors

➤ Explore impact of joint senior programs that address cognitive, mental, physical and sensory health at the same time, e.g. a social, light aerobic class that is Deaf

and Hard of Hearing friendly; an activity that addresses several barriers at the same time; partner with one or two community centres to set up a model for such a program or activity

➢ Evaluate the impact of peer-led support activities experienced by the peer and the participants in the activity

➢ Conduct ongoing impact evaluation that incorporates data collection with a purposeful, stratified sample of clients over time (e.g., a one-year period). Longitudinal, individual-level data collection could help highlight factors contributing to similarities and differences in program experiences and outcomes (e.g., know/believe, do/become, feel/love)

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Castlegar Community Response Network

IRIS: Increasing Recreation Involving Seniors

Sandi McCreight, Deb Wandler

Organization & Program Overview

IRIS or Increasing Recreation Involving Seniors is a project of Castlegar Community Response Network (CRN). In Castlegar, the current Coordinator has been in place since 2006, and the focus has been and remains to be on preventative work with our older adults. Projects and programs such as IRIS are created to address determined needs with our primary goal being good health and well-being of our seniors which comes with offering socialization, activities for body and brain, and good food. Free community education and awareness events and tools are created and shared to educate the community at large about all things senior, including prevention of abuse and neglect.

Castlegar CRN started as one of many across the province in a pilot project in 1995. Currently over 70 CRNs work at creating safe, healthy and inclusive communities for all adults and where elder abuse, neglect and self-neglect are recognized, challenged and those suffering are supported.

The provincial office provides mentors, website and other resources and tools to carry out community-level efforts effectively.

The IRIS Project

The IRIS Project was created in 2017 to challenge isolation of seniors and all other issues that tend to accompany isolation including poor nutrition, lack of exercise, decrease in mobility.

IRIS offers monthly lunches, coffee groups, yoga classes, and education/entertainment events. Events are provided to 60+ residents free of charge with donations accepted and going directly back into programming.

IRIS is a preventative project aimed at increasing socialization and connectedness of our older adults to each other, service providers, intergenerationally and to the community at large. Our goal was to create a safe space for seniors to connect with peers, volunteer, learn, share, exercise and enjoy nutritional meals and snacks with others and to take home. Happy, healthy and engaged seniors benefit communities.

With decreasing medical supports and services, and a glaring hole in advocacy support for seniors, IRIS hoped to offer supports and connections to either avoid or lessen the effects of other challenges seniors face. This preventative program has the ability to address multiple seniors at once which is best use of limited resources.

The IRIS crew (staff & volunteers) abounds with a skillset to ensure IRIS participants get what they need. What we call our core crew includes two recently retired social workers. One a seniors' counsellor with decades of experience in elder abuse intervention and mental health support. Another a social work instructor with vast experience with younger and middle-aged adults, a counsellor, as well as education and experience in yoga instruction for all adults. Another crew member has over ten years of supporting seniors through advocacy on both individual and systemic levels plus years

of creating and implementing initiatives including obtaining all manner of resources. Advocacy also includes ensuring seniors' voices are heard and providing education and awareness events for the community at large about elder abuse, neglect, and self-neglect. Yet another skillset in the IRIS crew includes decades of experience in Nutrition Outreach and Life Skills for the local health authority. The participants in IRIS have easy access to support of all kinds including elder abuse to loss of a loved one, a home, mental capacity or a driver's license. The collective knowledge also enables quick referrals to appropriate resources, ensuring no matter the need, our seniors are supported.

Evaluation Methodology

The aim of our evaluation was to see what kind and quality of impact the IRIS program is having in the population we are serving. To understand this, we explored two broad research questions:

1. What kind and quality of impact are we having on our seniors?
2. What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began with a focus on the work of identifying and clarifying the intended impact of the IRIS program. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact focused on the mental, behavioral and emotional changes in our beneficiaries that indicate we are achieving our impact. We then used these indicators to design a qualitative interview protocol

and a quantitative questionnaire to measure our progress toward achieving our intended impact.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. Our population size was 93. Our sample size was 16 and we drew our sample from the following strata of our population:

> ➢ Gender: 12 women, 4 men
> ➢ Marital status: 6 single and 10 married, out of the 16 people we interviewed both halves of 4 couples
> ➢ varying income, age, mobility and connectedness to community and family,

Our interview team consisted of 2 staff members. Interviewers who did not participate in the Project Impact cohort meetings were trained in qualitative data collection and analysis prior to conducting interviews.

We then convened one-on-one interviews lasting from between 45 minutes and one hour in length with a sample from the identified strata of the population. Interviewers gathered the data by capturing the conversation through written notes during the interviews and filled in the notes immediately after the interview to obtain a substantive rendering of the interview.

We analyzed the data inductively using a modified version of thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers analyzed the raw data by reviewing each interview four times through each of four lenses to illuminate a different

aspect of what the data reveal about the research question. The data were then gathered into four categories to serve as an initial set of codes. Then, intra-interview themes were generated based on the pervasive insights from the data. This process allowed us to interpret the meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis (reviewing themes, defining and naming themes). We reviewed the initial themes as a team to identify the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Quantitative Data and Analysis

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 95 seniors and had a response of 92, a 97% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

The most significant findings from this evaluation are described in the following narrative.

Findings

The Iris Train: Getting on track with seniors' wellness.

Our interviews revealed that IRIS is like a wellness train that seniors board and ride through stations. At each station they receive something; caring connections, self-confidence, ownership & pride in IRIS, nutritious food, education and information, individual support, and then the last stop is where newcomers board, are embraced and ride the loop thus beginning their IRIS journey. As with any good train line, IRIS has an engineer (Coordinator), crew members or "baggage handlers," conductors, and the customer service on this line is exceptional. Many seniors come to IRIS with "baggage," or challenges and struggles that need addressing. The IRIS Crew is well equipped to help them deal with this baggage.

Finding 1: We matter, REALLY

Key insight: Supporting seniors increases their feelings of being cared for, cared about, and valued in their community.

The interviewees who take part in IRIS feel cared for. They spoke of how the volunteers, Sandi (the Coordinator), the community, in its donation of resources and time, all contribute to this community of support that is the IRIS program. Seniors also mentioned appreciating that IRIS is a place to receive information and support. An interviewee stated, "I know that if I do need support or help, I can call Sandi and ask for help and referrals. I know how to get in touch with the right people. This makes me feel more comfortable if something unforeseen comes up." Our quantitative data supported this sentiment and revealed an increase in awareness of community resources before and as a result of IRIS. Before IRIS, respondents average rating of their awareness of resources was a 2.9 out of 5 and, as a result of IRIS, participants average rating of their awareness increased to a 3.8 out of 5, a 31% increase. 87% of respondents also reported that they

agree or strongly agree with the statement "Since I've been a part of IRIS, I feel like I am a more valuable part of the community." (see Figure 1)

Figure 1. Since I've been a part of IRIS, I feel like I am a more valuable part of the community.

Undecided

13%

Strongly agree 27%

60% Agree

0% disagree or strongly disagree
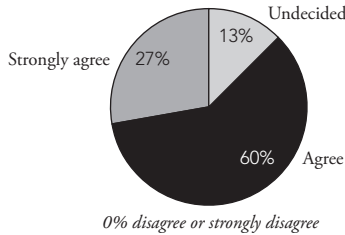
One participant said, "IRIS makes me appreciate volunteers. I love seeing involvement of special needs groups, and I love corporate people being involved." Volunteer labour is being received from local groups such as MacDonald's and Kootenay Savings Credit Union. Community paramedics come out to check seniors' vitals. One senior was astonished and appreciative that "even the mayor sits on the IRIS advisory team." And finally, "There is nothing like it, people giving their time for seniors in this way."

Significance

The data clearly show that in IRIS, people feel valued. The response of the community to seniors is both astonishing to and appreciated by seniors. The data revealed seniors are noticing they matter to people of all ages and to the business community as well. Having our local government represented on the board level (Advisory Team) and being hands-on by volunteering - the Mayor's presence is noted and appreciated – shows the respect and appreciation the community has for seniors. This recognition increases a sense of being valued as part of the community. Our seniors feel the impacts of being cared for (physical needs) by each other and the IRIS crew and feel cared about (emotional needs) by

the IRIS crew and the community at large. Both of which increase seniors' sense of self-worth and sense of belonging.

It is clear when the 3-to-5-year-olds from the daycare in the same building enter the room to sing, the energy in the room changes. The anticipation and joy that we see and are later told about are immeasurable. Some seniors have no family, or no grandchildren to connect with and this 3-song interlude impacts them in a hugely positive way. Intergenerational interaction benefits all of us. IRIS comes to a stand-still when the children sing. The volunteers, staff, and seniors all watch as the children's chests puff out with pride and belt out a few numbers. Many of the IRIS crew watch the seniors watch the children. This intergenerational interaction, along with the volunteers doing the same, helps to quell fears many seniors have about youth and helps the seniors and older volunteers to see the youth in a different light – a supportive role. Youth engaging with the seniors in a respectful and pleasant manner goes a long way to mending ageist beliefs and fears. Segregation gives rise to ageism.

Bridging generational gaps makes for healthier communities. Each generation can learn from the other. These connections help foster a sense of community solidarity. IRIS is a place for these bridges to be crossed and lasting positive impressions to be made, kept and shared in the broader community.

Possible Responses

How do we get more buy-in from the community? Perhaps presenting findings to groups and organizations in the community and inviting them to volunteer at an event. Groups could include the City, Regional District of Central Kootenay, Columbia Basin Trust, local Credit Unions, and other businesses and organizations.

Finding 2: "IRIS feeds more than your mouth."

Key Insight: Seniors value the food they receive at IRIS and appreciate the welcoming environment and camaraderie even more.

Throughout our interviews, the responses show the seniors value the food; its nutritional elements, the effort put into making and serving it, and there always being leftovers to take away for themselves and to give to others. More than your mouth, according to interviewees, "IRIS feeds your heart." A few reported that they enjoy the food but would come regardless.

One senior said, "IRIS is like being at home with Mom serving good food. No one goes hungry." Along the same line, another said, "Seeing the two guys outside barbequing was so welcoming – felt like home." IRIS works hard at meeting individuals needs, and it is valued. As one senior said, "I really appreciate the effort to include all dietary needs without making anyone feel bad."

It was surprising to us how poorly some seniors are eating at home and IRIS is improving that. One senior shared, "(IRIS) helps me greatly with eating healthy and eating more variety of foods. If I was home it'd be two donuts and milk." One senior wrapped it up well with, "Good food is part of medicine."

Significance

Food is not just a meal; it is a catalyst to conversation, improved health, and a means of connection. The quantitative survey showed the average level of socialization reported by participants improved from 3.2 out of 5 to 4 out of 5 as a result of IRIS. Some IRIS participants take extra food and deliver it to other socially isolated seniors in the area. "The leftovers are healthy, and we are happy to take some home and to share with other seniors (our neighbour)," said one IRIS participant. It is a win-win as IRIS participants benefit from the events they attend and then share the food with seniors they deliver it to. Both parties then benefit from extra socialization. One senior that delivers IRIS meals to another

senior said, "Their face lights up when I deliver the IRIS food, and I get an opportunity to visit too."

There are seniors who don't go to events because of fussy appetites or dietary needs such as gluten free. Catering to those individuals increases participation in the program and broadens the reach to include those seniors.

Possible Responses

Are there additional dietary or other needs we could be trying to accommodate? We will endeavor to identify any further special needs or requirements through a simple feedback request.

We are hoping to take "IRIS feeds more than your mouth" to another level by adding in a regular cooking group where seniors, and other age groups, would gather to cook, eat, socialize and take food home. Our design would also show extra portions being made to distribute in the community.

Finding 3: Socialization and Inclusion

Key Insight: The connections created at IRIS are creating a network of peer support amongst the seniors, which is blossoming into support and socialization outside of IRIS too.

We heard repeatedly in our interviews that providing a welcoming environment where seniors can socialize was one of the most valuable things about IRIS. One senior said, "It's been hard to walk into a group of people I don't know, but since coming to IRIS I see people differently. Everyone is in the same boat and this helps a lot."

Reportedly the space is welcoming for all who attend. Seniors, of course, but also the volunteers help to create a space for giving and getting support. "I know that IRIS is a place where I can connect and look for help," said one senior. Some acknowledged the ease of interacting due to the fact that "we have so many commonalities which make for good conversations." Others stated, "IRIS is a safe

place to look after yourself, to talk and share," "I am now more committed to self-care," and, "IRIS is part of my self-care." When talking about the IRIS environment, seniors used words such as loyalty, honesty, safe space and trust. One senior said it simply, "We trust IRIS." Another said, "Trust is built at IRIS and held high by all." The acknowledgement that "we are all the same at IRIS, no matter income, etc." speaks volumes to us about it being a healthy environment, for seniors, the IRIS team, and for sharing, listening, reaching out if needed.

Even more reserved seniors reported enjoying the socialization. "IRIS helps older people come out of our shells and tackle boredom. Lots of good comes from interacting with each other," said one.

Our quantitative data also revealed the same social connection that echoed throughout our interviews. Seniors reported that they had a significant increase in their connection to their peers with 39% responding that they were "quite a bit" or "very much" connected before IRIS and 74% responding "quite a bit" or "very much" as a result of IRIS (see Figure 2).

Figure 2. Connection to peers before and as a result of IRIS.

(n=88)

☐ None ☐ A little ☐ Some ■ Quite a bit ■ Very much
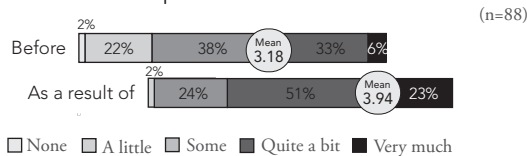
They value the intergenerational connections too. One shared, "Volunteers stop to talk with you. They are part of the IRIS family."

We were pleasantly surprised at the acknowledgement that "inclusion takes work" but is worth the effort. As one senior said, "Meaningful and joyful social interaction is good for everyone –all seniors and other ages too. Lots of good comes from interacting with each other."

Significance

We knew that bringing the seniors together for food would automatically increase their socialization and we predicted it would help their sense of inclusion. It has been eye-opening to hear the seniors recognize the socialization is benefiting them plus they are declaring feeling more included both in the IRIS program and in the community. Results of the quantitative data showed that 87% of the seniors surveyed agreed or strongly agreed that since being part of IRIS they were a more valued part of the community (see Figure 1).

One senior said, "I have grown as a community member. I feel much more involved. IRIS gives us a chance to step up and out into the community. I didn't know how to do that before IRIS." Another comment was, "IRIS gives me a (prideful) topic to talk about – I love to share about IRIS with anyone."

The data also revealed that IRIS participants highly value the volunteers, not just for serving them, but as part of the IRIS family. We assumed some intergenerational connection on some level but the buy-in from the seniors and the volunteers, the interactions and connections, is much more significant than we predicted. 74% of respondents said they made 5 or more new connections as a result of participating in IRIS and, of them, 42% made 10 or more new connections. We see those connections continue to grow stronger as volunteers and seniors seek each other out to greet and thank each other.

Possible Responses

Could we create some supportive roles within IRIS to increase peer support and interaction between seniors and volunteers? We are hoping to create event teams consisting of one youth and one senior who would play lead roles in the coordination of volunteers. These roles could rotate depending on the number of volunteers interested and the roles they'd like to tackle. These roles would

ideally be rewarded with small honorarium to impress upon the teams the value of the role they play.

Finding 4: Sense of Ownership Drives the Program

Key Insight: Participant pride and enthusiasm, referring to IRIS as a "family," is largely responsible for the growth of the program.

Throughout our interviews, interviewees spoke about the importance of the space and how the people who fill it have been vital in creating this warm welcoming environment. Everyone – the IRIS crew and other participants, are friendly and welcoming, the space is accessible for all levels of mobility, and surprisingly yet not, the round tables are vital to flowing conversations. Sitting around the table was mentioned many times over. There is a sense that all of us are working together to create this inclusive community connection. Quantitative data revealed an increase in seniors' connection to peers before and as a result of IRIS from an average of 3.2 out of 5 to 3.9 out of 5, a 22% increase (see Figure 2). A senior said, "It's a happy spot to be in because everyone is communicating and showing up at every event. They are happy to be here." Another mentioned, "The group has sure brought people out – I call it family here." And another interviewee finished with, "You are doing a good thing, keep it up!" One senior supported the pride in promoting IRIS to new participants saying, "I am proud of the new people that I brought to IRIS."

Surprisingly, they told us the pride they feel in helping to create the space that is IRIS, makes them reach out to others in IRIS and in the community, bringing in new participants. As one interviewee said, "I feel heard and supported at IRIS, and that helps me to feel good about speaking out. I love helping others more than myself."

Significance

Creating a space for people at different levels of buy-in is essential, and we see people move through the train stations. A level playing

field is another important factor to the program, ensuring that once in the door, income, housing, health, and other statistics do not matter. Reportedly we have succeeded as we repeatedly heard throughout our interviews. One senior stated, "We are all equal at IRIS."

We are pleasantly surprised at the level of participants' buy-in. Their sense of ownership has evolved IRIS into the warm, welcoming environment it is. For some that ownership or buy-in means returning to each event and enjoying it. For others, ownership means spreading the word out in the community and bringing new people into the IRIS family. The seniors' sense of ownership has created a commitment to each other and to the success of IRIS. This commitment doesn't stop with the seniors. It is woven through the IRIS crew (staff and volunteers) and drives all participants to shift from self to others and fosters an increase in empathy and compassion.

Possible Responses
The seniors are so appreciative of the program and often ask what they can do for us? We are looking at offering a collaborative celebration of connection amongst volunteers, staff, and seniors – naming and celebrating what we are doing here together, an event where the volunteers are the lunch or coffee guests, switching roles with seniors.

Finding 5: Benefits Are Diverse and Plentiful
Key Insight: We discovered that participants are getting more out of IRIS than we ever anticipated, including self-confidence and a desire to help others.

Interviewees reported that they started coming for the free lunch, but once they got into it, the reasons to continue to participate grew exponentially. Other benefits we heard about in our interviews were an increase in self-esteem, desire to increase self-care and care for others, plus a desire and practice of using

their own voices to get their needs met. Seniors shared, "IRIS gives me confidence. It's a positive experience. I feel good, and the anticipation of being at IRIS is high," "I feel appreciated for what I say," and, "It's worth the risk." Seniors responses to the survey question about their ability to get their needs met before and as a result of IRIS showed an increase from an average of 3.0 out of 5 to 3.9 out of 5, a 30% increase (see Figure 3).

Figure 3. Ability to get your needs met
before and as a result of IRIS (n = 84)

|					
Before	6%	17%	42%	Mean 3.0	25%	6%
As a result of	1% 2%	20%	52%	Mean 3.90	19%

☐ None ☐ A little ☐ Some ■ Quite a bit ■ Very much
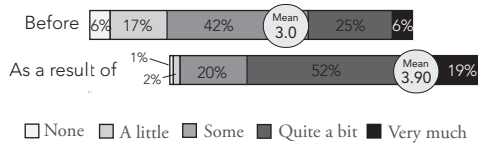
One senior said, "Getting seniors to open up and lighten up. Relax, laugh. Learning and teaching amongst ourselves." They then said, "I feel fulfilled, physically and emotionally. Feeling safe makes us contribute more." This senior appreciated the peer connections and support as well saying, "[We are] supporting each other, not just IRIS supporting us."

Significance

Contributing or being a part of creating what is IRIS, helps the seniors in so many ways. We assumed the seniors would come and continue to come for good food. Period. We were pleasantly surprised by the extra benefits seniors are reporting as a result of IRIS. Seniors are getting so much satisfaction out of supporting each other. The realization that they are not just getting (support) from IRIS, but also giving to each other is a real benefit we hadn't anticipated, or at least not on this scale. It is very encouraging to hear about the network we are creating amongst this large group of seniors. Knowing that they are supporting each other may lessen the load on the local resources and is empowering to the seniors.

Survey responses showed that the seniors' levels of pride in their contributions to the community increased from an average of 3.3 out of 5 to 3.9 out of 5 as a result of their participation in IRIS (see Figure 4).

Figure 4. Level of pride in contributions to the community before and as a result of IRIS. (n = 87)
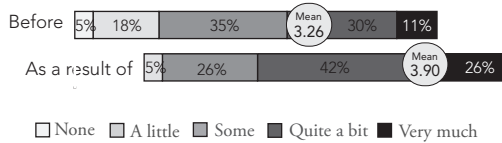
Possible Responses

Are there things we could be doing to ensure all who wish to can contribute? Perhaps Smaller groups or teams of seniors that take turns volunteering at events – clean up/set up, doing the draw prizes… We could ask what roles the seniors would want to contribute in and devise a plan from there. Contribution could include clean up or set up, serving or doing the draw prizes or more diverse involvement such as doing a presentation, or teaching a skill. This last point might be a way for seniors to learn more about each other. To learn about who these individuals were before they were seniors.

Finding 6: The Realities of Success

Key Insight: The success of the program brings with it challenges such as outgrowing the venue and limiting opportunities for volunteer interaction with seniors.

Some seniors believed that they didn't need to register for monthly luncheons, that much like a family dinner, they could just arrive. The first couple of times, the IRIS crew accommodated and tried to keep that family feeling going; however, it caused some issues. The last time we accommodated extras it took us from 70 to 105 seniors for lunch. That put us over the capacity of the venue. In our

interviews, participants expressed concern about a lack of respect for the program and frustration at those not registering. One senior said, "I get so frustrated at people not registering, but they still get food and draw prizes." Another said, "The fact that people come without registering for lunch is very disrespectful… they show up putting a lot of stress on the volunteers." Were we setting ourselves up by being so accommodating to those who arrived unexpectedly? One senior expressed, "If IRIS has a request then people should listen. IRIS is setting itself up to be disrespected." The participant quotes above add credence to the quantitative findings that show an increase from an average of 3.2 to 3.9 out of 5 in a survey question asking how comfortable the participants feel expressing themselves before and as a result of IRIS.

Registration is done by IRIS cell phone message or email. Once we have a full event we adjust the voicemail message accordingly. If people show for lunch that have not been accepted onto the registration list, we have to turn them away. Thankfully we were able to handle it tactfully with apologies and appreciation for their interest and haven't had much issue since the first time. However, it is difficult for the IRIS Team to know people are being turned away. The volunteers often mention they saw so and so and they said they didn't get to come last time. It is difficult to accept that success has created a challenge.

Significance

Tackling this issue has been the topic of many IRIS conversations. Ideas have included moving the lunch to another venue such as the gym in the same building we are in, having people come every second month, or adding an extra lunch day each month. The space we currently use, the Kinnaird Park Community Church Library, is a beautiful, bright, open concept room with an attached kitchen for preparation and clean up. It is always set up with round table and chairs.

One other challenge faced with the full capacity of the luncheons is that we are unable to have the team of staff and volunteers join the seniors for the meals. There just hasn't been the space at the tables. The idea of adding an additional lunch each month would allow for much more interaction – a breaking bread, intergenerationally. A participant expressed how "Everyone appreciates the smiles and chit chat that happens with the volunteers. You do a wonderful job." If the volunteers are too busy with serving food and the space is too full for them to sit with seniors, they miss the opportunity for connection, which is a vital component in the IRIS experience

Possible Responses

One option to increase capacity of the luncheons would be to move to the gymnasium space. The gym could accommodate double or triple the people however it is a windowless box-type room with a huge increase in labor required for transporting food and dishes, and the setup and tear-down table and chairs. The IRIS Team of staff and volunteers along with the seniors, believe that continuing in our library space with up to 70 seniors, would allow for volunteers to join the lunch tables, which is a key piece to IRIS and valued by all. We all agree the best solution is to find resources to allow for multiple lunches, two in a row, with seniors registering for one only. With lunches being two days in a row we could still have only one preparation day but would increase quantities prepared to cover both lunch days.

Conclusion

We knew we would have an impact on the seniors we served. We were overjoyed with the reported scope of the impact. Findings showed impacts included the experience of connection amongst peers and the IRIS Crew, feeling cared about and cared for, and the sense that IRIS is family. These were experienced not only by seniors but by the IRIS crew (staff and volunteers) as well.

Seniors have told us that they are out there talking about IRIS. Many seniors have indicated a strong sense of pride and ownership in helping to create and grow IRIS. That has been proven. One senior said, "I promote IRIS to friends and others who would benefit." We see evidence of that in participation at miscellaneous gatherings across the region where other services providers and local gov't reps have inquired about what we are doing and praising us for the success of the IRIS program. IRIS is a unique project and shows promise to be duplicated or piloted in other communities.

We believe that at the rate that the participants are promoting IRIS, it will continue to grow. Our hope is to secure the resources to support and sustain that growth.

One senior summed it up beautifully, "You are doing a good thing, keep it up."

Steps Forward

A natural progression of IRIS seems to be growing the program to offer more, starting and maybe most importantly, an additional lunch each month. Having an extra lunch will accomplish multiple things. It will enable us to increase the number of seniors eating and taking meals home. It would also increase opportunities for volunteering. Many seniors have told us they want to help, to be involved in a way other than sitting and eating. IF we added a second lunch event those seniors could be a lunch guest at one and volunteer in whatever way suits them, at the other lunch. Yet another benefit would be the availability of space to have the IRIS crew join the seniors at their tables to break bread together, increasing intergenerational connections.

Cooking events with multiple seniors and other groups of various ages is another hopeful expansion to the IRIS project. A pending grant application will enable us to offer cooking in bulk, eating as a group and then packaging portions up for cooks to take home and for distribution in the community.

Getting more buy-in from the broader community would benefit all. Inviting business and other organizations to come volunteer would offer opportunities for the seniors to be introduced to them in a space where they are feeling safe and more likely to be open to new ideas and people. The seniors would then have the opportunity to promote IRIS by telling why they participate. The community at large would benefit from seeing seniors who are healthy, happy, engaged and social. This initiative would help to challenge stereotypes, to assist with rethinking aging. Creating connections between seniors and others at the IRIS space will not only foster healthier interactions amongst that small group but hopefully spread into the broader community as people share their experiences at IRIS and with the amazing individuals that participate.

Seniors Outreach and Resource Center

System Navigation Drop In Program

Vi Sorenson, Kristin Stratulat

Organization & Program Overview

Seniors Outreach Services Society is a community-based, non-profit, charitable organization that was formed in 1989. Once focused solely on friendly visiting for isolated seniors, the organization grew over the years to include other types of services, so in 2010, we began to use Seniors Outreach & Resource Centre as our everyday name to better reflect the variety of what we have to offer. Our mission is to enhance the lives of seniors in Kelowna and beyond. By providing support and linking them to other needed services, Seniors Outreach helps aging, isolated seniors maintain their dignity and independence, and to stay connected to their community. Information provided to seniors and other community members include a wide variety of resources and services available, including, but not limited to, housing, financial, social, recreational, health, safety, legal, home support, abuse prevention, and estate planning.

With the changing landscape of senior-related services, the need for one-to-one, client-centred services such as our Drop-In

program has grown immensely. From 2016, the number of clients requesting this service has more than doubled. The weekly Drop In program is now full from week to week with seniors who are needing assistance with system navigation and crisis counselling, demonstrating that the existing system designed for seniors is not easily accessible by a large number of the people whom it is designed for. With the majority of forms, phone numbers and other important information all online, seniors who have never operated a computer or the internet before are not able to begin the search for resources, services and supports needed to maintain their lives. Furthermore, navigating general information lines, waiting on hold and/or following pre-recorded prompts is a significant source of stress, anxiety, and confusion for seniors. This jump in attendance for our program had us wanting to take a critical look at the service, evaluate its effectiveness and see where we could make changes and develop the program to be even more effective in helping our clients.

Specifically, we wanted to evaluate is the program was having the intended impacts on our clients' lives. First, we wanted to see if the program helped clients to develop a system of support. Through access to this program, were clients experiencing a decrease in anxiety? We wanted to see if we were successful in helping clients gain confidence in navigating the system on their own, know when and where to turn for help in times of crisis, and if they actually believed the system would meet their specific needs.

Secondly, an impact we hoped to evaluate was if this program was successful in helping clients to attain and maintain financial security. Specifically, were we successful in assisting clients to remedy their issues with their finances, e.g. delinquent taxes, late applications for pensions. Furthermore, by having somewhere to turn regularly, were these clients feeling more in control and secure in their finances going forward? Has contact with our program helped our clients become aware of what benefits for which they

are eligible? One major aspect we wanted to evaluate related to those clients who no longer felt secure or capable of overseeing their own finances anymore. With access to a program such as ours, were strong relationships being created wherein the client knows where to turn for help, is willing to accept help and does not wait for a full crisis, like homelessness, to seek help.

The third impact we were interested in was if this program helped isolated seniors develop positive connections with others. Here, we hoped to see if the connection with our Drop In program would result in them to becoming involved with other community programs and events that we informed them of, and become more comfortable in social settings. With the proven health decrements associated with social isolation, it is important for our organization to help seniors avoid socially isolating behaviours and create community through attending events, meeting new people or through volunteer opportunities. So, through our Drop In program and working with these clients to help reduce their overall anxiety/depression and stress in their lives, did that, in turn, allow them to feel more valued as a member of society and choose to become more involved?

Lastly, does our Drop In program help seniors to experience prolonged wellness and independence? Similar to the question about financial security, we wanted to see if this program also increased overall wellness and independence of our clients in all aspects of their lives. Particularly, were they reporting a higher sense of security, hopefulness and general happiness in their lives? Did their connection with this program help them to see there is more help available than they were previously aware and was their outlook on the future more positive than before their time in the Drop In program? We hoped to see that our program was causing positive effects outside of our office, into the day to day lives of the clients.

Below we describe the methodology used to assess our intended impacts and the results we saw when our participants were surveyed and interviewed.

Evaluation Methodology

The aim of our evaluation was to explore the kind and quality of impact our System Navigation Drop in program is having in the older adult population in the Kelowna area. Particularly, our clients tend to be more at-risk, have no fixed address and have complex physical and mental health issues. To understand this, we explored two broad research questions:

1. What kind and quality of impact are we having on older adults?
2. What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began with a focus on the work of identifying and clarifying the intended impact of the System Navigation Drop in program. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact focused on the mental, behavioral and emotional changes in our clients that indicate we are achieving our intended impact. We then used these indicators to design a qualitative interview protocol, and a quantitative questionnaire, to measure our progress toward achieving the intended impact.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. Our population size was

62. Our sample size was 16 and we drew our sample from the following strata of our population:

➢ Included both male and female clients equally
➢ Ensuring a wide range of ages was represented within the interviewees
➢ Clients who were cognitively able to understand and answer the questions.

Our interview team consisted of 4 staff members. Interviewers who did not participate in the Project Impact cohort meetings were trained in qualitative data collection and analysis prior to conducting interviews, by viewing all course material and webinars provided.

We then convened one-on-one interviews lasting from between 45 minutes and one hour in length with a sample from the identified strata of the population. Interviewers gathered the data by capturing the conversation through written notes during the interviews and filled in the notes immediately after the interview to obtain a substantive rendering of the interview.

We analyzed the data inductively using a modified version of thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers analyzed the raw data by reviewing each interview four times through each of four lenses to illuminate a different aspect of what the data reveal about the research question. The data were then gathered into four categories to serve as an initial set of codes. Then, intra-interview themes were generated based on the pervasive insights from the data. This process allowed us to interpret the meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis

(reviewing themes, defining and naming themes). We reviewed the initial data as a team to identify the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Quantitative Data and Analysis

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 35 clients and had a response of 21; a 60% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings. In regard to our quantitative survey, we encountered issues being able to connect with our clients. Unlike other programs that have a weekly event that clients regularly attend, our program is on an "as-needed" basis, so our clients do not come in regularly. Furthermore, the seniors we assist tend to be quite vulnerable, with complex needs, and often issues with housing security. Therefore, there were no addresses to send the surveys, nor phone numbers to contact the clients in some cases. As such, we mailed out as many as we could, and had to hope others came into the office on their own volition for more help.

The most significant findings from this evaluation are described in the following narrative.

Findings

Finding 1: That's Where It's At

Throughout our interviews, seniors told us that it is very important to them to have somewhere to go for help, even when they do not really know what they need or what might be available. Some mentioned that the information and knowledge they gained about resources and services inspired them to do more for themselves; others said they used this knowledge to help others. Some reported a better understanding of benefits and programs and said that made them feel secure that their basic needs can actually be met; that there is help for them when they feel helpless. One gentleman said he was "able to finally open new doors to opportunity because I now have ID and resources I never knew about before." For example, he said he didn't think he could ever get pensions because he had not filed taxes for over ten years and had worked in orchards where he generally was paid in cash and therefore not part of the government payroll deduction system. He also had struggled for years to get his Quebec identification documents replaced, and just felt hopeless as he reached 65 years and his health started to fail. He didn't see a path to a secure future, and now he does.

Significance

This finding indicates a real shift in how these seniors feel and experience their daily lives. When they know that there is somewhere they can go when they need more information or direct help, they told us that they feel more calm, experience less anxiety and depression and are better able to cope with the other aspects of their life. In fact, 100% of the seniors we surveyed responded by saying since working with Seniors Outreach, they have experienced a lessening of stress and anxiety. Furthermore, 76% of those clients noted that their experience of stress was much improved. This demonstrates our clients feel less fear and

helplessness; they express hopefulness and resiliency. This lessens their reliance on their family doctor, reduces visits to emergency rooms and encourages seniors to take their wellness into their own hands. By being exposed to the wealth of information at our resource centre when they come to our Drop In System Navigation program, they often access other services both within our agency and in the greater community. They can gain connections to others, feel part of their community and rebuild a support network, which improves both health and safety, and reduces interactions with more costly public health services.

Possible Responses

In response to this finding, there are some adjustments to our program which could help enhance this feeling of connectivity and openness. These could include expanding what this program currently offers to other areas of assistance. One area that we have heard through this study that would be beneficial to our population would be to offer accessible pension and financial management. Many clients who deal with housing insecurities and/or cognitive issues often are unable to successfully manage their income and expenses, due to cognitive challenges, whether from dementia or a myriad of other health decrements. With our large client base and specialization in working with these clients, this option would be ideal to help prevent a crisis, even homelessness. According to the data we collected, it has become apparent that our program only running once a week is not adequate. Appointments are filling quickly, and seniors sometimes need to book 2 or 3 weeks in advance, which causes an inability to respond to emergencies (e.g., evictions, missed payment dates, etc.) as they arise. Expanding the program so that it can be offered more than once a week would help accommodate more clients and allow for a timely response to emergencies, but funding does currently allow for this.

Finding 2: Your Cash Ain't Nothing but Trash

Throughout the interviews, the most common frustration voiced by our participants related to the overall cost of living, and its disparity related to current pension income levels received by many seniors. In fact, the number of seniors in BC who are living in poverty has more than doubled since 2000. Concerns about housing security topped this list with interviewees, noting the cost of housing as well as the overall increase in the cost of food, clothing, and utilities added to the overall financial struggles they experience on a day-to-day basis. This has become a high priority issue within our community of Kelowna, especially in the past few years, so when we inquired about pervasive struggles within our clients' lives, this was not a surprise. However, what study participants brought to light was the large effect this struggle had on the rest of their lives. For example, one client noted that with our assistance in securing her long-term disability benefits, she is "able to start buying food again." The fact that we had a client going days without food was an alarming finding, and it is sad this is present within a wealthy city and province. Seniors told us in the interviews that another impact of the poverty they experience is that they have to choose between food and medication and that one option often chosen is to reduce medication, so it lasts longer. By doing so, their health is compromised, and can quickly mean more contact with and costs to the health system, whether that senior is helped in the community or in the hospital.

Significance

This is a significant and quite disturbing finding within the lives of our clients. With a small, fixed income and no other savings, clients have nowhere to turn for any other financial assistance, specifically in times of crisis. Along with that, is the decline of true, subsidized housing, which would only cost 30% of one's income, and the shift to "affordable" housing which can often cost more than 50% of clients' income. Shelter Aid for Elderly Renters (SAFER), is an

option for some; however, this will only result in, on average, an extra $200 a month. For many, this still leaves them spending a large proportion of their income on housing alone, not including utilities, food, clothing, prescriptions, and other basic needs. However, this program is a conduit for the clients to help them identify what gaps they may be experiencing in their income. Many clients seen at our Drop In program do not know what SAFER is, and sometimes are missing large portions of their pensions or supplements. This missing income makes this gap between income and cost of living even more stressful, and the need for our program even more critical.

Possible Responses

This finding highlights the overall importance of this program and tells us that expanding the capacity of the program is essential in order to reach more clients who are falling through the gaps in the system. This would include staff being able to be mobile to reach house-bound clients, as well as doubling the current once a week program to twice weekly. These changes, however, cannot be implemented without added funding. An adjustment we will make right away, however, will be to conduct a more in-depth income assessment on clients who are enrolling in the Better at Home program during home assessments. Here, we can get a better sense of what their income is, rent and utility costs and if their taxes are currently up to date. This would allow us to utilize the client intakes naturally occurring through our largest program, Better at Home, to better catch clients who would not know there are other resources available to assist them and who may be missing some financial benefits they are entitled to.

Finding 3: Magic Moments

The participants we interviewed in the study repeatedly told us that what they appreciated a lot was that Seniors Outreach is an

approachable, small organization and not an arm of a governmental bureaucracy. They told us of their frustration with government systems that don't allow one to one help in person, and also of the telephone systems that redirect them to online resources. Seniors also told us they often cannot understand letters they have received from government services and experience anxiety because of that. Repeatedly, they said to us that they need and appreciate our help navigating systems that they cannot manage on their own, usually due to cognitive changes, dementia, acquired brain injury, vision and hearing loss, and many other age-related health changes. They said they felt confident because our staff demonstrated obvious expertise in aging and the systems that provide services to seniors. We repeatedly heard that our staff could explain things to the seniors that come to us for help in our Drop In System Navigation program, and could help them to get their needs met or problems resolved. One person told us that "Seniors Outreach staff have gone out of their way to help with my situation when I was at the end of my rope." Another said, "You are showing love by helping people."

Significance

Because individuals told us that they feel heard and understood at this program, they know where to go, for help, and will not flounder and get lost in the system, experience declining health or even face homelessness. They know when they phone, a staff member with expertise in aging will answer and offer assistance and support, provide answers, and, if needed, book an appointment for more intensive help. This is very important for a demographic who is not comfortable navigating the technical, online world they find themselves in. Furthermore, clients who come to us having been referred by other agencies noted that these other agencies do not have the aging expertise that our program has. This highlights the importance of having trained, skilled and knowledgeable staff

providing this program, and that is not an appropriate fit for volunteers.

Possible Responses

Program adjustments that could help address this would be continued professional development for staff, ensuring all are up to date on government services and programs as well as working with clients with dementia/Alzheimer's, seniors' mental health, addictions, homelessness and other complex issues seen in this program. Furthermore, attaining new funding to bring on more skilled and knowledgeable staff will allow us to broaden the scope of this program to be able to help more seniors feel heard, understood, valued and have their needs met. With the continual aging population within BC and particularly in Kelowna, our level of staffing will not be able to properly and effectively handle the waves of seniors as they age and need assistance. Increased funding and investment into this sector will be vital, to ensure that the current cohort of older adults can access the one to one support they need. With this help, they can attain and maintain benefits, housing, health, and dignity and significantly reduce the cost to the health care system.

Finding 4: Little Things Mean A Lot

One big theme that emerged from the interviews related to what our clients felt they needed to feel happy and content. In reality, they are not listing anything extravagant. Instead, our clients cited having a safe, secure and affordable place to live, and money to buy food and basic car repairs as the main items noted to ensure one's feeling of security. One client noted when she needs car repairs, she simply drives shorter distances so she is not too far from home when or if her car breaks down. She is actually looking to sell her deep freeze in order to fund these needed repairs. Though she seemed fine with this during the interview, she did mention the loss of this deep freeze

would prevent her from being able to buy bulk fruits and vegetables, freeze them and have them throughout the winter months. This is then adding to food insecurity experienced by many seniors. Another client mentioned how the drastic change from paid employment to pensions is so difficult to manage. However, they are not immediately seen as being poor enough to access the necessary subsidies. Instead, they feel they have to fight with the government to prove how poor they really are and receive basic help for medications.

Significance

An interesting aspect was that the clients were very grateful for the help this program provides. They were not looking to have their overall physical or mental health issues fixed, but meeting their basic needs was a major desire for these older adults. When clients come to us looking for resources, they are not making extreme requests. Instead, they are merely looking for a place to call home, enough food, and to be able to enjoy their life as best they are able, despite any extenuating health issues or age-related problems. Mostly, seniors say they are not receiving the needed resources to attain a basic level of living, and this leaves them vulnerable to abuse, neglect, self-neglect and or declining health and homelessness. We do see these very detrimental effects in seniors who did not know where to get help to overcome these barriers.

Possible Responses

The biggest addition to the program, beyond providing more capacity, would be to get funding for a housing-specific outreach worker. For eight years, our organization offered one-to-one assistance to help seniors seek out, attain and maintain housing. This worker would also assist with income assessments, SAFER applications and act as an ongoing point of contact for landlords to help resolve any issues as they occur. As housing was a common theme across many of our findings, this data-informed decision

making would easily be the most impactful change the program could see.

Finding 5: Stand By Me

Clients continuously spoke of the trust they felt with our program, particularly how the workers took the time to listen to their stories and problems and made them feel welcomed. Conversely, a theme that also emerged related to the overall distrust of the larger government and bureaucratic systems. Within the age cohort with whom we work, having an actual worker to sit down with, or easily reach via the telephone, is important. One client said that it is important to have someone to "turn to and talk it out". This is difficult when many seniors' services systems are highly automated with no local offices or staff, and all information has migrated online. In essence, the systems are not, as one client noted, "user-friendly," or are "SNAFU," as pointed out by another.

This highlighted the simplicity of how we run our current program. Clients simply walk in or call, book an appointment and meet with a worker. There is no paperwork they need to complete first; simply come with concerns and questions and we will start helping to solve the problems. 33% of our clients surveyed noted they are more comfortable navigating the systems on their own. This demonstrates that though we can help some clients develop independence to help themselves, there is still a significant percentage of clients who continue to struggle and will return to this program to receive on-going support. In fact, 100% of clients surveyed – even the 66% who said they are more confident navigating the system - said they will still return to us for help when they feel they need it.

Significance

The demographic with which we work often has little to no experience with current technology and can become very

frustrated when they are directed to online forms and/or calling 1-800 numbers that are convoluted with extensions and wait times. Furthermore, with declining cognition, this process is even less welcoming. However, our program bridges this chasm by being the human contact the client needs while we use our vast knowledge and familiarity of the system to assist with navigation. We also have a large catalogue of forms printed and easily accessible for clients. Be it pension forms, housing applications or SAFER forms, we have them on hand and can assist with physically filling out the forms for those clients with health issues. During this process, seniors also receive crisis counselling, to support them through challenges our professional staff helps them work through.

Possible Responses

An important step we will take within this program would be to know, in even more detail, what other organizations do/do not do, or can/cannot do, within their programs and make a strategic plan to fill those gaps. For example, non-profit housing providers are not allowed to assist the potential resident with filling out the applications, which many clients cannot do without assistance. Also, government offices are able to hand out forms, but again, not actually help clients complete them. This is problematic considering the demographic with whom we work. Furthermore, if a time occurs when the client cannot immediately meet with a trained staff person to resolve their problems, we have trained and friendly volunteers who will be available to greet the clients, answer simple questions and book appointments for following weeks. Because our program is in such high demand, clients are not always able to walk in and receive immediate help. However, we still want to ensure the client has a human connection, not just voice recording.

Finding 6: Ch-ch-changes

Some clients' situations are very detailed, are not resolved in one visit, and instead, the process takes months or years. For these clients, major changes or advancements in their situation may not be evident for quite some time. However, these clients expressed a very significant lessening of their overall anxiety due to having a person continuing to help with their situation, as well as being able to see incremental changes throughout the larger process. One client's situation to highlight in such a situation has an extremely complex case within the government systems, which has been going on for over a year. Though we have been actively working with him for almost the entire time, the case is nowhere near resolved. However, to support him during his struggles, the program has assisted him in receiving a rent supplement, home support, tax help, and further community connections, as well as listening to him and helping him not to feel alone. Though his biggest issue has yet to be resolved, he noted his anxiety has been lessened and said, "I don't know what I would have done if you didn't help me." Another client's situation has progressed well regarding her financial situation, though her housing security is still a major issue. She continues to access the program for housing searches, but thus far the program has assisted her with applying for and attaining pensions, resolving past debts, and completing a decade of taxes. Again, though there is a major gap in her life to fill, she says she sees everything differently now, noting, "I'm feeling really good about where I am."

Significance

This was an impactful finding for the workers to uncover from the data. When we create an action plan for the clients, the endpoint is the ultimate goal for us as an organization and the smaller changes and steps completed along the way do not seem as important to us as they actually do for the client and their levels of anxiety. Also,

is was interesting to hear how much their anxiety was lessened simply by having a place and person to go to who understands their current issue. Seeing that these quarter-turns not only reduce anxiety, but also increase feelings of empowerment, shows that the most important aspect of seniors-based programming is to a ensure personalized, client-centred focus, and empower the clients along their journey. This is not about simply solving the crisis for the client, but, for those who are able, empowering them with knowledge and skills to prevent further crisis and also make them feel part of a larger community so they do not have to exist within a social vacuum.

Possible Responses

In response to this finding, we feel it is important to develop a detailed and concise program manual for this Drop In System Navigation program, to ensure new staff and reception volunteers can all understand fully the intent and scope of the program. We will also consider the potential of charging a fee to other organizations for this manual, outlining steps to best support a fragile and vulnerable population in this type of program. This could, perhaps, be a way to generate income to increase the funding for our program. Furthermore, ensuring each client has a well-developed and all-encompassing Action Plan for each person will allow them to have input into their care, continuing the emphasis on empowerment, as well as help the worker to recognize the importance of smaller steps made along the journey.

Finding 7: Hitching a Ride

We did not hear as much from seniors about transportation in the data we collected in interviews as we expected, though some did tell us that lack of transportation poses a difficulty for them. This could either include not having access to reliable transportation or not always having the confidence to drive. One client said, "It's

hard living out of town, and to find the time and energy to meet with people." Our Drop In System Navigation program means that seniors need to come to us, so we already knew that we were missing a significant segment of seniors who lack transportation. These seniors need the help we provide, so being able to assist them is something we hope to be able to do more of in the future.

Significance

These data—or lack thereof--really highlighted the importance of being able to have our staff meet with some isolated seniors in their own homes, to provide the same level of individual service to those who cannot come to our office. We are aware from other data that transportation is a real issue for some older adults and one that prevents seniors from creating social connections and getting help navigating systems. As such, it can be surmised that a significant portion of at-risk seniors are not currently being served by our program.

Possible Responses

In response to this finding, our biggest undertaking will be to continue to seek additional funding to expand the program. Whether this will entail having funds to expand the capacity of our workers to do outreach, or establish a transportation option to bring clients to our office, the missing component is adequate funding to support these frail and/or isolated individuals. We will explore more options through private foundations and public grant opportunities to fill this need and continue to support the work of the CBSS to drive more funding to this area of service. Another response we can implement is to assist more clients to access those transportation options already being offered by our own and other organizations. Many times, clients either do not know what else is in the community, or they do not have the ability to apply for the programs. This would be a simple tweak to our initial client

assessments to see what existing programs can be utilized thereby not unnecessarily duplicating services.

Finding 8: Thank You for Being a Friend

"Because I don't have a family, I feel like I have a back-up family." This is a comment from an interview with a senior who has come to us for help on a monthly basis. A common theme in the data collected in the interviews was one of heartfelt gratitude. They told us that they were grateful to be really listened to, they felt cared about, and truly appreciative of our help. They even said they felt inspired to help others, and they had recommended that their friends and family come to see us, even if they do not have a problem. They thought others should make the time to come see what we are able to offer, and that they would likely find something useful at our Resource Centre.

Significance

This finding is a reaffirmation that things within this program are going well, however there is room to grow, and reach more clients in the community who we do not know about, nor do they know about us, so that more seniors struggling in isolation can seek the support of this program and not struggle alone. As previously outlined, we strive to create an easy-to-access centre and program in order to make our clients feel comfortable. However, being a small organization, it is difficult to stretch resources to dedicate to promotion and information sharing with specific seniors groups in our community. Despite having been in the community for 30 years, there is still a segment of our local seniors' population who are not aware of us or our Drop In System Navigation program.

Possible Responses

In response to this finding, we will try new methods of raising awareness for our organization to become better known in the

community, and thereby inform more seniors of our Drop In System Navigation program and the practical help and anxiety reduction it can provide to them. We will continue to access the lower-cost, non-profit friendly options, including some ads on smaller radio stations, and of course, print ads in newspapers. One of the bigger endeavours we hope to undertake will be to become featured in editors' columns, local interest sections and perhaps the local evening news when we hold events. Although online and social media promotion is the most cost-effective way to go (e.g. Facebook, Instagram), it is not going to reach many of the older adults in the demographic whom we hope to help. We will develop a new, strategic marketing plan with our board of directors, to improve awareness of our presence in our community, so more seniors can find the help others are so grateful for.

Conclusion

This evaluation project both helped to highlight findings we hoped to see, as outlined in our impact statements, as well as bringing to light client fears, systemic gaps and areas we can improve and further enhance in our own services. Overall, it was enlightening to have these important conversations with our clients and give them the opportunity to really be heard regarding what has worked/ has not worked for their situations. As an organization that works within the community-based seniors sector, many we see other professionals make assumptions regarding how clients are coping with day-to-day lives. However, having actually heard from clients about how they are managing, what is working for them and, most importantly, what is not working for them has helped to truly illuminate changes that need to be made to better support the growing population of seniors.

One of the main findings that we saw as crucial moving forward was that, though we are achieving our intended goals with the clients with whom we work, there is still a lot of work

to be done in our community. The approach we take seems to be very affective due to its personalization and guiding principal of removing existing systemic roadblocks (e.g., using computers, complicated phone lines) thereby making the process much less stressful for the client. However, we can see from these findings that though the work is effective, it has only begun and needs to grow and expand to meet the current and forecasted need in our community. Currently, as a once-a-week program, it is not meeting the needs of all seniors who could benefit from the program, nor those who are unable to access transportation to come to the program. Furthermore, the gaps in communication between organizations have the potential to cause a plethora of issues including duplication of service, missed opportunities and inappropriate agency referrals. As such, in addition to expanding the program, a need for clearer confidentiality agreements and a standardized initial assessment of clients needing system navigation assistance could help smooth over these issues.

Further to this point, should we be able to expand the overall hours for the program, we also hope to take on more areas of assistance for the financial and administrative aspects of our clients' lives. Currently, our emphasis is on pensions, housing rentals and subsidies, and medical service applications. However, we know from our conversations through this project, as well as our everyday interactions, that there is a great need for seniors to have a trusted organization to help with their financial lives. Be this day-to-day financial concerns, or liasing with banks, family or the government, many clients do not have the capacity to be able to properly manage their financial affairs. Should this program receive necessary funding to expand, reaching into the pension management is a long-term goal for our organization.

Another gap in senior services that was illuminated was related to our hope to see more social engagement from clients. We found that those who reported no change in this particular facet, said it

was due to lack of transportation and/or physical health restraints, not to the desire to self-isolate. Though a client may have a strong motivation to change and participate with other groups, there can still be extenuating circumstances preventing our clients from successfully engaging in their community. This is an area that we can respond to in terms of future funding applications, as well as expanding our outreach portion of this program. Now that we have identified this area of concern, we can approach other funders with a clear, concise idea and reasoning for these funding requests.

Overall, we see that our program is having a large majority of its intended results. We are seeing clients reporting an overall reduction of anxiety and feeling better about their situations and having more hope in their futures. However, this is just the tip of the iceberg. There are clients who are being missed and falling through the preverbal cracks. As a small organization, our capacity is limited. However, our knowledge and reputation within the community is not limited and with the proper funding to this program, our ability to really help the hidden seniors we are missing would be greatly increased. We could address the gaps we have identified, become an even stronger support to seniors in the community and help those experiencing major stressors in life find appropriate services and supports so they can lead more enjoyable lives.

Westside Health Network Society

Walk 'N Talk

Sonia Newman, Debbie Elliott

Organization & Program Overview

The Westside Health Network Society is a non-profit community based senior service organization that has been providing programs and services to seniors since 1991. Our Society promotes wellness in older adults through volunteerism, information, referral, education, and social programs. Our programs range from transportation, visitation, shopping, yard work, in-home repairs, and snow shoveling. We also provide a range of other programs to seniors such as exercise and health programs geared at helping seniors remain independent. Our programs and services continue to evolve to meet the changing needs of seniors in the community.

Walk 'N Talk

Walk 'N Talk is a two-hour program that runs twice a week for seniors in West Kelowna. The program focuses on exercise and healthy lifestyle education aimed at improving physical wellbeing, alleviating social isolation and increasing independence. The

program is led by fitness professionals certified in osteofit exercise and kinesiology. The program starts with exercises designed specifically for seniors using chairs, bands and balls followed with a walk. After the exercise component, there is a healthy lifestyle discussion led by the program facilitators, UBC Okanagan professors, students or a professional from the community. Participants' physical ability, personal limitations, and overall health are assessed at the beginning and end of the program.

Evaluation Methodology

Our evaluation aimed to see what kind and quality of impact the Walk 'N Talk program is having in the senior population of West Kelowna that we are serving. To understand this, we explored two broad research questions:

1. What kind and quality of impact are we having on our 65 plus participants?
2. What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began with a focus on identifying and clarifying the intended impact of the Walk 'N Talk program. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact focused on the mental, behavioral and emotional changes in our senior participants that indicate we are achieving our impact. We then used these indicators to design a qualitative interview protocol and a quantitative questionnaire to measure our progress toward achieving our intended impact.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. Our population size was 100 registrants, and each session the number of participants varied from 40 to 80. Our sample size was 16. We selected our sample from the following strata of our population:

➢ Gender
➢ Age
➢ Length of time participating in the program

Our interview team consisted of two staff members. We then convened one-on-one interviews lasting from between 45 minutes and one hour in length with a sample from the identified strata of the population. Interviewers gathered the data by capturing the conversation through written notes during the interviews and filled in the notes immediately after the interview to obtain a substantive rendering of the interview.

We analyzed the data inductively using a modified version of the thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers analyzed the raw data by reviewing each interview four times through each of four lenses to illuminate a different aspect of what the data reveals about the research question. The data was then gathered into four categories to serve as an initial set of codes. Then, intra-interview themes were generated based on the pervasive insights from the data. This process allowed us to interpret the meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis

(reviewing themes, defining and naming themes). We reviewed the initial themes as a team to identify the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain a greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Quantitative Data and Analysis

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 42 participants who attended a particular session and had a response of 42. As the number of attendees varies for each session this is approximately a 53% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

The most significant findings from this evaluation are described in the following narrative.

Findings

Finding 1: Loneliness Equals Poverty

Key Insight: We discovered that this program has a significant impact on social connectedness, thus reducing the detrimental effects of isolation and depression.

Our interview data revealed that a number of seniors come to the program because "it is somewhere to go." One senior said, "It's not good for me to sit at home alone because I worry about

things such as dying, getting old and being a burden to others."

Another senior, a newcomer to our town said, "I was extremely lonely and depressed." Having joined the program, she said, "I feel happier and have friends and feel that I belong."

Another said, "Most important was getting hugs." Our interviews revealed that trusting friendships have developed through the program and people didn't feel as lonely.

The interview data also revealed that many have a renewed sense of purpose and belonging since joining the program. Having a sense of belonging is a human need. We heard from interviewees that being with others and sharing experiences have given them value in life, and they didn't feel as lonely. The program has fulfilled a sense of purpose as it helps to motivate developing meaningful relationships. The comradery of the group makes them feel like they belong as they are with others who may be experiencing similar situations. Interestingly, they developed relationships continue outside of the classes.

Our quantitative data also showed that seniors are preventing or overcoming the effects of loneliness as a result of Walk 'N Talk. These data reveal that participants are meeting new people with 74% reporting that they have met more than six new people since participating in the program with 17% reporting that they've met more than 16 new people (see Figure 1). When coupled with our qualitative data, we suspect that a number of these new acquaintances are turning into friendships.

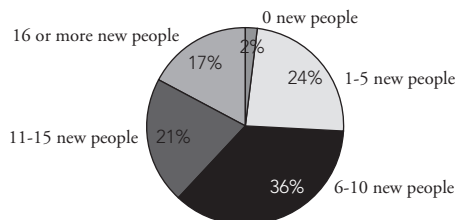Figure 1. Number of new people met since being a part of Walk 'n Talk.

Figure 2 shows that seniors feel more socially connected since participating in the program. 65% of respondents reported that they are "quite a bit" or "very much" more socially connected.

Figure 2. More socially connected since participating in the Walk 'N Talk program

Not at all 2%
Very much 25%
A little 23%
Somewhat 10%
Quite a bit 40%
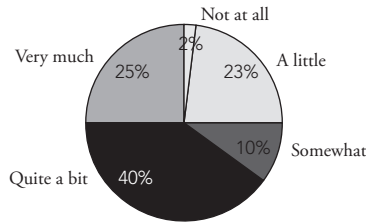
This reveals that our impact is two-fold: the program is successful in connecting participants, and as a result, they feel more socially connected. More research is required to determine why the other participants feel no connection.

This opportunity to socialize also improves seniors' mental health. The following chart represents the improvement in the mental health of participants since they have been participating in the program. 55% of respondents reported that their mental health has improved "quite a bit" or "very much" since they've been a part of Walk 'N Talk (see Figure 3).

Figure 3. Mental health has improved since being a part of Walk 'n Talk

Not at all 5%
A little 5%
Very much 19%
Somewhat 36%
Quite a bit 36%
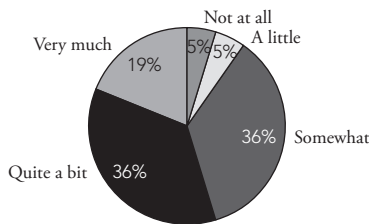
Significance

This finding is particularity significant because of the evidence that senior social isolation can be damaging to psychological and physical health. Loneliness and low social interaction are predictive

of suicide in older adults (Green et al., 1992). Loneliness also puts individuals at greater risk of cognitive decline (O'Connell et al., 2004). These studies point out that loneliness is harmful to our health.

Also, loneliness has been found to increase the risk of high blood pressure and increases the chance of early mortality by 26% (Rico-Uribe et al., 2018). It has now been shown that the impact of a lack of social connections has on your health is equivalent to smoking 15 cigarettes a day (Campaign to End Loneliness, n.d.).

Possible Responses

As seniors age, their social networks begin to shrink. Ideally, we should identify more socially isolated seniors that we could include in the program or we could possibly coordinate a friendship program. The program would support innovative social partnerships such as UBC Okanagan Gerontology Department and multi-sectors to assist with creating opportunities for people to gather. Creating a supportive social network through creative means will help protect seniors against social isolation. This is substantial and we need to address the challenge.

Additional research is also required to reach seniors who are unable to attend. Do they drive? Why do they not come out? Are they predominately male or female?

Finding 2: Fall Breaker

Key Insight: Seniors are gaining better balance and increased confidence should they fall.

We learned from the interviews that exercises that focus on balance can help many seniors reclaim their independence and restore confidence by improving coordination. Of the participants interviewed, several expressed "feeling stronger and more confident in completing daily activities." Several expressed an "increase in balance" that they felt contributed to their sense of

wellbeing and decrease in fall risk. Others noted, an awareness of the "importance of proper posture," and one participant said she "feel(s) more confident in getting up off the floor if (she falls)."

Our quantitative data also show that respondents' balance has improved since participating in the Walk 'n Talk program. 52% of respondents indicated that their balance had improved "quite a bit" or "very much" since participating in the Walk 'n Talk program (see Figure 4). In addition, 54% of participants felt that their physical fitness has improved since being part of the program.

Figure 4. Physical balance has improved since being part of Walk 'N Talk

Very much 15%
Not at all 5%
A little 17%
Quite a bit 37%
Somewhat 27%
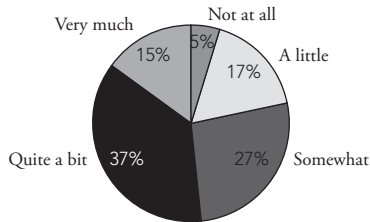
Significance

One in four seniors 65 and over falls each year. Every 11 seconds, an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall. Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults (National Council for Aging Care, n.d.).

Participants recognized that balance focused exercises made them feel less likely to fall which is particularly important for older adults and those living alone.   As we age, our balance and coordination begin to diminish, leading to a higher risk of falls. Lower-body strength-training exercises improve balance. Having good balance is important for many activities we do every day, such as walking, going up and down the stairs or even getting off the toilet. Exercises that improve balance can help prevent falls.

Improved balance would decrease the number of hospital admissions and fatalities from fall-related incidences. This would mean reduced costs to the health care system and increase seniors' independence.

Possible Responses

From the data collected, we could incorporate more balance focused exercise, poll all participants on their concerns around falling and if they have fallen. In essence, learn through sharing. We could bring in professionals to help seniors identify fall risks at home for example rugs, stairs, uneven floors, medications, dementia, fluctuating blood pressure and other factors.

## Finding 3: Do you hear what I hear? Do you see what I see?

Key Insight: We discovered that there were issues with participants that had trouble hearing and seeing the facilitators.

Our interview data revealed that participants who were in the back of the hall had a difficult time hearing or seeing the osteofit instructor. This is a safety concern as exercises may be done improperly, resulting in injury. One said that they "have hearing aids and it was difficult to hear". Another said the facilitators "should use a mic." Another one said, "I can't hear." One participant said, "It's too big and squishy at the back."

We have 100 seniors, 65-plus years of age registered for the program. Attendance varies with each session from 40 to 75 attendees. The fitness instructor is on the stage demonstrating the exercise and verbally explaining the exercise and its benefits. While this is occurring, a kinesiologist is walking through the participants correcting any improper movements. When there are 75 attendees, "squishy" means that some participants feel they do not have enough room to do the exercises properly. The participants at the back of the hall are 50 feet away from the instructor with 60 plus

people in front of them, therefore hearing and seeing is an issue for some.

Our quantitative data revealed that while 93% reported that they are able to see the instructors "quite a bit" or "very much" only 69% were able to hear "quite a bit" or "very much." While percentages that can see and hear are high, we have concern if even a single participants' safety is at risk.

Figure 5. Participants' ability to see and hear instructors. (n=42)
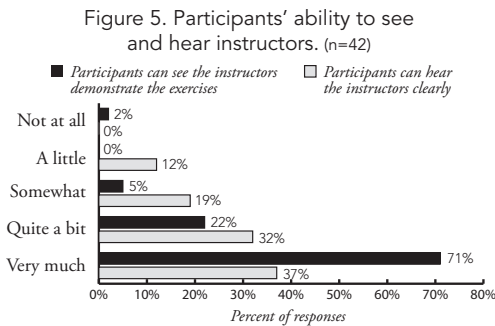
Significance

This is a most significant issue because of safety. We recognize that the program has grown to more than capacity at times. Exercises need to be done properly in order to avoid injuries. We need to ensure that all participants can see and hear the instructors for safety reasons. Hands free microphones need to be purchased along with investigating visual tools so that all participants can hear and see.

Possible Responses

Our interviews revealed that we may have to split the large group in two and or hire more facilitators. Also, upgrades to the audio system need attention. Visual concerns also need to be addressed, possibly put the osteofit instructor on a big screen. Lastly, we may have to limit the number of registrants. Ideally, a partnership with a hearing company would be helpful as they may provide a "loop" in the facility that would aid people with hearing aids to hear more clearly.

Finding 4: Been There, Done That

Key Insight: We discovered that the younger seniors look to the older seniors as mentors.

Throughout our interviews, we heard that the 70ish-year-old seniors respect and admire the 90ish-plus senior participants and are inspired by their commitment to healthy aging. The data revealed that having this mix of ages empowers the mentee to develop their own strategies for healthy aging. Inspired by the vitality of the 90-plus, they feel that they "can do it"! One said, "I know it's what I put into it"! Another said, "I want to look like that when I'm 95!" And another lady said, "She is my mentor and she drives my inspiration."

These relationships seem to be happening because of the positive attitudes of the participants. The mentors are proud to share their "secrets" to aging well. They also feel honored by the recognition and happy to share. The relationships build confidence and support for the mentee. These relationships transpired organically and was not an intent of the program. With the time spent together, their relationships become stronger as they share laughs and personal insights of their lives. They seem to be very comfortable with each other and look forward to seeing each other at the sessions.

Significance

This is most significant as the program illustrates that you can improve your physical ability at any age and that younger participants were amazed and inspired at the age of some of the participants. Studies show that physical activity helps us to remain independent and live longer more fulfilled lives. A number of studies have found that exercise helps depression, improves mood and reduces anxiety. Exercise also helps and may improve high blood pressure, diabetes and arthritis. Exercising with friends is motivational which will keep them attending, rather than making excuses. Exercising

with people whose company you enjoy will keep you coming back, as you look forward to seeing them. The mentoring relationships are very important as the engagement supports the attendance of both the mentor and the mentee. The mentee has learnt that there is a deeper level of commitment to healthy aging from the mentor. The mentees recognize that to achieve aging well, it is a lifestyle that encompasses conscious decisions on a daily basis.

Healthy seniors are an asset to their community. The most significant benefit to the community is their availability to volunteer. Volunteering is a powerful way to make a positive impact in the community. Volunteering benefits the volunteers mentally, socially and sometimes physically. Their community commitment makes a difference in the lives of the recipients that they serve. A healthy community is a strong community.

Possible Responses

We see a potential at addressing ageism and stigmas around aging by arranging a speaker series. Possibly create a video of the program in collaboration with the West Kelowna library digital lab. The video would show the impact of exercising, socializing and reduce stereotyping around aging. This will help motivate others to be more proactive with their health. It will also reveal that participating with peers can be fun! The video would hold content as to why it's important to themselves and why others should consider doing it.

Finding 5: Independence Equals Freedom

Key Insight: We discovered that the program gave participants a greater sense of independence and self- confidence.

The interview data revealed that participants were more confident, self-motivated and willing to try something new: another exercise class or join a class to learn a new skill, such as painting or knitting. One participant we interviewed said, "Before I started

the program, I couldn't get off my chair without using my cane." Another said, "I know I can do it," meaning she was more confident in going out. One participant in particular joined a Zumba class, while another was much more confident interacting with grandchildren.

Our interviewees revealed a greater sense of wellbeing. Wellbeing is a state of healthy lifestyle that affects physical, mental and social wellbeing. Participants took information home to successfully overcome difficulties to help them achieve their goals. Through learning good self-care habits many were taking learned exercises and practicing them at home to ensure that they could remain independent. Many participants are meeting people that they have met at Walk 'n Talk and going out to lunch together or meeting for coffee.

The findings showed that individuals want to be as independent as possible. We found this encouraging because they asked for an additional three months of the program, which would give them additional exercise and information, along with the social aspect of the program. Interviewees expressed that they want to remain in their own homes, look after their own finances and drive as long as possible. Most relayed that they want to remain autonomous and not be controlled by other people—other people, meaning family members. Many expressed that they do not want to "be put in a home." Independent active aging is a motivator and reinforces participants growing desires to age well and successfully.

Our quantitative data show that participants' levels of confidence with their health goals are increasing because of participating in the program. 54% of respondents feel "quite a bit" or "very much" more confident in accomplishing their health goals because of participating in the program. 54% of respondents also revealed that they are "quite a bit" or "very much" more excited to try new programs such as different exercise or art classes.

see chart on next page

Figure 6. Participants feel more confident in accomplishing
their health goals because of Walk 'N Talk
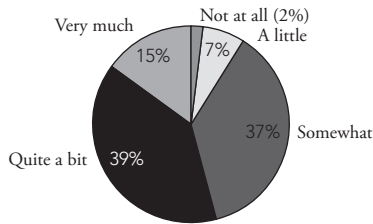
These data are exciting, as it means that seniors are taking charge, exploring other programs in the community and are happy with their independence as 41% revealed that they are proud of their accomplishments.

Significance

The findings are significant because interviewees believe that they can accomplish what they wish to do. Self-confidence is important in balancing one's personal life. They are confident that they can continue gardening, play with grandchildren or attending an aqua-fit class with a friend. Interviewees are proud to be able to say yes to the opportunities presented. Having a greater sense of independence and self-confidence affects the people around them. Family members are not worried that they may find mom on the floor unable to get up. Families also appreciate the fact that their aging parents can go to the grocery store alone or to the bank to look after their personal finances. The community is a beneficiary of these independent seniors. Many of the interviewees volunteer in the community. One is a volunteer driver, who takes seniors to medical appointments. Another volunteers for the library selling used books. These are just a few examples of impact on the community that seniors contribute.

Possible Responses

Information from community programs need to be distributed so that seniors know what other programs are available for example the clogging club, what is happening at the pool, and what the

City Recreation Department has to offer. In addition, we could have participants share what other resources they are using in the community.

Finding 6: Pain, Pain, Pain

Key Insight: The Walk 'N Talk program helps participants manage pain.

Is pain an inevitable side effect to aging? Several studies show that exercise helps ease arthritis pain and stiffness. Exercise is crucial for people with arthritis. It increases strength and flexibility, reduces joint pain, and helps combat fatigue. Of course, when stiff and painful joints are already bogging you down, the thought of walking around the block or exercising, in general, may seem overwhelming (Mayo Clinic, n.d.).

Despite the pain many of those interviewed expressed that the program helped them to manage their pain and raised their overall confidence in managing their pain, thus decreasing their reliance on prescription medications. One said the program, "helps my back pain." Another said since joining the program she is "not taking as many pain pills." Through evaluation we identified that the program helps participants manage pain, thus contributing to their overall sense of wellbeing and quality of life.

Significance

Participants revealed that the program helped them manage their pain. The correlation between drugs and exercise is significant. The quantitative data analysis revealed that 34% of participants had a little improvement, 26% had quite a bit, and 14% had very much success in managing their pain better since participating in the program.

Possible Responses

We could have additional educational presentations on alternatives to managing pain. We could have group discussions on pain, and

how participants are currently managing their pain. We could poll all participants on their level of pain prior to starting the program and at end of program.

Finding 7: Life is about choices, make informed decisions

Key Insight: We discovered that only a small portion of participants stayed for the educational component at the end of the sessions.

Our interview data revealed that some people have "other things to do" and some expressed that because they did not know the topic of the presentation that day they had "made other plans." Some participants made suggestions of topics that they would like to hear. Some of the suggestions were: more information on Alzheimer and arthritis, discussions of ethnic traditions, cooking for one, and topics around aging, ageism and stereotyping.

Of those that stayed, most enjoyed all presentations. One, in particular, said, "I really liked the one on downsizing." Two of the interviewees expressed that they really appreciated the presentation on wills, and both needed to update their wills. One participant said, "I have given information to my neighbour."

The quantitative data revealed that a number of participants have accessed new resources in the community since being a part of Walk 'N Talk. About one-third (33%) of participants reported that they did not access any resources for various reasons, while just over one-third (36%) accessed 1-2 resources and just under one-third (28%) accessed 3-4 new resources. We suspect that the low number of resources accessed by participants is due to a lack of awareness because they did not participate in the educational program, but more inquiry is needed to confirm this.

see chart on next page

For those that did attend the educational component of Walk 'N Talk, the quantitative data also revealed that the education presented was informative and utilized by a number of participants.

Conclusion

We have learned much about one of our programs, Walk 'n Talk, through evaluation. We have a better understanding of what makes this program successful such as, the need to belong, to socialize and remain active as people age. We have also unearthed certain challenges and areas that need to be further researched such as, size of the program, how we may access more isolated seniors and dispel stereotypes of aging. It is evident that seniors want and need more programs that bring them together in their community. A need to belong, to be fit, to fit in and to learn is a fundamental need at any age. Programs that bring people together to exercise and socialize keep people healthier and happier. In closing, keeping seniors healthy and connected to their community improves the whole community, while decreasing the overall cost of health care.

Steps Forward

The results of the evaluation strongly influenced us and we understand that strategic plans need to be developed to engage more socially isolated seniors. Recognizing the detrimental effect of social isolation and loneliness encourage us to reach out to specific seniors to involve them in the program. We will prioritize seniors living alone who may be experiencing health issues, do not drive and experience a shrinking network of friends and family. We have the capabilities to offer volunteer driver services so that the individual may get to and from the program. We would also look at partnerships, for example, UBC Okanagan Gerontology Department to assist with addressing isolation and aging.

Our interviewees revealed that they learnt useful and interesting information from the presenters during the educational component. They used the information for their wellbeing and also shared information with their network of friends. Learning is a great way to keep the mind active and active learning may help maintain healthy brain cells. We will try to have topics of interest

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maintain healthy brain cells. We will try to have topics of interest presented for the participants. The participants will also suggest what they would like to learn about. In addition, we will collect information regarding other programs in the community so that they may have the opportunity to explore more programs.

It is important to share the participants' experiences of the program with the larger community, stakeholders and funders. We plan to work with the West Kelowna digital library to compile a video of the program where the participants can share what impact the program has had on them. We hope to partner with other local professionals on aging to address issues of aging, stereotypes around aging and ageism.

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Coquitlam

City of Coquitlam

Healthy Aging Project Volunteer Program

Geri Briggs-Simpson, Kelly Fenton, Jacklyn Samonte

Organization & Program Overview

Coquitlam is located in the Northeast Sector of Metro Vancouver and is surrounded by a rich natural landscape. A welcoming and diverse community, Coquitlam is home to over 141,000 people and sets a high standard of living in the Lower Mainland. As a community, we are positioned to experience significant growth over the next 25 years, with the population expected to reach over 220,000 by 2041.

The City of Coquitlam has 1076 active volunteers who have contributed hours since 2016 to the City's Parks Recreation & Culture Department. Of these volunteers, 462 volunteer specifically for the City's two 50 + Activity Centres, Dogwood Pavilion & Glen Pine Pavilion. Of the 462 active volunteers at the Pavilions, 291 are over the age of 50; this group is the focus of our evaluation.

As part of a robust community, The City of Coquitlam recognizes that seniors' recreation programs, services, and resources play important roles in enhancing the quality of life,

creating civic pride, increasing physical activity, and building a civil society through volunteerism and community participation. The City's two stand-alone 50+ facilities, Dogwood Pavilion located in the southwest, opened in 1977 and Glen Pine Pavilion in the City Centre, opened in 2008, have provided dedicated service delivery for older adults. Both are City operated with not-for-profit volunteer Advisory Boards acting as a resource for staff. A variety of registered programs, social activities, educational seminars, workshops, special events, outdoor recreation, volunteer opportunities, and food services are available at these facilities to meet a range of interests and needs.

The purpose of this project is to conduct an evaluation to determine the impact of the volunteer program on the lives of seniors in the community, to identify the strengths of the programs as well as the weaknesses in order to develop a strategic work plan and to eventually implement best practices that will span across the City's central volunteer program. Both Glen Pine and Dogwood Pavilion offer volunteer opportunities with differing skill requirements. There are seasonal opportunities like the Tax Volunteers who need to complete Canada Revenue Agency's volunteer tax return assistant training program to volunteer. Where there are also volunteer opportunities like dishwasher where minimal skill is involved but can be physically intensive, most volunteer activities are flexible and volunteers have full control as to which opportunities to sign up for using the City's volunteer application, Better Impact. This flexibility works for many of the volunteers at the pavilions are retired and would often take several months off from volunteering to travel or visit family members. Other volunteer opportunities also include: Kitchen support, Board of Directors, Bus Trip assistants, Hosts, English Language and Computer Class assistants etc.

Our aim is for the volunteer programs to achieve the following intended impacts in the volunteers

1. **Seniors are connected to the community.** Seniors participate in community activities, seeking out opportunities to build meaningful relationships and to learn new skills.
2. **Seniors have a sense of purpose in their community.** Seniors take on leadership roles sharing their skills with others.
3. **Seniors continue to be lifelong learners.** Seniors actively seek out new volunteer opportunities to acquire new skills, knowledge and experiences.

To determine the impact of the program on the City's pavilion volunteers, the evaluation was conducted in two parts: Qualitative, interviewing selected senior volunteers and Quantitative through an online survey through the City's Volunteer Database. Staff interviewed 25 volunteers whose volunteer experience ranged from 3 months to 30 years plus. Each volunteer had their own reasons as to why they volunteered, but throughout the interview process, four themes emerged from the research:

1. Combating loneliness & building relationships;
2. Importance of volunteering
3. Being productive; staying connected & give back to the community
4. The need to keep learning.

Evaluation Methodology

The purpose of our evaluation was to see what kind and quality of impact the Volunteer program is having with the volunteers who are 50 years of age and older. To understand this, we explored two broad research questions:

1. What kind and quality of impact is the City of Coquitlam Volunteer Program having on volunteers?

2. What aspects of our volunteer program are causing this impact?

Over the course of the project, we developed and refined our ideas of intended impact and indicators, designed and implemented a qualitative outcome evaluation, identified findings, and considered the implications to those findings for program improvement and innovation.

This project began with a focus on the work of identifying and clarifying the intended impact of the Volunteer program at Dogwood and Glen Pine Pavilions. Once the ideas of impact had been developed, we used the Heart Triangle model to identify qualitative and quantitative indicators of impact focused on the mental, behavioral and emotional changes in our volunteers that indicate we are achieving our impact. We then used these indicators to design a qualitative interview protocol and a quantitative questionnaire to measure our progress toward achieving our intended impact.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our Volunteer program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. Our population size was 291 active volunteers over the age of 50. We conducted 25 interviews (8.6% of our active volunteers) and drew our sample from the following strata of our population:

➢ Age: A variety of ages of senior volunteers ranging from 50 – 90 years of age
➢ Volunteer location: Dogwood or Glen Pine Pavilions
➢ Gender
➢ Volunteer role: general City of Coquitlam volunteer or Pavilion Board volunteers

Our project team consisted of three staff members. Two staff members conducted the interviews while the third staff member focused on the development, dispersal, and analysis of the quantitative survey. The one-on-one interviews lasted between 45 minutes and one hour in length with a sample as identified above. Interviewers took notes during the interviews and filled in the notes immediately after the interview to obtain a substantive rendering of the interview.

We analyzed the data using a modified version of thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers familiarized themselves with the data by reviewing the data from each interview multiple times, each time thinking through a different aspect of what the data reveal about the research question. The data were then bucketed into four categories to serve as an initial set of codes. Finally, six initial themes were generated based on the pervasive insights from the data. Upon reflecting on our data, we then narrowed the themes to 4 as 2 of our themes were similar to others previously generated. This process allowed us to interpret the meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis (reviewing themes, defining and naming themes). We reviewed the initial themes to identify the overarching themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data.

Over the course of the project, we developed and refined our ideas of intended impact and indicators, designed and implemented

a qualitative outcome evaluation, identified findings, and considered the implications to those findings for the program's improvement and innovation.

We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Quantitative Data Collection and Analysis

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 180 active senior volunteers in our volunteer database and had a response of 35 a 19.4% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

Limitations

The team encountered a few limitations while conducting the evaluation. Being that the volunteers are older and some have mobility challenges, the heavy snowfall over the winter months hindered the interview process. Some of the volunteers were unable to leave their homes. Also, of the 291 active pavilion volunteers over the age of 50, only 180 of them had email addresses, therefore limiting the number of Volunteers staff could reach to conduct the quantitative survey. Staff workload also limited the amount of time available to carry out the evaluation.

Findings

Finding 1: Take the "one" out of LONEliness

Key Insight: Volunteers made many new friends as a result of volunteering and the feelings of loneliness, isolation, and depression decreased significantly because of their new friendships.

Throughout the interviews, we heard that Volunteers felt that because of their volunteer work at Glen Pine or Dogwood Pavilion, they no longer felt lonely, stating, "I have made lots of new friends here at Glen Pine." They are aware that there is a direct correlation between volunteering and making new friends. "I don't know what I would do if she wasn't in my life, we became fast friends as soon as we sat by each other," said one of the Volunteers. Another addressed the loneliness of losing friends when she said, "I have had to make new and younger friends, mine keep dying." Volunteers interviewed did not only comment on the number of new friendships they forged through their volunteer work; they also talked about the quality of those friendships and how these friendships improved their mental wellbeing.

The quantitative data depicted in Figure 1 illustrates a significant increase in meaningful relationships after volunteering at the pavilion. There is a 33% increase in the number of respondents reporting they had "quite a bit" or "very much" more meaningful relationships with other members of the community from before they started volunteering to now.

Figure 1. Meaningful relationships with others before and after volunteering
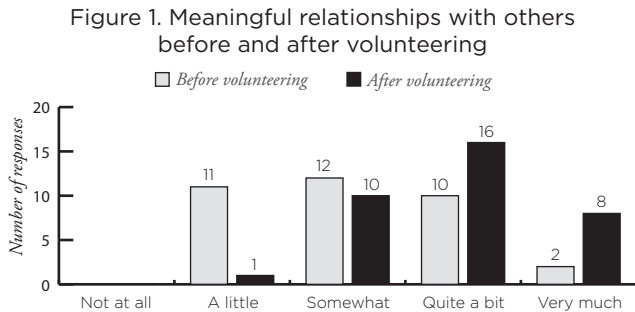
Furthermore, Volunteers interviewed reported increased confidence after volunteering indicating that it is easier to join activities at the pavilions. Many of them who do not have partners feel that they can attend events on their own because there is always someone to sit with thanks to the new friendships they

made. They also commented that volunteering exposes them to different cultures, that they are "getting to know new members of the community" which also broadens their social circle and reduce their feeling of loneliness and isolation.

One downside was some of the volunteers feel that, although some of their peers are lonely, those peers simply do not want to make the effort. One volunteer stated, "Many seniors are sitting at home and lonely, but for whatever reason, won't come and participate in their centres." She feels that this is a loss for both the person at home and the community.

Significance

The Loneliness and Health report (2019) from the latest National Poll on Healthy Aging finds that about a third of seniors are lonely. "Research shows that chronic loneliness can impact older adults' memory, physical wellbeing, mental health, and life expectancy," write the authors (Malani, Solway, Kirch, Singer, and Kullgren, 2019). They also report that "In fact, some research suggests that chronic loneliness may shorten life expectancy even more than being overweight or sedentary, and just as much as smoking." Recent research suggests the best interventions are those that involve meaningful social contact — whether that's volunteering, seeing an old friend or something else — at least on a weekly basis. Dr. Carla Perissinotto at the University of California at San Francisco says, "It's really about the meaningfulness of the activity, and [if] you're forming relationships." (Ducharme, 2019)

The information gleaned from the interviews provides staff with greater insight on the role that volunteering at the pavilion plays for each of them. Volunteering has increased these senior's self-confidence levels, which enables them to reach out and engage with others at the pavilions. Volunteering exposes them to social opportunities in the hopes of creating new friendships. These friendships can be life-saving for the seniors who are navigating

major life changes such as retirement; loss of a partner; downsizing from their familiar community; or who have families that have moved away and are no longer in close contact. This showed the impact that volunteering has on reducing loneliness for seniors and the benefits it has in combatting isolation.

Possible Responses
- ➢ Increase visibility of volunteer opportunities for seniors with emphasis on the social aspect of volunteering and how it can reduce loneliness and isolation.
- ➢ Increase awareness of Pavilion members about benefits of volunteering and increase advertisement for opportunities to be involved by developing marketing materials and creating more activities at the pavilions.
- ➢ To increase awareness and understanding of the opportunities for volunteering that are available in the centres, staff will work with Activity Leaders and Recreation Centre Staff to share the benefits as well as the opportunities of volunteering available at the centres (City of Coquitlam, 2018).
- ➢ Staff will review access to the facility and look at the times where seniors say that it's difficult to be alone over holiday seasons (City of Coquitlam, 2018).
- ➢ Develop resources for family members to share with their friends who are not already involved.
- ➢ Use testimonials and actual volunteer experiences to educate the public.
- ➢ To increase social media presence of volunteer opportunities by using the Digi boards in the Pavilions
- ➢ Decrease barriers for seniors to participate. "Low effort" volunteer opportunities for those seniors hesitant to get started.

Finding 2: You are the difference

Key Insight: Volunteering provides a sense of purpose in a senior's life.

Volunteers interviewed feel that their volunteer work makes them a better person. Their work instills within them a feeling of pride, personal achievement and that they are truly making a difference. They shared that volunteering gave them a sense of purpose and "a reason to get up in the morning." In addition to making new friends and feeling connected, volunteers said they feel that they play a key role in the centres. One volunteer is quoted saying they "no longer feel anonymous." Many volunteers are retired and have had careers in areas very different from their current volunteer work. Volunteering gives them an opportunity to explore different interests. These interests may not have been a path they would have previously chosen, but now they have the chance to develop or expand these. Some find it difficult to adjust to what their life is like after retirement and struggle with finding their new identity. Some of the volunteers interviewed said that they feel a sense of responsibility to give back to their community now that they have the time to do so, and volunteering serves this purpose of filling that void or missing piece in their lives.

Figure 2 demonstrates 77% of the respondents feel "quite a bit" or "very much" more useful by volunteering. This information confirms what the volunteers shared with staff in the interviews.
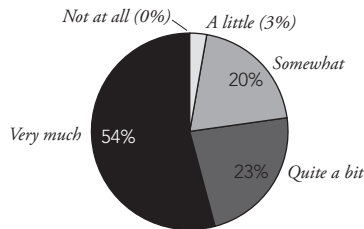
Figure 2. By volunteering I feel more useful.

Figure 3 illustrates volunteers' reported increase in feeling like a valued member of their community by volunteering at the pavilions.

71.4% of the volunteers who responded to the survey said that they feel "quite a bit" and "very much" like a valued member of their community after volunteering. The fact that these seniors are volunteering is not only providing something for them to do, but connects them with other community members and gives them a feeling of self-worth or personal value. This then improves their overall general health.

Figure 3. Feeling like a valued member of my community.
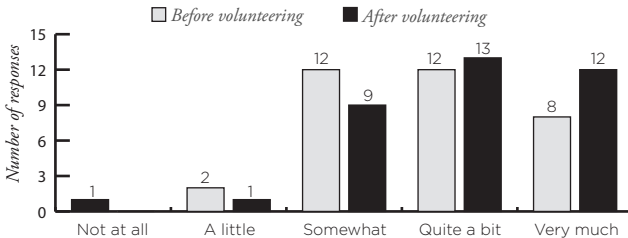
Many of the senior volunteers talked about a sense of belonging or ownership of the pavilions. They enjoy volunteering and are able to provide new ideas for volunteer opportunities. They feel proud when their ideas are developed into a program or utilized to improve the program participants.

In contrast, however, some volunteers expressed concerns regarding time commitment in their volunteer position. Although they enjoy the time they spend volunteering, in some cases, there is a feeling that they have to stay in their volunteering roles "forever". They feel that succession planning is overlooked, and they sometimes feel "stuck" in the volunteer role until someone can be recruited to take their place. The issue becomes more apparent when the senior is interested in volunteering for other opportunities but stay in their current role out of obligation. They feel guilty leaving one opportunity without someone to take their place, so they end up volunteering for both activities, at times leaving the volunteer feeling overextended or resentful.

A few Volunteers are concerned that participants in programs expect too much of a volunteer leader. More than one volunteer

confessed that they are frustrated that it's always the same people volunteering at special events and activities while other seniors take advantage of the opportunities and enjoy the programming. When the program participants are encouraged to help with the next activity or contribute in some way, they decline. The volunteers are feeling taken advantage of by their peers who attend programs and activities but do not 'step up' to help make things happen.

Significance

Seniors identified volunteering as something that gives them a sense of purpose and pride. Their achievements help them to determine their new roles in the community that makes them feel good and feel valued. One volunteer talked about how others look to him for leadership during program activities. Another volunteer talked about knowing her volunteering was valued because others in the group thanked her for the work she did. Most of the volunteers agreed that people in the groups they volunteer in depend on them to be there and they liked knowing they were useful. Volunteering at the pavilions gives them a platform to express their ideas and have a sense of ownership of the centres through their input into programs.

Possible Responses

- ➢ Develop a succession plan for volunteer roles including board of directors, committees, program leads and program assistants.
- ➢ Review volunteer job descriptions to ensure that roles and expected time commitment are clearly defined.
- ➢ Staff will provide opportunities for volunteers to participate in volunteer opportunities without feeling over committed
- ➢ Increase variety of volunteer opportunities to offer something for people's varying interests and skill levels.

➤ Staff will explore creating a 'volunteer' outreach team to represent seniors at special events and festivals providing a greater awareness of the role volunteering can play in a senior's life.

➤ Many of the volunteers shared there is a need to increase awareness of opportunities to those who do not volunteer. Staff will develop a "volunteer cheer squad", a group of seniors that go out to community events and reach out to community members regarding the opportunities and how to get involved. The purpose of this group of volunteers will be to reach out to their peers in the community that may not be aware of volunteer opportunities and to advocate for greater connectivity

Finding 3: "By helping others, I help myself"

Key Insight: Volunteers unequivocally felt that volunteering was not just about helping others, but it also helped them. Most felt the physical and cognitive benefits of volunteering outweighed the work and time they contributed and that they gained much more than they gave.

Volunteering has a multifaceted effect on seniors. Those who volunteer also reported that they were more likely to try new activities and that volunteering has had a positive effect on their mental and physical health.

Figure 4. Participation in Regular Physical Activity Before & After Volunteering
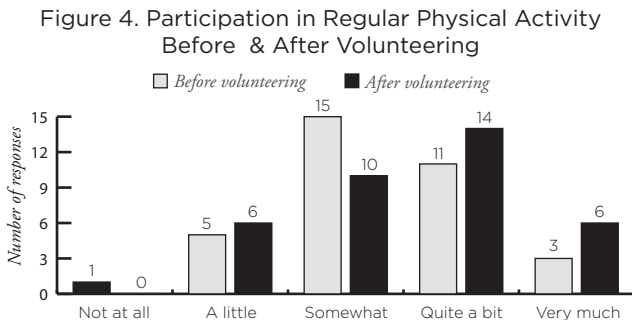
Their mental and cognitive health is maintained by the interactions they have with others and by engaging in challenging activities. Those interviewed said that volunteering "helps me feel sane." Another said that they "feel successful" when they are contributing and many said, "I want to feel valued!" Most of the volunteers stated that they started volunteering thinking that they simply wanted to give back to their community but soon realized that volunteering gives so much more to them in return.

Volunteers stated they personally choose to be happy and feel that volunteering plays a large role in that feeling of happiness. They also stated that they feel they are physically and mentally healthier due to volunteering. Some volunteers stated their stress levels have reduced because now they choose what they want to participate in; things that give them a personal sense of purpose or joy. Volunteering gives them something to look forward to and aspire to.

Figure 5. I am happier after volunteering.
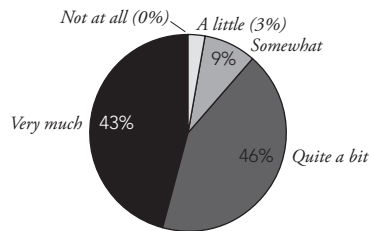
Volunteers discussed that volunteering provided a new social identity, post work, as well as an internal sense of happiness because they are doing something positive and give back to their community. Many talked about the positive state of mind that volunteering provided. One senior talked about the law of attraction: "What you put out you get back, 10-fold."

Volunteers said that doing their "job" as volunteers made it easier to strike up conversations with others. They said that they got to know more people which increased their confidence and their ability to reach out making it more likely that they would seek help if they ever needed it. Many felt that true friendships were

forged while volunteering. One volunteer stated "I didn't realize how lonely I was until I started volunteering;" indicating that volunteering helps seniors identify needs that they don't necessarily realize were there. Having a sense of responsibility helps them leave their normal comfort zone and are often surprised by the results "I'm odd, but people like me!"

Significance

Volunteering helps seniors stay healthy physically and cognitively. Being an active member in their community helps seniors establish friendships and trust so that they have someone to reach out to in times of need. By volunteering, they are also more likely to participate in physical activity and have the confidence to try new activities that challenge them cognitively (see Figure 4).

Possible Responses

➤ To increase awareness and understanding of the opportunities for volunteering that are available in the centres, staff will work with Activity Leaders and Recreation Centre Staff to share the benefits as well as the opportunities of volunteering available at the centres (City of Coquitlam, 2018).

➤ Staff will provide a list of current volunteer opportunities for senior volunteers to review.

➤ To provide a variety of physically and mentally challenging opportunities

➤ Build opportunities for seniors to connect socially in the volunteer program

➤ Staff will explore a variety of ways of obtaining input from seniors regarding new program opportunities including new volunteer opportunities (City of Coquitlam, 2018).

➤ Staff will also continue to evaluate the volunteer opportunities to ensure that they are robust and current

(City of Coquitlam, 2018).

➢ Recreation staff may explore workshops on volunteer management training to increase their knowledge of volunteering and how it impacts the older adult (City of Coquitlam, 2018).

➢ Throughout the interview process, the staff started to recognize that many of the volunteers had a wealth of experience that could be utilized in other areas if there was an opportunity. Staff would like to "tap" into these human resources and explore new opportunities that would utilize their skill sets.

➢ Staff will review the volunteer recognition process to see if there are other ways to recognize the role volunteers play at the 50+ Centres.

➢ Staff will explore various opportunities to entice seniors to volunteer, including exploring volunteer hours equating to internal activity dollars (an incentive program) for facility use for active volunteers.

Finding 4: You CAN teach an old dog new tricks

Key Insight: Seniors embrace new challenges and welcome opportunities to take on leadership roles because they want to continue to learn.

Those interviewed overwhelmingly believe that they gained new skills and knowledge by volunteering. They report that sharing their knowledge with others makes them feel good about themselves. A number of them chose volunteer roles in an area that they had no previous experience in order to gain new skills. They expressed their surprise by how well they did in those roles. One volunteer stated, "I thought I was stupid, but I am not." She was very proud of the leadership role she has taken on at the centre after her husband died, and she is proud that eleven years later she continues to volunteer.

Figure 6. As a result of volunteering,
sharing my skills with others has helped me to grow.

Not at all
A little
Very much 29%
6%
11%
23% *Somewhat*
Quite a bit 31%
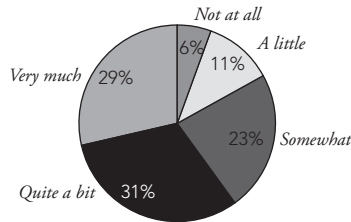
A few of the volunteers described their experiences with learning about new cultures as a welcomed challenge. They say that if not for volunteering, they wouldn't be exposed to new cultures and new ways of seeing things that may differ from what they have "always known." For example, some volunteers explained that they never had a lot of interaction with people from different cultures before volunteering. They admitted that they didn't know a lot about what it's like to be a new person to Canada. By being exposed to different cultures and getting to know people from different backgrounds, volunteers say they have gained a new appreciation for what a new immigrant or refugee goes through when coming to Canada. They also report a better understanding of the similarities between cultures and continue to find new ways to learn how to communicate better.

Volunteers who are new to Canada report that they are "Happy to contribute themselves to the community that makes them feel that they are a real Canadian." These new Canadians are learning new culture and customs and are learning and improving their English language skills. Volunteering is another motivation to practise English speaking skills.

Figure 7 illustrates that 57% (46% reporting "very much" and 11% reporting "quite a bit") of the volunteers feel that they have learnt new skills through volunteering and also testified they enjoyed sharing these new skills with others. Volunteers have stated that they have learned new skills and have built upon old ones. The

skills that the volunteers have built upon are increased patience, organization skills, English Language and problem-solving skills/making decisions.

Figure 7. I have learnt new skills by volunteering.
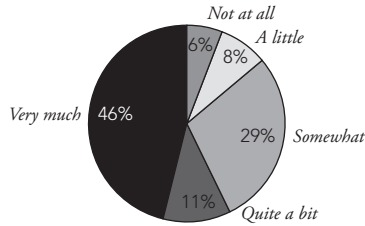
Significance

The volunteers value lifelong learning and believe it plays an important role in their overall wellbeing. The ability to not only share their knowledge but learn from others seems to be the perfect combination in a volunteer opportunity. We know that physical fitness is beneficial for all, but we also have to maintain our cognitive development. After retirement, seniors still need to actively engage their brain, maintain cognitive functions, keep mentally sharp. Volunteering has allowed these seniors to build upon the skills and abilities they already possess or keep their mind "fit" by learning and developing new skills.

Possible Responses

➢ Staff will continue to work with seniors to explore new volunteer program ideas, including reaching out to a variety of cultural organizations to continue to build awareness, inclusion and understanding (City of Coquitlam, 2018).

Conclusion

Insights into Impact

When reviewing all the data collected from the interviews as well as the questionnaires the volunteer program is meeting many of

the needs for the current seniors in the community.

The findings illustrate that volunteering at the pavilions do help seniors stay connected to the community by giving them opportunities to participate in activities and make new friends. Volunteering also gives them a sense of purpose especially those volunteers who are looking to find a new identity after retirement. They feel a sense of ownership of the centres because of the input they have into programs through their volunteer work. The volunteers interviewed appreciate the exposure to different cultures which helps them learn and gain understanding of different points of view. This allows them to improve on skills like communication. Volunteers also stated that through volunteering they are able to gain new skills because they sign up to volunteer for activities much different from their chosen careers.

The staff involved in the project were pleasantly surprised that most of the volunteers were satisfied with the volunteer program at Dogwood and Glen Pine Pavilion. However some of the volunteers interviewed identified three areas that still need some work: Succession Planning, Engaging new volunteers or engaging members at the 50+ centres who attend programs but don't contribute and reaching seniors who are lonely, and possibly isolated, who don't come to the pavilions to volunteer or participate in programs.

Steps Forward

Community Services staff will work alongside Recreation Program staff at Dogwood and Glen Pine Pavilion to review each type of volunteer opportunity and ensure that a succession plan is available for these. Staff will continue to seek input from current volunteers about their work and to update or develop detailed job descriptions that clearly describe the job function, required time commitment and the end of term for each volunteer role.

Staff will also develop a marketing and recruitment plan that ensures that new volunteers are trained and available to take over for other volunteers nearing the end of their term. The marketing plan will include updating marketing materials such as brochures and will also take advantage of different media platforms to reach more seniors in the community. Resource materials will be developed in collaboration with the City's Corporate Communications team for families and general public to share with individuals who express loneliness or the need to get connected.

Finally, Community Services staff will consult with Recreation Supervisors and management team about extending facility hours during the summer and holidays to ensure that individuals who do not have family or friends will still have a place to go to socialize over what some have described as difficult seasons to be alone.

Future Evaluation Opportunities

➢ Moving forward staff would like to continue to receive feedback from volunteers and continue to evaluate the impact that changes made through this current evaluation process has had on the program.

➢ There was a common concern for other seniors who are alone and not connected into the pavilions, not attending programs or volunteering. Staff can look at different ways to disseminate information to seniors and to look for ways to connect to those isolated and alone.

➢ We would like to determine how many seniors in Coquitlam are actually considered isolated, and we can use this evaluation process to determine this and steps to decrease these numbers.

➢ Determine how well we are actually reaching seniors who don't already attend programs or volunteer at the pavilions.

➢ Staff will be examining the information compiled from

the interviews and the survey and compare to the 2018 Seniors Service Strategy (City of Coquitlam, 2018) to strengthen the City's action plan for senior service delivery.

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City of Burnaby Recreation Division
Seniors Services

Confederation Seniors' Association
Food Service Program

Carolyn Innes, Ashley James, Michelle St. Jean

Introduction

City of Burnaby Recreation Division – Seniors Services

The Confederation Community Centre is a facility within the City of Burnaby. The Centre is primarily used for senior's programming, with a strong focus on health and wellness, arts programs and bus trips. Programs are offered to seniors 55+, and weekly there are more than 20 fitness classes, 4 arts classes, 5 dance classes, and many bus trips – all in addition to the groups/clubs of the Confederation Seniors Association. Confederation Community Centre opened in 1971 and has since expanded to include a weight room and activity hall. Today, the Centre is staffed by a Centre supervisor, 2 programmers and a full time office clerk.

Confederation Seniors' Association

The Confederation Seniors' Association (CSA) has been incorporated since 1995, although it existed in other forms before

this. The CSA has a 14-person board of directors that oversees its 34 groups and clubs at Confederation. The groups and clubs are low cost, but each contributes to the society financially. Each group has a volunteer leader and some also have full committees (including secretary and treasurer) that help to ensure the group runs smoothly. The Food Service Committee is one of these groups, and they work in combination with City of Burnaby staff to ensure that the food service program continues to be viable.

The food service program at Confederation Community Centre started in 1988 and started full year-round service in 1994. The program is jointly run by the Confederation Seniors' Association and the City of Burnaby Recreation Division. The program provides a full lunch to seniors for a modest price. The current price of a meal is $8.00 if you are a member of the Centre, and $10.00 if you are not a member. Tickets go on sale each morning, and lunch is served starting at 11:30am.

The food service program has a paid full-time chef and 4 auxiliary dishwashers. The City of Burnaby employs these positions, but their wages are the responsibility of the Confederation Seniors' Association. The chef and dishwashers are supported by volunteers in the kitchen.

The program feeds between 50 and 120 seniors daily. The program is also frequented by the local citizens support services 'lunch bunch program' which brings in 30+ seniors weekly who are otherwise isolated.

The dining room is run by a strong volunteer force with no paid staff. The business is run by a volunteer committee, with considerable assistance from City of Burnaby Recreation staff. There are over 100 volunteers that are the backbone of this program. It is a set meal each day, and the program does not substitute lunch items at this time.

As a result of Confederation Seniors Association Food Service Program, we intend for 55+ participants to

1. Develop positive, supportive and sustainable social networks
2. Create a lifestyle of positive community service and contribution
3. Take ownership of their health and wellbeing

Evaluation Methodology

The aim of our evaluation was to see what kind and quality of impact the Confederation Food Services lunch program is having in the population we are serving. To understand this, we explored two broad research questions:

1. What kind and quality of impact are we having on seniors 55+?
2. What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began with a focus on the work of identifying and clarifying the intended impact of the lunch program. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact focused on the mental, behavioural and emotional changes in seniors 55+ that indicate we are achieving our impact. We then used these indicators to design a qualitative interview protocol and a quantitative questionnaire to measure our progress toward achieving our intended impact.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an

in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. Our population size was over 200 seniors. Our sample size was 27 and we drew our sample from the following strata of our population:

➢ Gender (12 men and 15 women)
➢ Mix of ages 55-80+
➢ Frequency of attendance

Our interview team consisted of Ashley James and Michelle St-Jean (City of Burnaby recreation staff) and Carolyn Innes (Confederation Seniors Association volunteer member of the board of directors). Interviewers who did not participate in the Project Impact cohort meetings were trained in qualitative data collection and analysis prior to conducting interviews.

We then convened one-on-one interviews lasting from between 45 minutes and one hour in length with a sample from the identified strata of the population. Interviewers gathered the data by capturing the conversation through written notes during the interviews and filled in the notes immediately after the interview to obtain a substantive rendering of the interview.

We analyzed the data inductively using a modified version of thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers analyzed the raw data by reviewing each interview four times through each of four lenses to illuminate a different aspect of what the data reveal about the research question. The data were then gathered into four categories to serve as an initial set of codes. Then, intra-interview themes were generated based on the pervasive insights from the data. This process allowed us to interpret the meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis (reviewing themes, defining and naming themes). We reviewed the initial themes as a team to identify the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Quantitative Data and Analysis

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 140 program participants and had a response of 111, a 79% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

The most significant findings from this evaluation are described in the following narrative.

Findings

Finding 1: I'm Hungry for Friends, Not Food

Key Insight: While some participants came solely for food, the majority came for the lunch experience, friends, socialization and food.

Two questions in the interviews were related to the nutritional value of the food offered in the lunch program. Most

participants we interviewed admitted that they were not aware of the nutritional value of the set meal and that they hadn't learned anything new about nutrition at the lunch program. Rather, while they appreciated that there were vegetables available and that the meal was balanced, what truly brought them in the door was the opportunity to be social with others. One participant said, "I look forward to seeing friends as much as the food," and another, "The lunch is just a small aspect of this place; it has helped me connect with more people for sure."

Seniors crave socialization and conversations with others. While food may be the tangible focus, our research showed it to be less important than the non-tangible connections. One senior stated, "I come to lunch even if I don't like the menu. I come to meet my friends," and another, "I can cook but I come because I want the social contact." Social connection, fellowship, and comradery were words used by participants as the main purpose for attending the lunch program.

Our quantitative data also showed that seniors benefit tremendously from the social aspects of lunch program. In response to the question "About how many new social contacts have you made as a result of the lunch program?", 75% of respondents reported (n=92) that they made more than 4 social contacts with 16.3% reporting that they made 21 to 50 social contacts (see Figure 1).

Figure 1. About how many new social contacts have you made as a result of the lunch program? (n=92)
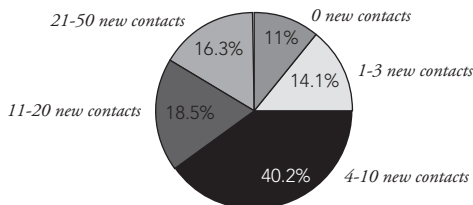
42.7% of respondents also reported that they met someone at lunch who invited them to join another activity.

We assumed that the focus of the lunch program was the meal, however, regardless of the food offerings, seniors are not deterred from attending even when the meal does not appeal to their preferences and/or health needs. If needed, the participants would adjust their meals outside of the program to allow them to eat at the Confederation lunch program "guilt-free." The social reward keeps them coming.

Significance

This finding is significate because from our interviews we discovered that the program provides relief from isolation, the burden of caregiving and loneliness, "The lunch program is my solution to isolation and loneliness." Our quantitative data also supports this with 57.9% of seniors reporting (n=107) that they feel "quite a bit" or "very much" less lonely since they've been participating in the food program (see Figure 2). The data also revealed that seniors are learning things from other people since attending the lunch program with 58.2% of seniors responding (n=110) "quite a bit" or "very much" to the statement "I have learned new things from other people since attending the lunch program (see Figure 3). What is most encouraging about this finding is that the lunch program provides overall wellness, not just nutritional health. When seniors go to lunch, they are social, and when they are social, they learn new things from other people and share knowledge with other people. This keeps them mentally active and leads to better overall health.

Figure 2. I feel less lonely since I've been participating in the lunch program. (n=107)
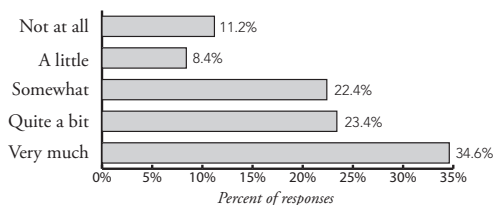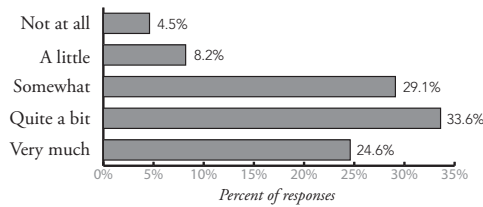
	Percent of responses
Not at all	11.2%
A little	8.4%
Somewhat	22.4%
Quite a bit	23.4%
Very much	34.6%

Figure 3. I have learned new things from other people
since attending the lunch program. (n=110)

Not at all	4.5%
A little	8.2%
Somewhat	29.1%
Quite a bit	33.6%
Very much	24.6%

Percent of responses

Possible Responses

Adjustments

➢ Knowing that food is the less important aspect, doing soup/sandwich twice a week as its cheaper to make and likely won't change the attendance

Experiments

➢ Further investigation on other lunch options or why some people don't eat lunch at Confederation
➢ Add 'just soup' option

Finding 2: 1 is a Lonely Number

Key Insight: Participants attend the lunch program more after their partner passes away.

When a senior's partner passes, the surviving senior is left learning how to live again without their life partner. In the interviews, we often heard phrases like "since my partner passed" or "before my partner passed away." This major life change defines a period of time for the senior, and we were surprised by how often a participants' participation in the program increased once they were on their own. We know that the home can be a lonely place when your partner passes and coming for lunch becomes a way to avoid being at home alone and decreases the feeling of loneliness. One senior recognized, "I don't have to go home and prepare a meal for myself and I really enjoy the company."

What we discovered in our interviews was that coming to lunch became increasingly important when a spouse passed, and a senior was suddenly alone. Without this program, these particular people would join the mass of seniors who are isolated at home. The lunch program became one of the reasons they continued to choose to be out of the house. If they didn't socialize here, many of them told us they would likely not socialize at all. Our quantitative data also reflect the importance of the social interaction seniors get in the lunch program with nearly 90% of seniors reporting that they feel less lonely since they've been participating (see Figure 2).

This finding illuminates the importance of a program that helps to eliminate the need to cook three 'solo' meals a day. We discovered that with their spouses, participants might participate monthly or bi-weekly, and since the passing of their spouse, the usage increased to weekly or daily. The data revealed that the program is of particular value to single seniors. One senior said, "My husband used to come to the weight room, and I would come here, of course, he's not here (anymore), but I keep it up," and another said, "I now come more often because my husband has passed away." In some cases, coming to lunch wasn't even a consideration until their partner had passed. One senior told us, "I wouldn't have stayed for lunch before 14 years ago; that's when my husband died."

Significance

The significance of this discovery is proof that we have a program that seniors find easy to choose even when life changes dramatically for them. We must, however, acknowledge that there may be seniors who need assistance in making this choice. For example, one senior said, "I used to always do everything with my husband; I had to decide to continue to come on my own (after he passed)." This finding illuminates a possible gap in our advertisement or acknowledged purpose, and we should further investigate this.

Seniors expressed understanding the need to continue participating without their spouses, but that the overall choice was easy due to the benefits they felt from attending the program. However, we know that there are many seniors who aren't making this choice and aren't aware of this program.

Possible Responses
Adjustments
- ➢ Reach out to the people whose spouses pass (on bereavement board?)
- ➢ Reach out to organizations such as Burnaby Citizen Support Services, who focus on isolated seniors
- ➢ Group leaders to reach out to people when someone is isolated or hasn't been showing up to their group

Experiments
- ➢ Social host invites newly widowed person to lunch at their table, sunshine lady participates
- ➢ Create widowers support group

Finding 3: Reason to Rise
Key Insight: Attending the lunch programs creates a vital sense of purpose and routine.

The analysis from this study shows that for many participants lunch is an essential part of their daily or weekly routine. Our quantitative data revealed that 77.8% of seniors responding to the survey (n=108) agreed with the statement "Attending lunch gives me a greater sense of purpose to my day" (see Figure 4, next page). 69.2% of respondents also reported that they agree with the statement "The lunch program is an essential part of my weekly routine" (see Figure 5, next page).

The importance of this routine resonated throughout our interviews. For example, one interviewee noted, "I come every

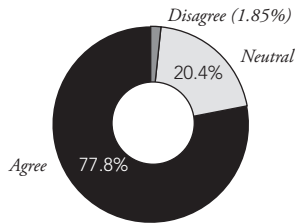Figure 4. Attending lunch gives me a greater sense of purpose to my day. (n=108)

Disagree (1.85%)

Neutral

20.4%

Agree 77.8%

Figure 5. The lunch program is an essential part of my weekly routine. (n=107)

Disagree

6.5%

24.3% *Neutral*

Agree 69.2%
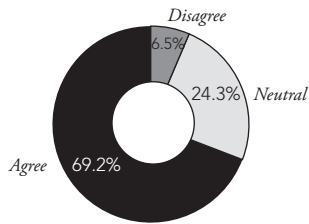
day. I play pool, chat with friends and enjoy lunch. It is my routine and relieves my depression." Also, the study illuminated that having a routine helped to keep seniors active in the community with one senior saying, "I found new friends after the loss of my wife. I joined the choir and volunteer in the kitchen. I have a new routine – the more I get involved, the better I feel." Although the program often does not start as a vital part of their routine, it becomes one over time.

We discovered that when faced with additional barriers, the importance of the lunch program in their daily or weekly routine grew. The study strongly indicated the importance of having a place for seniors to show up. For example, one senior said, "I look forward to a weekly outing with a friend, as my husband needs constant care. This is my time only – respite from the usual routine as I can only leave him for a few hours. I have fun, feel renewed and can go home happy."

The lunch program was often connected to other programs or routines in their lives as well, and if they should skip one, they

would often skip them all. For example, one participant said, "I started walking here; the only time I walk or get out of the house [is when I attend the program]. If I don't come for lunch, I won't leave the house." In another case a senior spoke to how she planned all the rest of her activities around lunch in order to fill her day.

Significance

What was most encouraging about this finding is that once the lunch program pulls someone in, it is easy to maintain them as a participant. Significantly, it shows that Confederation Centre is often their 'home away from home' and a very important part of their day. This is important because when the lunch program is a part of their routine, that routine also involves other healthy aspects of the day – often encouraging activeness, both physically and in the community. Our quantitative data show that this is happening because 30% of seniors responding to the survey (n=107) reported that volunteering at the Centre is one of the new things they are doing since they've been participating in the lunch program.

Possible Responses

Adjustments

➢ Starting ticket sales closer to lunch opening

Experiments

➢ Movie program lower cost lunch
➢ Data evaluation on why afternoon groups aren't coming for lunch before their other activity?
➢ Buy tickets anytime in CLASS system
➢ More thoughtful programming before/after lunch – hitting the target crowd

Finding 4: Warming Up to Lunch

Key Insight: Seniors join other programs within the Centre first, and then they participate in the lunch program.

We assumed that lunch was a gateway into the Centre and other programs, but the data reveal that seniors attend lunch after joining a different program first, or after being invited.

The study revealed that no participants entered the Centre for the first time to specifically attend the lunch program. All interviewees stated that they joined the Centre to attend other programs, in many cases a fitness program or to attend the weight room, and then started attending lunch. For example, one senior said, "I used to come to fitness and then would leave; then I became a part of a group in the weight room who would sit for lunch together." As participants became comfortable within their 'gateway' program, they expanded into the lunch program often at the invitation of a friend. The analysis of these data shows that lunch is usually the secondary reason that a person may use the Centre. One senior said, "I would come to the weight room and fitness classes. Within those groups, people were attending lunch. I joined them and we would sit together. I also always come on Tuesday, after attending the SAIL program." Another said, "I was already doing line dancing, golf and ballroom, but once I got involved in the lunch program, I got more involved."

While our qualitative interview data show that the lunch program is not what draws seniors into the Centre, our quantitative data revealed that once they join the program, they expand their participation to new programs. In response to the survey question "As a result of participating in the lunch program, which new things have you done?", 41.75% of respondents (n=103) reported that they now participate in a group, club or program at Confederation Centre and 30% of respondents also reported that they are volunteering with the Centre.

Significance

We assumed that more promotion was required outside the Centre; however, we discovered that our most likely cliental are already participating within the Centre. This discovery illuminates that the potential users of the lunch program are likely already within, revealing that the food service promotional strategy could be improved. Finding ways to appeal to the existing membership or promoting our other programs to draw seniors into the facility (and then into the food program) could be the most effective way of expanding the lunch program.

This discovery is significant to the seniors as the lunch program often provides the social component after a physical or educational activity. As referred to in our other findings, we know the social aspect is the most valuable part of this program to seniors.

Possible Responses

Adjustments

- ➢ Loyalty program, buy 10 get 1 free
- ➢ Promote lunch program to existing groups within the Centre

Experiments

- ➢ Give a new member a lunch ticket
- ➢ Promoting other programs better to gain new members who will eventually join the lunch program
- ➢ Partnership with city programs but non-members (ie: in a program today, $9 instead of $10)
- ➢ Combine new members tour with lunch

Finding 5: Not on My Own

Key Insight: Most seniors will not attend lunch if their friends are not participating.

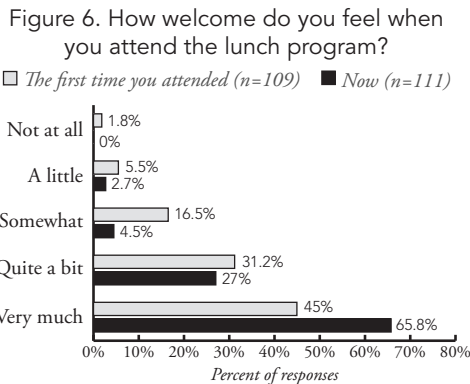This study illuminated that lack of comfortable is a barrier

to socialization for participants in the lunch program. In our interviews, it became apparent that many interviewees have a dependence on others in order to participate, and the data revealed that participants are less likely to attend if they don't know another attendee.

During the interviews, participants shared that they were unlikely to attend lunch if their friends were unavailable that day. One interviewee said, "If I don't know anyone, I'm less likely to stay. I will take a container home to eat." Those who did not share this sentiment out loud were those who also identified as daily users who are likely to always know someone in the room. Weekly, bi-weekly or monthly users, according to the interviews, would go only if their friends were also attending lunch that day. We discovered that when their friends were not attending, they were likely either to 'get it to go' or skip lunch at the Centre. This illuminates the fact that the lunch room could be more welcoming to new and/or single participants.

As we know that many use this program for primary socialization, this identifies a gap in our offering and the potential to improve how this aspect is managed. We know feeling connected to each other is essential, with one senior stating, "I wish there was more interaction with people, sometimes I feel like I am barging in on others' conversations…that's one of my favorite parts, feeling included and talking to people." We know that when the participants don't feel welcome at a table, they do not come to lunch. One senior even said, 'When a stranger comes in and there is no room (at their regular table with their friends), I have been forced to sit with others…I won't do that again," and another, "I always go to the same table with the same people, it wouldn't be as welcoming if it was all strangers." What we've learned is that we need to be better at creating a safe and welcoming space for new and/or single participants. Even if participants have frequently been coming, we need to make it comfortable enough to come

when their friends aren't available and create an environment where meeting new people is less stressful.

Our quantitative survey revealed some data that is contradictory. Most interviewees were clear that they would only attend lunch with a friend; however, 72% of survey respondents answered that they sit with new people at lunch to meet new people. One explanation for this could be that survey respondents were already at lunch, and, therefore, potentially with a friend already. They may choose, with their friend, to sit with new people. In addition, 59% of survey respondents confirmed that they had brought a friend to lunch at Confederation, confirming that many bring their own friends, possibly avoiding the need to go to lunch on their own. Our quantitative data also revealed that participants feel welcome at the program with more than 76% of respondents (n=109) reporting that they felt "quite a bit" or "very" welcome the first time they attended the lunch program and 92.8% of respondents (n=111) reporting that they feel "quite a bit" or "very" welcome now (see Figure 6).

Figure 6. How welcome do you feel when you attend the lunch program?

The first time you attended (n=109) ■ *Now (n=111)*

Not at all	1.8% / 0%
A little	5.5% / 2.7%
Somewhat	16.5% / 4.5%
Quite a bit	31.2% / 27%
Very much	45% / 65.8%

Percent of responses

Significance

This finding is significant because there is a belief among the volunteers that the lunch room is a welcoming environment but the data are showing that it is only welcoming for participants who know other participants within the program. Significantly, this is the only frustration shared that actually deters people from

participating. One senior said, "It's frustrating to sit with seniors you don't know because with seniors sometimes they can't hear, they need to focus on eating and digestion for health reasons, etc.," which creates a barrier to socializing with people you do not know.

This finding reveals that an improvement is needed to increase socialization amongst new or lonely lunch goers. If we can create an atmosphere where new or single participants feel welcome, they are more likely to attend and are more positively impacted by program, "The social interaction is probably dependent on the people at your table."

Possible Responses
Adjustment
- ➤ Smaller tables, singles table, bar tables
- ➤ Volunteer training or professional training
- ➤ Improved volunteer orientation and in-service
- ➤ Vegetarian Tuesdays to encourage SAKHI ladies (existing program within Centre)

Experiment
- ➤ Social hosts (a host for a table or two that would welcome/start conversations)
- ➤ Bring a friend to lunch for a discount
- ➤ Add 1 day per month or season where alcohol can be purchased
- ➤ Theme tables (social host to lead discussion on travel [for example])

Finding 6: Can't Keep Me Away
Key Insight: Daily complaints are not deterrents to participating in the lunch program.

The complaints or frustrations often shared with staff and volunteers are not grave enough to keep participants out of the
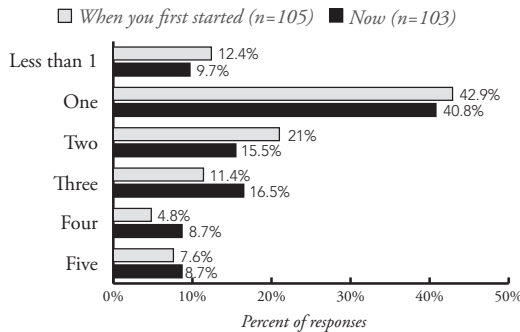
lunch room. One of the key questions asked in the evaluation process addressed frustrations in the program. Participants struggled to find frustrations that they found worthy of discussion. In every case, they said that their frustration was a trivial item, and it would not stop them from coming back. For example, one senior said, "I feel frustrated when people over criticize," and another said, "The frustrations are so small, it's all good."

We discovered that as a whole, our organization of staff and volunteers, spend considerable energy and resources addressing trivial complaints. The study showed that participants would always attend the program regardless of minor frustration such as the temperature of the food, volunteer friendliness or waiting in the lobby for lunch. The positive values of the program: socially, nutritionally and emotionally outweighed the negative value of the complaints.

What we discovered that no questionnaire could tell us is that it would be very hard to offend the participants to the extent that they won't return. In agreement with our other findings, the social benefit far outweighed any complaint, for example one senior said, "I stay committed because my friends are here."

One of the survey questions asked about the number of times participants attended the program when they started and how many they attend now. The answers were very similar with a slight increase in the percent of respondents attending more frequently (see Figure 7).

Figure 7. On average, how many times a week do you eat lunch at Confederation?

☐ *When you first started (n=105)* ■ *Now (n=103)*

Less than 1: 12.4% / 9.7%
One: 42.9% / 40.8%
Two: 21% / 15.5%
Three: 11.4% / 16.5%
Four: 4.8% / 8.7%
Five: 7.6% / 8.7%

Percent of responses

This figure shows that a senior's use of the program does not change significantly over time, despite any poor experiences they may have. It's usually that the unique aspects that differentiate the Confederation food program from a restaurant establishment outweigh the dissatisfaction of poor experiences. One senior said, "Maybe some of the volunteers aren't cheerful…but it's convenient, a way to support the Centre and usually the food is good and well worth the money."

Significance

The discovery that complaints won't keep participants away is encouraging because our resources will never allow us to compete with outside restaurant establishments. We need to be focusing on what makes us unique, not competing. Interviewees told us that we are unique because we are volunteer run, because the meal price is totally inclusive, and because of the social environment that we offer. The unique aspects are more valuable to the seniors than the perceived value of their complaints.

Possible Responses
Adjustment
- ➢ Comment form available so that there is an option other than telling staff/volunteer
- ➢ Better process for responding to complaints

Experiment
- ➢ 'Cheeky' education piece for cliental regarding what our focus is
- ➢ Comment board/brag board with responses

Finding 7: 104 Volunteers
Key Insight: Participants value that the lunch program is led by volunteers.

The research revealed an admiration and appreciation for the time, energy and skill contributed by lunch program volunteers, as well as a feeling of protectionism over their work. One senior told us that, "I feel frustrated when people over criticize…I respect that they are volunteers, I always say thank you." What we discovered from our interviews is that the expectation of the program is different than a restaurant due to the fact that it is volunteer run.

We assumed that most participants would recognize that the program was volunteer-run but we were surprised that volunteers were mentioned in all interviews. In most cases, participants found the volunteers to be pleasant and welcoming. However, even a negative volunteer interaction wasn't enough to deter them; participants would instead avoid that volunteer or change the day that they went to lunch. Participants felt that the volunteers did a good job of reading their personal situations with one admitting, "The volunteers respect that I like to eat while reading. I like this time alone and they do not interrupt. My life outside is busy and there is no time to read- I still like to reach out to others after the meal and to joke around with them." Another senior spoke to the welcoming nature of the volunteers, "The volunteers make me feel welcome and help me in so many ways. They listen to my concerns, ask about my family and are interested in my life."

Significance

The significance of this finding is that volunteers are critical to the seniors' experience in the lunch program. Removal of volunteers would change the expectation of the program. What was most encouraging about this finding is the seniors understand the complexities of a volunteer-run restaurant. Due to the volunteers, there is a deeper appreciation of the program, and the seniors are more lenient when their expectations aren't met.

Our survey showed us that 30% of respondents have chosen to volunteer at Confederation as a result of participating in the

lunch program with 14.6% volunteering in the lunch program and 15.5% volunteering in other ways at the Centre. This not only shows that seniors see the value of volunteering, but a 30% participant to volunteer conversion is significant because we know that it is challenging to recruit and retain volunteers. A program that encourages volunteering is vital to the sustainability of our services.

Possible Responses
Adjustments
> ➤ Thank you to our volunteers on the menus

Experiments
> ➤ 'Volunteer at lunch today' A program where you could try a day serving lunch
> ➤ Volunteer of the month
> ➤ Volunteer bio's on the table

Finding 8: Role Model Wanted
Key Insight: Volunteers found a sense of purpose and pride in service; they see themselves as integral to the lives of participants.

A few interviews were done with volunteers, and those volunteers felt a strong sense of purpose in their day, and that they appreciated the community built within their teams. In addition, participants valued the leadership and teamwork displayed. One senior said, "The volunteers set a good example to others by being cheerful and helpful. We appreciate the freedom we experience in the room. There are not too many rules and regulations."

Many respondents commented on the fact that the volunteers set a positive tone to the room. The analysis from this study shows that the volunteers take their jobs seriously and see themselves as an important part of the community and that it is their responsibility to ensure people are welcomed, with one volunteer admitting,

"Maybe I'm the only person who said 'hi' to them today; maybe I'm the tenth person." Many go beyond their job description, seeing their role as vital to the smooth running of the program and the welfare of the participants. Some expressed the importance of a sense of purpose, of feeling useful and giving back to the Centre and community.

Significance

The significance of this finding is that the program is not only of value to seniors who use it for a meal, the program also holds significant value to those who volunteer. Also, it was surprising for us to see that 30% of survey respondents reported that they have become volunteers at Confederation Centre or volunteers within the lunch program at Confederation as a result of participating in the lunch program. This finding was surprising because recruitment of volunteers is difficult, and we do not note this high of a participant to volunteer conversion in other programs.

Possible Responses

Adjustments

➢ More recognition for food services volunteers
➢ Training to enhance volunteer roles- e.g. for those with special needs

Experiments

➢ Team building training
➢ Data evaluation from volunteer side to ensure volunteer receive what they need
➢ Food services lunch sponsored by outside group?

Conclusion

The Confederation Seniors' Association, the Food Services committee and City of Burnaby have gained valuable insight into

the lunch program over the course of Project Impact and the findings will continue to be explored, tested out, implemented and re-evaluated over the next years.

The start of this project had us identify the perceived impacts of the lunch program on participants. Through the research, we have found that our projected impacts are in fact what participants are experiencing. Utilizing this data, the Confederation Food Services Program will continue to help participants develop positive, supportive and sustainable social networks, create a lifestyle of positive community service and contribution and take ownership of their health and wellbeing.

The overwhelming trend of our study is that participants appreciated this program for its social value. Many were cognizant of the high value of the food, nutritionally and economically, however, their reasons for attending were most often related to the social impact that it had on the lives. Each of our findings can be connected to the importance of social well-being and involvement in the community.

Steps Forward

Given the unique nature of the Food Services committee, 8-10 volunteers who were not researchers in Project Impact, a planning meeting was held with them in April 2019 to present the suggested adjustments and experiments. Over 30 adjustments and experiments were presented and the team chose six to implement immediately, and several to consider over the next year.

The following six adjustments and experiments will be implemented and tried between May 2019 and Oct 2019.

Thank you to volunteers on the menus

In recognition that this program is unique and also appreciated, due to the hard work of volunteers, a 'thank you our food services volunteers' will be added on the bottom of all menus starting immediately.

Serve simpler meals (soup and sandwich) twice per week (currently offered once per week)

The research revealed that participants are coming for the social aspect rather that the nutritional value of the food. As such, the Food Services committee would like to implement soup and sandwich on a second day of the week. Doing so will lower the overhead food costs for the program, while still offering a nutritional meal. There is some hope that this may be more appealing to other seniors who do not want a heavy meal at noon. This will be trialed twice a month between June and August, and re-evaluated for September.

Table arrangement

In an effort to make the room more welcoming to new participants, introverted participants and/or encourage people to come alone, regardless of their friends attending, the Food Services committee will be changing the table arrangements in the dining room. Currently, large round tables with 8 chairs are the only seating options. In addition to the large table, bar-style seating, tables of 4 and some smaller round tables will be added to the arrangement. This will be implemented starting in May and will vary day to day.

Vegetarian Tuesday once per month

To acknowledge that some members are not coming because there is a not a meal that they would eat, the Food Services committee will be offering a vegetarian option on a trial basis one Tuesday per month in June, Sept and Oct. There will still be a meat option available with a limited number of vegetarian tickets available. If this is a success, the committee will continue it later in the fall.

Give a lunch ticket to new members

In discovering that the most likely customer is one who is already

using the facility, a lunch ticket will be given to all new members when they join the Centre. This will be in place by May 15th 2019.

Ticket sales closer to lunch to avoid 11:30am sell-outs

For many of the participants, lunch at Confederation is an integral part of their day and as such, the committee would like to make ticket sales more convenient. Currently tickets go on sale at 10:30am and are sometimes sold out by 11:30am. For those that plan their activities around lunch, this can either result in them shortening their morning activities or missing lunch due to sell-outs. Although the details of how to implement this experiment are not in place, the Food Services committee is committed to finding a way to make purchasing a lunch ticket more convenient for the participant.

Over the next year, the Food Services committee will continue to look at the suggested experiments and adjustments to improve the impact of the program on participants. The committee must balance keeping the current participant satisfied, welcoming new participants and staying financially sustainable.

Areas for future evaluation

Through our data analysis we identified two areas that require future evaluation. We also identified that this program could impact three different groups, those who attend lunch, those who attend the Centre but do not attend lunch, and the volunteers for the program. This report is focused on those who do attend lunch, with the other two groups being suggested for future evaluation.

1. **Why don't existing members or people already in the Centre attend lunch?**

    In Finding 1 – Warming Up to Lunch, our key insight highlighted that seniors join other programs within the Centre first, and then they participate in the lunch

program. Future evaluation is needed to determine why some existing members do not choose to participate in the lunch program. It would be interesting to know whether the food, the social aspect, the cost or some other reason was the reason they choose to stay away.

2. **Evaluate volunteer aspect and impact of lunch program.**

In Finding 4 – 104 Volunteers, we discovered that participants value that the lunch program is led by volunteers and that lunch program participants have a high conversion rate from participant to volunteer, in comparison to other programs. This report focused on the program participants; however future evaluation is needed to measure the impact on volunteers by focusing the data collection and analysis on the volunteers.

Logan Lake Wellness, Health & Youth Society

WHY Active Aging – Young at Heart Program

Elaine Pennoyer, Michelle Hawkins,
Serena Hazel, Sherri Perrault

Organization & Program Overview

Since 2000 the Logan Lake Wellness, Health & Youth Society has successfully entrenched itself in the community and plays a pivotal role in the town's recreation and social programs. The "Heart of the Community," the Wellness, Health & Youth Society, we essentially act as the recreational, social & cultural hub for the community of Logan Lake.

Our society offers a wide range of fitness, recreation and social service programs including hospice and grief support. We are also responsible for Logan Lake Better at Home Program, Logan Lake Literacy Program, Fire Smart Summer Students, Children's Summer Discovery Day Camps, Creative Kids and Little Learners Preschool. At present we offer a wide range of fitness programs, exercise programs developed especially for seniors and clients with chronic diseases or disabilities that cannot partake in a regular fitness class, yoga classes for young & old and Tae Kwon Do classes. We also offer programs such as Babysitting, Grief &

Cancer Support, Kayaking, Photography, Gardening or any other program that has been suggested and we are able to supply an instructor.

WHY Active Aging – Young at Heart Program

The program that we have evaluated is the Why Active Aging - Young at Heart Program.

Our program aims to educate and help people realize their full potential which is not only achievable but also sustainable by doing exactly what their body was designed to do, which is move. Young at Heart will inspire them to enhance their current routines and activity patterns because what you do everyday matters. We are focused on increasing mobility for every age, ability and fitness level, enhancing social inter-activeness and maintaining independence.

This is a new program for us and it fits with the plan of the District of Logan Lake as an Active Aging Community. It connects all of the Healthy Aging Pillars and connects with a number of organizations in the community, such as Better at Home, District of Logan Lake, Logan Lake Senior's Society, TNRD Library, Logan Lake Literacy, Vision Quest Recovery Centre and School District #73.

The intended impacts for the Young at Heart Program are:

➢ **Seniors adopt an active lifestyle**. Seniors will strive for a way of life that integrates physical activity into their everyday routines.

➢ **Seniors are engaged in meaningful relationships**. Seniors will value the importance of a relationship and choose to connect with others in positive way.

➢ **Seniors are active in their wellness journey.** Seniors will take the time to attend classes, join in activities, take responsibility for their health and take advantage of available services.

➢ **Seniors continue to seek out knowledge and education.** Seniors recognize sources of information that are available to them and strive for more knowledge.

Evaluation Methodology

The aim of our evaluation was to see what kind and quality of impact the Logan Lake WHY Young at Heart program is having in the population we are serving. To understand this, we explored two broad research questions:

1. What kind and quality of impact are we having on seniors participating in this program?
2. What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began with a focus on the work of identifying and clarifying the intended impact of the Logan Lake WHY Young at Heart program. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact focused on the mental, behavioral and emotional changes in our beneficiaries that indicate we are achieving our impact. We then used these indicators to design a qualitative interview protocol and a quantitative questionnaire to measure our progress toward achieving our intended impact.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a

purposeful stratified sampling technique to select a representative sample from the population we serve. Our population size was 150. Our sample size was 18 and we drew our sample from the following strata of our population:

➢ Members and Non-Members of our organization
➢ Male and Female
➢ People who regularly attend events and those who do not

Our interview team consisted of 4 staff members, which includes a board member and 2 program coordinators. Interviewers who did not participate in the Project Impact cohort meetings were trained in qualitative data collection and analysis prior to conducting interviews.

We then convened one-on-one interviews lasting from between 45 minutes and one hour in length with a sample from the identified strata of the population. Interviewers gathered the data by capturing the conversation through written notes during the interviews and filled in the notes immediately after the interview to obtain a substantive rendering of the interview.

We analyzed the data inductively using a modified version of thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers analyzed the raw data by reviewing each interview four times through each of four lenses to illuminate a different aspect of what the data reveal about the research question. The data were then gathered into four categories to serve as an initial set of codes. Then, intra-interview themes were generated based on the pervasive insights from the data. This process allowed us to interpret the meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis

(reviewing themes, defining and naming themes). We reviewed the initial themes as a team to identify the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Quantitative Data and Analysis

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 150 people and had a response of 47, a 31% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

The most significant findings from this evaluation are described in the following narrative.

Findings

Finding 1: Be involved – Be Better

Key Insight: Participation positively impacts many factors in our seniors' lives.

The mission statement of the Logan Lake Wellness, Health and Youth Society is to Connect-Educate-Empower and that statement is really reflected in this finding. The Young at Heart program is an initiative to engage seniors at multiple levels. It is a common understanding that getting involved in groups, classes or

service organizations is a good thing for the community, but what we found through our interviews was that our senior participants recognized that it was even better for them!

Our study showed that seniors who participated in our Young at Heart events or classes benefited not only from the intended outcome of the program or event, but also had 'by-product benefits' such as an increase in knowledge, a gain in self-confidence, and an opportunity to try new things. Senior's knew that exercise was "good for them," but when participating with an instructor who is trained in older adult fitness and skilled in communication, the seniors were able to connect how exercise or healthy aging will allow them to remain independent longer.

One interviewee shared, "It's taught me to not to be a bystander in my own life." A statement like this shows us that there is now increased independence and awareness among our seniors. Improved mental health and self-confidence are other key findings in this area. The importance of social connectedness also resonated throughout our study population.

After participating in the Young at Heart Program, almost all of our participants reported that they are more active in managing their health. A statement made by one participant showed us the courage it took for her to take this first step. She said, "I am so thankful that I walked in that door." There is a fear among seniors in our community because we do not have a senior's long-term care facility. Our interviews revealed that seniors now understand that exercising allows for greater independence which gives them more self-confidence and strength to be capable of performing the ADL's (Activities of Daily Living).

One participating senior commented, "This is a rewarding experience, and I accomplished more without fear. I'm excited and happier and not depressed and want to encourage more people to have 'a-ha' moments."

Our quantitative data also showed that seniors are taking greater control of their health since they've been a part of Young at Heart. 54% of survey respondents reported that they are "quite a bit" or "very much" more active in managing their health since they've been a part of the program (see Figure 1).

Figure 1. How much more active are you in managing your health since being a part of Young at Heart? (n=47)
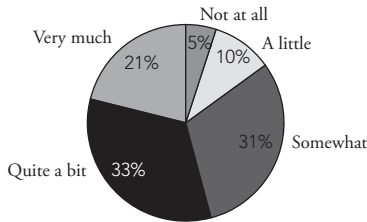
Significance

We found that participation is the root of all of our findings in this study. This is significant since you can see positive results in all areas by concentrating on participation. What this showed, is that if we can get seniors to participate in even one event, there is a greater likelihood of that turning into increased participation in other events which will likely lead to the benefits described in this finding such as greater independence, increased confidence and more social connectedness.

Possible Responses

Some possible responses to our findings could be to bump up our advertising so that we reach more seniors. We could do this by:

➢ Personal phone calls to clients with updates on events and programs.
➢ Cross promoting events within our organization and other partner organizations.
➢ Mail outs with event or program information on a weekly or bi-weekly schedule.

Finding 2: Strong Bodies, Strong Mind

Key Insight: Seniors recognize that there is a strong correlation between mental & physical health.

Our interview data revealed that seniors who increased their activity level found an increased sense of worth and self-esteem resulting in better health overall. Many seniors positively evaluated their state of health a year ago compared to now. They are more willing to make changes or initiate the process to keep these feelings going.

Statements such as "I believe that I am more determined now. I was afraid what would happen to me, like who would bathe me? I do not think like that now," show us that the seniors who are involved in Young At Heart realize that activity and social connectedness relieve anxiety associated with the aging process. Our quantitative data supported this as well and showed a slight increase in their level of physical activity. They also recognized the degree of importance associated with staying physically active.

Activity is associated with social, mental, and physical health benefits and fitness programs have a very strong social component. We are delighted to see that the participants feel much more confident about staying healthy in the future after participating in our program. As one participant shared, "If you can get the physical part worked out, the mental part just comes with. It is so rewarding that you can do something physical."

Significance

Increasing activity levels helped many participants overcome loneliness and isolation. The impact on their well-being was particularly important. Some participants described their experience with depression and recognized that there were benefits to both physical and mental health. We were pleasantly surprised at the level of honesty and openness of the seniors to discuss their mental health concerns. Some seniors reported that the program

was a significant source of support that enabled them to cope with, overcome their illness, and or have a shift in attitude. One interview summed it up nicely, "Today you live life to its fullest, yesterday is gone and tomorrow is a brand new day."

Possible Responses

➢ Increase educational offerings and include relevant guest speakers.

➢ Increase access to all classes, either via reduced cost or include transportation.

➢ Increase access to more and better mental health care professionals in the community.

Finding 3: The Big Ask

Key Insight: Interviewees revealed that they want to be more involved and we should not hesitate to ask.

Analysis of our data showed that we should not be reluctant to ask our seniors to volunteer more.

Volunteer opportunities are sometimes, but not always, specifically designed to encourage social interaction and cooperation (e.g., outings, events). Other programs, while not specifically focused on social interaction, like a fitness class, still have a strong social component.

Seniors perceived volunteer work as highly rewarding and satisfying. Volunteering enabled them to socialize, contribute to their communities, and develop and apply their skills. Seniors make substantial contributions to the program and to the community through volunteer work and benefit in return. One senior shared, "We enjoyed helping and interacting with all the different people."

Volunteering provides a sense of purpose and seniors can find new meaning in their lives by volunteering, especially after they have retired. Helping others can take one's mind off of their own worries and contributes to positive mental health. As one interviewee put

it, "You leave the WHY feeling happier and more alive. New events are exciting to help with and (I'm) happy to see the events."

Seniors who volunteer find that they make new friendships within the community and strengthen existing relationships and by volunteering, seniors can stay in contact with their peers and develop stable friendships which can combat any feelings of loneliness or a negative mindset. 42% of our participants have joined other new programs or groups in the last year. This is significant due to the limited offerings within our small community.

Significance

The significance of these statements to us was huge, because, as staff of a non-profit organization which delivers the 'Young At Heart' program, we call on volunteers regularly. We would often assume that we were 'burning them out'. We realized that if we don't call on them to volunteer, that they'll volunteer elsewhere and we also realized that volunteering is a powerful way to make a positive impact on the health and well-being of communities. However, not only does it make a difference in the lives of recipients, but it also benefits the seniors mentally, socially and even physically.

Possible Responses

➢ Increased recognition.
➢ Increasing opportunities.
➢ Creating a database for volunteers throughout the community.
➢ Increasing partnerships in the community.

## Finding 4: Build it, they will come!

Key Insight: Seniors enjoyed attending our events and would participate in more if offered.

We discovered that seniors are interested in being more socially active through various types of activities. We learned that

if we plan more, then they will attend more; however, it is difficult to get valuable input on what to plan. A comment that we heard many times in our interviews was "If we had more, then I'd do more." Seniors are excited to get out, attend new things and spend time with others in the community. We were pleasantly surprised to hear, "We need more events and activities and will do them." We were excited to see that interviewees "would like to see more guest speakers" and would attend these types of events more often. Our quantitative survey revealed that, on average, our participants would be interested in attending two Guest Speaker Learning Events per month. This tells us that if we make an effort, then they will too.

Another observation that connects to this is that our clients are re-evaluating who they are spending time with and what activities they are choosing to do. Many are recognizing that they enjoy being out and about at events with their peers instead of staying home. When asked for feedback, we saw that 60% of participants brought someone with them to our events and, participants also reported that they felt more comfortable in attending new events or joining new groups since they've been a part of Young at Heart with 47% reporting that they feel "quite a bit" or "very much" more comfortable (see Figure 2).

Figure 2. How much more confortable are you in attending new events or groups since you've been part of Young at Heart?
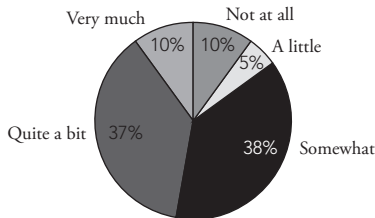
A reference to emotions was mentioned over and over throughout our interviews. Whether it be that someone has more confidence, feels welcome, is happier, feels good or sees a comradery with their peers, almost all interviewees noticed a positive change in their emotional

health. We believe that this quote sums it up: "The most rewarding part…of the program has to be the events I have attended. They have been inspiring and opening me up to feelings I've not felt before. They are getting me more involved and I'm happy that I am involved."

Interviewees told us one of their obstacles in attending more events is transportation. Some examples we heard are "Transportation in the evening is an issue for us" and "We used to go…., but not anymore." Seniors reported that because of the development of vision issues associated with aging, such as cataracts, they are reluctant to drive places that they are unfamiliar with. Once they lose that confidence in driving, it seems to be that that skill naturally drops off more and more. Another wrench in the works is that our weather is unpredictable, and our road conditions can change very quickly.

Significance

The realization that seniors are wanting more & varied social events is so important to the work we do. Hearing that if we plan it they will come, encourages us to really dig deep in evaluating what we already offer and gives us the confidence to try new things. This type of response had not been given directly to us and had not come from enough people for us to really see it in the past. Recognizing that transportation is an area of needed improvement directly impacts this finding and must be considered when offering events. Another thing that we may not have control over is a community space that is large enough and cost-effective in order to offer more events.
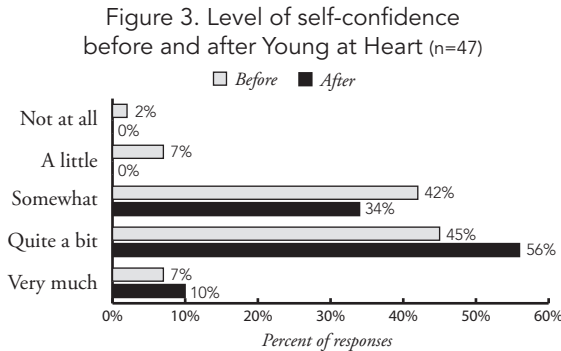
Possible Responses

- ➢ Creating a buddy system for rides to local events.
- ➢ Transporting seniors to events in other communities.
- ➢ Plan large community events on a monthly basis.
- ➢ Hire a social director.

Finding 5: Fearless

Key Insight: Data revealed that there is a direct correlation between increased self-confidence and decreased fear of aging alone.

Seniors are recognizing that they are more capable than they thought. We heard from the majority of interviewees that by joining in on Young at Heart events, they are more confident about other aspects of their lives, such as building a support system and seeing that when they become more active, they are more capable of taking care of themselves over the long term. This is resulting in increased self-confidence, motivation and ability. This increase in self-confidence is creating a higher sense of self-worth as evidenced in this statement, "I've also come to realize that I am worth more than I thought I was."

This finding was supported by our survey results which showed an increase in the level of self-confidence from before the program to after (see Figure 3).

Figure 3. Level of self-confidence before and after Young at Heart (n=47)

	Before	After
Not at all	2%	0%
A little	7%	0%
Somewhat	42%	34%
Quite a bit	45%	56%
Very much	7%	10%

Percent of responses

We would never have imagined that offering more educational and social opportunities would have such a profound effect on seniors' abilities to age in place, in our community. The social activities that we have offered have participants stating that the importance of staying socially active is "quite a bit" more important since being a part of this program.

Seniors are recognizing that they need to and can set goals for themselves. Goal setting is truly changing their lives in a positive way. As one senior put it, "Life is good." The most common answer to the question "How important is it for you to set goals for yourself?" was "Considerably." This supports the thoughts of our interviewees. By setting goals, then achieving them, our seniors are building the self-confidence needed to feel like they can and will have the skills to stay in their own home as they age.

By attending educational events and socializing with their peers, interviewees have found the strength to speak up and voice their opinion. This has given them the courage to seek out answers and alternative options from medical professionals and really think about what it will look like to age in place. To build on this, as seniors become more confident, they are also questioning their medical predictions and working hard towards changing their future. "Being told you would be in a wheelchair was a mental defeater......now I have more willpower and am getting stronger," and "I was told I would be in a wheelchair, now I know that I can do more and can push myself," were inspirational statements that have proved how willing seniors are to fight to keep their independence.

Significance

A large part of the fear aspect comes from lack of education. We tend to be fearful of things that we do not understand. While analyzing our results, we recognized that there is a direct correlation between increased self-confidence and reduced fear of aging alone and unsupported. We found that when seniors are given the skills and tools to care for themselves, their fear was reduced and their self-confidence increased. This realization has revealed the vital need in our senior community for increased informational events since the benefit is tremendous.

Responses

➢ Offering more skill & knowledge seminars/training.

➢ Increased specialists as guest speakers.

➢ Regular, weekly event. Lunch & Learn.

Finding 6: Still Perplexed

Key Insight: Reaching socially isolated seniors is still a challenge.

Our research revealed that we still have a long way to go in successfully reaching socially isolated seniors in our community. When reviewing the list of participants in our events, it was noticed that the majority of people attending are active members of our community and we did not reach the socially isolated to the extent that we had hoped. We understand that there are many negative effects of social isolation which include, among others, self-neglect and decreased mental and physical health. How do we share the accomplishments of some, such as "I have come out of my shell….I feel thankful I walked in that door," with the many? We recognize that this will be something that we need to concentrate on in the future. Creating even more collaborations with other organizations may help with this quandary.

A question on our survey asked what our participants had learned through our guest speaker learning events. Among the impactful comments like "Every speaker, no matter the topic, can teach you something new and interesting," we saw statements that enforced our need for better and more impactful communication like "Wasn't aware of the guest speaker learning" and "Wish I'd known about the Lunch & Learn, sounds interesting."

Significance

Even after discussions with this senior demographic, we are not closer to a solution. This is a major concern for us since our goal is to touch these people directly. We must consider that there is another component to reaching the socially isolated besides just

offering informational and social activities to our seniors. Our attention must be focused on exploring ways to reduce access, mobility & transportation concerns while encouraging all members of the community to participate in this struggle.

Possible Responses

➢ Educate the community and asking them to become more involved in this challenge.

➢ Have volunteers trained to reach out to these seniors personally.

➢ How do we identify this demographic? Do not make assumptions.

Finding 7: Better Than We Imagined

Key Insight: All interviews revealed that our organization is impacting them in a positive way.

Over and over we were told that without the WHY and our programs, such as Young at Heart, there would be huge gaps in the community.

"Love what you have and what you do!" was information that was openly shared with our team.

"Because I get depressed easy and the WHY lifts me up and being single, I need this, many times I found I just didn't fit in anymore. My family is here and being a shut-in is a lonely life."

Our survey questions supported our finding and showed that the majority of participants have been impacted in a positive way as you can see from Figures 4 and 5 below. These quantitative data show that 47% of participants are "quite a bit" or "very much" more excited to learn new things and 44% are "quite a bit" or "very much" more comfortable to go out in the community since they've been a part of Young at Heart.

see charts on next page

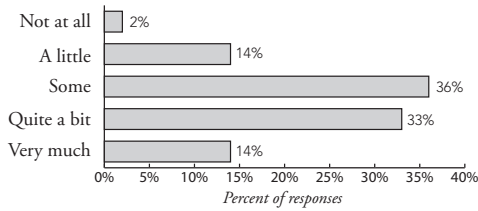Figure 4. How much more excited are you to learn new things since you've been a part of Young at Heart? (n = 47)

	Percent of responses
Not at all	2%
A little	14%
Some	36%
Quite a bit	33%
Very much	14%

Figure 5. How much more comfortable are you to go out in the community since you've been a part of Young at Heart?

n=47

	Percent of responses
Not at all	7%
A little	12%
Some	37%
Quite a bit	34%
Very much	10%
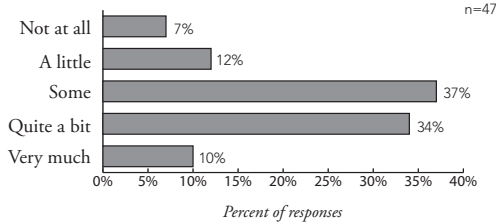
Significance

Our evaluation has helped us recognize that we are on the right track and that we are relevant.

Our impact was validated in this study. The discovery that we were more impactful than we expected was encouraging to us and confirms that we are on the right track. This was an unintended consequence of these interviews which we were unprepared for! Results rippled back to us that we did not anticipate, and now we need to accept and continue to improve and hold the level of expectations that has been voiced to us.

We need to do more & do better, for the individuals that are now looking toward us for leadership. By creating more relationships in the community and continue partnering between our community organizations will create more opportunities for our senior population. By encouraging our municipal government to support our events as well as participate in them will be a step in the right direction.

We listened to our interviewees and now we need to comply with the chance to encourage each and every one to continue on

their active aging plans. By putting our paths in their walkways we need to educate, participate and be inclusive with them, sharing opportunities like the Silver Surfer program (Youth and Senior Programs) one to one literacy reading programs and our paper pal program just to name a few. Our Fitness plans need to continue as the participants are looking for a second class. Being able to build on the successes and move on from the not so successful should be a goal we can consult with them on. Helping our participants to feel safe and to speak up and to create an approachable environment to confidently share their perspectives on their point of view will be our focus when it comes to our performance expectations.

The project impact study became our evaluation of our whole organization not just our Young at Heart program.

A quote from one of our interviews said "I know I could do more now and I can now push myself. I believe I am more determined now. I feel thankful I walked in that door."

Possible Responses
➢ Do more & do better.
➢ Adding performance review.
➢ Creating more relationships in the community

Finding 8: Connect the dots!

Key Insight: Seniors recognize the huge emotional & physical benefit of social connectedness.

Data showed that seniors are excited about attending events, want to get involved and feel like a part of the community. The social aspect of the event itself is a major draw. Some took the initiative and coordinated friends to attend and planned social interactions within and around the event. It is being recognized by seniors in our community that they benefit from social interaction and are making more of an effort to become more socially connected. Our survey showed that 90% of participants formed new friendships

since being a part of this program. We never imagined that this program would make this big of an impact nor did we realize the need for our participants to create new friendships.

"I'm not the only one" was a statement and a feeling that our team heard while conversing with the seniors.

"It would be easier to stay at home," one said, "but I've found relationships are important." Another said, "If you don't go, you don't go, but without conversation, it would be a very lonely life. When you belong to things, you know that someone always has your back was a feeling one individual suggested, you may not need them, but you know they are there." This was a very illuminating statement.

Figure 6 shows the shift in our population's level of social activity before and after being a part of the Young at Heart Program. 18% of respondents answered "none" or "a little" before our program and this was reduced to 3% after. Only one respondent out of 44 said that their level of social activity went down after attending an event. 98% of the respondent's level of social activity was either the same or increased. This shows us that social events are important to the community and to seniors, specifically.

Figure 6. Level of social activity
before and after Young at Heart (n=47)
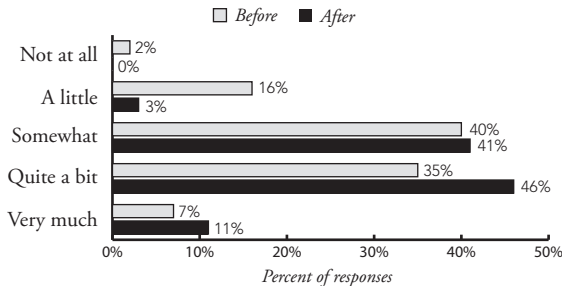
Significance

Encouraging was that seniors are recognizing themselves, that social connectedness and peer support is an important factor in healthy aging. We were surprized to see from the information we

gathered that a larger number of seniors than younger people were attending these events, which was and is exciting. This was a goal we hoped to achieve.

Bringing people together in a fun and healthy environment was one strategy to use and another strategy was suggested from our conversations was, "The groups you belong to become your friends, which in turn become your support group." By meeting after an event and sharing rides and then a meal can become a normal group behavior, feeling connected to the outing was just as important as connecting to the people.

One interviewee shared, "Adding more outside conversations leads to more conversations with my spouse," giving meaning to conversations and common interests. It was an interesting find from the data, our participants had learned that it was important to stay socially active and were taking charge of inviting other friends to get more socially and physically connected. Feelings of success to the commitment of a healthier lifestyle was suggested by many and the need to encourage others to join them, was heard. People who have satisfying relationships have been shown to be happier, have fewer health problems and live longer so we strive to offer more social opportunities, like coffee socials, educational events, and movement events, i.e. dance, singing, participation and breakfast clubs. We will offer more events that have awareness to support and enhance, emotional and physical intellectual information.

We believe staying connected socially helps you stay connected mentally and we can help create these connections.

Possible Responses

➢ Offer more social time. Coffee break, classes with a social component.

➢ Bringing people together.

Finding 9: Houston, we have a communication problem!

Key Insight: Communication is lacking in Logan Lake.

We live in a community where there are no local television stations or radio and from all information gathered, that is not in our future. A community newspaper is not in place in our town, neither small nor large, all of which is a concern. We have access to Kamloops which would be our closest city, leaving us with social media to become one option to these problems. We heard over and over "If only I had known that class or that program was happening I would have come or attended," "I never knew that was going to happen," and, "I sure wish I would have known about that." We really do not have a central location to have posters or a community board that is kept up to date. The cost of the mail outs have increased and are outside of the budget.

Significance

This has shown that there is a gap in communication between demographics. It was found that a large portion of seniors are not on social media or computers. Thus, they are not informed as fully as the younger population that use social media such as Facebook and Instagram. There is no common information source for all residents.

An action of communication is the interacting between human's beings and the free sharing of thoughts and ideas. We should view communication as a sense of power and lack of communication leads to oppression of individuals and social groups. It is the belief that if we could address this problem, we could empower individuals on making choices by being informed, and living more socially connected.

The magnitude of risk associated with social isolation leading to feelings of aloneness and fear further complicate the cycle of anxiety and depression.

This really must become a collaborative community response to address this problem for our senior population. As well we are

looking at connecting a senior with a youth by providing tablets and letting them learn from each other. The youth will teach the seniors about how to use a tablet, get on social media, and learn to navigate the computer. They will show the senior how to find the sites with community information and shared events. Then we hope to have the seniors teach the youth that connection with the seniors has many advantages like history and the four R's of intergenerational relationships: Respect, Responsibilities, Reciprocity, and Resiliency. It is not distance that keeps people apart but lack of communication.

Possible Responses
➢ Collaboration within the community regarding communication options.
➢ Adding a coffee shop announcement placemat.

Conclusion

In conclusion, we have found that we are making a sizeable impact in our community. Our findings prove that our impact statements align with what is needed/wanted in the community. It is crucial for seniors to stay active and involved in their community as they age. We recognize that the programs we offer are making a difference in the lives of our participants. Not just Young At Heart programs are making a difference in our participants' lives, it is everything that we do. This includes programs that are not necessarily geared towards seniors. There is still an unintended positive impact on their lives.

We are excited that our intended impacts are coming to fruition. There is still work to be done to reach our ultimate goal, but it is encouraging to see that the community is adopting our impact statements as their own.

Having worked the evaluation process this way, we have seen results that we did not consider and would not have seen using conventional evaluation methods. By encouraging our participants

to set personal goals and measuring that impact, we can now see that we are on the right track & should continue to help develop healthy self-image in the seniors. Breaking down the evaluation and asking the right questions to allow us to get the data that is pertinent to the impact we want to make gives us leadership skills that we did not have before. We feel that an evaluation process like this should be used for our major programs and a modified version of this evaluation for smaller programs so that we can gain better insight into what we are offering. This process has allowed us to grow personally, as well as, professionally and has given us a clearer image of our impact.

Steps Forward

We will be prioritizing the following responses:

➢ Increased educational offerings. We plan to invite professional speakers on a more regular basis. As part of the Young at Heart Program, we also plan to be more consistent in the Lunch & Learn portion of our program.

➢ Creating a database for volunteers throughout our community. Our goal will be to work with an IT professional and create a database that can be accessed by numerous groups in the community and can connect volunteers with the right opportunity.

➢ Implementing a program evaluation component. Since completing Project Impact, we feel that it is important to add meaningful evaluation components to all programs. Depending on the size of the program, we feel that we can build models very similar to this one on a smaller scale.

➢ Review communication strategies with community stakeholders. Our goal is to connect with community stakeholders and government to explore our options and resources as a group rather than just individual organizations. Talking with our members and exploring how they like to receive information will help us to build a plan.

Hardy Bay Senior Citizens Society

Senior Centre

Donna Gault, Rosaline Glynn

Organization & Program Overview

Port Hardy is a community spread out over 40 square kilometers at the northern tip of Vancouver Island. The population is approximately 4000 people and about 650 (16%) of them are senior citizens. Despite its small population, many seniors are moving to Port Hardy because of the lower cost of living than elsewhere on the Island, the easy access to nature and the benefits of no congestion. For those seniors that live here, isolation can be a challenge with limited transportation options and sparse services. Local groups lead many activities to bind people together in the community and try to provide access to the activities and events that you'd find in a city on a smaller scale.

Hardy Bay Senior Citizens' Society was developed to support the well-being of seniors in Port Hardy. We celebrate being a senior and we know that growing older healthily is a privilege denied to many of us. We are an active group of volunteers (many of us are seniors) that manage an old hospital building, now the Senior

Centre, to provide a place for the seniors to meet, eat, learn, have fun and, ultimately, to become a family.

The Senior Centre and its programs were designed with two key purposes in mind: to address the needs of the growing senior population and to ensure that seniors stay in Port Hardy to enrich the culture and economy of the region. The original senior program started by focusing on getting the seniors familiar with computers. The computer was very popular for all seniors on the North Island and they came out to learn and the community came to teach. This helped us to introduce the Centre to the seniors on the North Island.

With the help of the United Way Healthy Aging grant, we were able to move onto our next goals of feeding the seniors and introducing a variety of events and programs to keep seniors active and healthy. Over the past 3 years, our Centre has evolved and now offers a variety of programs and activities. We offer a weekly bag lunch food program, events, training, crafts, arts, trips, and exercise programs at the Senior Centre thanks to the United Way Healthy Aging grant.

Through the Centre's events and activities, we intend to have the following impact on the seniors in Port Hardy:

1. **Seniors develop meaningful friendships and enriched relationships.** At this time in their lives seniors should not be without companionship. We increase their chances to socialize to bring them enjoyment.

2. **Seniors develop the capacity and support to maintain or improve their health.** Seniors will be given tools, education, and practical skills to help them make choices and take action to live healthy lives as they age.

3. **Seniors develop the capacity to make their own decisions for their life.** Seniors acquire a skillset to help them understand and take advantage of government benefits and make end-of-life decisions.

4. **Seniors become engaged community leaders.** Seniors will attend, participate and volunteer at the Senior Centre and in the community.

Evaluation Methodology

The aim of our evaluation was to see what kind and quality of impact the Health Aging program is having in the seniors of the North Island we are serving.

To understand this, we explored two broad research questions:

1. What kind and quality of impact are we having on our North Island Seniors?
2. What aspects of our program are causing this impact?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified findings, and (d) considered the implications to those findings for program improvement and innovation.

This project began with a focus on the work of identifying and clarifying the intended impact of the Healthy Aging program. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify the Heart Triangle™ model to identify qualitative and quantitative indicators of impact focused on the mental, behavioral and emotional changes in our North Island Seniors that indicate we are achieving our impact. We then used these indicators to design a qualitative interview protocol and a quantitative questionnaire to measure our progress toward achieving our intended impact.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural,

qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. Our population size was 167. Our sample size was 17, and we drew our sample from the following strata of our population:

➢ Marital Status (Married, Single, Widowed)
➢ Gender
➢ Retired or Still Working

Our interview team consisted of 3 Board Members and a member of the Centre. Interviewers who did not participate in the Project Impact cohort meetings were trained in qualitative data collection and analysis prior to conducting interviews.

We then convened one-on-one interviews lasting from between 30 minutes and one hour in length with a sample from the identified strata of the population. Interviewers gathered the data by capturing the conversation through written notes during the interviews and filled in the notes immediately after the interview to obtain a substantive rendering of the interview.

We analyzed the data inductively using a modified version of thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers analyzed the raw data by reviewing each interview four times through each of four lenses to illuminate a different aspect of what the data reveal about the research question. The data were then gathered into four categories to serve as an initial set of codes. Then, intra-interview themes were generated based on the pervasive insights from the data. This process allowed us to interpret the meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis (reviewing themes, defining and naming themes). We reviewed

the initial themes as a team to identify the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Quantitative Data and Analysis

For the Quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 60 people attending one of our bag lunches and had a response of 51, an 85% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

The most significant findings from this evaluation are described in the following narrative.

Findings

Finding 1: Break Out Your Happiness

Key Insight: Our seniors want to belong to a family once again and develop new, meaningful relationships.

Throughout our interviews, we heard that seniors are looking to create or re-create a family and belong to something bigger than themselves. For many, their family members have moved away or passed on. They now have an opportunity to join a new family that consists of the members at the Centre whether who are married, single, widowed, divorced, young and old, new friends

and old friends. They see that there is time now to reconnect, enjoy each other's company and to have a place where they belong.

Seniors shared that they want to be at the Centre to socialize, to help, and to take part in whatever is being offered at the time. They shared that while they enjoy the fun of the group, especially if they are being entertained by music or games. The seniors we interviewed also shared with us that they enjoyed, arts, crafts, and painting. While they enjoyed being a part of those group activities, what seniors said was most important to them was, in one senior's words, "feeling accepted and enjoying interacting with others."

Seniors also expressed that they are "still learning and want to grow." The seniors we interviewed overwhelmingly shared that one of their most significant learnings was that they now know how to make allowances for others who are different from themselves and they have learned to accept others without judgement. They saw this as an essential component of creating this new family and developing a sense of belonging through their interactions at the Centre.

Our quantitative data also showed that seniors' social connections are deepening. More than 86% of seniors who responded to the quantitative survey reported that since being at the Centre they were "quite a bit" or "very much" more socially connected since being at the Centre. 74.5% of seniors also reported that they had "quite a bit" or "very much" improved friendships and 72.5% reported that the socializing was "quite a bit" or "very much" more important to them (see Figure 1).

See chart on next page

Significance

It was so encouraging when we learned that seniors really want to belong and that the Senior Centre is the place where they go to belong. It is important that seniors create a family outside blood relatives to help create a system of support as we age. Our

Figure 1. Seniors are more socially connected since being at the Centre.

■ *How much more socially connected do you feel since being at the Centre?*
□ *How much have your friendships improved since being at the Centre?*
▨ *How much more important is socializing than it used to be for you?*

Not at all	0% 0% 0%
A little	5.9% 3.9% 2.0%
Somewhat	3.9% 19.6% 19.6%
A lot	54.9% 41.2% 43.1%
Very much	31.4% 33.3% 29.4%

Percent of responses
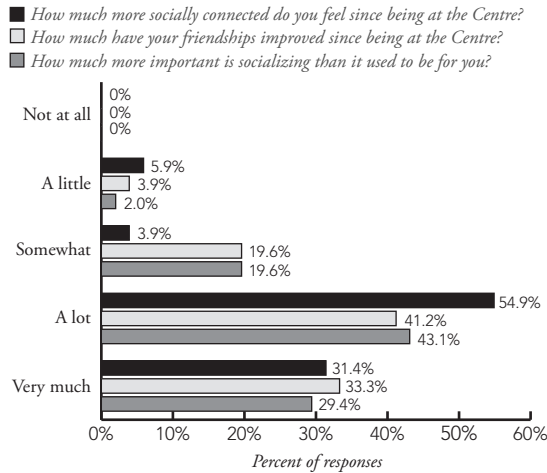
activities at the Centre are designed to create a family and we are glad it's working! We eat family style; our Tuesday bag lunch is the dinner table of a family setting. During these sessions, they are able to discuss everything from health to wealth and everything in between. There is no discrimination between well and unwell or those with money or those without.

The moment we realized how important it is to develop this new family was when we considered ourselves as seniors and how important it is that we are there for each other. We didn't realize that this actually happened until we reflected on our data. We have now learned that having a system of support for each other when working to provide the space and organizing for lunches to feed 100 people needs attention to encourage growth and stop volunteer burnout!

Having a family-like system of support is especially important in Port Hardy where many seniors are isolated. Getting to a town of any significance takes 2.5 to 3 hours and there is limited public transportation. Our data showed us that we have become the hub for senior activities locally.

Possible Responses

Adjustments

We learned from our findings that we need to make an adjustment to our signature program "Tuesday Bag Lunch." We need to consider transportation problems. Seniors often rely on public transit or good friends and family to move them for shopping and appointments. We need to consider the great need for more space to accommodate our group and, lastly, we need to consider the poor quality of sound. Seniors with or without hearing aids are experiencing hearing difficulties in our space.

Experiments

➤ Take the time to check out the BC Lottery Grant to pay for a position that can work on this day by day rather than off the side of a desk

➤ Consider joining the NIS Housing Foundation and acquiring a bigger space with more staffing opportunities.

Finding 2: Bring Out That Super Person in You

Key Insight: Participating at the Centre helps seniors to learn and develop skills to become more self-reliant.

Seniors need to be in an ongoing "present" state of understanding on many topics to allow them to be self-reliant and truly belong in the community. In other words, seniors must live in the present not the past or the future. To do simple tasks like banking or online shopping, read a bus schedule, or understand yet another new program announced by the government, our seniors need to learn, engage and ask questions continuously.

Throughout our interviews, seniors talked about wanting to be "self-reliant to the end." They talked about taking risks and overcoming their fears to maintain their independence. For example, one senior said that she "made (her)self get on the scooter and get going." Most importantly, every senior we interviewed shared in

some form that they wanted to make sure that they are not a burden and they want to get to the end of their life on their own.

Among the most important new skills that seniors have to learn to maintain their independence is how to manage their own money on their own. In many cases, they haven't ever done this on their own before. Many of the seniors have been widowed and don't know how to get the resources they need because that was something their spouse used to handle. Many women who have been widowed, their husbands were the sole breadwinner, and they now need to learn to budget, manage credit cards and bank accounts, and pay bills.   For many men who have been widowed, they now need to learn how to manage the household that their wife once cared for including cooking and cleaning for themselves. We've seen this challenge more and more as we started with nine men and now men make up nearly 25% of our members. For both men and women, we heard that navigating public transportation isn't easy. There is a limited schedule and, for those that live out of town, very limited options exist.

Our quantitative data confirm that respondents are becoming more self-reliant as a result of being at the Centre. 69% of respondents reported that they are "quite a bit" or "very much" more self-reliant since coming to the Centre (see Figure 2).

Figure 2. Since being at the Centre,
how much more self-reliant do you feel?
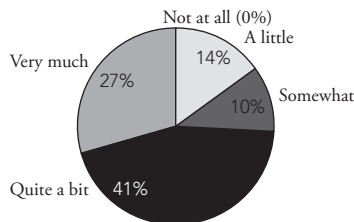
We suspect that those reporting they are less self-reliant might still feel very uncomfortable with electronics. Our quantitative data also showed us that only 18% of seniors reported being "quite

a bit" or "very much" more comfortable with electronics and 65% of seniors would like more electronics lessons. Despite our initial focus on computer skills, this is clearly still an area where seniors need additional support. The data also revealed that 75% of seniors who responded to the survey would also like us to offer more educational lessons at the Centre, showing their eagerness to continue learning.

Significance

We've learned from our data that an engaged and informed senior is a happy and self-reliant senior. Seniors need to become self-reliant because there's often no one else to be reliant on. To do this, seniors need to continue to learn throughout their lives and participation is paramount to learning and being self-reliant.

We are so encouraged to learn that seniors can do it and want to do it. Our qualitative data also revealed that new information needs to be presented in a positive environment of learning and without judgement. By engaging in social settings such as at the Senior Centre, seniors are more likely to learn from each other, which ensures that learning can continue on a friend-to-friend basis rather than in a teacher-student format that can be intimidating to some seniors. Our challenge in this is to make sure we strike a balance between providing support while also ensuring that seniors are not dependent on us and maintain their independence.

The community has also recognized the success of the Centre, and they now want to share their knowledge. They have offered to attend our "Bag Lunches" and provide courses that the seniors have requested ranging from computers to senior benefits.

Possible Responses

Adjustments

Our challenge is to find enough time in our busy calendar to schedule speakers' access to the seniors. We need to give speakers

ample time to be prepared to speak and we need to pace the speakers, so we are not being overloaded with information. A quicker turn around can be accomplished by sending out emails or phoning the members. We also use Facebook and or a weekly newsletter.

The next step is having a bus or van to allow us to attend and learn to work more closely with other community partners so that we can combine the informational sessions. North Island College and the School Board could offer Senior Courses in computers. We should also reach out and ask for educational opportunities for seniors.

Finding 3: Be as Active as You Dare!

Key Insight: Seniors value the Centre's exercise programs for physical and emotional wellness.

Seniors deserve to participate in activities that improve their quality of life. We provide programs that support that right. We encourage seniors to exercise and to have a healthier life early in the aging process.

We heard in our interviews that the exercise programs we offer, ranging from dancing to stretching, provide added support for seniors to get out there and enjoy life. We are keeping seniors active one step at a time. We offer courses about the risk of falls which we all know could mean a lack of enjoyment of certain activities after suffering a fall. We learned from our interviews that it's important to offer a wide variety to encourage participation.

We heard many examples of why exercise is vital in our interviews. One senior shared that "because of exercise we are upbeat." Others talked about how they've formed a small community inside of the Centre that goes to Aquafit together, illustrating how exercise can bring seniors together and enhance the social effects of the Centre. Another senior revealed the challenges of exercising for many seniors and why it's critical to

offer a variety of programs for all levels. This senior said, "I am not able to exercise; I feel too fragile."

We also assumed that "if you build it, (they) will come," which we discovered is not true at all. Timing is everything to a senior. Too early doesn't work as so many of our seniors take water pills and need time in the morning to get up and get ready to travel and too late in the day has the same problem. One day over another could also mean a big difference in attending. We heard that clustering the events so that there was only one bus trip or one drive in so they could take in two events would make participation much easier for seniors.

In our quantitative data, we found that 86% of the seniors who responded to the survey felt that there were enough exercise programs provided at the Centre. 26% of seniors also reported that they were interested in different types of exercise classes. Some offered suggestions, including walking outside, more chair exercises, yoga, tai chi, and swimming.

Significance

Research tells us that that seniors will live longer by staying socially connected as well as increasing their levels of physical activity. Our seniors realize this and most of the seniors we talked to feel that exercise or some type of activity makes them feel better. We also learned that timing is important to the senior to participate. We need to be mindful when scheduling our exercise classes, including being aware of bus schedules and what else is happening in the community.

Possible Responses

Adjustments

➢ Add dancing to Tuesday so the senior would come in a little earlier and catch the dancing lessons and Bag Lunch right after.

➤ Try changing dates or times to see if the participation will grow.

➤ We could partner with them or at least have the correct time to allow the seniors to attend.

Experiments

➤ Look into hiring a registered Recreational Therapist to guide or consult with our volunteers that are offering the activities.

➤ Bring in a Fall Prevention Course to help those that feel too fragile because of the fear of falling.

Finding 4: Be Acceptable to Yourself So You Can Accept Others

Key Insight: We all need to be accepted by others but, firstly, you must accept yourself.

Throughout our interviews, seniors report that they are learning to be more accepting of others. They are learning to have patience with people, have a sense of humour about things and develop greater tolerance of others since they've been at the Centre. Seniors shared that all of these things help them to be more accepting of others and, even more importantly, to accept themselves.

The seniors expressed in their interviews that they are "more comfortable meeting people" and "more comfortable in my own skin." One senior went on to say, "I feel accepted and, in return, I am more accepting of others." As we reflected on our interviews, it became apparent that once you get to know someone, really know them, you realize that there are more similarities than differences between you.

While finding similarities and acceptance resonated throughout our interviews, we also heard that acceptance becomes a challenge when the differences relate to deeply held beliefs and

values. Seniors revealed to us that they don't always want to accept something truly different to their beliefs, which could be their religious beliefs learned their culture and upbringing.

Significance

Everyone in the community at the Centre wants to be accepted and wants to learn how to be more accepting of others. The socializing brings out the differences but it also helps us to accept the differences. We can't have the kind of belonging and family feel that we described in Finding 1 without accepting others.

This acceptance becomes paramount as we have some members who are depressed or ill and may look unkempt. The Centre is next to a medical facility and, because we have regular contact and strong relationships, we often let the nurses know if we are concerned with a senior's mental or physical health. We can't serve this function without creating an environment where seniors feel accepted and welcome regardless of their circumstances.

Possible Responses

Adjustments

> ➤ Training on exploring difference with trained speakers to facilitate would certainly help as well as encouraging a wide selection of people to join us.

Experiment

> ➤ Invite a candidate to share their story and continue the storytelling from different walks of life, different religions and lifestyles.
> ➤ Open it up to questions and discussions. Be bold and make sure our Centre is open to all!

Finding 5: Do Not Go Without A Fight

Key Insight: There are different types of insecurity realized by seniors from their changes in appearance to the final days of their life; the Centre provides a respite and source of support.

Throughout our interviews, we heard about many of the insecurities seniors struggle with on a day-to-day basis. Much of what we heard indicated that many seniors have an inner voice that keeps them down with self-critical thoughts about their finances, their health or the aging process. For example, one senior said, "I struggle with my disabilities." Another said, they want to be "peaceful." We also heard that the reinforcement of good thoughts and the reminder of their achievements that they get at the Centre do help.

As we analyzed the data from our interviews, many questions arose about what is stopping seniors from participating or attending or enjoying their time at the Centre. We heard that seniors are worried about food shortages, cost of living, the fear of a shortfall and not having enough money until the end. Some also feel inadequate to be able to share or participate. Some seniors feel that they are left out of family life because of their disabilities.

We were surprised to find out how many seniors spoke about the importance of the end and how they want to be remembered. Some wanted a better understanding of how to prepare for it, others just wanted to share their thoughts about it or simply stated that they know it is coming. It became clear to us that thinking about the end is constantly on our seniors' minds and keeps many of them from truly enjoying their older years.

Significance

Seniors need to feel secure in their last days to maintain their mental and physical health and to live life to their fullest. Dylan Thomas (1952) said it best in his poem "Do not go gentle into that good night" with these words: "Do not go gentle into that good

night, Old age should burn and rave at close of day; Rage, rage against the dying of the light."

This finding made it clear that we need to provide additional resources and support to seniors to help them deal with these insecurities and, in particular, preparing for and coming to terms with the end of life. It is a challenge to satisfy the needs of all our members when speaking of death, but we have to try to find a way. We also need to consider if this is the right place to share this information.

Possible Responses

Adjustments

➢ Do we need a discussion to discuss the insecurities of death before we discuss them?

Experiments

➢ Get the permission of the group that this is what they want to do and start bringing in professionals that can really help us out.

Finding 6: Be Fearless

Key Insight: Our Centre is a safe and comfortable place without judgements; it is where everyone is comfortable.

We have recognized that the seniors are like anyone else; we still need to be reminded that they have a skill set that could be shared with others and that they should not be fearful to try new things. These feelings of anxiety to try new things are shared by all ages and we all understand. Our interviews revealed that when seniors try new things, they are often very surprised that they can do it.

Seniors shared that they are "more confident" and are developing coping skills to enable them to keep trying new things even when it feels uncomfortable. One senior illustrated this when she said, "I have anxiety attacks still, but now I'm able to cope."

Some seniors shared that they sometimes feel that since they are retired, they shouldn't be asked to help. Other seniors said that that are afraid to help because they haven't enough confidence in their skill and worry that they are not good enough. Regardless of the reason, we heard throughout our interviews that helping out and sharing their skills builds confidence for seniors and we need to encourage them to do more of this.

Significance

Seniors are experiencing feelings that are very common and in a safe environment they can overcome their fears. There has been a growth in participation at the Centre, and we are excited that seniors are stepping out of their comfort zone and trying out new things.

We have a great number of seniors with significant shareable skills that are worthwhile to the seniors as a whole. We have musicians, painters, exercisers, cooks, sewers, singers, playwrights, knitters, crocheters, woodworkers and speakers. Many more skills are readily available than we thought until we asked. Given that 75% of seniors said they want more educational sessions in our quantitative survey, we have the opportunity to connect seniors and provide a variety of educational opportunities.

Possible Responses

Adjustments
> Find a way to get them to share by matching between just two parties.

Experiments
> Put up a paper out of the way and get people to write down what they would like to share and on the other side of the paper have them write down what they want to learn. Then we could simply match them up.

➢ Of course, we could go outside and ask for volunteers to come in and teach.

Conclusion

During our interviews, we discovered that we were on the right track. We heard from our members that they have been "searching for acceptance," and that it's "very important to be included," and that they are "enjoying life again." It now feels that the seniors have found their family and a great place for everyone to enter and enjoy!

Our evaluation revealed what we already know: seniors want to have fun and they want to belong. We were surprised to realize that our food program designed to make sure the seniors had enough to eat was not the prime reason they stayed. Yes, they may have come in to get food and have something to take home with them, but it wasn't long before we recognized that the primary reason they stayed was to socialize; to get the feeling of coming back home again. Seniors wanted to feel that they belonged to a community, that they had something to share and people were interested.

We also discovered that most seniors want to give back by sharing their skills or simply helping. Sharing and giving are the best descriptions of our seniors. They want to provide comfort to each other and they take the time to listen and, quite often, offer help in whatever is bothering them. Seniors are giving and, though they all have their own lives, it is important to them to be wanted, needed and appreciated as a part of this new family.

While we celebrate our success, we recognize that we still have challenges. Fortunately, they are mostly good challenges like making sure our food is OK for restrictive diets, finding good quality catered food at a reasonable price, and, of course, we now need a bigger facility. We could offer 2 settings for the lunch and potlucks or take a leap to bigger spaces such as our Civic Centre.

Ultimately, this evaluation solidified that seniors are like everyone else. They have fears, needs, loves and hates. They are very experienced in life, so with a little support, they can manage to make friends, balance their budgets to make do and they have been able to raise a family and have many lifetime friends. The difference at this stage is sometimes their families are gone; their spouses or friends may have died. Life is nearing the end and they need to be confident that they are not alone or abandoned.

For you, the reader, we hope that you'll take note that your time will end too and you too have choices to make. Look after your health now if at all possible and put away extra money for the last years of your life so you can be prepared and experience more enjoyment than worry. Life is unpredictable except for one thing: we are not leaving alive.

Open up and embrace your ending as you did your beginning: share, enjoy, love, and live.

Steps Forward

We will take some time to go over our findings with our members and outside community members to see if there is any more insight to be gained about the impact of what we are doing and what works or doesn't work. After that, we will work implement the following responses to our data.

1. Secure funding through donations or grants. Then create a calendar of events for the following year and create a budget that would allow us to complete our vision.
2. Secure transportation through buying our own or partnering with someone that could afford to offer us bus or van service for our seniors to attend. We have private and public transportation plus other non-profits that have secured a bus or van.
3. Improve the acoustics of the Centre. We also found that the sound system and acoustics needs further attention.

Firstly, we need to research to find a way to correct our problem of not being able to hear or the other problem too much noise and then contact professionals

4. Look for more volunteers, so we don't suffer with volunteer burnout and just perhaps a small grant to pay for a part-time manager. The volunteers from our community as well as our volunteer members are important to the success of our Centre.

Campbell River Seniors Network

Campbell River Information HUB

Michelle Sirett, Jennifer Furst

Organization & Program Overview

Campbell River Seniors Information HUB Project

The Campbell River Seniors Network (comprised of 80 professionals representing 34 local organizations serving seniors) identified a HUB approach as an effective way to address the information needs of seniors, their families, and caregivers. Currently, a HUB for that purpose does not exist in Campbell River. When the Impact Evaluation training opportunity arose, the Network's HUB organizing committee felt that using the Impact Analysis method would be beneficial for designing a delivery model based on research that involved hearing directly from seniors about their information needs.

The HUB organizing committee has been surprised by several findings from their research and will be making adjustments moving forward that will incorporate the findings.

Evaluation Methodology

The aim of the HUB organizing committee was to explore what Campbell River Seniors viewed as the potential impacts of providing an information HUB that focused on Senior's needs. To understand these potential impacts, we explored three broad research questions:

1. What types of information do Campbell River Seniors need?
2. How would Campbell River Seniors like to find information?
3. How do seniors in Campbell River want their lives to be impacted by the information HUB?

Over the course of the project, we (a) developed and refined our ideas of intended impact and indicators, (b) designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, (c) identified findings, and (d) considered the implications to those findings for program development.

This project began with a focus on the work of identifying and clarifying the intended impact of the Information HUB program. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative indicators of impact focused on the mental, behavioral and emotional changes seniors might realize if an information HUB was available in Campbell River. We then used these indicators to design a qualitative interview protocol and a quantitative questionnaire to identify potential impacts and provide direction for developing the service delivery model.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the information needs

of seniors and how accessing the information might impact their lives. We used a purposeful stratified sampling technique to select a representative sample from the Senior population in Campbell River. Our sample size was 20 seniors and we drew our sample from the following strata of our population:

➢ Active and non-active seniors
➢ Ages ranged from 60 years to 90 years
➢ Isolated Seniors
➢ Living situation (seniors living independently to seniors in supported living situations)

Our interview team consisted of two City Staff, the Better at Home Coordinator, Senior Centre Board Member, Campbell River Volunteer Centre Coordinator and a representative from the Division of Family Practice. Interviewers who did not participate in the Project Impact cohort meetings were trained in qualitative data collection and analysis prior to conducting interviews.

We then convened one-on-one interviews lasting from between 45 minutes and two hours in length with a sample from the identified strata of the population. Interviewers gathered the data by capturing the conversation through written notes during the interviews and filled in the notes immediately after the interview to obtain a substantive rendering of the interview.

We analyzed the data inductively using a modified version of thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers analyzed the raw data by reviewing each interview four times through each of four lenses to illuminate a different aspect of what the data reveal about the research questions. The data were then gathered into four categories to serve as an initial set of codes. Then, intra-interview themes were generated based on the pervasive insights from the data. This process allowed us to interpret the

meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis (reviewing themes, defining and naming themes). We reviewed the initial themes as a team to identify the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data. We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Quantitative Data and Analysis

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators of impact. We administered this instrument to 120 seniors and ten caregivers in 5 different senior-oriented programs in Campbell River. Eighty seniors and four caregivers responded giving us a 65% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

The most significant findings from this evaluation are described in the following narrative.

Findings

Finding 1: The Social Connection

Key Insight: Social connectedness has an impact on seniors' overall health.

Our data revealed that seniors with strong social connections, such as family ties, friends and social activities had fewer information needs, more supports, and were healthier than their counterparts who did not have the same social connections. In this study, the individuals with strong social connections reported that they had a network that could support them if anything drastic were to happen in their life. One senior said, "I rely a great deal on the Campbell River Community Centre bulletin, and I discuss things with friends, it is amazing how informative the chat group after fitness is." When seniors were asked what services and supports have been most helpful to them, over 50% commented on activities and places that provided them with social connections.

However, when interviewing seniors who would be considered isolated, they expressed that they would look to the HUB as a social networking resource in the hope to develop friendships. On one end of the scale, we have seniors who are not worried about getting older, and on the other end, they see their health declining and are wanting more social interaction. This disparity largely appears to come from the relationships and connections that they have within the community. Family also plays an important role in connectedness and often interviewees who had few social connections expressed remorse about this loss. One senior said, "Over the years, my sons have become so busy with their own families and work, and I do not want to bother them asking to help. I feel they do not have much time for me now." It also appears that the more socially connected a person is, the healthier they feel and the more likely they are to be self-reliant.

Significance

The most surprising finding in the research was how important social connectedness is to a person's health and well-being. Our initial intention for the HUB was to provide a place where seniors, families and caregivers can access information related to aging.

Through this research, we discovered that it will be critical to acknowledge social connectedness in the design of our service delivery model.

Possible Responses
➢ Incorporate social connectedness into the delivery model.
➢ Train volunteers/staff to support/encourage social connections.
➢ Evaluate after one year to determine if social connections are improved.

Finding 2: You do not know what you need until you need it

Key Insight: There needs to be more proactive provision of information because "you don't know what you don't know."

The research revealed that older adults are less likely to consider the implications of growing older and the importance of planning. Most of the interviewees said that they did not know what they needed until they needed it. Through this research, we discovered that most older adults are not investing time into planning for their own aging at a physical, social, economic, and/or financial level. The data revealed that they are not looking ahead. We heard that the less they plan, the more overwhelmed they become, and, as a result, they become more reliant on other people to make decisions for them. One senior lamented, "My future has been taken over by the systems. Without money I am left in the hands of others." Another senior commented, "I worry about the future and need some relief from the pressure. How do we get the information to plan so I need to know what to do?" Many of the seniors we interviewed wanted to plan but get overwhelmed by the technology and are quick to give up searching.

We also noticed a gap between those who were more socially connected and those who were isolated. Seniors who had strong social connections were encouraged to plan. One woman who

was 89 years old told us, "Yes. The one thing that I do is plan. My family makes sure of it."

Surprisingly, there were 8 survey respondents that indicated they had no issues finding the information they required while the remaining survey responses found technology, complicated systems and just not knowing where to look to be frustrating.

Significance

Another interesting finding is the significance of future planning on seniors' perception and ability to be self-reliant. Although other research already indicates that seniors need to be more active in planning for their aging, we feel that providing support in this area will increase their ability to become more independent in planning for their future.

Possible Responses

➢ Incorporate future planning into the delivery model.
➢ Train volunteers/staff to support/encourage planning for aging.
➢ Evaluate after one year to determine if clients are more confident planning ahead for their own aging.

Finding 3: Power of listening, really listening

Key Insight: When supporting seniors to find information it is imperative that the volunteers/staff listen for understanding to truly understand the senior's needs.

We heard that many older adults feel that they are not being listened to, feel intimidated, dismissed and/or have lost control over decisions that affect their lives. One interviewee told us, "When the person I am speaking to does not allow the time and attention needed for me to explain my situation or the information I need…it becomes easier just to walk away." This finding indicates the need for the HUB to take an empowering

approach that encourages self-advocacy and self-reliance. We learned that it would be important that the HUB's clients have an experience that is personable, informative, safe and relevant so that they can receive the information that they need to make good decisions. The quantitative survey also supported the need to have volunteers/staff who listen and understand the needs of the senior looking for information. When respondents were asked what has helped you feel supported, they talked about people who were welcoming, kind, helpful, people who followed up and groups that were supportive.

One of the cornerstones to creating an approach that creates opportunities for people to be more self-reliant is ensuring that volunteers/staff listen for understanding. Listening for understanding will take time and the HUB will have to consider the importance of allowing for that time when creating the service delivery model. True listening will ensure that clients feel understood, empowered and respected. One senior explained, "I want to feel welcome to ask, and that someone is interested in listening. There needs to be time for me to explain."

Significance

This finding was a thread that linked the majority of our interviews. It became very clear that seniors in our community felt that they were not being heard. It will be critical in our approach to address the importance of listening and providing a service that makes seniors, their families and caregivers feel safe and included. It will be essential that, at the HUB, we make the time for clients to discover what they truly need. As a result, the HUB will be able to connect them with the resources appropriate to their needs.

Possible Responses

➢ Incorporate communication skills and listening into the training model for volunteers/staff.

➢ Connect with other senior serving organizations and share this finding.

➢ Evaluate after one year to determine if clients feel the volunteers/staff listen and understand their issues.

Finding 4: People are our most valuable asset

Key Insight: The approach needed for an effective information HUB will require specific training to develop skills in listening, empowerment, advocacy and search capabilities to find information.

As noted above, the data indicated that many seniors felt that their voice was not heard and that they were often treated like a child which made them feel powerless. This project should build confidence in the clients and develop self-reliance in navigating the system(s). Well-trained volunteers and/or staff will ensure clients feel confident that they can find the information they need. The training model will need to focus on the approach and the intention of the HUB services. Training will also have to include practical search strategies as well as familiarization with a variety of application forms for available assistance and benefits.

Significance

Although there was no data that specifically referenced training, the service delivery model will be based on our findings. In order for the service delivery model to be effective, we will need to ensure that specific training is designed to use an empowering approach.

Possible Responses

➢ Create a training model that addresses the skills to deliver the service delivery model.

➢ Evaluate after one year to determine if volunteers feel well equipped to meet the objectives of the service delivery model.

Finding 5: Teach them to fish

Key Insight: One goal of the HUB will be to create an environment where seniors will feel they can empower themselves and become more self-reliant.

It is worth emphasizing again that through the data collected it became apparent many seniors feel powerless in making decisions that affect their lives. Even those with robust social connections expressed feeling invisible. Because of this finding, the approach the HUB will take will be one of empowerment. If seniors feel empowered they are more likely to be self-reliant and capable of navigating the systems on their own.

Through the interviews, we noticed that a large number of the interviewees felt powerless and not in control of their future. One senior said, "I feel little control over my life. I often feel intimidated, controlled or dismissed by the home support and facility staff that I am dependent on." We also discovered that many seniors felt that the complexity of information made them feel helpless. They become overwhelmed and essentially give up trying. An interviewee summed up his frustration looking for information by saying, "I did not expect to feel so helpless or have such little control over my life."

Significance

This finding is closely related to seniors not feeling listened to, which further supports a service delivery model that will build self-reliance.

Possible Responses

➢ Incorporate empowerment and self-reliance into the delivery model.
➢ Train volunteers/staff to support/encourage self-reliance.
➢ Evaluate after one year to determine if clients feel more self-reliant.

Finding 6: Face to face – the most powerful form of communication

Key Insight: In person or phone is the preferred model for accessing information.

The seniors interviewed did realize that information they need is available, but they find technology and the processes of accessing the resources overwhelming. The data indicated that even when people had comfort using technology, they preferred to receive information through personal contacts or over the phone. Not one person interviewed said that they preferred to access information via the internet. In the quantitative survey, 29% of the respondents indicated that they preferred to use the computer to find information. 53% indicated that they preferred person to person (phone and face to face) and 18% indicated that print was their preferred method of finding information (see Figure 1).

Figure 1. How do you prefer to find information?
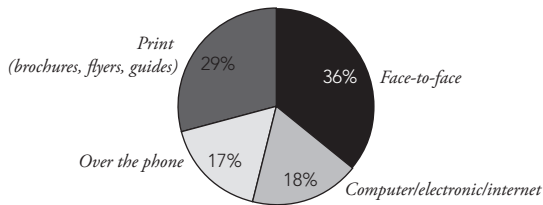
During the interviews, one senior commented, "It is difficult to get everyone, but face to face, one-on-one along with a telephone helpline would help those who don't have immediate access to resources."

When asked about the challenges of finding information one interviewee told us, "I do not like to use a computer, I prefer to get information in person because I can explain better over the phone, but transportation is difficult."

Significance

Having a location where people can meet face to face will be important to the success of the information HUB.

Possible Responses
> ➢ Determine a suitable physical location for the HUB.
> ➢ Establish a phone line.
> ➢ Train volunteers/staff to use the appropriate technologies to support clients to locate the information they require.

Finding 7: Forms? No problem!

Key Insight: Many of the people interviewed expressed frustration with the number of forms and the complexity of the forms they were required to complete in order to receive assistance or services.

Through the data collected, we discovered that most people found that the forms they needed to fill out for assistance were complicated and confusing. We were surprised to find out that some people were overwhelmed by the complexity and in some cases would give up, not complete the form and miss an opportunity for assistance that could improve their lives. One of the interviewees told us a story that demonstrated the frustrations. She said, "Accessing public information is difficult because we have to access forms that we are not aware of, my friend paid over a $1,000 more for her hearing aids, because she didn't know what she was eligible for, and the forms that she could fill out in order to access the money support." Some interviewees expressed that the complexity was unwarranted and created unnecessary barriers. One senior told us, "I find that some applications forms for services, such as Handy Dart, are way too complicated, and (I) just give up on completing them." The quantitative survey support this finding. Throughout the responses were comments regarding frustration with forms. When asked what causes you stress, eight people expressly indicated that forms caused them stress.

Significance

The initial dream for the HUB was to create a one-stop experience for accessing information related to seniors as they age. Our plan

recognized that accessing forms would be important. However, we had not anticipated the degree of apprehension that seniors have around completing some of the more complicated forms. As a result, it will be important for the volunteers/staff at the HUB to be familiar with a variety of forms and to make time to support clients as they complete forms.

Possible Responses
➢ Train volunteers/staff on the wide variety of forms.

Finding 8: The information station

Key Insight: HUB volunteers/staff need to be prepared to guide people to the information they need on a variety of topics.

Through the analysis of the data collected in the interviews and the survey, it became clear that every person has their own unique circumstances that require a unique response. HUB volunteers/staff will need to learn where to find information on a wide variety of topics. The most common topics could be categorized as housing, finances, transportation, and health.

Significance
Through the interview process and the survey we had hoped to discover what topics would be most relevant to seniors. It was clear throughout this process that seniors will be looking for a wide variety of information. No one topic stood out.

Possible Responses
➢ Train volunteers/staff on how to find information on a wide variety of topics.
➢ Evaluate after one year to determine if the volunteers/ staff feel confident searching for information.

Conclusion

The collection of qualitative and quantitative data helped inform the development of the service delivery model for the Information HUB. To act as an effective information station, the HUB will need to use an approach that is empowering with person-to-person contact. Although supporting seniors to find information is at the center of the approach, there also needs to be consideration given on how volunteers can support clients in finding social connections and planning for their future needs.

When exploring what information needs seniors had it became clear that no one area was predominate. One exception was forms. Forms often overwhelm people and they often do not persevere. Volunteer navigators will have to be able to support and encourage people to complete forms. Volunteers will need to be technically savvy so that they can help find information on a wide variety of issues as well as completing forms online. The delivery model and information gathering expectations creates the necessity for ongoing training of volunteers and a good training/ orientation program.

Steps Forward

Identify a physical location for the HUB
- ➢ A place where Seniors already congregate
- ➢ A place that is accessible
- ➢ A space where private conversations can take place
- ➢ Other senior-oriented programs are accessible in the location
- ➢ A warm and welcoming space

Design service delivery model (approach)
- ➢ Empowering – builds self reliance
- ➢ People feel like they are being listened to
- ➢ Face to face/phone – person to person

➢ Support Social connections
➢ Planning for future needs

Design training to support service delivery model
➢ Initial training design to include communication, mental health, trauma-informed approaches, seniors' needs and issues
➢ Ongoing training
➢ Familiarization with a variety of application forms
➢ Building capacity in clients
➢ Social connections
➢ Planning for future needs

Evaluation
➢ Service delivery
➢ Identify gaps in HUB services
➢ Interview clients to ascertain if the service delivery model is improving self-reliance and social connection, and is collecting/providing relevant information

Share findings with other senior serving organizations in Campbell River.
➢ Keep the Seniors Network Informed on progress and outcomes
➢ Update City Council and staff on progress and outcomes

British Columbia Recreation and Parks Association

ActivAge

Kaitlin Atkinson, Kevin Penny

Organization & Program Overview

British Columbia Recreation and Parks Association

British Columbia Recreation and Parks Association (BCRPA), a not for profit organization, plays a central role in leading the enrichment and improvement of the quality of life of British Columbians and their communities. We do this by championing the power of recreation and parks.

Ours is a story of creating community connectedness and individual well-being based on the knowledge and recognition that recreation and active living, as well as access to parks and the natural environment, have significant impacts on our physical and mental health.

Since 1958, we have provided leadership, training, and support, fostering the principles of accessibility and inclusiveness, to help our members meet provincial and local health and physical activity priorities.

The sector has evolved from its early days as a service provider - offering recreational activities, cultural programs and access to facilities, parks, and other services. Today, with its many stakeholders including local governments, senior governments, non-profit and community organizations, industry associations, the private sector, the fitness industry, volunteers and academia, the sector addresses increasing physical activity; improving physical literacy, health and wellbeing; increasing access to nature; enhancing participation in community sport; promoting active aging; and much more.

ActivAge

ActivAge is one of BCRPA's flagship older adult programs and is part of a provincial initiative to increase physical activity and social connectedness among older adults. ActivAge is a three-month group-led physical activity program for adults aged 65 and older to introduce participants to physical activity and reinforce their commitment to incorporate it into their daily lives.

The program is specifically designed for inactive and isolated older adults, and unlike a conventional physical activity class, it incorporates a social component complete with discussions and handouts to improve overall health and physical well-being. As a result of participating in ActivAge, older adults increase their physical activity levels, learn about community-based services and resources, and meet new people. Upon completion of the program, older adults are encouraged to join other physical activity programs in the recreation centre or community.

The program is currently government-funded and offered through our members at recreation centres around the province at no cost to the participant.

Our reason to participate in Project Impact Healthy Aging is to better understand the impact the ActivAge program has on the participant.

Evaluation Methodology

Over the course of Project Impact Healthy Aging, we developed and refined our ideas of intended impact and indicators, designed and implemented a mixed methods outcome evaluation using both qualitative and quantitative means to collect and analyze data, identified findings, and considered the implications of these findings for program improvement and innovation.

This project began with a focus on the work of identifying and clarifying the intended impact of the ActivAge™ program. Once the ideas of impact had been developed, we used the Heart Triangle™ model to identify qualitative and quantitative impact indicators focusing on the mental, behavioral and emotional changes in older adults that indicate we were achieving our impact. We then used these indicators to design a qualitative interview protocol and a quantitative questionnaire to measure our progress toward achieving our intended impact.

Qualitative Data Collection and Analysis

For the qualitative portion of the evaluation, we designed an in-depth interview protocol to gain data about the structural, qualitative changes resulting from our program. We used a purposeful stratified sampling technique to select a representative sample from the population we serve. We delimited the population for this research by focusing on the Vancouver sites as the research team was not able to travel outside of Vancouver. Our ActivAge program population size was 315. Our research sample size was 76 and we drew our sample from the following strata of our population:

➢ An equal number of female and male participants
➢ Equal representation from sites in the Lower Mainland
➢ All participants had completed the 12-week ActivAge program

Our interview team consisted of two BCRPA staff. We convened one-on-one interviews lasting between 45 minutes and an hour with our subjects drawn from our identified research population. Interviewers gathered the data by capturing the conversation through written notes taken during the interviews and filled in the notes immediately after the interview to obtain a substantive interview rendering.

We analyzed the data inductively using a modified version of thematic analysis. Interviewers implemented the first three phases of thematic analysis (becoming familiar with the data, generating initial codes and identifying themes) for each interview. The interviewers analyzed the raw data by reviewing each interview four times through each of four lenses to illuminate a different aspect of what the data reveal about the research question. The data were then gathered into four categories to serve as an initial set of codes. Then, intra-interview themes were generated based on the pervasive insights from the data. This process allowed us to interpret the meaning and significance of the data from each interview.

Next, we brought all of the data analyses and initial themes together and implemented the next two phases of thematic analysis (reviewing themes, defining and naming themes). We reviewed the initial themes as a team to identify the overarching and inter-interview themes that emerged from the full scope of our data analysis to illuminate the collective insights and discoveries. We mapped these themes visually and examined them in various ways to gain greater definition of the features of the themes, causes and catalysts of the themes, new or surprising insights related to the themes, and relationships between the themes that were revealed in the data.

Quantitative Data and Analysis

For the quantitative portion of the evaluation, we designed a questionnaire to collect data on our quantitative indicators

of impact. We administered this instrument to 561 ActivAge participants across BC and had a response of 328, a 58% response rate. The data were analyzed primarily using measures of central tendency. We identified key insights, patterns, and gaps within the data and incorporated these discoveries into the related findings.

We then determined the most significant and meaningful discoveries and brought them forward as findings to be described in the final phase of thematic analysis, this report.

Findings

Finding 1: Fitness is a lure to build social connectedness

The data revealed that participants understood the role physical activity plays in maintaining their health and their independence. Throughout our interviews, it emerged that group-led physical activity programs were great at creating social interaction by removing barriers. In physical activity classes, people dress more casual and appear more approachable, there are no chairs or tables to hide behind, the use of music creates a feel-good atmosphere and the group does things together in unison with the Fitness Leader providing guidance, encouragement, and motivation.

We heard in the interviews that participants enjoyed and looked forward to the social interaction as participants worked together in pairs and struggled together learning new exercises and new moves. Participants self-identified that they felt good afterward and missed the class if it was cancelled.

Older adults seek fitness programs to achieve better health and the fitness industry designs and delivers fitness programs to support older adults to achieve better health. However, our interviews revealed that older adult fitness programs do much more than just help people achieve better physical health. Older adult fitness programs bring people together in a casual open environment where they build relationships and find consecutiveness. We may

advertise ActivAge as a physical fitness program for older adults, but it is more about providing an opportunity for social interaction and where older adults can build new friendships and find new consecutiveness to where they live.

Significance

We sell older adult fitness programs on improving and maintaining physical health – but what we didn't consider is the importance these programs play in providing opportunities for social interaction and the vital role that plays in maintaining and improving mental health. An older adult fitness class is really just a lure to bring people into a supportive social interactive environment - where they can find connectedness and build new relationships.

Possible Responses

➢ Older adult physical activity programs need low to no barriers to register
➢ Any physical activity is great activity – no fancy programming is required
➢ Train Fitness Leader in facilitating opportunities for social interaction
➢ Creating the appropriate environment is key – socially and physically

Finding 2: It's not about the program; it's about the Fitness Leader

The data revealed that it was the Fitness Leader who had the largest impact on the participant's experience. The Fitness Leader was the catalyst in building a sense of community within the group. Over and over again participants spoke about their "amazing coach," "talented coach," and "how their coach catered to the needs of the entire group." It was evident that the Fitness Leader was able to create a safe space for participants to feel comfortable trying new

exercises, new movements, and meeting new people. Participants shared, "Most exercise programs are geared for [an] average person, but this program [ActivAge] is geared for inactive people. I enjoyed that aspect," and "I don't like group exercise classes, but Deb [the Fitness Leader] was good at bringing down to my level."

We began to view the Fitness Leaders as "engagement specialists" as the data showed the importance of the BCRPA registered Fitness Leaders in creating opportunities for social engagement and meeting space that was non-judgmental. Interviewees emphasized that the Fitness Leader personalized and adapted ActivAge activities to suit each participant, even though there were between 8-12 people in each class. Participants reported that this made them feel included and capable of participating in the exercise class, which built rapport with the Fitness Leader and other participants. Fitness Leaders also created time at the beginning and end of each class for participants to get to know each other and socialize. While this time still incorporated exercise, it was unique as other group-led exercise classes typically focus on exercise and don't purposely incorporate opportunities for social interaction. For example, one coach would use a ball, and participants would say their name and then the name of another person in the class and then throw the ball to that participant, and this continued around the room.

Significance

ActivAge is not about the program - it's about the Fitness Leader. Fitness Leaders with skill in creating accepting environments and in facilitating social interaction opportunities are of prime importance.

Possible Responses

➤ Train Fitness Leaders of older adult programs basic social interaction facilitation skills.

➤ Keep older adult program entry barriers as low as possible

Finding 3: No Risk, Big Gains

It emerged from the data that older adults carefully evaluate physical activity programs and base their decision to register on cost, the language used to describe the program, and their preconceived notion of their ability to participate. Older adults often set a very high threshold as to why they cannot participate in an activity, rather than focusing on the benefits and why they should participate. Their biggest participation barrier is not the physical component – it's their emotional feeling of looking silly or failing. As one participant said, "I was nervous because when you go to some of these things, it's frustrating and embarrassing if you can't keep up! And I didn't want to cause any more injury to my body."

Many participants described the ActivAge program description as "non-threatening" and the promotional language used as "encouraging". It was evident from the interviews that words matter, what it looks like matters, and where it's held matters. Participants reported that they liked that ActivAge was described as a "fun and social program" and "moving in a relaxed and inviting class environment with likeminded people." The key words for older adults were relaxed, inviting, and likeminded. These words encouraged older adults to feel confident and register for the program. One participant noted, "I've looked through the leisure guide, and I can't see anything else that fits [for] me."

Significance

Older adults make assessments and decisions on program participation based on the language, the program's costs, and the promotional photos. Quite often older adults talk themselves out of registering for a program as opposed to talking themselves into registering. Programs need to be set-up so older adults can

try it before they buy it, no judgements; and the language used to describe the program needs to be soft and encouraging to remove an older adult's doubts about registering.

Possible Responses
➢ The language and photos used to promote the program are extremely important
➢ Try it days and demo days are a must
➢ Promote and acknowledge there is no normal; that's *"it's ok to be out of step", "it's ok to be new",* and that there is no scorecard.

Finding 4: An acquaintance is the first step towards friendship

The data uncovered that while participants met new people, felt more socially connected, they did not make new friends. Almost all participants reported that they did not make a new friend at the end of ActivAge, and would not reach out to anyone they met to meet up for coffee or go for a walk. However, participants emphasized that if they met someone from their class on the street or in the mall, they would greet them. As one participant said, "I made mutual friendships, but not friends. I mean I wouldn't go for coffee with them, but if I saw them on the street, I would say hi."

This finding was surprising to the research team as we assumed if people were feeling more socially connected, they were making new friends. Upon reviewing the data and analyzing the transcripts, the research team realized that establishing acquaintances was, in fact, the first step in developing a new friend. Developing friends is a process that progresses through numerous steps, and it begins with establishing regular contact with people, some become acquaintances, and then some of the acquaintances become friends. ActivAge provided the conditions for people to meet and develop acquaintances in an engaging and fun atmosphere where

the social interaction is not forced but comes naturally through participation in the physical activities.

Significance

Older adults need a meeting place where they seek commonalities to create engagement. For example, in ActivAge, they go to the same exercise class together, so they feel comfortable saying hello to each other. Since ActivAge is only a weekly program for 12 weeks, it might not be long enough to build enough rapport to turn an acquaintance into a friendship. As further described in Finding 5, participants reported that they wanted ActivAge to be more frequent (2x/week), which would increase the amount of time for social interaction, and possibly increase the number of acquaintances that move to friendships. The research team postulates that as participants continue on in their physical activity journey many of the people they met in ActivAge may become friends in the future. One participant supported this when they shared that their relationships were "just while in the program, relationships do not exist beyond the program, but I am hoping to run into them in other programs."

Possible Responses
- ➢ We need to recognize that an acquaintance is as important as friendships, and they are the gateway to making friendships.
- ➢ Creating opportunities where people can develop acquaintances is very important

Finding 5: May I have some more, please?

Although the interview questions focused on program impact, questions that pertained to increasing physical activity levels, such as "Since being part of ActivAge, what steps have you taken to incorporate more exercise in your life?" elicited participants to

emphasize they wanted ActivAge to be more frequent than once per week. Participants were not shy about requesting more sessions per week and did so at every class observation we conducted. The optimum number of session per week was two with this being repeated over and over again in our interviews and during our class observations.

The research team postulates because the interviews were conducted at the end of the 12 weeks, participants had increased their fitness levels and were motivated by the positive results, which led them to feel confident to exercise twice per week. Our quantitative data supported this as well as 95% of participants who completed the quantitative survey indicated, it was likely or very likely that they will continue engaging in regular physical activity now that ActivAge had finished. Furthermore, the research team hypothesizes that one of the strengths of ActivAge is that it was only once per week allowing older adults who had not participated in physical fitness previously to slowly gain fitness over 12 weeks. If ActivAge was twice per week from the start, we believe that it would create a participation registration barrier as twice a week for 12 weeks for those with no previous fitness background might seem too much.

Significance

The data clearly indicates that there is a sweet spot for older adults with program frequency and program duration. As one participant commented, "Not too little, and a not too much." There was almost no variance in the response from older adults regarding the "ideal" frequency and duration; the most common frequency was two sessions per week and at about 45-60 minutes per session. The research team proposes that in the future ActivAge begins with once per week for 12 weeks in Option 1, and then progresses to twice a week for 45-60 minutes in Option 2. There are two reasons to progress to two sessions per week:

1. To maximize fitness gains
2. To provide enough regular social contact so that deeper more meaningful relationships can form.

However, starting with weekly sessions makes the program seem manageable, allows fitness levels to build slowly and allows participant confidence to build along with it. Then increasing the frequency to biweekly reaches optimal level of contact time and further increasing fitness gains.

Possible Responses
➢ Need to experiment with schedule options:
➢ Twice per week but with shorter amount of class time
➢ Once per week for 6 weeks, and then move to twice per week for the remaining 6 weeks

Finding 6: Groups Matter

Participants reported that one aspect they really enjoyed about ActivAge was that it was a group-led physical activity program. It mattered to participants to be part of a group, feel supported, and to be held accountable from their peers and Fitness Leader to show up each week. In our interviews, participants echoed the following sentiments: "Made me realize it would be better for me to sign up for a program, so I am committed to doing this program – you know someone is counting on you to be there," and "I just know that I won't just do it, so I had to sign up so that I was accountable and someone knew if I was coming to class."

It emerged from the data that exercising in a group setting encouraged people to work out at a higher intensity because they saw people of similar age and similar health concerns exercising at a high intensity. As one participant said, "If she can do it, so can I."

The data illuminated that ActivAge was the first step for participants towards becoming active again. Participants self-

identified as "part of ActivAge" and, furthermore, ActivAge provided many participants with a purpose each week for 12 weeks. During the classes, participants built rapport while exercising together, which led to a positive association with exercising. "It's a team effort – I need a coach and teammates," said one participant.

As a result of participating in ActivAge, participants reported their independence increased, which motivated participants to register for another program. Following this action, participants shifted from self-identifying with ActivAge to identifying as a member of the recreation centre and not just a program. One participant described, "AA [ActiveAge] helps you be motivated – see when you start you want to do more, but when you do nothing, you don't want to do anything, you don't want to be with anyone."

It should be noted that the research team is concerned that giving participants the ownership to find a new activity class following Option 2 may be difficult for many participants and may be a gap in sustainability.

Significance

For older adults, group-based activities are a key component that fosters participation. Groups provide older adults with a reference point for themselves as noted by this comment: "... I was relieved to see that a lot of people are just like me." Groups are not only a reference point but also an information resource as group participants share information on grocery shopping to health-related matters. Groups also provide many participants with a respite from loneliness and isolation, two hidden afflictions of old age.

Possible Responses

➢ Train Fitness Leaders to recognize that engagement is critical for older adult's fitness programs and performance is secondary or a non-consideration.

➢ ActivAge needs a series of options (i.e., beginner,

intermediate, advanced). Currently, it is assumed that Fitness Leaders will connect participants to another exercise program in the recreation centre that is appropriate, but having a series of programs allows us to capture and keep participants engaged.

Finding 7: I knew that

Older adults consistently reported that they were very conversant with the support resources discussed during ActivAge classes. They also indicated that, while they knew about the resources, it was helpful getting reminders and updates from the Fitness Leader. As one participant nicely summarized, "Even what you did know before, you forget, and it is a good reminder." However, participants also indicated they were overwhelmed with the number of available resources and found navigating and finding the resources they required difficult.

A closer exploration of this topic revealed that when seniors indicated they knew about the support resources and where to find them, it mostly meant that their spouse, son, daughter or other caregiver knew, not them. This finding was very interesting to the research team as it appears seniors prefer having someone be a conduit of the knowledge and interpret the benefits and options for them – a spouse, a daughter, a son or a caregiver. Thus, in delivering resources, it seems crucial to identify the spouse, son, daughter or caregiver and ensure they are in the information loop.

Significance

Older adults are aware of resources through a conduit, which is usually a spouse, son, daughter, or caregiver. Most don't really know where to source the necessary resources, but they say they do, indicating their reliance on caregivers. Future strategies and programs that focus on community-based seniors services

should take into consideration who is their target population – the recipient or the recipient's caregiver.

Possible Responses

➢ Fitness Leaders need to know who in the recreation centre is connected to all the community services (central hub) for senior resource information and provide the name and contact information directly.

➢ Pamphlets and posters alone are not effective in increasing awareness of services.

➢ Having a designated person come into the class at least once, maybe twice, to talk directly to participants about services and resources focusing on local resources.

Finding 8: ActivAge changed my life

Participants reported that as a result of participating in ActivAge they felt better in every part of their well-being; physical, emotional, spiritual, and mental. The majority of participants reported that ActivAge helped them to maintain or improve their level of overall health (77%), enjoy life more (76%), feel more independent (73%), make their life easier (72%), and manage general activities of daily living (68%).

Participants reported they had more energy, which many found surprising. Participants explained that at the beginning of ActivAge they felt quite tired at the end of the activity session, but as the weeks progressed, participants felt stronger, and now at the end of the activity session they felt they had more energy. One participant shared, "My quality of life has drastically improved – even reaching and bending for laundry has improved. I can get on my knees now, which I couldn't even do before."

In addition, participants reported that they felt more confident at the end of ActivAge. Participants shared that they felt more confident and were more likely to register for another exercise class

similar to ActivAge. Also interesting, a few participants reported that ActivAge was a gateway exercise program to their favorite exercise class or group. For example, one participant described, "ActivAge got me moving to the point where I can dance now and I love dancing – so now I have joined Zumba were you don't need a man to dance!"

The data illuminated that since ActivAge was a free exercise program, older adults felt there was "nothing to lose", and that they could try the class and see if they enjoyed it or not before spending money on future exercise classes. Many participants emphasized the subsidized cost of the program was a large incentive to register. Our quantitative data showed that 95% of participants would recommend ActivAge to a friend or family member. In addition to cost, participants also emphasized the promotional materials described the program in a non-threatening way, which encouraged participants to register. These two factors are key components, which drew the target population to register, which has lasting impact on participants overall quality of life.

Significance

Participating in ActivAge resulted in an increase in the participants' level of physical activity. The physical component was the visible result and this was easy for participants to measure. The more significant result was the emotional transformation that was harder to quantify, but evident in all interviews with comments like "I feel better" that was the key driver for the participants' continued participation and success. This result signifies that ActivAge is reaching its overall goal, to increase older adults' physical activity levels, and improve social connectedness.

Possible Responses

➢ Attitude is everything – FL must have a friendly, positive attitude

➢ Recognize when people are not happy, dealing with negativity

➢ Strategy is to support people to engage

➢ Emotional engagement

Appendix

British Columbia Recreation and Parks Association
ActivAge

Since you've been participating in ActiveAge, what do you understand now about physical activity that you did not understand before? What's still confusing or difficult to understand? → How has this changed your outlook on physical activity? How has this changed your outlook on other aspects of your health (or life)?

What changes have you made in your life during your participation in ActivAge? → How has this changed the way you see your relationship with your peers and community? How has this changed the way you see yourself?

What do you know about senior's resources and services in the community that you didn't know before ActivAge? → How has

this learning changed your perspective on tackling the challenges you face in your life?

Since being a part of this program, what steps have you taken to incorporate more exercise in your life? ➜ How has this changed your motivation to be more active?

What steps do you take now to meet people? ➜ How have your social skills (or how has your social life) evolved or changed as a result of participating in ActivAge?

What resources and services do you use now that you did not before? ➜ How has this affected your life?

What has driven you to learn more about resources and services in your community? ➜ How has this commitment to learning carried over into other areas of your life?

How has participating in ActivAge changed how you feel about yourself? ➜ How has this shaped your commitment to physical activity?

What fears did you overcome by joining ActivAge? ➜ How has that affected your commitment to building meaningful relationships?

What has been most encouraging to you as you've accessed resources and services in the community? What has been most frustrating? ➜ In what ways has this made you more determined to ensure that your needs (and the needs of other seniors) are met?

Campbell River Seniors Network
Campbell River Information HUB

What are some of the most significant barriers you've faced when looking for information? How have you been able to get the information you need despite these barriers? → In what ways has this helped you to become an advocate for yourself? In what ways do you want to grow to become a stronger advocate?

What do you currently do to find the information you need? What information have you been struggling to find? → How has this affected you? How do you hope an information hub will affect you?

What are some of the most stressful things you encounter when seeking new information? What steps have you taken to reduce stress in your life? What steps do you still want to take but haven't yet? → How has this affected your sense of control over your life?

What are the most important things you want to learn/gain from an information HUB? What are some of the things you've learned that you can contribute to the HUB? → How would being involved with the HUB change the way you see your role in the community?

What have you learned about the resources in the community that you can go to for support? What is still difficult to understand about these resources? → How has this changed what you believe about the community? How has this changed what you believe about yourself?

What has made you feel confident in navigating the systems? What has undermined your confidence? → What keeps (or what would keep) you dedicated to navigating systems even when it doesn't feel good?

What have you enjoyed most about aging? What has been most frustrating about it? → How have you been able to stay committed to planning for your aging despite these frustrations?

What emotions do you experience most often when you're learning something new? → How would having a HUB dedicated to helping you get the information you need make a meaningful difference in your life?

Visualize your life 3-5 years into the future. What does your ideal life look like? (What does a day in your ideal life look like? What community resources are you using? Who do you turn to for support?). How would having a HUB that you can go to for information help you create your ideal life?

Castlegar Community Response Network
Increasing Recreation Involving Seniors (IRIS)

What are some of the most helpful things you've learned since you've been involved with IRIS? → How has that changed what you believe about your ability to learn?

What have you noticed about seniors and inclusion in the community since you've been involved with IRIS? What's been confusing or difficult to understand about inclusion? → How has your view of (or your perspective about or the way you think about) inclusion changed since you've been involved with IRIS?

What values have you observed that seniors hold since you've been involved with IRIS? What values would you like to see or see more of at IRIS? → How do you see your role in IRIS differently because of values you have? How do you see your role in the community differently?

What steps have you taken to use your voice (or get your needs met)? In what ways do you still want to use your voice that you haven't tried yet? � How has being involved in IRIS changed how you utilize your voice? In what ways do you still want or need to grow to be an advocate for yourself and others?

What successes have you had in reaching out for support? What challenges have you faced? ➙ How has the way you reach out for support changed since you've been involved with IRIS? How has this affected other parts of your life?

What have you been able to achieve through your interactions with other seniors that you are most proud of? ➙ How have your interactions in IRIS helped you in other areas of your life?

What role has the food you've received here at IRIS played in keeping you healthy? ➙ How has having this need met affected other parts of your life? ➙ How has this helped you to be more invested in this program?

What feelings evolve (or do you experience) when you think of the personal growth you've had since you've been a part of IRIS? ➙ How has this helped you to embrace your individuality and honor your growth through the IRIS project?

What is rewarding to you about being part of IRIS? What is rewarding about being part of this community? What do you appreciate more now than you used to? ➙ How has being part of IRIS helped to deepen your pride in the community? How has it helped you to feel like you belong in this community?

What has given you more confidence in your ability to contribute to IRIS? What has undermined your confidence? ➙ How has your

contribution to IRIS made you more passionate about contributing to this community?

What emotions did you experience when you thought about self-care before coming to IRIS? → How have those emotions changed since you've been coming here? How has your involvement in IRIS made you more committed to self-care?

City of Burnaby
Confederation Food Program

What expectations/assumptions did you hold about the food program before attending? → How has attending changed your view/perception of the program?

What food habits have you wanted to change? What steps have you taken to incorporate nutrition into your life? → How has this changed your daily or overall routine/habits? In what ways are you now taking greater responsibility for your health?

What new things have you learned about yourself since you've been attending the food program? What have you discovered that's been most surprising or interesting? → How has this changed your view of yourself?

What emotions did you experience the first time you attended the lunch program? How has that changed over time in the program? → How has this helped you become more dedicated to your personal wellbeing?

What significant changes in your social interactions have resulted from attending the food program? → How do you approach social interactions differently outside of the program?

What makes you feel frustrated when participating in the food program? ➜ How do you stay committed to the program despite these frustrations?

What have you learned about nutritional health as a result of participating in the food program? What's still confusing or difficult to understand? ➜ How has this changed what you value about your health?

What have you picked up from attending the food program that you are most excited to share with others? ➜ How have you been talking about the food program to people close to you?

What have been the most fulfilling parts of participating in the food program? ➜ In what ways do you feel more connected to the centre (programs, activities, resources, people) from attending the food program?

City of Coquitlam
Healthy Aging Project Volunteer Program

Since being a member at Dogwood/Glen Pine, what have you learnt regarding the volunteer program and opportunities? What has been most important to you about volunteering since you've been a member here? ➜ How has your experience here changed your outlook volunteering? How has it affected your outlook on life in general?

What have you discovered about yourself that has been most meaningful to you since you've become a member here? What have you discovered that you are really good at? ➜ How does discovering what you are good at change the way you see yourself as a leader? How does that change affect what you value yourself?

What are some of the most important things you've learned since you've been volunteering at Dogwood/Glen Pine? What have you discovered about yourself as a learner? ➜ How has this affected the way you see your future?

What programs have you participated in since you've been a member here? What new things have you been trying out as a result of those programs? What have been the most significant changes you've experienced when you volunteer? ➜ How has volunteering affected you personally?

What changes do you still hope to see in yourself as a result of volunteering? What new friendships have you made since you've been a member here? What has been most rewarding about these friendships? What has been most challenging? ➜ How has developing these friendships affected other parts of your life?

What skills do you have that are valuable in the role as a volunteer? What skills have you shared with others? ➜ How has that helped you become a stronger leader?

What excites you most about volunteering? What frustrates you about volunteering? What keeps you committed to participating even when it's difficult or frustrating? ➜ In what ways has your confidence increased by being a volunteer in the group? How has this made you more passionate about helping others?

What emotions do you experience most often when you learn something new? What continues to inspire you to learn? ➜ What keeps you coming back to volunteer?

Hardy Bay Senior Citizens' Society
Senior Centre

What have you learned during your time with us? ➞ How do you see the world/people/your own life differently since you have been attending the Centre?

As a volunteer member, what do you find perplexing or confusing about our work? ➞ How have your beliefs and values been challenged since you've been a part of the Centre? How has your perspective expanded?

How did you see yourself as a senior before you came to the Centre and participated? ➞ How do you see yourself now as a senior since you've been coming here?

What new activities have you been attending recently? What changes in yourself have you noticed? What changes have others noticed and commented on? ➞ In what ways do you still want to grow or change in the future?

What new decisions have you made yourself that you would have not done in the past? ➞ How has this helped you to become more self-reliant? How has this helped you to become healthier in body and mind?

What steps have you taken to stay connected or make new friends? ➞ How has this helped you to become more sociable and attend more community events? How has this helped you to develop a network of support?

What is most annoying or frustrating to you about participating in the Centre? ➞ What keeps you committed to participating even when it is hard for you to do?

What has made you feel most positive or optimistic since you've been coming to the Centre? → How has this helped you to embrace the supportive relationships you have in your life? How has this inspired you to develop new relationships?

Since you've been coming to the Centre, when have you felt most proud of yourself? → How are you becoming more committed to being self-reliant?

Logan Lake WHY

What have you discovered about your fitness level since being a part of this program? → How has this changed your perspective towards an active life?

What have been some of the biggest lessons you have learned with us? What lessons do you still hope to learn but haven't yet? → How has this affected what you value about the relationships in your life? How has this affected what you value about yourself?

What have you noticed about the benefits of this program for you personally? → How has this convinced you to make changes in your life moving forward?

What skills have you needed to acquire to see improvements in your health? What successes have you had? What challenges have you faced? → In what ways have these new skills changed your daily life? What activities have you added or changed?

What activities have you added or changed since you've been a part of this program? → In what ways are you better able to manage your health & well-being on your own?

What steps have you taking to be more socially active? What steps do you still want to take but haven't yet? What's holding you back? ➡ How is this helping to strengthen your relationships?

What do you try to do consistently that you weren't able to do before? ➡ How have you developed the strength to do this?

What has been the most rewarding part of this program? ➡ How has that affected your commitment to a healthier lifestyle?

When have you felt most excited? What emotions have you experienced as you made new friends in this program? What helped you feel more comfortable developing relationships?➡ In what ways is this helping you to become more connected with others?

What used to worry you most about being active? ➡ How has that changed since being a part of this? How has this increased your commitment to being healthier?

Seniors Outreach and Resource Center
System Navigation Drop In Program

Since first meeting with us, what steps have you taken to build new, quality connections with other community organizations or other seniors? ➡ How have these helped you to create a community for yourself?

From participation in our program, what have you done to access the resources you need? ➡ How has this strengthened your ability to make appropriate choices for your needs and lifestyle? How has this helped you to achieve stability in your day-to-day life?

What other events or workshops designed for seniors in our community have you attended that you learned about here? ➞ How has this strengthened your motivation to be actively engaged with others?

Since first meeting with our organization, what has changed about your understanding of the different systems designed for seniors? ➞ How have these different ways of understanding made you think differently about asking for help in the future?

What new aspects of yourself have you become aware of since working with our program? ➞ How has this altered your outlook on day-to-day life?

What are some dangers you have realized can arise from not reaching out to others for interaction or assistance? ➞ Have these realizations made you think differently about not isolating yourself?

As a result of your contact with this program, how have your feelings of anxiety, stress or worriedness changed? ➞ How has this shaped your commitment to prioritizing your health and wellness?

How has your outlook on your financial security become more hopeful from the help and resources you've received? ➞ How has this changed your dedication to prioritizing spending, filing taxes and sticking with a financial plan?

What is something that is still frustrating about your life or situation? ➞ How do you persevere during times of frustration? Western Institute for the Deaf and Hard of Hearing Better at Home Seniors Outreach Program

Since your involvement in the Better at Home program, what (community) activities have you found most rewarding? For what reasons? So you've been in the Better at Home program for a little while, you've gone to different speakers/ presentations/workshops and learned skills to change yourself, how does that look? → That learning has changed you how? What are the improvements you've seen in yourself? What improvements do you still want or hope to see?

What has the Better at Home program helped you learn about your health concerns (e.g., diabetes, high blood pressure)? → What changes do you see in yourself as a result of being in the Better at Home program? What changes in you have others in your life noticed and commented on?

What new things have you tried to improve your health since you've been involved with the Better at Home program? What do you still want to try but haven't yet? What's holding you back? → Since taking part in the Better at Home program, how have your beliefs and values about your health changed? How has the Better at Home program made you think differently about aging?

You've been involved in the Better at Home program x# of years, you self-analyze and understand a need to advocate for yourself, what does that look like? Suppose you go to a presentation at a community centre, there's no sign language interpreting, captioning or sound systems to help create a better listening environment. What would you know to do? → How has the Better at Home program changed the way you think about your support systems?

How has the Better at Home program helped you have a more positive outlook on becoming older? What has made you feel less positive? → How has the Better at Home program inspired you to share your experiences with others?

Since you first started the Better at Home program, how has your motivation to help other people with hearing loss changed over time? ➡ How has the Better at Home Program motivated you to help other people with hearing loss get involved in the community (e.g., deaf or hard of hearing community, seniors community)?

What has helped you feel pride in your community since you've been involved with the Better at Home program? ➡ Since taking part in the Better at Home program, what do you care more deeply about in your community?

Westside Health Network Society
Walk 'N Talk Program

What steps have you taken to incorporate exercise into your life as a result of the Walk 'N Talk program? ➡ How has this changed your daily living habits?

What's been the most rewarding for you about becoming more active? ➡ In what ways have you developed a deeper appreciation for exercise?

What has been a presentation that stood out for you? What did you learn from it that has been most meaningful to you? ➡ How has this affected the way you think about yourself? How has the program changed your personal views?

What new things have you tried to meet new people since you've been coming here? ➡ What strengths within yourself have you drawn on to do this? How has this experience influenced your personal growth?

Before becoming involved in the program what were your biggest fears about attending? How has that changed since you've been coming here? ➜ How have you embraced this experience for your personal growth?

What have you discovered about the other people in your cohort that's been most interesting to you? ➜ How has this changed your personal views on the relationships I your life? How has this changed your perspective on building new relationships?

What excited you most about learning something new in the program? ➜ How has this affected your commitment to personal growth and wellness?

What have you learned about your physical and mental health since you've been coming here that has been most helpful to you? What is still confusing or difficult to understand about your health? ➜ How has what you've learned affected the way you think about your health? How has this changed what you believe you can do at your age?

What has changed in you, either or both physically and mentally since participating in the program? ➜ How has this affected your lifestyle?

What new resources in the community have you accessed that you learned about here? ➜ How has this helped you become an advocate for yourself? In what ways do you still need to grow to become a stronger advocate for yourself?

What have you discovered about your fitness level since being a part of this program? ➜ How has this changed your perspective towards an active life?

What have been some of the biggest lessons you have learned with us? What lessons do you still hope to learn that you haven't yet? → How has this affected what you value about the relationships in your life? How has that affected what you value about yourself?

What have you noticed about the benefits of this program for you personally? → How has this convinced you to make changes in your life moving forward?

The United Way's Healthy Aging stream brought together 10 community-based service providers from across British Columbia between October 2018 and June 2019 to define and evaluate their impact, and use what they discover to expand and deepen their program's benefits to older adults. All the senior service providers were committed to ensuring Older British Columbians remain Active, Connected and Engaged in their communities. These reports present the most compelling insights from their evaluations.

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rethinking the development of people