



**A Cup Half-Full: Using an Asset-Based Community Development (ABCD) Approach to Support Healthful Aging for Older Adults in Rural Communities
FINAL REPORT - December 2017**

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INTRODUCTION

In January 2017, researchers from the Institute on Aging and Lifelong Health at the University of Victoria (Cloutier (Geography) and Kobayashi (Sociology)), received funds from the Interior Health Authority under the Evidence-Informed Practice Challenge Grant Program to study local community strengths and capacities to support healthy aging in the Village of New Denver and surrounding area (Kootenay Boundary region). The research team consisted of the academic leads and a project coordinator from UVic (Fitzgerald), and collaborating partners from Interior Health (Cook, Taylor and Brown), as well as representatives from local and regional municipal leadership (Popoff, Allaway) and an Advisory Committee made up of local municipal leaders, seniors' advocates, business owners, health care professionals and others (Moss, Reynolds, Gibbons). A full list of team members and advisory committee members can be found in Appendix A. Working from an asset-based perspective, the project was guided by two specific research questions:

1. **Identifying Current Capacity.** What are the current strengths and weaknesses of the local community in terms of the range of accessible and available, formal and informal voluntary health and community services for older adults in the local community?
2. **Capacity Building.** Taking the local community context into account, and working with local community representatives: What innovative and creative strategies and capacities exist to support local community capacity-building and to promote resilience and healthy aging for older adults?

BACKGROUND

a. Asset-Based Planning for Healthy Aging in Small Communities.

In British Columbia, and other provincial jurisdictions in Canada, several decades of public sector service restructuring and reform have challenged the number and nature of services (housing, health care, social care, transportation, and other supportive services and amenities) that are available across all communities, urban and rural alike. Rural and remote communities have a long history of specific challenges (e.g., accessibility, availability) related to health and community-



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based service provision as a consequence of their smaller size, more widely dispersed populations, and limited tax bases (Bacsu, Jeffery & Abonyi, 2014; Cloutier et al., 2016; Cloutier et al., 2015). At the same time, older adults are often found in much higher proportions in small communities due to aging in place and the outmigration of youth in search of education and employment opportunities (Allan & Cloutier-Fisher, 2006; Dandy & Bollman, 2008). In the literature, these older adults are often characterized as being less healthy (vis-à-vis chronic conditions and mental health issues) and more vulnerable in terms of their geographically dispersed family and/or kin networks, and lower incomes, etc. (Jeffrey, Bacsu, Abonyi & Novik, 2013; Wanless et al., 2010).

While social policy goals emphasize the importance of helping older persons to age in place in their communities according to their own wishes, service fragmentation and reduced availability pose challenges to achieving these objectives. Not surprisingly, a lack of available formal service options leads to an increased reliance on voluntary and informal support systems and networks to provide care for older populations (Keating, Eales & Phillips, 2013; McCann et al., 2014). In a small-town context, these features can lead to a kind of ‘double-jeopardy’ for older adults, characterized by the prevalence of poorer health in an environment where there is less capacity to provide the level of care required to support healthy and successful aging (Joseph & Cloutier-Fisher, 2005).

Conversely, ideas about rural vulnerability can be contrasted with notions that characterize rural life as exemplifying diversity, resourcefulness, independence, and resilience built out of historical challenges of ‘doing without’ or ‘doing more with less’. This research project aimed to understand and to build upon existing human, social and service resources and capacities in a small community context (the Village of New Denver and surrounding communities) using an Asset-Based Community Development (ABCD) framework to support active and healthy aging in place. The ABCD Framework was first developed by Kretzmann and McKnight at Northwestern University in the 1990s as an alternative to needs-based planning in US urban contexts (Mathie & Cunningham, 2003; McKnight, 2003). It has also been applied in rural development projects across a wide variety of contexts, but not yet in the field of aging to our knowledge (See Snow, 2001; Reardon, 2014).



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Working from an ABCD framework, attention is focused on available assets that are physical, human, social, financial, environmental, cultural, and political in nature (Reardon, 2014). The chief characteristics of ABCD in the context of positive community change include: a place-based approach that addresses critical community challenges in order to enhance overall quality of life; multi-scale meanings that engage the perspectives of residents, associations, and local institutions in cooperative problem-solving and community-building; developing ‘social innovations’ to promote a more vibrant, sustainable and just community; emphasizing local assets to leverage outside public and private funds; and, where possible, working from existing community development theory (Reardon, 2014). In sum, it is a model that lends itself to the generation and collection of a broad range of information/data from various community-based stakeholders to problem solve and build capacity, and thus it is a framework that fits well with the practices and objectives of engagement, relationship-building, and transparent process that are key to successful knowledge mobilization in formal research contexts. As such, the ABCD framework was viewed as a critical lens for this study.

Positive definitions of healthy and successful aging were also important in this study. At the individual scale, ‘successful aging’ is conceptualized as multidimensional, encompassing the avoidance of disease and disability, the maintenance of high physical and cognitive function, and sustained engagement in social and productive activities (Rowe & Kahn, 1997). ‘Healthy aging’ is considered in a more holistic manner as the potential for older adults to develop and maintain optimal mental, social and physical well-being and function (Minnesota Department of Health, 2016). This is more likely to be achieved in community contexts that promote safety, health and well-being, and that provide the health services and community programs that aid in the prevention or minimization of disease (Minnesota Department of Health, 2016). Embedded in these ideas of healthy and successful aging is the important value of considering the substantive, positive contributions and potential productivity of an aging society for all communities, and community members (Rowe, 2012).



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b. History of New Denver

Originally the shared traditional territories of the Ktunaxa, the Okanagan Nation, the Colville Federation, the Shuswap Nation and the local Sinixt First Nations people, New Denver was founded by silver miners in 1892. As a resource based town, historically, New Denver enjoyed an economic boom that lasted until the 1920s. After the mining boom, logging became the leading industry. New Denver has a complex and layered history. During the Second World War after the bombing of Pearl Harbor, New Denver became one of many sites selected for the Japanese Canadian Internment Camps. Approximately 1500 Japanese Canadians were forcibly removed from their homes in coastal British Columbia and relocated to New Denver with their families until 1949. After the war, many Japanese Canadians chose to move east; however, a number of families remained with family members in the area, eventually integrating into the broader community. From 1953 to 1959, New Denver was also the site where approximately 200 Doukhobor children, refugees from Russia, were taken and housed in residential schools.

By the 1960s and 1970s New Denver experienced another population surge with the “back to the land” movement, and as a destination for draft dodgers from the US-led Vietnam War. These people sought a peaceful and simple life making New Denver their permanent home and becoming key members of the community. Aspects of the unique historical legacy of New Denver are important to understand as a foundation for the community’s significant cultural and experiential diversity, and the overall resourcefulness and resilience of its residents.

c. New Denver Today

“Just something about the mountains, the trees, the lake and the community, you know what I mean? I feel real supported here, but that comes with living somewhere for 27, just about 30 years, right? I think that you develop relationships, but with all those relationships, they all feel the same about this place so we have so much in common. It just feels safe here I think.”

“Our community is so close knit, so friendly and as I said, everybody helps everybody. It’s quite an amazing community. I know my children would like me to move to the coast because we’re getting older and health issues and whatnot, and I just – I couldn’t leave here. I just couldn’t. This is my home.”



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New Denver is a village in the Regional District of Central Kootenay, known for its natural beauty, outdoor recreation opportunities, and engaged community. As of the last Census (2016), the population numbered 473, with an average age of 54, and a median age of 61. It is a full-service community with a school (preschool to Grade 12), a health centre/clinic, RCMP office, post office, pharmacy, credit union, gas stations, grocery stores, reading centre, and liquor store. It is also the home of the Nikkei Internment Memorial Centre, a National Historic site dedicated to telling the story of the Japanese Canadian internment. In addition, with all of its services and amenities, New Denver acts as a central hub for the smaller, surrounding communities such as Rosebery, Hills, and Silverton, who have fewer resources.

New Denver is a volunteer-oriented and engaged community, with a number of non-profit organizations in operation. Local organizations and initiatives range from advocating for food security, promoting arts and culture, providing care and support to older adults, and the building and preservation of trails. The Healthy Community Society, the Valhalla Fine Arts Society, the New Denver Hospice Society, the Hospital Auxiliary, and the New Denver-Silverton Trail Society are some key examples of groups in the area. Many of these organizations and informal networks contribute to the healthy and successful aging of residents in the community.

Despite its size, New Denver offers several assets to its community (see Appendix B for a comprehensive listing). For example, many are drawn to the natural beauty and pristine lake, as well as an abundance of accessible outdoor recreation opportunities. Residents also highlight the school and health centre/hospital among their biggest assets. Not only do they offer important services and programs to the community, but they are also some of the village's primary employers. The Lucerne Elementary Secondary School (LESS) is a gathering spot for locals of all ages, offering programming for young families, breakfast and lunch programs, and a local greenhouse. Further, the presence of LESS is one of the reasons that young families are able to settle in New Denver long-term. Programs at the school also support intergenerational exchanges as children visit the local independent living facility, Brouse Lodge, on a regular basis.



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The Slocan Community Health Centre is a vibrant, multi-purpose facility comprised of a hospital with 24-7 emergency services, a medical clinic with services such as x-ray, lab service, and tele-health, a residential care facility, a helipad, and a small van for excursions. At the moment, the Centre has a large healthcare team of approximately 60 employees. This healthcare team includes physicians, a nurse practitioner, a home and community nurse, LPNs, nurses, care aides, kitchen and custodial staff as well as a number of specialists (occupational therapist, psychiatrist, physiotherapist, pediatrician, respiratory therapist, dietician, oncologist, chiropractor, mental health nurse) who visit on a more infrequent weekly or monthly basis. While the Slocan Community Health Centre's primary function is to provide healthcare, the centre is also recognized as a community centre for residents, a place to connect and socialize. In addition to the health centre, BC Ambulance introduced the Community Paramedicine Program in February 2017, which trains paramedics to assume a range of home support responsibilities, and to act as a liaison between the hospital and residents. Currently, New Denver has one community paramedic operating in the region.

Although New Denver is a vibrant and unique community, it faces many challenges common to other rural centres. One of the biggest challenges at the moment is the recent loss of one of its physicians in May 2017, and the related threat of losing emergency services associated with the Health Centre. Faced with the possibility of a reduction in health services, the community is actively recruiting physicians to the area in order to maintain its 24-7 emergency service to support local residents.

With a declining population and limited employment opportunities, New Denver also faces questions of long-term sustainability. In addition, many non-profit and voluntary sector organizations are struggling with recruitment and retention issues. Many of these volunteers are older themselves, and they tend to serve and support multiple organizations and functions, making it difficult to balance their demands and commitments, leading to volunteer burnout. This is an issue that has the potential to negatively impact the viability of many of the informal support services and programs in New Denver.



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METHODS

An exploratory, qualitative approach was used to examine existing innovations, current health and community care service systems, informal and voluntary sector networks, and communication mechanisms and strategies employed in smaller, rural communities. This approach allowed us to consider opportunities to build capacity and ‘resilience’ for the promotion of healthy and successful aging for rural older adults.

a. Study Area

The Village of New Denver was selected to explore innovations for healthy and successful aging. Recognizing that small, rural communities often extend beyond immediate municipal boundaries, particularly when it comes to the provision of services and programs for healthy and successful aging, the overall study area for this project encompasses New Denver primarily, but also the neighbouring Villages of Silverton, Slocan and Rosebery and areas between.

At the outset, a small Advisory Committee was established to support the research team and to assist in accomplishing the project’s research goals and knowledge mobilization activities. A priority activity for this group was to establish a list of key informants/interviewees with health and social care knowledge and expertise of the area, who could assist in identifying the capacity-building initiatives, and the communities in which they were being implemented.

b. Sampling and Data Collection

Prior to conducting interviews and focus groups, ethics approval was sought and granted from both the University of Victoria and Interior Health Human Research Ethics Review Boards (HREB) in early 2017.

i. Participant Recruitment

Study participants were recruited via non-probability sampling techniques, including snowball



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sampling. Initially, with the assistance of the Advisory Committee, we solicited the participation of municipal staff, experts, and key informants/gatekeepers in each community who had been identified by our co-investigators at IHA (Taylor and Cook). We used snowball sampling to then identify and contact stakeholder representatives from local health and social service provider networks, informal networks, seniors' advocates, and older adults themselves. To increase awareness and interest in the project, posters and other recruitment materials with details on the project were sent to all participants for dissemination to their networks.

ii. Data Collection

Data were collected from participants via one-on-one interviews and focus groups. Specifically, qualitative interviews were undertaken by telephone with 20 experts and key informants from April to October 2017, and focus groups were conducted with stakeholder representatives from local health and social service provider networks, informal networks, seniors' advocates, municipal staff, and older adults at a 1.5-day community forum held in New Denver in May 2017. In addition, as part of the forum, participants engaged in a series of mapping exercises led by an expert facilitator from UVic, Ken Josephson. Here, the intention was to map/produce a scan of the existing services, amenities, programs, networks, and personnel aimed at the care and support of older adults in the local health and community service infrastructure. A series of open-ended questions (with accompanying probes), guided the focus groups in the forum and the one-to-one interviews. These included, but were not limited to the following:

1. How do you define your community? (Probe geographic extent, relationships, populations, etc.)
2. What does "healthful aging" look like in your community? (Please provide details [probe]).
3. Currently, how well are your programs and/or services working to meet or address the needs of older adults in your community? (Please provide details about 'success stories' in terms of nature of programs and services).
4. What kinds of partnerships do you have with neighbouring communities in the care of older



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populations? (Please provide details [probe]).

5. Currently, what programs and/or services are not available or not working well to meet these needs? How does your community fill the gap in terms of services needed, but not available?
6. What new “innovations” (programs and/or services) would help to better meet these needs? (Please provide details [probe]).
7. Who leads innovation in your community? What makes the community rally behind an innovation?
8. What are some of the challenges to innovating in your community? Please provide details [probe]).
9. If you were to market your community to older adults as the place to live, what aspects of your community would you highlight?

c. Data Analysis and Interpretation

Following the transcription of all audio-taped interviews and focus group sessions, the research team worked collaboratively, first among the UVic researchers and then with the Advisory Committee to identify key themes emerging from the data and to develop feasible and testable social innovations and consider next steps. These collaborations took place via monthly teleconference sessions and one face-to-face team meeting in May 2017 in New Denver. The Advisory Committee provided critical feedback on all research activities throughout the duration of the study. All transcripts were thematically analyzed by UVic researchers and then researcher interpretations were subject to validity checks by the Advisory Committee members, who were also participants in the focus group sessions at the community forum. Mid-term outcomes of the project were detailed in an interim report to the IHA in early fall of 2017.

After all of the data were collected, research team members from the University of Victoria (Cloutier, Kobayashi and Fitzgerald) engaged in a series of weekly meetings to begin the data analysis. Initially, each team member read half the key informant interview transcripts in the order they had been collected and transcribed, and then developed a code tree of the



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primary and secondary themes emerging from the data. From there, remaining transcripts were read and discussed, and a conceptual framework (Figure 1) was developed to support ongoing thematic analysis, and to convey the higher level recommendations emerging from the data about the local assets to build upon in order to address healthy and successful aging in the area. The data analysis and interpretation process undertaken by the research team led to the identification of five equally critical and overlapping thematic areas of recommendations that were then verified and validated by the Advisory Committee as salient: Networking and Cross-Community Collaborations; Communications; Health and Social Care Initiatives; Transportation; and Housing. It is important to note that the order in which the themes are discussed below does not imply priorities or relative importance.

FINDINGS AND RECOMMENDATIONS

In addition to highlighting the five areas of recommendations, the conceptual framework also emphasizes the importance of the local history of the Village of New Denver as detailed earlier in this report, and the core values of local citizens and stakeholders in guiding capacity-building initiatives around healthy and successful aging. These core values, evident in the interview data, emphasized the critical importance of social citizenship, community engagement, and the preservation and development of a safety net of health and social services in the local area to support healthy and successful aging for all community members. The physical beauty of the New Denver area was also underscored many times as a core, or touchstone value that contributes to residents' sense of place, community attachment and belonging. In addition, the preservation and careful development of this local resource for residents and tourists was seen as critical for community vitality and sustainability. Further, the framework highlights the fact that there are multiple linkages and overlaps between each of the five the areas of recommendations. In addition, some of these linkages extend beyond New Denver into neighbouring communities. The local community has a broad array of assets as identified in Appendix B to support capacity building around healthy aging.



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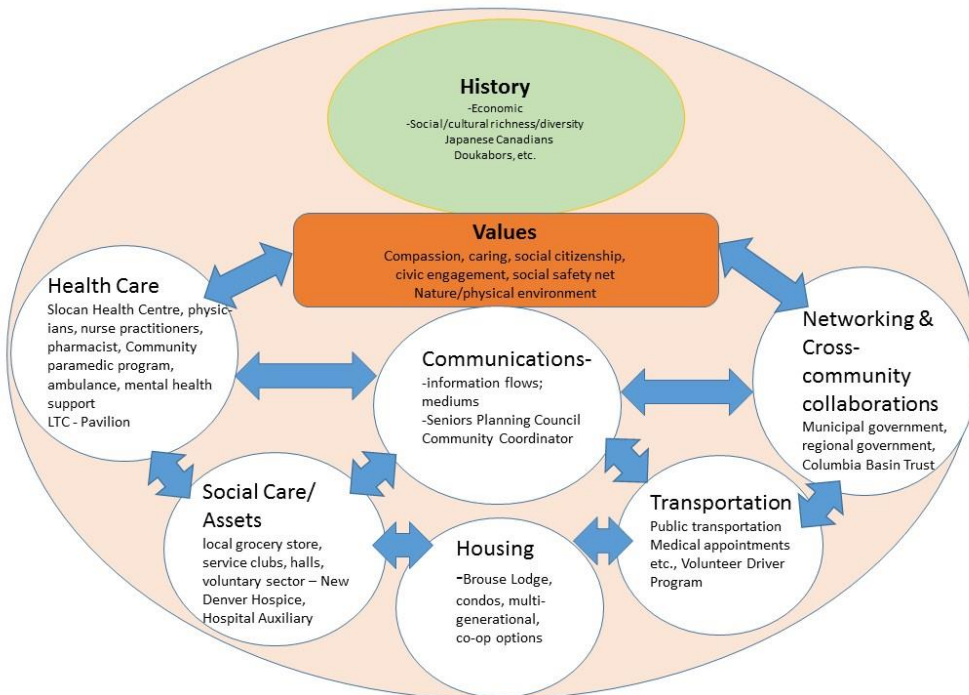


Figure 1. Conceptual Framework guiding Data Interpretation

1. Networking and Cross-community Collaborations

“... We’re all doing the same things, let’s share it, let’s do it together and maybe we can spare ourselves a little bit of work and energy and maybe get a better response.”

As a general principle, one of the most important recommendations to emerge from this research is the need for local communities, community members, and representatives in New Denver and area (e.g., municipal staff and council, health authority leadership and medical personnel, seniors’ advocates, business owners, etc.) to capitalize on opportunities for building resilience across the entire community. Local planning and decision making, when appropriate, could consider the larger catchment area, and local governments could endeavour to build capacity, working with each other instead of competing against one another for scarce resources. Future opportunities to build appropriate and affordable seniors housing for example, or establishing home



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maintenance services to enable older persons to remain in and look after their homes, may afford greater benefits for the entire area if achieved through cross-community collaboration. The same wisdom applies when considering opportunities for shared transportation services, and potentially shared information and referral opportunities (communications), to ensure that people living in New Denver and area are aware of the wider range of services, amenities and programs that are available to support them to age in place.

2. Communications

“One of the things that I’ve noticed is that getting information about [...] programs whether they’re delivered either through the Health Authority or whether they’re delivered through community services, I don’t tend to hear about those offerings from the providers themselves. I tend to hear about them from somebody who has benefitted from them or somebody who has been investigating them on behalf of somebody else...But [...] there’s not a clearing house that you can go to to get information about what services are available from all of the various providers in town...”

One of the most innovative opportunities identified through the data analysis and interpretation process was the idea of creating a part-time or full-time Community Coordinator position in the Village. The function of this position, however it might be enacted and realized, would be to develop and compile information on the services and amenities, programs and information sources available in the local community of New Denver and area (e.g., ride-share programs, meals on wheels) to support healthy and successful aging. Our analysis revealed that many residents have inaccurate or incomplete information about existing services and programs. In addition, because the social and political environment can be so dynamic, services and programs come and go, and therefore a Community Coordinator would be able to keep information as current as possible.

Two other key points emerged from the data relating to communications. First, community information must be conveyed in multiple forms and forums (e.g., community bulletin boards, the



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Valley Voice newspaper, Facebook and other social media platforms, etc.) to be of use to local residents since older adults have a wide variety of skills and aptitudes related to access to information. Here, we are referring to the ways in which information is delivered to residents. A second, higher level opportunity that was identified by stakeholders was the suggestion of creating a ‘Seniors Planning Council’, or a Community Planning Council that would have representation by seniors’ advocates. A Council would be responsible for strategic planning, fundraising, and related tasks geared towards health and wellness for older populations living in New Denver and area. The Council would be comprised of a range of local stakeholders with an interest and role in supporting the multiple dimensions of healthy and successful aging such as planning social events, advocating for housing and transportation options, and liaising with local and regional governments around current and future priorities. Working with the Community Coordinator, the Council could also be responsible for developing and maintaining directories of volunteers, in addition to the task of providing information on available and upcoming services, programs, and community events.

3. Health and Social Care Initiatives

Health

“...I hate to be so black and white about it, but it’s just right now with one of our doctors resigning, it’s become so apparent that if we were to lose that 24 hour care, it would just be the decline of the elderly population who otherwise rely very heavily on the emergency system here. And the level of care that they have or have enjoyed so far here...”

“Mental health is always a big one. And we do have a psychiatrist who comes here once a month as well, but mental health is tricky. We do have some formal services like the psychiatrist and the mental health nurse who are there, but we could really use more and it is one of the things that we’re...the need exceeds what we have to offer”.



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Not surprisingly, access to timely and appropriate health care is a deep-seated and longstanding value in this community. From our analysis, in virtually all focus group sessions and interviews, the issue of retention of the local health centre and the capacity for 24-7 emergency services was regarded as being at the core of healthy and successful aging in New Denver. Currently, opportunities for emergency service care, and access to physicians, paramedics, and a nurse practitioner are among the key services supporting primary health and wellness in the area. In this realm, recent physician losses have had a deep impact in the community and have raised concerns and increased anxiety among community members. Similar to many small communities across BC, and other jurisdictions in Canada, in New Denver the retention and recruitment of general practitioners and specialists serving rural communities is a pressing issue.

In some respects, the smaller population base could be regarded as being appropriately served by the number of locally available practitioners. However, issues such as the seasonal fluctuations in case load, with summers being particularly busy in the ER, are important to note. Our interviews also suggested that burnout among the existing health care workforce is a significant issue, especially with the loss of one physician and the spillover effect on the Nurse Practitioner (NP) with regard to caseload. To address these particular issues, we pose a series of questions for local community advocates and representatives to consider: Can NPs fill in some of the gaps left by too few physicians? Can their scope of practice be increased to give them rights to practice in emergency care settings? Can additional training be provided in the area of mental health (as we learned that many members of the local health care team are providing such services without adequate training and support in certain cases, particularly in relation to issues of anxiety, depression, trauma, and alcohol and substance abuse)? Can the Community Paramedicine Program, which has been successful to date in providing outreach to residents, be scaled up? And, although not specifically mentioned in the interviews as a health care issue, the importance of access to dental care for overall well-being should be underscored.

In sum, it is important to underline community concerns around the need to retain a viable, local health care continuum and suggest that a more fulsome discussion among the widest



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possible range of stakeholders (e.g., Interior Health, municipal government, clinicians and practitioners and community members) is warranted to address issues such as the range and nature of practitioners serving the local area, their specific level of need, and opportunities for creativity and innovation in sharing and building resources together. In our interviews, we noted that this is an area where residents and health care teams have differential, and sometimes incomplete information for decision-making, and therefore it seems that inclusive and frank discussions might be beneficial to detail the range and mix of practitioners that are needed to best serve this small, vibrant, and highly diverse community within the current range of constraints.

Social Care

“The volunteer capacity, people are burning out or they’re aging out and we’re just – although we have this really great track record we aren’t certain that we’re going to be able to keep it up...”

“...part of what happens is that as a community we know who’s alone now who wasn’t alone three years ago and there’s definitely a sense of the need to check on your neighbours and to look after them.”

Vibrant and resilient communities are also supported through the existence of services and amenities that foster the social wellbeing of residents; that is, addressing needs that may not necessarily be considered health needs, but that are clearly related to health. For example, in our interviews, the importance of ‘Meals on Wheels’ types of services was repeatedly highlighted. In this regard, the local New Market grocery store was often mentioned as being a provider of healthy take-out meal alternatives for local residents. Sustaining and promoting this service, or other similar services, is another key recommendation. A number of residents mentioned that Meals on Wheels services were also provided by the hospital, but this does not appear to be the case at present.

Helping older persons to remain in their own homes and age in place in the community also often depends upon help with home maintenance on an ad hoc basis, at different times of



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the year. The need for this type of service to augment existing capacities in the area was frequently mentioned by participants. Relatedly, a lack of home support/home care services was noted. Here, it is possible that publicly funded home care/home support services are being enhanced by private, for pay services, but there is very little information on the latter. Understanding the capacities in this sector would be an additional and ideal task for a Communications Coordinator to take on.

The importance of social connections and social cohesiveness for overall health and wellbeing cannot be overstated and is well grounded in the research literature (e.g., Berkman and Syme, 1979; Seeman, 1996; Kawachi and Berkman, 2001; Cloutier-Fisher and Kobayashi, 2009). Among the participants interviewed, it appeared that social opportunities for sharing meals, learning new skills, and so forth have eroded in recent years. It may be that various events/functions are occurring and there is limited awareness of them, or it may be that these events/functions have been decreasing in frequency over time. Ultimately, this is an area where the collaborative work of a Communications Coordinator and/or a Seniors Planning Council would be meaningful to support health and wellness opportunities that would benefit all community members.

Similar to health care worker burnout, volunteer burnout was also noted by many local individuals in the focus group sessions, and separately in one-on-one interviews. Most volunteers occupy many volunteer roles in the local community. Finding creative ways to support existing volunteers, for example, through tax breaks for hours of help provided, flexible work policies (to allow and support volunteering), time-off at intervals (to allow volunteers to recharge), and brainstorming additional ways to increase local volunteer numbers are needed given the critical functions that these volunteers provide in support of community vitality and resilience.



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4. Transportation

“...as far as public transit, we have essentially none. So we rely a lot on, well, a lot of the people keep on driving themselves until they’re 90 or so, if they can...a lot of them will have a friend who still has their license, [...] so they’ll rely on their friends to drive them around or carpool if they’re going to Nelson...”

Helping older adults get to medical appointments is a critical function when services cannot be accessed locally. Research participants noted that there are various informal ways that transportation to medical appointments is being offered within the community. To a degree, some transportation vehicles (e.g., the bus at the Pavilion) were also noted to be under-utilized, though difficult to access due to insurance-related barriers and challenges. The importance of transportation services cannot be understated and is tied to changes that occur in health and social care initiatives. For example, if the capacity of a 24-7 health care unit becomes more limited, the need for transportation to referral services in neighbouring communities becomes more critical. Adding ‘transportation’ to the portfolio of the Community Coordinator could be one way to better understand and potentially enhance local capacity to help people get to appointments. Liaising with HandyDart and formal BC Transit services would also be important to ensure connectivity between local and neighbouring communities.

Relatedly, it is vital that local community members understand what they are to do in the case of an emergency. Knowing what the level of local ambulance coverage is and the timing of that coverage means that individuals understand what they must do under certain circumstances (e.g., if something happens to themselves or a family member on the weekend, does that mean they need to drive themselves to a health care facility, or is ambulance service available 24-7?). Further, for small and more remote communities, the need to have timely reports on highway conditions becomes critical, especially in the winter months. Knowing where to access such information is important for problem solving and decision-making related to the health and wellness of residents.



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5. Housing

“There’s definitely a need for a smaller seniors residence here that maybe provides dinners and different degrees of care [...] from maybe independent living to assisted living. [...] it’s a big issue here and it’s becoming bigger because a lot of my friends are my age or [...] older and then another ten years they’re going to be looking for somewhere to live and they don’t want to leave here.”

“We also have a lot of people that kind of live off the grid so a lot more support from BC Housing for some low-income housing.”

Being able to age in place in homes and communities of our own choosing is largely dependent upon the existence of safe, affordable, available, and appropriate housing. Through interviews with participants, we learned that there is a pressing need for additional and diverse forms of housing that could help people to downsize and stay in the community, or to maintain, repair and refurbish their own homes to remain in the community. Brouse Lodge, an independent living facility, has limited capacity to serve the local population of older adults as they continue to age. In addition, the limited tax base in New Denver poses certain challenges to innovation in this area. Local organizations such as the Columbia Basin Trust and developers/entrepreneurs, however, can provide access to funding to support the development of innovative housing or co-housing types of models. To a degree, capitalizing on these opportunities requires local leadership and champions to spearhead them. This is difficult at the present time as municipal staff and council already have a sufficiently high workload such that additional capacity is hard to find. Ideally, if this could be shifted to a strategic priority for local government and/or a local not-for-profit organization, it may be possible to secure new funding for seniors housing innovations in the future.



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DISCUSSION

This study set out to examine how to build capacity in relation to healthy and successful aging in the Village of New Denver and surrounding area. Recommendations were highlighted in five key areas: networking and cross-community collaborations; communications; health and social care initiatives; transportation; and housing. Although the team originally envisioned being able to make recommendations on the basis of support for *existing* programs and services, in the end the findings highlighted new areas for future development. Moving forwards, the recommendations from the findings may be conceptualized as short and long-term goals.

Short-Term Goals:

1. Information and communication: There are opportunities to build capacity and resilience by increasing the ability of the local community to share information and communicate more effectively in regards to the inventory of local services, initiatives, and programs that are available at present to support healthy and successful aging. A level of misinformation, or lack of information, was apparent and acts as an impediment to this overarching goal. However, to achieve a higher level of awareness of local resources, we recommend support for a part-time or full-time Community Coordinator position since this information needs to be conveyed across a number of media (e.g., email, website, newspaper, newsletters, etc.), and requires regular updating. Gathering and conveying information about links to programs and services in neighbouring communities was also viewed as important within this position because of the ways in which local communities are linked and networked. It is conceivable that the coordinator could also support local volunteers (if the position is full-time) to assist with scheduling, and with creating opportunities for taking breaks, recruitment, and so forth.

2. Seniors Planning Council: An opportunity to create or establish a Seniors Planning Council or a Community Planning Council was identified as a way to unite the community around strategic priorities. Ideally, Council members could help the Community Coordinator to facilitate networking and linkages in New Denver and area around shared initiatives. In addition, members could also help improve the accuracy of information flows so that misinformation is minimized



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while communications among key stakeholders (e.g., municipal staff and council, regional government, and health authority personnel) would be enhanced.

Long-Term Goals:

The need for improvements and advancements in the areas of health care, housing, and transportation are viewed as longer term goals that require time for planning as well as collective opportunities for strategic thinking, fundraising and innovation. For example, many small communities engage in fundraising to create bonuses to entice physicians to practice in an area. Similarly, opportunities to develop innovative housing models or to improve existing stock, or to develop transportation alternatives, require strategizing, fundraising, partnership building, and networking, and must be considered as key priorities. Findings from the study indicated that these initiatives are of paramount importance to the local community for long-term sustainability and vitality.

Champions and Leaders

Finally, it is important to underscore the salience of additional and sustained leadership in the area of healthy and successful aging. Competing priorities and limited resources are inevitable challenges for the local community. In an ideal situation, local municipal and regional leadership, and health authority leadership would be well-resourced, and time would be available to establish and promote building solutions to some of the challenges facing the local community in the decades ahead.

CONCLUSIONS

The research team is grateful for the support of the Interior Health Authority, under the Evidence-informed Research Grant Program, to have been able to engage meaningfully with residents of New Denver and area. In the development of this report, the voices of representatives from many diverse stakeholder groups have been heard about what makes the region a great place to live. Building upon these interviews, focus groups, and observations, the research team has developed



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a suite of recommendations in five key, overlapping areas (networks and community collaborations, communications, health and social care initiatives, transportation, and housing) to build upon existing community assets and capacities in support of health and wellbeing for older persons, and indeed, all residents in New Denver and area.

As this study draws to a close, the research team is now engaged in fundraising to return to New Denver and area to share the findings with local community residents and representatives, and to offer assistance in further developing these recommendations. Taking an asset-based approach to community development has afforded a way of working with local strengths and capacities rather than deficits, and the team is extremely grateful to all of those who have shared their time, expertise, and stories in support of healthy and successful aging in this region.



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Appendix A

University of Victoria Research Team

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Appendix B

Assets in New Denver and Area

<p><u>New Denver as a Community</u></p> <ul style="list-style-type: none"> - Friendly, close-knit, and caring community - Neighbourly: Residents check in on and look after one another - Safe: Residents feel comfortable to leave their doors unlocked - Low crime - Affordable/low cost of living - Strong sense of community; residents are incredibly supportive in times of need - Engaged community: Volunteerism is a part of the local culture - Gardening and sharing is a part of the community culture <p><u>Physical Environment</u></p> <ul style="list-style-type: none"> - Strong spiritual connection to nature - Picturesque mountain views - Pristine lake and water - Extensive network of accessible trails - Community gardens such as Kohan Gardens <p><u>Arts & Culture</u></p> <ul style="list-style-type: none"> - Strong arts and culture community: Many artists, musicians, writers, and craftspeople who present and share their work in the community - Valhalla Fine Arts Society includes theatre, dance, music, and Community Concert Series - Silverton Gallery - Hidden Garden Gallery 	<p><u>Services and Amenities</u></p> <ul style="list-style-type: none"> - New Market grocery store: Access to fresh produce, home cooked meals, grocery and meal delivery - Health food store - Some transportation options to Nakusp and Nelson - ICBC insurance office - Credit union - Gas station - Post office - Apple Tree Sandwich Shop: Community gathering place - Nikkei Internment Memorial Centre – National Heritage Site - Reading Centre - Youth Centre - Lucerne Elementary and Secondary School - RCMP Office - The Valley Voice Newspaper - 358 Exchange Newsletter - Local businesses: for example, Raven’s Nest, Valhalla Pure Outfitters, Sew Much More Yarn etc. - Campground <p><u>Healthcare Services</u></p> <ul style="list-style-type: none"> - Hospital - 24-7 Emergency Services - Physician - Nurse Practitioner - Community care nurse - LPNs, RNs - Kitchen
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<p><u>Housing</u></p> <ul style="list-style-type: none"> - Brouse Lodge: Small, independent living facility <p><u>Non-profits, Societies, and Organizations</u></p> <ul style="list-style-type: none"> - Healthy Community Society: Promotes food security - Trail societies - Dragon Boat team - Kyowakai Society - Last Wishes Society - Seniors Drop-In located in Silverton - Community Futures: Provides support and mentorship for small business owners - Columbia Basin Trust: Major source of funding for many projects and initiatives in the area - Harvest Share Program 	<ul style="list-style-type: none"> - Care aides for home support - Specialists who visit on a weekly or monthly basis (oncologist, occupational therapist, psychiatrist, etc.) - Pavilion - Tele-health service: improved access to specialist services - X-ray - Hospital Auxiliary: Fundraises for various hospital equipment - Accessible small passenger van - Community Paramedicine Program - BC Ambulance team - Pharmacy and Pharmacist - New Denver Hospice Society - Helipad - Gym - Basic lab services <p><u>Events</u></p> <ul style="list-style-type: none"> - Friday Farmers Market - May Days - Garlic Festival - Many smaller cultural events held throughout the year - Food for Thought educational evenings: an opportunity to give talks and lectures on various subjects - High school graduation
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