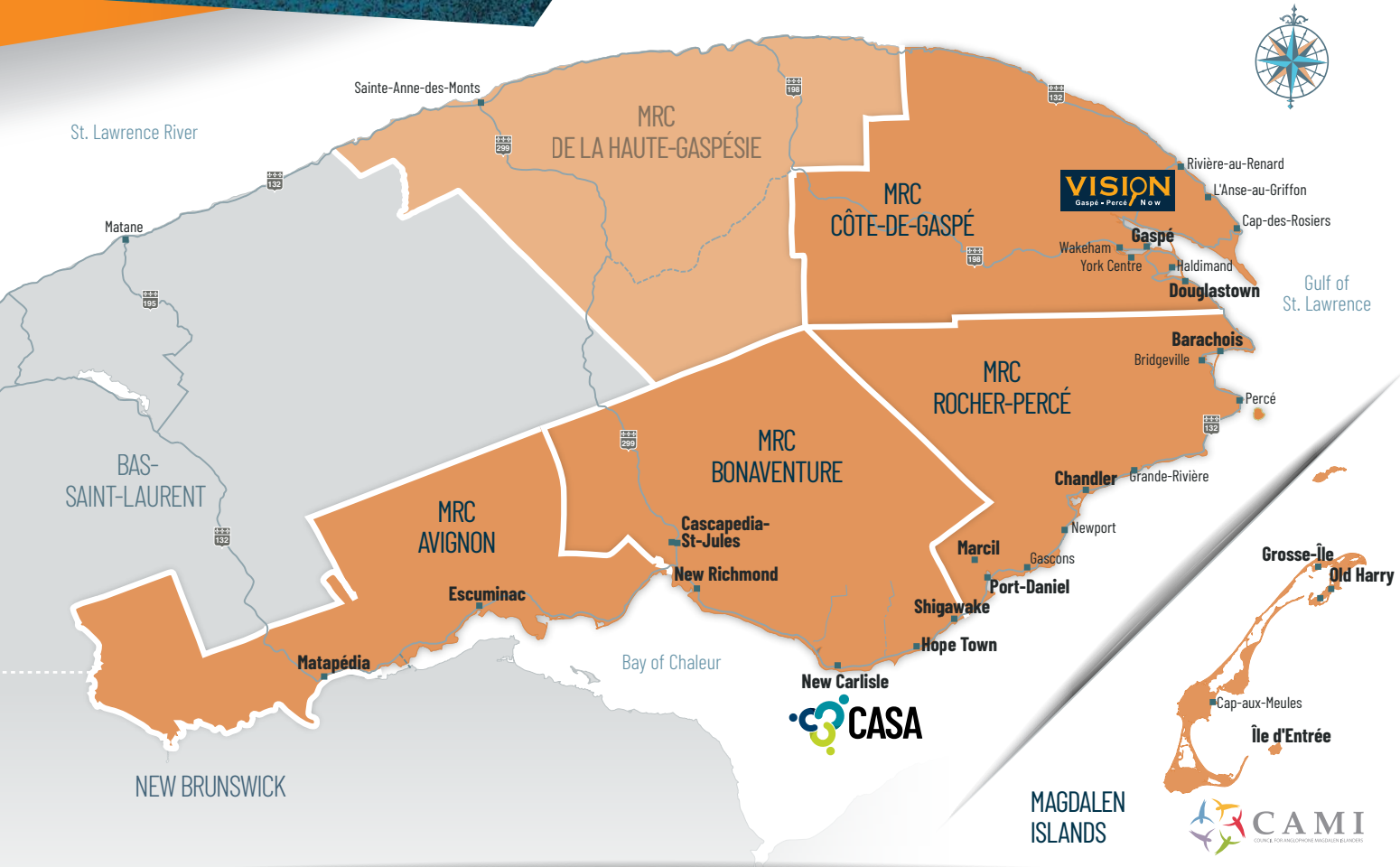


Evaluation of
**COMMUNITY
SERVICES**
FOR ENGLISH-SPEAKING
SENIORS
IN GASPÉ—MAGDALEN ISLANDS



March 2019

The Gaspé Coast and Magdalen Islands



	Total population	English population	Distance
MRC d'Avignon	14 040	2 570	18,3%
MRC de Bonaventure	17 195	2 510	14,6%
MRC du Rocher-Percé	17 045	1 230	7,2%
MRC de La Côte-de-Gaspé	16 700	1 735	10,4%
Les Îles-de-la-Madeleine	12 190	695	5,7%
			New Carlisle to Gaspé 176 km
			New Carlisle to Matapédia 151 km
			New Carlisle to Rimouski 328 km
			New Carlisle to Quebec 649 km
			New Carlisle to Montreal 871 km
			Gaspé to Matapédia 323 km



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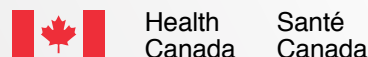


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EXECUTIVE SUMMARY

Three community organizations working with English speakers in the Gaspésie-Îles-de-la-Madeleine region of Quebec have developed programs for seniors to help them maintain independence, to support their health and well-being and to decrease social isolation. In addition, these programs aim to connect seniors to health and social services as well as to other important community resources. The two programs are Seniors Wellness Centres and the Seniors Outreach Program. Currently there are 13 Wellness Centres in the region, and two outreach workers for English speakers (one on the Magdalen Islands and one on the Gaspé Coast).

This evaluation was undertaken by request of all three organizations. It follows an earlier evaluation completed in 2013 covering a smaller number of activities, by the same author. The evaluation was designed to take into account a) information on the wellness sessions (content, attendance, frequency, etc.); b) the perspectives of seniors; and c) the perspectives of the facilitators (workers). The following sources of information were used: a) attendance records; b) an online survey filled out in January-March 2019 by 141 seniors; and c) interviews conducted by the author, virtually, in February 2019 with seven facilitators and outreach workers.

The overarching evaluation question is: Do the seniors community services help maintain health and well-being for participants and their loved ones? Actions taken to meet this objective include creating opportunities for seniors to engage socially and in other ways to maintain health and well-being, and engaging seniors in physical and cognitive exercises at the Wellness Centre sessions.

Overall, Wellness Centres seem to be reaching significant numbers of seniors, and these participants attend the sessions regularly with little absenteeism. Participants report high rates of getting out of the home (**a lot or a bit**) more often (81%), having more social interaction (75%), getting more exercise (73%) and, to a lesser extent, changing their eating habits (48%). The changes they perceive in their social interactions are expressed both in the comments made about what they like best about the sessions (getting together, seeing friends, having fun) and in the survey responses, which show that 85% have made new friends, 50% have new outings or activities, and 41% talk more to people on the phone during the week. These results show the potential and real impacts of Wellness Centres on decreasing isolation among English-speaking seniors who, as a linguistic minority living in small dispersed rural communities, may have fewer opportunities for social engagement than their French-speaking neighbours.

In terms of providing information on services, Wellness Centres are used as opportunities to raise awareness of services, hand out written information and answer specific questions that individuals may have. Wellness Centre sessions sometimes include presentations by professionals about different services and other topics of relevance to the elderly: 96% of respondents say they feel **(a lot or a bit)** better acquainted with the services available at their health centre, 97% say they use the information they get, 95% say they feel they know who to contact for information and 85% share it with someone else. This seems to be a very positive impact of the Wellness Centre sessions.

Seniors receiving support from an outreach worker also report more social interaction (75%) and getting out of the house more often (54%). In addition, 31% received help for attending social activities. Part of the support they receive also involves socializing, conversation and emotional support, if needed, so this support also helps to decrease isolation among this particularly vulnerable group, many of whom are unable to get out of the house by themselves. In addition, 67% of seniors receiving support from an outreach worker say they received information on health and social services and 48% had assistance accessing these. Although this is a relatively new program, and has not been implemented in all areas, it shows great value in helping those who are most isolated and unable to attend group sessions. On the other hand, the challenges for outreach workers are quite real, in terms of travel time, accessing needed services and dealing with emotionally challenging situations, pointing to the need for support.

INTRODUCTION

The purpose of this evaluation is to provide feedback and suggestions to the three community organizations working with English speakers in the Gaspésie-Îles-de-la-Madeleine region of Quebec: Committee for Anglophone Social Action (CASA), Council for Anglophone Magdalen Islanders (CAMI) and Vision Gaspé-Percé Now (VGPN) concerning their programs for seniors. These include Wellness Centres and outreach workers.

Wellness Centres are places where English-speaking seniors can go once every two or three weeks with planned activities aimed to create opportunities for social interaction, physical activity and cognitive stimulation. They fill a gap in public health services because the day centres offered in the public system are often unable to provide services in English because there are not enough clients who meet their criteria. The objectives of the Wellness Centres are to help English-speaking seniors maintain independence, to support their health and well-being and to decrease social isolation. In addition, they help to connect seniors to health and social services as well as to other important community resources.

Outreach workers for seniors are a relatively new initiative aimed to provide support to seniors who are isolated and who wish to have the support of a person with whom they can build a relationship and who they trust. Both services also are intended to support caregivers as well, whether they are the senior attending the Wellness Centre, or a loved one caring for a senior.

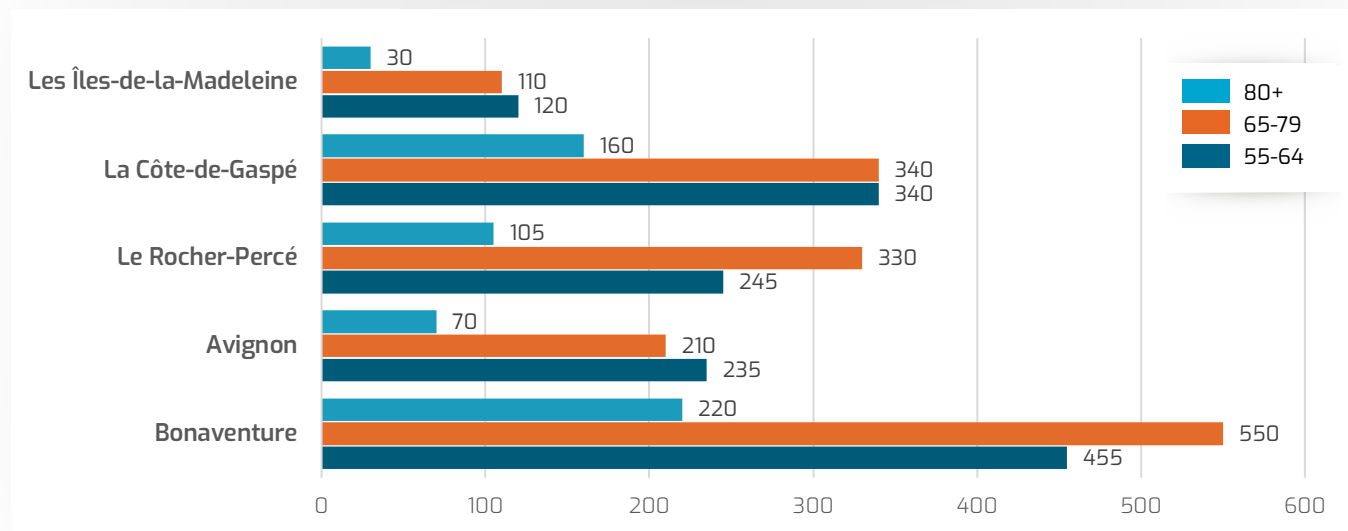
SENIORS IN THE GASPÉSIE—ÎLES-DE-LA-MADELEINE REGION

OVERVIEW OF DEMOGRAPHICS

The numbers of English speakers vary on different territories, with the largest numbers being in the MRC Bonaventure (N=1,225) and the MRC de La

Côte-de-Gaspé (N=840). These are also the two territories where the largest numbers of seniors over 80 years of age are located.

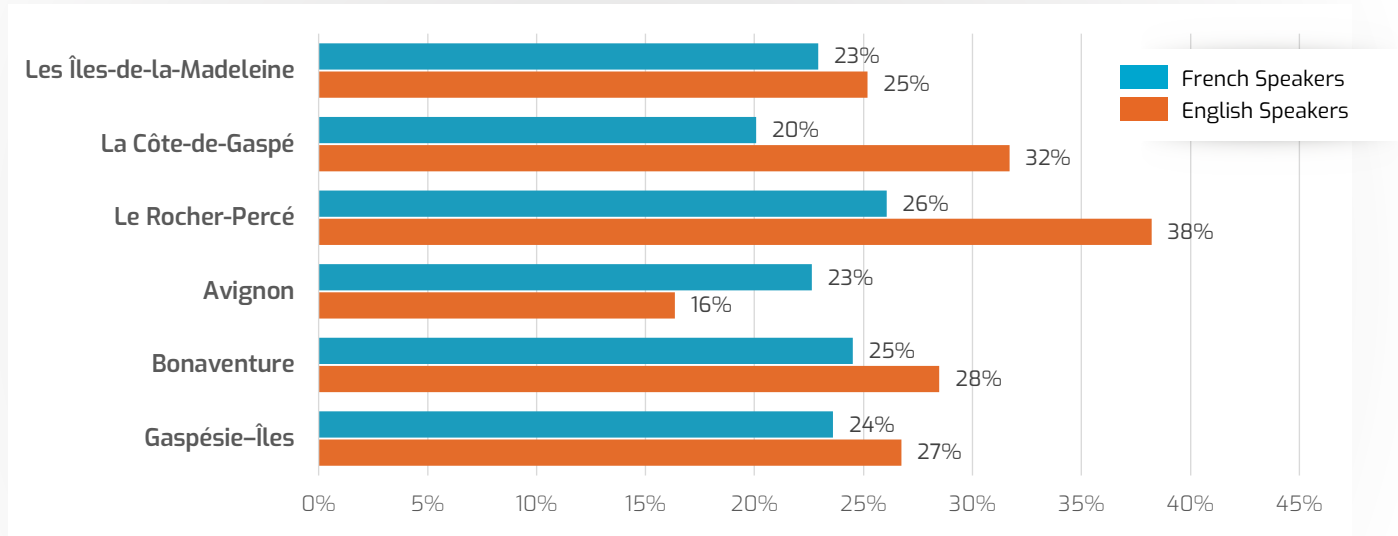
NUMBERS OF ENGLISH-SPEAKING SENIORS (MOTHER TONGUE) BY TERRITORY AND AGE GROUP



Overall, English-speaking seniors make up 27% of the regional population, whereas that proportion is 24% among French speakers. In fact, there are larger proportions of English-speaking than French-speaking seniors in the general population on all territories except Avignon. The difference is often quite large, for example in the MRC Le Rocher-Percé, where

the proportion of the population age 65 or over is 26% among Francophones and 38% among Anglophones. This means that there is a high proportion of elderly who may require more care for the numbers of people in younger generations who can potentially provide that care. This may indicate a weakening social support network in which seniors become more vulnerable.

PROPORTION OF SENIORS AGE 65 AND OVER, IN ENGLISH- AND FRENCH-SPEAKING POPULATIONS



English-speaking seniors in the Gaspésie—Îles-de-la-Madeleine region tend to be somewhat isolated, for several reasons. First, many of their children have left the region, and sometimes the province, to seek opportunities elsewhere. This leaves them with decreased social support. In addition, these seniors have varying levels of proficiency

in French, making it difficult for some to interact socially with their French-speaking neighbours. Also, English-speaking communities are spread apart geographically and have relatively small numbers of residents, so activities, events and other opportunities for social interaction can be few and far between.



OVERVIEW OF WELLNESS CENTRES

The mission of Wellness Centres is to support English-speaking seniors in maintaining their autonomy, independence, health and well-being; to help decrease isolation among seniors and to increase knowledge; and to facilitate connections between seniors and health care services. There are currently 13 Wellness Centres in the region.

Background

Wellness Centres emerged out of a day centre pilot project implemented in Cascapedia-St-Jules in May 2008 and which continued through to June 2009. Upon evaluation of the project, it was concluded that a program was needed that would continue to support Anglophone seniors and meet the criteria of the Centre de santé et des services sociaux Baie-des-Chaleurs (CSSSBC). CASA researched alternatives to a day centre, and in January 2010, the first “Wellness Centre” was offered and funding was secured through the Community Health and Social Services Network (CHSSN).

In September 2010, a second centre was started in New Carlisle using funding from CHSSN’s Health Promotion Project. The centres in Gaspé and Port-Daniel (2011) obtained funding from ministère de la Famille for seniors’ autonomy; the centres in Matapédia and Escuminac (2013) are funded through the CHSSN and the Conférence Régionale des Élus (CRÉ). An exemplary partnership between the community organizations and the CSSS supported the creation and functioning of the centres.

Between 2013 and 2018, new Wellness Centres were put in place in an effort to better cover the whole Gaspé Coast. VGPN added Wellness Centre activities in other locations, and CASA added sessions in Hopetown and Chandler as well as two seniors’ residences. There continues to be requests for these activities in other communities (such as Murdochville) and other organizations want to be partners in future initiatives.

In the Magdalen Islands, CAMI has always been involved in organizing sporadic wellness activities for seniors. However, at the end of 2018, a formal Wellness Centre was created and monthly sessions are now being held in both Grosse-Île and Entry Island.

Wellness Centre functioning

In the table below, the locations of the Wellness Centres, the numbers of sessions per year, and some numbers on participation levels are presented:

LOCATION	SESSIONS PER YEAR	LEVEL OF PARTICIPATION	TOTAL NUMBER OF PARTICIPANTS	AVERAGE # PER SESSION
Cascapedia—St-Jules	15	85-95%	33	30
New Carlisle	15	85-95%	19	17
Hope Town	10	85-95%	11	9
Port-Daniel	15	85-95%	21	18
Chandler	15	85-95%	14	12
Matapedia	10	85-95%	29	23
Escuminac	10	85-95%	11	7
Gilker residence	10	90-100%	8	7-8
Richmond Manor	10	90-100%	8	8-9
Gaspé, Legion	15	85-95%	24	18
Gaspé, Maison du Quartier	10	90-100%	8	6-8
Barachois	15	70%	10	7
Grosse-Île and Entry Island	Just started			
TOTAL				

As we can see, levels of participation are very high, mostly between 85% and 100%. Numbers of participants vary quite a lot between centres,

reflecting different sizes of local English-speaking communities. In addition, the two residences have smaller numbers of participants.

Session content

The Wellness Centres generally contain the types of activities listed below. These may vary depending on the participants' preferences and capacities, as well as the opportunities available locally for presenters, for example.

- Welcome
- Group discussions
- Cognitive exercises such as word games, trivia, crosswords
- Physical exercise routine such as an exercise DVD, dancing, coordination and balance
- Participant announcements, information about local events, information about services available and community resources
- Lunch, either brought by participants or provided for them
- Team games such as sandbags, bowling or others
- Arts and crafts
- Health promotion and prevention presentations

The presentations are on a wide range of topics and vary depending on opportunities and professionals available to present. Some examples are:

- Medical and other health-related themes
- Legal issues and rights, avoiding fraud
- Financial issues and planning
- Well-being, yoga, Tai Chi, meditation
- Senior abuse, bullying
- Services available, such as a patient navigator in Quebec City, an outreach worker, frozen foods, and more
- Nutrition
- Psychosocial well-being

OVERVIEW OF SENIORS OUTREACH PROGRAM

Outreach workers for seniors are a relatively recent initiative. They have been made possible through a program of Quebec's ministère de la Famille et des Aînés, called Initiatives de travail de milieu auprès des aînés en situation de vulnérabilité (ITMAV). Their aim is to decrease isolation among seniors and to help connect them to any services that they may require. Like Wellness Centres, they also aim to support autonomy, well-being and the ability to continue living in the community. They also are expected to have a positive effect on caregivers as they provide some support and information for caregivers as well.

Background

In the Magdalen Islands, the need for increased support for seniors at home was expressed by residents who participated in a process of community mobilization and knowledge development that resulted in a community portrait (2015). This portrait also gathered statistics on seniors, including demographics, household living arrangements and other relevant indicators. In order to follow up on this, CAMI applied for funding from the Québec Ami des Aînés program (QADA, Secrétariat aux aînés, ministère de la Famille) which made it possible to hire a seniors' outreach worker in May 2016. Then they commissioned a needs assessment and developed a seniors' strategy. Based on the success of this pilot project, funding was secured from the ITMAV program to continue the service.

On the Gaspé Coast, the first outreach worker was hired in September 2018 with funding from the ITMAV program. The main purpose was to reach seniors who are unable to attend Wellness Centre activities, knowing that there are a number who are isolated at home.

Outreach worker program functioning

There are currently two outreach workers in the region: one on the Gaspé Coast in the MRC Bonaventure, and one in the Magdalen Islands. On the Gaspé Coast, about 17 seniors receive visits. The service is advertised through CASA and other partners, and seniors can call to request the service. The worker contacts the seniors by phone each week to check in and, if they wish to receive a visit, she arranges to visit about every two weeks. On the Magdalen Islands, visits are made to isolated seniors (who mostly cannot get out to activities) on Grosse-Île, on Entry Island, at seniors' residences and in the hospital.

Support is adapted to each person's needs. The outreach worker may help to break isolation, provide psychosocial support, assist with phone calls, or help to access information or other things. The outreach worker can refer clients to services they may need, such as home care, a social worker or other professionals. They can act as an advocate in cases where a senior is vulnerable and is not receiving the assistance to which they are entitled.

In order to do so, the outreach worker first needs to gain the senior's trust, without which none of the support is possible.

EVALUATION PLAN

In order to evaluate these community services for seniors, a plan was developed by the evaluator (author) and agreed upon by all three organizations. The plan begins with the long-term goal of the program, then specifies the general and specific objectives that are intended

to help meet that goal. Actions taken for each of these are specified. An overarching evaluation question was formulated and specific questions developed. Then various sources of information were identified, some of which already existed and some of which required collecting new data.

PROGRAM OBJECTIVES AND EVALUATION QUESTIONS



LONG-TERM GOAL ▶ to improve health and maintain autonomy among English-speaking seniors in GIM, and secondarily, to support caregivers in their role

OVERARCHING EVALUATION QUESTION ▶ Do the seniors community services help maintain health and well-being for participants and their loved ones?

OBJECTIVE	SPECIFIC OBJECTIVE	ACTION	EVALUATION QUESTIONS
Maintain health and well-being of seniors	Maintain physical, mental and cognitive health	<p>Create opportunities for seniors to engage socially and in other ways to maintain health and well-being: organize WC and activities</p> <p>Engage seniors in physical and cognitive exercise at WC</p> <p>Provide outreach support to seniors who want it</p>	<p>How many WC are held/ community?</p> <p>What is the level of participation in each WC?</p> <p>How many people attend?</p> <p>How many seniors received outreach worker support?</p> <p>What are their ages, gender, marital status, living arrangements, etc.?</p>
	Decrease isolation among seniors	<p>Organize WC activities</p> <p>Outreach and liaison agent supports seniors to participate in activities</p>	<p>Are seniors more socially engaged than before the project?</p> <p>Were isolated seniors identified and contacted?</p> <p>What is the level of participants' satisfaction with the WC and FV?</p>
Ensure seniors have access to existing support services and encourage their use	Ensure seniors have access to health and social services provided by public and community-based organizations	Promote services and resources with seniors & caregivers (Provide information)	<p>What information was provided?</p> <p>In what form?</p> <p>Are seniors more aware of the services available to them?</p>
	Ensure seniors have access to services to support them at home (home care, help at home, and other)	Direct and support seniors in accessing the appropriate service-s (Connect seniors to existing services)	<p>How many referrals did the liaison worker/ facilitator make?</p> <p>How satisfied are seniors with this service?</p> <p>Were service gaps identified?</p> <p>Were they communicated to CISSS staff?</p> <p>Are more ES seniors being served?</p>
Ensure seniors have information needed on a variety of topics	Provide education and information for seniors	<p>Presentations on different topics at WC</p> <p>Individualized info for outreach clients</p>	<p>What different presentations were made?</p> <p>Did it meet the needs of seniors?</p>
	Provide information regarding existing services	<p>Presentations on services at WC</p> <p>Individualized info for outreach clients</p>	<p>Was information provided regarding existing services?</p> <p>In what form?</p> <p>Do seniors understand it?</p>

For the purposes of this evaluation, we focused on services to seniors and did not evaluate the

impacts on caregivers (loved ones).

METHODOLOGY

In order to get feedback from a large number of seniors who have participated in these programs, an online survey was designed by the author (see appendix). This was completed by the senior, online or in paper format, either alone or with assistance from a loved one or a community worker, if needed.

In addition, information was provided by facilitators on the number of sessions per year, the rates of participation, the number of participants, the presentations organized (topics), the hand-outs provided, and the information communicated on existing services, as well as some general comments.

Finally, the author conducted interviews with all facilitators and outreach workers to gather feedback from their perspectives on these programs, including suggestions for any improvements that could be made.

The survey was filled out in January-March 2019 by 141 seniors, and interviews were conducted in February with seven facilitators and outreach workers.

The analysis was conducted by compiling the information on the themes laid out in the evaluation plan: impacts on health and well-being, social interactions, information provided, what participants appreciate most and least, and suggestions for improvements. This is presented separately for the Wellness Centres and the outreach program. The perspectives of seniors and workers are also presented separately. In conclusion, these different sources of feedback and perspectives are placed in dialogue and summarized, highlighting convergences and divergences.

PERSPECTIVES FROM SENIORS

A survey was designed to gather feedback from the users, that is, seniors who attend Wellness Centres or receive outreach worker support. A total of 141 seniors filled out the survey. Considering that the total number of seniors signed up for Wellness Centres in the region is 186, this is a very high response rate.

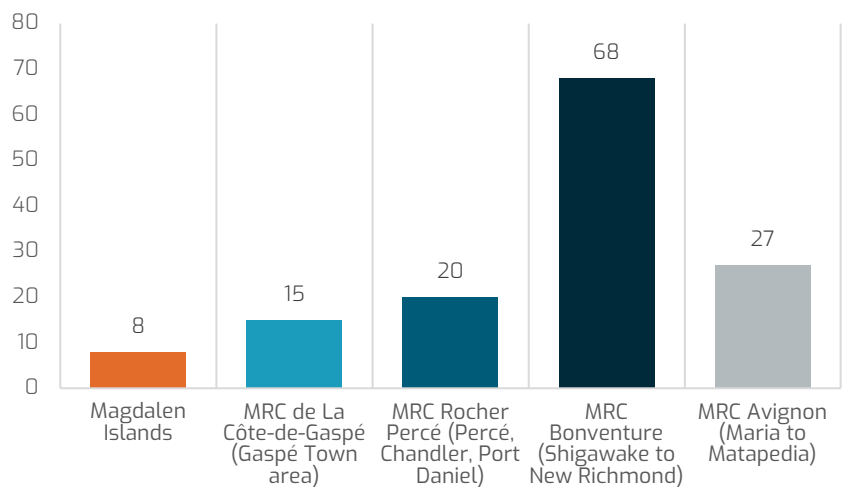
First we present a brief overview of the respondents, then we present the results for the Wellness Centres, followed by the results for the outreach activities.

SURVEY RESPONDENTS

Survey respondents are from the following MRC territories.

As shown, the numbers are by far the highest in the MRC Bonventure (68) and lowest on the Magdalen Islands (8) which is a reflection of the number of attendees in the different territories.

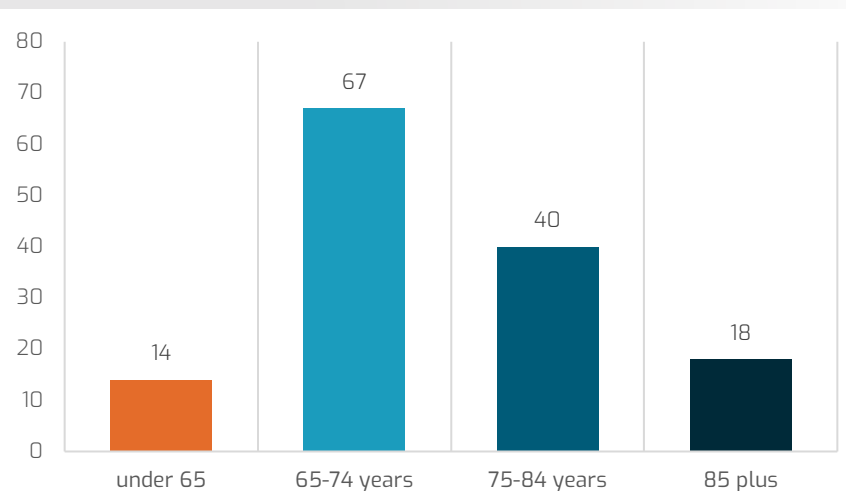
NUMBER OF RESPONDENTS BY MRC OF RESIDENCE (N=139)



NUMBER OF RESPONDENTS BY AGE GROUP (N=139)

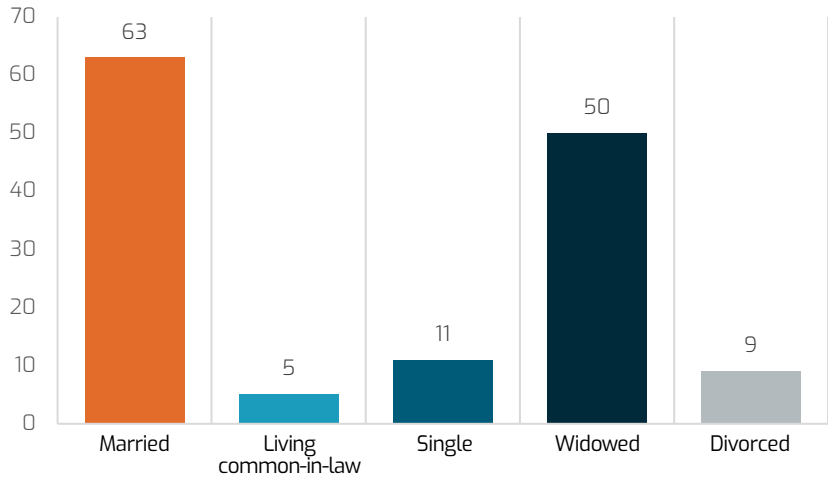
Almost half are between 65 and 74 years old.

In addition, about 90% of survey respondents are women, and 10% are men.



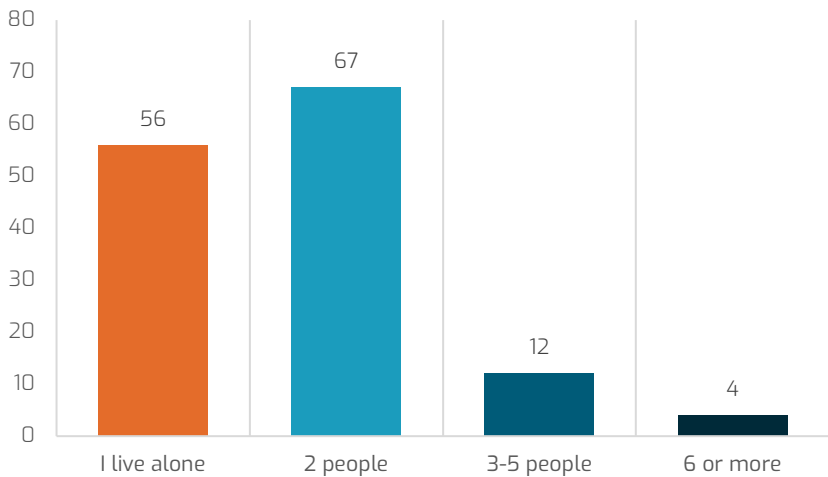
Almost half are married (63 individuals) and about 40% are widowed (50 individuals).

MARITAL STATUS AMONG SURVEY RESPONDENTS (NUMBER)



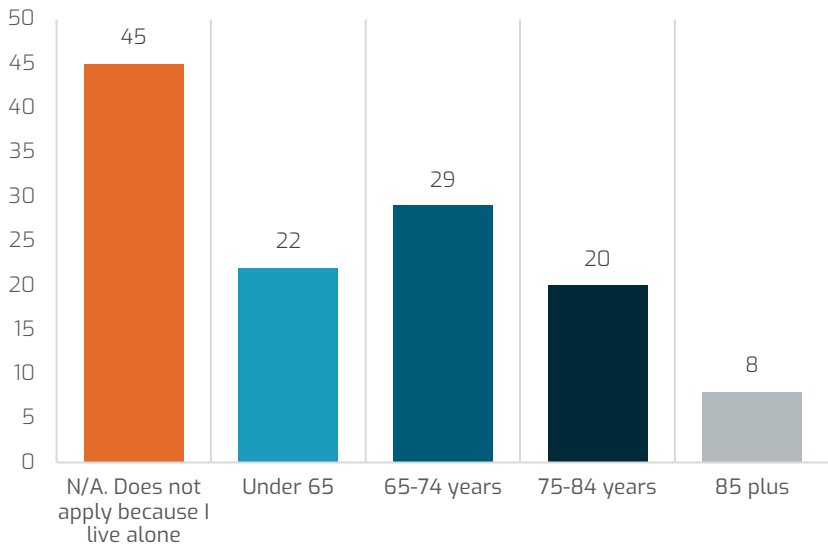
NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD AMONG SURVEY RESPONDENTS

About 40% of respondents said they live alone (56 individuals), while 48% live in a household with two people (67 individuals). Twelve people live in a household of three to five people and four respondents live with six people or more.



The other residents are mostly seniors as well, with 18% (22 individuals) being under 65 years of age.

AGE GROUPS OF OTHER RESIDENTS OF THE HOUSEHOLD



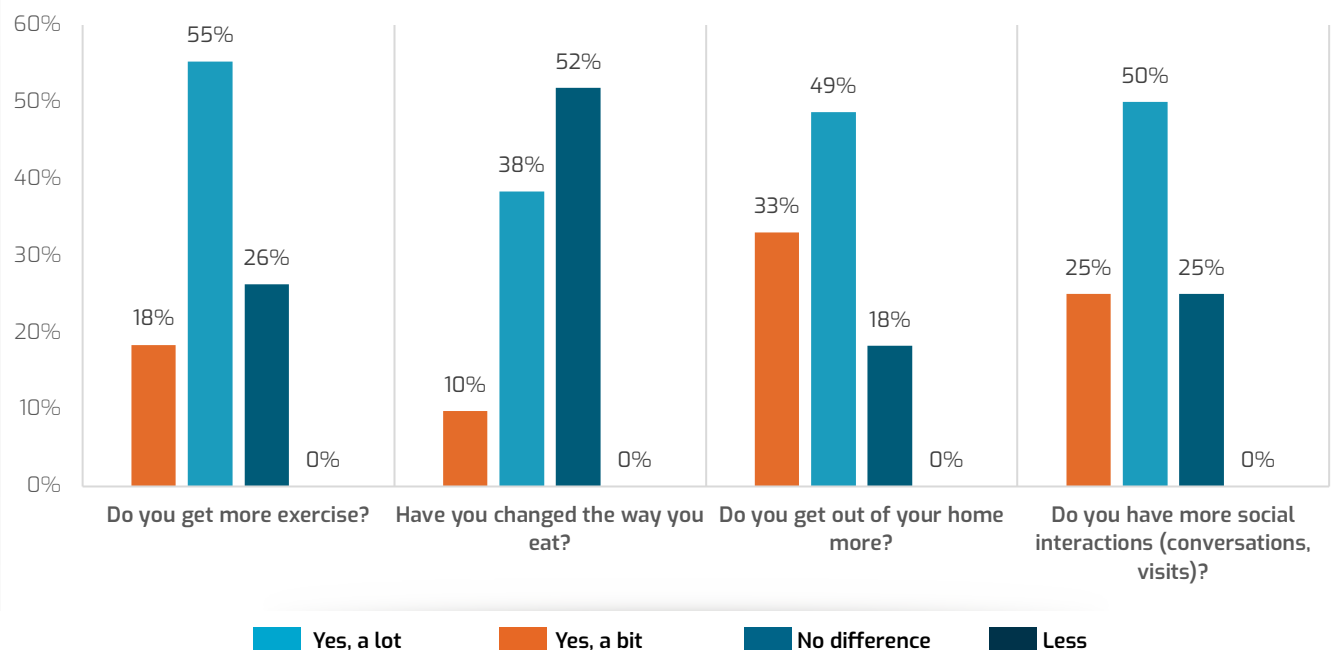
RESULTS FOR WELLNESS CENTRES

PARTICIPANTS' PERSPECTIVES

One of the main objectives of Wellness Centres is to help seniors maintain their health and well-being, including physical, mental and cognitive health. Actions taken to meet this objective include creating opportunities for seniors to engage socially and in other ways to maintain health and well-being, and engaging seniors in

physical and cognitive exercises at the Wellness Centre sessions. A survey question asked seniors if they had made any changes to their daily routine as a result of the Wellness Centre. Their responses reflect their perception of changes they have made (self-reported).

CHANGES MADE IN DAILY ROUTINE AS A RESULT OF THE WELLNESS CENTRE (N=120)



As we can see above, about half report they are getting a bit more exercise, they are getting out of the house a bit more and are having a bit more social interactions. The biggest change overall

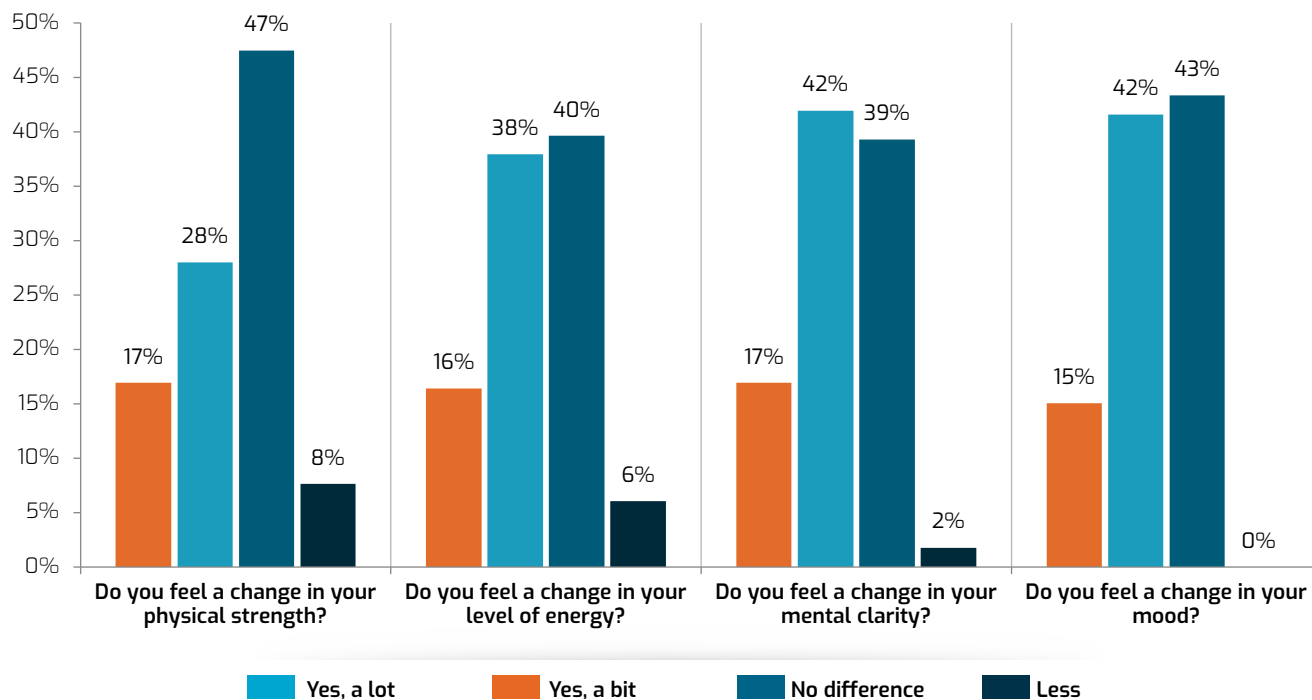
seems to be in getting out of the home: 33% say they get out a lot more and 49% says they get out a bit more, with only 18% reporting no difference. Perhaps in keeping with this (because they get

out more often), a large number report having more social interactions: 25% say they have a lot more, 50% say they have a bit more and 25% see no difference. This could be because they were already socially active and/or the Wellness Centre has not made a significant difference in this aspect of their lives. Over half (55%) of respondents say they are getting a bit more exercise, and 18% report getting a lot more, with 26% reporting no difference. Eating habits seem to be less impacted, although 10% say they have changed the way they eat a lot, and 38% a little, with 52% saying

there is no difference. No one answered that any of these dimensions had decreased as a result of the Wellness Centres.

Another survey question asked about changes in health and well-being that seniors may feel. These cannot of course be related solely to the Wellness Centres, since many different factors can have an impact on health and well-being. However, it is relevant to see if on the whole there is any trend among these seniors.

CHANGES FELT IN HEALTH AND WELL-BEING (N=121)



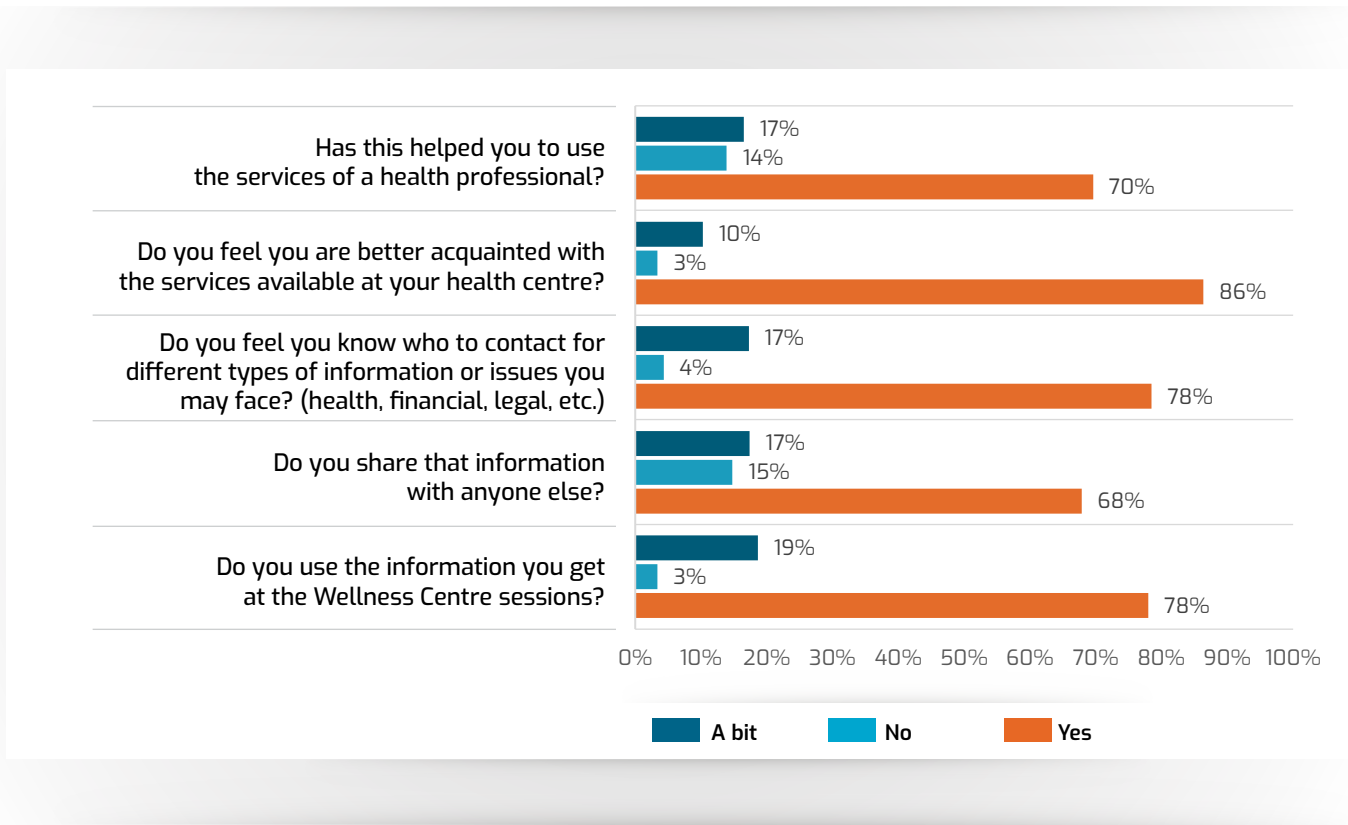
About 17% say they feel a lot of positive change in all these dimensions (physical strength, energy level, mental clarity and mood). Many see a bit of change (between 28% and 42%), and just under half see no change. Some see a lessening in these dimensions. The area in which the changes seem to be most positive is mental clarity, followed closely by mood and level of energy. Physical strength is least likely to be rated positively, with 48% seeing no difference.

Information received at Wellness Centres (N=119)

Another objective of the Wellness Centres is to ensure seniors have access to existing support services (and encourage their use), and to ensure seniors have information needed on a variety of topics. As we have seen, the session format includes providing information in a variety of forms, such as written information, presentations

by guest speakers, and verbal information about services, community events and anything else considered relevant. In the survey, seniors were

asked to answer the following questions about information they receive at the sessions:



The vast majority of respondents rate all these aspects positively. They say they feel better acquainted with the services available at their health centre (86% + 10% a bit better); they use the information they get at the Wellness Centre (78% + 19% a bit); they feel they know who to contact for different types of information (78% + 17% a bit); the information has helped them use the services (70% + 17% a bit); and 68% share it with someone else (+17% a bit). This seems to be a very positive impact of the Wellness Centre sessions.

Changes in social interactions (N=122)

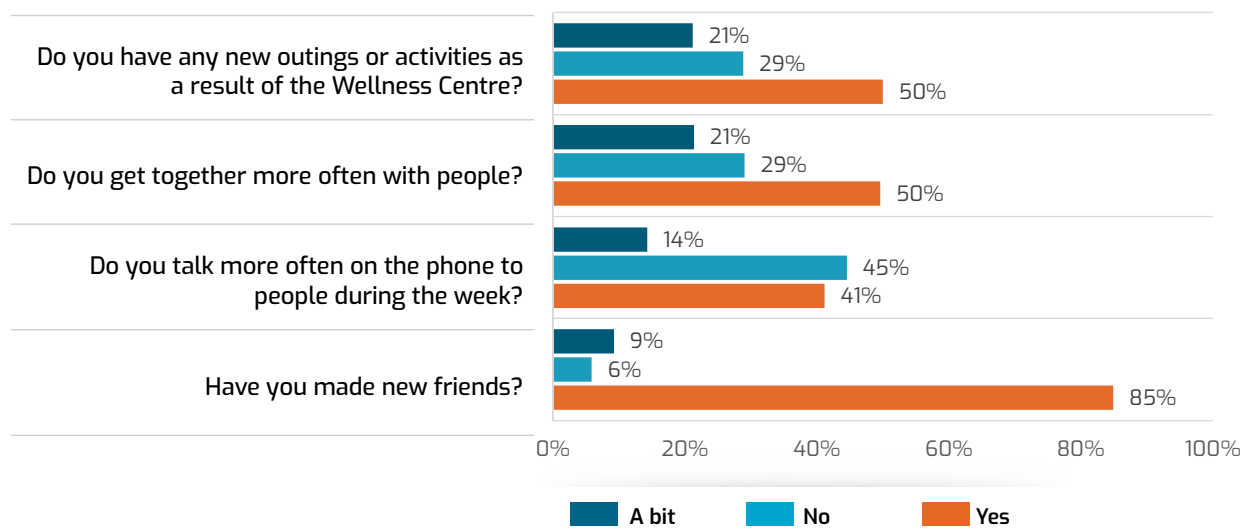
Because the Wellness Centres also aim to decrease isolation among seniors, a question was included concerning changes in social interactions that may be connected to Wellness Centres.

By far the most positive impact reported is making new friends, with 85% of respondents saying they have made new friends. In addition, 50% report having new outings or activities, and getting together with people more often. 41% report talking more to people on the phone during the week.

For seniors who are a linguistic minority, who are spread over a large geographic area, and many of whom do not get out of the home very often, this appears as a very positive result. The possibility of answering “not yet” aimed to get a sense of the respondents’ anticipation that they may, over

time, see increases in their social interactions, and we can see that rather than simply answer “no”

many chose to answer “not yet” suggesting that for some this seems a reasonable expectation.



What participants like best about Wellness Centres

The survey contained an open-ended question (comment box) asking what participants like best about Wellness Centres. A large majority of responses contained the notion of socializing, getting together with others, connecting, having a chance to chat, and more. Many responses also highlighted the positive atmosphere at the sessions, referring to friendliness, laughter, fun and more. Many responses also referred to games, activities, puzzles, bingo, trivia, quizzes and other activities that are part of the sessions. In addition, the information provided about health and community events was often mentioned (for example “very informative” “I enjoy the information we receive” “health articles”), and several people referred specifically to the special guests or presenters. A few people also mentioned the lunches and snacks, and the hard work by the organizers (or “the girls”). Several people also simply answered “I like everything.” These answers are extremely positive, emphasizing the social benefits, the activities and the information.

What participants like least about Wellness Centres

When asked what they like least, many simply repeated “there is nothing I don’t like” or “I like everything.” Several people said that what they like least is that the sessions could be longer or more frequent, which in fact is an expression of how much they appreciate them.

The few comments that actually point to something seniors like least are as follows:

- Activities should suit both men and women
- There are too many puzzles/word games
- Try not to use small fonts
- Would like more exercise (physical activity)
- Lunch takes too long
- Don’t like changing coordinators

Suggestions for improvements to Wellness Centres

In keeping with the positive feedback, many comments were simply along the lines of: Keep it going, keep up the good work, no everything is great... etc. There were, however, many concrete suggestions, grouped together under a few themes:

Information

- Videos on how families deal with crisis
- Learn more about celiac and gluten intolerances
- Info about the new food guide
- Health topics, like diabetes
- Funeral cost, wills, life insurance
- Have more people to come speak

Activities

- More exercise (many people suggested this, about 8)
- Chair exercises
- More games
- Different types of games (picture/drawing)
- Less trivia
- More contests and challenges
- Mindfulness colouring
- Singing and stories

Food

- Avoid processed foods and treats
- Less time for lunch

Transportation

- Organized travel for non-drivers

Ideas

- Potluck
- More outings
- Go bowling
- Joint meetings with other wellness groups
- Keep same coordinators

These suggestions could be examined and tested with the different groups, as some of them may be specific to one group. As the facilitators shared, each group is quite different and what suits one may not work in another.

PERSPECTIVES FROM WORKERS

The Wellness Centre facilitators and coordinators try to strike a balance between bringing in new elements, and sticking to a routine that is reassuring for seniors and that works well. Although the basic format (outlined above) remains similar across all Wellness Centres, each one adapts to the participants' characteristics. In some, the seniors are relatively young and active, while in others there may be a proportion who are older and less able to participate in active games or exercise routines. Facilitators adapt to these differences when planning the sessions, and sometimes propose alternative activities for those who cannot participate in a given activity. The groups also have their likes and dislikes, which facilitators try to accommodate. For example, if a group does not like bingo, they find something else.

In some Wellness Centres, as we have seen, there are regular presenters, or guest speakers. However, in others, it is very difficult to get presenters because of distances and availability. Facilitators aim to meet the objective of providing information in other forms. As one worker stated: "We give a lot of information. Some things are directly given to everyone. But also, in conversations, they exchange information and network with each other. And I can add in information on resources." In addition, the Wellness Centres help to connect them to the community organization so they are more likely to call if they need assistance.

Successes

The importance of building trust, both between participants and facilitators, and between seniors and community organizations, is an important part of the work. It is viewed as a big success when this trust has been achieved. In particular, some seniors at first perceived the Wellness Centres as an attempt to convince them to move into a retirement home; others thought it would be "baby-ish" or called it a "daycare." Once they participated, these misconceptions were quickly dispelled.

One of the main benefits of the Wellness Centres, from both participants' and facilitators' perspectives, is creating a regular event that seniors look forward to and are happy to go to, particularly in contexts where there are few opportunities for social interaction and organized activity in the community in the English language. Even in communities where seniors do have lots of activities, they say that the Wellness Centres create an opportunity to get together as a group, which they say they really enjoy. Other successes mentioned are special events such as outings or Christmas meals that have had a big turnout and that seniors have greatly appreciated. When numbers attending the sessions increase, new people attend, or positive comments are made, these are signs of success that help to orient future sessions.

Challenges

One of the main challenges is adapting to a diverse group with different levels of abilities and different interests. Finding a game that everyone will like and timing it so it is the right length can be a challenge, which facilitators work out with experience. The physical activity portion also seems to be a challenge in that some participants (as expressed in the survey) would like to have more exercise, while others either do not want to or are unable to participate. In general, finding activities that are not repetitive and keep participants interested is an ongoing challenge, made harder by a limited budget for purchasing materials.

Another challenge is the difficulty in finding presenters. There are several obstacles: a lack of English language skills among some potential presenters, long distances that make it prohibitive for them, very full schedules, weather, and more. Last-minute cancellations can force the facilitators to make quick changes to the session agenda. In addition, the content of sessions may not be relevant to all participants.

Social dynamics among members can be challenging, particularly in small communities where people may have negative attitudes to certain people (because of past conflicts, family loyalties or a host of other reasons).

Suggestions for improvements

A desire shared by several workers was to have a larger budget for games and materials. One facilitator also mentioned that it would be good to have more transportation so that more people can attend (this may be provided in some places but not all). Another suggestion was to develop sharing mechanisms among the session facilitators so they can share ideas with their peers in other organizations.

Summary for Wellness Centres

In summary, Wellness Centres seem to be reaching significant numbers of seniors, and these participants attend the sessions regularly with little absenteeism. Participants report high rates of getting out of the home more often (81%), having more social interaction (75%), getting more exercise (73%) and, to a lesser extent, changing their eating habits (48%) (these percentages include a lot more and a bit more). The changes they perceive in their social interactions are expressed both in the comments made about what they like best about the sessions (getting together, seeing friends, having fun) and in the survey responses, which show that 85% have made new friends, 50% have new outings or activities, and 41% talk more to people on the phone during the week. These results show the

potential and real impacts of Wellness Centres on decreasing isolation among English-speaking seniors who, as a linguistic minority living in small dispersed rural communities, may have fewer opportunities for social engagement than their French-speaking neighbours.

In terms of providing information on services, Wellness Centres are used as opportunities to raise awareness of services, hand out written information and answer specific questions that individuals may have. Wellness Centre sessions sometimes include presentations by professionals about different services and other topics of relevance to the elderly: 96% of respondents say they feel better acquainted with the services available at their health centre, 97% say they use the information they get, 95% say they feel they know who to contact for information and 85% share it with someone else (all the percentages are for a lot or a bit). This seems to be a very positive impact of the Wellness Centre sessions.

RESULTS FOR OUTREACH WORKER PROGRAM

PERSPECTIVES FROM SENIORS

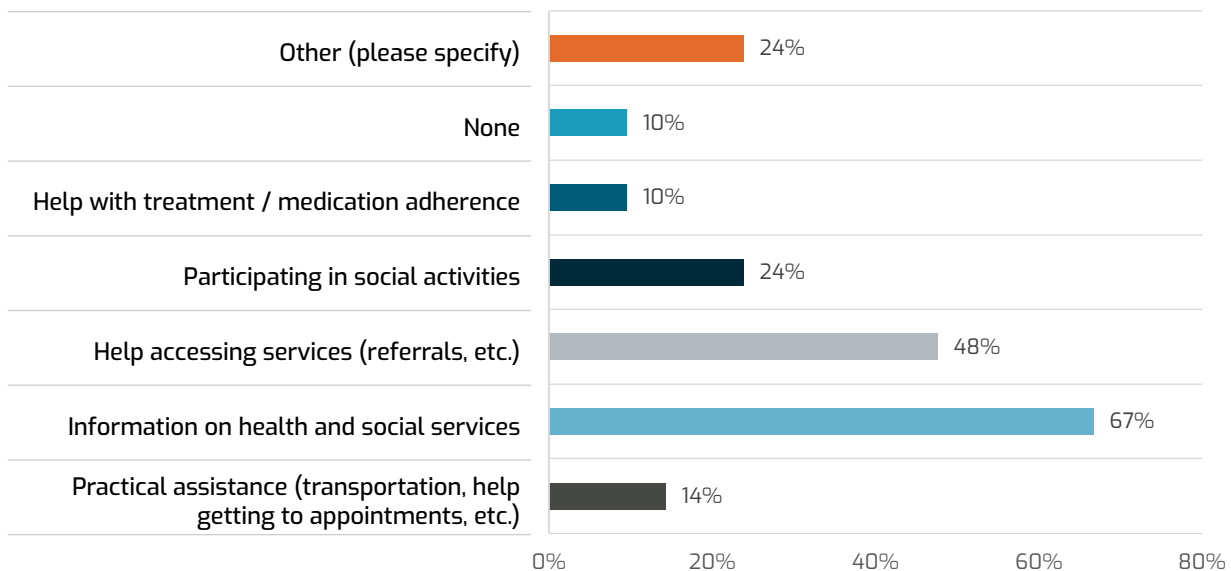
A total of 22 respondents said they had received support from an outreach worker. They therefore are a much smaller group than those who attend Wellness Centres. However, this feedback is very valuable since the program is young and it is important to understand what the potential is for having a positive impact on isolated seniors.

Of the 22 persons who received support, 15 had more than three in-person visits in the last year, five had received two to three visits, and three people had received one visit. It is important to

point out that this program on the Gaspé Coast started only in October 2018, so at the time the survey went out, these seniors had been receiving outreach worker support for no more than four months, and some for less time. In the Magdalen islands, 2019 is the third year that support to vulnerable seniors has been offered.

Respondents were asked what kind of support they received from their outreach worker. They could check all options that applied.

KINDS OF SUPPORT RECEIVED DURING VISITS

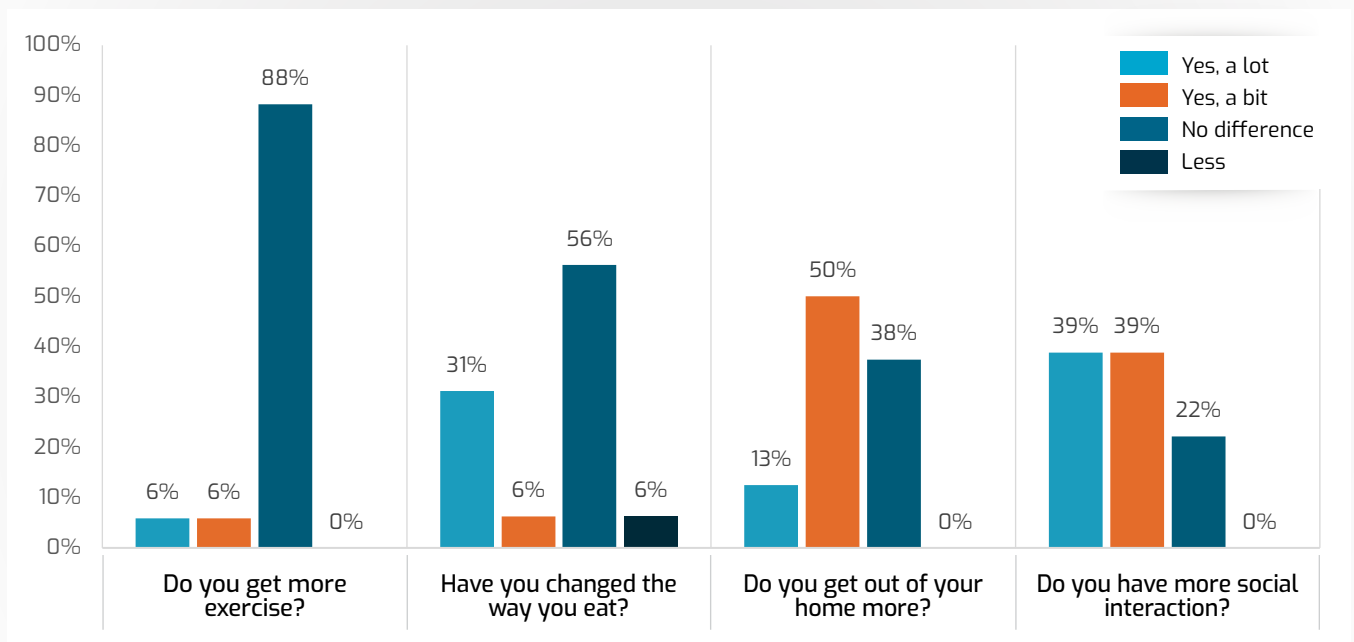


As shown above, information on health and social services is the most frequently checked (67%), followed by help accessing services (48%). In addition, 24% received help for participating in social activities and 10% got practical assistance and help with treatment or medication. The other

types of support received were for a doctor's visit and a friendly chat.

Respondents were asked about changes they may have made to their routine as a result of the program.

CHANGES MADE IN DAILY ROUTINE AS A RESULT OF THE OUTREACH WORKER PROGRAM (N=19)



One person said they get a lot more exercise, one said a bit, and the rest said there is no difference. Five people said they had changed the way they eat a lot, one person said a bit, nine saw no difference, and one person said they ate less. Two people said they get out of the house a lot more, eight said they get out a bit more and six saw no difference. Seven people said they have a lot more social interaction, seven people said they get a bit more, and four saw no difference.

Because the seniors who receive support are those who are most isolated and unable to get out of the house, it seems unsurprising that they would not get more exercise and that social

interaction would be the biggest change for them. When asked why they did not see any change in their routine (if they answered no difference) five said they are unable to be active (physically, cognitively or otherwise) and three said they did not want to.

When asked if they feel better informed about the services available to them, all answered yes. They all felt they were a bit or a lot better informed about who to contact for information or assistance with different issues they may face. In some cases this led to using the services of a health professional.

Suggestions for improvements

Seven respondents provided comments:

“I enjoy sitting around chatting. Once I have my hip therapy done, I will be able to go out more. Lunch etc. I do really enjoy our visits. Sally is very friendly and great to share time with.”

“When I call the hospital I would like to be spoken to in my own language.”

“We receive a lot from CASA wellness regarding services in the area.”

“No. The coordinators are doing a great job. Lots of info, very obliging and friendly.”

“Actually we receive lot of information through CASA wellness and we are aware where to turn to for help.”

“More visits for interaction, conversation.”

“No.”

PERSPECTIVES FROM OUTREACH WORKERS

There are only two outreach workers at this point. This role requires a high level of adaptability as an outreach worker is visiting seniors in their home and attempts to meet their very specific individual needs. This may be a social visit to break isolation, help to make a phone call or an appointment, referral to services or a specialist, or sometimes help to get to an appointment.

Each senior has their own situation and condition, and the outreach worker's job is to try to help them as needed. There can be a wide range of issues seniors are dealing with, such as physical limitations (such as trouble hearing or walking), psycho-social difficulties (such as grieving), mental health issues, and more.

For outreach, the importance of building trust is capital. Isolated seniors often feel vulnerable. They may be afraid that the outreach worker will try to push them into a home or call a social worker. One worker said that it takes three or four visits before a senior trusts her.

Successes

The main success mentioned by the workers is seeing how their support lifts the spirits of the senior. These workers feel appreciated and helpful, which seems to be gratifying in itself. In addition, when they are able to connect seniors to services (such as a professional, home care or Meals on Wheels) this is seen as a big success.

Challenges

A significant challenge is the large territories covered. Providing support requires a lot of driving, in highly variable weather conditions, which limits the number of contacts that can be made per day.

Another challenge is the difficulty getting services that the seniors may need, for example home care for the seniors or respite for the caregivers, mainly because of limited capacity among community organizations. This can create frustration for all concerned when a need is identified but the service is not available.

When the client has social or mental health issues, is the victim of elder abuse or is facing other difficult situations, the outreach worker can sometimes be the only person they can turn to, which places a lot of pressure on outreach workers. In reality the workers sometimes end up playing the role of a social worker, although they are not necessarily trained to do so.

Suggestions for improvements

For this reason, one suggestion is to provide specific support and training for the workers, for example for dealing with emotional situations. Although the workers have the support of their organizations, having someone for them to turn to for additional professional psycho-social support could be helpful.

Summary for outreach worker program

Seniors receiving support also report more social interaction (75%) and getting out of the house more often (54%). In addition, 31% received help for attending social activities. Part of the support provided also involves socializing, conversation and emotional support, if needed, so this program also helps to decrease isolation amongst this particularly vulnerable group, many of whom are unable to get out of the house by themselves. In addition, 67% of seniors receiving support say they received information on health and social services and 48% had assistance accessing these. Although this is a relatively new program, and has not been implemented in all areas, it shows great value in helping those who are most isolated and unable to attend group sessions. On the other hand, the challenges for outreach workers are quite real, in terms of travel time, accessing needed services and dealing with emotionally challenging situations, pointing to the need for support.

SUMMARY CONCLUSIONS

This evaluation gathered perspectives from both seniors using the services (Wellness Centres and outreach workers) and the workers themselves. A large proportion of these seniors filled out the survey and all workers participated in a semi-directed interview.

As summarized for both the Wellness Centres and the outreach worker program, the impacts reported seem to be very positive, highlighting the potential for these community services to help maintain health and well-being for participants and their loved ones. This is being achieved through increased social interaction, changes to daily routines, and increased access to information about services available as well as about local events and activities.

Based on the feedback from participants and workers, several suggestions can be made for improving these services. First of all, continued and increased opportunities for sharing among workers could help circulate ideas and resources for activities, games, crafts, exercises and other items in the sessions. For those who are geographically distant from the main towns where sessions are held, this could be particularly valuable. Second, for outreach workers in particular (but possibly all facilitators), some training in providing non-professional psycho-social support could be helpful, as well as an opportunity to meet with a psychologist, if needed. A third suggestion is simply to follow up on the suggestions made by participants who filled out the survey, as these can provide ideas for future sessions.

Finally, the role of the facilitators in adapting to the needs of their clients is key in developing trust-based relationships and ensuring that activities are well-suited to the seniors and encourage them to continue attending (in the case of Wellness Centres) and taking advantage of outreach worker support, when available. This climate of trust and social support is clearly essential to achieving the objectives of the programs and to the enjoyment and well-being of the participants.