Services for an Aging Rural Population

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Introduction

Twenty years ago, Health Canada's special Advisor on Rural Health described access to Canadian healthcare services in this way: "If there is two-tiered medicine in Canada, it's not rich and poor, it's urban versus rural" (Wooton, as cited by Laurent, 2002). Two decades later, the rural population in Canada is rapidly aging; the baby boom generation has moved through the population's demographic figures since the second world war, its weight affecting every aspect of social and public policy, including debates about the provision of services (Statistics Canada, 2017). Wooton's concept of two-tier medicine perhaps still rings true today given downsizing and restructuring in rural health care, despite the needs of the aging population, and can be accurately applied to other rural services, especially those relevant for older adults such as housing and transportation (Hanlon & Skinner, in press).

The concern for rural services today is only more timely and relevant as it is no surprise that the rural population is aging. The release of Statistics Canada's (2017) report on age, sex and type of dwelling data from the 2016 Census created an instantaneous ripple effect in national media outlets, citing the anticipated statistic that "for the first time, seniors outnumber children in Canada, as the population experienced its greatest increase in the proportion of older people since Confederation" (Grenier, 2017). This growth is compounded in rural Canada where, although there are some inter-provincial differences, the population is aging more rapidly than in cities (CIHR, 2017).

Rural Canada has experienced considerable social and economic restructuring in the last twenty years, resulting in changes in service availability (Halseth, Markey & Ryser, 2019; Halseth & Ryser, 2006). Indeed, the rural aging literature has long recognized rural communities as often not fiscally equipped to address older people's increasingly complex needs given their population decline, limited fiscal resources and reliance on volunteerism (Keating, Swindle & Fletcher, 2011; Scharf, Walsh & O'Shea, 2016; Skinner & Winterton, 2018). Restructuring has universally been applied in urban and rural environments in Canada, but their impacts have most keenly been felt in rural settings which heavily rely on public sector investment to support primary industry and rural services (Ryser & Halseth, 2010; 2014). Retail, social, health, education, infrastructure and government services, although crucial for maintaining daily activities and quality of life, have gradually begun to be housed in regional urban and metropolitan centres. Under the health service umbrella, restructuring in particular has created service delivery gaps in transportation, mental health services, palliative care and respite care (Halseth, Markey & Ryser, 2019); all of which are essential services for older people (Skinner et al., 2008).

This Foresight Paper aims first to define and describe those rural services that are relevant to an aging population, situating its role as a mediator between the tensions between older people aging in place – when "remaining living in the community, with some level of independence, rather than in residential care" (Davey, Nana, de Joux & Arcus, 2004, pp. 133) – versus being "stuck" in place – wherein older adults seeking to move *from* their homes cannot do so, typically embedded within economic, social, and/or racial disparity (Torres-Gil & Hofland, 2012). Second, the paper provides an overview of four rural services that are especially relevant to and challenging to deliver for older people (healthcare and community support services, housing, transportation and recreation), but also giving case examples of rural Ontario communities demonstrating innovation in response to adversity by successfully addressing these service delivery challenges at the community level. By describing service delivery challenges for older rural populations, we aim to paint a balanced picture of challenges that directly affect older Ontarians in rural communities but also ways in which communities are in some ways able to continue to facilitate an appropriate place to grow older for their citizens.

Services for an Aging Rural Population

Rural areas and populations are often considered under-serviced, that is, lacking the full range of public services such as health care, education and community support. They are also often described as subject to the longstanding deprivation of public infrastructure, most recently in relation to broadband (internet) services that are crucial for social and economic development across Canada today (Hanlon & Skinner, in press). Popular ideals such as social capital, voluntarism and the rural idyll, however, propel a parallel argument that what rural communities and small towns lack in formal services due to restructuring, they make up for in close interpersonal ties and a shared understanding of the notion of community. This conventional wisdom is questioned by key debates within rural health policy, research and practice, especially in relation to seniors' in-home and community care in rural and small-town settings (e.g., Kulig & Williams, 2012; Ryser & Halseth, 2014; Simpson & McDonald, 2017; Skinner et al., 2008).

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Indeed, a sense of stakeholder uncertainty surrounds the ability of rural communities to support aging in place. Paired with the rural services restructuring, this challenge speaks to a "double jeopardy" concept (Joseph & Cloutier-Fisher, 2005), in which "vulnerable older people are living in vulnerable rural areas" (pp. 137). Community vulnerability, in this context, can be attributed to the lack of community services, lack of transportation and lack of specialized care access. In turn, older peoples' vulnerability stems from the increased likelihood of ill health, low income, impaired

mobility, social supports and social and geographical isolation in rural Canada (Joseph & Cloutier-Fisher, 2005). Continued support for rural seniors demands a downloading of responsibility to families and individual community members to reduce government costs (Skinner & Joseph, 2011). Strengthening the rural voluntary sector (both formal and informal) facilitates individual volunteers' and voluntary organizations' capacity to help retain services essential to supporting aging in place (Ryser & Halseth, 2014; Skinner et al., 2014). However, when voluntarism is crucial to service provision for older residents, younger seniors often become the exclusive (volunteer) service providers as a result of population out-migration and diminishing volunteer pools (Colibaba & Skinner, in press).

Key Challenges in Service Provision for Seniors

Canada's aging population increasingly is straining longstanding problems of service availability and accessibility for rural seniors, in line with the "double jeopardy" burden described earlier (Joseph & Cloutier-Fisher, 2005). Cost-effective, high-quality services are challenging to provide to few rural seniors. This is compounded by the failure of federal and provincial governments to acknowledge distinctive challenges associated with the small-town milieu, such as geographic, socio-economic and technological barriers and a limited pool of both health professionals and volunteers (e.g., Herron, Rosenberg & Skinner, 2016; Herron & Skinner, 2018). Additionally, overwhelming and burdening the voluntary sector emerges as a risk. The challenge of what Colibaba and Skinner (2019) refer to as 'older voluntarism' compounds this risk, in which individual, older (typically 65+) volunteers' activities and voluntary organizations featuring an older volunteer base provide essential services and supports to aging communities (see the Rural Ontario Institute *Focus on Rural Ontario Fact Sheet* on 'Volunteering in non-metro Ontario' for data: http://www.ruralontarioinstitute.ca/uploads/userfiles/files/2016%20Jan27%20updated%20%23%2020%20Volunteering%20in%20non-metro%20Ontario%20(1).pdf)

The widespread prevalence of older voluntarism questions the sustainability of aging rural communities, as it is peer-to-peer service provision within the context of a community that is, itself, aging, and the challenges in maintaining and sustaining satisfactory service delivery. These limitations question whether rural seniors' needs are being met and if rural households and communities are a sustainable source of care. In an era of demographical aging, out-migration and downsizing, the work of the voluntary sector, in conjunction with a limited rural public sector, significantly contributes to communities' ability to continue to provide services, both formal and informal. This is seen across a range of healthcare and community support services (e.g., community support agencies, in-home services), housing (e.g., co-housing), transportation (e.g., volunteer driver programs) and recreation (e.g., service clubs, seniors' associations), among others (e.g., social services, arts and culture, economic development, etc.) (Hanlon & Skinner, in press), some of which we profile in the following section focusing on examples from rural Ontario.

Profiling Services for Seniors in Rural Ontario

This section provides an overview of four services that directly affect older adults living in rural areas, including healthcare and community support services, housing, transportation and recreation. We aim to describe the issue and identify some of the challenges faced by rural communities in service provision, and in turn, some of the challenges for older people who may be receiving a fragmented version of this service. Each concludes by profiling a rural Ontario community or communities that has/have adapted creative, innovative ideas in seeking to address each service delivery challenge.

Healthcare and Community Support Services

Aging in place, defined earlier, is a predominant theme in policy and academic literature and is especially relevant when considering healthcare and community support services. The cost-savings of aging in place make it an attractive strategic direction, as those growing older in their own homes essentially avoid or delay institutional care. Given the widespread belief that older people use a disproportionately large share of Canada's healthcare services (Novak, Northcott & Campbell, 2018), the concept of aging in place has generic appeal and salience. Further, most older people identify aging in place as their strong preference of location to grow older (Salomon, 2010).

"Place," however, must be conceptualized beyond the physical – it should include also the diverse policy, social and personal factors that contribute to the meaning of "place" (Wiles, Leibing, Guberman, Reeve & Allen, 2012). In essence, aging in place requires not only the ability to remain in the place (house and/or community) but to access appropriate services, especially those related to health care. Access to healthcare services and supports then becomes critical in the distinction between aging in place and being "stuck" in place (Torres-Gil & Hofland, 2012). It is here that rural areas may struggle to provide appropriate environments for older people to age in place given the limited healthcare services that often exist, embedded within the prevalence of older voluntarism (Colibaba & Skinner, 2019) and the fact that older rural Canadians access healthcare services less than those living in urban centres (McDonald & Conde, 2010).

Tensions between the concepts of aging in place and stuck in place are acutely prominent when compounded by Wooton's (as cited by Laurent, 2002) distinction between urban and rural health care. Rural areas often are challenged to provide the full continuum of healthcare services, ranging from acute hospital care to institutional care to homecare. The move toward community-based health care represents an adaptation to the needs of an aging rural population. Rates of hospitalization and nursing home institutionalization among older people have declined, in part due to technological improvements and increased reliance on homecare services (Novak et al., 2018). However, with a shift to community-based care systems, rather than acute and institutional care, comes a shift to an underfunded branch of health care.

Community Care Access Centres (now part of Ontario's Local Health Integration Networks) were created in Ontario in the late 1990s, offering a suite of allied health services (e.g., geriatric day hospitals, adult daycare, and assisted living and home care), nursing care, and help with the

activities of daily living (Lysyk, 2017). Moving community care services into a prominent place in the healthcare system is a useful way to support aging in place, but with limited funding and a parallel reduction in acute and institutional care, it may result in a care gap – "the difference between what care could or should be and what care usually is" (Novak et al., 2018, pp. 189). Core challenges to effective rural health service delivery include: difficulty recruiting physicians to rural areas (College of Family Physicians of Canada, 2017); bed closures following budgetary trimming and amalgamation; longer wait times; and further travel distances to access regionalized services. Further, this shift facilitates a paradoxical reliance on community, placing a share of the healthcare burden on the communities and the local volunteers (Skinner, 2008; 2014). Gradual closure of industry in rural Ontario and the parallel out-migration of youth and families precipitated a diffuse, aging population that may be challenging to deliver healthcare services to, however, a downloading of that responsibility onto communities and the voluntary sector likely creates additional health challenges for individuals and financial repercussions for government agencies and funders.

Despite these challenges to healthcare services delivery, community resilience in rural Ontario has supported successful, resourceful approaches to resisting this downsizing. For example, in Arnprior, a small town in Renfrew County (population 10,426), following completion of an assessment of older residents' needs which stemmed from age-friendly planning, volunteers and community leaders formed the Greater Arnprior Seniors' Council. Qualitative results from the needs assessment reflected local long-term care statistics: only 10% of residents on the waitlist for the local long-term care facility (The Grove) the previous year were locally accommodated. Instead, half remained on the waitlist and the other 40% moved to another location to receive appropriate care (Arnprior Regional Health, n.d.). Prepared with these data, the Greater Arnprior Seniors' Council, a community-based voluntary organization, embedded within its terms of reference the need to lobby to increase the supply of long-term care beds (GASC Terms of Reference, 2018) – a task that was successfully achieved in 2017 with the announcement of an additional 36 long-term care beds being added to The Grove with the support of the Seniors' Council's local healthcare and municipal partners (Arnprior Regional Health, 2017). Though age-

GREATER ARNPRIOR
SENIORS COUNCIL

About Us

The Greater Arnprior Seniors Council (GASC) was formed in June 2016 as a result of suggestions made in the Arnprior Age-Friendly Community Plan.The GASC is made up of senior citizen members and concerned stakeholders who are concerned about senior needs in the community.

The main goals of the GASC are to

1. **enhance facilities and infrastructure**
   to enable seniors to fully participate in the community,
2. **improve senior-focused services and supports**
   while promoting and coordinating existing services and assets, and
3. **foster positive engagement and active lifestyles for seniors.**

friendly programming is designed to capture a variety of dimensions, it may often be implemented at a grassroots scale too small to achieve large-scale, sustainable community change. This example of Arnprior, however, shows that partnerships between volunteers, community organizations and the municipality, when united under an age-friendly umbrella, may hold the power to achieve enduring systemic policy change in rural healthcare.

Housing Services

Housing is identified by the World Health Organization (2007; 2015) as a critical component to aging in place (Davey et al., 2004). Safe, affordable housing that is structurally appropriate and adaptable, proximate to essential services and is well-maintained is essential to facilitate aging in place. In rural areas, meeting seniors' housing needs may be particularly challenging given population decline and reductions in rural service provision. The recent release of Canada's National Housing Strategy (Government of Canada, 2017) considers seniors among those most in need of core housing, especially senior women living alone (e.g., Ryser & Halseth, 2011). It particularly focuses on creating new affordable housing units and repairing existing ones, and on rental support, community housing initiatives for low-income seniors and creating service partnerships to support aging in place. This national strategy directs focus to housing needs of the aging population, however, a broad stroke approach in conjunction with the significant gaps in data may limit the extent to which policy change can reach older rural residents.

Furthermore, rural communities are diverse in their economic and demographic characteristics, and so even within a rural housing paradigm, housing strategies may discount the diversity that exists within rural landscapes (Ryser & Halseth, 2011). Aging in place policies provide supports from the spectrum of environmental, social and economic perspectives to allow people to remain in their homes. There is a wide variety of housing options that older people may choose from, including private homes, apartments, retirement communities, independent-living lodges, assisted-living facilities and long-term care. Lawton and Nahemow's (1973) ecological model is frequently cited as a theory underpinning the understanding of seniors' housing needs, in which there is a good fit between a person's capability and environmental demands. Indeed, research has consistently demonstrated that satisfaction of older rural residents with their residences and features of their houses most strongly predicted mental health status (e.g., Scheidt, 2017). However, access to the variety of housing choices that embodies this best fit is unequal and may be challenging to achieve in rural areas without an effective alignment of social services (Novak et al., 2018) – services that are today facing downsizing and cost-cutting measures (Hanlon & Skinner, in press), resulting in an experience of being "stuck" in place (Torres-Gil & Hofland, 2012).

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Interesting alternative models for older people have recently emerged. Shared housing, in particular, has received attention given the efficiencies of adapting infrastructure rather than

building from the ground up. Further, Ontario's houses contain five million empty bedrooms in the homes of people living in houses that may be too large for their needs (Jones, 2018). Homesharing, although not for everyone, may be facilitated flexibly in a variety of ways (e.g., older people buying a house together (e.g., Hall, 2019), renting apartments at affordable rates in an Abbeyfield-style home designed for older people (Abbeyfield Canada, n.d.); and renting rooms to students facilitated formally through a homesharing organization (e.g., Canadian Press, 2018). Homesharing models are receiving media attention given their efficient, intuitively positive nature, and there is strong potential to be applied to rural areas. Depending on the arrangement, people may choose to leave their homes but stay in their community, or to remain in their homes with the financial and also non-financial support of another person.

In the small town (pop. 2,753) of Lakefield in Peterborough County, 40% of the population is over 65 (Statistics Canada, 2016). Lakefield is close in proximity to the City of Peterborough, however a recent needs assessment found that older adults would far prefer to remain living in Lakefield in their later years than move (Rutherford et al., 2018). Its walkability, array of basic services and sense of community (typically common to rural Canada) were key reasons why participants largely wished to remain – preferring not to have to establish new formal and informal connections. For example, one participant reflected: "...if you are a part of a community your health improves". Although residents wished to remain in Lakefield, limited retirement living options challenge the ability to age in place. As a reaction, exploring the development of an Abbeyfield house has emerged as a local, volunteer-based grassroots approach to addressing this challenge. The Abbeyfield model originated in the UK and has only recently been introduced to Canada. Currently, there are four Abbeyfield Houses in Ontario. More information about each of these Houses can be found at www.abbeyfield.ca/province/on.

Abbeyfield Houses Society of Caledon

Abbeyfield Houses Society of Durham

Abbeyfield Ottawa

Abbeyfield Toronto – Lakeside House

The Abbeyfield House Society of Lakefield, governed by a volunteer board, is working toward founding an Abbeyfield house, a type of shared, 'family-style' rental house for older people that offers communal living arrangements geared toward the middle-income bracket. A more affordable housing option than home ownership or assisted living, Abbeyfield housing, at approximately $1250-$1500/month, includes private bedrooms/suites with a bathroom, shared common spaces, a kitchen and a guest bedroom. A house coordinator takes care of general daily tasks, shopping, and meal preparation, while volunteers complete maintenance and yard work. In Lakefield, volunteers have conducted a needs assessment, completed a business plan and developed community-level partnerships that will support its development. Innovative, grassroots housing ideas founded in principles of community individuality and aging in place such as this will allow older people to age in their own rural communities without the development of new infrastructure.

Transportation Services

Rural transportation is intrinsically linked to independence, providing access to social and cultural events, services and shopping. Limited transportation access can remove the sense of security and control associated with being able to freely participate in these regular activities. Older people typically relate transportation access directly to their quality of life, particularly those who are single or live alone, are recently widowed and have health challenges (Novak et al., 2018). However, transportation challenges may be compounded in rural areas given limited alternatives and scattered settlement patterns (Newbold, Dardas & Williams, 2018). The ability to drive privately owned vehicles provides access to community services in the local or wider area, and public transportation programs typically do not exist.

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Informal familial and social transportation resources may be available for some older people, however, consistent dependence may not be realistic or preferable (Weeks, Stadnyk, Begley & MacDonald, 2015). Most older people continue to drive given its importance to service access (Dobbs & Strain, 2008), however, a higher accident rate and increased likelihood of death in a collision as a result of frailty (Somes & Donatelli, 2017) when compared to most age groups (Turcotte, 2012) makes consideration of primary transportation in older age important. This is especially important as downsized or restructured services may additionally require residents to drive further afield than perhaps they have been used to or are comfortable with, particularly within the limits of light and road conditions during the winter. Indeed, Turcotte (2012) illuminates this challenge: "Outside census metropolitan areas and census agglomerations, alternatives to the car are virtually non-existent as primary means of travel" (pp. 12). Continuing to drive may not be a choice but a means of necessity for older people living in rural areas (Mattson, 2011), as it may be the difference between aging in place (Davey et al., 2004) and being "stuck" in place (Torres-Gil & Hofland, 2012). Service restructuring compounded with a rapidly aging rural population inevitably puts the onus back onto residents themselves to travel further afield to access services (Ryser & Halseth, 2012).

Public transportation is normally required for those with mobility challenges or as an alternative to driving (Novak et al., 2018). Rural areas typically do not have public transportation, however, some jurisdictions in rural Ontario have developed creative and viable alternatives that may support older residents who can no longer drive. Paratransit services may use smaller accessible vehicles with a flexible scheduling program, or door-to-door services through local healthcare organizations (See *Accelerating Rural Transportation Solutions – Ten Community Case Studies* for examples of communities working on solutions: http://www.ruralontarioinstitute.ca/uploads/userfiles/files/ARTS_-_Case_Studies_for_WEB.pdf). Though these options are more flexible than public transportation, they may require longer-term bookings and significant wait times for riders. Sustainability challenges exist when these initiatives are municipally driven, however coordination of transportation policies at a larger regional level through comprehensive transportation strategies may be an effective alternative (Ryser & Halseth, 2012).

Following a comprehensive needs assessment by the Temiskaming Shores Age-Friendly Steering Committee, which identified transportation access as a major challenge for older rural residents in Temiskaming Shores, a town in Northeastern Ontario (population 9,920), a two-pronged approach to strengthen rural transportation was undertaken, both of which built upon existing services and resources. A shared, coordinated regional approach between five transportation providers saw the development of a 1-800 number for older people to access information about accessible transit (Ontario Community Transportation Network, 2019). By phoning this number, older people are provided options to access to a large geographic area for a small cost, with escorts and companions riding for free (Timiskaming Home Support, 2019). The 1-800 number was strategically advertised through members of the coordinated partnership to increase awareness (Ontario Community Transportation Network, 2019).

Second, a rider training program was developed, following the purchase of accessible buses and an expansion of routes to some of the rural outskirts. The training was targeted at older adults, aiming to teach how to use the community's expanded public transportation – particularly necessary given the increased rural reach and the likelihood that older rural residents may never have taken the bus. Further, a local grocery store has also begun to provide transportation to older people looking to get groceries (City of Temiskaming Shores, 2016). This demonstrates the momentum that can be facilitated within a community when an issue, in this case transportation, is tackled regionally, relieving the pressure from individual organizations and services to independently address the gap in services. In this case, a combined regional approach in conjunction with community-level participation have facilitated an enhanced transportation network for older people living in Temiskaming Shores.

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Recreation Services

Though participation in recreation declines with age, older people adapt their activities to best fit their ability. Canadian baby boomers are more active than their predecessors, supported by higher levels of health, education and affluence. Older people today are staying engaged in their communities for longer than ever before. As an underlying structural support to this movement toward health and longevity in later years, the Canadian social context has recently emphasized health promotion in addition to prevention (Novak et al., 2018). Physical health is related to leisure activity involvement and well-being among older people (Paggi, Jopp, & Hertzog, 2016), and so emphasizing recreation is an essential component of a holistic suite of service provision.

Canada's existing recreation infrastructure must continue to adapt as more Canadians grow older, aiming to support leisure and recreation. In rural areas, without state-of-the-art gyms, pools and ice surfaces, for example, recreation opportunities may appear limited. Their diffuse nature may constrain walkability: research has demonstrated that neighbourhood walkability (proximity to services or public transportation) and walking infrastructure (e.g., access to parks and fitness facilities) is correlated with older peoples' recreation engagement (Carlson et al., 2012). Further, access almost always requires a vehicle, often limiting participation. Challenging weather conditions may similarly prevent access (Aronson & Oman, 2004; Ryser & Halseth, 2012).

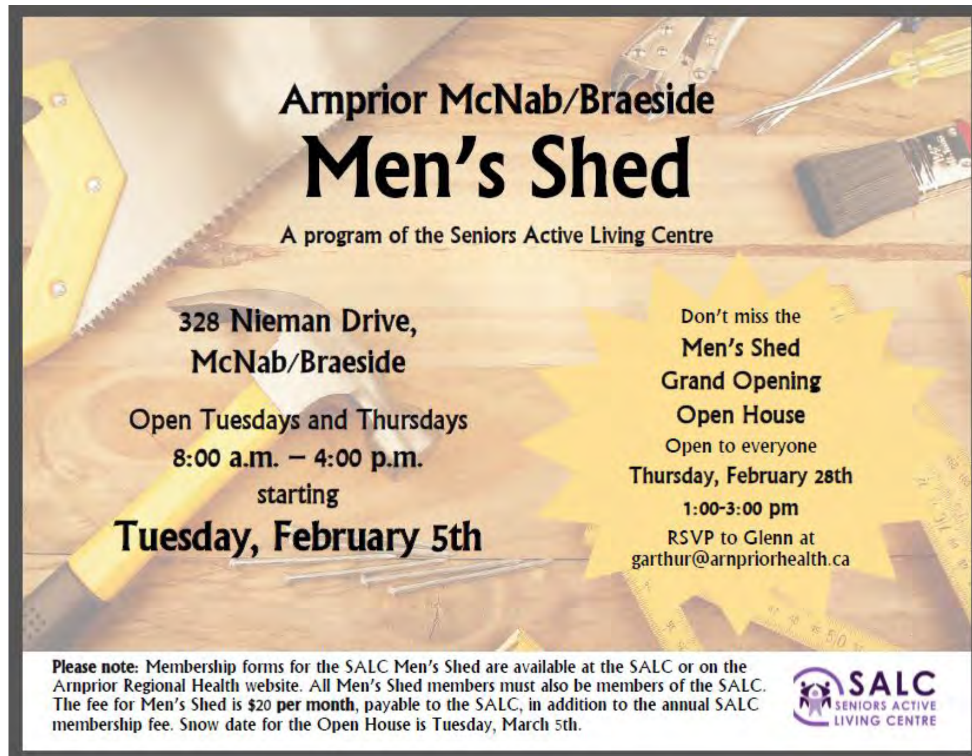
Perhaps unsurprisingly, physical activity in rural areas tends to be lower than in urban centres (Statistics Canada, 2011).Despite this, rural communities are often rich in alternative forms of recreation for older people. Perceptions of activity may differ among rural older adults, with research demonstrating that 'traditional' forms of activity and recreation may be lower among rural older adults. However, a contextualized analysis demonstrates that supporting and encouraging specific activities that make sense within an active rural lifestyle are more likely to receive uptake (Witcher et al., 2016).

Further, seniors' clubs and organizations in rural areas often have successful, strong membership growing from the rapidly aging population. It is clear that employing a specifically rural lens to understanding and conceptualizing rural recreation provides a more accurate perspective. Unique to the rural context, however, rural municipalities and voluntary organizations alike are under pressure to provide a suite of recreation services to residents. Population out-migration leaves fewer taxpayers, many of which are older themselves. Small municipalities are stretched to provide basic municipal services, and rural recreation, despite its importance to health and wellness, may not be able to be prioritized. Despite strong membership, seniors' clubs and other service organizations are typically challenged by older voluntarism, in which older people comprise the foundational volunteer pool, creating uncertainty about sustainability and longevity (Colibaba & Skinner, 2019). Influx of rural retirees without place-based attachment cannot be relied upon to help sustain these initiatives as they are not typically as involved in the community (Winterton & Warburton, 2014).

Rural Ontario presents many examples of comprehensive, appropriate recreation opportunities for older people. From informational sessions on seniors-specific topics such as falls prevention, to exercise programs, cooking and music classes, there often exists a wide variety of recreation opportunities. For example, in Beaverton, the Community Health Centre offers community-based exercise, drumming for health, guided meditation and yoga, and at the Seniors' Active Living Centre in Arnprior, the centre is open daily for four hours for a variety of activities such as carpet bowling, chair yoga, shuffleboard, swimming and ukulele, both formal and informal (Arnprior Regional Health, 2019a).

To meet the gender gap that is often found in programming for older adults, the active living centre has recently begun a Men's Shed that provides a daily space for older men to work on hobbies and projects such as building picnic tables and planter boxes.

In Temiskaming Shores, a regular coffee hour for older people has become a major staple of recreation for older people in the area, with its operations having become embedded within the municipality (City of Temiskaming Shores, 2016). Although similar examples of these recreation programs can be found in many rural communities across Ontario, what makes these programs particularly unique is their partnerships or embeddedness within healthcare organizations and/or municipalities.



Rural recreation programs are often implemented at the volunteer level through age-friendly programs or community centres, engendering limited sustainability given volunteer burnout and limited capacity (Russell, Skinner & Fowler, 2019). In these examples, the challenges often faced by rural communities to facilitate sustainable and beneficial recreation programs for older people have drawn on partnerships with healthcare organizations and municipalities to overcome pitfalls that may be faced by those relying on older voluntarism (Colibaba & Skinner, 2019). By building capacity through partnerships, it is likely that similar rural programming, when designed in a way that meets the specific needs of local older adults, may be sustained to achieve long term health and wellness benefits for participants.

Conclusion

Although the drivers of population aging in rural Ontario typically differ by community (e.g., those viewed as retirement communities, those with high proportions of people choosing to age in place, and those experiencing rapid youth out-migration in conjunction with aging in place) (CIHR, 2017), the proportion of rural populations in Ontario that are older is growing quickly. As we have demonstrated in this Foresight Paper, the provision of services that directly relate to quality of life for older residents (e.g., healthcare and community support services, housing, transportation and recreation) living in rural communities may mediate tensions between aging in place, considered an optimal choice for growing older, and being "stuck" in place, in which a person must remain in their own home or community despite it not suiting their needs or abilities.

Decisions to downsize and restructure rural services may be made based on fiscal challenges; however, the pervasive absence of public service delivery in small, rural areas likely will increasingly and negatively impact the population which remains in those areas (Hanlon & Skinner, in press). With this in mind, there exists a conspicuous strain between two policy options: the first, to promote healthy aging through aging in place at both the federal and provincial levels, and the second, to promote fiscal efficiencies given population out-migration and decline in rural areas. In reference to a contemporary, global example, age-friendly programs (WHO 2007, 2015) are often developed to fill the gaps left by the closure of rural services, as our profiles of health, housing, transportation and recreation services in rural Ontario have shown, however, programs implemented primarily by the voluntary sector may lack sustainability and effectiveness, given factors such as volunteer burnout and older voluntarism.

Further, consistent with the literature (e.g., Colibaba & Skinner, 2019; Russell et al., 2019), we observed that this approach may transfer undue stressors to community members, organizations and volunteers by downloading state-level responsibility for essential and non-essential services. Indeed, key studies of rural aging across Canada, particularly Skinner et al. (2008), Keating et al., (2011) and Russell et al. (2019), have shown that partnerships with local governments and healthcare organizations may strengthen program sustainability and reach to older residents, yet the deprivation of essential services still remains, with age-friendly programs providing a only stopgap rather than a viable alternative to closures or restructuring of essential rural services. As the older population in rural Ontario continues to increase, federal and provincial governments must seek to improve the balance between conflicting policies in support of community leaders and older resident efforts to age in place and sustain services for seniors in Ontario's aging rural communities.

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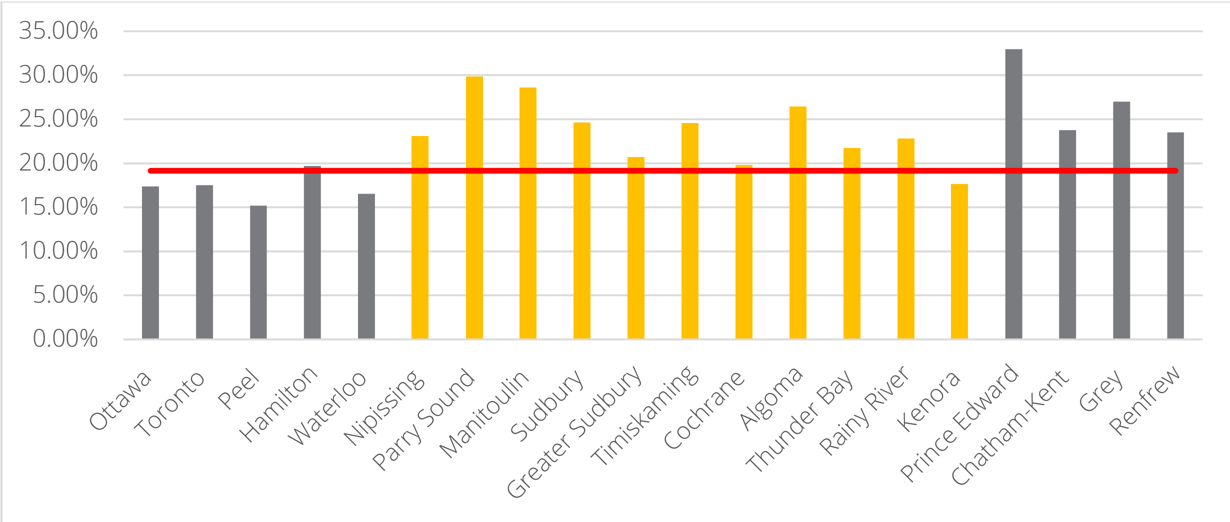
Northern Perspective: Services for an Aging Rural Population

Hilary Hagar

If anyone understands the challenges of an aging population, its northerners. Despite its vast geography, Northern Ontario is home to about 6% of all Ontarians and 7% of all Ontario seniors (Statistics Canada 2016). Looking at the proportion of people over age 65, many northern districts are above the provincial average (19%) (Fig. 1). Indeed, the disproportionate amount of elderly in northern and rural areas makes the concerns surrounding services for seniors more pertinent.

Figure 1: Percent of Population Age 65+ by Selected Districts



Source: Statistics Canada 2016.

Because of the geographical distance, aging in place is particularly challenging for northern seniors. Moving to a community with more services could mean travelling hundreds, possibly thousands of kilometers. The North is also home to much of Ontario's Indigenous population, who specifically emphasize aging in place as it allows for continued social and environmental connection (Pace and Grenier 2016, 254).

However, as Skinner and McCrillis note, rural and northern areas are "subject to the longstanding deprivation of public infrastructure", which limits the breadth and quality of essential services for aging in place.

Indeed, Northern Ontario lacks the appropriate services for seniors such as available physicians (Newberry 2018; Pong 2008). Yet, there have been efforts towards physician attraction and

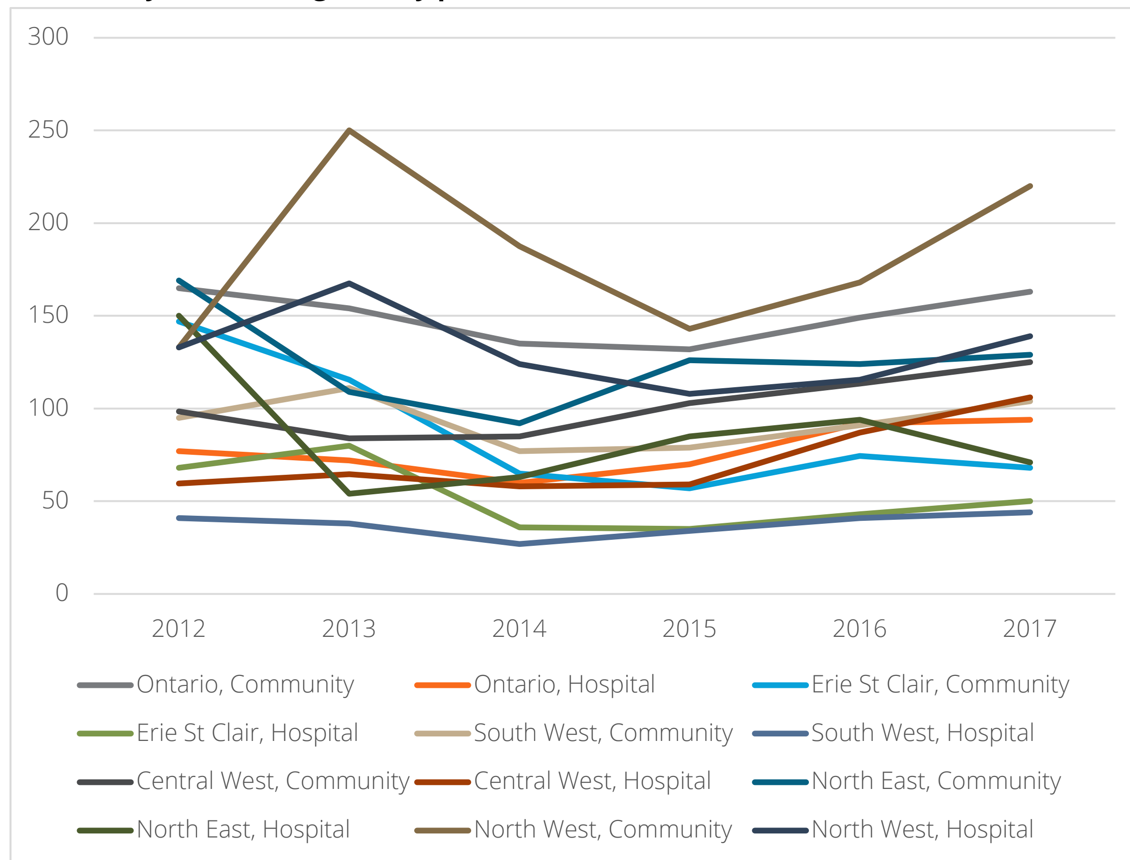
retention. HealthForceOntario's Northern and Rural Recruitment and Retention Initiative aims to attract physicians by offering financial incentives to those who establish a full-time practice in a rural or northern community (Ontario 2017). The Northern Ontario School of Medicine (NOSM) also attempts to recruit physicians by giving the opportunity to study in the North (see the *Access to Quality Medical and Health Services* Foresight Paper). Interestingly, NOSM is finishing a three-year-long study looking to recruit doctors from Northern European countries (CBC 2016). Ultimately, overcoming physician maldistribution in Northern Ontario will take the "adoption of multiple strategies but also simultaneous use of different strategies" (Pong 2008).

Further, housing options are also limited for seniors in the North. Many seniors in Northwestern Ontario, in particular, live alone (Northwestern Ontario District Health Council 2004). As Skinner and McCrillis state, support for rural seniors is often downloaded to family and community members. This is a challenge for northerners. Not only do seniors rely more heavily on unpaid care or assistance in Northwestern Ontario than the provincial average (Northwestern Ontario District Health Council 2004), the out-migration of families and youth means that many who could assist seniors living independently are no longer in the community (Making Kenora Home 2007).

Skinner and McCrillis acknowledge that offering a variety of housing options for seniors in rural areas is challenging "without the effective alignment of social services". Because rural seniors have less access to supports in their homes, a greater number are being directed to long-term care homes (LTC) than seniors in urban areas (AMO 2016). In fact, individuals on LTC waitlists in rural and remote regions surrounding Thunder Bay were more likely to be cognitively intact and experience less difficulty with daily living activities than those in Thunder Bay (Williams et al. 2016). Instead of living in LTC, these individuals could be living in seniors' homes or other community-based living situations.

Accessing LTC is also difficult. The average LTC wait times are longer in the Northeast and Northwest than other areas of rural Ontario (Fig. 2). In particular, since 2013, placements in the Northwest from the community have had longer wait lists than the provincial average (Fig. 2).

Figure 2: Median number of days people waited to move into a long-term care home, in Ontario, by selected regions, by prior location



Source: Ontario 2019

Requirements to provide LTC homes are also different in the north. Each municipality in Southern Ontario "is required by law to establish and maintain a long-term care home" (AMO 2016). However, for Northern Ontario municipalities, this is optional (AMO 2016). To further complicate the issue of housing, the north has challenges recruiting and retaining essential staff, such as nurses and personal support workers (Zefi 2019).

Other conventional housing options, such as retirement homes, are also limited. Of the 745 licensed retirement homes in the province, approximately 4% (31) are in Northern Ontario (RHRA, n.d.). Of the 31 retirement homes in the north, 81% are located in the five largest cities in Northern Ontario (RHRA, n.d.). Seniors seeking retirement homes outside these cities will likely have a limited selection. Even in communities with retirement homes, access could still be a challenge. Many seniors living on fixed incomes find retirement homes too expensive (Northwestern Ontario District Health Council 2004). Certainly, there is a need for "innovative, grassroots housing ideas founded in principles of community individuality and aging in place", as recommended by Skinner and McCrillis.

Another challenge is transportation. While public transit options do exist in northern cities, transportation between communities can be difficult. One of the ways this issue is addressed is

through the Northern Health Travel Grant, which provides subsidized transportation to northern individuals who live at least 100 kilometers away from the nearest medical specialist (Ontario 2019b). Other community-based transportation services exist for seniors in the north, noted by Skinner and McCrillis' examples in Temiskaming Shores. With the use of technology, efforts are being made to eliminate the need for transportation altogether. Timiskaming Health Unit, for example, hosts a "Senior Centre without Walls" which allows seniors to participate in activities and presentations via conference call at no cost (Timiskaming Health Unit 2019).

While these services are steps in the right direction, barriers for northern seniors to age in place still remain. For the increasing number of seniors in the north, this will take the collaborative effort of various actors. Community organizations, as well as government at provincial and local levels, will need to generate innovative and grass-root approaches to provide these much needed services. Both seniors and communities will be "stuck" without this effort.

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