Raising the Profile of the Community-based Seniors’ Services Sector in B.C.: A Review of the Literature

Executive Summary

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The Raising the Profile Project (RPP) is a new provincial network whose goal is to identify and build on the capacity of community-based seniors’ services to meet the growing needs of an aging population. The network consists of executive directors and managers from municipal and non-profit organizations around B.C., seniors who are volunteer leaders in the community-based seniors’ services sector, as well as provincial organizations that support the work of the sector. The overall goals of the project are to:

1. **Raise awareness in the broader community and government** of the vital role played by community-based seniors’ services to support seniors to remain socially, physically and mentally active, and maintain their health and independence for as long as possible.

2. **Document the uneven provision of, and support for, these services** in different communities and regions of the province, and the limited access to services for many low income, isolated, immigrant, LGBTQ, rural and Indigenous seniors.

3. **Outline a business case for greater investment in this sector** based on the evidence showing that healthcare utilization and healthcare costs can be significantly reduced when seniors are socially engaged, physically active and have access to nutritional education and supports.

4. **Identify specific capacity building strategies/social innovations that would improve collaboration and coordination within the sector** and/or result in stronger relationships with, and commitment from, external partners and funders.

An integral part of the work of the Raising the Profile Project is understanding what the current research is saying about the benefits of the community-based seniors’ services sector. Currently in government, and in the public more broadly, there is a lack of understanding and recognition of the important role played by the community-based seniors’ services sector. This report documents what was discovered about the sector in a review of the academic and grey (non-academic) literature. This research was conducted by Laura Kadowaki, a PhD student in the Department of Gerontology at Simon Fraser University and a researcher with the RPP, with the assistance of Marcy Cohen the project co-lead for the RPP. Editing by Emily Aspinwall and Graphic Design by Krisztina Kun at KunStudios.

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Executive Summary

It is estimated that by the year 2038, approximately one quarter of people living in Canada will be seniors and the majority of these seniors want to “age in place”, in their own homes and communities. This aging population will have huge implications on many aspects of Canadian society. The community-based seniors’ services sector (see adjacent for detailed definition of the sector) plays a critical role in supporting seniors by providing a broad range of low-barrier and low-cost services that support seniors to remain physically active, be socially engaged, build resilience and be as healthy and independent as possible.

As part of their work, the community-based seniors’ services sector provides a broad range of health promotion and prevention programs and services. *Raising the Profile of the Community-Based Seniors’ Services Sector in B.C.: A Review of the Literature* provides evidence showing that a greater emphasis on this type of health promotion and prevention programming results in significant improvements in seniors’ health, and reductions in healthcare system use and costs. This research shows how investment in the community-based seniors’ sector makes sense, both economically and in terms of supporting people to live positive and healthy lives.

In exploring this research, this report focuses on:

- The policy context for understanding community-based seniors’ services in B.C., including its relationships to the healthcare system and different levels of government
- Frameworks for understanding how community-based seniors’ services benefit seniors
- A summary of the literature on the role of community-based seniors’ services
- The link between health outcomes and nutrition, physical activity, and social support
- Considerations for designing effective interventions to promote seniors’ health and resilience

What are Community-Based Seniors’ Services (within a B.C. context)?

Community-based seniors’ services provide seniors with access to a range of low-barrier programs in six core areas:

1. Nutritional support
2. Affordable Housing
3. Health and wellness
4. Physical activity
5. Cultural, educational and recreational programs
6. Information, referral and advocacy
7. Transportation

These programs and services are offered through a range of municipal and non-profit agencies including:

- Senior centres
- Community centres
- Neighbourhood houses
- Community coalitions
- Ethno-cultural organizations
- Multi-service non-profit societies

Community-based seniors’ services receive funding from a variety of sources including:

- Municipal governments
- Community foundations
- The United Way
- Local businesses/donors
- The federal New Horizons Program
- Community Gaming Grants
- Regional health authorities
- The Ministry of Health

1 The citations for the evidence can be found in the full report.
Within B.C., there has been limited research conducted on the community-based seniors’ services sector. Despite some growth in the sector, services (non-profit as well as municipal) are not keeping up with demand.

1. Understanding the Community-Based Seniors’ Services Sector in B.C. and its Relationship to Government and the Healthcare System

The level of attention to, and provision of, seniors’ services by local governments varies greatly across B.C. Some local governments are very proactive, playing a key coordinating role within their communities (e.g., by introducing age-friendly community initiatives), while others are providing little leadership. The funding, scope, and distribution of community-based seniors’ services also varies greatly across the province. For example, a 2013 United Way report found that 36 percent of services in the Lower Mainland are located in Vancouver compared to only 11 percent in Surrey, whereas the seniors’ population of these two cities was 90,593 for Vancouver and 69,297 for Surrey.

Within B.C., there has been limited research conducted on the community-based seniors’ services sector. Despite some growth in the sector, services (non-profit as well as municipal) are not keeping up with demand. Municipal recreation and community facilities serving seniors in B.C. are getting older and the ratio of funding per person is decreasing. Non-profit organizations continue to receive less and less government funding and face challenges with obtaining adequate space, effectively serving diverse and changing participants, and providing viable options for transportation (to programs).

At the provincial level, seniors are one of the stated key priorities of the B.C. Ministry of Health. Since 2015, the Ministry has been discussing the need to redesign primary and home and community care. The goal is to better support older adults with moderate to complex chronic conditions through team-based models with linkages to community-based prevention and health promotion programming. Unfortunately, so far, there has been limited concrete progress made toward implementing these models. These reforms are of key importance to the community-based services’ sector, and will enhance the linkages between the healthcare system and the sector.

The establishment of Better at Home programs by the B.C. Ministry of Health (through the United Way of the Lower Mainland) represents an investment by the provincial government in the community-based seniors’ services sector and is helping to fill some of the gaps in community services. The Better at Home program started in 2012 with the goal of supporting local communities across B.C. to provide non-medical home support services. There are now a total of 67 communities providing Better at Home services, with pressures to increase the level of funding in many communities due to the high demand for services.
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2. Frameworks for Understanding the Role of the Community-based Seniors’ Services Sector: Comprehensive Models of Health, Social Determinants of Health and the Importance of Fostering Resilience

Unlike the dominant disease-centred medical model, comprehensive models of health incorporate broader social determinants of health (e.g., social support, income security) and factors that foster resilience in older adults. Consequently, research has found the medical model is much less effective than comprehensive models of health in predicting which groups of older adults are at greatest health risk. For example, despite having a significant impact on seniors’ health, factors which put seniors at risk of social isolation, such as poor mental health (loneliness), sensory function (hearing) and mobility, are rarely considered by the medical model. The recent increased focus on comprehensive models of health is resulting in more visibility and awareness of the health promotion and prevention programming that is offered by the community-based seniors’ services sector. The contributions this programming makes to the health and well-being of older adults can be seen as fundamental to an effective healthcare system.

Social determinants of health, considered central within the framework of comprehensive models of health, emphasize the importance of identifying and addressing the root causes of illness and disease. Social support and income are pivotal social determinants of health that are very relevant to the work and programming of community-based seniors’ services.

Research shows that lack of social relationships is equivalent to smoking as a risk factor for mortality. When seniors are socially isolated they are at an increased risk of Alzheimer’s disease, depression, physical inactivity, falling and poor nutrition. Feeling isolated from others can have significant health impacts including sleep disruption, high blood pressure, decreased immunity and increases in the stress hormone cortisol. Seniors who are caregivers, immigrants, LGBTQ, Indigenous and/or are living alone are at greater risk for social isolation. Providing social support and outreach to isolated seniors are significant priorities of community-based seniors’ services, and can help to foster resilience and well-being for seniors.

The relationship between income and health is well-established – the less income you have, the greater chance you will have poorer health. Income also has a strong impact on two other important social determinants of health – housing and food security. Many community-based seniors’ services specifically target low-income seniors and provide food and other programs to support these seniors.

Fostering resilience is increasingly being recognized as a way to support older adults to thrive in the aftermath of significant personal loss, ill health and/or chronic health
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challenges. There is new evidence that resilience can mitigate some of the debilitating effects of chronic illness. This can include delaying (or limiting) functional decline and subsequent disability. Resilience is a strength-based concept – a person is said to be resilient when they have the ability to bounce back in the face of adversity and continue to pursue the positive. But resilience is more than an individual psychological trait, and research is focusing more attention on the social and societal factors that support resilience. Research shows that fostering resilience in seniors can be supported through a range of strategies, including:

• fostering social connectedness and civic engagement;
• building skills that increase positive emotions and more effective coping;
• supporting lifestyle changes that increase access to physical activities, better nutrition, etc.;
• providing technology-based interventions for home bound seniors;
• enhancing primary and secondary prevention of chronic conditions; and
• increasing problem-solving capacity.

Many of these strategies are addressed through the kinds of programming offered by community-based seniors’ services. Researchers note that social support is a particularly important resilience factor, and therefore is an essential target for resilience-enhancing interventions. Self-management and restorative care are two examples of comprehensive strength-based interventions that foster resilience and social support. Both have been shown to produce health benefits as well as cost savings.

Comprehensive models of health – ones that include social support, income security and resilience – are helping to shift conversations on seniors’ health away from an exclusive focus on disease-specific interventions. These models point to the importance of integrating and connecting the health promotion and prevention programming offered through community-based seniors’ services with traditional health services. There are existing comprehensive healthcare models we can look to for inspiration and evidence. One example, Gesundes Kinzigal, a small regional health system in Germany, provides an effective integration model whose benefits (including cost savings) are well-documented in the research.

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3. The Sector’s Role and Impact

Most of the academic literature on the role and impact of community-based seniors’ services is U.S.-based and is focused on senior centres. The few Canadian reports on senior centres that do exist have similar findings to their U.S. counterparts.

One of the leading U.S. researchers, Manoj Pardasani, stresses the importance of the growing role that senior centres are playing in health promotion and prevention. This includes the social opportunities and services that support independence and well-being, as well as the recent expanded focus on preventing/delaying institutionalization. Recent similar shifts in programming priorities are documented in a report on senior centres in Metro Vancouver (Our Future: Seniors, Socialization and Health).

Some of the other key findings from the academic and grey (non-academic) literature on the role, impact and characteristics of senior centres include:

- Senior centres offer a wealth of programs in the areas of: food and nutrition; health and wellness; fitness and sport; recreation; creative arts; education; and information and referral. Many of these programs are supported by senior volunteers. Socialization is identified as the most important reason for participating in programming.
- Senior centres mainly serve an older population of seniors (average age is around 75), the majority of who are women. These seniors report improvements in life satisfaction and mental well-being because of their involvement. Women living alone report the greatest benefits. Seniors of colour report higher social, information and health benefits from using senior centres than white seniors.
- Most users of senior centres have low to moderate incomes. Lower income seniors report more health and social benefits from participation than higher income seniors.
- Meal programs are the most frequently used services in senior centres (three quarters of centres in the US offer meal programs on site). Most users of meal programs are low income, and a disproportionate number are female, from “racial and ethnic minority communities”, and/or are living alone.
- A significant barrier to participation in senior centre programming is the lack of available transportation. This is particularly true for seniors living in rural and suburban locations.
- A lack of racial and ethnic diversity is a systemic issue at many senior centres. The lack of diversity in programming and staffing creates a barrier to participation for immigrant seniors and/or seniors of colour.
- The sector is significantly under-resourced and facing ongoing space and budget constraints.
4. How Nutrition, Physical Activity, and Social Support Affect Health Outcomes

Nutrition, physical activity, and social support are three key areas in which community-based seniors’ services may substantially impact the health and well-being of seniors and reduce the use and cost of healthcare services.

NUTRITION

Research has found that a healthy diet is linked to positive health outcomes for seniors, while conversely, multiple studies have linked malnutrition to negative health outcomes and increased healthcare costs. Despite this well-documented research, approximately one third of seniors living in the community were identified as being at risk of malnourishment (according to 2008/9 Canadian research). This nutritional risk is higher for seniors who are female, have a low income, live alone, have infrequent social participation, experience low social support, struggle with depression, have a disability, take prescription medications, and/or have poor oral health. In one recent study, the Canadian Malnutrition Task Force found that approximately 45% of patients who came into hospital were moderately or severely malnourished. These patients had longer hospital stays, which cost the healthcare system an additional $1,500-$2,000 per individual (on average) or $1.56 to $2.1 billion per year (approximately).

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Research shows that the nutritional status of older adults can be improved with nutritional interventions, many of which are provided by community-based seniors’ services. Recent research points to a shift away from the traditional Meals on Wheels model, where food is brought into an individual’s home, to the provision of meals in social settings where people are able to access both the nutritional benefits and the opportunity to socialize. A Canadian study concluded that the food services provided by community service providers should be considered a crucial component of the healthcare continuum for older adults.

PHYSICAL ACTIVITY

While the health benefits of physical activity are widely accepted within society, the 2012/13 Canadian Health Measures Survey found that only 12 percent of Canadians aged 60-79 were meeting recommended physical activity guidelines. Systematic reviews (which identify, analyze and summarize the results of multiple studies) have shown that physical activity interventions can improve aspects of physical function in seniors. Physical activity has been linked with better management and prevention of some of the most common chronic health conditions including cardiovascular disease, hypertension, osteoporosis, type 2 diabetes, colon and breast cancer, arthritis, stroke and cognitive decline.

Multiple studies have connected physical activity with decreased healthcare utilization and costs. For example, exercise programs have been found to reduce the risk of falls, which is the number one cause of injury-related hospitalizations for seniors in Canada, costing the
healthcare system an estimated additional $2 billion each year.

SOCIAL SUPPORT

Research suggests that social support is equally, if not more, important for the health of seniors as nutrition and physical activity are. Social support impacts health through behavioural and psychological processes, which in turn influence biological pathways (e.g., cardiovascular and immune pathways). Social support slows cognitive decline, delays the progression of physical disability, positively impacts mental well-being, and increases longevity. Seniors who are socially isolated or lack social support have been found to be at increased risk of hospitalization, mortality, and institutionalization, with higher rates of physician utilization and higher hospital costs.

Research suggests that strong social support infrastructure can provide social protection and support for vulnerable seniors. The social integration and participation of seniors in society is considered an indicator of a productive and healthy society.

5. Designing Interventions to Promote Health and Resilience in Seniors

Research documents various successful approaches to use when designing community-based interventions that promote health and resilience for seniors. These successful approaches involve:

- using a person-centred approach;
- fostering social support and social connection in all programming;
- increasing the focus on health promotion programming;
- providing transportation options;
- addressing the challenges of implementing effective interventions (e.g., sustainability of interventions, service provision in rural communities, meeting the needs of underrepresented cultural and linguistic groups).

A lack of ongoing sustainable funding is a significant concern for community-based seniors’ services. While partnerships are one way to overcome some of the challenges associated with lack of funding and resources, more support is still needed from government and other funders.

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Conclusion

The community-based seniors’ services sector plays a key role in delivering cost-effective health promotion and prevention programming that helps to build resilience and foster the health and well-being of seniors. This is especially true amongst low-income and other vulnerable groups of seniors. While policy statements from the provincial and municipal levels of government acknowledge the contributions of the sector on paper, access to community-based seniors’ services across the province is uneven and has not significantly increased (and in some key areas has actually declined), despite the aging of the population.

To support B.C.’s seniors to remain as healthy and independent as possible, a funding and policy framework is needed that will build the capacity of the community-based seniors’ services sector. At present, there are significant gaps in our knowledge of the community-based seniors’ services sector in B.C. and the role it plays in the health of seniors. In government, and in the public more broadly, there is a general lack of awareness of the services offered by the sector and the benefits that result from these services.

The Raising the Profile Project is in the midst of expanding our understanding of the work and impact of the community-based seniors’ services sector in B.C. The work of the Raising the Profile Project involves:

- profiling the work of community-based seniors’ services;
- documenting promising practices being undertaken by the sector;
- identifying challenges and future directions;
- building the case for increased collaboration and coordination both within the sector, and with external partners and funders.

Raising the visibility of the sector and providing more support for the programming that the sector provides, are both critical to ensuring that B.C. has the capacity to address the growing challenges of an aging population, now and into the future.