



# **OLDER ADULT CARE PATHWAY REPORT**

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## **Executive Summary**

### **Background**

In 2021, Lambton Public Health received funding from the Government of Ontario Ministry for Seniors and Accessibility. This funding supported the Older Adult Care Pathway Needs Assessment; to engage with older adults, caregivers, and service providers to identify gaps, and understand opportunities to improve current referral processes in community support and health services. This research goal was to obtain a greater understanding of the needs of older adults in Lambton County, and gauge the awareness, access, and usage of available community support and health services. Through engagement with older adults, caregivers, and service providers this research sought to understand their experiences providing and coordinating community support and health services. This work was led by Lambton Public Health and guided by the Older Adult Care Pathway Steering Committee. A research team from Lambton College conducted the research and evaluation for this project.

### **Methods**

This research took place within Lambton County, which is an urban, rural, mix of communities located in Southwestern, Ontario. The research team used a mixed-methods approach to data collection and analysis. This included quantitative surveys and qualitative interview methods to obtain a large sample size. Research participants consisted of Lambton County residents 55 years and older, caregivers to those 55 years and older, and service providers of organizations who interact with those 55 years and older. A total of 597 older adults, 231 caregivers, and 70 service providers completed the survey, and a total of 18 semi-structured interviews were conducted with 11 older adults, 4 caregivers, and 2 service providers.

### **Findings**

Participants identified a sense of belonging (2.76 out of 4) to Lambton County and indicated that the ability to age in place was important (4.4 out of 5). The community's ability to support aging in place was rated as neutral (3.29 out of 5). Participants identified that they are somewhat aware of the available community support and health services in Lambton County. Those participants who were not currently in need of, or using services, generally had a lack of awareness of available community supports and health services in Lambton County. The COVID-19 pandemic and costs associated with some services have created additional barriers for participants' access and use of community supports and health services. Care coordination was considered to be positive and perceived as successful. Participants highlighted opportunities for improvement in care coordination including a need for greater promotion and information sharing for available services and supports (current information is not clear or easily accessible), additional support for caregivers when coordinating care, and a more streamlined/straightforward process for coordinating multiple appointments or referrals to services.

### **Future Directions/Recommendations**

Recommendations based on the findings fell under three main themes; Improving Age-Friendliness and Accessibility, Continuing to Build Awareness and Increase Promotion of Services, and Enhancing Access to Services. Several sub-recommendations emerged for each main recommendation, including advocating for: improvements to transportation services for all Lambton County residents, affordable services that support older adults aging in place, increased coordination between service providers and organizations, increased promotion of community support and health services through information sharing across community support and health service organizations and primary care providers, increased use of community navigators, and technology training and support for older adults seeking assistance. These sub recommendations are included for further consideration to improve the accessibility and awareness of services and meet the changing needs of older adults in the community.

## Conclusion

The goal of this project is to increase the number of older adults that receive high-quality, efficient, and inclusive support from social and community service providers. The research findings revealed that the COVID-19 pandemic has created increased difficulties for participants to access and use services. The most prevalent issue reported by participants is the difficulty finding information about the available community supports and health services in Lambton County. To move beyond this barrier, there is a need to improve the awareness of the available community supports and health services in the community. The three proposed recommendations (Improving Age-Friendliness and Accessibility, Continuing to Build Awareness and Increase Promotion of Services, and Enhancing Access to Services) aim to assist with further enhancement and awareness of the many available community supports and health services. Future direction includes Lambton Public Health and the Older Adult Care Pathway Steering Committee coming together to continue to implement improvements in the community. Additional consultation with service providers through qualitative research will be beneficial to gain a more in-depth understanding of their experiences accessing and coordinating services. Future research should continue to focus on the most isolated and/or vulnerable populations in Lambton County as well as the Indigenous communities to ensure their voices are represented.



## 1. Background

In 2021, Lambton Public Health was awarded funding from the Ministry for Seniors and Accessibility's Inclusive Community Grants. The overall goal of the grant is to increase the number of older adults that receive high-quality, efficient, timely, and inclusive support from social and community support services. The COVID-19 pandemic has significantly impacted the older adult population in Sarnia-Lambton and therefore, it is important to help maintain and improve their health and wellbeing during the COVID-19 pandemic, and beyond.

The care pathway project builds on many of the elements initiated by Age-Friendly Sarnia in its 2017 action plan. The Age-Friendly Sarnia Community (AFC) action plan was built on extensive consultation with the local community to ensure adequate representation of the community's needs across all demographic groups to provide recommendations based on the 8 essential elements of an Age-Friendly Community, as defined by the World Health Organization (World Health Organization, 2007a; The Age-Friendly Sarnia Steering Committee, 2017). This project aligns with the goals identified through previous AFC planning, including the recommendations from the Community Supports and Health Services action plan, to increase the awareness and communication of services as well as improve coordination and connectivity of service providers. The care pathway project also builds on the 2018 program entitled "Building an Integrated Community Care Model for Sarnia-Lambton (ICCM)" to support older adults receiving home and community care in Lambton County. The project aligns with the future directions of the ICCM program including continuing to participate in health system transformation, building awareness and promoting services, supporting the continuation of the program by securing external funding, building time for staff to participate, engaging key players in the health system and building on the existing collaboration, and collecting and reporting data on outcomes and indicators of success (Terry, Meredith, Thind, & Sibbald, 2020). Lastly, the care pathway project expands on the 2019 project "Strengthening Social Inclusion and Connections in the West Coast Shores Region" led by Grand Bend Area Community Health Centre (GBACHC) and the Connected Rural Communities Collaborative (CRCC). The goal of the project was to identify factors affecting social isolation, connections, and inclusion directly from people experiencing the issue (Burgess, Maynard, Maxfield, & Piaskosko, 2019). The findings helped to understand the realities of people's current situation, recruit partners, and identify common strategies to be applied by each participating community to reduce social isolation and strengthen social inclusion and connections (Burgess et al., 2019). The care pathway project aligns with the GBACHC and CRCC's next steps to foster partnerships and coordinate action on the strategies presented while ensuring the inclusion of voices of those who experience social isolation.

To build on many of the elements initiated by AFC, ICCM, and the GBACHC and CRCC, the following objectives were identified as priorities for the care pathway project:

- Improve awareness of services for older adults, caregivers, and service providers,
- Identify unmet community support and health service needs of older adults to improve community service referrals and coordination,
- Improve the age-friendliness of local community supports and health services based on the needs identified by the target population to develop and implement training for care providers to ensure services demonstrate age-friendly respect and social inclusion,
- Enhance coordination of care by establishing a referral pathway utilizing standardized referral processes and coordinating care across various service providers to reduce the burden of care navigation felt by older adults and their caregivers.



The Lambton College research team was hired in March of 2021 to conduct a needs assessment that engaged with older adults, caregivers, and service providers. The aim of the needs assessment was to identify gaps and opportunities to improve the referral processes for community supports and health services, to gain a greater understanding of the needs of older adults in Lambton County and gauge the awareness, access, and usage of the available community supports and health services.

## **2. Methodology and Methods**

### **2.1 Research Context**

The research was conducted within Lambton County, which is an urban, rural, mix of communities located in Southwestern, Ontario. According to the 2016 Canadian Census, the population of Ontario was 13,448,494 people with 49% identifying as male and 51% identifying as female. 2.8% (374,395) of the total population self-identifying as indigenous people in Ontario; with 63% (236,680) identifying as First Nations, 32% (120,585) identifying as Metis, and 1% (3,860) identifying as Inuit. Married couples (married or common law) made up 57% of the total population (above the age of 15), and the median household income was \$74,287 (Statistics Canada, 2017b). In 2016, the population in Ontario also grew for every age group beyond age 50. This is due to the large cohorts of baby boomers moving up the age structure. By 2046, it is projected that the number of older adults aged 65 and older will make up 22.2% of the population. The fastest growth is projected for people aged 75 and over.

According to the 2016 Canadian Census, the total population of Lambton County was 126,638. The Indigenous population represented 6,890 people or 5.5% of the total population. Of those who identify as Indigenous, 78% (5,385) identify as First Nations, 19% (1,290) identify as Metis, and 0.5% (35) identify as Inuit. Compared to the province (at 57%), 60% of the population of Lambton County is married or living in common law. While in 2015, Lambton County's median household income was \$70,022 (Statistics Canada, 2017a). In 2016, the total population of those 55 or older was 48,210, including 25,485 identifying as a woman and 22,725 identifying as a man. The largest age group of 10,680 people was between 55 and 59 years old, while the smallest at 3,560 was the 85+-year-old age group. Lambton County had a higher proportion of adults 55 years and older, which is projected to increase from 21% in 2016 to 32% in 2036 with the largest increase in those 75 and older.

### **2.2 Purpose and Research Questions**

The purpose of this needs assessment was to assess the accessibility and effectiveness of Lambton County's community support, social and health services for Older Adults, Caregivers, and Service Providers.

**RQ1:** What are the current community supports and health service needs of older adults and caregivers in Lambton County?

**RQ2:** What is the level of awareness of community supports and social services among Older Adults in Lambton County?

**RQ3a:** What are the experiences of Older Adults accessing community supports and health services?

**RQ3b:** What are the experiences of Caregivers accessing community supports and health services?

**RQ3c:** What are the experiences of Service Providers in regard to referrals and delivery of community supports and health services?

**RQ4:** What are the self-rated overall health and life satisfaction levels of Older Adults in Lambton County?

## 2.3 Study Design

This study used a mixed methods approach, which included quantitative and qualitative methodologies. Data collection of qualitative interviews supplemented the quantitative survey results and aided in obtaining detailed descriptions of participants' experiences. The research team conducted one-on-one semi-structured (qualitative) phone interviews with older adults, caregivers, and service providers. The research team also collected quantitative data from surveys for each category of participants; older adults, caregivers, and service providers. The surveys were distributed online, over the phone, and hard copies of the survey were provided by mail to those who expressed interest. Data collection took place from July 2021 to September 2021. The data was collected and analyzed separately before merging the results. A detailed description of data collection and analysis can be found in Appendix A.

## 2.4 Methods

### 2.4.1 Participants

For the purpose of this research, older adults are defined as individuals 55 years and older residing in Lambton County. Older adult participants were from various demographics, including rural (Lambton County) and urban (City of Sarnia). Participants had varying levels of socioeconomic status, varying levels of complexity of needs, and included those living in indigenous communities. Caregivers and service providers of those 55+ were also asked to participate as they support and directly interact with older adults accessing, navigating, and using



community and health services in Lambton County. Participants were recruited through a variety of means, including a news release, website announcement, flyers and posters distributed through steering committee members and key community stakeholders such as local pharmacies, and survey information shared by committee members and key community stakeholders through email communications and social media boosts. All promotions directed potential participants to a website (splash page) and a phone number that provided details on how to participate. The splash page was created for the project, and active from July to September 2021. The page acted as a landing page to provide additional information about the research project such as: links to the surveys, and the researchers contact information (potential participants were encouraged to contact researchers for more information or to participate in the survey or interview by phone). An outline of the recruitment methods can be found in Appendix B.



### 3. Findings

#### 3.1 Quantitative Findings

##### 3.1a Demographics

Demographic information was collected from participants in order to understand if the results were representative of the Lambton County population. Focusing on the older adults, the demographics were similar to the population breakdown from Statistics Canada's latest census data. Older adults were predominantly female (66%) with the majority being married (67%), identifying as Caucasian (94%), and living in an urban area (70%). The income for both older adults was between \$40,000 to \$79,999; in comparison to the 2016 Canadian census, which indicated that most of the population in Lambton County has an income above the national median income of \$70,336, this survey reported a slightly lower income range which may be due to a significant number of older adults having retired (further data would need to be collected to support this). In addition, the average age of older adults surveyed being 66 years old.



### 3.1b Community Support and Health Service Needs

#### Older Adults

The main needs identified by older adults were financial assistance needs, transportation needs, and social needs. The survey results indicate that older adult participants agree that aging in place is important (4.4 out of 5). The community's ability to support older adults aging in place however, was rated as neutral (3.29 out of 5). (See Figure 1 for Older Adult Needs Identified by Older Adults).

*"I need more help keeping up with household chores like cleaning, gardening, especially."* – Older Adult Survey Participant

*"It would be better if more of these services were available locally. It's a long day for a senior to have to travel back and forth 2 hours and then the time they spend at their treatments in London."* - Older Adult Survey Participant

*"A better transportation system for out-of-town appointments when travelling from the hospital in Sarnia to a hospital in London."* – Older Adult Survey Participant

#### Caregivers

The main needs of older adults as identified by caregiver participants are; financial assistance needs, nutrition needs, and social needs. Caregiver participants agreed that aging in place is important for older adults (4.27 out of 5). The community's ability to support older adults aging in place was rated as neutral (3.06 out of 5). (See Figure 1 for Older Adult Needs Identified by Caregivers).

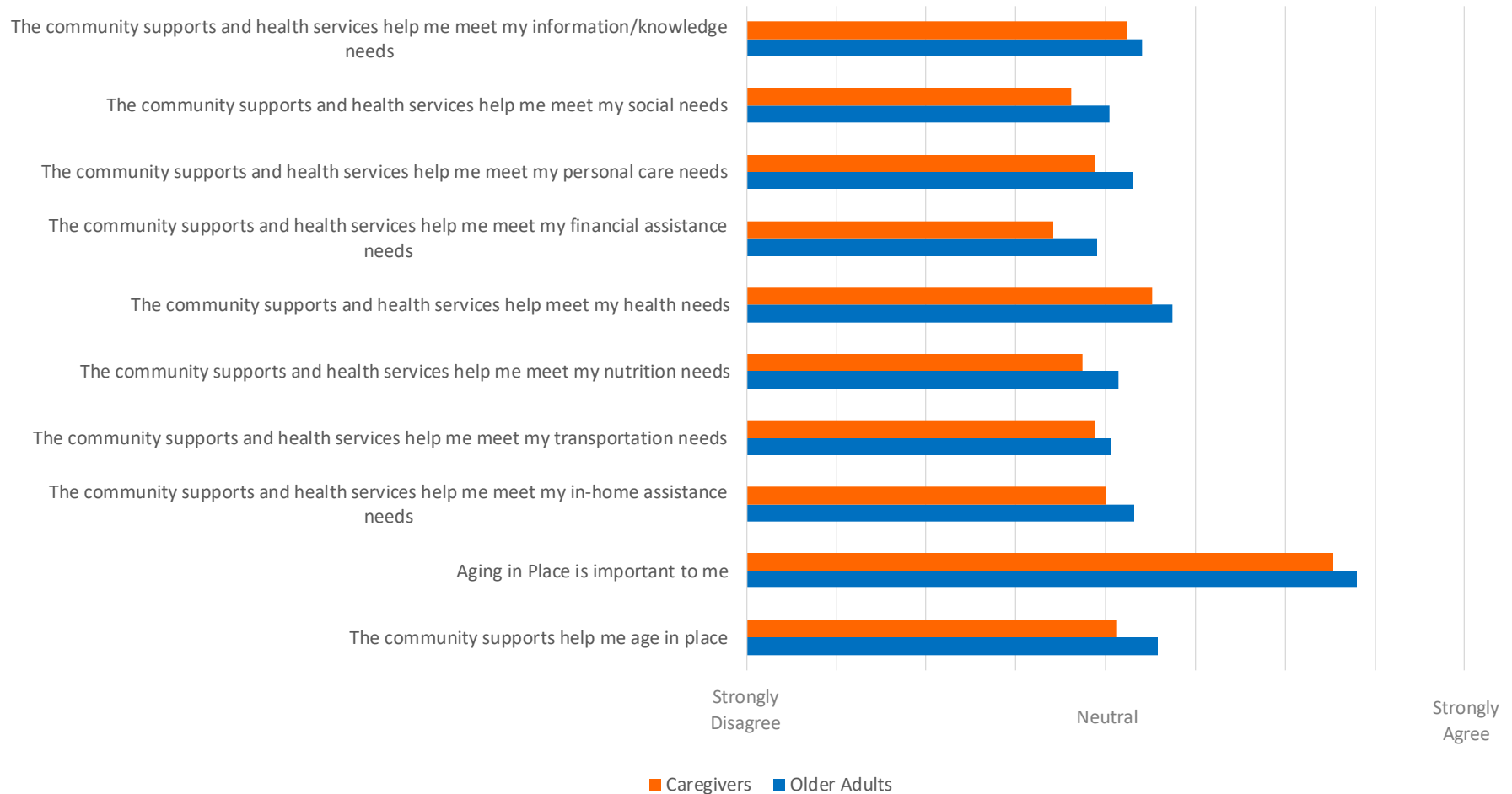
*"Cost is a big deterrent to many things."* – Caregiver Survey Participant

*"Needs to be more focus on prevention with health services provided and education for people about prevention. Would also like to see nutrition classes for senior and cooking classes for seniors."* – Caregiver Survey Participant

*"A place for people to drop in for when they are senior, not necessarily poor, but a place to drop in and have meal and socialize."* – Caregiver Survey Participant



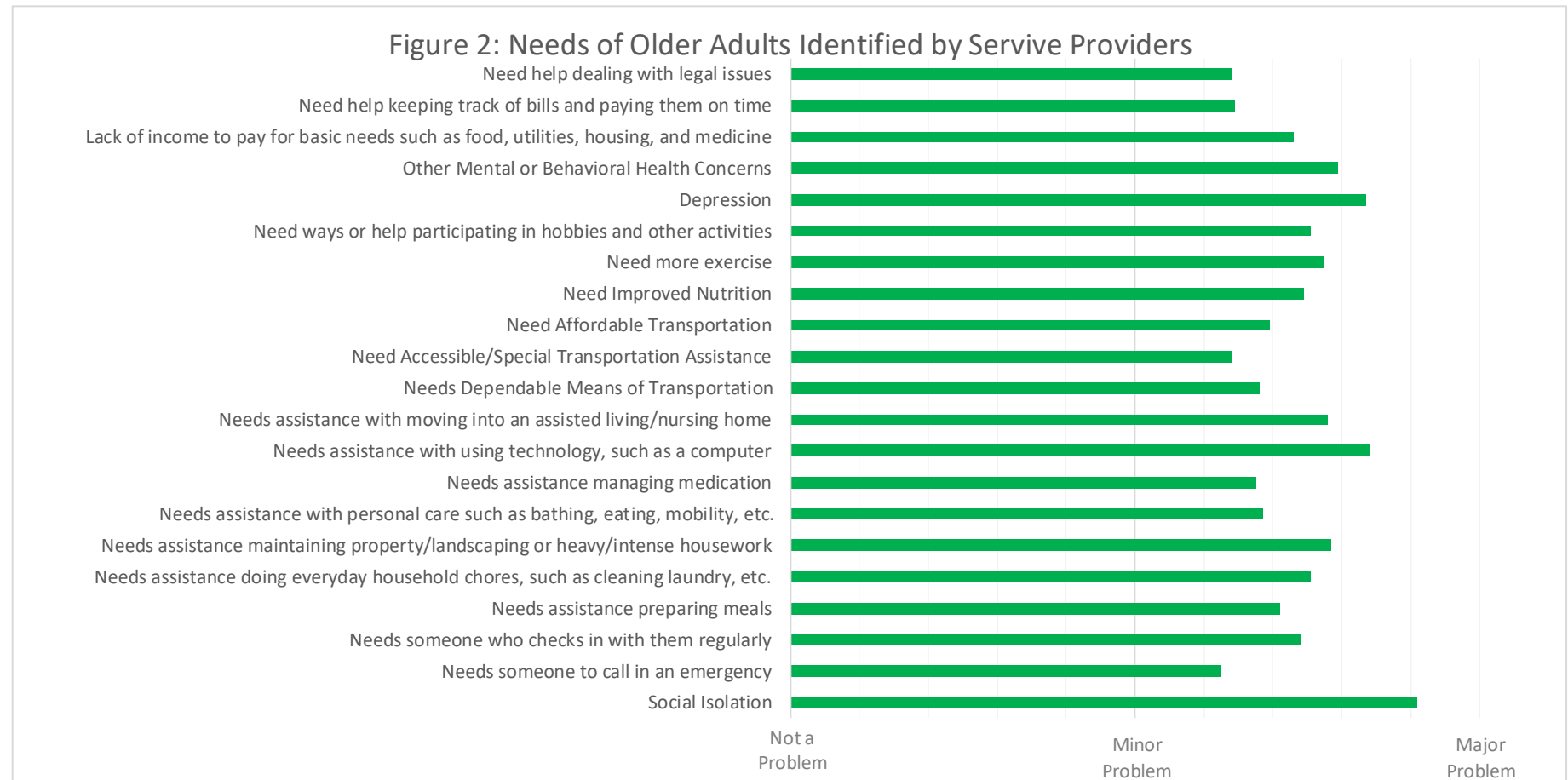
Figure 1: Older Adult Needs Identified by Older Adults and Caregivers



Note: A breakdown of older adult needs identified by older adults and caregivers can be found in Appendix C, Table 1.

## Service Providers

Social isolation (2.82 out of 3), needing assistance with technology (2.68 out of 3), and depression (2.67 out of 3) were major problems identified by service providers. Service providers also indicated that older adults need more exercise, need improved nutrition, and need ways or help to participate in hobbies and other activities (Figure 2).

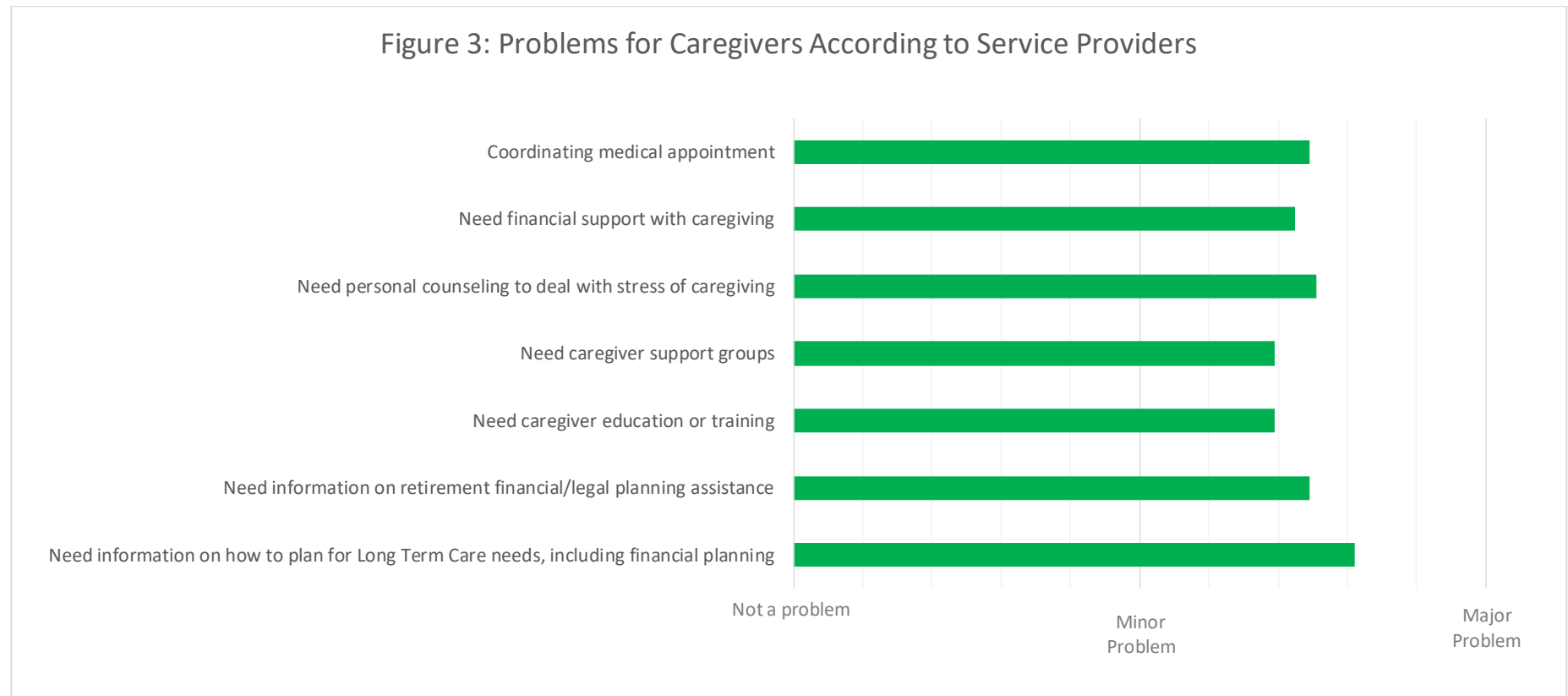


Note: A breakdown of older adult needs identified by service providers can be found in Appendix C, Table 2.

*“More outreach services/programs for seniors that have difficulty getting out and socializing.” – Service Provider Survey Participant*

*“With increasing use of home digital technology online help appropriate to an aging demographic (hardware and software, purchase, installation, and maintenance) may also be worth exploration. Patience more valuable than expert knowledge.” – Service Provider Survey Participant*

Service providers indicated that caregivers need information on how to plan for long-term care, including financial planning as major problems (2.62 out of 3) with personal counseling to deal with stress (2.51 out of 3), coordinating medical appointments (2.49 out of 3), and information on retirement (2.49 out of 3) being the next largest problems (Figure 3).



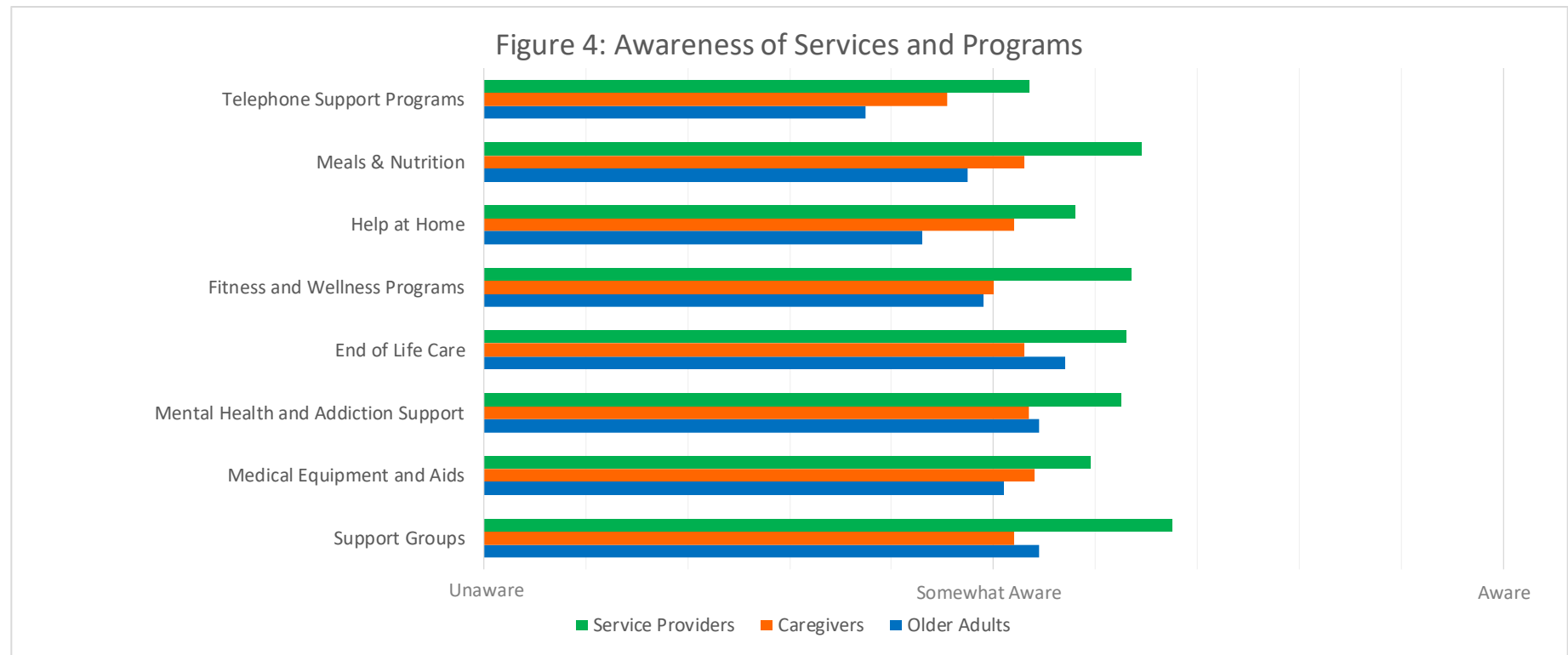
*Note: A breakdown of the problems for caregivers according to service providers can be found in Appendix C, Table 3.*

*A ‘one stop shop’ for information for caregivers trying to coordinate services for their loved ones. – Service Provider Survey Participant*  
*“Caregivers more educated on the caring from home process as well as the transition into LTC.” – Service Provider Survey Participant*



### 3.1c Awareness of Services

Participants (older adults, caregivers, service providers) reported that they were somewhat aware of the community support and health services available in Lambton County. Participants were least aware of telephone support programs in Lambton County. Older adult participants indicated that they were most aware of end-of-life care services (2.14 out of 3), while caregivers were highly familiar with medical equipment aid services (2.08 out of 3). Service providers were most aware of support groups in Lambton County (Figure 4).



Note: A breakdown of the awareness of services and programs can be found in Appendix C, Table 4.

*“I work within the community and still am so unaware of all the programs that exist to be able to assist our seniors. I feel making this information more readily available would be a huge step.” – Service Provider Survey Participant*

*“I don't really know what is available and it is overwhelming to try and figure it.” - Caregiver Survey Participant*

*“Better communication about services available, how to access them, assistance with access.” – Older Adult Survey Participant*

*“Easier access and more awareness of the supports and health services.” – Older Adult Survey Participant*

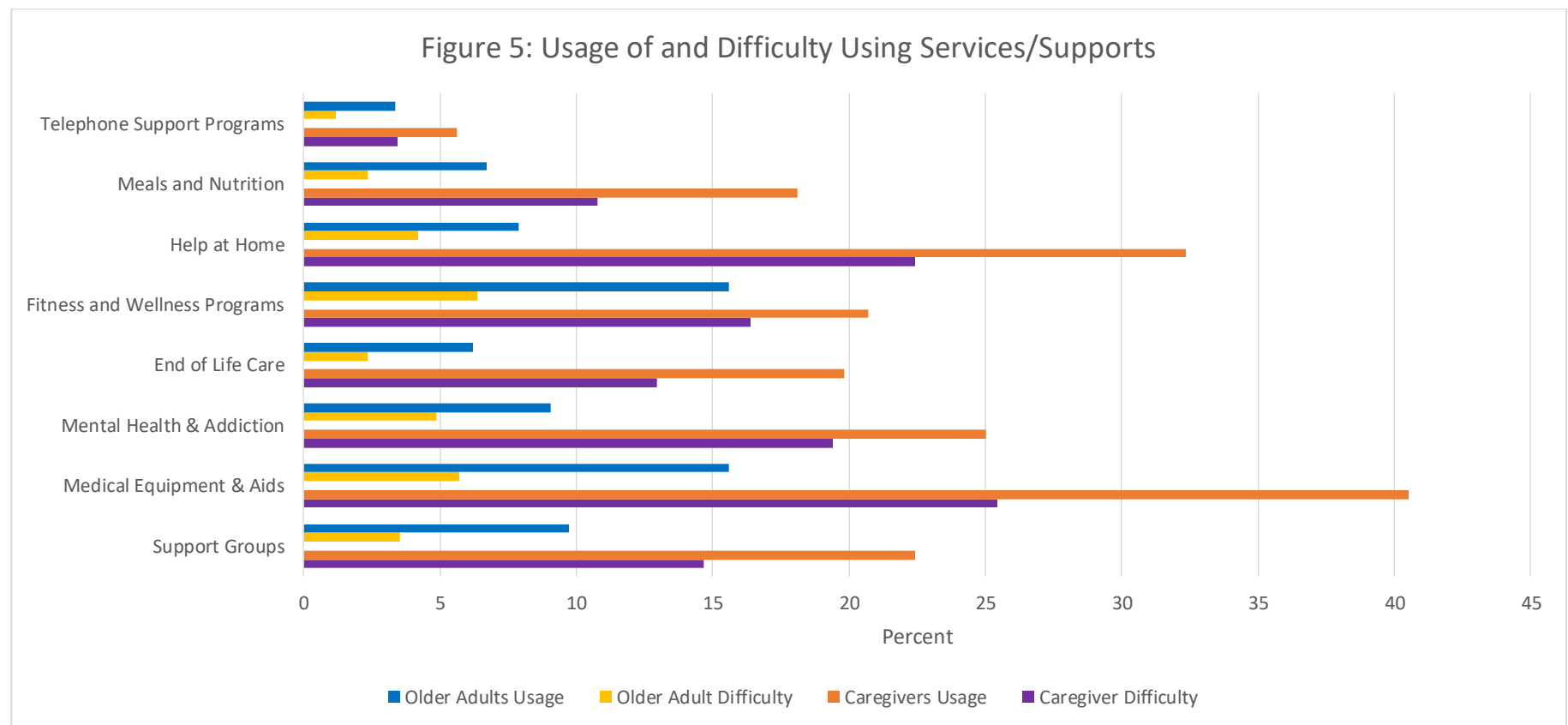
### 3.1d Access of Community Supports and Health Services

#### Older Adults

Results indicate that the most used services and supports for older adult participants were medical equipment & aid (16%) and fitness and wellness programs (16%). While 37% experienced difficulties accessing medical equipment & aid services and 41% experienced difficulties accessing fitness and wellness programs (Figure 5).

#### Caregivers

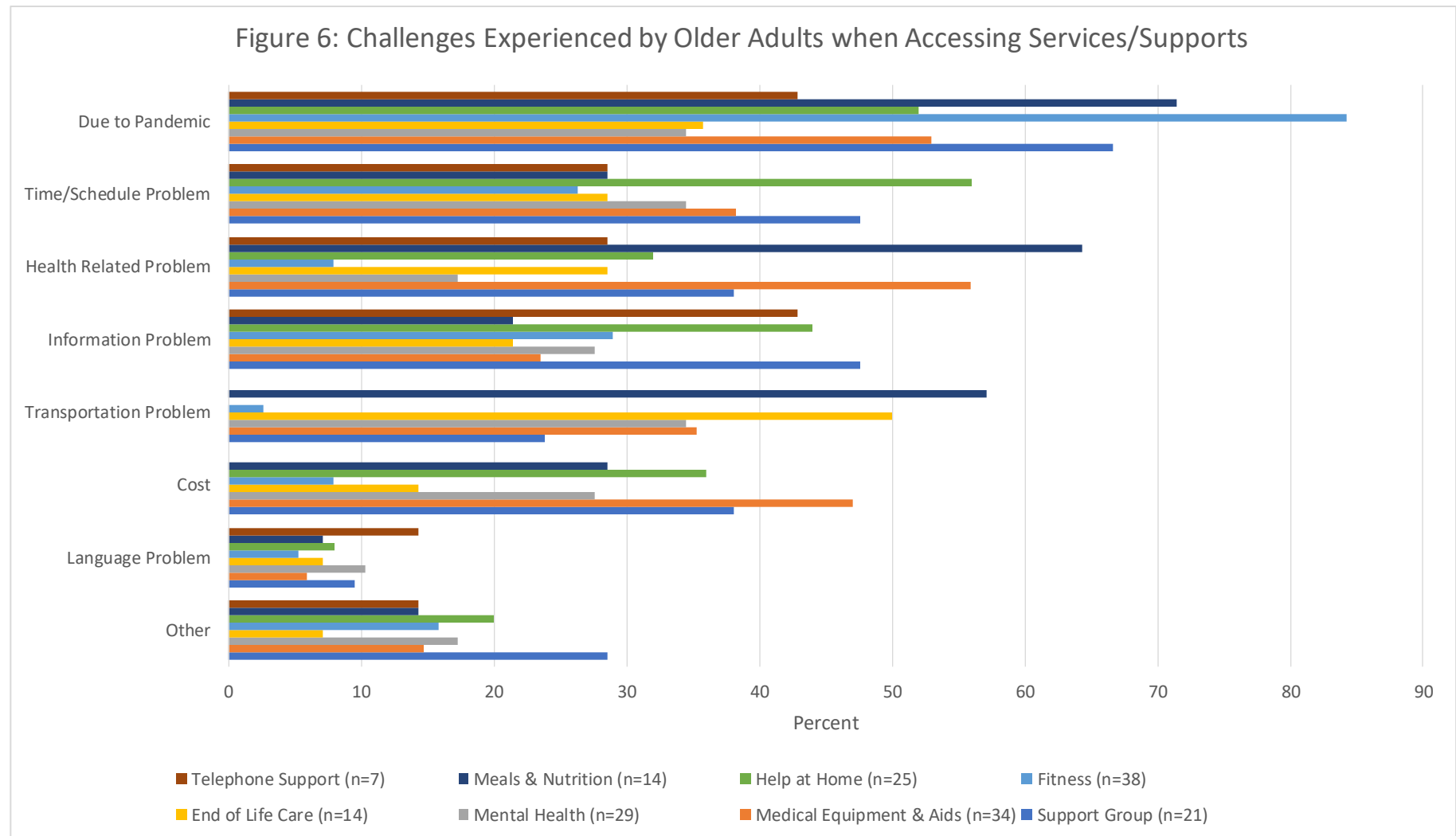
The most used services indicated by caregivers are medical equipment & aids (41%) and help at home programs and services (32%). While 63% experienced difficulties accessing medical equipment & aid services, and 69% experienced difficulties accessing help at home services (Figure 5).



Note: A breakdown of the usage of services and supports and difficulty experienced can be found in Appendix C, Table 5 and Table 6.

## Older Adults

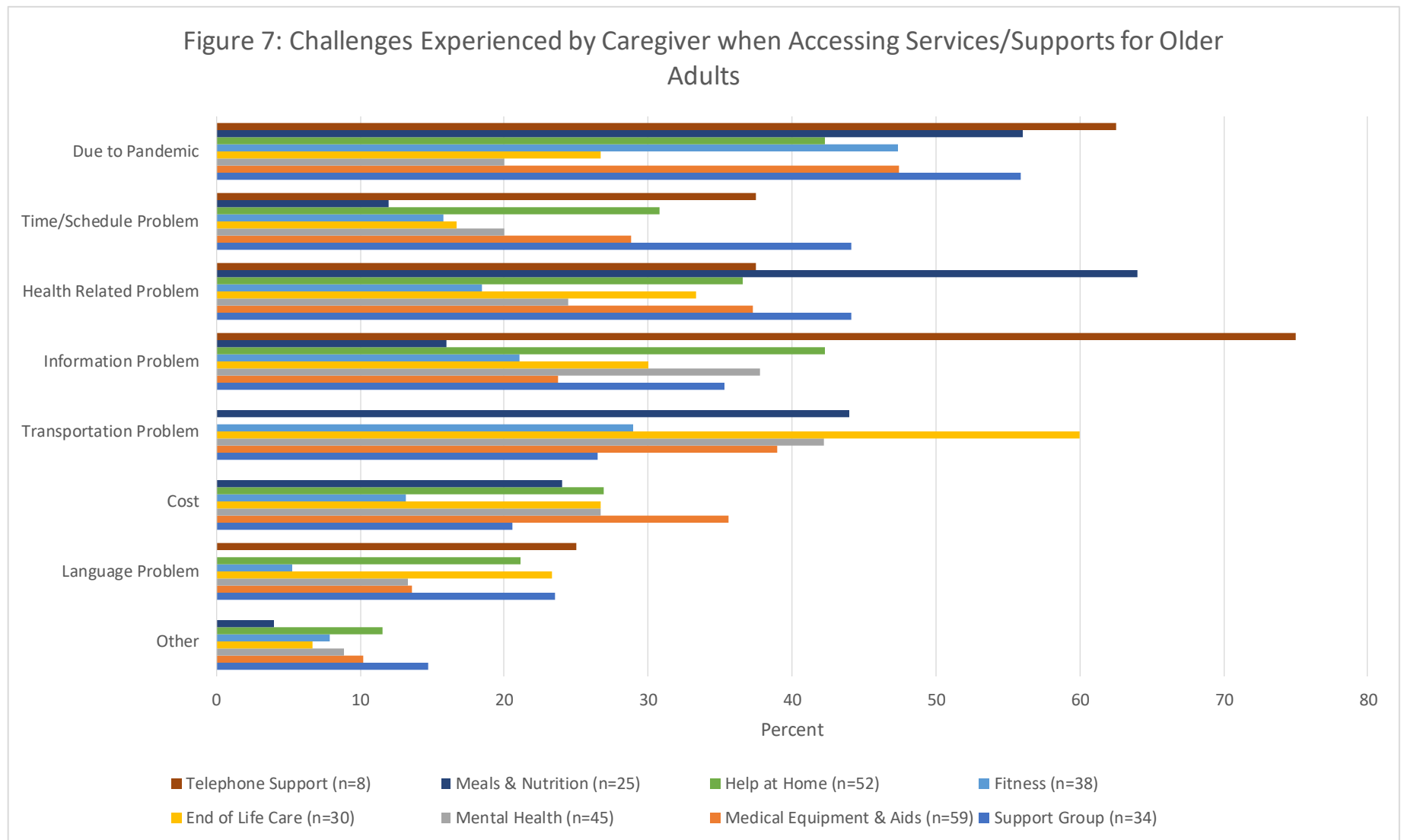
The greatest difficulty reported by older adult participants in accessing services was “due to the pandemic”. Older adults also reported time/scheduling problems, health related problems (i.e., medical complications and/or chronic medical conditions that created problems), information problems (i.e., meaning that participants did not know where to go or who to contact to acquire information) as key difficulties for using community support and health services (Figure 6).



Note: A breakdown of difficulties experienced using services and supports by older adults can be found in Appendix C, Table 7. For in-depth definitions of difficulties listed please see Table 9.

## Caregivers

Caregiver participants reported the greatest difficulty to accessing the services for older adults was due to the pandemic. Caregivers indicated information problem and transportation as key difficulties for using community support and health services (Figure 7).



Note: A breakdown of difficulties experienced using services and supports by caregivers can be found in Appendix C, Table 8. For in-depth definitions of difficulties listed please see Table 9. For in-depth definitions of difficulties listed please see Table 9.

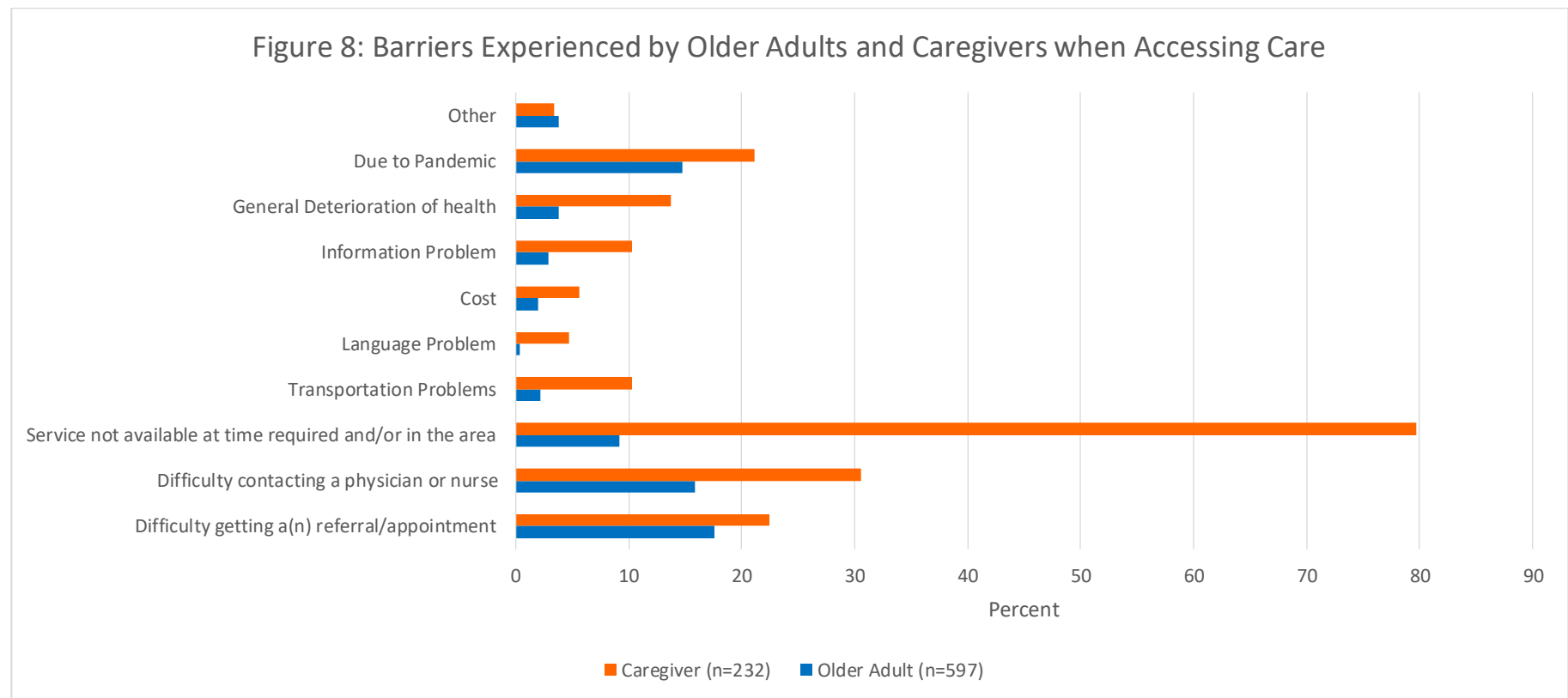
### 3.1e Care Coordination and Referral

#### Older Adults

In terms of coordinating care older adults expressed they experienced the most difficulty with getting a(n) referral/appointment (18%). This was followed by difficulty contacting a physician or nurse (16%) and difficulty accessing primary health care due to challenges experienced by the pandemic (15%) (Figure 8).

#### Caregivers

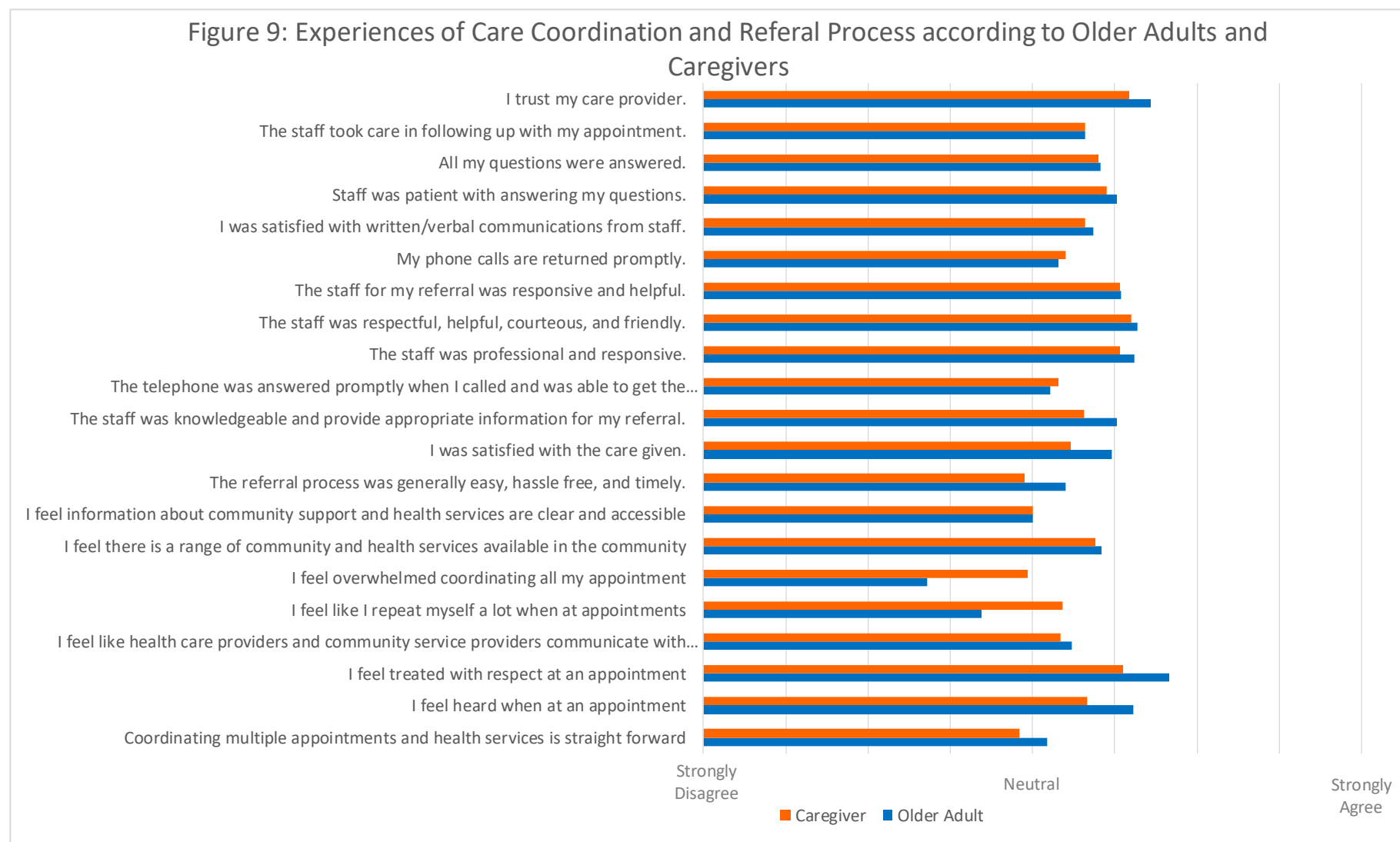
Caregivers experienced the most difficulty with the services not being available at the time required and/or in the area (i.e., the time conflicted with other aspects of life or the service was in a location that conflicted) (80%). This was followed by difficulty contacting a physician or nurse (31%) and difficulty getting a(n) referral and appointment (22%) (Figure 8).



Note: A breakdown of the barriers experienced by older adults and caregivers with accessing care can be found in Appendix C, Table 10.



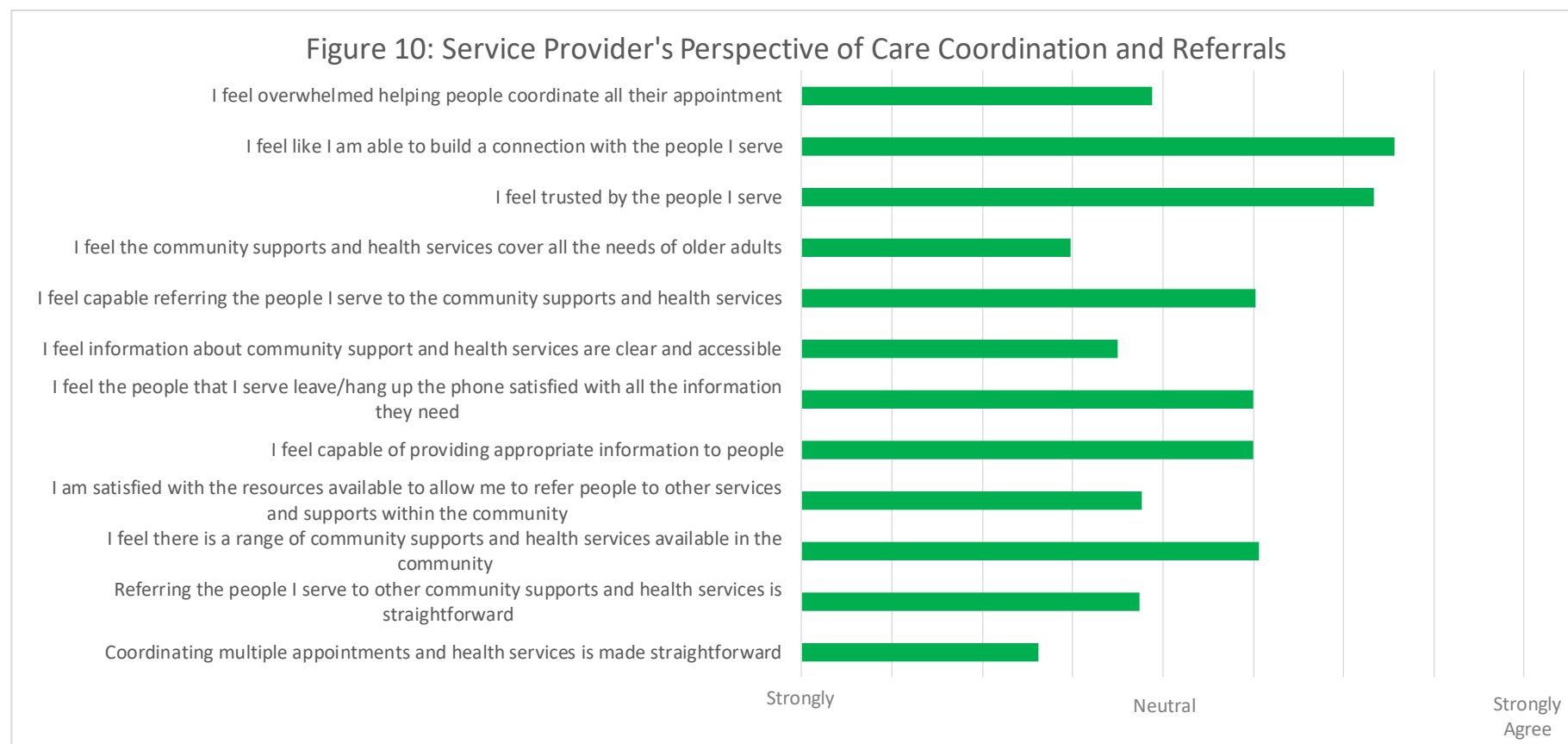
Older adults and caregivers reported that they trust service providers and find the staff to be respectful, helpful, courteous, and friendly. Older adults and caregivers also reported feeling that coordinating multiple appointments and the referral process is not straightforward, and that information about community supports and health services is not clear and accessible. In addition, there was a significant difference between feeling overwhelmed coordinating appointments and repeating themselves at an appointment with caregivers responses leaning toward agreement with these statements while older adults lean towards disagreement (Figure 9).



*Note: A breakdown of experiences of care coordination and referral process experience by older adults and caregivers can be found in Appendix, Table 11.*

## Service Providers

Service providers reported that they feel trusted by the people they serve and feel like they are able to build a connection with the people that they serve. Service providers rated their ability to provide appropriate information to people they serve as adequate. Service providers reported that care coordination and the referral process is not straightforward and information about community support and health services are clear and accessible (Figure 10).



Note: A breakdown of service provider's perspective of care coordination and referrals can be found in Appendix C, Table 12.

*"More central coordination between current community supports and health services. There is so many alleyways you can go down, either for yourself or an aging loved. One stop shopping, making it simple to find and access information..."* Older Adult Survey Participant

*"Too many organizations offering and running different services. The services should be more coordinated."* – Caregiver Survey Participant

*"Coordination involves several phone calls to multiple service agencies, each service has their own mandate which causes barriers to service."* – Service Provider Survey Participant

### 3.1f Health and Well-being

#### Older Adults

The survey results revealed that older adults have a sense of belonging (2.76 out of 4) in the local community. For older adults, physical health (3.36 out of 5) and mental health (3.60 out of 5) was rated between good and very good, with low amounts of stress reported by older adults (2.64 out of 5). Low levels of loneliness were reported by older adults with occurrences of loneliness hardly ever happening (1) or happening some of the time (2). A breakdown of health, belonging, and loneliness of older adults can be found in Appendix C, Table 13.

#### Caregivers

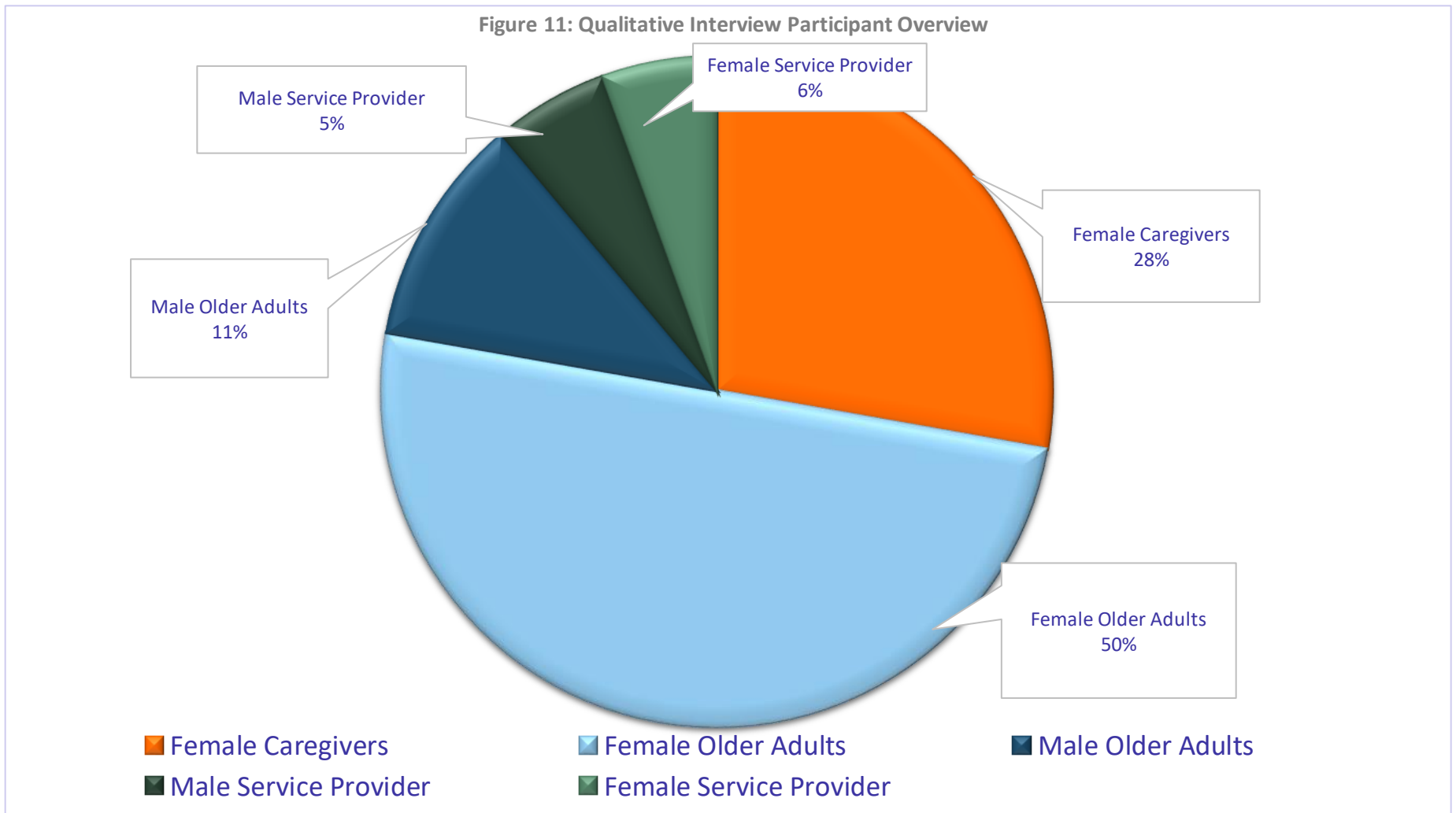
The survey results revealed that caregivers have a strong sense of belonging (2.85 out of 4) in the local community. For caregivers, physical health (3.43 out of 5) and mental health (3.49 out of 5) was rated between good and very good, with low amounts of stress reported by older adults (2.81 out of 5). Low levels of loneliness were reported by caregivers with occurrences of loneliness hardly ever (1) or happening some of the time (2). When asked about the burdens of being a caregiver, caregivers reported emotional burden as the smallest (2.52 out of 5) burden and time-dependence as the largest (3.09 out of 5) burden. A breakdown of health, belonging, and loneliness of caregivers and caregiver burden can be found in Appendix C, Table 14.



## 3.2 Qualitative Findings

### 3.2a Demographics

A total of 18 semi-structured interviews were conducted with 11 Older Adults, 5 Caregivers, and 2 Service Providers. These interviews averaged 30 minutes in length and ranged from 15-60+ minutes. The following themes and subthemes have been identified in relation to older adult awareness of services, needs, usage and access of services, and care coordination. Figure 11 provides an overview of the qualitative interview participants.



### 3.2b Community Support and Health Service Needs

The greatest need expressed by participants is the need to refocus community support and health services to maintain older adults living in their homes. This includes services that support home and property maintenance, personal care, and medical care. Older adult participants also expressed that they would like to be consulted more when providers are designing services to ensure that their wants and needs are understood.

#### ***Services that Support Aging in Place***

##### **Older Adults**

Throughout many of the older adult interviews, there was an overarching desire to age in place. This was shared through self-awareness of their limitations and the identification of services that they would need in the future to help them remain independent in their homes. These services mainly revolved around house and property maintenance, including gardening and lawn care, affordable tradespeople, and house cleaning. Some older adult participants also mentioned their desire for assisted dying in their own homes and hope for increased awareness and opportunity around dying with dignity.

*“So I think my age group wants to age in place and in order to do that, I guess what I need, I’ll need a little bit of help with my, keeping my property and my house going. And I will need to try to stay physically fit so I can do that and have access to healthcare which I do and I’m not complaining about.”* – Older Adult Participant Interview

*“You know the long-term care homes and the rest homes and how poorly managed they are and how kind of fairly dangerous they are and I’m gonna do everything in my power never to go there.”* – Older Adult Participant Interview

##### **Service Providers**

Service providers expressed similar service and support needs, such as affordable home and property maintenance services. Service providers also mentioned the need for increased computer and technology support services for older adults.

*“Certainly the home care piece, you know, finding support for helping them with some meals or prep up with the house cleaning. I like a lot of times they just can’t get to those really hard jobs around the house or they’re not able to do that lawn maintenance like they used to be able to do”* Service Provider Participant Interview

*“Any kind of computer supports as well, because everything now is of course we know is all going virtual, so programs for seniors that used to be in-person and which hopefully will come again and is starting to come. But anything that are, to keep them connected to a group and social, experience is on the computer and so a lot of seniors are not able to, either they don’t have the computer or if they have it, they don’t necessarily know how to use it for these programs, so a lot more assistance with the technology if you will of today for our seniors. Just to keep them able to participate.”* – Service Provider Participant Interview



## **Mental Health Services Catered to Older Adults**

### **Older Adults**

Older adult participants expressed that it is difficult to access mental health resources due to high psychiatrist turnover in the community or mental health issues that do not fall within the highest concern category. This meant dealing with long wait times to access and use these services. One participant shared that they felt as though they were not a priority.

*“Definitely more access to counseling, mental health counseling. That's a very great lack in my opinion.”* – Older Adult Participant Interview

*“It's difficult because they don't have enough Psychiatrists, so that's difficult to obtain services.”* – Older Adult Participant Interview

### **Service Providers**

A service provider also expressed the need for more mental health services that are specific to older adults in the community.

*“We need a lot more support for their mental wellness and counseling”* – Service Provider Participant Interview

## **Increased Primary Care Providers & Related Services**

### **Older Adults**

Older adult participants expressed that finding a local family doctor in Lambton County is a challenging and lengthy process. Some experiences shared by participants include filling out a registration form with a primary care provider and never receiving any follow-up. The participants perceive the issues to stem from a lack of doctors in the area. Several participants expressed the need for more “one-stop-shop” such as family health teams and community health centers, for healthcare services.

*“I was looking for a doctor. I had to go to the place, they wouldn't send me a form. I had to go there to fill out a form and then it got filed and I've never heard from them since. So that's not very efficient.”* – Older Adult Participant Interview

*“I think a one stop shop has always been beneficial. I know they have gone that way, they have tried to go that way, so I think that continuing care is beneficial so that everything is in one, in one location.”* – Older Adult Participant Interview

## **Life Planning Support**

### **Caregivers**

Several Caregiver participants spoke about how the nature of their loved ones' diagnoses and decreased independence came as a surprise, making some aspects of caregiving difficult as they did not have adequate planning done in advance. The uncertainty of the trajectories that their loved ones' lives will follow added an emotionally stressful element. One participant brought up the legalities of being a caregiver and the importance of having legal arrangements in advance for aspects such as power of attorney. Some of the caregiver participants also described the experiences that their loved ones are going through as it related to aging. These topics included the need for assisted dying and the loss of independence.

*“The darnedest thing is you don't know ahead of time what's coming to. When you get married or anything what you're gonna, we've been married 57 years. But what I should have done was had power of attorney a long time ago. But who is ever going to think you're gonna get married and have dementia on your mind, you know?” – Caregiver Participant Interview*

### **Service Providers**

Service provider participants also highlighted the need for additional information on financial programs to support older adults with legal and government situations. For example, requesting new identification or banking cards when these items are lost or helping clients access government funding opportunities.

*“Financial supports, as far as their budgeting, and so if there's new supports like that or any government funding that's being provided.*

*There would be definitely a great thing for us to know about first. So, then we can make sure that we inform the, our clients in the community when we're in touch with people. If we know first, we can make sure that they know.” – Service Provider Participant Interview*

### **Increased Housing Services**

#### **Service Providers**

Service providers discussed the need for additional housing accommodations when older adults need to be out of their homes for repairs, pest control, and other issues.

### **Increased Transportation Services**

#### **Older Adults**

Older adult participants highlighted how they access needed services outside of Lambton County. One older adult participant shared their experience living on the border of Lambton County and how they can travel to services outside their geographic location to access services in other nearby communities or Lambton County. In contrast, some participants highlighted living in a rural area and having to travel to access city services such as city shopping. However, these participants expressed that they understand not everything can be next door but recognize that this could be a void that would need to be filled later.

*“A downfall where I could see a void that would need to be filled. Right now, everything I think I need to do is here for me, except shopping like larger scale shopping. We ... travel 45 minutes to 50 minutes to an hour for any sort of city kind of shopping, like a large box store, like a Walmart, or something like that. Not that we need a lot. We do tend to support local a lot because we're here and it's been COVID and the things that people have done to accommodate people here during COVID have been above and beyond.” – Older Adult Participant Interview*

### **Caregivers**

Caregiver participants discussed how they drive the person they care for to appointments as they no longer drive themselves. One caregiver participant discussed their experience with scheduling hospital appointments and how the hospitals make an effort to schedule appointments on days that the person is already coming in to reduce travel time and reduce the time to make arrangements with someone to accompany them to the appointment. Another caregiver participant discussed how the person they care for hasn't been out a lot due to the pandemic but does have things they need to get out of the house for. The caregiver participant mentioned how the person they care for

does have pamphlets at home about services. Still, it is too overwhelming to read that information, so they don't know about any available transportation options. Caregiver participants highlighted the need for a navigator to assist with determining what the older adult may need help with, expressing someone who can actually sit down with the older adult and walk through their day to decide whether they need support with transportation or other needs.

*"You know somebody actually sitting down with a senior and sort of walking them through their day and saying you know you may need that help with that. How are you going to do that when you get home? You know, like I'm thinking transportation."* – Caregiver Participant Interview

*"Where I can see some issues coming up. He hasn't been out a lot because of the pandemic, obviously. However, like he's got a bunch of things he needs to get out of the house for. Somebody has provided him the information. There's a whole bunch of pamphlets that are in the apartment, but he doesn't read any of that stuff. It's too overwhelming for him, so he doesn't know about any transportation options for himself. I'm wondering how he, you know, how that happened."* – Caregiver Participant Interview

*"She can still dress herself, but you know she may need, rides to appointments because she no longer drives. Who and how do we do that type of thing?"* – Caregiver Participant Interview

### Service Providers

Additional transportation services for older adults were expressed by service providers. This includes offering more transportation services that are not needed to be arranged or scheduled in advance, as well as an increase in transportation options to out of area medical appointment.

*"We definitely need more access to the neighboring towns like we're not connected, we can't get out of Sarnia, unless you've got a friend that wants to drive you. So yeah, that would be one improvement community wise. There should be some more transportation networks to get people to London for a health appointment and back without having to pay a fortune to do it or to have to impose on somebody. There are volunteer drivers for the [Organization name] and things like that, but I think there should be a way that seniors could say, OK, I've got a doctor's appointment in London, I'm going to get on this bus or this van or something that's going to take me to the Hospital in London so that I can get my medical and come back. Transportation is very critical for seniors and I think sometimes that could be improved, most of the time it can be improved for sure."* – Service Provider Participant Interview

*"We do have some supports out there for transportation, to appointments, but again, they're limited, or they really they, I don't know if they have a long waiting list, but you have to book in advance. You can't do this, there's no like oh, I need to be here and within a day you're not going to probably be able to get transportation for that need."* – Service Provider Participant Interview

## 3.2c Awareness of Services

### Older Adults

The older adult participants shared a wide range of awareness levels regarding community supports and health services. Their levels of awareness largely depended on their need for such services. Older adult participants who are patrons of community supports and health

services shared that they mostly became aware of community support and health services through word of mouth. While older adults who worked in civil service jobs felt like they had a greater awareness of the available services because of the information they had access to during their careers. The older adult participants shared that they would like more information and awareness of the services available in Lambton County, expressing that they would rather have an abundance of information available rather than having to search for it.

*"I wish I had used more of these services, but like I said I'm not familiar with what's out there so I wouldn't. I can't really, I guess you know the fact that I don't know what's out there, there's a problem right there. There is somebody like me who's kind of connected and doesn't know."* – Older Adult Participant Interview

*"Because I worked for the County of Lambton, I'm aware the kind of services and things that the county offers."* – Older Adult Participant Interview

### Caregivers

For caregiver participants, their networks provide information access through word-of-mouth communication. Some participants are active members of their community, giving them access to a network of people and services that direct them to the best sources of information. One participant reported previously working in public service, which increased their levels of awareness of the available services. The caregiver participants expressed that they have some awareness of services but lack knowledge on the specific services offered. The caregiver participants reported that they would rather have too many resources provided by hospital staff and primary care providers than to have to seek the necessary information themselves. A caregiver participant stated that this research project is generating awareness of services by reminding them to search for services available in the community. Some participants do not know where to begin their search for more information.

*"I have to figure out a different way to support her and I'm not always sure how to do that and I've never actually been directed to any support in the community, so just kind of trying to figure it out on my own when I you know vaguely know for some things. I've probably forgotten something."* - Caregiver Participant Interview

*"Like if I got handed the same card even if it was like a business card. But even if I got handed it six times, you know I could eventually say, OK, you know what? Thanks so much, I have that. But if you never get it, then your stumped I guess."* – Caregiver Participant Interview

### Service Providers

Additional promotional recommendations also emerged during service provider interviews. This included increasing word of mouth promotion, increasing promotion for new services in the community, and increasing promotion of external services to Lambton County, such as financial aid from the provincial and federal government.

*"Word of mouth, think that's always the best way for people to get the word out that this service is here."* – Service Provider Participant Interview

*"I suppose, if it's new services or new supports to our community, they would be very, it would be really great and beneficial if they were known. If they would make sure that they have made themselves known to the community workers like to people that are working in the community supporting the seniors." - Service Provider Participant Interview*

### **3.2d Access to Community Support and Health Services**

Participant's awareness of community support and health services greatly impacted their usage and access. Since many older adult participants said that they were physically and mentally well enough to not need any community supports and health services they remain unaware of the available supports and services in Lambton County until they are needed.

#### **Caregiving**

##### **Older Adults**

For some older adult participants, they do not need to access community supports and health services because their children live locally and are able to provide the support that they need. Some older adults expressed that they feel unaware of their care, as they are not involved in managing it. Family members also provide support around care decisions, including emotional and communication support at medical appointments.

##### **Caregivers**

Caregiver participants reported providing and managing daily care for their loved one including seeking and accessing information, making phone calls, scheduling and attending appointments, and completing errands such as grocery shopping. Caregiver participants expressed giving of their personal time to caregiving and did not know how their loved one would manage without their support.

*"I live a kilometer away from my mother and I'm blessed and lucky to be able to be there for her, but if my parents didn't live in the same city as I did, I don't know how someone would manage if they were trying." - Caregiver Participant Interview*

*"I have concerns for people like my mother because she has no, like if it weren't for us, I don't know how she would ever find things." – Caregiver Participant Interview*

### **COVID-19 Pandemic Phone & Virtual Services**

##### **Older Adults**

Restrictions related to the COVID-19 pandemic have required many community supports and health services to switch from in-person delivery of programs and services to services that take place over the phone or the internet. The older adult participants were split on the efficacy of services offered remotely. While some older adults are confident in their abilities to join an online exercise class or dial in to their doctor's appointment, several older adults shared that they lack the skills and/or devices necessary for virtual and phone services. The COVID-19 pandemic provided the opportunity and reason, for some older adults, to learn technological devices and become more active online. Yet, phone and virtual services were not viewed as an appropriate replacement for in-person doctor's appointments. Several participants expressed that phone appointments felt rushed and lacked empathy, personal connection, and body language. In rural parts of the county, phone service and internet connectivity issues create challenges to virtually accessing and using services, making it not as



appropriate. Older adults who live with other family members felt unable to find privacy within their homes for having sensitive conversations about their health. Overall, while phone services were beneficial to some older adults as they allowed them to access referrals more quickly, others stated that they are less likely to seek out services that occur over the phone or online.

*"I don't like it, just because, [I'm] older, I'm not that comfortable with technology. It's, it's not the same for sure, I guess."* - Older Adult Participant Interview

*"Yes, well, I, I'm active on the computer. I'm not very good on it, but if I need any help, I ask my sons to help me. So, like I can, I can get the programs and run them off on the printer. So, I know where I'm going every day."* – Older Adult Participant Interview

### Caregivers

Like older adult participants, caregiver participants described the impact that the COVID-19 pandemic has had on their lives and the lives of the loved ones that they care for. Caregivers described phone and virtual services as not as beneficial as in-person appointments. Caregivers also expressed having to assist their loved ones when using technology for appointments. COVID-19 made it more difficult for caregivers to access services and information. The pandemic has impacted the nature of their caregiving duties and increased their sense of burden as a caregiver. Caregivers expressed that some family doctors were reallocated because of the pandemic, making it difficult for older adults to access appointments and services.

*"She sent weekly as in 52 weeks of the year, an email, a video of the program which we could follow and my husband did some of it, but it just wasn't the same without the social, having all the other people there around you."* - Caregiver Participant Interview

*"Course there's support for all the technology stuff. My mother was never super great at technology. She owns a computer. She does email, but now being able to navigate through the technological world that we're in because of COVID. So, zoom meetings, our church is on YouTube, and I have to support the technological realm because she doesn't know how to wrap her head around that necessarily. And I'm not super great at it either, even though I've been doing it for a year, I'm still not proficient at it, so we've got those issues"* - Caregiver Participant Interview

*"Trying to navigate through that through the pandemic has certainly been significantly more overwhelming."*

- Caregiver Participant Interview

### Service Providers

Service providers also shared experiences of the difficulties their clients had accessing services over the phone due to the COVID-19 pandemic.

### Financial Costs Limits Access

### Older Adults

A few older adult participants mentioned financial aspects of accessing community supports and health services. It was reported that when you access certain community supports such as purchasing and renting mobility aids, you are charged more if you are eligible for government

subsidy than you are if you purchase the same product without any financial assistance. Having extended health insurance also allows older adults to access more services that are of a higher quality than those that are publicly funded, particularly rehabilitation services.

*“Well, I have no extended health but also to the, I need a doctor to refer me to go and then it still cost \$75 for 20 minutes. So that's not very accessible. Those kinds, and as you age, those are the kinds of things you really need is those kind of soft services.”* – Older Adult

Participant Interview

### Caregivers

Many of the caregiver participants brought up aspects of caregiving and access to community supports and health services that are related to finances. Some of the caregiver participants discussed the affordability of the services for older adults to stay in their homes. A few of the participants disclosed that it is a privilege to be able to afford the best services for their loved ones but wonder about those people who can't afford these services.

*“Guess that's another key piece were financially stable like we can, if there are services I can pay for them, my mother can pay for them. We have those resources, what about those folks who can't?”* – Caregiver Participant Interview

### Self-Advocacy

#### Older Adults

Several older adult participants talked about the importance of advocating for themselves when accessing community supports and health services. Older adults described their experiences in seeking and accessing services as self-driven processes, as information and guidance were not readily available to them. For some older adults, asking for help is difficult, which means they might not be receiving the support they need since it is not being offered.

*“I'm not familiar with services, I mean it would have been nice to have maybe some help.”* – Older Adult Participant Interview

### Caregivers

Many caregiver participants described their experiences advocating on behalf of their loved ones. Almost all of the caregiver participants were the ones to recognize marked changes in their loved one's health and took action by seeking information online, from friends and primary care providers, and through community connections. Family members' concerns for the safety of their older adult loved ones also led them to pursue various support options.

*“I became a bit of an advocate and searched locally, found a local support group.”* – Caregiver Participant Interview

### Wait Times and Waiting Lists

#### Older Adults

Concerns and frustrations regarding long wait times for accessing local family doctors were expressed by older adults in their interviews. Similar concerns were shared regarding services such as long-term care beds and referrals to specialists within and outside of Lambton

County. Some older adults feel as though virtual appointments have reduced the overall wait-times for booking a doctor's appointment compared to in-person appointments.

*"Right now, we're still waiting for an ultrasound referral, and it's been 4 weeks just for the phone call to make the appointment, so just that kind of obtaining services is slow. And right now, with the doctors not working, it's you know, it's hard. Everything is done by the phone. I mean, this is special now because of COVID so it's making things a little bit more difficult."* - Older Adult Participant Interview

*"They are set up virtually as well. So, I find that your wait time is much less."* - Older Adult Participant Interview

### Service Providers

Service providers reported long wait lists for services in the community and older adults are not able to access the services as a result. One service provider discussed that care and service processes are self-initiated by the older adult themselves.

*"It seems that there is either a long list or waiting list for the services that are out there that are helping seniors, but they're not able to get to them because of the long waiting list."* - Service Provider Participant Interview

*"Well, usually it starts with either a phone call to either myself or through to the, our community center here and they will request or they will present their need I guess of what they're looking for help, and then if it is the calling the reception then she will put them through to, if it is for a community support then she will put them through, the community navigator. And so that would be, or they're just, they got my name and phone number from a friend or a neighbor, so they'll call me directly, and make the request of what they need and so usually, certainly in the last year we have done most of the initial intake if you will, over the phone just to get a chance to find out what it is that they're needing assistance with."* - Service Provider Participant Interview

## 3.2e Care Coordination and Referral

### Older Adults

The interview findings revealed that care coordination is perceived as successful. For most older adult participants who do not access services outside of their primary care provider and specialists, care coordination is perceived as successful. This perception comes from the care coordination that happens behind the scenes at family doctors' offices, hospitals, and specialists. It is perceived by older adults that patient information is sent electronically with no effort required by patients. However, older adults felt that electronic information sharing and care coordination across all service providers, not just primary care providers, would be beneficial to reduce the stress associated with repeating personal information to each new service provider. Care coordination was also an emotional topic for some older adult participants. These participants expressed frustration with poor communication regarding who is responsible for coordinating which aspects of care, whether it is the responsibility of the patient, doctor, or another service provider. Care coordination by a family member was also noted by some older adult participants, sharing that a family member is responsible for their care coordination, so they do not have to take care of it themselves. These participants highlighted care coordination as an easy and smooth process.

*"More recently, I find the information is being shared more easily. I recently had my knees X-rayed in the past I have severe arthritis in my knees, and I found at that time I would say probably, maybe 10 years ago. The information was quite difficult to share between providers,*

*but I recently had an X-ray done again and I asked the hospital to forward it to some of my providers which was done, and then for the ones that the hospital couldn't forward to, I was able to access a file from my primary care physician and then forward it on myself, so I do find it but has improved over the last few years.” – Older Adult Participant Interview*

*“It’d be great if there was some sort of, of networking to be able to get those answers that was simple and straightforward.” – Older Adult Participant Interview*

## Caregivers

Caregiver participants expressed that they felt as though the community supports and health services are doing a good job of care coordination and felt that it is the role of the older adult family member to coordinate care. Many of the participants described taking part in aspects of care coordination and support for daily living activities that are not met by health and social services. Caregivers provide an overarching level of care management, coordinating many aspects of their loved one’s care. This level of management contributes to increased feelings of caregiver burden, as caregivers must be “on” and always ready to support their loved ones, at any time. Many participants feel as though this role could not be filled by a service but would like support. Caregiver participants also discussed how important it is for family members to live close to their aging family members, as they can step in and provide support that would otherwise have to be provided by a paid service. Some caregivers can split responsibilities between themselves and their siblings, easing the amount of care they provide and maintaining a better balance in their personal lives. Caregivers who live close to their loved ones feel lucky that they have the opportunity to provide care and can easily complete tasks such as attending doctor’s appointments with their loved one.

*“For instance groceries. There are services out there to help seniors do that. You know whether it’s delivery or whatever, but if it comes back to you know the type of senior that my father is. He wouldn’t know how to find out that those services were available and then to manage it.*

*So, I do it because I know to ask him what groceries he needs. I know to ask him to just check in the fridge that you actually do need more milk or don’t need more milk.” – Caregiver Participant Interview*

*“No, I’m constantly having to reach out just so somebody have some oversight. But I do feel, when I reach out. There’s a certain amount of your repetitiveness and information being shared, but in the community itself, both services from my experience seem to be coordinating well and they have the information on my father. But still, they only see him for a minute or two, or a very short period of time, and I don’t think they get the whole picture. Not through any negligence, just again. They’re taking it for face value that he lives alone, so he’s able to do all this.” - Caregiver Participant Interview*

## Service Providers

Service providers discussed that they would like to receive training on supporting older adults through life transitions and the potential inclusion of software systems to support care coordination and referrals in the community.

*“I would like to know, or have more knowledge about the transitional pieces that seniors will go through. So, they’re home, they’re able to look after themselves and then their health takes a turn. And then they’re not quite able to help themselves. So, then, you know, that piece of finding those supports so that they can stay at home, or as long as they can. And then what happens if they’re not able to, and then where’s the connecting part of how do you find there, that they need a little more like assisted living. So, personally for myself, I would really like to*

*know a lot of that. Just those pieces of how the senior adult goes through those stages, what's the process.” – Service Provider Participant Interview*

### **3.2f Health and Well-being**

Older adult participants reported having a sense of belonging to Lambton County. The number of years that older adults have lived in the community ranged between 2 to 68 years. In some cases, older adult participants had grown up in Lambton County and then left for a period to pursue adventure, education, or a job but later returned to retire in the area. Some older adult participants expressed that the cost of living, community programs offered, and surrounding area (the beach, walkways, waterfront, and nature), as well as the sense of community they feel through social connections, connected them to the community and contributed to their sense of belonging. While another older adult participant expressed that they didn't really have a sense of belonging since they left Lambton County in their adult years and returned as an older adult. This participant noted that they still hold a lot of respect for the area and the community.

*“I live downtown and I love living downtown because I think you know when you go into a store, they know who you are, when you go to a, you know like we go get coffee there's people that say hi to you, so I think that connection of, that human connection of having relationships, be they very casual or be they very kind of, I don't want to say superficial is not the right word, but just to have people that you know around you, I think I'm enjoying that being here because being in Ottawa, being a bigger city, you don't necessarily get that connection in terms of where you live or where, other than where you work. But here my husband and I feel like, being downtown, it's kind of a community in a community, that connection has been very good.” – Older Adult Participant Interview*

*“I have lived in Lambton County 37 years and what I love about Lambton County is I just love the lake. So, the waterfront I like Sarnia, mid-size, not a big city, but a midsize community, kind of the perfect set for me for socialization, for when I was working and big enough to provide all my wants and needs, but small enough to still be friendly.” – Older Adult Participant Interview*

*“I have lived here for 28 years and my favorite part of living here is the cost of living and the surrounding area with the beach and walk, walkways etc.” Older Adult Participant Interview*



#### **4. Interpretation/Discussion**

The Older Adult Care Pathway research aimed to provide insight into the existing gaps in access to community supports and health care services for Older Adults, Caregivers, and Service Providers in Lambton County. The research identified three main barriers to accessing and using community support and health services. The greatest barrier to access and usage of services reported by participants is a lack of information, meaning that participants did not know where to go or who to contact to acquire information. The COVID-19 pandemic provided considerable barriers to accessing services for multiple reasons, most of which being that many older adults lack experience with technology and/or are uncomfortable with virtual programming or do not have internet or technology access. Overall, care coordination was considered positive and perceived as successful. Yet, participants highlighted opportunities for improvement in care coordination such as increasing information sharing across all services and supports to improve care coordination in Lambton County. This is especially important when coordinating multiple appointments and service referrals. Caregivers identified needing additional support from community service providers to coordinate their loved one's care. Support needs include the following: providing the latest information on community support and services, having a designated support group or place to obtain information about services and supports available in the community, a person who provides support to a caregiver on their journey of caregiving, care pathway seminars that focus on situation specific training, support to navigate services, and adopting a team approach to care that includes communication with family caregivers.

Throughout this research initiative, themes emerged regarding the needs of older adults as well as recommendations for the improvement of their experience using and accessing community supports and health care services. The most identified community support and service needs include: improving transportation services, increasing program variety, supports for aging in place, and advocacy initiatives for financial supports. These findings emerged in both the interview and survey findings of each participant group, older adults, caregivers, and service providers.

An expansion on transportation services is a significant need highlighted throughout the research findings. Participants indicated a need for reliable transportation that reaches rural parts of Lambton County as well as accessible transportation to travel within and outside of Lambton County, (e.g., London, Ontario) due to specialized appointment referrals. The findings show that participants require additional transportation services on weekends as many services are only offered Monday to Friday. There is a distinct need for affordable transportation that would provide subsidized rates, taxi discounts, or free transportation services.

Research findings revealed that there is a need for expansion of senior programming that would include a wider variety of activities such as cooking, arts and crafts, educational seminars, physical exercise classes, nutrition support, mental health, and training on computers and cell phones. Participants expressed the need for programming and services that are multilingual, as well as programming that is offered on evenings and weekends. This would increase accessibility. Participants also expressed interest in day programming that would include transportation and attending care support, particularly for those living with disabilities.

Research participants identified the need for financially accessible services that support aging in place, including affordable home care services for home repairs, safety checks, lawn care, snow removal, groceries, meal preparation, light housekeeping, pet care, and bathing. Short-term transitional care that supports the move from hospital care to home recovery emerged as well as reliable long-term home medical care from a consistent PSW or doctor/nurse practitioner was also highlighted as a priority.

The findings showcased a need for increased focus on advocacy for financial assistance in Lambton County for older adults. It was found that the costs associated with many services are not affordable and further limit individuals' access to these services. Participants indicated that services being offered at a lower cost and having access to additional financial assistance would allow older adults to utilize more community support services and resources such as in-home support, or health services. Participants reported the need for additional community support services that help older adults obtain affordable or geared toward income housing.

The quantitative and qualitative findings highlighted the current discrepancy between the availability of community support and health services in urban and rural areas in Lambton County. The findings revealed that the available services in urban and rural areas are not equal, and as a result, older adults must look beyond their local community to access needed community support and health services. Residents in rural communities experience unique challenges with rural network connectivity that make accessing and using services through phone or virtual platforms difficult. The COVID-19 pandemic has increased the use of digital technology at home for all Lambton County residents. Those who have increased comfortability using virtual platforms and phone options were able to continue to access and use some of the services in the community. Many participants reported challenges with the transition to virtual or hybrid services that further reduced older adults access to care.

Aging in place is considered highly important to Lambton County residents (4.4 out of 5). However, participants reported the community support and health services' ability to support older adults living independently at home as neutral (3.29 out of 5). The findings revealed an increased need to refocus community support and health services to help older adults remain living in their homes independently. The research findings identified that caregivers use home programs and services the most but are experiencing issues accessing these services due to the following: not knowing where to obtain information, the pandemic, and time/scheduling problems. The general lack of awareness and accessibility of information about various community support and health services creates increased difficulties for residents to use these services. Many participants felt unaware of the services available in the community and how much they cost unless they sought out or researched information themselves. To reduce this gap in awareness, participants expressed wanting to have an abundance of information and resources made available and provided to them by hospital staff, primary care providers, and service providers rather than having to seek out this information for themselves. The findings also revealed that in some cases, participants were not aware of the services and supports available in Lambton County due to not needing them, which creates challenges in accessing these services later. Finally, the financial cost associated with community support and health services was a deterrent for many participants. The findings revealed the discrepancies in the accessibility of services based on affordability, which creates increased gaps in residents' ability to access much-needed services in Lambton County.

### **Research Strengths and Limitations**

The research had several strengths, including opportunities for feedback on research design and planning, mixed methods, implementing various recruitment methods, regular engagement between the research team and Lambton Public Health, and incorporating a group of researchers in the project. During the research planning phase, the research team engaged with key community stakeholders, sharing information on the study design, recruitment, and data collection methods to obtain feedback. This engagement provided the opportunity to offer input and share knowledge on the community to the research team. As a result, the research team was able to gain a greater understanding of the community and older adult population in Lambton County to improve data collection methods and obtain support in the research process, such as through recruitment to reach older adults in the community. The use of



mixed methods also allowed the research team to obtain a large number of older adults, caregivers, and service providers in Lambton County through surveys. While also collecting deeply detailed accounts of participant experiences through interviews. In addition, providing a variety of options for participation allowed participants to be involved in the study at their convenience, at their level of comfort, and at their desired location (e.g., home) and ensured researcher and participant safety with the ongoing COVID-19 pandemic. The development and implementation of various recruitment methods also helped increase awareness of the project and generate interest. Participants even highlighted that the research was generating awareness around the community support and health services by reminding them to search for services available in the community. Ongoing and regular weekly meetings between the research team and Lambton Public Health also greatly benefited the research. These regular meetings allowed for exchanging ideas, practical knowledge, and expertise, as well as sharing of results and monitoring of progress to move the research forward. Finally, having several researchers on the team, including a research student with experience in the field, offered various perspectives and ideas that further strengthened the research.

The COVID-19 pandemic created additional challenges when conducting this research. Particularly around participant recruitment, communication with participants, scheduling with participants, and unforeseen technology complications.

Ideally, the research team would have preferred to connect with the community and build relationships through in-person interactions as part of the recruitment and data collection strategies. The ongoing pandemic reduced in-person contact. As a result, communication with the public was limited to using online platforms or phone communication. This presented challenges for building connections with potential participants who do not use technology or are without internet access. The COVID-19 pandemic negatively impacted engagement with potential participants in rural communities and those considered more socially isolated. This challenge could be attributed to the fact that communication was primarily through email or phone. Despite the strong effort to promote through various means, including paper buck slips distributed to pharmacies and through partners and having a hard copy survey available by mail, the participation for those in rural communities accounted for 30% of total participation. Future research with a specific focus on rural communities, the most isolated and/or vulnerable populations in Lambton County as well as the Indigenous communities would be beneficial.

The research team consulted with many different stakeholders during the planning phase of the Older Adult Care Pathway research project to ensure the study design, recruitment, and data collection methods met the needs of older adults and service providers in Lambton County. The research team was able to gain feedback from these stakeholder groups through scheduled video meetings and emails orchestrated by Lambton Public Health. This feedback was valuable and further contributed to the development of the research plan. However, increased engagement and collaboration would have strengthened the relationships between the researchers and the stakeholders including facilitating more one-on-one meetings with steering committee organizations to gain feedback on research planning. The strain of the COVID-19 pandemic on health care and community service industries meant that much of their time and attention was dedicated to the community members that they serve.

Scheduling participant interviews and phone surveys was a challenge. In the initial stages of data collection, some scheduled interviews did not occur due to potential participants not phoning at their scheduled interview time. This may be because the interview was scheduled too far in advance, and the participant forgot about the interview or the participant may have become unavailable unexpectedly. The study used Microsoft Teams as the platform for conducting one-on-one interviews and phone surveys. In some cases, participants experienced technical challenges when trying to join the call as well

as challenges with understanding the researcher throughout the one-on-one interview or phone survey. This resulted in rescheduling and often repeating questions for clarity. Internet, and phone connection issues on either the participant or researcher side created additional communication challenges. The study design and use of Microsoft Teams also did not allow for phoning participants directly, and as a result, this was a deterrent for some potential participants. Future research would benefit from designating specific call times for potential participants to contact the research team to ensure potential participant phone calls are answered promptly.

To help gather feedback and meet the objectives of this project, the research team aimed to interview service providers of community support and health services throughout Lambton County. Recruitment for this group included sending emails to organizational contacts for mass distribution, verbally promoting the research opportunity to steering committee members during video calls, and media and social media coverage. The research team contacted each individual that provided their contact information at the end of the survey, indicating that they were interested in participating in an interview. Although these ten individuals expressed interest in further participation and were contacted, only three responded to the interview request to schedule an interview or mentioned that they were no longer interested. This resulted in the research team experiencing challenges generating interest and connecting with service providers to participate in the interview, potentially due to time commitments. Future qualitative research that focuses on engagement with community support and health service providers in Lambton County would be beneficial.



## 5. Future Directions and Recommendations

Consistent and recurring big picture themes are evident throughout the results from the survey data, including the comments provided by the respondents, and the findings from the interviews. In order to gain a greater understanding of the community supports and health service needs of older adults and caregivers it is important to understand their level of awareness and experiences accessing and using these services. This section will review big picture themes.



### 5.1 Overall Recommendations Based on Quantitative and Qualitative Findings

#### *Improving Age Friendliness and Accessibility*

Throughout the survey and interview findings, older adults and caregivers indicated the ways that policies and practices, physical environments, service layouts, and community support and health services contribute to their quality of life and healthcare access in Lambton County. Policies and practices shared by the participants include processes like referrals, care coordination, and accessing primary care. Physical environments and service layouts include the proximity of services to where older adults live, accessibility in the environment such as is the doorway wide enough for a wheelchair or handrails in the bathroom, transportation options, and distribution of services throughout the county. Service is an umbrella term related to the quality of customer service received over the phone and in-person from healthcare and service providers.

The findings of this research support the World Health Organization's (2007a) recognition that enhancing care coordination between care services is necessary to improve older adults' experience with community services. A lack of care coordination between services can create barriers in access to care services for older adults in communities, furthering service gaps and complicating older adults' and caregivers' ability to navigate services successfully. The findings support the need for a well-integrated health care system that includes coordination of care is central to enabling older adults to age in place and remain in their homes if they choose (Iecovich, 2014). This includes access to appropriate and needed health and support services (Skinner & McCrillis, 2019), programs that meet their needs (Valaitis et al., 2020), as well as continued education and knowledge dissemination on aging in place support information and services to increase awareness of the services in place to support with managing home maintenance is necessary (Fausset, Kelly, Rogers, & Fisk, 2011). Similar to previous findings, this research found problems with accessing community support and health services due to transportation issues such as inadequate access to affordable and accessible transportation as well as the geographic distance between smaller communities creating gaps in service delivery for older people (Menec & Nowicki, 2014; Halseth, Markey, & Ryser, 2019; Skinner & McCrillis, 2019; Skinner et al., 2008; Colibaba et al., 2020; Valaitis et al., 2020).

Based on the analysis of the data and previous research, it is recommended that organizations consider the following points to increase age friendliness and accessibility of services in Lambton County:

Priorities	Options/Strategy
1. Provide age-appropriate customer service practices to service providers throughout Lambton County	<p>(1) Create training modules for community support and health service providers to be piloted and implemented.</p> <ul style="list-style-type: none"> <li>● Encourage communication techniques that focus on asking and understanding older adult client needs (i.e., providing techniques on how to ask what an older adult clients' need to go beyond surface level answers).</li> <li>● Encourage customer service skills that include maintaining a positive demeanor, friendly tone of voice, patience, and attentiveness.</li> <li>● Encourage best practices including communicating/explaining next steps and providing timelines for follow ups to older adult clients.</li> <li>● Provide multiple approaches to communication such as repeating instructions, providing easy-to-read and concise handouts.</li> <li>● Encourage service providers to maximize the work they do within the scope of their role before referring clients to other services.</li> </ul>
2. Advocate for improvements to transportation services for Lambton County Residents (particular focus should be given to increase access to Sarnia-based services for residents of rural communities)	<p>(1) Investigate associated costs of transportation services to determine alternative affordable options.</p> <p>(2) Advocate for more affordable transportation options to County Council.</p> <p>(3) Investigate current transportation services to determine improvements to access and availability of services. Explore transportation services capacity to provide increased options.</p> <p>(4) Increase promotion of the various available transportation services in Lambton County. Lambton Elderly Outreach provides a number of transportation options to older adults and adults with disabilities.</p> <p>(5) Promote transportation services that are non-booking (i.e., do not need to book in advance or schedule a time for pick up).</p> <p>(6) Explore collaboration with neighbouring towns to increase transportation networks (i.e., bus transportation options to pick up older adults at select times and locations to complete their errands/attend appointments.</p> <p>(7) Improve the Sarnia-Lambton Age-Friendly website to includes availability booking vs. non-booking, rates/costs, hours of operation, wait-times, and contact information and explore developing a centralized booking system.</p>
3. Advocate for affordable services that support older adults aging in place	<p>(1) Investigate associated costs of in-home support services and advocate for more affordable in-home service options.</p> <p>(2) Promote available in-home support services to Lambton County residents and where to access services (i.e., Sarnia-Lambton Age-Friendly Website).</p> <p>(3) Advocate for training and consistency of staff and family caregivers who provide home care.</p> <p>(4) Investigate in-home support services to determine ease of access and availability of services and provide options to improve access.</p>

<p>4. Advocate for increased coordination between service providers/organizations to prevent working in silos and maximize limited resources</p>	<p>(1) Increase promotion of the age-friendly website and Family Counselling Centre's Care Pathway number for older adults to contact.</p> <p>(2) Promote community navigators that assist older adults and caregivers in connecting them with the appropriate resources that meet their needs. Community navigators would liaise with the various community supports and health services. Consider increasing the number of community navigators depending on effectiveness.</p> <p>(3) Strengthen relationships with primary care providers and nurse practitioners to improve care coordination and referral processes.</p> <p>(4) Provide seminars and lunch and learns for service providers to learn about the available community support and health services. This would help build relationships among various service groups and improve referral to services to better support older adults in accessing and using services.</p> <p>(5) Advocate for increased collaboration and communication between similar service offerings. This will reduce duplication of services and share resources.</p> <p>(6) Encourage and promote a streamlined and standardized referral process between all community support and health services.</p>
<p>5. Advocate for expanding services to rural communities</p>	<p>(1) Encourage collaboration between community support and health service organizations. Explore providing mobile or pop-up services in rural communities to increase accessibility to rural residents and decrease travel needs.</p> <p>(2) Advocate for expanding wellness check programs for older adults in rural settings to reduce travel outside community.</p>
<p>6. Continue to expand older adult programming in Lambton County</p>	<p>(1) Encourage and promote programing that provides age-appropriate activities for older adults such as cooking, art, crafts, educational seminars, physical exercise programs.</p> <p>(2) Increase promotion programming that focuses on nutrition, health and wellness, and mental health.</p> <p>(3) Investigate drop-in service programming and encourage providing drop-in programming at senior apartment complexes.</p> <p>(4) Explore expanding older adult programing on the evenings and weekends.</p> <p>(5) Encourage programming that offers technology training (i.e., accessing services online through zoom or other virtual means).</p>

### ***Continuing to Build Awareness and Increase Promotion of Services***

A significant theme that emerged from both the surveys and interviews was the need for more awareness of services. While the levels of awareness varied across all of the responses, with some participants feeling well-aware of the available services. There is also an overall sense of not knowing what services are available beyond those that address the immediate needs of older adults. This means that older adults and caregivers with fewer health and support needs are not aware of services outside of the ones they have required. For older adults and caregivers with a higher number of needs and complex support requirements, their awareness of services is primarily made up of the services they have used. This lack of awareness of other services means that when unexpected changes happen to older adults' health and independence, they are not only tasked with managing these unexpected changes, but also with seeking out new information. Unexpected health changes were found to be emotionally upsetting and stressful events, which can influence older adults' and their loved ones' ability to search for and sift through new information, resulting in feeling overwhelmed by the process. To help relieve these feelings, older adults try to have a loved one attend appointments to help with the comprehension of detailed information throughout the appointment.

These findings support previous research that found a lack of awareness or information available on services in communities or how to access them presents barriers to accessing services, and as a result, improvements to awareness and accessibility are needed (Bookman & Harrington, 2007; Tang & Pickard, 2008; Iecovich, 2014). The findings further support the need for better communication with health professionals (Vieira Zamora, 2015) and the need to strengthen relationships within the health and social service system improving communication strategies, enabling referrals, and building connection, trust, and rapport in the system to help fill the current "needs-service gap" (Valaitis et al., 2020). Previous research highlights that primary care providers tend to be limited in their awareness of what community services are available in the local community. While most people also lack knowledge about community programs and only search for information when needed due to a crisis, which is often too late to be searching for information (Elliott et al., 2018). The findings from this research support the need to reduce knowledge gaps for primary care providers, service providers, older adults, and caregivers through increased information sharing and promotion of the available community support and health services.

Based on the research team's analysis of the data and previous supporting research, it is recommended that organizations consider the following points to improve the awareness of services among Older Adults and Caregivers:

Priorities	Options/Strategies
1. Promote the Age-Friendly Sarnia- Lambton website as the main directory of services	<p>(1) Encourage community support and health service organizations to direct older adults and caregivers to the Age-Friendly Sarnia-Lambton website to find information on the available community support and health service in the community.</p> <p>(2) Encourage community support and health service organizations to share new and up-to-date information to be included on the Age-Friendly Sarnia Lambton website.</p> <p>(3) Encourage community support and health service organizations to have a link on their social media pages and website to direct them to the Age Friendly Sarnia-Lambton to learn about other services in the community. Also, including the Care pathway for Older Adults phone number on community support and health services websites.</p> <p>(3) Continue to make updates to the website on the available community support and health services in Lambton County.</p>
2. Increase promotion of community support and health services through Primary Care Providers and Specialists.	<p>(1) Encourage information sharing of the available community support and health services through Primary Care Providers and Specialists.</p> <p>(2) Advocate for community support and health service organizations to provide up to date and new information through pamphlets to Primary Care providers and Specialists to distribute.</p>
3. Increase information sharing about the available community support and health services in Lambton County across partner organizations	<p>(1) Advocate for collaboration across community support and health service stakeholders to increase information sharing on their available services, particularly on in-home support services available in the community.</p> <p>(2) Encourage community support and health service organizations to partner and present information about new or current services that are offered.</p> <p>(3) Advocate for community support and health service organization partners to share and promote the outreach and advertising of services such as re-sharing social media posts or web-based news posts, sharing of digital or hard copy newsletters, brochures, or flyers.</p>
4. Advocate and promote through virtual or in-person presentations or workshops to service providers throughout the community, as well as older adult and caregivers	<p>(1) Advocate for ongoing education of the available community support and health services to service providers across partners through educational courses/informational sessions, workshops, presentations, townhalls, or sharing informational updates through email communication to better prepare service providers to promote, refer, and register older adults for services.</p> <p>(2) Increase awareness and promote the Age Friendly Sarnia-Lambton website to service providers as the main directory for information on services that includes contact information and information on the costs of services. Encourage service providers to utilize the Age Friendly Sarnia-Lambton as an information</p>



	resource to answer inquiries and connect older adults and caregivers with the appropriate resources that meet their needs.
5. Advocate for increased navigators or case managers to assist older adults in navigating the system and services to connect them to the appropriate resources that meet their needs	<p>(1) Continue to promote community navigators or case managers in the community that support older adults and caregivers in navigating the system/services and connecting them to the appropriate resources to meet their needs.</p> <p>(2) Advocate for increased community navigators or case managers to assist older adults and caregivers in navigating the system/services in the community.</p> <p>(3) Advocate for continued education, training, and information sharing to community navigators and case managers. Providing them with current/update or new information about the available community support and health services.</p> <p>(4) Encourage increased networking between community navigators and the various community support and health service organization.</p>



### ***Enhancing Access to Services***

The surveys and interviews highlighted many ways that the pandemic has impacted the lives of older adults and caregivers in Lambton County, including the accessibility of services. Older adults, who have been particularly at risk of severe illness from COVID-19, have been negatively impacted by the pandemic as the potential for contracting COVID-19 increases their desire to isolate. The change in service delivery from an in-person appointment to a phone and virtual service because of the COVID-19 pandemic has also impacted older adults differently from generations more familiar with the technology. While some participants enjoy participating in virtual programs and attending medical appointments over the phone, many older adults find that these programs and services are not equal to in-person services. Many older adults described feeling disconnected from their primary care providers and specialists over the phone, as they feel that these appointments lack compassion and non-verbal communication. In addition, older adults residing in Lambton County's rural communities experience significant challenges with rural phone and internet network connections making participation in online or virtual programming and appointments difficult due to loss in service connection and disruptions during their appointments.

Seifert, Cotton, and Xie (2020) explained that older adults in society face a double burden of exclusion, meaning that older adults face greater social exclusion due to being more vulnerable to the COVID-19 virus and possible exclusion from online services. Exclusion from online services could be for several reasons, such as not having an internet connection, not having the appropriate devices to access the internet, or not having enough experience using these devices to navigate online platforms. However, the pandemic also presents opportunities to strengthen person-centered supports and services. This included prioritizing in-home care, enhancing virtual supports, and bridging the gap in technology by increasing access, resources, information, and supports for technology use, and implementing intergenerational programming to involve younger individuals providing companionship to older adults and respite to caregivers (Hoffman, Webster, Bynum, 2020). Previous research has also stressed the urgent need to enable access to the internet and digital technologies, including accessible and free training opportunities on technology to increase older adults' skills and knowledge (Pedell, Bora, Keirnan, & Aimers, 2021; Ronzi, Orton, Buckner, Bruce, & Pope, 2021).



Based on the research team's analysis of the data and previous research, it is recommended that organizations consider the following points to address how the pandemic has impacted the lives of Older Adults:

Priorities	Options/Strategies
1. Advocate for continued options for in-person or virtual and phone services	<p>(1) Encourage community support and health service organizations to offer both in-person and virtual options for appointments and programming, particularly offering virtual and phone service options for those older adults who are comfortable with technology and accessing services through the phone.</p> <p>(2) Advocate for a return to in-person programming and appointments for older adults who prefer accessing services in person to increase social connection and improve communication and comfortability.</p>
2. Advocate for technology training and support services for older adults who are new/seeking assistance with using technology such as computers, tablets, and phone service	<p>(1) Explore the option to provide a mobile station for technology services and training where an individual is able to come to the older adult's home to assist with setup, education, and training on technology (i.e., using computers, tablets, and cell phones).</p> <p>(2) Explore collaboration with Lambton College Information Technology program to engage students with assisting and supporting older adults with learning and using technology.</p> <p>(3) Explore collaboration with local libraries to offer opportunities or create a program for older adults to access and use computer stations and receive hands on staff assistance.</p>
3. Advocate for increased staff capacity for phone service support to reduce hold times and allow for adequate time to discuss needs over the phone	<p>(1) Investigate current staff capacity for providing services over the phone to determine improvements to reduce wait times and increase service provider and client interaction time.</p> <p>(2) Advocate and explore scheduling additional staff support during high call volume times to reduce hold times.</p>
4. Advocate for increased capacity to provide in-home support services for in-person care	<p>(1) Encourage and explore increasing collaboration among community support and health service organizations to increase capacity to support in-home support service needs.</p> <p>(2) Advocate for increased in-person care in the home by consistent primary care providers, PSW, doctor/nurse practitioner who specialize in home care or needs for older adults.</p> <p>(3) Advocate for short-term in-home care that is easily accessible and affordable.</p> <p>(4) Advocate for specialized training to family members/caregivers who are taking care of an older adult at home such as through courses, workshops, informational sessions.</p>

## 6. Moving Forward

The three proposed recommendations (Improving Age-Friendliness and Accessibility, Continuing to Build Awareness and Increase Promotion of Services, and Enhancing Access to Services) aim to assist with further enhancement and awareness of the many available community supports and health services. This research and proposed recommendations aim to support continuous quality improvement planning and training to increase the number of older adults receiving high-quality, efficient, timely, and inclusive support from the community support and health service organizations. Additional sub recommendations have been identified under each overarching recommendation. Lambton Public Health and the Older Adult Care Pathway Steering Committee will move forward with the next steps including coming together to review the priority recommendations and make plans to implement improvements in the community support and health services in Lambton County. Lambton Public Health and Lambton College will be moving forward with carrying out additional consultation with more older adults, caregivers, and service providers through qualitative research to gain greater insight into their experiences accessing and coordinating services.



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## **Appendix A – Description of Data Collection and Analysis**

### **Surveys**

The quantitative component of the research consisted of surveys that were created for each category of participants we sought to gather information from; Older Adults, Caregivers, and Service Providers, and data collection took place between July to September 2021. The surveys were distributed online through an online survey platform made available by phone, and hard copies of the survey were provided by mail to those who expressed interest in receiving one. The survey questions were informed by previous age-friendly work within Lambton County and globally in addition to the Canadian Community Health Survey (CCHS), and the General Social Survey (GSS).

### **Interviews**

For the qualitative portion of this study, phone interviews with older adults, caregivers, and service providers were conducted. These interviews averaged 30 minutes in length with a range of 15-60 minutes. Semi-structured interview guides were developed for each of the target groups. Semi-structured interviews allowed the flexibility to drift from the interview guide as necessary. This allowed further probing of the participants with questions that may not have been included in the interview guides, but were relevant based on the answers the participant provided to the questions asked. Interview participants indicated their interest in the interviews during the recruitment phase. Individuals who expressed interest in participating were contacted to schedule an interview. Verbal consent from the participant, verifying that they received and read the information letter and consent form was confirmed at the beginning of each interview after which the researcher began an audio recording of the interview session. Participants were made aware of their right to refuse questions and/or end the interview at any time. Questions from the interview guide, as well as asked probing questions were asked as necessary to get more details as needed. The interviewer took notes throughout the interview, to indicate significant responses. The interview was concluded by asking the participant if they had anything else that they would like to share, thanking them for their time, turning off the audio recording, and ending phone call.

### **Data Analysis**

#### **Quantitative Analysis**

Older Adults, Caregivers, & Service Providers were the three target groups of the quantitative survey questions. Surveys that were not completed, or indicated that consent was not given were removed from the analysis, resulting in a total of 761 survey participants. A filter for Older Adults was used, any participant 55 years or older was considered an older adult, resulting in a sample size of 590 older adult participants. Caregivers were identified as any participant that stated they were a Caregiver resulting in a sample size of 231 participants. Note that the older adult and caregiver groupings are not mutually exclusive (i.e., a participant could be both considered an older adult and a caregiver). 70 participants identified themselves as Service Providers. Data from the survey was analyzed using descriptive statistical analyses including; frequencies, means, and percentages.

#### **Qualitative Analysis**

Qualitative data was analyzed using thematic analysis. The thematic analysis took place in six steps including transcription and initial readings, noting and highlighting, coding of the data and analysis of codes, reviewing of themes and codes, assigning of theme and writing of a rich description.

#### **Mixed Method Analysis**

After the completion of both the quantitative and qualitative analyses, a convergent approach was used to integrate the results. The three perspectives were analyzed separately so that the responses from one group did not influence our analysis of the next group's responses. A convergent approach to mixed methods research allowed the researchers to explore the ways in which the findings fit together recommendations and final evaluation.

## Appendix B – Recruitment Methods

Recruitment Method	Description	Recruitment Material
Announcement	Press release was made in July 2021 to the intended target population including Older Adults and Caregivers.	Press Release Announcement
Website Announcement	The press release was turned into a web-based news post in July 2021 and was posted on the Age-Friendly website and community stakeholder websites.	Press Release turned into final text for website announcement
Splash Page	The splash page was active from July to September 2021 and was created as a landing page for the survey. This page included information about the research project study, including a link to survey and contact information to participate in the interview.	Link to Splash Page for Research Study
Flyer	Flyers were distributed by key community stakeholders through their meals-on-wheels program as well as pharmacies, churches, apartment buildings, libraries, vaccine centers, and community centres in Sarnia-Lambton were contacted to have the flyers available in a high traffic area for potential participants to take and delivered with prescription deliveries. Flyers were also used for social media and posted to social media platforms.	Final Copy of Flyer
Written Email Communication	Lambton Public Health created a contact list of key community organization partners. These organizations were contacted by the researchers. During this initial contact, the researchers asked the staff if they would pass along the information letter about the study to Older Adults and Caregivers who may then contact the researchers directly if they were interested in participating. A recruitment email was created for staff to send including the information letter.	Recruitment email, information letter, consent form
Posters/Smaller “buck slip” handouts	Posters were hung at the Lambton Public health COVID-19 vaccination clinic. Buck slip handouts were available at the vaccination clinic. Posters were hung at community bulletin boards, and health care offices throughout Lambton County.	Flyer was printed on large paper for posters

## Appendix C – Quantitative Tables

Table 1: *Older Adult Needs Identified by Older Adults and Caregivers*

	Older Adult		Caregiver	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
The community supports help me age in place	3.29	.789	3.06	.936
Aging in Place is important to me	4.40	.787	4.27	.828
The community supports and health services help me meet my in-home assistance needs	3.16	.751	3.00	.889
The community supports and health services help me meet my transportation needs	3.03	.721	2.94	.843
The community supports and health services help me meet my nutrition needs	3.07	.699	2.87	.846
The community supports and health services help meet my health needs	3.37	.800	3.26	.878
The community supports and health services help me meet my financial assistance needs	2.95	.730	2.71	.857
The community supports and health services help me meet my personal care needs	3.15	.718	2.94	.914
The community supports and health services help me meet my social needs	3.02	.726	2.81	.849
The community supports and health services help me meet my information/knowledge needs	3.20	.793	3.12	.896

Note: All statements above were measured on a 5-point scale from Strongly Disagree (1) to Strongly Agree (5)

Table 2: Needs of *Older Adult Identified by Service Providers*

	<i>Mean</i>	<i>SD</i>
Social Isolation	2.82	.416
Needs someone to call in an emergency	2.25	.609
Needs someone who checks in with them regularly	2.48	.528
Needs assistance preparing meals	2.42	.591
Needs assistance doing everyday household chores, such as cleaning laundry, etc.	2.51	.681
Needs assistance maintaining property/landscaping or heavy/intense housework	2.57	.592
Needs assistance with personal care such as bathing, eating, mobility, etc.	2.37	.683
Needs assistance managing medication	2.35	.641
Needs assistance with using technology, such as a computer	2.68	.520
Needs assistance with moving into an assisted living/nursing home	2.56	.615
Needs Dependable Means of Transportation	2.36	.685
Need Accessible/Special Transportation Assistance	2.28	.705
Need Affordable Transportation	2.39	.712
Need Improved Nutrition	2.49	.609
Need more exercise	2.55	.557
Need ways or help participating in hobbies and other activities	2.51	.559
Depression	2.67	.533
Other Mental or Behavioral Health Concerns	2.59	.577
Lack of income to pay for basic needs such as food, utilities, housing, and medicine	2.46	.677
Need help keeping track of bills and paying them on time	2.29	.621
Need help dealing with legal issues	2.28	.616

Note: These are measured on a 3-point scale from Not a Problem (1) to Major Problem (3)

Table 3: Problems for *Caregiver According to Service Providers*

	<i>Mean</i>	<i>SD</i>
Need information on how to plan for Long Term Care needs, including financial planning	2.62	.571
Need information on retirement financial/legal planning assistance	2.49	.633
Need caregiver education or training	2.39	.647
Need caregiver support groups	2.39	.623
Need personal counseling to deal with stress of caregiving	2.51	.633
Need financial support with caregiving	2.45	.697
Coordinating medical appointment	2.49	.559

Note: These are measured on a 3-point scale from Not a Problem (1) to Major Problem (3)

Table 4: *Awareness of Services and Programs*

	<b>Older Adult</b>		<b>Caregiver</b>		<b>Service Provider</b>	
	<i>m</i>	<i>SD</i>	<i>m</i>	<i>SD</i>	<i>m</i>	<i>SD</i>
Support Groups	2.09	.624	2.04	.537	2.35	.614
Medical Equipment and Aids	2.02	.661	2.08	.625	2.19	.625
Mental Health and Addiction Support	2.09	.657	2.07	.636	2.25	.651
End of Life Care	2.14	.674	2.06	.646	2.26	.678
Fitness and Wellness Programs	1.98	.675	2.00	.631	2.27	.635
Help at Home	1.86	.697	2.04	.640	2.16	.720
Meals & Nutrition	1.95	.673	2.06	.636	2.29	.709
Telephone Support Programs	1.75	.671	1.91	.659	2.07	.773
Training for Technology*	2.83	1.12	3.07	1.13	--	--

Notes: All Awareness Measures were on a 3-Point scale from Not Aware (1) to Aware (3), excluding \* which was measured on a 5-point scale from Strongly Disagree (1) to Strongly Agree (5)

Table 5: *Usage of Services/Supports*

	<b>Older Adults (n=597)</b>	<b>Caregivers (n=232)</b>
	<b>%</b>	<b>%</b>
Support Groups	9.72	22.41
Medical Equipment & Aids	15.58	40.52
Mental Health & Addiction	9.05	25.00
End of Life Care	6.20	19.83
Fitness and Wellness Programs	15.58	20.69
Help at Home	7.87	32.33
Meals and Nutrition	6.70	18.10
Telephone Support Programs	3.35	5.60

Table 6: *Difficulty Experienced Using Services and Supports*

	Older Adults		Caregivers	
	%	Valid %	%	Valid %
1. Support Groups	3.52	36.84	14.66	65.38
2. Medical Equipment & Aids	5.70	36.96	25.43	63.44
3. Mental Health & Addiction	4.86	53.70	19.40	77.59
4. End of Life Care	2.35	38.89	12.93	68.18
5. Fitness and Wellness Programs	6.37	42.70	16.38	84.44
6. Help at Home	4.19	54.35	22.41	72.22
7. Meals and Nutrition	2.35	35.90	10.78	60.98
8. Telephone Support Programs	1.17	35.00	3.45	61.54

Note: Valid % is calculated using the number of participants who experienced a difficulty divided by number of people who participated in the service/support

Table 7: *Difficulties Accessing Service/Support According to Older Adults*

	Service/Support*							
	1.	2.	3.	4.	5.	6.	7.	8.
	%	%	%	%	%	%	%	%
Time/Schedule Problem	47.62	38.24	34.48	28.57	26.32	56.00	28.57	28.57
Transportation Problem	23.81	35.29	34.48	50.00	2.63	--	57.14	--
Language Problem	9.52	5.88	10.34	7.14	5.26	8.00	7.14	14.29
Cost	38.10	47.06	27.59	14.29	7.89	36.00	28.57	--
Information Problem	47.62	23.53	27.59	21.43	28.95	44.00	21.43	42.86
Health Related Problem	38.10	55.88	17.24	28.57	7.89	32.00	64.29	28.57
Due to Pandemic	66.67	52.94	34.48	35.71	84.21	52.00	71.43	42.86
Other	28.57	14.71	17.24	7.14	15.79	20.00	14.29	14.29

Note: \* Numbering used for "Services/Supports" is consistent from Table 6

Table 8: *Difficulties Accessing Services/Supports According to Caregivers*

	Service/Support*							
	1.	2.	3.	4.	5.	6.	7.	8.
	%	%	%	%	%	%	%	%
Time/Schedule Problem	44.12	28.81	20.00	16.67	15.79	30.77	12.00	37.50
Transportation Problem	26.47	38.98	42.22	60.00	28.95	--	44.00	--
Language Problem	23.53	13.56	13.33	23.33	5.26	21.15	0.00	25.00
Cost	20.59	35.59	26.67	26.67	13.16	26.92	24.00	--
Information Problem	35.29	23.73	37.78	30.00	21.05	42.31	16.00	75.00
Health Related Problem	44.12	37.29	24.44	33.33	18.42	36.54	64.00	37.50
Due to Pandemic	55.88	47.46	20.00	26.67	47.37	42.31	56.00	62.50
Other	14.71	10.17	8.89	6.67	7.89	11.54	4.00	0.00

Note: \* Numbering used for "Services/Supports" is consistent from Table 6



Table 9: Definitions of Difficulties to Accessing Services/Supports

<i>Difficulty</i>	<i>Definition</i>
<b>Time/Schedule Problem</b>	The Service/Support was not available at a time that allowed you to utilize it easily.
<b>Transportation Problem</b>	Transportation issues (i.e., public transit, personal vehicle, caregiver vehicle) made it difficult to access services/supports
<b>Language Problem</b>	The language (verbal or written) was not clear or accessible making difficult to access the service/support
<b>Cost</b>	The financial barriers associated with the service/supports made it difficult to access the service/support
<b>Information Problem</b>	Did not know where to go or who to contact to acquire information which created difficulties accessing the service/support
<b>Health Related Problem</b>	Difficulties occurred directly due to health issues (i.e., medical complications and/or chronic medical conditions) that affected the ability to access the service/support.
<b>Due to Pandemic</b>	Difficulties directly experienced due to the occurrence of the COVID-19 pandemic including lockdown, restrictions, and anxiety contributed directly to the pandemic
<b>Other</b>	All difficulties not encapsulated by previously mentioned problems

Table 10: *Barriers Experienced by Older Adults and Caregivers when Accessing Care*

	<b>Older Adult (n=597)</b>	<b>Caregiver (n=232)</b>
	<b>%</b>	<b>%</b>
Difficulty getting a(n) referral/appointment	17.59	22.41
Difficulty contacting a physician or nurse	15.91	30.60
Service not available at time required and/or in the area	9.21	79.74
Transportation Problems	2.18	10.34
Language Problem	0.34	4.74
Cost	2.01	5.60
Information Problem	2.85	10.34
General Deterioration of health	3.85	13.79
Due to Pandemic	14.74	21.12
Other	3.85	3.45

Table 11: Experiences of *Care Coordination and Referral Process Experience*

	Older Adult		Caregiver	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Coordinating multiple appointments and health services is straight forward	3.09	1.18	2.92	1.16
I feel heard when at an appointment	3.61	1.08	3.33	1.07
I feel treated with respect at an appointment	3.83	1.08	3.55	1.11
I feel like health care providers and community service providers communicate with each other effectively on my behalf	3.24	1.14	3.17	1.13
I feel like I repeat myself a lot when at appointments	2.69	1.15	3.18	1.13
I feel overwhelmed coordinating all my appointment	2.36	1.07	2.97	1.08
I feel there is a range of community and health services available in the community	3.42	1.05	3.38	1.05
I feel information about community support and health services are clear and accessible	3.00	1.08	3.00	1.11
The referral process was generally easy, hassle free, and timely.	3.20	1.26	2.95	1.27
I was satisfied with the care given.	3.48	1.21	3.23	1.17
The staff was knowledgeable and provide appropriate information for my referral.	3.51	1.22	3.31	1.18
The telephone was answered promptly when I called and was able to get the information I needed.	3.11	1.27	3.16	1.17
The staff was professional and responsive.	3.62	1.21	3.53	1.10
The staff was respectful, helpful, courteous, and friendly.	3.64	1.20	3.60	1.04
The staff for my referral was responsive and helpful.	3.54	1.22	3.53	1.04
My phone calls are returned promptly.	3.16	1.26	3.20	1.19
I was satisfied with written/verbal communications from staff.	3.37	1.23	3.32	1.15

Note: All statements above were measured on a 5-point scale from Strongly Disagree (1) to Strongly Agree (5)

Table 12: Service Provider's Perspective of Care Coordination and Referrals

	<i>Mean</i>	<i>SD</i>
Coordinating multiple appointments and health services is made straightforward	2.31	.966
Referring the people I serve to other community supports and health services is straightforward	2.87	1.01
I feel there is a range of community supports and health services available in the community	3.53	.985
I am satisfied with the resources available to allow me to refer people to other services and supports within the community	2.88	.970
I feel capable of providing appropriate information to people	3.50	.872
I feel the people that I serve leave/hang up the phone satisfied with all the information they need	3.50	.855
I feel information about community support and health services are clear and accessible	2.75	.920
I feel capable referring the people I serve to the community supports and health services	3.51	.872
I feel the community supports and health services cover all the needs of older adults	2.49	.938
I feel trusted by the people I serve	4.17	.617
I feel like I am able to build a connection with the people I serve	4.28	.569
I feel overwhelmed helping people coordinate all their appointment	2.94	.851

Note: The above statements are measured on a 5-point scale from Strongly Disagree (1) to Strongly Agree (5)

Table 13: Health, Belonging, and Loneliness of Older Adults and Caregivers

	<b>Older Adult</b>		<b>Caregiver</b>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
In general, would you say your health is...? <sup>1</sup>	3.36	.944	3.43	1.07
In general, would you say your mental health is...? <sup>1</sup>	3.60	.992	3.49	1.02
Thinking about the amount of stress in your life, would you say that most days are...? <sup>2</sup>	2.64	.891	2.81	.971
How would you describe your sense of belonging in local community? <sup>3</sup>	2.76	.783	2.85	.732
<b>Loneliness<sup>4</sup></b>				
How often do you feel that you lack companionship?	1.59	.716	1.69	.656
How often do you feel left out?	1.56	.678	1.73	.637
How often do you feel isolated from other	1.58	.679	1.73	.677

Notes: <sup>1</sup> These questions were measured on a 5-point scale from Poor (1) to Excellent (5); <sup>2</sup> This question was measured on a 5-point scale from Not at all stressful (1) to Extremely Stressful (5); <sup>3</sup> This question is measured on a 4-point scale from Very Weak (1) to Very Strong (4); <sup>4</sup> Loneliness measures are on a 3-point scale from Hardly Ever (1) to Often (3)

Table 14: *Caregiver Burden Scale According to Caregivers*

	<i>Mean</i>	<i>SD</i>
Time Dependence Burden	3.09	0.89
Developmental Burden	3.04	0.95
Physical Burden	3.04	1.00
Social Burden	2.84	0.94
Emotional Burden	2.52	1.04

Note: All statements were measured on a 5-point scale from Strongly Disagree (1) to Strongly Agree (5)