CUISR:

Community – University Institute for Social Research

Evaluation of Saskatoon Community Clinic Group Program For "At Risk" Elderly

by Sherry Klymyshyn and Lee Everts

Community-University Institute for Social Research

CUISR is a partnership between a set of community-based organizations (including Saskatoon District Health, the City of Saskatoon, Quint Development Corporation, the Saskatoon Regional Intersectoral Committee on Human Services) and a large number of faculty and graduate students from the University of Saskatchewan. CUISR's mission is "to serve as a focal point for community-based research and to integrate the various social research needs and experiential knowledge of the community-based organizations with the technical expertise available at the University. It promotes, undertakes, and critically evaluates applied social research for community-based organizations, and serves as a data clearinghouse for applied and community-based social research. The overall goal of CUISR is to build the capacity of researchers, community-based organizations and citizenry to enhance community quality of life."

This mission is reflected in the following objectives: (1) to build capacity within CBOs to conduct their own applied social research and write grant proposals; (2) to serve as a conduit for the transfer of experientially-based knowledge from the community to the University classroom, and transfer technical expertise from the University to the community and CBOs; (3) to provide CBOs with assistance in the areas of survey sample design, estimation and data analysis, or, where necessary, to undertake survey research that is timely, accurate and reliable; (4) to serve as a central clearinghouse, or data warehouse, for community-based and applied social research findings; and (5) to allow members of the University and CBOs to access a broad range of data over a long time period.

As a starting point, CUISR has established three focused research modules in the areas of Community Health Determinants and Health Policy, Community Economic Development, and Quality of Life Indicators. The three-pronged research thrust underlying the proposed Institute is, in operational terms, highly integrated. The central questions in the three modules—community quality of life, health, and economy—are so interdependent that many of the projects and partners already span and work in more than one module. All of this research is focused on creating and maintaining healthy, sustainable communities.

Research is the driving force that cements the partnership between universities, CBOs, and government in acquiring, transferring, and applying knowledge in the form of policy and programs. Researchers within each of the modules examine these dimensions from their particular perspective, and the results are integrated at the level of the Institute, thus providing a rich, multi-faceted analysis of the common social and economic issues. The integrated results are then communicated to the Community and the University in a number of ways to ensure that research makes a difference in the development of services, implementation of policy, and lives of the people of Saskatoon and Saskatchewan.

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Abstract

The Seniors Group at the Saskatoon Community Clinic provides group support and programming to a diverse group of seniors who are vulnerable to rapid and serious deterioration of physical and/or emotional health. Two groups, Silver Threads and Happy Gang, meet biweekly and offer both formal and informal programs. These provide opportunities for facilitators, volunteers, and peers to interact face-to-face, go on outings, enjoy guest speakers, engage reminiscence, and to participate in other activities in a supportive environment. These opportunities promote a positive attitude which is an essential element for successful aging.

The objective of this research project is to determine how and the extent to which the Seniors Group program is beneficial to the immediate and longer-term health of seniors.

This qualitative participant-oriented program evaluation is based on a Program Logic Model of the Seniors Group program. Focus groups for each of the seniors' groups used, summarized, and verified multiple data collection methods. A total of 26 participant surveys, 6 volunteer surveys, and 17 individual surveys were completed. In addition, a brief telephone survey for caregivers was developed but not implemented.

Despite the potential challenges of aging such as isolation and diminishing health and independence, there generally was a high level of satisfaction with the programs. They reduce the isolation of seniors by providing a social outlet, with transportation and lunch included. A positive effect on emotional and physical health was noted. In their own words, the group helps participants feel: "uplifted when down", "happy", "welcomed", "good about myself", and "free". Positive feelings and attitudes are documented key components to healthy aging

Incorporating more interaction among participants and other groups (e.g. young children, youth, or young adults) would be beneficial for the programs. Similarly, while the programs provide seniors with opportunities to function within the community, participants expressed a desire to "give back" to their communities. They seek, by their actions, to help redefine the role of seniors and the idea of aging in those communities.

Overall, this very diverse group of elderly persons is very satisfied with the Seniors Group program. It offers participants a place to go, the option to attend, and the means to get there. Saskatoon Community Clinic senior clients are able to get out of their homes two afternoons a month in a situation that works towards maximizing their independence. In their own words, attending the group helps participants to feel: "upliftedwhen down",

"happy", "welcomed", "good about myself", and "free".

As well, participants shared many ideas to enhance the current programs and include the following topics: enhancing independence and interaction, involvement in planning, arrangements for meetings, interaction within the community, intergenerational interaction, and improving information and communication technology. For instance, participants indicated that a telephone and email list would improve communication, and a questionnaire, circulated in September, could help to determine who would be interested in planning.

Like many other senior service providers, the Saskatoon Community Clinic does not offer the Seniors Group program in the summer. Participants highlighted the need and desire for year-round activities and offered suggestions as to how to handle the summer months. They also requested more information about community resources and more opportunities to get out into the community during group time. Some group participants wanted more contact with younger people.

With regard to the volunteers, participants indicated that meeting and greeting group members when they arrive and providing transportation for the volunteers should continue. Other recommendations emphasized such things as allowing more time for volunteers to visit with group members and addressing how volunteers can assist with monitoring the health of group members.

In terms of the caregivers, the primary recommendation was to undertake another evaluation focusing on the role and function of caregivers.

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Background

Healthy Aging: What is it?

Successful aging or healthy aging describes an ideal in terms of physical, mental, and social functioning. It involves a recognition that a person can adapt when individual circumstances change. Resiliency in this case is a key component. Positive attitude, supportive social relationships, meaningful activities, and resiliency make the most of the

later years. This section explores the definition and characteristics of successful aging.

Tate, Lah, and Cuddy (2003) studied the definition of successful aging by elderly Canadian men. According to the researchers, senior men felt success in things like loving relationships, a graceful acceptance of change, moderate living, having goals, a sense of humour, and being happy.

According to centenarians (seniors aged 100 or more) in the Boston area, the acronym AGEING describes six key ways to live a long and successful life:

- Attitude,
- Genes
- Exercise
- Interests (to challenge the mind)
- Nutrition
- Get rid of Smoking (Perls 2002)

Physical activity:

It is well known that physical fitness is part of a healthy lifestyle. Exercise can "reduce depression, stress, and the likelihood of falls. It helps to maintain healthy body weight and muscle mass, and provides a sense of increased control over one's life." (National Advisory Council on Aging 2004). Exercise activates serotonin and norepinephrine and increases socialization, both known to enhance mental health. It is also known that many frail elderly people cannot participate in a lot of physical exercise due to disabilities and diseases (Eldercare 2005).

Mental activities:

Health experts know that engaging in new and intellectually challenging activities stimulates the creation of new nerve connections in the brain. Stimulating activities include reading, discussing current events, playing games, or taking a class for personal interest. A number of American researchers concur that learning opportunities throughout life, both formal and informal, have a positive effect on health.

The Mental Fitness for Life program (MFLP) was developed in Canada to promote mental fitness as equal in importance to physical fitness and health (2003). Cusack et al. (2003) claim that mental fitness is the key to healthy and productive aging, and it encompasses a number of skills that can be developed. Mental Fitness for Life includes goal setting, critical thinking, creativity, a positive mental attitude, learning and memory, and speaking one's mind. Results of the program reveal a significant improvement in self-esteem and self-confidence, affirming that mental fitness interventions appear to improve mental health significantly, as measured by the Centre for Epidemiological

Studies Scale for Depression (CES-D).

Peter Jarvis (2001), author of *Learning in Later Life*, strongly supports the need for mental stimulation as we age. He advocates all forms of learning and validates an informal learning focus for the elderly, emphasizing the importance of having a space to talk with people from all walks of life in the later stages of one's life.

Cusack et al. (2003) and Jarvis (2001) also address healthy aging from a learning perspective. They argue that "in response to population aging, rising costs of healthcare, and the emphasis on self-care and self-responsibility for health, learning is a more viable and cost-effective means of health promotion" (Cusack, Thompson, and Rogers 2003, 394).

Effective educational gerontology practice advocates the merits of informal learning (Jarvis 2001; Mackercher 2003). In response to creating a learning environment for older people, particularly those living in assisted living and nursing homes, Jarvis (2001) states, "People should be encouraged to reminisce and care staff should be facilitators and listeners when this occurs. Providing space for people to talk is important at this stage in people's lives."

Connected and engaged

"People who remain actively engaged in life and socially connected to those around them are happier, in better physical and mental health, and more able to cope with change than those who are less engaged and connected" (National Advisory Council on Aging 2004, 5). Increasing social isolation for some seniors is associated with many adverse health outcomes, whereas satisfaction with social support networks has protective effects on both physical and mental health. For those older seniors who experience both physical disabilities (i.e. visual impairment, hearing loss, mobility limitations, chronic pain) and reduced social contacts due to life cycle changes (i.e. death of peers and geographical distance from family and friends), the problem of social isolation increases (Straka & Clark 2000). The homebound elderly are at increased risk for social isolation which can lead to depression.

Depression is a serious problem affecting approximately 25% of elderly residing in assisted living and is perhaps higher in homebound people (ElderCare Online 2000). Depression affects a person's body, mood, and thoughts, particularly for those suffering from chronic diseases and disabilities (Cusack, Thompson, and Rogers 2003). According to Lewinsohn et al. (1997), "[a]s common and as debilitating as it is, depression in later life remains largely undiagnosed and untreated with great personal costs (e.g. to self-esteem, to relationships, to productivity) as well as the financial costs to the economy and health care system" (Cusack, Thompson and Rogers 2003, 395).

Loneliness, losses of all kinds, especially of health and functioning, and lack of daily pleasurable activities are some of the underlying reasons for depression in elderly persons. When frail elderly people are depressed, they need help to exercise as many personal choices and decisions as they are able (ElderCare Online 2000).

Resiliency

Resiliency is the ability to bounce back when circumstances get a person down. A resilient person deals with problems and losses better than others in the same situations. Resilient people cope by:

- talking to people who can do something to fix the problem,sharing their feelings and making a plan of action,finding ways to compensate for their losses,relying and trusting in their faith or spirituality,using their sense of humour to reduce tension,using their life experiences to solve problems,keeping an overall positive outlook (Mayberry and Seguin 2005).

Focusing on resiliency, Langer (2004) acknowledges that old age is a challenging period as it often includes sudden and multiple losses and unforeseen physical, emotional, social, and spiritual assaults. However, people are capable of transforming these negative events into opportunities, resulting in personal growth and satisfaction. Those involved in self-help groups indicate that humour and shared laughter are an essential part of healing (National Advisory Council on Aging 2004).

Intergenerational Interaction

A leader of the intergenerational movement, Pat Varley of United Generations Ontario, states:

> "With the increasing numbers of seniors in Canada, a wealth of skills and talents is now available to enhance the lives of our young people. In programs with senior volunteers, a child or teenager can find an older friend who is non-threatening and who will take the time to listen and to understand. In turn, the older friend feels more fulfilled, less isolated, and may be better able to ward off depression. In fact, it is well documented that meaningful activity helps seniors stay healthy. In programs with youth volunteers, the younger generation has the opportunity to be of service to the older people in their community, and again both groups benefit" (*Transition Magazine* 2000, 10).

Pratt and Alger (1999, 1) agree that interactions between children and the frail elderly can benefit both generations. "Children can gain an understanding of aging and develop meaningful relationships with older persons. Frail elders can enjoy the happi-

ness and satisfaction of a relationship with a child." They provide a five-step guide to create positive interactions between children and the frail elderly.

Involvement with youth was also identified in The National Indian and Inuit Community Health Representatives Organization (NIICHRO) 2002 survey as an area requiring more focused attention. The goals that they set for youth involvement with Elders were:

> • to create an awareness of and sensitivity to the issues of the elderly,to eliminate stereotypes among both groups – the young and the elderly,
>
> • to enable the frail elderly to remain in the comfort of their own homes and receive needed nutrition and companionship (NIICHRO 2002, 6).

Dellman-Jenkins (1999) provides a 7-step model for addressing the needs and interests of the elderly participants in intergenerational programming with young children, along with evaluation tools. The basic premise underlying this senior-centred model is that contact with members of the younger generation is most likely positive for older people when they perceive themselves to be in meaningful and valued roles. This point is important to consider as many intergenerational programs are geared mainly towards the benefit of young children.

Funding sources such as the New Horizons for Seniors program provides grants to support a range of community-based projects across Canada. These enable seniors to participate in social activities, pursue an active lifestyle, and contribute to their communities. The 2005 federal budget granted priority funding for intergenerational projects as well as projects that address Seniors at Risk of Isolation.

Information and Communication Technology

Results from documented computer projects involving frail seniors in long-term care show that connections with present forms of communication and information technology provide meaningful activities for some elderly. They alleviate social isolation, build social support networks, create feelings of connectedness including intergenerational connections, stimulate mental activity, and provide numerous learning opportunities (Adamson and Cooper 2000; Challender 2001; Namazi and Mcclintic 2003; Straka and Clark 2000; Swindell 2002). Furthermore, informing and including the elderly in the Information Age has value, for the elderly have as much to contribute to the global village as any other generation. As Dr. William Thomas, founder of the Eden Alternative long-term care philosophy, notes: "In this day and age, we must use every means available to us to create and promote *do have* connectedness in this world."(*Learning From Hannah: Secrets for a Life Worth Living* 226).

Stages of Aging

The Third Age (approximate age range from 60 to 75 years) is a concept advanced by Peter Laslett, the British forefather of the University of the Third Age (U3A), who wrote *A Fresh Map of Life: The Emergence of the Third Age* in 1989. He identified four ages in the human life span and described them as follows:

(1) The First Age: the initial period of preparation for adult life, marked by dependency, socialization, and schooling.
(2) The Second Age: the period of being in the work force, homemaking, entering into conjugal relationships, and childrearing.
(3) The Third Age: when a person leaves the workforce, ceases many domestic and family responsibilities, and becomes free to satisfy personal ambitions and needs.
(4) The Fourth Age: the period of dependence and decrepitude leading to death.

As you can see, the Fourth Age is negatively described. Although we have succeeded in adding years to our lives, this presents new challenges. Baltes and Baltes (1998, 4) point out that, in the added years of advanced old age, resilience is tested.

> "The negative consequences of aging become more general and glaring when people in their late eighties and nineties are studied. In advanced old age, practically all people show substantial losses in all domains of psychological functioning, for instance, in all domains of cognitive functioning. Similarly, average changes in personality functioning – though they continue to be smaller than those in intelligence and memory – point in the same direction during the Fourth Age, that is toward more dysfunctionality. Furthermore, in advanced old age, more and more people express fewer positive emotions, including a sense of loneliness. Psychologically speaking, advanced old age increasingly becomes a kind of testing the limits situation for psychological resilience, with such over demand and stress that previously effective strategies of adaptation and life management begin to fail."

For people moving from the Third into the Fourth Age, Baltes and Baltes (1998) propose a model of successful aging based on three processes that seniors need to adapt successfully to their declining capacities:

a) *Selection* is a focus on fewer but the most important of goals,

b) *Optimization* is an improvement of goal-relevant means such as the practice of health-friendly behaviour,

c) *Compensation* is the use of new substitutive means such as a new memory technique.

Through these three processes, "Even in the Fourth Age (80+ years old), we can continue to be the masters of our lives, though the territory we control through internal and external means necessarily becomes smaller and smaller" (Baltes and Baltes 1998, 18).

During the 1980s, the increase in a physically and mentally active retired population resulted in the development of more programs for seniors. University initiatives providing Third Age vocational programming (U3A) emerged internationally, and now is offered online (Swindell 2002). In the past 25 years, numerous programs have emerged targeting and advancing positive views and opportunities for people in the Third Age and, in the process, contributing to their health and well-being. More community programs are now available for seniors (65+ years) to be mentally stimulated, socially involved, and active in the community. But what about the Fourth Age?

A program search indicates that very few seniors' programs target the homebound or "frail elderly", although more people are now living into their late 80s and 90s, with a similar increase in centenarians. At present, a new age of growing old is starting to emerge (Cusack, Thompson, and Rogers 2003; Jarvis 2001; Swindell 2002; Soulsby 2000) that challenges Laslett's negative interpretation of the Fourth Age.

Jarvis (2001) presents old age as a time of opportunity and development rather than a period of obsolescence and decline. As mentioned earlier, Baltes and Baltes (1998) provide a model of successful aging for an elderly population through the processes of selection, optimization, and compensation. Efforts directed at seniors are necessary to cultivate a positive change in attitudes towards aging for people in the Fourth Age. Accessible programs that advance positive views and opportunities for people in their eighth, ninth, or tenth decade of life and, in the process, address health and well-being will make a difference in the Fourth Age.

Saskatoon Community Clinic Seniors Group Program

A Fourth Age Program

Saskatoon Community Clinic Seniors Group Program involves a growing number of participants at the end of their Third Age and entering into the Fourth Age. In existence for 30 years, the Saskatoon Community Clinic Seniors Group Program is available to elderly Saskatoon Community Clinic clients. Seniors may be referred to the program by their family, friends, doctor, or other professionals in the community. Participants (average age of 83 years) are likely to be somewhat frail, socially isolated, disabled, and/or emotionally distressed.

To serve the needs of these individuals, the Seniors Group Program is based on a total care philosophy of health care. The goals of this program are to reduce isolation, reduce emotional distress, improve or maintain participants' physical health, reduce health utilization, and maximize independence. Saskatoon Community Clinic is able to

monitor the health and social situation of a large number of vulnerable elderly clients. On a biweekly basis, they are phoned regarding attendance at the upcoming seniors' group meeting. Monitoring also is done through occasional home visits to group members.

Two ongoing groups, Happy Gang and Silver Threads, are offered at the Saskatoon Community Clinic. Each has approximately 25-30 elderly participants, with an average attendance of 14 to 15 seniors per group meeting. Many clients continue in the groups for several years. The groups meet biweekly for two hours at the Saskatoon Community Clinic or elsewhere in the community.

Participants help develop topics for the meetings. The general structure is an entertainment or educational component for the first hour and a social interaction component for the second hour. Lunch and transportation are provided at a nominal fee. Leadership of the groups is provided by Saskatoon Community Clinic staff (two seniors' counsellors and an occupational therapist) and up to six volunteers per group.

Program Evaluation

Objective

The objective of this research project is to determine how and the extent to which the Seniors Group program is beneficial to the immediate and longer-term health of "at risk" elderly clients of the Saskatoon Community Clinic. "At risk" is defined as being vulnerable to rapid and serious deterioration of physical and/or emotional health.

Our research will address the following questions:

Major Questions:

1) In what ways and to what extent is the program achieving its stated goals of reducing isolation, reducing emotional distress, improving or maintaining participants' physical health, reducing health utilization, and maximizing independence?

2) Is the program beneficial to clients in ways that are not immediately apparent?

Sub Questions:

1) What aspects of the program contribute most, and least, to achieving the program's goals?

2) Do the seniors' groups operate/function according to the Program Logic Model?

3) Do the groups use effective practices for facilitating interaction and learning among the seniors?

4) To what extent do group members and caregivers consider the groups beneficial to their health and well-being?

5) To what extent are group members and caregivers satisfied with the program?

In addition to achieving the intended outcomes, the criteria for evaluation will include responsiveness to needs, ideals, and values; optimal use of available resources and opportunities; and adherence to effective practice.

Research Design

A Program Logic Model of the Seniors Group Program was used as a basis of the evaluation. To ensure accuracy, this qualitative participant-oriented program evaluation used multiple methods of data collection:

- observations (approximately eight) of the group sessions,a group participant survey,
- a volunteer survey,

• a group participant interview,a focus group for each of the two Saskatoon Community Clinic Seniors Groups,a caregivers' brief telephone survey was developed but not implemented.

The reasons for the evaluation and the measures to ensure anonymity and confidentiality were explained to participants during all phases of the program including the focus groups and group participant interviews. Group members could also ask questions about the observations before giving verbal permission for their participation. All participants were given a letter of introduction (Appendix B) as well as a written consent (Appendix C) and transcript release consent to sign (Appendix D).

Documents available to the researcher included registration forms, biweekly announcements sent to group members, the Saskatoon Community Clinic's volunteer guide, and the Saskatoon Community Clinic's website.

● Observations

The researcher observed the physical environment, the group's atmosphere, and patterns of interactions: participant-participant, participant-facilitator, participant-volunteer, volunteer-volunteer, volunteer-facilitator.

● Group Participant Survey:

A total of 26 surveys were completed, 13 from each group. The purpose of the participant survey was to collect information on the program's accomplishments and to assist in determining program improvements.

The survey had six sections:

1. Demographic Information
2. Interactions
3. Program
4. Statements to agree or disagree with about the program
5. Level of Satisfaction with various aspects of the program
6. Sentence completion

● Volunteer Survey

Its purpose was to discover the volunteer experience within the seniors' group. Six out of sixteen volunteers completed the survey.

● Group Participant Interview:

A total of 17 participant interviews were conducted, each approximately one hour in length. An informal interview process allowed participants the freedom to provide a rich description of their thoughts and ideas and feelings and experiences of the seniors'

program.

Interview questions covered six topics:

(1) Background Demographics;

(2) Interactions (in the group, outside the group, frequency, and types of activities);

(3) Program Structure/Format (components of the program and how it serves the participant's needs);

(4) Independence of the participant;

(5) Health and Well-being (the program's contribution to the participant's health and well-being); and

(6) Emotions and Attitude (before and after entering the program)

• Focus Groups

The purpose of the focus group was for the researcher to share the findings of the group participant surveys and interviews and provide group members with a final opportunity to discuss the issues raised and to make changes and/or further recommendations.

The two main questions to be answered through group session observations were:

(1) Do the seniors' groups operate/function as indicated in the Program Logic Model?; and

(2) Do the groups use effective practices for facilitating interaction and learning among the elderly?

FINDINGS

Observations

The Learning Environment

Observations were made in the following three categories: the physical environment, group atmosphere, and patterns of interactions (participant-participant, participant-facilitator, participant-volunteer, volunteer-volunteer, volunteer-facilitator).

(1) The Physical Environment:

> • Chairs were often arranged in a large open circle around the room. For those who needed to get up and move around, there was ample space to manoeuvre with walkers. On occasion, the chairs were set up in theatre style to accommodate films and slide presentations. Although the chairs were comfortable to the researcher, some of participants appeared uncomfortable, while others commented that they couldn't

sit very long in those chairs,

• At tea time, small TV trays were dispersed, one table for every two group members,

• Equipment was available for special needs (hearing and sight),

• A large table was set up at the back and an upright piano was at the front of the room,

• The mission statement of the Saskatoon Community Clinic was posted on the middle of the wall; above it was a large clock; next to it was a solidarity poster (Note that the room is used by a number of different Saskatoon Community Clinic groups). Positive images of older people were not displayed.

(2) Group Atmosphere:

• People referred to one another by name and treated each other with respect and as individuals,

• Upbeat, enthusiastic, and gentle volunteers spoke with the group members and listened to their stories,

• Participants were given opportunities to do things for themselves and choices to participate,

• Humour and spontaneity of participants were embraced within the sessions,

• The group members and volunteers expressed warmth and great rapport. They appeared to have a good time in the kitchen visiting with one another while preparing, serving, and cleaning up lunch,

• During activities, the atmosphere was very calm, patient, relaxed, and fun loving. If group members needed to get up and move around, they were encouraged to do so,

• Members were encouraged to share their interests and talents (i.e. leading the group in singing, telling jokes, sharing information obtained from the internet, informing others about upcoming events, or providing updates on missing group members),

• Members frequently mentioned to the researcher that this was a very nice group, and they enjoyed the opportunity to get out of their home and visit with others.

(3) Patterns of Interactions: (participant-participant, participant-facilitator, participant-volunteer, volunteer-volunteer, volunteer-facilitator)

• Two to four participants arrived together in the taxis. Volunteers greeted, welcomed, and assisted them out of the taxis,

• Facilitators welcomed the group, speaking with each member at some point during the group session or while waiting for taxis. Facilitators' comments were confirmed as able to "acknowledge and validate the other person and their experience of reality (their feelings, perceptions, etc.) … help[ing] to build self-esteem." (Nussbaum, Thompson, and Robinson 1989, 35),

• Although volunteers circulated at lunch, several participants did not circulate very much due to limited mobility. While some sat with different people at various meetings, others sat with the same person for most meetings, often the person(s) with whom they arrived by taxi,

• Participants talked with the participants on either side of them in the large circle. Although some participants did not initiate conversations, they interacted with other participants or volunteers when approached,

• Volunteers remained aware of the jobs that needed to be done and completed these tasks efficiently and co-operatively,

• Facilitators were accessible to the participants and volunteers throughout each observed session.

A wide variety of activities provided both physical and mental stimulation for the elderly group members. These included physical exercises that members could do at home, travel slideshows, a trip to the Diefenbaker Centre to see an exhibit of Saskatchewan houses, a backyard garden party, bingo, trivia games, and discussions. Current events or "hot topics" were not part of the formal meeting, and most informal conversations related to how others are doing. This counters the Program Logic Model (PLM) goal to engender "interest in others and the broader world". However, in the survey, most responded that they were able to talk about things watched on TV, heard on the radio, or read in the newspaper.

Formally and informally, the program format encourages activities that are related to the past and present life experiences and current concerns of group members. For example, at the Diefenbaker Centre Homes of Saskatchewan Exhibit, participants enjoyed finding a former home of a group participant. After several meetings, participants explained that the formal activity brought to mind many things with which they could relate. Unfortunately, a lack of time prevented further discussion.

On a number of occasions, the facilitators shared the responsibility for planning and conducting activities and sought participant input for future activities. Facilitators noted that, at the beginning of September, the first group meeting addressed planning for

the term with the group. Some participants brought items of information or shared their talents (i.e. leading songs) with the group. Flexibility within the sessions was observed, providing space for spontaneous sharing by the participants.

Participant Survey

A total of 26 group members completed the survey. Thirteen Silver Threads group members responded to the survey during their regular group meeting on June 2. Thirteen people from the Happy Gang filled out the survey: 11 responded to the survey conducted on June 8; the two who were not present mailed their completed surveys. Surveys were mailed to group members who were not at either of the meetings.

The survey was organized into six sections:

1. Demographic Information
2. Interactions
3. Program
4. Statements to agree or disagree with about the program
5. Level of Satisfaction with various aspects of the program
6. Sentence completion

Data collected from each section of the participant survey are provided below with analysis.

1. Demographic Information

The Saskatoon Community Clinic Seniors Group Program consists mainly of women, with 23 women (age range of 60-93 years) and 3 men (age range of 84-95 years) who completed the survey. The average age was 83. All participants attended grade school; 25% went to college; another 25% had university education. Former occupations included housewife, registered nurse, mental health worker, secretary, teacher, writer/editor, farmer, and business person.

Regarding family, only 3% were married, while the majority (77%) were widowed. While most group participants have children and/or grandchildren in Saskatoon or Saskatchewan, the survey did not reveal if they are involved with family members. The 27% with no children may need alternate support networks and/or caregivers given the absence of immediate family.

Living arrangements varied, with a range of surveyed members living in houses, apartments/condos, or designated seniors' communities. Only 7% indicated that they live with family. While 50% live alone, the survey did not indicate the length of time. Thirty-five per cent did not indicate whether they live alone or with family or friends. Some expressed difficulty identifying their living arrangements on the survey (i.e. If one lives in a seniors' community or an independent living situation like The Franklin, is that considered as living alone?) The length of time that participants have lived in Saskatoon ranged widely, from nine months to 78 years.

2. Interactions

Given uncertainty regarding the different people or groups with whom they typically have contact in a week, 30% did not respond. One participant did not indicate a number but wrote that she had contact with home care.

Sixty-two per cent of participants indicated that they had daily interactions with people or more than 10 contacts per week. Forty-six per cent indicated at least three to four different contacts per week. Fifteen per cent indicated that they did not have any interaction during the week, suggestive of potential isolation, loneliness, and reduced monitoring of health and well-being.

The survey neither revealed the actual amount of time per contact nor the nature of the contact. The majority of the surveyed participants (96%) indicated that the nature of interaction was through personal contact; 92% have telephone contact as well, while almost 30% have contact with others via email.

Of the participants surveyed, 67% from each group attend meetings regularly. However, participation in other community activities differs between the two groups. Almost all of the Happy Gang respondents are involved in other community activities, while only half of the Silver Threads respondents participate in other community activities. This highlights the importance of the group and suggests that some group participants are isolated from the community.

3. Program

Length of Program Participation

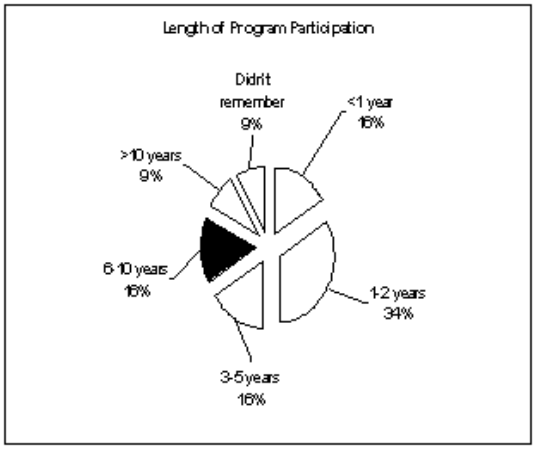


Figure 1: Length of Program Participation

The number of years that the participants attended the program was evenly distributed, with 16% representing each of these categories:

• attended less than one year,

• 3-5 years,

• 6-10 years.Nine per cent have been members for more than 10 years; an additional 9% indicated that they could not remember how long they have attended group but stated that it was a long time. A large percentage (34%) indicated they have attended the Saskatoon Community Clinic Seniors Group for one to two years. The survey did not indicate whether this is an accurate reflection of the distribution of the membership; however, it does highlight the diversity within the group.

How Participants Learned about the Program

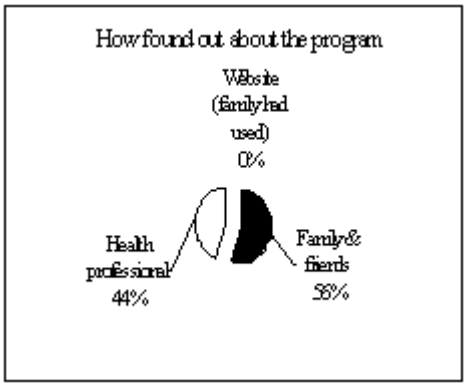


Figure 2: How Participants Learned of Program

Over half of the survey participants (56%) indicated that they had learned about the program through family and friends. This suggests the need to continue promoting the program for family and friends. Although no participants mentioned the Saskatoon Community Clinic website, family members may have discovered the program by this route.

Forty-four per cent indicated that a doctor, social worker, or mental health nurse, all who work for the Saskatoon Community Clinic, informed them of the program. This

suggests the effectiveness of the monitoring of elderly patients' health and the doctor referral process. The merits of these actions allow health care workers "to keep pace with the needs of the increasing proportion and number of older people, particularly those in the 85-and-over group, and to help them avoid the health effects of loneliness and social isolation, [therefore] practitioner monitoring is important." (Wenger and Burholt 2004, 125)

4. Statements to agree or disagree with about the program

Activities

Program Values

Participants agreed that they felt understood, accepted, and respected in the group. Some respondents (27%) indicated "no response" or "not applicable" to the statement, "I feel validated"; during the survey, we discovered that the word "validated/validation" was unclear to many participants. The majority (92%) agreed or strongly agreed that they have fun at group. None "disagreed".

Level of Involvement in Planning

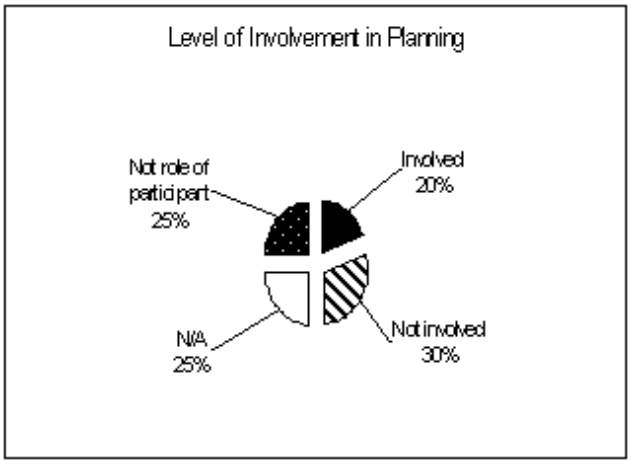


Figure 3: Level of Involvement in Planning

Participants' level of involvement in planning varied. Only 20% indicated that they were involved in planning, while 25% indicated they were not involved. Twenty-five per cent indicated that their involvement in planning was "not applicable", while another 25% did not respond, suggesting that some participants felt that planning was not a role of a group participant.

Satisfaction with Level of Involvement in Planning

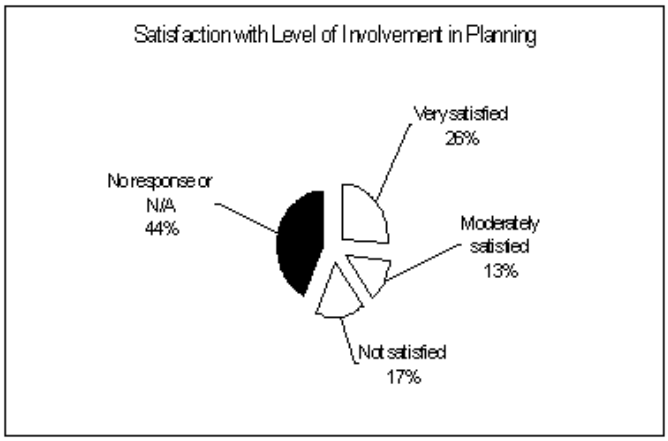


Figure 4: Satisfaction with Level of Involvement in Planning

Of those who responded, 26% were "very satisfied" with their level of involvement, 13% were "moderately satisfied", 17% were "not satisfied", and 43% either did not respond or indicated "not applicable".

Some of the Happy Gang members who have attended group for more than eight years highlighted that changes in the group membership have led to decreased involvement in planning and preparation. For instance, participants previously brought their lunch, which was no longer feasible, so the volunteers and facilitators now provide it. On a number of occasions, facilitators in both groups discussed options for future meeting activities, and participants' input was acknowledged by the finalized activities.

Participation and Self-Expression

Firfy per cent agreed or strongly agreed with the statement that the group facilitates participation and self-expression; however, a high percentage (38%) did not respond to this statement.

Outcomes

Knowledge:

Through group participation

a. "I am more aware of other people in similar circumstances"

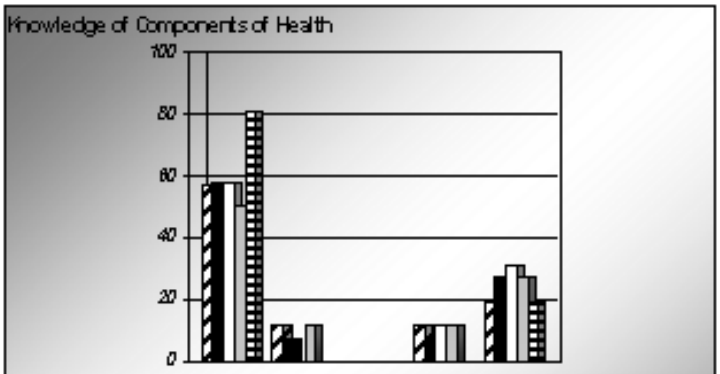
Ninety-one per cent of those who responded agreed or strongly agreed with this statement.

b. "I am knowledgeable about personal health issues"

Twenty-five per cent did not respond to each of the five components of health (physical, emotional, mental, spiritual, and social). Some (12%) indicated that it was "not applicable", with the exception of social health.

For social health issues, 80% "agreed" or "strongly agreed" that participation in the group assisted their knowledge of their social health needs; 19% did not respond. One participant who did not respond wrote, "I know I feel better and I am trying to learn more". Another indicated,"I don't think I have been involved long enough to answer".

The percentages listed below are based on the total number of participants surveyed.



	Agreed or strongly agreed %	Neutral %	Disagree or strongly disagree %	Not applicable %	No response %
Physical	57	12	0	12	19
Emotional	58	7	0	7	27
Mental	58	0	0	12	31
Spiritual	50	12	0	12	27
Social	81	0	0	0	19

Figure 5: Knowledge of Components of Health

From these responses, the program is apparently creating an awareness amongst individual participants of their personal health issues, particularly social health. Where applicable, the program also is helping participants to learn more about their physical, emotional, and mental health issues.

c. "I know more about safety precautions" (example: falls prevention)

75% agreed or strongly agreed with this statement, 12% disagreed or were neutral, and 23% did not respond.

d. "I know sources of assistance at the Clinic" (e.g., doctor, social worker)

51% agreed or strongly agreed with this statement, 6% disagreed, 13% were neutral, and 30% did not respond. This suggests that the present participants require more assistance with this information.

e. "I am more aware of resources within the community"

54% agreed or strongly agreed with this statement, 7% disagreed, and 39% did not respond. The number of years in the program did not appear to be significant to the finding. In the interviews, members who have attended for a various number of years indicated that they would like to be more informed about activities in the community and to go with the group to more places within the community.

f. "I am more knowledgeable of social roles in family and community"

A large percentage (48%) did not respond to this statement. During the survey, many asked what this statement meant; in the interview, no one directly responded to this statement either.

15% indicated "not applicable", 3% disagreed, 3% were neutral, and only 31% agreed or "strongly agreed". Acknowledging that many did not understand the question but taking into account the small percentage that agreed suggests that this question would benefit from some focused attention.

Skills:

Participants bring a wealth of knowledge, experience, and skills to the group. Approximately 10% of those surveyed indicated that the section on Skills was "not applicable" as these were skills that they had acquired prior to joining the group. Twenty-seven per cent did not respond to this section. While no one strongly disagreed, some disagreed or were neutral.

a. "I have improved my group participation skills"

41% agreed or strongly agreed with this statement, 13% disagreed, 3% were neutral, and 31% did not respond.

b. "I am more skilled at one-to-one socializing with peers"

53% agreed or strongly agreed with this statement, 3% disagreed, 3% were neutral, and 31% did not respond. %

c. "I am more able to make decisions about my personal health"

76% agreed or strongly agreed with this statement, 10% were neutral, and one disagreed.

d. "I have developed skills to cope with health problems"

55% agreed or strongly agreed with this statement, 3% disagreed, 3% were neutral, and 31% did not respond. This indicates that the group helps participants build resilience.

e. "I have gained skills for seeking assistance for health reasons"

34% agreed or strongly agreed with this statement, 13% disagreed, 3% were neutral, and 38% did not respond. Those who disagreed with this statement were mostly long-time members of 6-10 years. The majority of no responses were also from participants who have been group members for 6-10 years.

Newcomers strongly agreed with the statement, suggesting that these skills are being addressed and developed for new participants. More focused attention on long-term members would help to determine if they require more support to maintain this skill.

Values and Attitudes:

a. "I like to interact with peers socially"

79% agreed or strongly agreed with this statement, while 19% did not respond, 3.8% disagreed, and 3.8% were neutral. Evidently, this group has a strong preference to interact socially, to be amongst peers. One participant wrote, "Yes, but don't have to do much." This suggests the value of being together, and the group provides an opportunity for such interaction. Assumedly, if members perceive such interaction to be meaningful and enjoyable, positive feelings and attitudes are generated and/or supported. Thus, the group supports a documented key factor to healthy aging: positive attitudes.

b. "In the group, I am able to talk about things I watched on TV, heard on the radio, or read in the newspaper"

While 77% agreed or strongly agreed with this statement, 15% disagreed or strongly disagreed. The respondents who indicated they were unable to talk about these things and the 8% who did not respond have attended group sessions for one to two years. Thus, facilitators may want to focus attention or draw out information and insight from this sector of the group membership.

One participant's interview comments highlight that some may choose to be listeners: "I am more of a listener than a talker. Always have been. I like to see others in the group and listen to their stories." Participants' vision and hearing disabilities also need to be taken into consideration. Moreover, values that individuals in this group may have grown up with may also contribute to an unwillingness or apprehension to speak in a group or in one-on-one situations, as in, "don't talk too much" or "people aren't interested in what you have to say."

Current events were generally not part of group discussions during the formal meeting. Most informal one-on-one conversations related to learning how others were doing. Saskatoon Community Clinic's seniors' groups focus on the lighter side of life.

Group participants indicated that attending the meetings is fun, which is a key component to successful aging. Additionally, as mental fitness research indicates and

mental fitness programs promote (Cusack, Thompson, and Rogers, 2003), the opportunity to discuss current events and hot topics and to speak out also benefits health. On some occasions, group members contributed and were encouraged by facilitators and peers to share health information, points of interest, and humorous thoughts that they found on the internet. This is evidence of a supportive group and progressive participants.

c. "I feel comfortable asking clinic staff for assistance"

A large percentage of respondents (65%) agreed or strongly agreed with this statement, 3% disagreed, 3% were neutral, and 29% did not respond. Those who disagree have been members for one to two years. Thus, the majority of participants are very comfortable asking Clinic staff for assistance.

Behaviour:

a. "I have met new people by attending the group"

A high percentage (77%) agreed or strongly agreed with this statement, 4% disagreed, 4% were neutral, and 19% did not respond. Those who disagreed or were neutral have attended the program for one to two years.

b. "I have contact with other participants between groups"

Many participants (30%) did not respond to this statement; an additional 11% indicated "not applicable". Of those who did respond, 55% agreed, and 22% disagreed or "strongly disagreed". The respondents who disagreed or "strongly disagreed" have been members for varying lengths of time. This is perhaps an indicator of the varied living situations of the participants, and highlights that at least 22% of the respondents are isolated from one another outside of group.

c. "The group has helped me to take better care of myself" (make healthier choices regarding food, exercise, safety, illness/injury, treatment, relationships, drugs/alcohol)

There was a noticeable difference in responses between the two groups. While 54% of Silver Threads participants surveyed did not respond, 15% disagreed, 7% were neutral, and only 12% agreed. A large percentage of Happy Gang participants responded favourably to this statement: 70% agreed or "strongly agreed" and only 7% disagreed. This reflects both the diversity between the groups and the varied health needs of individual participants.

d. "I have an increased sense of belonging, connectedness, and support"

Responses varied between the two groups. A majority (78%) of the Happy Gang respondents indicated that they agreed or "strongly agreed" with the statement, whereas 40% of the Silver Thread respondents 40% "strongly agreed", 40% disagreed or were neutral, and 20% indicated that the statement did not apply to them.

e. "I am more interested and more engaged in life"

Just less than half (46%) agreed or "strongly agreed" with this statement, and only 3% disagreed. The high percentage of no response (approx. 25%), neutral feelings (19%), or not applicable (3%) suggests that some participants do not associate their attendance with their interest and level of engagement in life. However, all participants noted that they look forward to the group, and it engenders positive thoughts and feelings. One member wrote on the survey, "It [the group] helps".

f. "I have an increased sense of safety"

50% agreed or "strongly agreed" with the statement, 15% were neutral, 8% disagreed, and 12% indicated "not applicable".

g. "I seek and accept health treatment and assistance as needed"

There is a noticeable variance between the groups. The majority (92%) of the Happy Gang respondents agreed or "strongly agreed" versus only 46% of the Silver Threads group. A large percentage of the Silver Threads members (38%) did not respond. Some (7%) from each group disagreed with the statement

h. "I have increased self-esteem"

76% agreed or "strongly agreed", some (37%) chose not to respond, 12% were neutral, and. none disagreed with this statement. 12% indicated that this was "not applicable", suggesting that these participants did not have problems with low self-esteem.

These findings suggest that self-esteem issues are being addressed positively in this group program.

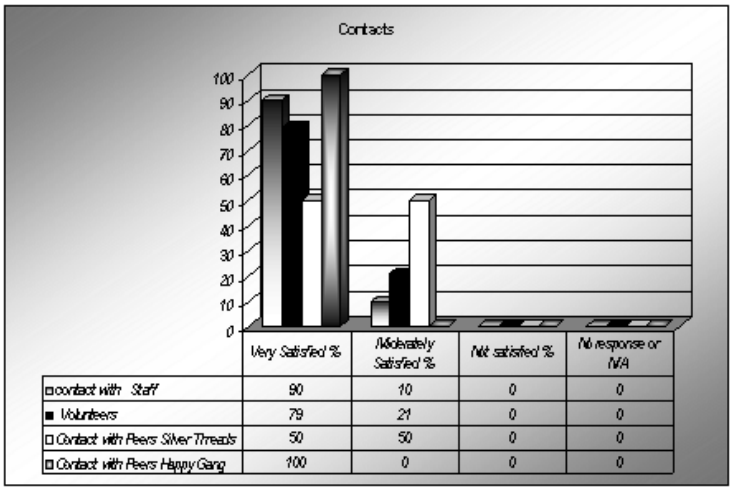
i. "I feel physically, mentally, emotionally and socially healthier"

58% of the participants agreed or "strongly agreed", and 12% were neutral. The small percentage (3%) who strongly disagreed with this statement suggests that participants do feel healthier with their group involvement. Given the period that some have attended meetings, the multiple health issues of some participants, general deterioration, and losses associated with aging, the positive response to this statement is a good indicator that the group positively affects the health of participants.

5. Level of Satisfaction with various aspects of the program

A total of 23 participants completed this section of the survey (n=23), and the percentages are based on the responses to each question. All participants indicated that they are satisfied with the Saskatoon Community Clinic Seniors Group Program; a majority (76%) are very satisfied overall. In particular, their satisfaction related to the resources available at meetings, including contact with staff and volunteers, the meeting place, arranged transportation, and fees.

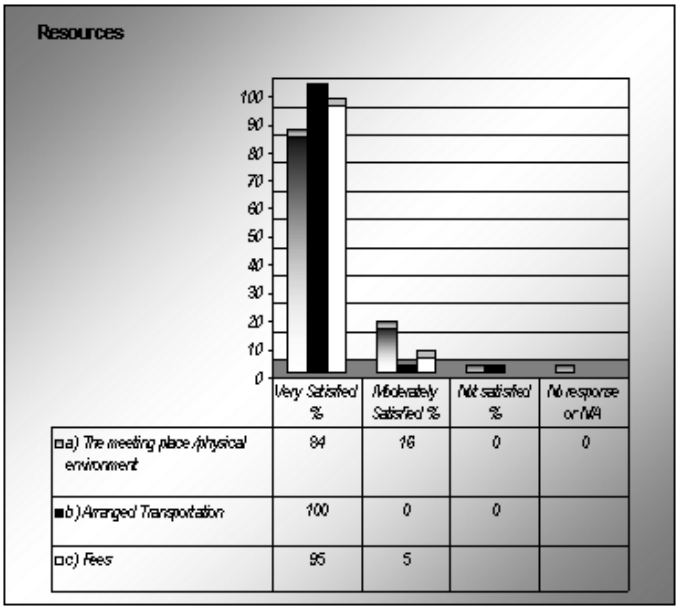
While all Happy Gang members indicated that they are very satisfied with their contact with peers, the Silver Threads group showed a noticeable variance. Half (50%) were very satisfied, while the other 50% were only moderately satisfied. This would suggest that Silver Threads members would like more contact with peers (Figure 6).



	Very Satisfied %	Moderately Satisfied %	Not satisfied %	No response or NA
contact with Staff	90	10	0	0
Volunteers	79	21	0	0
Contact with Peers Silver Threads	50	50	0	0
Contact with Peers Happy Gang	100	0	0	0

Figure 6: Satisfaction related to Staff Contacts

In particular, participants are "very satisfied" with the transportation, fees, and contact with staff, as indicated by the 90-100% who responded as "very satisfied" (Figure 7).



	Very Satisfied %	Moderately Satisfied %	Not satisfied %	No response or NA
a) The meeting place /physical environment	84	16	0	0
b) Arranged Transportation	100	0	0	
c) Fees	95	5		

Figure 7: Satisfaction with Resources

There are mixed feelings amongst the groups in relation to group activities (formal, informal, and level of involvement). Regarding the formal program, 100% of Happy Gang participants versus 60% of Silver Threads participants indicated that they were "very satisfied". Less than half (40%) of the Silver Threads participants were "moderately satisfied" (Figure 8). However, none of the participants noted "not satisfied". The difference between the groups might suggest more diverse interests and needs within Silver Threads.

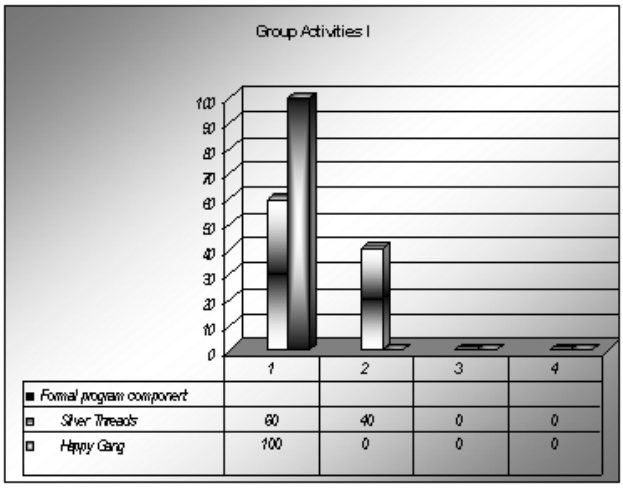


Figure 8: Satisfaction with Formal Component of Group Activities

Both groups are "very satisfied" with the informal component of the group. The exception of 5% indicated dissatisfaction with being unable to eat the lunch due to a restricted diet (Figure 9).

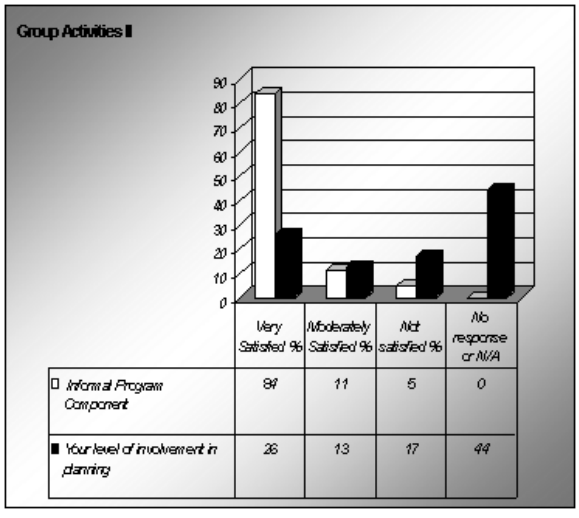
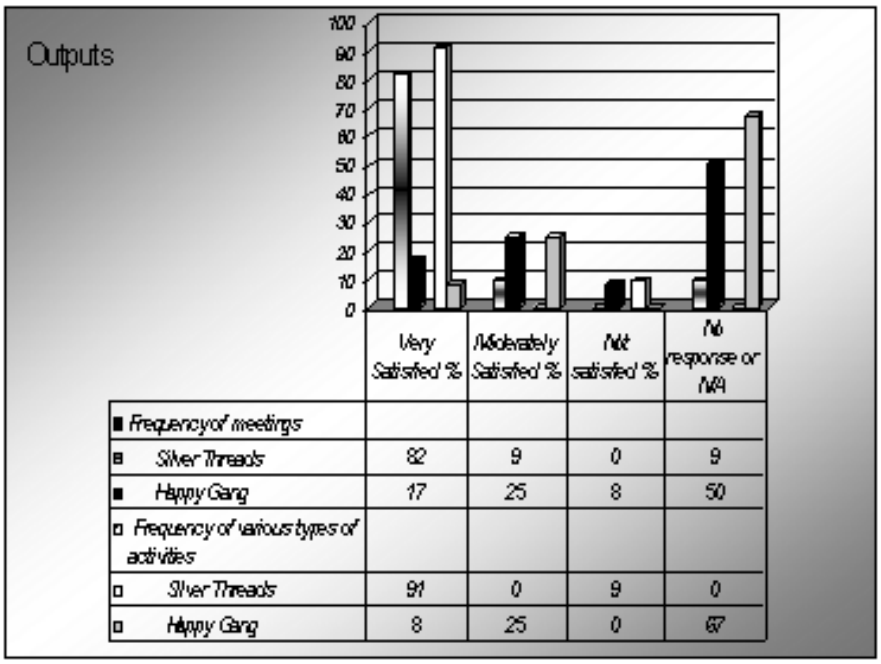


Figure 9: Satisfaction with Informal Component of Group Activities

As indicated in Figure 10, the majority of Silver Threads participants are "very satisfied" (90%) with the program outputs (frequency of meetings and of various types of activities). However, a large percentage of Happy Gang participants did not respond (67%). Of those who did respond, they expressed mixed reactions to the program outputs. Consequently, follow-up with Happy Gang is required. Interpreting the response or lack of response is difficult, given that the large majority of Happy Gang respondents indicated they are "very satisfied" with the formal and informal program components.



	Very Satisfied %	Moderately Satisfied %	Not satisfied %	No response or NA
Frequency of meetings				
Silver Threads	82	9	0	9
Happy Gang	17	25	8	50
Frequency of various types of activities				
Silver Threads	91	0	9	0
Happy Gang	8	25	0	67

Figure 10: Satisfaction with Program Outputs

In summary, the large majority of the Seniors Group participants are very satisfied with the program. Items to clarify in interview and focus groups are contact with peers, level of involvement in planning, and frequency of meetings and of various kinds of activities.

6. Sentence completion

"The thing I like best about Seniors Group…"

Silver Threads

- being able to socialize with others, especially during the winter

months

• meeting the group every two weeks

• visiting with them

• contact with others

• like the leaders and leadership

• it is very relaxed, and everyone is encouraged to participate

Happy Gang

•getting out of the house

•it's a way out

•socializing it is a very good social outlet

•meeting new people

•I like people, I like being with people

•the fellowship

•opportunity to be with a group

•the enthusiasm of the leader who affirms all cheerfully

•generosity of volunteers

•the way Sandy (the facilitator) has done it

•the programs provided are very interesting

•I learn something every time

"If I could change one thing about the program, it would be..."

Silver Threads

•have discussions on services available for seniors, ways to call for help when in distress at home and outside.

Happy Gang

•more opportunities for the group to visit different places in the community (e.g. the Art Gallery, or go out of town - Watrous)

•help with finances (i.e., wills, investments, fraud issues)

•have it every week

•continue to meet throughout the summer months

•include exercise regularly

Comments:

Silver Threads

- TOTAL Satisfaction
- I have not attended for very long so I am uncertain about some of the items in the above survey; however, I think the program is very good
- It's a great program for it opens opportunities for many seniors who might have few chances to socialize with others

Happy Gang

- Can we please have a membership list? I have no way of contacting my peers. In group, we only know each other's first names. When I call the Clinic to get a phone number of a member I would like to talk to, they are not able to release that information.- Canwepleasehave a membership list? I have no way of contacting my peers. In group, we only know each other's first names. When I call the Clinic to get a phone number of a member I would like to talk to, they are not able to release that information.
- I think it's very good to meet; otherwise, some people would not be able to go out.

Volunteer Survey

Background Information

Forty volunteers provide 3,500 hours of support per year. Most are involved in one of three components of the Elderly Volunteer Program: 1-1 Visitors, Seniors Advisory Council, and Group volunteer. Approximately 16 volunteers assist with the seniors' groups.

Volunteers receive feedback from the Saskatoon Community Clinic in a letter of appreciation, during Volunteer Week in April, and on Volunteer Recognition Night in May of each year. In the past, feedback from volunteers has been through continued one-to-one contact with the Volunteer Coordinator who is also one of the Seniors Group facilitators. Volunteers are deemed an integral part of the Seniors Group Program, as indicated in the PLM. The volunteer experience and feedback were important to obtain for this program evaluation.

Summary of Volunteer Survey

The volunteer survey was made available to the volunteers during regular group meetings on June 2 and June 8, 2005 and mailed out to volunteers who were not present on either of these dates. Of 16 surveys, a total of six were completed: three by Silver Threads volunteers, one by a Happy Gang volunteer, and two volunteers who assist both groups. These six volunteers are retired. Three became volunteers with the seniors program after reading about it in Focus, the Saskatoon Community Clinic's newsletter. One volunteer is a former employee of the Saskatoon Community Clinic. Notices in church bulletins and the Sunday Sun attracted a few other volunteers. Their years of volunteer experience with the seniors' groups ranged from 4 to 15 years, evidence of a strong commitment to the program.

Volunteers described their involvement with the elderly group members as follows:

- Welcoming members as they arrive and helping them out of taxis
- Assisting staff with activities and participating as well
- Engaging in conversations with individual members
- Listening to group members' stories
- Helping set up tables and preparing tea, coffee, and food trays
- Serving lunch and cleaning up
- Assisting with loading up taxis

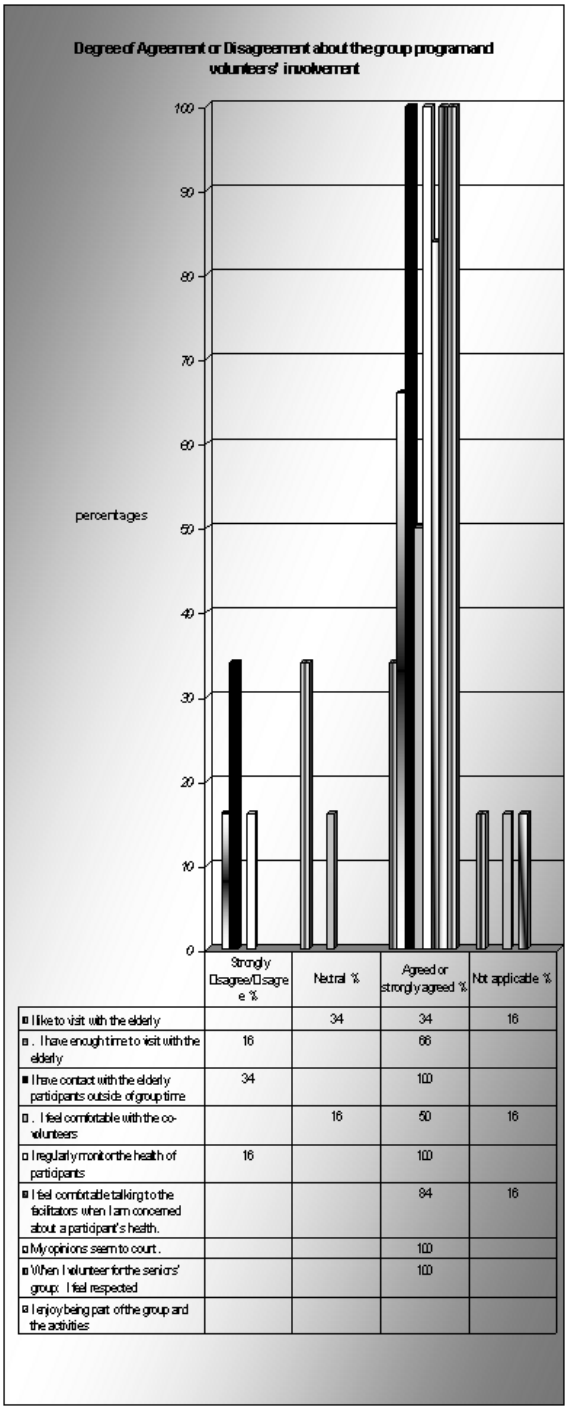
The volunteers described their relationship with individuals involved in the program (i.e., group members, other volunteers, and facilitators) as very friendly, positive, and rewarding. All indicated that they were "very satisfied" with the Saskatoon Community Clinic Seniors Group as a place to volunteer.

Further comments about what they like about volunteering for the Seniors Group indicate that, in addition to the enjoyment of visiting with the participants and serving others, the seniors' groups at Saskatoon Community Clinic provide a way for volunteers to remain connected, socially active, and informed about aging.

Comments from Group Volunteers:

- "I enjoy talking with the seniors. They have so much history, struggles, and appreciation to share."
- "I personally appreciate and benefit from the great variety of programs facilitated by resourceful staff."
- "I find this a very good way to observe how to deal with my own aging. And I hope that when the time comes, I can look for help here."
- "It helps me to accept my own aging."
- "I need to be needed in useful ways. Group provides opportunities to serve others."
- "I like the feeling of being helpful to some seniors."
- "Group provides a link with former co-workers and familiar seniors."
- "It provides a social event for me."

The degree to which volunteers agreed or disagreed with statements about the group program and their involvement is indicated in the graphic on the next page.



	Strongly Disagree/Disagree %	Neutral %	Agreed or strongly agreed %	Not applicable %
I like to visit with the elderly		34	34	16
. I have enough time to visit with the elderly	16		66	
I have contact with the elderly participants outside of group time	34		100	
. I feel comfortable with the co-volunteers		16	50	16
I regularly monitor the health of participants	16		100	
I feel comfortable talking to the facilitators when I am concerned about a participant's health.			84	16
My opinions seem to count.			100	
When I volunteer for the seniors' group: I feel respected			100	
I enjoy being part of the group and the activities				

Figure 11: Degree of Agreement or Disagreement about the group program and volunteer involvement

Caregivers

The types of assistance offered to elderly seniors who choose to stay in their home are changing, along with various forms of eldercare. At a time of rapid population aging in Saskatchewan, in a day and age where people are living longer, questions arise pertaining to quality care and quality of life, and health and well-being, such as:

- Who will care for the elderly and how will they care for them?
- To what extent does, or should, family take responsibility for the care of elderly family members?
- How do programs for seniors support the caregivers?

> *"It used to be we were told to sell the house, move to an apartment. Now it's keep the house as long as you can, and we will come help you." -82-year-old homeowner and long-time group member*

> *"I was a caregiver for more than five years. I was not aware of the program during that time but would have welcomed the opportunity to have attended a program like Saskatoon Community Clinic Seniors Group, had I known." -a newcomer to the Seniors Program*

The Program Logic Model for the Seniors Group at Saskatoon Community Clinic does not make any reference to caregivers. Caregivers are not part of the target group nor directly involved with the group activities. However, as the Clinic states, "Caregivers are served indirectly by Saskatoon Community Clinic, providing assistance to their relative, friend, or neighbour. Caregivers sometimes are served directly through counselling information services and through their involvement in advocacy and decision making regarding the client" (CUISR proposal 2).

Through this evaluation, Saskatoon Community Clinic sought to determine how the Seniors Group Program is beneficial to the caregivers. Although a brief caregiver telephone survey was developed, it was not administered due to time constraints. However, some information was obtained through interviews with group participants and facilitators, in particular the definition or interpretation of what a caregiver is and the issues related to caregivers. Gathered information and recommendations are provided below.

During the group participant interviews, two questions about caregivers were asked:

(1) Do you have caregivers?

(2) Has the group helped your interactions/communication with caregivers?

While many identified that they have caregivers, no one made a link between the Saskatoon Community Clinic Seniors Group at and a marked change or improvement of interaction/communication with caregivers.

In response to the first question, the majority of the interviewees answered, "Yes, I have assistance." Examples of assistance included Meals on Wheels, a professional chef, daily prepared meals at the seniors' community where they live, home care (bath, clean house, do laundry), housekeeper, lawn care, and staff at the nursing home or assisted living arrangement.

Family were also identified as caregivers in varied ways. Examples include:

- "My daughter shops for me and does some housework."
- "My daughter-in -law helps me. She cooks, cleans, and we keep each other company."
- "I have siblings who visit me and drive me places."
- "Family is very accessible. If I need help, they (family) help."

For those with family, more than half expressed concerns about burdening their family. On numerous occasions, the researcher heard comments such as: "I feel family is very busy, so I have others come and help," or "Family helps if I ask, but I don't like to ask them." A few seniors noted the sandwich generation phenomenon: "Our children are caught in the middle, trying to care for their young family and us, their parents and, at the same time, maintain jobs outside the home." Some group participants acknowledged a co-operative/reciprocal relationship with family, "We help each other." Others noted an unsupportive or unreliable family: "From a young age, I learned that you can't always rely on family."

Some participants did not identify their family as caregivers, although they have regular contact with them. A few who were interviewed have no immediate family but are able to stay in their own homes with no regular form of assistance (paid or unpaid helpers). Out of the 17 interviewed, five participants indicated that they do not have caregivers. One of the five participants said: "No, but my daughter cooks for me sometimes." Another distinctly stated, "I have many people who care about me, but I do not have or need a caregiver."

The interpretation of caregiver is varied and a sensitive subject for some. When the study was introduced during the group survey and participant interviews, group participants were given an opportunity to provide caregiver names to the researcher as contacts for the Seniors Group Program evaluation. Some participants questioned why caregivers

would be included. Only one group member identified a caregiver contact, later requesting that the researcher not contact that family member.

When staff were asked to provide a list of potential caregivers, the researcher received a short list of approximately five family contacts whom staff felt could provide insight on the program. One facilitator clarified that she would not consider these family members to be caregivers.

Thus, two questions are raised: (1) How should a caregiver be defined for the purpose of this program evaluation?; (2) Who should be contacted to complete the caregiver survey? Feedback from family about the program could be insightful, but it would differ if it is from a caregiver perspective. Family and/or caregivers might also provide a secondary source, identifying benefits to group participants' health and well-being.

Facilitators noted that family hear about the program and want their loved one to attend but have difficulty convincing him or her to come. Facilitators get calls from family asking them to get the seniors involved: "Mom doesn't want to go to group. She's never been to group. It will be good for her." The challenge for the facilitators is to make the group more inviting to potential group members.

Group Participant Interviews

A total of 17 one-hour individual interviews were conducted. Nine interviewees were from Happy Gang:

- five long-time members,
- one who has attended for five to six years,
- one who has attended for one to two years,
- two who have attended less than a year.

Eight participants were from Silver Threads:

- three have been members for five to six years,
- four have attended for one to two years,
- one interviewee just started this year.

Six topics were covered during the interviews, using an informal process:

1. Background Demographics
2. Interactions
3. Program Structure/Format (components of the program and how they serve the participants' needs),
4. Independence of the participants
5. Health and Well-being (the contribution of the program to the participants' health and well-being)
6. Emotions and Attitude (before entering the program and now)

1. Background Demographics

There was a mix of 15 women and 2 men ranging in age from 76 to 96. Most of the details related to education, former occupations, and living arrangements were addressed above in the Group Participant Survey section. Of those who live in a seniors' community, only one lives in a nursing home. Three of the interviewees live with family, one lives next door to their family, and the other two live in apartments with their spouse. With the exception of two, all are widowed, divorced, or single. The majority joined the program shortly after the death of their spouse.

2. Interactions

> *"I wasn't always social. I have more of a need now to be with others because the activities I used to be able to do in my free time (i.e., painting and needlepoint) are no more" (vision has deteriorated).*

> *"I have a lot of time now. Too much time to just sit and think."*

Many stated that the main reasons for joining the group were the need to be with people and talk to others. The amount of contact that participants have with other people in a typical week, outside of the seniors' group, ranged from little or none to daily. Except for two, all have family (children and grandchildren) in or close to Saskatoon; some have contact with family, while others do not. For those living in their own home, the contact that they have with others is mostly related to required daily living tasks (i.e., "Homecare comes once a week for my bath and Meals on Wheels comes.")

Kinds of activities involved in throughout the week: daily living tasks (dress, bath, cook, eat)

- those offered in the resident building (e.g., meals, bingo, craft group, painting, weekly socials, Bible study, church service, bimonthly shopping trip)
- churchmember of a club which meets once a month
- watch TV
- read newspaper
- computer (email, searches, word processing)
- research and writing (e.g. family history, letters to the editor)
- woodworkinggardeninghandcrafts (crochet, knitting)

Issues related to activities:

- Individuals have downsized the amount that they do (i.e. smaller garden, fewer woodworking projects).
- Many indicated that they only occasionally attend activities in the community (i.e., church) because of difficulty getting there and manoeuvring once there.

- Like the Saskatoon Community Clinic, planned activities in the seniors' apartments are not offered in the summer.
- Many of the activities listed are solitary activities.

The majority of those interviewed attend Saskatoon Community Clinic Seniors Group Program regularly, health permitting. Three interviewees indicated that they attend only when the scheduled activities are of interest. Most do not have contact with the group members outside of the scheduled group meetings besides the taxi ride to and from the meetings. They do not meet as it is difficult to arrange due to physical mobility issues. Participants also mentioned transportation as not readily accessible or affordable. The majority of the group participants no longer have a driver's licence. A couple of participants indicated that, previously, they had more phone contact with a few other group participants. A number have contact with other group participants because they live in the same building. However, some participants may have reduced independence and are, therefore, more at risk of isolation.

Contact with others has increased and changed for most of the interviewees since they started attending the program. Saskatoon Community Clinic's program for seniors provides the opportunity to be part of a group, particularly useful and enjoyable for those who live alone. When asked if they were satisfied with their current amount of contact, even though all responded "yes", their comments suggest some dissatisfaction:

- "I have to be."
- "I must accept it."
- "Yes, I am satisfied with the group contact, but I would like to get out a little more."
- "It would be lovely to meet in the summer time."
- "Sometimes the days seem very long"
- "More interaction with family would be nice, but I know they are busy with their own lives."

3. Program Structure/Format (components of the program and how they serve the participants' needs)

Interviewees were asked to comment about the program and their involvement in it. One of the most memorable and widely shared comments was: "It is within our reach."

Interviewees became involved in the program in various ways: started as a volunteer; heard about it through a volunteer; mom was a member of the group; a friend who was in the program got them involved. "When I became widowed, my daughters told me about it. I attended and liked what I saw." These responses highlight a positive

history, an earlier age awareness, and commitment to Saskatoon Community Clinic's Seniors Group Program.

What attracted you to the program?

- the opportunity for an outing, "a chance to get out, hear things, see things, have fun"
- good outing/a place to go
- something to do
- affordablemeet new people
- being part of a group
- being with those of similar age: "A variety of people of all abilities but all old"

Seven aspects of the program that interviewees highlighted are as follows:

1. Transportation and Fees
2. Social Outing/Meets Social Needs
    - "Socially, it's an outing, a chance to take part."
    - "I don't get out otherwise."
    - "I am bored in my apartment and lonely too."
    - Many indicated that they look forward to going.
3. The People
    - "Always someone to greet you in the cab and at the door."
    - "A chance to see familiar faces"
    - "A variety of people attend."
    - "Volunteers and the facilitators are very thoughtful and accessible."
    - "I'm not good at initiating conversation. I haven't gotten to know many participants, but I have enjoyed visiting with a few of the volunteers who circulate around the room."
4. We Have Fun Together
    - "Its not all focused on the past. Group lets me forget my problems for a little while."
    - "We make each other feel good."
    - "We celebrate the big events (i.e., Thanksgiving, Christmas, and

Easter) as well as the smaller (i.e., we are still alive) and for this, we give thanks."

• "visiting , joking , laughing."

The facilitators and participants exhibit a good sense of humour and emphasize the "lighter side of life" throughout the variety of activities. As noted above, humour and laughter are beneficial to health and well-being (Tate, Lah, and Cuddy 2003).

5. Communications

Group participants appreciate the reminders to attend the meetings. This includes a notice of upcoming activities mailed out the week before the group meeting in addition to the follow-up phone call. Members particularly like to receive the phone call the day before. A group facilitator noted the need to provide such reminders as some participants are experiencing a decline in their short-term memory. These actions reflect how facilitators and staff model the "compensation" process, noted above by Baltes and Baltes (1998), as one component of a model for successful aging. Communication also provides informed choices for participants and monitors the health of individuals.

6. Opinion of Format

• "Happy with the way it is" was a common comment.

• Speakers on health issues have been informative to some but too brief for others.

• All participants acknowledged that, given the wide range of needs and interests within the group, satisfying the needs of everyone is difficult for the facilitators.

• The majority commented that past guest speakers were knowledgeable and slide shows were interesting.

• Good lunch.

7. Fieldtrips/Places in the Community/Become more aware of resources in the community

"The program has really changed over the years. We used to have more contact with children (i.e. make jack-o'-lanterns, singsongs). We went on many field trips. Many of us now can't get around as easily. The facilitator is very good at adapting."

"I would like the opportunity to see more places like Sherbrooke or other senior centres to have a better understanding of what is available, if or when I need it."

Suggestions for fieldtrips:

- Tea room and craft shop near Humboldt,
- Red Barn Theatre- group pass,
- They acknowledge that costs involved may be an issue.

Researcher suggestion:

- Main Library, "Fridays at Two"- free with lunch provided
- Saskatoon Council on Ageing

Opportunities to reminisce:

- Go to the hospital to hold babies in the Baby Cuddler Program at the Royal University Hospital.
- Saskatoon Open Door Society has a Seniors Group and Child Day-care Program and is located just down the street from the Saskatoon Community Clinic.

No comments were expressed regarding the question, "What concerns or apprehensions did you have about the group program before you started?" Similarly, no one responded to the question, "In what ways are you more aware about social roles in the family and community?"

4. Independence of the participants: How does the program help you to maximize your independence?

Themes that emerged from participants' comments include:

Choice

- "The group leaders inform us of the planned activities, and then I have the choice to go. I like that we are free to choose when we want to attend."
- "I am given the choice to attend."

Getting out

- "It keeps me going out. Sometimes, I feel isolated from the community. I am very active in the place I live but not in the community."
- "It provides a place in the community for me/us to go."
- "Just getting there helps; otherwise, I would just sit at home. The program gets us out."

Valuing the taxi service

- "The cost to attend is affordable."
- "The taxi ride for $2.00 roundtrip is a wonderful service, especially in the winter."
- "The taxi makes it possible for me to come. Thanks to the gentleman who donated funds for the taxis."
- "If I had to pay more, I could not attend, and I cannot take the bus because of physical limitations."
- "Given my vision problems, the taxi at the door allows me independence. I know I can get in and will arrive at the group where there is always someone to greet me."
- "Taking the cab to the group has helped me gain self-confidence. I feel more comfortable to take a cab to other places now."
- "I can do what I want when I want. I don't have to check with my husband like I used to. I am not dependent on him to get me there."

Exercise and information

On a number of occasions at the beginning of group meetings, Silver Threads in particular, the researcher observed a brief exercise activity as part of the regular group session routine. One of the two facilitators from Silver Threads is an occupational therapist.

Participants were always encouraged to participate in the exercises as they saw fit. More than 50 of those interviewed indicated that the physical exercise provided is helpful.

- "The exercise is good in addition to what I already do at home."
- "The discussions, formal and informal, remind me of things to do at home (i.e., safety and exercise to keep me mobile)."

Physical environment and the group facilitators

- "The familiar layout at the group also means I am able to get around on my own. The facilitators don't kill me with kindness, but rather provide me the opportunity to do what I can do." (80+ year-old legally blind woman)
- "I am very independent, always have been. It simply makes me happy to come to group."
- "It is not just for those who can get there on their own. This program respectfully acknowledges and supports those of us who cannot easily get out."

In summary, having a place to go and the option to attend, enables more senior Saskatoon Community Clinic clients to get out of their homes at least two afternoons a month in a manner that works towards maximizing their independence.

5. Health and Well-being

The following themes emerged from interview comments:

Reduced isolation and loneliness

- "I feel better getting out. Although I live in an apartment and share meals in a common dinning room, I still feel isolated. It is good to get out."
- "I feel isolated and lonely sometimes, living alone in this house. I use my telephone and computer to interact, but I also need the face-to-face interaction. The program offers me a social outlet, something to look forward to."
- "I am comfortable with being at home alone. I am not lonely as others may think. However, when I am face-to-face with my friends at group, I realize I am not alone. I understand this when I see them and we talk."

Connected and engaged

- "I have gained a sense of belonging to something."
- "I see how others are doing."

Talking/a place to talk

- "It provides a place for me to talk."
- "I am deaf so I tend to withdraw a bit, but the facilitator always chats with each of us, giving us a chance to get things off our chest."

Informed and stimulated

- Guest speakers have been informative about health issues and points of interest (i.e., slides of other countries)
- "I always enjoy going. The girls come up with interesting topics. I like that it is not always health-related topics. The travel slides and video of Saskatchewan's Seven Wonders were very interesting. The Tommy Douglas film gave us lots to think and talk about."
- "It keeps me in contact with what is going on – health information, people, and events."

- "The exercises are okay."

Something to look forward to

- "I always look forward to the phone call about the next meeting. And after group, I have a good feeling, glad I went. It makes me feel good to see others singing and dancing. I just wish I could dance again too. But it does feel good to see them."
- "I look forward to going. That's good for me."
- "We get a good laugh. Laughter is the best medicine."
- "We have fun."
- "Group helps me to remain positive."

When I attend the group I feel…

- "happy, comfortable, free"
- "better"
- "glad that I went and interested in the program"
- "that I belong"
- "like I'm at home. It feels good when I realize that I'm not the only one."
- "uplifted when down"
- "welcomed"
- "in touch with non-blind people"
- "good about myself. The gentle leadership allows me to do things at my own pace"
- "good when I go. I enjoy group. That's why I attend."

When I don't or can't attend group I feel…

- "regretful that I had to miss it"
- "disappointed that I have to miss because of conflicting scheduled activities"
- "I wonder how it went. The next time I go, I am greeted warmly or if gone for a long time, we are told we were missed."
- "I wonder who was able to attend, when I will see them again. Will I see them again?"

6. Emotions and Attitude

Comments relating to emotions and attitude include:

- "Group helps me to remain positive"
- "It is something to look forward to and think about after."
- "I sleep better after group."
- "It feels good to get out of the house, relieves the cabin fever, and feeds my hunger to be with and visit others."
- "It simply makes me happy to attend group."

This would suggest that Community Clinic's group has a positive effect on participants' emotions, an attribute that has immediate and longer-term health benefits.

Focus Groups

The focus groups permitted the researcher to share the results of the program with each seniors' group. This included the findings and themes drawn from the 26 group member surveys, 17 group member interviews, and 6 volunteer surveys. The focus group provided a final opportunity for participants to respond to the findings; discuss issues; and change, add, or make further recommendations.

The first focus group, held on October 20, 2005, lasted an hour and a half and was held during a regular Silver Threads group meeting. Thirteen members, three volunteers and one facilitator participated. Although it was open to all group members, those who chose to attend had completed a survey and/or interview. The second focus group, held on Nov. 23, 2005, lasted an hour and a half and was held during a regular Happy Gang meeting. Nineteen members participated, including three new members, four volunteers and two facilitators.

The focus groups were titled, "It's Within Our Reach," a phrase used by a group participant to describe what she thought and liked about the Saskatoon Community Clinic Seniors Group Program. "It's within our reach" encompasses many points made by other group members, as highlighted during the presentation of the findings.

The presentation recapped the goals of the program and the methods used to gather information for the program evaluation. A summary of the findings from the participant survey and interviews were presented along with specific quotes from participants. Information derived from the volunteer survey was not presented in the focus group due to lack of time.

Given the main questions guiding the objective of this research, the ideas of **Independence and Health and Well-being** were addressed in more detail. The researcher subsequently introduced the following issues for clarification and further discussion:

- **participants' level of involvement in planning,**
- **contact with peers,**
- **frequency of meetings,**
- **resources within the community,**
- **social roles.**

Independence:

- Group activities add and maintain positive attitudes among participants (i.e., exercise and formal information).
- Group members are given opportunities and encouraged to share/

showcase their individual talents and interests (i.e., singing, telling jokes). These opportunities to contribute reinforce one's individuality and feeling of independence.

Health and Well-being

When I attend group I feel…

• Group members indicated that they related to the words and phrases mentioned.

• "a part of something outside of myself."

When I can't attend group I feel…

• "I wonder who was able to attend, when will I see them again. Will I see them again?" People related to and agreed that this quote accurately illustrates the reality of the group members' stage of life. It also highlights that people are missed when they are gone, whether gone for awhile for various reasons (i.e., sick at home or in the hospital) or gone as in passed away.

• "disappointed that I have to miss because of conflicting scheduled activities." Some in the focus group noted that they rearranged their home care schedule to attend. To some, scheduling is an issue; others do not agree. How difficult is it to change schedules? How much control do these seniors have over their routine and planned activities?

Level of Involvement in Planning

The interviews indicated mixed feelings about an individual's level of involvement in planning. Those who expressed a desire to be more involved were not always sure how to achieve this. Respondents had no comment, felt it was "not applicable", or were "not satisfied" with their level of involvement. Thus, the researcher sought clarification and further discussion around this issue. Consequently, the following issues were raised by the focus groups:

• Some stated that they are glad not to have to plan. They like just being able to come and enjoy the events and time together.

• No one came forward in either focus group to indicate that they would like to be more involved in planning.

• The researcher highlighted that, on numerous occasions, she had observed facilitators trying to involve group members in the planning process.

• A few members noted the September planning session with the

group.

• Many agreed with a member who stated, "It is nice to be asked."

Contact with Peers

In the survey, participants indicated that they were "very satisfied" with the level of contact they had with facilitators and volunteers. They were less satisfied with the amount of contact with peers. During interviews, a group member of more than four years commented, "I know the volunteers and enjoy talking with them as they circulate around the room. However, I haven't got to know many of the group members." This comment is representative of similar comments made by other participants in the focus group.

The focus groups discussed and raised the following issues:

• "Maybe the findings highlight that members are isolated. The group is only two hours every two weeks. And then we all go back to our individual dens, so to speak. Some want more contact with each other."

• Statements such as the one above may also highlight the difficulty for some to move around within group.

• Definition of peers needs to be clarified. Does this mean only Saskatoon Community Clinic group members or contact with seniors in the same age group? The researcher indicated that she assumed it to mean contact with people in the same group and acknowledged that it could also mean other seniors with similar interests not part of the group.

• Cards sent from the group when a member is sick is a good idea. It keeps the group informed of how others are doing and provides the opportunity to remain connected. "As a member who has received a card on occasion, I know it made me feel good. And I also have followed up with a phone call to a group member when I have found out through group that they were sick."

• Need for a phone list is again highlighted.

• Members with sight problems reminded the group of the importance of others introducing themselves by name and then proceeding with conversation or group discussion.

• "I often get stuck in one chair for the whole meeting."

Frequency of Meetings

Based on the survey, while Silver Threads members were "very satisfied" with one meeting every other week, Happy Gang members expressed a varied level of satisfaction. During the interviews, some participants from both groups commented that having

meetings in the summer months would be good. Some suggested meeting every week rather than every other week. These suggestions were discussed in the focus group.

• Meeting once a week was deemed too much for most Silver Threads focus group participants. Summer group activities were strongly supported by both groups.

• The focus group acknowledged the issue of staffing and fewer volunteers for summer months due to scheduled holidays.

• The facilitator in the first focus group asked, "If staff couldn't attend the event, would group members still feel comfortable getting together?" Participants responded affirmatively.

• There was no comment when asked, "Would group members be interested in being in charge of one or two such summer events?" Two volunteers indicated a willingness to help organize and run two summer events. The group facilitator suggested that perhaps notices could be mailed out from the Saskatoon Community Clinic, and volunteers would do the follow-up phone call as well as oversee the actual event.

• Members agreed that Saskatoon has numerous events in the summer, but transportation is a problem for many seniors.

Resources within the Community

In addition to the suggestions made during the survey and raised in interviews, further suggestions were brought forward in the focus groups:

• visit the Saskatoon Council on Aging who has a seniors' group meeting; blood pressure checks; a good resource centre;tour Innovation Place, including a tour of Synchrotron and Boffin's Club;

• Western Development Museum (but not during Festival of Trees – too crowded.);

• Volunteers' reaction to suggested changes, "If we're going out into the community more, the program will need more support – reliable, dependable volunteers to ensure the safety of the clients."

Social Roles

Members are looking to participate in meaningful activities and contribute to their community. While one newcomer indicated, "I am involved with different organizations. I don't know that I could or would want to be more involved", others suggested ways to get informed and reach out.

Suggestions included:

• "Gray Power". Senior advocates for social and political well-being could meet and inform the group.visiting other seniors within the community such as the Gray Panthers.making a connection with the Saskatoon Open Door Society, a non-governmental organization (NGO) for refugees and immigrants. Located near the Saskatoon Community Clinic, it has a seniors' group for newcomers to Canada as well as a children's daycare.

• Contacting the Baby Cuddlers program at the Royal University Hospital.redefining tradtional roles. Some commented that their use of computers as well as the humour with which they approach aging contradicts the traditional conception of seniors. However, these merge with the stated values of the PLM (i.e., humour, participant involvement) and recommended future directions for the Seniors Program (i.e., inclusion of technology and intergenerational connections).

Summary Of Findings

Overall, group participants and volunteers are very satisfied with the Saskatoon Community Clinic Seniors Group Program. Strengths of the program include provision of transportation, lunch, low fees, opportunities to socialize, strong leadership (facilitators, volunteers, and peers welcome and assist participants with dignity and respect), and program format.

Many group participants indicated that the informal component is as important as, if not more important than, the formal component. Participants have fun and are more aware of other people in similar circumstances. Through their involvement in the Saskatoon Community Clinic Seniors Group, elderly participants and volunteers have developed skills to cope with health problems.

The Saskatoon Community Clinic's seniors groups consistently function as indicated in the Program Logic Model. In many ways, they employ effective practices for facilitating interaction and learning among the elderly.

The program supports the independence of the participants. It was evident from the participants' numerous comments that the provision of taxis to and from group meetings is a key aspect to maintaining their independence. Other themes that emerged from participants' comments included: given choices, getting out, exercise, information, physical environment as it relates to special needs (wheelchair accessible, familiar layout, sound and visual equipment), and enabling facilitators. As one participant indicated, "It is not just for those who can get there on their own. This program respectfully acknowledges and supports those of us who cannot easily get out."

In summary, having a place to go, the option to attend, and the means to get there enable more senior Saskatoon Community Clinic clients to get out of their homes two afternoons a month in a manner that works towards maximizing their independence. However, independence is not necessarily an issue for some. They come to group for other reasons related to maintaining their health, as exemplified by this participant's comment, "I am very independent, always have been. It simply makes me happy to come to group."

The following themes emerged from group participant interview comments: reduced isolation and loneliness, connected and engaged, a place to talk/talking, informed and stimulated, something to look forward to, to have fun and remain positive. In their words, attending the group helps participants to feel: "uplifted when down", "happy", "welcomed", "good about myself", and "free". These positive feelings and support of a positive attitude are documented key comments to healthy aging. The reality and losses that elderly participants endure are highlighted by one participant's response to the sentence stem, "When I don't or can't attend group I feel… I wonder who was able to attend, when will I see them again. Will I see them again?"

Recommendations

Members of both the Happy Gang and the Silver Threads groups are generally very satisfied with the program. The program offers participants a place to go, the option to attend, and the means to get there. Senior Saskatoon Community Clinic clients are able to get out of their homes two afternoons a month in a manner that works towards maximizing their independence. In their own words, attending the group helps participants to feel: "uplifted when down", "happy", "welcomed", "good about myself", and "free".

In response to the main questions of this research project, the following recommendations are intended to improve and enhance the ability of the program to meet its stated goals, including reducing isolation and emotional distress, improving mental and physical health, and maximizing independence. The recommendations not only indicate prospective additions to the current programs but also identify what aspects of the programs should continue as a means to successfully achieve these goals.

Enhancing independence and interaction

- Generate a phone and email list for each of the groups to improve communication between group members, facilitators, and volunteers.
- Provide more opportunities for group members to interact (for example, musical chairs between activities or varying the arrangement of chairs differently for tea time).
- Provide a "current events" and "hot topics" component to allow time for discussion of information derived from television, radio, newspaper, and internet so as to exchange information and mentally stimulate participants.

Involvement in planning

- Circulate a brief written questionnaire at start-up in September or in the New Year to generate a list of people interested in being more involved with planning.
- Continue to work on creating awareness of sources of assistance at the Clinic and resources within the community, and increasing knowledge of social roles in the family and community.

Arrangements for meetings

- Plan to attend at least one of Saskatoon's summer events as a group.
- Plan at least one Saskatoon Community Clinic Seniors Group summer event in which both Silver Threads and Happy Gang members could attend, such as a picnic in the park (e.g., Gabriel Dumont Park)

or a coffee party.

Interaction within the community

• Provide more opportunities for the group to visit different places in Saskatoon or nearby communities (e.g., Sherbrooke Community Centre, Red Barn Theatre)

• Recognize the social role of seniors through actions such as inviting seniors advocates to particular meetings or interacting with the Saskatoon Open Door Society, an NGO for refugees and immigrants.

Intergenerational interaction

• Using resources such as Pratt and Alger (1999) or Dellman-Jenkins (1999) to provide opportunities to interact and strengthen bonds with younger generations and share ideas regarding the aging process. These actions could be supported by funding sources such as the Government of Canada's New Horizons for Seniors program (www.sdc.gc.ca).

• Help to redefine social roles for seniors and the changing view of elderly seniors, in particular.

Enhancing the inclusion of information and communication technology

• Provide opportunities for group members to share and learn from one another regarding the benefits of email, the internet, and word processing. This would improve access to health information and enhance interaction.

• The Program Logic Model could reflect the growing number of technology literate elderly seniors and portray an accurate and positive image with the addition of 'internet' to the given statement: "In group, I am able to talk about things that I watched on TV, heard on the radio, read in the newspaper, or found on the internet."

Volunteers

• Group facilitators can increase the amount of time volunteers have to visit with the elderly.

• Facilitators, the volunteer co-ordinator, and group volunteers can review ways and/or the degree to which volunteers may assist in monitoring the health of group participants.

• Continue to welcome the volunteers' talents and spontaneity, function as greeters of the taxi, and interact with group members during lunch and other activities.

• Continue to offer transportation for the volunteers, which is an example of how the Saskatoon Community Clinic assists people in the community.

• Recruit more volunteers for community outings and for the summer months to increase the ratio of volunteers to group participants (see volunteers' comments).

• Start an intergenerational/multigenerational volunteer group. Invite younger generations into the program (i.e., volunteer recruitment, university internships, initiating a partnership with a school or preschool).

• Encourage senior group participants to volunteer in the community.

Caregivers

• Given the limit in scope for this group program evaluation, the Saskatoon Community Clinic can undertake a second phase investigation/exploration that addresses the multiple interpretations and perspectives that caregivers offered in this evaluation.

• Since the current study indicates that caregivers are not strictly family, such a study can examine the issues and implications surrounding families taking more responsibility for the elderly.

• This recommended study can explore the extent to which the Saskatoon Community Clinic can include caregivers in the seniors' program.

• Improve and increase the knowledge of the program in order to find prospective caregivers.

Conclusion

As mentioned earlier, the Saskatoon Community Clinic Seniors Group Program involves participants who are at the end of the Third Age entering into the Fourth Age. According to Baltes and Baltes (1998), designing an improved culture for the Fourth Age of life will be one of the principal challenges of the present century. They question whether the usual adult focus on economic productivity can be transformed into other forms of productivity in old age that, for instance, highlight the self, the interpersonal, and the intergenerational.

The Saskatoon Community Clinic Seniors Group Program is in a very good position to rise to this challenge, and in the process, meet the longer-term health needs of their elderly clients. As this program evaluation points out, many components are already in place to meet the immediate and longer-term health needs of the elderly Saskatoon Community Clinic clients.

Regarding health and well-being, according to literature on healthy and successful aging, a positive view of what it is to be 80, 90, 100 + years old is essential. This must be accompanied by strong social support networks and more support for lifelong learning, in particular learning in later life and intergenerational learning opportunities. Saskatoon Community Clinic elderly clients see examples of positive attitudes in their peers and facilitators who embrace the lighter side of life with humour and fun activities. Hence, members are successfully aging when they attend group.

However, more can be done to assist individuals to age well. For instance, "support structures for the optimization of old age are underdeveloped. There is a dearth of social roles, for instance, that society offers to older citizens" (Baltes and Baltes 1998, 3). This example resonated throughout the data gathering process of Saskatoon Community Clinic's program evaluation, as elderly participants struggled to respond to questions related to their social roles. Granted, there are negative consequences of aging and increasingly difficult obstacles as people move into the Fourth Age. It becomes somewhat of a testing ground for resiliency (Baltes and Baltes 1998), trying to find a balance between gains and losses as the scale seemingly tips more towards losses.

Comments from participants of Saskatoon Community Clinic Seniors Group help illustrate some of the obstacles and negative consequences of aging. Their comments also point out the diversity within the group and why programs like Saskatoon Community Clinic's with a social and informal learning component are important at this time in one's life.

> *"I feel isolated and lonely sometimes, living alone in this house. I use my telephone and computer to interact, but I also need the face-to-face interaction. The program offers me a social outlet, something to look forward to." (78-year-old newcomer)*

> *"I am comfortable with being at home alone. I read a lot and write letters to the editor. I am not lonely as others may think. However, when I am face-to-face with my friends at group, I realize I am not alone. I understand this when I see them and we talk." (76-year-old member of one to two years)*

> *"I have a lot of time now. Too much time to just sit and think. But I can't walk so good anymore, so I sit. And I can't hear so good, so sometimes I appear withdrawn or lost in my thoughts. Group makes it possible for me to get out. Group helps me to remain positive" (80+ year-old long-time member and former volunteer)*

> *"I wasn't always social. I have more of a need now to be with others because the activities I used to be able to do in my free time (i.e., painting and needlepoint) are no more. I can't see very well anymore." (80-year-old)*

> *"I am very actively involved with the CNIB. I do presentations, attend meetings, and belong to the white cane society. Saskatoon Community Clinic's group is an opportunity to interact with non-blind people." (79-year-old)*

Additional group participant comments expressed a desire for the group to venture out into the community. Specific suggestions, such as one participant who stated, "I think it would be nice for our seniors' group to join the Baby Cuddlers program at the hospital", reflect the untapped potential that seniors have to give back (Saskatchewan Gray Matters 2005). Such social and informal learning opportunities for the elderly as visiting places in the community, interacting with people of various backgrounds and generations, and sharing meaningful activities have the potential to benefit the health of multiple generations (Jarvis 2001).

As noted in the Saskatoon Community Clinic's Handbook for Volunteers, the communicative interaction that takes place is more important than just an exchange of words; it involves people sharing and learning from each other. Baltes and Baltes (1998) also highlight such potential, "with more and more people living longer, and thus – at least potentially – growing wiser and wiser, who is to say what the aging mind may contribute in the future?" (3).

The correlation between education and health is well-established in population health research. However, people do not generally associate education and learning with the needs of seniors nor the benefit to their health. Moreover, the significance of informal learning, in addition to formal methods, for seniors is often overlooked. Education and positive learning opportunities for elderly persons are very limited. This situation needs to change. Research that provides evidence of the impact of learning in later life on the health of the elderly is mounting. Evaluation results from a Mental Fitness for Life program illustrate the impact of the program on health (i.e., increased self-esteem and self confidence, decreased levels of depression) and support the progressive development of the individual across the lifespan (Cusack et al. (2003).

Cusack et al. (2003) and Jarvis (2001), like Laslett (1989), address healthy aging from a learning perspective. They argue that "in response to population aging, rising costs of health care, and the emphasis on self-care and self-responsibility for health, learning is a more viable and cost-effective means of health promotion" (Cusack, Thompson, and Rogers 2003, 394). What Laslett (1989) and the University of the Third Age did for the Third Age, programs like Saskatoon Community Clinic Seniors Group and Mental Fitness can do for elderly persons in the Fourth Age.

In closing, the phrase, already noted, of a long-time Saskatoon Community Clinic Seniors Group participant succinctly captures what makes the program valuable to participants:

"It's within our reach."

Final words for the elderly group participants, facilitators, and group volunteers:

"Continue to stretch. Stretch the body and the mind. Grow. Reach out. Talk to one another and other generations. And in the process, lift each other up."

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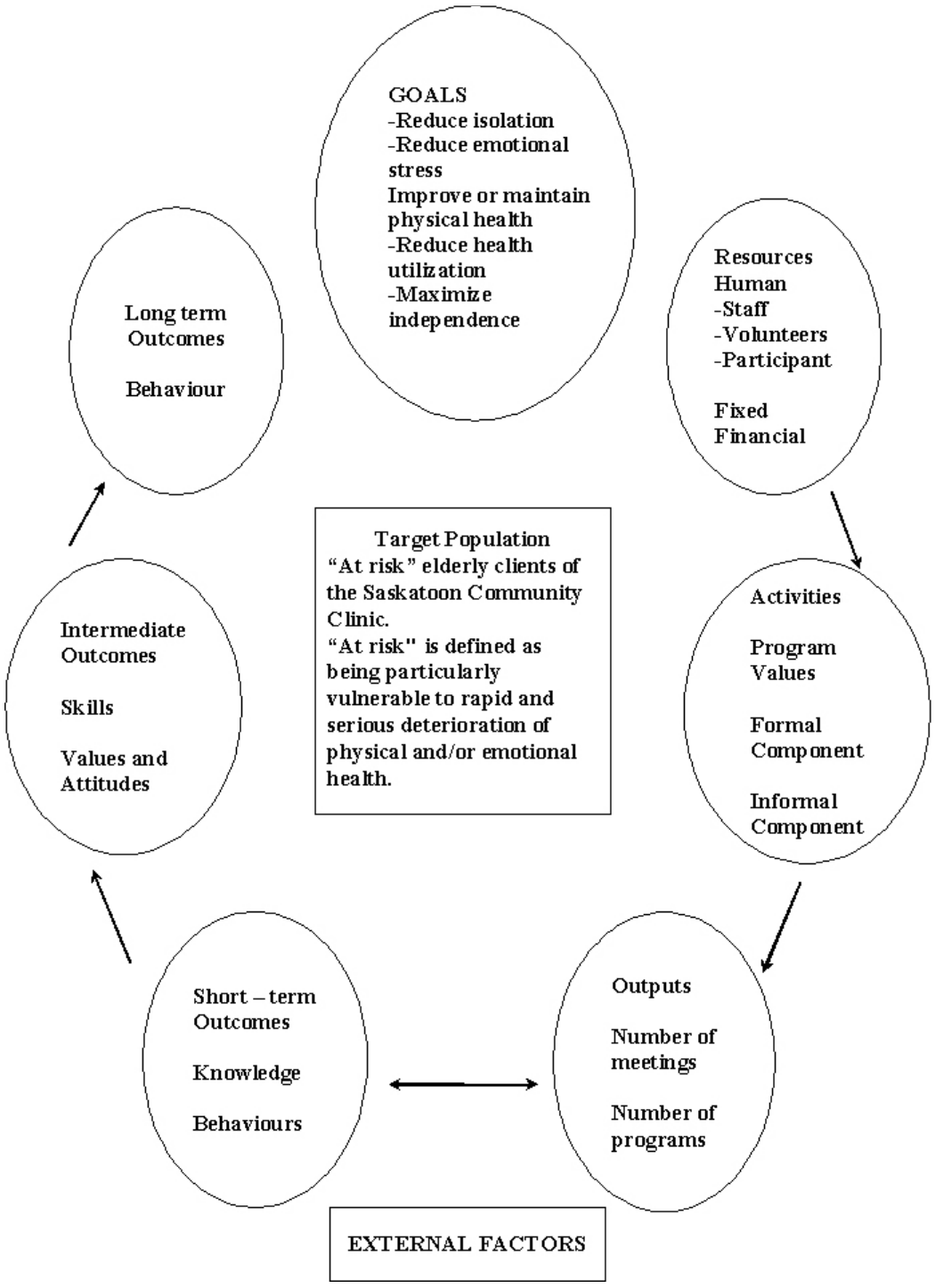
Appendix A: Program Logic Model for Saskatoon Community Clinic's Seniors Groups



Program Goals:

- Reduce isolation
- Reduce emotional distress
- Improve or maintain physical health
- Reduce health utilization
- Maximize independence

Target Population:

"At risk" elderly clients of the Saskatoon Community Clinic.
"At risk" is defined as being particularly vulnerable to rapid and serious deterioration of physical and/or emotional health.

Resources/Inputs
Human Resources
Staff

a) Counsellors and Occupational Therapists (OT): about .75 full-time equivalent (FTE) dedicated to the 'Happy Gang' and 'Silver Threads' groups combined.

Duties:

- identifying and assessing seniors for group
- planning and preparing for group
- setting up room and equipment
- purchasing food for lunchnotifiying group members through phone calls and written notices
- arranging transportation
- assisting clients in and out of taxis

b) Secretary/Receptionist support, about 112.5 hours/year

Duties:

- notifiying group members through phone calls and written notices
- arranging transportation

c) General supervision/administration support costs

d) Maintenance department for setting up and taking down the room

e) Volunteer Coordinator, about .2 FTE hours/week devoted to the group volunteers

Duties:recruitment

- training
- orientation
- placement
- recognition

f) Staff and volunteer development

Volunteers

a) 40 volunteers provide 3500 hours/year (approximately18 are group volunteers)

Duties:

- lunch - preparing, serving, and cleaning up
- taxis - assisting clients in and out
- interacting with participants and becoming part of the group

Group Participants /Members

a) individual's personal contributions to the group

Fixed Resources

a) Programming resources: presenters, films, entertainers, etc. from the Clinic and the community

b) Equipment: projector, tables, chairs, piano, CD/tape player, PA system, games, camera

c) Meeting space

Financial Resources

a) Transportation: Meger Fund $4500/year. Group participant contributions $1000/year

b) Non-transportation expenses: Seniors Advisory Council financial contribution

about $1200 - $1400/year for banquets, parties and teas

c) Health Promotion Funds: $1,000/year for food and incidental expenses

Activities

Group Program Values

- understanding
- accepting
- respecting
- validating
- recognizing worth
- client involvement in planning
- facilitation of participation and self-expression
- have fun

Formal program component

- education
- skill development
- entertainment
- recreation/playing
- reminiscing
- exercise
- special events and trips

Informal Program Component

- social interaction
- talk with others about their lives
- counsellors and volunteers monitor group members to identify health problems
- informal education
- lunch

Outputs /Products

(clients serviced, programs delivered)

a) number of group meetings

b) number of each type of program:

- education
- entertainment
- recreation
- outings
- reminiscing programs

c) number of participants attending each group

- discrete count of participants/group/year
- average attendance
- range of attendance

SHORT-TERM Outcomes for client change

Knowledge: Participants will become more knowledgeable about:

a) other people in similar circumstances

b) personal health issues:

- physical
- emotional
- mental
- spiritual
- social

c) safety

d) sources of assistance at the Clinic

e) resources within the community

f) social roles in the family and community

Behaviour: Participants will:

a) attend group

b) meet new people

c) participate in social aspects of the group

d) participate in program aspects of the group

e) have contact with other participants between groups

INTERMEDIATE Outcomes

Skill: Participants will increase their skill in:

a) participating in a group of peers
b) one-to-one socializing with peers
c) decision making about personal health
d) coping with health problems
e) seeking assistance for health reasons

Values and Attitudes: Participants will value and/or have a positive attitude about:

a) social interaction with peers
b) interest in others and the broader world
c) Clinic staff as sources of assistance, support, and encouragement

LONG-TERM Outcomes

Participants will:

a) increase their sense of belonging, connectedness, and support
b) be more interested and more engaged in life
c) increase their satisfaction in social roles
d) be safer with an increased sense of safety
e) be more resilient emotionally
f) be more resilient physically
g) increase their self-esteem/self-confidence/self-worth
h) be better able to take care of their health

Behaviour: Participants will:

a) take better care of themselves, for example, making healthier choices regarding:

- food
- exercise
- safety
- illness/injury

- treatment
- relationships
- drugs and alcohol

b) seek and accept health treatment and assistance as needed

c) participate in community and/or clinic activities

Participants will be physically, mentally, emotionally, and socially healthier.

External Factors

Appendix B: Participant Survey (2005)

The purpose of this survey is to collect information on the program's accomplishments and assist in determining program improvements. All information on this survey is confidential and anonymous.

Demographic Information
- male/female: _____
- age: _____
- Level of education: _____
- Former occupation: _____
- Family situation:

single married widowed
children grandchildren siblings
in the city in the province in Canada in another country

- Living arrangement:

house apartment seniors' community
alone with family with friend

- How long have you lived in Saskatoon? _____

Interactions

1. How many different people/groups do you have contact with in a week typically? _____
2. How many times do you have contact with other people in a week typi cally? _____
3. What type of contact do you have with others?
   Face-to-face telephone mail email other
4. Do you attend group regularly? Yes No
5. Do you participate in other community activities? Yes No

The Program

1. How long have you attended?
   1-2years 3-5 years 6-10years 10+ years
2. How did you find out about the seniors groups?
   Doctor Social worker Family Friend Community Clinic
   Website Other

The following statements are derived from the Program Logic Model for Saskatoon Community Clinic's Seniors Groups.

ACTIVITIES
Program Values
i) When I come to group,
I feel understood 1 2 3 4 5 n/a
accepted 1 2 3 4 5 n/a
respected 1 2 3 4 5 n/a
validated 1 2 3 4 5 n/a
ii) I have fun at group 1 2 3 4 5 n/a
iii) I am involved in planning
1 2 3 4 5 n/a
iv) The group facilitates my participation and self-expression
1 2 3 4 5 n/a
OUTCOMES

Knowledge:
Through my participation in the group,
a) I am more aware of other people in similar circumstances
1 2 3 4 5 n/a
b) I am knowledgeable about personal health issues:
physical 1 2 3 4 5 n/a
emotional 1 2 3 4 5 n/a
mental 1 2 3 4 5 n/a
spiritual 1 2 3 4 5 n/a
social 1 2 3 4 5 n/a
c) I know more about safety precautions (e.g. falls prevention)
1 2 3 4 5 n/a
d) I know sources of assistance at the Clinic (e.g.)
1 2 3 4 5 n/a
e) I am more aware of resources within the community
1 2 3 4 5 n/a
f) I am more knowledgeable of social roles in family and community
1 2 3 4 5 n/a

Skill:
a) I have improved my group participation skills
1 2 3 4 5 n/a
b) I am more skilled at one-to-one socializing with peers
1 2 3 4 5 n/a

c) I am more able to make decisions about my personal health
1 2 3 4 5 n/a

d) I have developed skills to cope with health problems
1 2 3 4 5 n/a

e) I have gained skills for seeking assistance for health reasons
1 2 3 4 5 n/a

Values and Attitudes:

a) I like to interact with peers socially
1 2 3 4 5 n/a

b) In the group, I am able to talk about things that I watched on TV, heard on the radio, or read in the newspaper
1 2 3 4 5 n/a

c) I feel comfortable asking Clinic staff for assistance
1 2 3 4 5 n/a

Behaviour:

a) I have met new people by attending the group
1 2 3 4 5 n/a

b) I have contact with other participants between groups
1 2 3 4 5 n/a

c) The group has helped me to take better care of myself,
1 2 3 4 5 n/a
for example, making healthier choices regarding
food exercise safety illness/injury treatment relationships drugs/alcohol

d) I have an increased sense of belonging, connectedness, and support
1 2 3 4 5 n/a

e) I am more interested and more engaged in life
1 2 3 4 5 n/a

f) I have an increased sense of safety
1 2 3 4 5 n/a

g) I seek and accept health treatment and assistance as needed
1 2 3 4 5 n/a

h) I have increased self-esteem
1 2 3 4 5 n/a

i) I feel physically, mentally, emotionally, and socially healthier.
1 2 3 4 5 n/a

Level of Satisfaction with Various Aspects of the Senior Group

Please indicate your level of satisfaction for each of the following aspects of the group program.

Resources

a) How satisfied are you with the amount of contact you have with

staff	3	2	1
volunteers	3	2	1
peers	3	2	1

b) The meeting place/physical environment

	3	2	1
c) Arranged transportation	3	2	1
d) Fees	3	2	1

Group Activities (format/structure)

a) Formal program component	3	2	1
education/information provided			
skill development			
entertainment			
recreation/playing			
reminiscing			
exercise			
special events and trips			
b) Informal program component	3	2	1
social interaction			
talking with others about their lives			
health monitoring			
informal education			
lunch			

c) Your level of involvement in planning

	3	2	1

Outputs

a) Frequency of meetings	3	2	1

b) Frequency of various types of activities

	3	2	1

How satisfied are you overall with the Seniors Group that you belong to at the Saskatoon Community Clinic?

Very satisfied Moderately satisfied Not satisfied

The thing that I like best about Seniors Group is….

If I could change one thing about the program, it would be...

Comments:

Thank you for taking the time to complete this evaluation.

Appendix C: Group Interview Guide

Background Demographics: Personal Information

- male /female___
- age___
- education level _____
- former occupation_____
- family situation: single, married, widowed
  children, grandchildren
  in the city, province
- living arrangement: house, apartment, seniors' community
  alone, with family, with friend
- How long have you lived in Saskatoon?____

Interactions (with whom, frequency, types of activities)

1. How much contact do you have with other people in a week typically?
2. Who might you have contact with?
3. Who generally initiates the contact?
4. What kinds of activities are you involved in throughout the week?
5. How often do you attend the seniors' group?
6. Has your contact with other people changed since you started attending the program?

   If yes, how?
7. Do you have contact with other participants between groups? If yes, in what ways?
8. Are you satisfied with this amount of contact?

Caregivers

Do you have caregivers? (family, friends, neighbours, employees)

Has the group helped your interactions/communication with caregivers?

The Program

I would like to know more about the Seniors Program at the Saskatoon Community Clinic.

1. What would you like to tell me about the program and your involvement in it?

- How long have you attended?
- How did you come to the program?
- What attracted you to the program?
- What concerns/apprehensions did you have about the group program before you started?
- In what ways are you more aware about the social roles in family and community?

2. How does the program serve your needs?
3. Why do you attend the program?
4. What keeps you coming back?
5. What do you like about the program?
6. What don't you like about the program?

Suggestions/comments

(Aspects of the program may include the meeting place, environment, atmosphere, contacts- facilitators, volunteers, activities, information provided, participant involvement in planning, frequency of meeting, transportation, fees, etc.)

Independence

How does the program help you to maximize your independence?

Health

To what extent do you consider the group program beneficial to your health and well-being?

When I attend the group, I feel…

When I don't or can't attend group, I feel…

Emotions and Attitude (Adapted from "50+ in Europe - The Survey of Health, Ageing and Retirement" in a European questionnaire available online)

How often have you experienced the following feelings?

Before I started attending group, I experienced the following feelings:

a) I felt depressed
b) My sleep was restless
c) I was happy
d) I felt lonely
e) I felt people were unfriendly
f) I enjoyed life
g) I felt sad
h) I felt that people disliked me
i) I couldn't get going
j) I couldn't get out of the house
k) I didn't feel like eating
l) I had a lot of energy
m) I felt tired
n) I felt really rested when I woke up in the morning
o) I felt discouraged about the future

Now I feel:

Appendix D: Volunteer Survey

The Saskatoon Community Clinic is currently conducting a program evaluation of the Seniors Group program. Volunteers are an integral part of the seniors' groups. Your volunteer experience and feedback is important. It will contribute to understanding and has the potential to make the group program more effective. All replies will remain confidential.

Please complete the survey by June 30, 2005. Drop it off at the Community Clinic in the envelope labelled Seniors Group Volunteer Survey near Chris/Wanda's desk or mail it to 424 – 1st Ave N., Saskatoon, SK. Attn: Seniors Group Volunteer Survey. If you have any questions, call Sherry at 306-.

1. How long have you been a seniors' group volunteer for the Community Clinic?
2. Which seniors' group do you assist with? Silver Threads Happy Gang Both
3. How did you become involved with the Seniors program?
4. Describe your involvement/contact with the elderly group members.
5. How would you describe your relationship with the individuals involved with the program
   (seniors, other volunteers, facilitators)?
6. How satisfied are you with the Saskatoon Community Clinic's seniors group as a place to
   volunteer? (Circle one) Very satisfied Moderately satisfied Not satisfied

Comments
(What do you like about volunteering for the Seniors Group? What could be improved?)

As a volunteer, how strongly do you agree or disagree with the following statements:

1. I like to visit with the elderly	1	2	3	4	5	n/a
2. I have enough time to visit with the elderly	1	2	3	4	5	n/a
3. I have contact with the elderly participants outside of group time	1	2	3	4		
4. I feel comfortable with the co-volunteers	1	2	3	4	5	n/a
5. I regularly monitor the health of participants	1	2	3	4	5	n/a
6. I feel comfortable talking to the facilitators when I am concerned about a participant's health	1	2	3	4	5	n/a
7. My opinions seem to count	1	2	3	4	5	n/a

8. When I volunteer for the seniors' group, I feel:						
respected	1	2	3	4	5	n/a
understood						
accepted						
validated						
recognized for my worth						
9. I enjoy being part of the group and the activities	1	2	3	4	5	n/a

Thank you for taking the time to complete this survey.

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