



CUISR:

Community – University Institute for Social Research

*Program Evaluation of the Saskatoon
Community Clinic Strengthening the
Circle Program*

Shelley Thomas Prokop



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 Inter-sectoral 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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by
Shelley Thomas Prokop



Community-University Institute for Social Research
432-221 Cumberland Avenue
Saskatoon, SK S7N 1M3
phone (306) 966-2121
fax (306) 966-2122
e-mail cuisr.oncampus@usask.ca
www.usask.ca/cuisr

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Community-University Institute for Social Research
University of Saskatchewan

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ABSTRACT

In 1992, the Saskatoon Community Clinic began an outreach program for Aboriginal grandmothers (kohkums) in Saskatoon. Older Aboriginal women were identified in the community and brought together in small ‘kitchen’ groups until a single large group was formed. The program enabled Aboriginal grandmothers to share information about traditional healing and western medicine and to discuss their health through stories and healing circles. Leadership of the group was provided by a Saskatoon Community Clinic staff member.

The overall goals of the program were and remain: reducing isolation, reducing emotional distress, improving or maintaining the participants’ physical health, reducing health service utilization, and maximizing independence.

The Saskatoon Community Clinic hired a program evaluator in April 2007 to determine how and to what extent the group program is beneficial to the immediate and longer-term well-being of kohkums. A qualitative evaluation design was used that included personal one-on-one interviews with the kohkums and a focus group made up of program participants. Many thoughts and memories about the benefits of the program were elicited, and the kohkums made suggestions for its further development. The kohkums described many of the activities in which they participated and explained why these activities garner positive results and benefits.

Some of the characteristics of the activities that contribute to their enjoyment and willingness to participate include: a pleasant and suitable meeting space, a positive interpersonal atmosphere for meetings, respect for all who attend the gatherings, interesting and fun activities, culturally-appropriate activities and gatherings, and celebration of self and group. Discussions throughout the year and input from the kohkums contributed to participant satisfaction and program direction.

The benefits gained by the kohkums from participation in the program include: friendships, companionship, validation of feelings, a sense of belonging to a group, opportunity for self-expression, opportunities to know and appreciate others, and formal and informal information regarding local health services.

A summary of suggestions from the kohkums includes: more meetings during the month, longer meetings, continued support for transportation, additional activities to be included in the program, and support for the continuance of the program and program staff.

The kohkums had an overwhelmingly positive response to the program which they

attributed, in large part, to having consistent staff and an evolving program direction.

The report speaks to the many experiences of the kohkums in the Strengthening the Circle project from the project's inception to this past year.

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INTRODUCTION

In 1992, the Saskatoon Community Clinic (SCC) began an outreach program for Aboriginal grandmothers (kohkums) in Saskatoon. The aim of the program was to visit grandmothers in their homes and to bring them together to share information about traditional healing and western medicine and to discuss their health through stories and healing circles (Stories from Kohkums, 1995). Older Aboriginal women were identified in the community and brought together in small 'kitchen' groups until a single large group was formed.

Leadership of the group was provided by a Saskatoon Community Clinic staff

member, the Aboriginal Seniors Program Coordinator. She was assisted at the time by a second clinic employee, the Aboriginal Seniors Program Outreach Worker. The group expenses were funded by a grant from Health Canada.

The group has been involved in several community projects in the last 15 years including: developing a book entitled, Stories from Kohkums (*ibid*) □ a joint project with Read Saskatoon; involvement in the Treaty Day celebrations organized by the Saskatoon Friendship Centre; and numerous other events that contribute to and enrich the community of Saskatoon.

The program evolved and was renamed ‘Strengthening the Circle’ in 1997. The group continues to meet monthly, and the program continues to promote the health of kohkums by providing home visits and a personal support group. The purpose and goals of the program have not changed in the past 11 years. Although the program has seen many Aboriginal women come and go, it has maintained its original intentions.

The Saskatoon Community Clinic hired a program evaluator in April 2007 to determine how, and to what extent, the group program is beneficial to the immediate and longer-term well-being of kohkums.

The following report reflects the conversations and discussions in a qualitative program evaluation with the kohkums and program staff for the Strengthening the Circle program. The report begins with an overview of the program history and a project description, then moves to the methodology and the results of the evaluation. It ends with recommendations from the program participants.¹

LITERATURE REVIEW²

There are various definitions of health, which may be determined by world view, traditions, and belief systems. For many Aboriginal people health is defined through four elements of the self – spiritual, mental, emotional, and physical – and balancing these four elements is a lifelong task. In Balancing the Medicine Wheel through Physical Activity, Lavallée indicates the importance of developing programs that support and maintain Aboriginal people’s health.

Old age is a stage of life that is welcomed with open arms by many Aboriginal people. In his teachings, Danny Musqua, a Saskatchewan Elder, describes the Seventh Fire place of life as old age and a spiritual journey towards death. He continually refers to the wealth of wisdom and experience that age brings: “In old age one is considered

¹ Please note: all italicized text indicates the actual words of a kohkum, and each kohkum is denoted by K and a number representing the interview.

² There is limited academic literature available on programming for older Aboriginal women in urban centers. Consequently, the researcher has utilized community development literature and literature on the stages of life for Aboriginal people in general.

to have acquired wisdom by virtue of living a long life. Wisdom was considered as knowing and living out the principles of life as understood. That is why so much respect is granted to the old people” (Knight, 2002, 80). Elder Musqua is from the Saulteaux tribe, but many agree that his teachings regarding old age are similar to those in other Aboriginal cultures. In the Cree culture there are four stages of life, the fourth being old age when an older person is revered for their wealth of life experience and knowledge and respectful treatment is expected.

Many Aboriginal ceremonies and gatherings are led by the ‘old people’ who have the wisdom and understanding of how things must be done. These people make valuable contributions to the continual growth of Aboriginal communities, culture, language, and tradition. However, having their needs met in their own community is essential for their well-being and continual contribution. In rural areas, programs are being developed to meet the needs of older Aboriginal women to assist them with their health, but many of these programs focus solely on one ailment, diabetes.

As the population of older Aboriginal women increases in urban centres the demand for programming will also increase. Programs that meet the needs of older Aboriginal women are essential to ensure access to related health services and to ensure that others can benefit from their experience and wisdom (Thomas Prokop, 2002).

In response to high rates of diabetes among the Aboriginal elder population and a lack of resource materials encouraging active lifestyles and fitness, the National Indian and Inuit Community Health Representatives Organization (NIICHRO) developed a training package entitled Diabetes and Ageing in Aboriginal Communities. The training package was part of a program entitled Active Living and Older Aboriginal People, which encouraged active living within the senior population in Aboriginal communities (NIICHRO, 1999).

A study by Dickson and Green (2001) describes the process which should be used to develop programs for older Aboriginal women in an urban centre. They discuss in detail the lessons they learned from working with Aboriginal grandmothers in urban Saskatoon. The process or method that emerged supports participatory research as an evolving research methodology and an intervention for health promotion.

Danny Musqua speaks of the journey in the Seventh Fire as being a time to take care of the old people as many of them have spent their lives taking care of children and families. “In dealing with old people it is important not to disrupt their confidence and trust, not to question what they are doing. It is good to ask them how they feel and what it is that they need from you. They like to be asked for advice, to tell stories about life” (Knight, 2002, 81).

As noted, there is very little academic literature published on older Aboriginal women and programming. This may be because the Aboriginal culture is primarily oral and because there are few programs available specifically for older Aboriginal

women.

The literature on older women in general can be used as a lens to understand aging and programming for many, but not all, women in Canadian society. The uniqueness of culture, tradition, and language are paramount and should be the foundation for programming for ethnic women, particularly Aboriginal women in Saskatoon.

Appendix A is an excerpt from a similar study of a Saskatoon Community Clinic group for “At Risk” Elderly by Sherry Klymyshyn and Lee Everts (2007). It is useful in helping to determine what type of programming is appropriate for older women who are somewhat isolated and have health problems.

PROGRAM DESCRIPTION

The Strengthening the Circle program has been running for 15 years at the Saskatoon Community Clinic in downtown Saskatoon. The project is currently staffed by one half-time Community Outreach Coordinator, who is a trained social worker, and one Counsellor who assists with meetings and group outings. The Community Outreach Coordinator has been with the program since its inception in 1992, and the Counsellor joined the program a few years ago and contributes a few hours per month. The program also has volunteers who are kohkums themselves who interact with participants and provide valuable practical assistance to the leaders.

The program, which currently has 50 participants, blends traditional Aboriginal ways with the current health care system, provides interpretation in Cree, provides referrals, works with native organizations to create awareness of the health needs of Aboriginal seniors, seeks guidance from an Elder, and listens to the wisdom of the older women. These services are offered by the Saskatoon Community Clinic, and the Program Coordinator uses an approach that focuses on the strengths of each kohkum as she works as an advocate for the Aboriginal kohkums’ health needs and spends time counselling them through home visits and telephone calls.

The kohkum program is funded by the Saskatoon Community Clinic. Salaries for staff come from the Clinic’s operations budget and the program costs and honoraria are provided by the Clinic’s Health Promotion/Client Care fund.

The group meets once per month. Any given meeting is attended by 16 to 26 kohkums; the average attendance is 18. Transportation is provided for the kohkums because many participants have reduced mobility and limited income. The group sessions are generally structured with an entertainment and/or educational component for the first hour or more and a social interaction component in the second hour. The kohkums provide a potluck lunch for themselves at each meeting.

Throughout the year kohkums have healing circles as well as special events, which

also contribute to their well-being. Special events include outings to a winter holiday dinner and visits to Wanuskewin, a local First Nations cultural site. The group uses the services of an Aboriginal Elder who provides spiritual ceremonies and guidance.

Topics for the meetings are developed with the participants at the beginning of the year in September.

Monthly contact with group members, through phone calls regarding attendance and through actual attendance, makes it possible for the Community Clinic to monitor the health and social situation of the participants and to arrange appropriate services.

GOALS OF THE EVALUATION

The general goals of the evaluation were to examine the following questions set by the Saskatoon Community Clinic. These points were evaluated by interviewing kohkums who are currently in the program as well as program staff:

1. In what ways and to what extent is the program achieving its stated goals (reducing isolation, reducing emotional distress, improving or maintaining participants' physical health, reducing health service utilization, and maximizing independence)?
2. To what extent does the program serve older Aboriginal women who are at risk in terms of their health?
3. Is the program beneficial to clients in ways that are not currently apparent?

Other issues to be addressed were:

1. What aspects of the program contribute most, or least, to achieving the program's goals?
2. To what extent do group members and caregivers consider the group beneficial to their health and well-being?
3. Are there family members, friends, and caregivers who benefit indirectly from the program?
4. To what extent are group members and caregivers satisfied with the program?

METHODOLOGY: A QUALITATIVE EVALUATION USING A HEALTH PROMOTION APPROACH

The population for this study was the kohkums who participate in the Strengthening the Circle program. Kohkum means grandmother in the Cree language. The Aboriginal women in the program are in their senior years, and all are kohkums (grandmothers)

in their families and communities. The kohkums are a diverse group of women who come from many Aboriginal backgrounds including, but not limited to, Cree, Métis, and Saulteaux.

The kohkums meet once a month at the Saskatoon Community Clinic at 424 1st Avenue North in the Clinic's common area. This area is large and is close to a kitchen where kohkums bring their snacks to share each month and make tea for their meetings.

The methodology used to gather information from the kohkums included interviews at their homes and a focus group at the Community Clinic. These methods were chosen as they resembled current methods of interacting with the kohkums (i.e. home visits), which have garnered a positive response, and they were congruent with the goals of the evaluation. The methodologies assisted in creating a comfortable atmosphere for discussing the program and the health of the kohkum and met the program goal of reducing isolation.

After developing a consent form (Appendix B) that met the needs and understanding of the kohkums and program staff, the researcher conducted 15 personal interviews with the kohkums in their homes. The researcher asked the kohkums six main questions (Appendix C) regarding their involvement in the Strengthening the Circle program.

There are currently 52 active participants in the kohkum group. 34 active participants attend on a monthly basis. Some kohkums cannot attend group regularly because of illness, physical inability, or age. The coordinator conducts home visits for those who do not attend regularly. This evaluation considered 15 kohkums, a combination of kohkums who attended group regularly and those who were homebound, in personal interviews, and an additional four in the preliminary feedback session held in June 2007.

The program staff provided a phone list of all kohkums involved in the program. 15 names were chosen at random from a hat. The interviewer called each of the 15 kohkums, who had from 1 to 15 years in the program, and requested an interview; all of them agreed to participate. The kohkum chose the place and the time that best suited her; all 15 chose to meet in their own homes. Each kohkum was happy to have a visitor and happy to discuss the program in her home. In all the interviews, the kohkums were provided with a consent form, which was explained to them and which they signed before the interview began. The interviewer provided a small gift to each kohkum at the end of the interview as a thank you for their participation.

All interviews were audio-recorded. Each kohkum was given a choice of a written transcript or a CD of the interview. The majority of the participants ($n=15$) chose the CD option. Many kohkums found it enlightening to hear their own voices and to be able to provide any corrections, omissions, or edits needed in the interview. From the researcher's perspective, providing the CD was one strategy to eliminate potential issues with literacy and sight difficulties, and it saved time in re-connecting with the

participant for revisions. All of the interviews were transcribed by the Community Clinic and analyzed by the researcher before writing the report. The transcripts and tapes are stored in a locked facility at CUISR.

After all the interviews were completed, the researcher met again with the kohkums at the June 2007 meeting to conduct a focus group. Kokhums who had been interviewed and additional members of the group were in attendance at the potluck-style meeting. All the information that had been shared with the researcher was reviewed, and an opportunity was provided to augment or revise the information.

Two informal interviews were also carried out with a program staff member to gather historical information and to discuss the best methodologies to use for the evaluation.

Table 1 – Population and Sampling

Total No. of Kokhums on Participant List	Number Randomly Selected	Number (%) Agreed	Number (%) Refused
52	15	15	0

LIMITATIONS

The last program evaluation was completed in 1997 so the memories included in this evaluation of the program, for most kohkums, related to the last couple of years. All kohkums called were willing and able to discuss the Strengthening the Circle program. For regular attendees (75% of the kohkums interviewed were considered ‘regular’ because they indicated they attended the group every month), there was a lot of information to share. The kohkums who could not be at regular meetings obviously had fewer experiences to describe.

The evaluation reflects a randomly-selected sample of the kohkums involved in the Strengthening the Circle program to prevent bias. It should not be seen as a reflection of all the kohkums currently in the program.

The work plan for the study originally included a focus group. Six kohkums were prepared to attend. At the last minute one got sick; another had a family emergency; another hurt her leg; and another had to babysit. As a result, the focus group was cancelled with the hope that the women would do individual interviews, which turned out to be the case. The advantage of a focus group is that the kohkums come together and stimulate each other and brainstorm their ideas. Although this did not happen as originally planned, the meeting in June, when preliminary results of the study were shared with kohkums, was partially conducted as a focus group and met the need of creating

discussion. Many suggestions and comments emerged from the meeting.

Not all of the evaluation goals have been achieved. The evaluation methodology was primarily qualitative, and data were collected in a short period of time. This limited the amount of information gathered from the kohkums and others involved in the program. Information not directly gathered through questions included: caregiver opinions and specifics regarding the program goals of improving physical health, reducing service utilization, and maximizing independence. No consistent themes on these issues arise from the kokhum data, in part because they were not asked directly.

The researcher utilized two forms of analysis: a thematic analysis on all data gathered, and analysis using the program NVIVO®³ to create credibility and validity with the shared information. No other person reviewed the raw data for the final report.

How DID THE KOKHUMS GET INVOLVED IN THE PROGRAM?

Each of the kohkums was asked how she got involved in the program. All of them had fond memories of their first meeting and of starting to attend the group. Each was a bit shy but excited about being involved in a program for Aboriginal kohkums.

Over half of the kohkums indicated they were invited by Louise, the Program Coordinator. Personal invitation is important to Aboriginal culture and tradition and equally important for successful community-based programs. As a result of personal invitation, respect and sincerity is shown and given to the invited kohkum because of her status of being a grandmother as well as an older person in Saskatoon's Aboriginal community.

The remaining kohkums were invited by people who were already attending the program, people who lived close to them, or people who saw them at other Community Clinic programs. The word-of-mouth program advertising with experienced kohkums inviting new kohkums has been valuable to the Strengthening the Circle program as it continues to maintain some of the original participants while growing its numbers.

³ NVIVO® is a software program for qualitative researchers who want to explore issues, understand phenomena, and answer questions. The qualitative data or answers to questions are placed in the software, and the software enables the researcher to shape and make sense of the information. In this particular project, the software assisted the researcher in creating themes from the kohkums' responses to questions.

Table 2 – How Kokhums Were Recruited to the Program

Total No. of Kokhums Interviewed	Invited by Program Outreach Coordinator	Heard through Participants or Friends/ Family/Community Clinic Programs
15	8	7

A majority of the kohkums interviewed noted that they had been in the program for more than one year. Of the kohkums interviewed, 40% had been participating in the program for more than six years as indicated by the table below.

Table 3 – Length of Involvement with the Program

Total No. of Kokhums Interviewed	Participating in Program for 1-5 years	Participating in Program for 6-16 years
15	9	6

One kohkum noted that she found out about the program “through talking to other ladies and through the Westside Community Clinic and the diabetic program they used to have there” (K6). She also said, “got to know Louise, and she told me about it; so she says, ‘We have a program going. Would you like to come?’ Sure I said. I would like to go to it. I started going to it, and I am still there...” (K6).

Why Are the Kokhums Involved in the Strengthening the Circle Program?

This was an important question for the kohkums in the evaluation. It caused them to think back to their reason for attending the group. Overall, the kohkums noted that they needed an outing with other women their age and culture. One of the program goals is to reduce isolation, and it seems to be doing so, as noted by the participants’ comments. The kohkums are happy to come out and look forward to talking with the other women at the monthly meetings:

“Something to look forward to.” (K1, K9)

“Oh, I wanted to get together with other Native people, Cree women. I wanted to be part of a group, and I was interested, but I wasn’t too sure what it entailed.” (K2)

“I meet a lot of the new kohkums and talk to them. I enjoy it – my friend asked me to go.” (K10)

“It’s socializing, and that is why I went.” (K8)

In the focus group, the kohkums made similar comments to those noted in the interviews; however, there was a lengthy discussion on the importance of wanting to hear other people’s stories and wanting to be part of a group: “...learning from stories and sharing experience and wisdom and wanting to be part of a group” (K10).

When discussing expectations of the program, one kohkum noted, “I did not really think about that.... I just went. I thought oh, okay, a bunch of Aboriginal ladies...oh, that should be fun.... Right away I associated it with fun” (K11).

One kohkum articulated her comfort level with the group, “...I was still kind of not shy but reserved, but I noticed a lot of them would talk, and they talked to me. So each time I went to the program I was feeling more comfortable” (K12).

One kohkum conveyed that she wanted “to go visit with other Native ladies and listen to their stories and for a good friendship day” (K6).

Another kohkum noted that “...it is just an outing. You are going to meet other ones. You have people of your own age to talk with and discuss things with them about what is going on...” (K7).

WHAT DO KOKHUMS DO IN THE PROGRAM?

Each kohkum had fond memories of all the activities offered in the program. They spoke about the monthly meetings, speakers, outings, the Christmas party, healing circles, and snack time. The kohkums participated in planning program activities at the beginning of each new year, in September. All activities were described in a positive way, and the kohkums recommended more of the same programming.

The kohkums had many satisfactory comments regarding the activities in the program:

Decision Making

The group made decisions for the year of activities. This was important in creating ownership for the kohkums, because they had control over what they did in the group, and it fostered independence in decision making. As mentioned by one participant, “...we do actually, we decided...Louise asks us at the beginning of the year like September, what are we going to do... who are we going to have...who do you want for a speaker...what do you want to hear about...we all decide...and we all come to an agreement...” (K11). One kohkum remarked that they were all part of planning the year in September: “As a group we make plans for the year” (K8).

Circle Format

The circle was an important component of the program. As conveyed by the participants, it fostered confidentiality and the release of emotions and stress. “You get to meet more people; you talk about your problems; and you listen to them. And if you have anything, you talk about yours. It is a relief” (K9).

Confidentiality was noted as very important within the meetings. One kohkum talked about the first meeting she attended, “I think I remember it was a healing meeting, and we always have an Elder to open the prayers, and say a few words to us, and then close with prayers. But anyway, it was a stone that we still pass around every month. And everybody knows that whatever you see or hear there stays there. You don’t bring it home. This is part, and this is what I mean- it is sort of supporting one another I found out that day” (K8) (K10).

Another kohkum noted, “We support each other, and we become like a family – and you come away feeling good” (K8). One kohkum said she was upset when she could not go: “I really missed it. I liked being there. I liked to talk about yourself – about your feelings” (K10).

Activities

Activities were a topic of conversation throughout each interview. All kohkums noted that the activities and outings were special because they did not attend other groups and because they enjoyed the experiences with friends.

One kohkum expressed her excitement at attending the special event : “We go to the Parktown for Christmas Dinner and exchange gifts and dance. I really look forward to that” (K4). Another kohkum added to this by noting the group’s independence: “...and every meeting we have our ‘kitty’ can, and you throw in if you have five cents, whatever. We put money every meeting in the can. That can is especially for our Christmas party” (K8). Another kohkum spoke about her experience at the Christmas party, “Like it is physical, and it is fun” (K8).

The focus group garnered similar information to the interviews and confirmed the importance of the program activities. Additional comments included, “The group made a blanket – everyone made a square for love and peace; special events: birthday parties, Wanuskewin, Christmas party, planted a tree at Wanuskewin. I get picked up and dropped off by the cab, play bingo, relaxing atmosphere, forget about your worries” (FG participants).

Home Visits

The program worker does home visits, “...she does our meetings, and does lots of home visits. If somebody is sick, she will go to see them and talk to them and see what they need, and she will advise them to go to a doctor or whatever they have to do” (K7).

WHERE DO THE KOKHUMS MEET?

The kohkums commented on the place of meeting as a positive space with enough room for the number of people coming now. The kohkums did note that, if the group grew any more, they would like to find some new space.

The kohkums get to the meetings by cab. Many kohkums expressed the benefit of having the cab service that assisted them in attending the program, “You see, these meetings, we are cabbed. So you don’t have to look for rides and stuff to get there... There are lots of them, they have a hard time getting into the buses, so they wouldn’t be able to go at all” (K7).

How DOES THE PROGRAM AFFECT THE KOKHUMS?

Kohkums were asked how they were affected by the program. All the kohkums noted they were affected positively by the program and activities. This was overwhelmingly stated through positive comments regarding activities and regarding Louise (Program Coordinator). The Saskatoon Community Clinic provides support to attend the meetings which makes attendance much easier. For a majority of the kohkums, this is the only group they are involved with and their only regular outing, “It is better with Louise. I don’t go to any place. All I go to is kohkums” (K15).

Talking

A majority of the kohkums said that talking about their problems, issues, and families was part of healing and helped them feel much better when they went home. One kohkum conveyed, “You get to know more people. They talk about their problems, and you listen to them, and, if you have anything, you talk about yours too; you have more relief” (K1). Another kohkum noted, “And I enjoy listening to each other’s stories. Like what bothers us. We can talk about anything. Especially in the healing part, or I think it is called a circle” (K3). Another said, “... You get bored if you are all the time alone. If you got somebody to go and talk to and that, you feel better if you have someone to talk to” (K7).

The benefits of having more friends and socializing is understood by one kohkum as benefiting her health, “Because I can see if you don’t do that, it is easy to become depressed or start feeling sorry for yourself. It is easy to do that too. But this way, at least if you are feeling depressed, we all have each other’s phone numbers, and then you pick up the phone, and you talk to someone – one of the grannies” (K8).

Socializing has benefited the kohkums as they are comfortable with one another and share their experiences. Many kohkums mentioned how the strength of the group allows them the emotional room to discuss and share. One kohkum who has diabetes believed that her health had improved through the group discussions, “So, I learned a

lot of good eating habits from the kohkums” (K14).

Independence and Courage

Talking in the groups has fostered the development of independence and courage. As one kohkum states, “I have noticed them (kohkums) out and about, and I have also gotten the courage to go out on my own if I read something in the paper, and I go out to listen to the speaker.... I always needed someone with me, but now I just go out. If I want to go to a cheap movie, I will get ready and go” (K12).

Education

A majority of the kohkums mentioned that education was a benefit of the program. The speakers and information distributed in the monthly meetings helped them improve their health. “I have learned from the speakers that there are other ways of doing things – like you know – the kohkums who don’t attend – I meet with them...and I give them information, and they say that helps” (K14).

Another kohkum said, “Sometimes we bring speakers in, and we learn.... We get to decide who we want, if we want to learn about cancer or diabetes, so that way you learn a lot...by having people in to talk” (K11).

Socializing

The program provides a circle and time for discussion among the kohkums. This activity was noted as one way to reduce loneliness. Many of the kohkums noted that they made friends who they socialized with outside the monthly meetings.

One kohkum credited the group with helping her with loneliness, “It makes me feel good. It gets me out of the house. I am always stuck here. Me and my little dog” (K15). For some kohkums this is a major outing. Other kohkums had a similar experience, “like I said, I don’t go out, so that’s why I like to go to meetings – it is the only time I get out” (K1); “...you know it is somewhere to go to kill time instead of being at home alone all the time. And you get to chat with the ladies. And then you tell stories and have a good laugh or whatever” (K4).

Friendships

When asked what is most enjoyable about the program, one kohkum noted that they developed friendships in the group that are enjoyed outside of meetings, “And we meet downtown, but we only talk for a few minutes. Some have time to go for tea” (K4).

Another kohkum believes her friendships have begun from the group socializing, “...and then I meet the other kohkums, and we meet other than there, and we go out together and do something in the evening” (K14). Other kohkums mention “the program as a whole. Being together—and eating together” (K2); “It has given me companionship” (K12).

Culture and Spirituality

Kohkums noted the importance of culture and prayer in the meetings with a majority of

kohkums indicating that the group benefited from the inclusion of culture and spirituality. The group opens and closes every meeting with a prayer. “Mentally it is good too. And emotionally it is good – you realize that it is not only you that is housebound.... But number one is spirituality. You know that is what strengthens you and makes you whole. So it is a beautiful circle – it is a healing circle” (K8).

A majority of the kohkums believed that the group feels like a big family. They talk, laugh, cry, support one another, and comfort one another. This helps reduce stress for the kohkums who noted in the interviews that this type of discussion is good for them and that they have few people they can talk to.

When asked how the group participation affects you, one kohkum answered, “I talk to some of the women. They remind me of my aunties. (laugh) They seem to be very happy when they are in as a group. There is unity” (K2).

Speaking Their Language

For some kohkums it was important that they speak their own language as some of them have few people to speak with in their own language. Although not everyone speaks their language in the group, they commented that it made them feel good that they could speak their own language to women in the group. This was an important point made by the kohkums as it validates the kohkums’ self identity and culture and also creates ownership and brings comfort to the group.

The Coordinator of the program speaks the Cree language. This is a benefit to the program in attracting other kohkums and in ensuring that culture is part of a program that the kohkums are familiar with.

One kohkum mentioned that, “I like that (speaking Cree). Some of them don’t talk Cree – and I force myself to talk English – but they understand me anyway, I hope” (K15).

Sharing

Kohkums in the interviews and focus group noted that they share everything with each other – sorrows, happiness, grief, and food. The sharing creates a social network of kohkums that exists beyond the monthly meetings, developing into support networks.

One kohkum expressed the support within the group: “Like we share each others sorrows and griefs, and our hurts and pains” (K14). Kohkums also share what is going on in the community. “...We also tell one another when the free meals are coming up... from the Friendship Centre – we share a lot of information...because some of them go to exercise group...and diabetes group...there are a lot that get out, but there are probably a lot that cannot” (K11).

Happier

One kohkum noted she feels happier: “I feel happier when I get home. I feel more relaxed after talking to people. They are older than me, but still I pick up from them their

past.” (K3)

Each participant mentioned that having Louise as the organizer for the program was pivotal. Louise has been a consistent staff member and home visitor for the program since its inception. Many positive comments by participants were given throughout the interviews and focus group.

Transportation

The Saskatoon Community Clinic provides transportation by taxi for each kohkum to attend the monthly meetings. Transportation was noted by most of the kohkums as a strength of the program. Providing transportation gives the kohkums increased accessibility to the program and related services at the Community Clinic. When responding to improvements, one kohkum noted, “The main problem is transportation. You have got to have money - you have to hire a taxi every time. If you are depending on that pension every month - it’s impossible... So this way there is always a taxi sent, and they bring us back” (K8).

One kohkum noted she was happy with the cab ride; however, the driver was not very patient because, with her limited mobility, it took her some time to get out of the cab (K5). Another kohkum, who had been with the group for over 10 years, noted that the group used to do many more activities but funding was cut to staff and cab fair.

Advice and Support

Overall, kohkums noted the activities have been successful in fostering the development of support within the group. Two kohkums expressed their feelings of compassion: “Another grandmother, she will say I know how you are feeling; I went through the same thing.” (K12) “I just needed someone to talk to, to get involved because I had just moved from...and I guess meeting new people, needing someone to talk to” (K13).

The kohkums talked about the benefit of being a younger kohkum and getting advice, “...but anyway listening to these kohkums and how they handled things gave me like a strength to tell the kids, you cannot go there, or you are grounded. I listen to a lot of the older kohkums” (K12).

Focus Group

The focus group confirmed similar information to the interviews. However, a few more comments were garnered that were specific to benefits:

“Diabetes education.”

“Elder abuse education.”

“Learn coping skills, to laugh.”

“Learn about different health issues.”

“Learn about natural healing, Alzheimer’s, dementia education.”

“Self awareness and confidence.”

“Gave me strength within the circle.” [focus group participants]

Conclusion

Due to the choice of activities that meet the needs of the kohkums, the attendance rate and satisfaction is very high. One kohkum noted, “They have different activities – I enjoy every one of them” (K13).

Overall, the program has had an overwhelmingly positive response. There were no negative comments, only suggestions on how to continue developing the program to meet the needs of the kohkums. Their suggestions are in the following section.

How Much Does the Strengthening the Circle Program Cost?

The following are the annual expenses (2007-2008) for the Aboriginal Seniors Program that includes the group program Strengthening the Circle. Salaries come from the Counselling Department line of the Saskatoon Community Clinic operating budget while program expenses come from the Heath Promotion Fund line. Participants raise money amongst themselves to contribute to the Christmas party.

The program costs roughly \$37,600.00 per year for approximately 62 clients (52 group members and 10 who don't attend the group), making the cost per client \$606.45.

The budget lines for the program are outlined in Table 4.

Table 4: Approximate Annual Costs of Program

Human Resources	\$31,600.00
Coordinator	
Counsellor	
Transportation	\$2,250.00
10 meetings a year, taxi service	
Honorarium for Elder	
Honorarium – \$40 x 10	\$400.00

Food, volunteer recognition, conference expenses for participants, and miscellaneous	
Approximately	\$150.00
Administration and Space Requirements Approximately 10% of salary costs	\$3,160.00
Special Events	\$100.00
Winter Holiday Party	
Annual Visit to Wanuskewin – included in the taxi costs above	
Total budget	\$37,660.00

ANALYSIS OF FINDINGS – RELATIONSHIP BETWEEN RESULTS AND OVERALL PROGRAM GOALS

There is a wealth of evidence throughout the document strongly suggesting that the work the Saskatoon Community Clinic is doing in the Strengthening the Circle program is meeting the needs of the participants. This section will provide a general overview of the program's evaluation goals and how they have been achieved.

The general goals of the evaluation were to examine the following questions set by the Saskatoon Community Clinic. These points were evaluated by interviewing kohkums who are currently in the program and program staff.

1. In what ways and to what extent is the program achieving its stated goals (the stated goals include reducing isolation, reducing emotional distress, improving or maintaining participants' physical health, reducing health service utilization, and maximizing independence)?
 - The kohkums' voices indicated that isolation is decreased by participating in monthly meetings and developing friendships beyond the group.
 - The kohkums expressed their support for one another in the group, which may lead to decreasing emotional distress.
 - Some kohkums noted that they get to leave their homes to attend meetings – contributing to some physical exercise. In addition, some kohkums noted the various activities of the group that included physical exercise.

- Kohkums noted they felt better because they attended the group. Many noted that they are empowered by the support and discussions in group. These two activities may lead to reducing health service utilization and maximizing independence.⁴
 - Kohkums conveyed throughout the interviews the wealth of education they received by attending the group and listening to guest speakers on various health issues. The kohkums indicated that this is not information they would seek but understand its importance to their health. By attending the group, they learn about how to take care of themselves and prevent further health issues.
 - Of the 15 kohkums interviewed, only one kohkum indicated that she participated in other programming. This is the only program the other 14 participants attend on a regular basis and for many the only outing they have in the month.
 - The outreach model of the program allows it to be mobile if participants are unable to attend monthly meetings. This keeps the information flowing to the women who are no longer able to attend the meeting.
2. To what extent does the program serve older Aboriginal women who are at risk in terms of their health?
- The Program does serve the population that it intends to serve. According to Saskatoon Community Clinic documents, group participants are women who are older, are kohkums, and are Aboriginal. Often they are women who are at risk of, or are currently experiencing poor emotional and/or physical health, and/or are relatively socially isolated, and very often live in poverty. Many of the kohkums noted that they continue to actively care for their grandchildren on a part-time and full-time basis. A few participants are Aboriginal women who are relatively healthy, and who are not isolated, but are interested in the health needs of Aboriginal women, their families, and their communities. The age range for participants is from 45 to 82 with the average age being 60-65.
3. Is the program beneficial to clients in ways that are not currently apparent?
- The previous sections of the report recorded many benefits. These reflect the intended benefits set out by the program, indicating that the program is meeting the needs of the clients.

⁴ Note: Questions were not asked specifically about these areas. Therefore, information is taken from the kohkums' voices.

- Additional benefits not noted in the program's specified goals include:
 - o Kohkums noted that the opportunity to speak their own language was a positive transition to an urban center and noted how speaking their language made them feel comfortable in the meetings.
 - o Kohkums noted the benefits of including ceremony in their meetings. Each meeting starts with an opening prayer. This follows traditions which are familiar to them and make them feel comfortable.

Other issues to be addressed were:

1. What aspects of the program contribute most, and least, to achieving the programs goals?
 - The kohkums develop the program calendar at the beginning of the year. This client-based program model is the foundation for meeting the program goals. The process contributes to activities meeting some aspect of the program goal. For some kohkums, some activities may contribute more or less because of interest.
2. To what extent do group members and caregivers consider the group beneficial to their health and well-being?
 - As indicated in the kohkums' comments, there are several benefits of attending the Strengthening the Circle program including: friendship, socializing, education, independence, culture, spirituality, sharing, happiness, language, and advice from other kohkums. Overall, kohkums believed they received emotional, physical, mental, and spiritual benefits from participating in the program.
 - The program has experienced minimal turnover in its existence, and the members have benefited from this. The group has developed a support network and friendships that flow beyond the monthly meetings.
 - No questions were asked to or about caregivers.
3. Are there family members, friends, and caregivers who benefit indirectly from the program?
 - One kohkum noted that she became more assertive from attending the monthly meetings. She enjoyed attending the meetings so she made the program a priority and started taking better care of herself as a result of attending the meetings and made sure she was not looking

after kids on meeting days.

- No specific question was asked about family and caregivers. However, many of the kohkums learned about the program through friends and family.
4. To what extent are group members and caregivers satisfied with the program?
- All group members that participated in the personal interviews and the focus group expressed their tremendous satisfaction with the Strengthening the Circle program. The kohkums were very clear in their discussions. They all support the program and they all receive benefits from the program. Although there was not a specific breakdown of benefits, many kohkums noted the overwhelming benefit of looking forward to going somewhere and of talking with other women of their age and culture.
 - No questions were asked to or about caregivers.

Having continual contact with the kohkums has been a focus for the Strengthening the Circle program and has proved successful in maintaining its participants and program for the past 15 years. The focus on client-based programs has been an excellent model for the kohkum group, ensuring that their needs and wants are being reflected at all times in the program. This approach has been sustained by staff stability which has ensured that the needs of the kohkums are being met through cultural practices, language, and the circle (needs and wants identified by kohkums as contributing to program success). This community outreach approach is a living model that continues to be flexible and to meet the needs of the kohkums who attend the monthly meetings.

The regular contact with the kohkums, through monthly meetings and phone contact with the Program Coordinator, has been shown to maintain wellness. Wellness comes in many forms for the kohkums, including emotional, spiritual, physical, and mental. These needs were met through regular contact and the programming designed by the kohkums at the beginning of the program year.

Socialization is threaded throughout the report as an important means of ensuring emotional well-being. Many kohkums noted the benefits of being able to speak with confidentiality in the group and their feelings of comfort and relief from the circle activity. The development of confidentiality in any group may be difficult to develop; however, this group has a mixture of long- and short-term members who have chosen to attend the group regularly and chosen to treat confidentiality seriously as they develop friendships with other kohkums.

All kohkums noted the strength of culture within the group. Some noted culture as the language, and some noted culture as ceremony, while others noted culture as the circle in which all kohkums participate. These activities and practices contributed to the

women feeling comfortable within their own culture, which also contributed to comfort within the group. This is a unique feature of the group as they are a diverse group of women from many Saskatchewan Aboriginal backgrounds with different cultural practices and languages yet they all come together to discuss similar ideas, issues, and experiences.

The mix of long- and short-term members assists the group in continuing to grow and meet the needs of its members. Those who have been there since the beginning mentor those just starting the group. This mixture of long- and short-term members plays a role in the maintenance and continual growth of the program. The membership increase may also show the urgency for additional programming for more kohkums possibly needing a similar program.

The literature review indicates that the following types of programming might be beneficial for older Aboriginal women: programs that are aimed specifically at the needs of older people, participatory approaches, physical activities, mental activities, staying connected and engaged, resiliency, inter-generational interaction, and communication. These program elements parallel the Strengthening the Circle program goals and are further supported by the kohkums' voices. The kohkums' comments indicate that these components have been offered and delivered by the Strengthening the Circle program.

PROGRAM SUGGESTIONS AND CONCERNS SHARED BY THE KOHKUMS

The following recommendations are from the interviews and focus group:

- All of the kohkums enjoyed the special events and recommended that these continue.
- All the kohkums liked being able to plan their own meetings.
- Continue providing transportation for the kohkums.
- Continue the current format of opening prayers, circle, activities, sharing, and snacks.
- Retain the program staff who are well connected to the kohkums and their needs.

Suggestions for additional programming include:

- “Sing alongs. Keep it going strong” (K3).
- Kohkums at the focus group noted that they would enjoy more sessions on “Crafts: key chains, quilting, jewellery, rug hooking, painting, sewing, crochet, dreamcatchers, knitting, wreaths, flowers, kohkum bag” (FG participants).

- “I was thinking that we could have a bigger space than what we have. But what could they do?” (K4).
- One kohkum, who used to enjoy the group experience but is now homebound, noted that she enjoyed the visits by the program staff. She said, “I would like it (more home visits), but I don’t like bothering her” (K5).
- More education and speakers: “One thing I would like to learn more about is being diabetic. Maybe they could have a speaker there on diabetes, or handouts, or someone to talk to” (K6). “There could be more teaching, like, but it’s the time, we are limited with the time. We can’t do anything. Like I say there are quite a few that could only stand two hours” (K8). “Exercise teachings with a therapist” (FG participants).
- Longer session: “They could have it a bit longer in the afternoon. The cab picks us up at 1:30 p.m. and then they come to pick us up at 3:30 pm” (K6). “Just start at 1:00 p.m. instead of 1:30 p.m.” (K12). “I really enjoy it. I always say that we could go on for another couple of hours. But other people probably need the space, which is not a very big space where we go.... We only have two hours and we have to rush. And we have to clean up after ourselves. (laughing) We don’t want them to think that we are sloppy people!” (K4).
- More sessions: “I think it should be twice a month...some of those ladies are quite lonesome” (K11).
- More activities: “I would like to see more activities – like a craft making something like flowers or, you know, pictures - something we can do with our hands....” (K14). “More exercise, physical activities. I don’t know how their funding is, but, you know, even if they have something once a week” (K13).
- The focus group participants noted that all of these suggestions cost more money. The kohkum group has shared many costs with the program, and they support more program development by the Saskatoon Community Clinic. They recommend that more funds be made available to offer more programs.

CONCLUSION

The Strengthening the Circle program fits very well into the value statement of the Saskatoon Community Clinic: “People’s health needs are best met by an active partnership between the people who use health services and people who offer them” (Saskatoon Community Clinic Values, 2008). The living outreach model that encourages the kohkums to participate in the development of the program has proved successful for these Aboriginal women.

As noted by the kohkums, there is a very limited number of programs in Saskatoon

that meet their needs and do not cost a lot of money. The Strengthening the Circle program uses a method familiar to many Aboriginal people: visiting, praying, sharing, and eating. This structure provides a foundation familiar to the kohkums and a comfort level that allows for additional benefits.

The kohkums were able and willing to speak with the researcher. Their willingness was a sure sign that the program was meeting their needs, and their excitement to discuss the program was evident as they recalled many moments of joy from the program. As indicated in the literature review, it should be noted that the issues and solutions are similar for both Aboriginal and non-Aboriginal people.

The kohkums were very clear in their discussions that they supported participation in the program and received many benefits from the program. Although there was not a specific breakdown of benefits, many kohkums noted the overwhelming benefit of looking forward to going somewhere and of talking with other women of their age and culture. It was clear that the group is a priority for the kohkums and, therefore, so is their health.

The overall goals of the program are: reducing isolation, reducing emotional distress, improving or maintaining the participants' physical health, reducing health service utilization, and maximizing independence. The kohkums' comments indicate that the program is meeting these goals and also encouraging personal assertiveness.

There were few suggestions for improvement that were outside the current program. The kohkums who were interviewed and who participated in the focus group were very satisfied and shared their experiences noting the benefits of the program for their health and well-being. Additional suggestions by the kohkums were: more activities, more meetings, longer sessions, and more money to provide the additional recommendations.

Referring back to the goals of the evaluation, the current Strengthening the Circle program is meeting the needs of the current participants. It should be noted that there may be more Aboriginal kohkums who may want to join but who are not privy to public information; therefore, it is recommended to continually search for new kohkums to welcome into the program.

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APPENDIX A

Excerpt from Evaluation of Saskatoon Community Clinic Group
for “At Risk” Elderly by Sherry Klymyshyn and Lee Everts, 2007, pp. 2-8
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.

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, 4). 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 (Cusack, Thompson, and Rogers 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, 143) 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 humor 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 happiness 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 are 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.

APPENDIX B

Consent to Conduct Research for the Saskatoon Community Clinic Strengthening the Circle Program Evaluation

The Saskatoon Community Clinic with CUISR (Community University Institute for Social Research) is undertaking an evaluation of the Strengthening the Circle Program. The purpose of the evaluation is to find out how and to what extent the program is beneficial to the immediate and longer term health of the kohkums in the group. The kohkums who choose to be part of the evaluation will participate in a one-to-one interview. The information that is gathered throughout this project will be used in planning future programming.

As a potential interviewee for the Strengthening the Circle Program Evaluation,

I have been made aware of the following:

Project objectives and potential use of the information in this interview.

1. The nature of the interview and the questions that will be asked.
2. No personal names will be attached to the information that each participant shares, the written report will address all participants as kohkums.
3. Participation in this interview is strictly voluntary and I can withdraw from the study at any time and this withdrawal will not affect my status or access to services at the Saskatoon Community Clinic Strengthening the Circle program.
5. Any information provided in the interview will be combined with the other interview information and focus group information of the program evaluation, ensuring that each person's words are not recognizable.
6. With permission from each participant the interview will be audio taped. You will be given the opportunity to review throughout the interview what has been shared in the interview and correct any misunderstandings that may have occurred.
7. The products of the research will include reports to clients, members, staff, administration, and board of directors of the organization. Results will be published in summary form in the Clinic's quarterly publication, which is sent to 6,000 plus members and organizations. CUISR will also publish and disseminate the results broadly.
8. The results of the study may be obtained by contacting Dennis Morrison (306) 664-4228 or Louise Dufour (306) 664-4323
9. If you have any questions about the study, please feel free to ask at any point. This study has been approved on ethical grounds by the University of Saskatchewan Behavioral Science Research Ethic Board on April 15th 2005 and has been renewed

APPENDIX C

Strengthening the Circle Program Evaluation

Interview and Focus Group Questions

1. How long have you been in the program?
2. What brought you to the program?
3. Since joining, what has the program done for you?
4. How has your participation in the group affected you? How has it affected your health?
5. Have you received good things from the program that you were not expecting?
6. How do you think your family members have been affected by your participation in the kohkum's group?
7. What about the program do you most enjoy?
8. What about the program do you least enjoy?

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Community-University Institute for Social Research

432-221 Cumberland Avenue

Saskatoon SK S7N 1M3

phone (306) 966-2121

fax (306) 966-2122

e-mail cuisr.oncampus@usask.ca

www.usask.ca/cuisr