



## Availability and use of services varies in rural Canada

*Making a meaningful difference in the lives of older adults and their families by bridging research, policies and practice*

### Summary

Rural communities often are assumed to be service-poor, making them challenging places to live for older adults. We investigated this assumption by conducting a national telephone survey of 1,322 older adults, aged 65 years and older, who lived in rural Canada. Questions were asked about the availability and use of services in participants' rural communities, and the impact that driving has on their ability to access services and connect with people. We found that:

- Most rural communities in Canada have a church, post office, grocery store, hair dresser, and bank, all of which are important to the everyday lives of older adults. Clothing and shoe stores, and access to high speed internet, were among the least commonly available stores and services respectively.
- More than 30% of rural seniors surveyed had no physician, pharmacy, or dentist in their community; 66% lived in a rural community without a local hospital. Thus, older adults who are frail or who have chronic health problems may be at risk of having to leave rural communities when basic health services are not close by.
- At least two-thirds of respondents said their rural community had a meeting place, such as a community centre, Royal Canadian Legion branch, or seniors centre. These facilities serve as important places for rural seniors to build and maintain social connections with other people.
- There are differences between availability and use of services. When present in their community, the bank, post office, grocery store, pharmacy, and hardware store were used regularly by 50% or more of rural seniors; churches were used less frequently.
- Most older rural men (94%) and fewer older rural women (77%) reported that they drove. Many (60%) drove actively, at least 5 days a week.
- Of those who did not drive, almost one quarter (21%) said not driving had affected their ability to go shopping and close to one third (31.5%) said it had affected their ability to socialize. Of those who did not drive, most relied on family and friends to drive them places (77%) or they walked (17%).
- Over half of rural seniors (55%) rated the overall transportation options in their community, such as taxicabs and shuttle buses, as poor. Because local transportation systems are often unavailable, driving facilitates rural seniors' ability to access services. Those who do not drive or who do not have family and friends who can drive them places may be particularly at-risk for unmet needs or social isolation.
- While many were fairly satisfied with local services and believed their community was a good place to grow old, policy makers and program planners cannot assume that all seniors will manage well without access to basic and health services as they grow older in rural Canada.



Rural Canada often is viewed as having few formal services such as hospitals, post offices, banks, and small businesses. This leads some people to think that perhaps rural communities are not good places to live for older adults. We investigated older adults' access to, use of, and satisfaction with stores and services in rural Canada.

### Research objectives

- To measure the availability and use of a range of services by seniors living in rural Canadian communities.
- To determine the effect of driving on older adults' ability to access services and connect with people.

### Data

We used data from a telephone survey of 1,322 members of Royal Canadian Legion households who were aged 65 or older and who lived in rural communities in Canada.

The sample was stratified based on proportions of rural seniors 65 years of age and older in the following regions: Atlantic Canada, Quebec, Ontario, the Prairies, Alberta, and British Columbia. Regional percentages mirrored the older rural population from the 2001 Census. Quota sampling at the household level was done based on age (50% aged 65 to 74 years

and 50% aged 75+) and gender (50% male and 50% female). Compared to rural seniors in Canada, our sample had a higher proportion of people over age 75, more married women, and more people with higher incomes. One third of female participants (v. 6% of rural senior women in Canada) and over half of male participants (v. 20% of rural senior men in Canada) had annual personal incomes of \$30,000 or more.

The telephone surveys were conducted in the spring of 2004 by interviewers from the Population Research Laboratory at the University of Alberta using its centralized Computer-Assisted Telephone Interviewing (CATI) facilities.

Participants were asked to indicate the presence/absence of 17 stores and services in their community. Those who indicated that the store or service was present in their community were then asked to indicate how frequently they used those stores and services (ranging from 'never' to 'regularly').

Participants also were asked a series of questions on driving and the effects of not driving on their ability to access services and people. The average interview took 38 minutes to complete. The response rate was 51.6%, higher than most telephone surveys.

### Analysis

Descriptive statistics were used to determine:

- the availability and use of stores and services by older adults in rural Canada;
- their level of satisfaction with the adequacy of local stores and services, and their rural community as being a good place to grow old;
- the proportion of women and men who drove; and for those who did not drive, how not driving had affected their ability to socialize or do things such as grocery shopping or getting to appointments.

### Most rural communities have basic services available

More than 80% of seniors stated that their rural community had a church, post office, grocery store, hair dresser, and bank (see Figure 1<sup>1</sup>). These places provide basic services that support the everyday lives of older adults. Clothing and shoe stores and internet access were less commonly available in rural communities. Fewer than 45% of rural seniors reported that their community had these services. Thus, some rural

<sup>1</sup> The green bars in Figure 1 show the proportion of respondents who had a local store or service. Of those who had such a service, the orange bars show the proportion who regularly used it.

seniors either do without new clothes or footwear, or travel to other communities to purchase basic attire.

There were differences between availability and use of stores and services. Some rural seniors used services available locally on a regular basis while others did not. For example, while most rural communities had a church, fewer than 45% of rural seniors used it on a regular basis. In comparison, the bank, post office, grocery store, and hardware store were used regularly by 50% or more of those who had such stores in their rural community.

At least two-thirds said their community had a meeting place,

such as a community centre, Royal Canadian Legion branch, or seniors centre. At least one quarter used these centres on a regular basis. For those seniors who participated, these places enabled them to build and maintain social connections with others.

**Availability of rural health care services is limited**

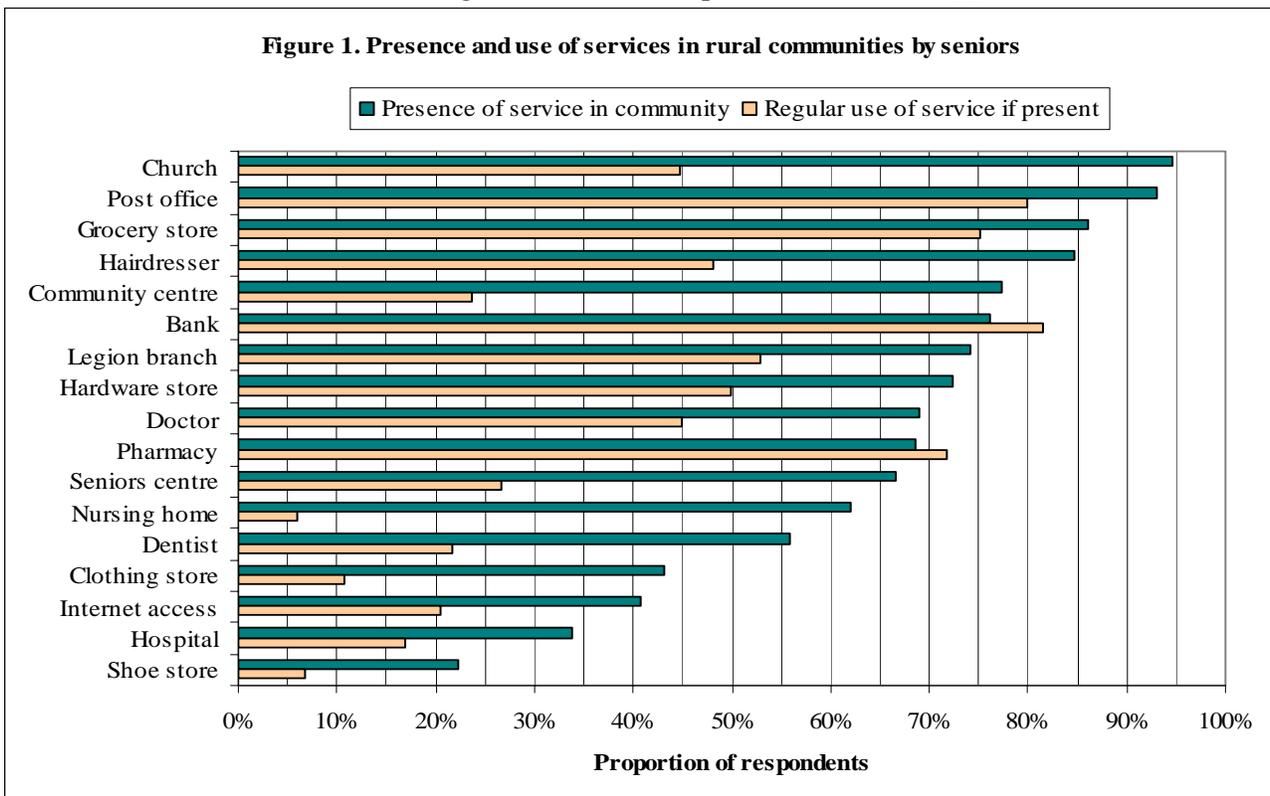
More than 30% of rural seniors had no physician, pharmacy, or dentist in their community. In rural areas where a doctor was present, the majority of seniors surveyed used physician services regularly (45%) or occasionally (39%). Only 22% of rural seniors used locally available dental services on a regular basis. In comparison,

local pharmacies, where available, were used on a regular basis by more than 70% of rural seniors.

More than two-thirds reported not having a local hospital and 38% had no local nursing home or residential care facility. While available hospitals were typically not used on a regular basis, they were used occasionally by two-thirds of rural seniors. Nursing homes were used by a minority (6%).

This survey did not reveal how people who did not have access to basic health care services managed. While some rural communities may be good places to grow old for those who are healthy, they may be unsupportive for those with

**Figure 1. Presence and use of services in rural communities by seniors**





long-term health problems or disabilities because of limited availability of health care services. For those who require residential care, nursing homes may or may not be available locally, hindering the ability of frail seniors to age-in-place in their own rural community.

Despite the varied availability of stores and services in rural communities, a majority of rural seniors were fairly or very satisfied with the stores (78%) and services (82%) locally. Nearly three-quarters rated their community as a very good place to grow old overall. Community satisfaction may be due in part to rural seniors' resourcefulness and ability to get to services they need and to the availability of people who provide them with friendship and support.

### **Driving facilitates access to services and people**

Driving can affect seniors' abilities to access services and connect with people, especially in rural areas where distances are great and public transportation is limited. In fact, over half of rural seniors surveyed (55%) rated local transportation options (such as public transportation, shuttle services, and taxicabs) as poor.

Most older rural men (94%) and women (77%) reported that they drove. Of those who drove, nearly half drove every day, 12% drove 5 or 6 days a week,

25% drove 3 or 4 days per week, and 15% drove 1 or 2 days a week.

Of those who did not drive, two-thirds felt not driving had impacted rarely if at all on their ability to socialize, get to appointments, or do grocery shopping. Many of these seniors had family or friends who drove them to places (77%) or they walked to nearby stores (17%). However, 21% said not driving had affected their ability to go shopping and 31.5% said it had affected their ability to socialize. Some rural seniors, perhaps those who are frail or widowed, may be more likely to ask others for a ride for necessary errands, like medical appointments and grocery shopping, than they are for social events, such as visiting with an old friend.

### **Policy Implications**

Communities support the well-being of their residents, and in turn residents contribute to community well-being. While some rural seniors have likely learned to be resourceful despite lack of goods and services close by, their resourcefulness is dependent in part on the ability to drive. While concerns about transportation in rural areas are long standing, where issues of distance and low population density seem insurmountable, local solutions require a multi-level policy initiative to better support older adults living in rural Canada. There are

excellent examples of innovative voluntary driver programs at the local level. However, some local programs are hampered by extraordinary insurance costs for volunteer drivers. Partnerships with regional health authorities, and provincial and federal governments could provide financial support to local rural transportation programs to offset such high insurance costs, or to subsidize the user fees for those who cannot afford transportation to receive medical services outside their rural community.

Another way of supporting older adults in rural communities is by bringing in services that enable them to age-in-place, thereby supporting their social connections as well as their physical needs. Supportive housing can help keep older adults in the community as well as create jobs that contribute to the local economy. Continued efforts to recruit health professionals to rural places also are needed. The reduction in physician and acute health services in rural communities overall is making them less supportive places to older adults, particularly to those who are frail or who have chronic health problems. The future supportiveness of rural communities is reliant on cooperation from all levels of government.



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