

Examining the Inclusivity of Age-friendly Initiatives in Rural Ontario

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Abstract

In the face of rapid global demographic aging, specifically in rural areas, the age-friendly movement, in which local initiatives strive to help their communities become more accessible to, and inclusive of, their aging population (Carver, Beamish, Phillips, & Villeneuve, 2018; CIRH, 2017; Dandy & Bollman, 2008), has swiftly gained prominence. This movement has received significant attention from policy makers and has spurred research into the conceptualization and implementation of age-friendly initiatives worldwide. However, limited research examines the extent to which rural age-friendly initiatives are inclusive and supportive of the social and economic diversity of older adults, the characteristics and resources of communities, and their dynamic nature. This honours thesis aimed to examine the perspectives of stakeholders on the inclusivity of age-friendly initiatives and the impact and implications of inclusivity for older residents using data from a previous multi-site case study of five communities in rural Ontario who had received funding to develop an age-friendly program from the Province of Ontario. A thematic qualitative analysis of 46 interviews with key age-friendly stakeholders indicated that rural age-friendly initiatives were not typically inclusive of all older adults, as their reach was limited by implementation barriers and bigger picture issues. Specifically, implementation barriers include the communication challenges and barriers to connecting with marginalized populations and special groups. Bigger picture issues refers to broader challenges that many older adults were observed by participants to have experienced, such as housing, transportation, and social isolation. These results suggest an increased need for older adults' perspectives on barriers to accessing age-friendly initiatives and collaboration with members of marginalized and special groups to highlight unique rural aging experiences.

Keywords: Age-friendly initiatives, inclusivity, older adults, rural

Examining the Inclusivity of Age-friendly Initiatives in Rural Ontario

The global population is aging. Almost every country in the world is experiencing a drastic increase in the number of older adults. In 1960, 4.97% of the global population was over the age of 65. In 2019, this number rose to 9% (World Bank, 2019). By 2050, it is projected that 11% of the global population will be over the age of 65 (United Nations, 2020). Further, the proportion of older adults over the age of 80 is projected to triple, from 143 million in 2019 to 426 million in 2050. This drastic demographic shift worldwide is driven by declining fertility, increased life expectancy, and international migration (United Nations, 2020). Consistent with the trend toward population aging around the world, the number of older adults in Canada has increased drastically in the last thirty years. As of July 2020, the number of older adults over the age of 65 has surpassed the number of children under the age of 14. Today, 18% of the Canadian population is comprised of older adults above the age of 65 (Statistics Canada, 2020).

Furthermore, rural areas in Canada are experiencing population aging more rapidly than their urban counterparts (Keating, Eales, & Philips, 2013); approximately 15% of the rural population is aged 65 and older (CIHR, 2017; Dandy & Bollman, 2008). Rural areas are consequently home to a disproportionately high number of older adults as they age in place in their rural community, or retire and migrate from urban to rural centres, and as youth migrate from rural to urban centres (CIHR, 2017; Dandy & Bollman, 2008). Despite the strong sense of community that may be afforded by rural living (Annear et al., 2014; Winterton & Warburton, 2011; Winterton et al., 2016), many rural older adults may have poor health status due to transportation issues, social isolation, fragmented local services, and reduced accessibility to resources (Garsia & Dobbs, 2019; Gessert et al., 2015; Government of Canada, 2014; Kaye, 2017; Mounce, Wright, Emele, Zeng, & Nelson, 2018; Pucher & Renee, 2005). These challenges associated with rural living

contrast the lives of many older adults who lead healthy and happy lives in rural communities. These disparities among rural aging experiences, underscore the need to make rural communities more “age-friendly”, creating suitable environments for older adults to continue living in their homes and to remain active community members (World Health Organization, 2007). The concept of age-friendly communities has gained momentum over the last two decades as a result of guidelines published by the World Health Organization (WHO, 2007) and the Public Health Agency of Canada (Public Health Agency of Canada, 2012). These guidelines have spurred the development of millions of age-friendly initiatives worldwide, including in rural communities in Canada (Public Health Agency of Canada, 2016; FPT Ministers Responsible for Seniors, 2007). However, research focusing on rural age-friendly initiatives has demonstrated that rural communities are limited in their ability to successfully implement and sustain age-friendly initiatives for reasons including funding challenges, capacity issues, over-dependence on volunteerism, and community characteristics (Colibaba, McCrillis & Skinner, 2020; McCrillis, Skinner & Colibaba, 2021; Menec et al., 2015a; Menec et al., 2015b; Menec & Novek, 2021; Russell, Skinner & Fowler, 2019). Moreover, there is a gap in knowledge concerning how inclusive age-friendly initiatives are in their ability to reach the broader population of older adults (Colibaba et al., 2020; Lehning, Smith, & Dunkle, 2015; Torres-Gil & Hofland, 2012). To address this gap in the literature, this honours thesis aimed to examine the inclusivity of rural age-friendly initiatives and the impact and implications of the degree of their inclusivity for the older adult population in five rural communities in Ontario through a qualitative thematic analysis of pre-existing interviews conducted in 2018-19 with age-friendly stakeholders in those communities.

Literature Review

Rural Aging

Rural areas, in Canada and internationally, are experiencing rapid population aging (Carver, Beamish, Phillips, & Villeneuve, 2018; CIRH, 2017; Dandy & Bollman, 2008). This trend can be explained by three main reasons. First, aging in place is becoming increasingly common as older adults choose to remain in their rural communities as they age (Government of Canada, 2016). Second, many older adults are migrating from urban, metropolitan centres into more rural areas (Keating, Eales, & Phillips, 2013). Third, younger adults are moving out of rural areas into more urban, metropolitan areas to pursue educational and employment opportunities (Kaye, 2017). Living in rural communities comes with certain advantages and disadvantages for older adults.

Advantages of rural living for older adults. Living in rural communities is associated with several advantages. Rural communities offer unique social supports to older adults because of strong community connections (Annear et al., 2014; Winterton & Warburton, 2011; Winterton et al., 2016). Women in rural communities, in particular, enjoy strong social and community connections, a sense of belonging, and social capital compared to urban older women (Wanless, Mitchell, & Wister, 2010). Additionally, the physical environment in rural areas also offers some unique benefits. Having access to fresh air, peace and quiet, and feeling safe from crime offer health benefits (Davis & Bartlett, 2008) by facilitating physical exercise, reducing stress and promoting social and environmental connectedness (Frumkin et al., 2017; Kabisch, van den Bosch, & Laforteza, 2017). Furthermore, rural landscapes and greenery attract older adults from urban and metropolitan centres to rural communities. As a result, some older adults engage in amenity-driven migration to rural communities; they deliberately migrate to rural communities to

access specific rural features including a slower pace of life, attractive scenery, and community size (Keating, Eales, & Phillips, 2013). Research in this area significantly contrasts the disadvantages of rural living for older adults and further emphasizes the diversity of aging experiences in rural areas.

Disadvantages of rural living for older adults. In contrast to the benefits of living in rural communities, there are several drawbacks to rural living for older adults. Rural older adults are reported to have poorer mental health status, poorer physical health, increased prevalence of functional disability and decreased use of preventative care (Garsia & Dobbs, 2019; Gessert et al., 2015). Rural older adults often tend to have more sedentary lifestyles than their urban counterparts (Chen et al., 2015). Consequently, they report more chronic illnesses than urban older adults (Cohen, Cook, Sando, & Sabnik, 2018). Such health disparities along the urban-rural continuum can be attributed to uniquely rural factors such as barriers to access to healthcare, transportation issues, and social isolation of older adults (Bosco & Oandasan 2016; Cacioppo & Cacioppo, 2014; Lavergne & Kephart 2012; Litwin & Levinson, 2018; Primary Healthcare Planning Group 2011; Reid et al., 2009)

Poor health associated with rural living can often be understood in terms of access to health care services. Shortage of healthcare providers, specifically primary care physicians, poses a major barrier to access to health care services in rural communities (Bosco & Oandasan 2016; Lavergne & Kephart 2012; Primary Healthcare Planning Group 2011; Reid et al., 2009). Furthermore, mobility issues often stand in the way of some older adults accessing health care services. Given the lack of alternate transportation options or, in some cases, absence of public transportation or taxi services, greater distances to bus stops, and the dispersed settlement patterns in rural communities, older adults are often more reliant on personal automobiles to

access health care and other essential services in the communities (Mounce, Wright, Emele, Zeng, & Nelson, 2018; Pucher & Renee, 2005). However, declining health and associated impairments can often impede older adults' ability to drive or lead to driving cessation (Hansen, Newbold, Scott, Vrkljan, & Grenier, 2020). This may further restrict their ability to access essential healthcare services. As a result, many older adults, who are unable to access healthcare services, may be compelled to live with their health conditions and, consequently, poor health status. This rural dynamic creates a "double jeopardy" (p.137) for older adults, characterized by the coexistence of poorer health with an environment where there is reduced capacity to provide the level of support required to facilitate healthy and successful aging (Joseph & Cloutier-Fisher, 2005).

Many rural-dwelling older adults experience more social isolation and loneliness than their urban counterparts (Government of Canada, 2014; Kaye, 2017). Social isolation is associated with several negative health outcomes (Cacioppo & Cacioppo, 2014) such as increased risk of coronary heart disease (Caspi, Harrington, Moffit, Milne, & Poulton, 2006), dementia (Suzman, 2009) and increased mortality (Shankar, McMunn, & Banks, 2011). Social isolation is inextricably linked to transportation issues present in rural areas (Gould, Webster, Daniels, Dupuis-Blanchard, 2016; Government of Canada, 2014). Inadequate transportation options, or in some cases the absence of public transportation, prevent older adults from getting out into their communities. Furthermore, social isolation of older adults in rural communities can also be understood in terms of older adults who are stuck in place due to inadequate housing options in rural communities to move into (Torres-Gil & Hofland, 2012). More specifically, rural communities reportedly lack affordable housing options for low and middle income seniors (Novak, Campbell, & Northcott, 2018). As a result, many older adults are often separated from

friends, family members, and community supports due to lack of adequate transportation services (Litwin & Levinson, 2018), and may be living in states of isolation, because they are unable to move.

Despite the increasing number of older adults in rural areas, overall rural populations are declining due to out-migration of youth. Consequently, their tax bases are limited which places constraints on the fiscal capacities of municipalities. Such limitations often create challenges in terms of addressing the complex needs of older adults (Keating, Swindle & Fletcher, 2011; Scharf, Walsh & O'Shea, 2016; Skinner & Winterton, 2018). Besides health care services, a wide range of other factors are important for older adults, including affordable housing options, outdoor spaces that promote a healthy lifestyle (e.g., walking paths, feeling safe), general services (e.g., grocery store), activities (e.g., recreation activities, exercise programs), and keeping older adults engaged in the community, including intergenerational activities (FPT Ministers Responsible for Seniors, 2007). However, rural communities are increasingly economically challenged, and services that older adults may rely on, such as the local post office, medical centre, or corner store, are slowly closing (Russell et al., 2019). The fragmented nature of local services places the burden on volunteer-based support systems to provide care for rural-dwelling older adults (Keating, Eales & Philips, 2013). In sum, the reduced availabilities of local services, barriers to access health care services and social isolation, both catalyzed by inadequate transportation options, may impede older adults' ability to age in place. Rural areas are not often equipped to address the needs of older adults. Despite the various challenges associated with rural living, many older adults lead active and healthy lives in their rural communities. Such disparities and juxtaposing attributes of rural living highlight the need to examine the gaps in

supports for older adults in rural and remote communities (Keating, Eales & Philips, 2013) which is one of the main objectives of the age-friendly movement.

The Age-Friendly Movement

Living in rural areas comes with several challenges, specifically gaps in services that are geared to support the needs of older adults and promote healthy aging. This aspect of rural communities underlies the objective to make them more age-friendly and facilitate aging in place. An age-friendly community can be defined as “a place where older people participate actively, are valued and supported with infrastructures and services that are effectively adapted to their needs” (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 4). Making a community more age-friendly can, therefore, promote aging in place which acknowledges that most older adults prefer to be living in their own homes as they age (Keating, Swindle & Fletcher, 2011). The age-friendly movement has gained significant attention on the part of policy makers over the last two decades years, since the World Health Organization (WHO) started to promote these concepts (Plouffe & Kalache, 2010, 2011; WHO, 2007).

In response to rapid population aging, the World Health Organization’s work on aging and health was launched in 1999, the International Year of Older Persons. During this time, the concepts of active aging and aging in place started to gain momentum. Active aging emphasizes the interplay of health, aging, participation and independence in the lives of older adults. Consequently, the promotion of active aging focuses on helping older adults stay independent and enabling them to contribute to the economy and society, whenever possible and when permitted by individual circumstances (Del Barrio, Marsillas, & Buffel, 2018). Global effort towards health and aging was further advanced through the formation of the Madrid International Plan of Action on Aging in 2002 (MIPAA), aimed to address challenges associated with policies

in the process of making communities and cities more age friendly (United Nations, 2013). This was followed by the World Health Organization's launch of "Active Aging - A Policy Framework" that outlined the challenges and opportunities presented in an aging population (WHO, 2002). In an attempt to further promote aging in place and active aging, the World Health Organization launched the Global Age-Friendly Cities Project in 2006 (WHO, 2007) with the aim to identify advantages and barriers to making cities around the world more age-friendly. This project brought together 33 cities in 23 countries and gathered information from older adults, care providers, and other groups and individuals with an interest in age-friendly communities. Information gathered during this project identified eight key domains in which cities and communities can become more age friendly: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. These domains considered characteristics of the physical environment that would impact personal mobility of older adults including safety from injury, security from crime, health behaviour and social participation, cultural and environmental determinants of social participation and well-being, communication facilitating features and access to information, and health services and community support (Lehning & Greenfield, 2018). In other words, the eight domains served as a checklist of essential elements to make cities and communities age-friendly and promote active aging by optimizing opportunities for health, participation and security, and enhancing quality of life of older adults. Today, the Global Network for Age-friendly Cities and Communities has grown to 1114 cities and communities in 44 countries that have launched several age-friendly initiatives using the proposed checklist of the eight domains of age-

friendliness (WHO, 2021). Canada was instrumental in the development of this guide (WHO, 2007).

Canadian Age-Friendly Initiatives

Following the launch of Global Age-Friendly Cities Project in 2006 (WHO, 2007), the “Age-friendly Rural and Remote Communities: A Guide” (Federal/Provincial/Territorial Ministers Responsible for Seniors, 2007) was developed in Canada, to provide insight into Canada’s unique geography, to highlight the needs of older adults living in rural and remote areas, and to use as a facilitating guide for age-friendly developments. This guide was developed using the same method as the WHO Global Age-Friendly Cities Project but was focused on Canadian rural and remote communities. The guide aimed to respond to the challenges facing many rural and remote communities experiencing rapid demographic aging. In total, ten communities across eight provinces participated in the development of the guide (PHAC, 2016). While the physical, socio-economic, cultural and demographic characteristics of the provinces enable differences in the approaches to age-friendly developments across the country, there is substantial overlap in the process adopted by Canadian cities and rural communities to become more age-friendly.

The process of becoming an age-friendly community in Canada. The process of becoming an age-friendly community ongoing and comprises several steps. The Public Health Agency of Canada in collaboration with key partners developed the Pan-Canadian Age-Friendly Communities Milestones (PHAC, 2012). Included in the *‘Age-Friendly Communities in Canada: Community Implementation Guide’* (PHAC, 2012), these milestones outline the steps that should be followed by a community in order to apply the age-friendly communities model. These steps were developed in recognition of the varying needs and available resources in different

communities to take action in the eight domains of community life. The Pan-Canadian Age-Friendly Communities Milestones require communities to: establish an advisory committee that includes the active engagement of older adults, secure a local municipal council resolution to actively support, promote and work towards becoming age-friendly, establish a robust and concrete plan of action that responds to the needs identified by older adults in the community, demonstrate commitment to action by publicly posting the action plan, and commit to measuring activities, reviewing action plan outcomes and reporting on them publicly. Communities must formally engage municipal governments and community stakeholders, involve older adults in advisory capacities to prepare and publicize a plan of action based on community needs, implement the plan, and publicly report their progress. Communities that have demonstrated that they have met at least the first three age-friendly community milestones can be recognized by their province or territory as being on track to becoming age-friendly (PHAC, 2016). Using these milestones as a guide, to date all 10 provinces are promoting age-friendly community initiatives in Canada (PHAC, 2016). Despite age-friendly developments facilitated by these programs (PHAC, 2012; WHO, 2007), research has articulated the need for age-friendly guidelines that incorporate the social and economic diversity of older adults as well of the resources of communities (Buffel & Philipson, 2018). In line with that, there has been a growing body of literature that has focused on rural age-friendly developments, particularly on descriptions of conceptual issues, implementation processes (Menec & Brown, 2018; Plouffe, Kalache, & Voelcker, 2016), and, more recently, evaluations of implemented initiatives, specifically progress and sustainability (Colibaba et al., McCrillis et al., 2021; Rusell et al., 2019; Menec & Novek, 2021).

Rural Age-Friendly Research

Rural age-friendly research has focused on issues pertaining to sustainability and implementation of programs (Menec et al., 2015a, 2015b; Menec & Novek, 2021; Spina & Menec, 2015). For example, several rural characteristics have been identified as barriers to successful implementation of age-friendly programs in rural and remote communities, including limited rural funding, capacity challenges, limited resources and supporting infrastructure, health and social services, geographical distribution and isolation (Menec et al., 2015a, 2015b; Menec & Novek, 2021). Additionally, recent research focusing on sustainability of initiatives has found that long-term sustainability and scope of initiatives are limited due to financial and capacity challenges, characterized by an overdependence on volunteers and on small rural municipalities (Russell et al., 2019). However, rural communities that possess certain strengths including community connectedness, sense of community, proximity to other communities, demographic composition of community and leadership are better suited to effectively implement and sustain age-friendly initiatives (Spina & Menec, 2015), as opposed to communities that are more geographically and socially disconnected (McCrillis et al., 2021). Beyond community stakeholders' perspectives, complementary research looking at older adult perspectives on age-friendly initiatives has shown that they often view the concept of age-friendly as facilitating their preference to age in place and, therefore, express concerns about the ability of the initiatives to address broader issues facing older adults in rural areas (Colibaba et al., 2020). Older adults' perceptions of age-friendly have been found to be community specific and dependent on community characteristics including changes in demographics (Neville, Napier, Adams, Wham, & Jackson, 2016). Such findings hold great significance when placed into the bigger picture of making rural communities age-friendly by producing systemic age-friendly change in those

communities. More specifically, these findings highlight the broader systemic needs demonstrated by older adults that need to be addressed by age-friendly initiatives so that they are reaching and benefitting as many older adults as possible. However, given the challenges to rural age-friendly implementation, it is imperative to understand how initiatives are able to reach all older adults in the community (Colibaba et al., 2020). With the underlying goal of active aging to facilitate aging in place, ensuring that age-friendly initiatives in the rural context are inclusive of all of older adults is critical.

Inclusivity of Age-friendly Initiatives

Development of age-friendly initiatives and their outcomes are not only shaped by age-friendly guides (PHAC, 2012; WHO, 2007), but also by the local or environmental contexts that can often present barriers to implementation (Gonyea & Hudson, 2015). This aspect of the age-friendly movement underscores the heterogeneity of rural communities, as well as the older adult population. While older adults, as a population, are a key demographic today, the experience of aging is quite diverse (Hartt, Biglieri, Rosenberg, & Nelson, 2021). Consequently, their needs are diverse and can range from small-scale social programs to bigger picture issues that represent systemic rural community-wide service and infrastructure deficits such as housing and transportation. As a result, with the expansion of the age-friendly movement, it is essential that all members of the target population are able to enjoy the benefits of age-friendly initiatives in their communities. In other words, age-friendly initiatives must have a broad reach by maximizing the number of older adults that are engaging in and, consequently, benefitting from age-friendly initiatives. Age-friendly initiatives should be more inclusive (Colibaba et al., 2020) and not only focus on providing supports for a certain sub-group of older adults, typically those who are mobile, healthy and living in populated centres; initiatives should be able to reach all

types of older adults including, but not limited to, those who experience mobility issues, social isolation, or geographic isolation (Buffel & Phillipson, 2018; Colibaba et al. 2020; Lehning & Greenfield, 2017). However, there continues to remain a paucity of research that examines the extent to which age-friendly initiatives support the social and economic diversity of older adults, the characteristics and resources of communities, and their dynamic nature (Buffel & Phillipson, 2018; Keating, Eales, & Phillips, 2013; Menec, 2017). Hence, there have been calls in the literature to further investigate age-friendly programs in terms of their inclusivity (Buffel & Phillipson, 2018; Colibaba et al., 2020; Gonyea & Hudson, 2015).

Current Study

In seeking to address the recommendations to investigate age-friendly initiatives in terms of their degree of inclusivity, this honours thesis aimed to examine age-friendly stakeholders' perspectives on inclusivity of their age-friendly initiatives in rural Ontario through an analysis of interviews with key age-friendly stakeholders in five rural communities and to understand the impact and implications of inclusivity on older adults.

Research Question: What are the perspectives of age-friendly stakeholders on the inclusivity of age-friendly initiatives in rural Ontario?

Research Objectives: 1) To explore the perspectives on the inclusivity of rural age-friendly communities in Ontario; and 2) to understand the impact and implications of degree of inclusivity on rural older adults.

To develop a comprehensive understanding of the inclusivity of age-friendly initiatives and its impact on the older adult population, this honours thesis employed a qualitative thematic analysis, unique to this honours thesis, of pre-existing interview data from five age-friendly programs in rural Ontario, Canada. The interview data used in this honours thesis was previously

collected in a multi-site case study in Ontario that focused on long-term sustainability of age-friendly initiatives by assessing rural age-friendly programs and considering the impact of uniquely rural community characteristics on the success of age-friendly initiatives (Colibaba et al., 2020; McCrillis et al., 2021). A case study approach entailed obtaining descriptive insights from leaders and committee members of the age-friendly movements in the five rural sites in Ontario: Arnprior, District of Muskoka, Perth County, Regional Municipality of Durham, and Temiskaming Shores.

Methods

Background

In 2018-19, at the time of data collection, 56 age-friendly programs were funded by the Government of Ontario (Government of Ontario, 2018). These provincially funded programs served as the sample from which the five case studies were selected. Since this study held a rural focus, programs executed in major urban or metropolitan locations ($n = 10$) were excluded. The case study sites were systematically selected to reflect each of the five rural typologies (rural-resource, rural-agriculture, rural-recreational, urban-fringe, and small town) (Skinner et al., 2008) and regional jurisdictions (northern, southern, central, eastern, and western Ontario) (Skinner & McCrillis, 2019). After sorting the remaining 46 programs by rural typology (rural-resource: $n = 3$; rural-agriculture: $n = 3$; rural-recreational: $n = 13$; urban-fringe: $n = 11$; and small town: $n = 16$), communities that had not conducted the needs assessment or formed a committee were eliminated. Next, communities from each typology were geographically categorized to reflect the five regional jurisdictions. The remaining communities in each typology, were invited to participate in the original study. The five communities included were:

Arnprior, District of Muskoka, Perth County, Regional Municipality of Durham, and Temiskaming Shores.

Arnprior (pop.10,426), established in 1892, is a small town in Renfrew County located in Eastern Ontario. The Arnprior Age-Friendly Community Program conducted a needs assessment and founded the Greater Arnprior Seniors Council whose primary task was carrying out needs assessment recommendations. At the time of data collection in 2018-2019, age-friendly implementation in Arnprior was underway, such as the creation of the Seniors Active Living Centre, the awarding of additional long-term care beds, and the implementation of a Men's Sheds program.

The District of Muskoka (pop.60,599) is a rural-recreational "cottage country" community in Central Ontario, established in 1971. It comprises six municipalities: The Towns of Huntsville, Bracebridge, and Gravenhurst, and the Townships of Muskoka Lakes, Lake of Bays, and Georgian Bay. At the time of data collection in 2018-2019, the Muskoka Master Aging Plan (MAP) was the local age-friendly initiative that formed a committee and conducted a needs assessment. However, they were challenged in moving towards implementation.

Perth County (pop.79,796), established in 1850, is a rural-agricultural farming community in Southwestern Ontario. The County is comprised of four lower-tier, rural municipalities: The Municipality of North Perth, the Township of Perth East, the Municipality of West Perth, and the Township of Perth South. At the time of data collection in 2018-2019, the Perth County Age-Friendly Program had completed the committee formation and needs assessment stage; however, similar to the District of Muskoka, it was encountering challenges in beginning implementation.

The Regional Municipality of Durham (pop. 645,862) was established in 1974 and is located in Southern Ontario. It fulfills the “urban fringe” typology designation as it is a geographically large region that includes major urban centres as well as small towns and rural areas. It includes some of the Greater Toronto Area (GTA)’s eastern urban cores (City of Oshawa, Town of Whitby, Town of Ajax, City of Pickering) and smaller, rural townships (Municipality of Clarington, Township of Scugog, Township of Uxbridge, Township of Brock). Given the rural focus of the project, data collection in Durham Region was focused on the smaller rural townships (pop. 54,435) that make up only 8.4% of the entire population of the Regional Municipality of Durham. At the time of data collection in 2018-2019, the Age-Friendly Durham Initiative, focusing on rural community in Durham Region, had a well-established committee, had completed a needs assessment, and regional implementation had begun, such as a senior service inventory and an anti-ageism campaign.

Temiskaming Shores (pop. 9,920), is a rural-resource community. Situated in Northeastern Ontario, it was historically built upon the mineral extraction industry. It was established in 2004 through amalgamation of the Town of New Liskeard, the Town of Haileybury, and the Township of Dymond. At the time of data collection in 2018-2019, the amalgamated City of Temiskaming Shores’ Age-Friendly Program had surpassed the committee formation and needs assessment stage and were implementing social (e.g., coffee hours, informative lectures) and physical programming (e.g., fitness and recreation classes).

Data Collection and Participants

Data was collected in two phases. In the first phase, single key informants (typically the age-friendly coordinators) of five age-friendly committees were interviewed in person for one to two hours. In addition to including the key informants as research participants, the goal of these

initial interviews was to familiarize the key informants of committees with the aims of the study, demonstrate the mutually beneficial nature of the findings of the study (for both researchers and the age-friendly committees), and to cultivate an understanding of the age-friendly program and the community's social, historical, geographical, and municipal context. Developing these relationships with the key informants was helpful in promoting interest in the study and obtaining ample information to maximize recruitment. In the second phase, age-friendly committee members were interviewed, in person, during a second community visit. Drawn from previous conversations with key informants, committee members were recruited prior to the second visit in order to include as many committee members as possible. Additionally, an in-the-moment snowball sampling strategy was employed; at the end of every interview, participants were asked to recommend peers whose insights would be critical to include in the study but who the researchers may not have been aware of. These new potential participants elicited by this sampling method were contacted and interviewed, when possible, immediately during the second community visit.

Interviews were conducted in person in each of the five communities by Dr. Elizabeth Russell and Amber Colibaba, and followed a pre-determined protocol that mirrored the interview methodology tested in a pilot study (Russell, Skinner, & Colibaba, under review). Interviews were semi-structured in that they allowed flexibility in item order and adaption of items to specific community contexts. Flexibility in interviews provided an opportunity to obtain deeper and more comprehensive insights into community-specific perspectives, as well as relevant and emergent themes in each community. Interviews focused on the development of the age-friendly initiative, sustainability, outcomes, and the rural context of implementation. Interviews were

approximately 60 minutes in length and were transcribed verbatim prior to the initiation of this thesis.

A total of 46 participants were recruited to the study (Arnprior $n = 10$; Durham Region, $n = 11$; Muskoka, $n = 4$; Perth County, $n = 8$; and Temiskaming Shores, $n = 13$) of which 80% were female, with a mean age of 57 years. Participants sat on age-friendly program committees in various capacities. The sample drawn was representative and included individuals representing each typical category of age-friendly committee participation (municipal staff, 28%, $n = 13$; representatives from community organizations, 20%, $n = 9$; and older community residents involved with the committee, 52%, $n = 24$).

Materials

All participants were given a letter of information (Appendix A) that outlined the purpose of the study, potential benefits of participation in the study, and contact information for the project's supervisor. Additionally, participants were also asked to sign an informed consent document (Appendix B) that informed participants about the audio-recording of the interviews and iterated their rights to confidentiality. Participants were also asked to fill out a demographic questionnaire (Appendix C) that indicated their age, gender, community, the number of years spent working with older adults, their role in age-friendly committees, and their primary occupation. The interviews followed a protocol (Appendix D) developed by McCrillis et al. (2021) which focused on the development of the age-friendly initiative and its current status, its challenges and successes, and sought reflections on sustainability and themes within the rural context of age-friendly development and implementation (the community's nature, partnerships, financial capacity, community support, and inclusion of marginalized populations). Some key questions asked during the interviews included: (1) How and when did your age-friendly

program come together? What its current status? (2) What are a few challenges you experienced during planning and implementation? (3) Has including any special/marginalized populations of older adults been a component of your work?

Data Analysis

The primary methodology of this honours thesis was a thematic qualitative analysis of the pre-existing interviews with key stakeholders in Arnprior (small town), District of Muskoka (rural recreational), Perth County (rural agricultural), the Regional Municipality of Durham (urban fringe), and Temiskaming Shores (rural resource). The analysis can be understood in terms of three broad steps: (1) code list development, (2) coding, and (3) individual code analysis.

Code list development. Development of the code list began with an in-depth review of the 46 interview transcripts from the five case study sites. This review included noting key findings, identifying pertinent themes across interviews, and recognizing commonly recurring perspectives relevant to the research question iterated throughout the interviews. The first step of the review was reading the interview transcripts thoroughly, multiple times. The next step was identifying and selecting sections of the interview data that would ultimately lead to answering the thesis's research question. For example, sections of the interviews that discussed challenges related to funding were not selected, whereas sections of the interview that discussed marginalized populations were selected. This was followed by identifying themes and sub-themes within the selected sections to create clusters of pertinent perspectives. The transcript review and its various steps led to the formation of an initial code list.

These initial codes included: limitations to age-friendly implementation, housing, social isolation, transportation, and other. Based on feedback from the thesis committee and another

brief transcript review, the preliminary codes were refined and included two categories of codes: limits to inclusivity of age-friendly initiatives and implications for older adults. Limits to inclusivity of age-friendly initiatives included implementation challenges and reach. Implications for older adults included housing, transportation, and social isolation. These revised preliminary codes were tested on the first five pages of two interview transcripts from each of the five case study sites, including both the key informant transcript and a randomly-selected committee member transcript. This testing process ensured inclusion of all emergent themes in the data, accuracy of code descriptions, and validity of codes. Frequently overlapping codes were combined and code descriptions were further refined. This testing procedure produced a final code list which captured the most prominent themes in the data. The final codes included: implementation challenges, reach, housing, transportation, and social isolation. Each code was specified by a unique code description. The final code list was used in the next step of the analysis and consisted of five codes (Appendix E).

Coding. Coding began with printing all interview transcripts. Using the final code list (Appendix E), relevant sections of text in the transcripts were cross-checked against specific code descriptions. The description that best encapsulated the theme of that section of interview data was assigned to that particular code. Sections of interview data that related to certain codes but did not connect to the research question were not coded. For example, discussions about the success of increased long term care beds in Arnprior was related to the 'Housing' code but did not align with the research question and was, therefore, not coded under 'Housing'. Once the coding was complete, data corresponding to each code was extracted into NVivo and organized into separate documents, creating individual code output documents. These code outputs were used for the third and final step of the analysis.

Individual code analysis. Analyses of individual codes included identifying main themes in code outputs pertinent to the research question, compiling key findings, noting recurring perspectives, making comparisons, making connections in code outputs and extracting corresponding quotes. First, each code was analysed by noting the main theme of each reference in the code output. Next, recurring themes, assigned in the previous step, relevant to the research question were listed and specified using appropriate quotes. Additionally, concept maps were developed to organize themes, highlight key findings within the themes, and find connections between them. For example, the challenges associated with connecting with marginalized populations was a recurring perspective that was noted and categorized under the bigger theme of implementation barriers. Next, these analyses were repeated for each code output and were then converted into five code-specific brief reports outlining main findings that were elucidated by selected illustrative quotes. Lastly, findings from each code output were then synthesized and structured into a coherent and comprehensive narrative that explained the experiences and perspectives of key informants and committee members on the inclusiveness of age-friendly programming, and its impact on rural older adults.

Results

Qualitative thematic analysis of interviews of age-friendly stakeholders across the five rural communities in Ontario demonstrated that rural age-friendly initiatives are not typically inclusive of all older adults, as their reach is limited. Specifically, implementation barriers and bigger picture issues limited the reach of rural age-friendly initiatives. Reach refers to the extent to which age-friendly initiatives engage and, consequently, benefit as many older adults as possible. Implementation barriers include the communication challenges and barriers to connecting with marginalized populations and specialized groups. Bigger picture issues refers to

broader issues that many older adults experience in rural communities, such as housing, transportation, and social isolation. These findings are presented in Figure 1 as a cycle in which implementation barriers and bigger picture issues are followed by limited reach and limited inclusivity which in turn exacerbates the two factors.

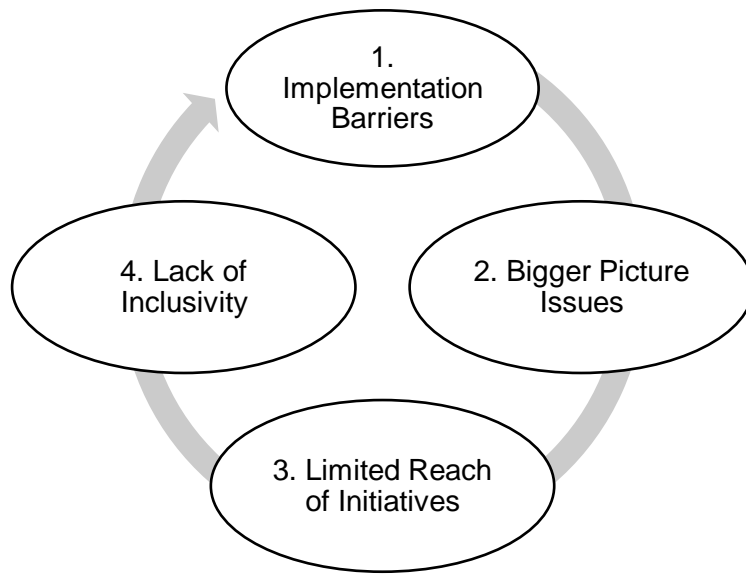


Figure 1. The cyclical nature of reach and inclusivity

Implementation Barriers

Implementation of age-friendly initiatives is often thwarted by communication challenges prevalent in rural communities. Advertising age-friendly initiatives is limited to traditional communication platforms such as radio, print, paper mail, paper newsletters, and word of mouth. Word of mouth, as a mode of communication, was reported by participants as being most effective due to the close-knit nature of the rural communities which facilitates interaction between community members who are, consequently, acquainted with each other. For example, a committee member from the Durham Region noted, “With that gap of barrier of technology....the fastest way to spread information is word of mouth, that hasn’t changed ever.” (Durham Region, Participant 7). More specifically, active older adults, who are more likely to be

aware of age-friendly initiatives implemented in the community than any other group of older adults, may spread the word within their social circles and to acquaintances they encounter in the community. A committee member from Arnprior further explained how the snowball nature of this method works in their community by stating, “David is taking it back to Seniors’ at Home, I’m taking it to the library, Greg is taking it back to Seniors’ Active Living Centre, John is taking it back to McNab/Braeside” (Arnprior, Participant 4).

In contrast, digital communication platforms were least effective at advertising for age-friendly programs as few older adults were reported by participants to be technologically fluent. This subgroup of older adults was characterized as recently retired, and relatively physically and socially active. One participant noted that most older adults “don’t have emails, so it’s a stamp and a letter once a month” (Arnprior, Participant 6). Participants also recognized that not all older adults own devices supporting modern technology (e.g., smart phone or tablet). A committee member from Perth County, acknowledging this limitation: “We have a lot [of residents] that don’t have cell phones and don’t go on Facebook. As much as we’re trying to use social media, we still recognize the poster on the bulletin board is more effective than a big advertisement on social media” (Perth County, Participant 4).

These communication challenges were amplified for marginalized populations and specialized groups due to rigid group norms, practices and the guarded nature of these groups that limit advertising of age-friendly initiatives and, consequently, their reach. Marginalized rural populations such as the Mennonite and Amish community in Perth County, the Francophone community in Temiskaming Shores and Arnprior, and the First Nations and Métis community in Durham Region widely populate the communities included in this case study. Connecting with older adults from these marginalized or special populations posed another barrier to

implementation of age-friendly initiatives for multiple reasons. The Mennonite community in Perth County, for example, were less likely to receive digital advertisements and promotions due to a way of living which entails the partial or complete avoidance of technology. These group norms act as a metaphorical wall between the older adults of these specific groups and the age-friendly developments in the rural communities. This hurdle was expressed by a participant from Perth County who noted, “How do we reach them?...How do we support people with dementia that are living in the Mennonite culture?...How do you build awareness in a community that doesn’t have access to phone, that doesn’t use social media?” (Perth County Participant 4). The lack of representation of such marginalized or special groups during needs assessments exacerbated the barriers to connecting with older adults from these groups. These barriers, according to participants, could be mitigated by obtaining comprehensive insights from older adults of marginalized and special groups. This communication challenge has far reaching implications for reach of initiatives given rural diversity, exemplified by the same participant in Perth County who stated, “Perth County is variable with different dynamics and cultures within our county, so reaching out to someone who’s more individual. I think of the Mennonite population, how do we reach them?” (Perth County Participant 4).

In addition, older adults from these groups, unlike the stereotypically dominant older adults, were not represented in the need assessment stages of age-friendly plans in the communities. Second, group norms and practices that make the group self-sufficient, commonly referred to by participants as ‘taking care of their own’, can serve as barriers to connecting with older adults from these groups. For example, the Mennonite community in Perth County has established community systems that ensure the well-being of their members, including older adults, without any external support. A committee member from Perth County explaining the

self-sufficient nature of such groups noted, “Because of their church and their beliefs, they really do look after themselves...they are very much into their own community and doing their own thing...that particular group of Mennonites bought our school and they have that as a meeting place, that isn’t church.” (Perth County Participant 6). This meant that older adults from these groups may not have seen the need for age-friendly policy as their own cultural community already met their needs. As a result, they may not respond to, and by extension may not participate in, or provide feedback toward, age-friendly initiatives that are implemented in the larger community. More broadly, this shows that many older adults from such groups are not benefitting from age-friendly policies.

The accessibility of age-friendly initiatives for members of marginalized groups or specialized populations also influences the reach of the initiatives. The over-reliance on volunteers (who were noted by participants as mostly older) to facilitate initiatives, combined with limited funding resources and personnel capacity, placed immense burden on committee members and, by extension, implementation of age-friendly initiatives. Bilingual implementation of initiatives, for example, plays an instrumental role in engaging members of the Francophone community in Temiskaming Shores and Arnprior. However, the age-friendly committees are typically limited in their resources, making bilingual delivery and promotion of programs unfeasible. A committee member from Temiskaming Shores described this logistical challenge as “an expectation from...Francophone organizations, to offer everything bilingually which is not always possible...that is something on a weekly basis that is tough to navigate. You can’t keep everyone happy.” (Temiskaming Shores Participant 1). Universal accessibility of age-friendly initiatives has implications for the inclusion of members of marginalized or specialized groups. A committee member from Temiskaming Shores explained how limited bilingual

promotion and implementation influenced the reach of initiatives: “All the promotion goes out in French and English, but that doesn’t mean that it’s being delivered in both languages...it’s not very sufficient at reaching somebody who doesn’t speak English...but if you’re going to promote something in French, it should be delivered in French. That’s not often the case.” (Temiskaming Shores Participant 3).

In sum, the small number of effective communication platforms and certain group lifestyles of marginalized or special populations posed communication challenges that limited the reach of age-friendly initiatives. Furthermore, inadequate representation of older adults from marginalized populations, their self-sufficient group norms, and committee challenges creating fully accessible programs given funding and capacity limitations, further limited the reach of age-friendly initiatives in the five rural communities. Implementation barriers are only worsened by the larger systemic issues that older adults may experience in rural communities.

Bigger Picture Issues

Bigger picture issues, such as housing and transportation issues inevitably leading to social isolation significantly impacted the aging experiences of older adults in rural communities, as reported by participants. As explained by a committee member from Perth County, “The bigger issues are wider sidewalks or more accessible parking spaces or location of appropriate seating for people. That gets broader into our land use planning decisions” (Perth County Participant 2). These issues affected a certain subset of older adults, specifically those from lower socioeconomic backgrounds and those who experienced limitations in their physical health and mobility. These older adults were consequently inhibited from participating in age-friendly initiatives, according to participants, limiting the reach of the initiatives.

Insufficient housing options created challenges for older adults who want to age in place, downsize, live near essential services and/or move into more affordable places. Participants expressed the need for comprehensive housing options, including increased long-term care beds, retirement homes and affordable social housing options. An exception to this need was Arnprior where the Greater Arnprior Senior's Council was successful in increasing the number of long term beds in a local long-term care facility in 2017. The lack of housing-related age-friendly policy disproportionately impacted older adults from lower socioeconomic backgrounds whose needs extended beyond small-scale recreation-based age-initiatives. This lack of policy can significantly impact older adults' experiences of aging. Older adults may experience challenges in their everyday lives due to the lack of services around their homes which, according to a committee member from Muskoka, can be attributed to the "waiting lists for certain services in homecare for over 2 years...these make it very difficult to age in place" (Muskoka Participant 4). As a result, older adults from lower socioeconomic backgrounds were more prone to becoming socially isolated, according to participants. Participants recognized this deficit in their needs assessment; however, implementation of policy addressing this issue was hampered by limited resources and capacity that can only sustain small-scale recreation-based initiatives.

Similar to housing related issues, participants shared that older adults need increased, affordable, and comprehensive transportation options in order to fulfill daily errands, remain engaged in the community, and access essential services. The lack of age-friendly policy related to transportation, in combination with insufficient housing options, led to exclusion of a substantial number of older adults who were geographically isolated, could not drive, or did not have access to vehicles. This limited the reach of age-friendly initiatives by inhibiting older adults from participating in recreation-based programs implemented under the age-friendly

umbrella. Older adults were often inevitably unable to get out of their homes, more likely to become housebound, and experience social isolation, according to participants. In reference to these transportation issues, a committee member from Arnprior noted, “You may have a wonderful seniors’ centre but if you live out in the country and you have one vehicle and your spouse is still working or...doesn’t have an interest in going there...then the other person is left at home and they can’t partake in what’s being offered.” (Arnprior Participant 4). In sum, issues related to transportation, leading to social isolation of older adults, limited the reach of existing age-friendly initiatives by preventing older adults from accessing existing recreation-based programs implemented in the communities. Despite being recognized as a major need in rural communities for older adults, implementation of transportation related policy and initiatives under the age-friendly umbrella was thwarted by the limited capacity and resources of age-friendly committees that only enabled implementation in the form of small-scale recreation-based programs.

Small-scale recreational programs characterized the most commonly implemented initiatives implemented under the rural age-friendly umbrella. Initiatives were usually focused on social programs for older adults that aim to bring them out and engage with their community. A committee member from Temiskaming Shores described the recreational focus of age-friendly initiatives: “I think when you look at some of the things the committee has been successful in achieving, it was based in programming like the walking groups, Pickleball, the coffee socials. Those are really just programming” (Temiskaming Shores Participant 12). Implementation at this level captures the immediate interest of active community members and was referred to as “quick wins” by a committee member from Temiskaming Shores who went on to explain the benefits such recreational programs: “They’re fun, it’s easy. Older adults like them. They’re

successful that way, they want more of that. But, that is definitely the challenge, moving past the activities because those will die off when the coordinator is gone.” (Temiskaming Shores Participant 3). Despite the success of local social programs under the age-friendly umbrella, participants expressed the need for initiatives that transcend the recreational focus of age-friendly initiatives. This concern was expressed by a committee member from Temiskaming Shores who stated, “The programming will die off. If you can make some sort of policy change then regardless of whether there’s a coordinator there to oversee it, it’s already happening and likely not going backwards again” (Temiskaming Shores Participant 3). As a result, participants further expressed the need for systemic policy that addressed broader community-wide service and infrastructure deficits to enhance aging experiences of older adults in the community.

Discussion

Findings of the current study suggest that age-friendly initiatives are systemically limited in their reach because of implementation barriers and bigger picture issues associated with rural age-friendly capacity. Consequently, age friendly initiatives are limited in their ability to include all older adults in the rural communities. Implementation barriers include communication challenges and connecting with hard-to-reach older adults from special or marginalized groups. Bigger picture issues include systemic rural aging issues, such as inadequate housing and transportation options, that not only exacerbate challenges associated with aging in place, but also inhibit older adults from getting out into the community and participating in recreation-based age-friendly initiatives. Findings of this study answer previous calls in the literature to investigate the extent to which age-friendly initiatives are inclusive of all older adults in rural communities (Buffel & Phillipson, 2018; Colibaba et al., 2020; Gonyea & Hudson, 2015).

Interview data demonstrated the recreation-focus of age-friendly initiatives that captured the immediate interest of some older adults in the community. However, participants expressed the need for broader systemic age-friendly policy to sustain age-friendly implementation. Moving beyond small-scale programming, however, is obstructed by implementation barriers and bigger picture issues in a cyclical fashion such that small-scale recreation-based programs have limited reach due to implementation barriers and bigger picture issues, and the lack of systemic policy addressing the bigger picture issues, exacerbates the limited reach. Furthermore, factors limiting the sustainability of recreation-based initiatives, such as funding restraints, committee capacity, lack of coordinators, succession management, lack of volunteers, and over-reliance on community champions (Russell et al., 2019), also prevent age-friendly initiatives from transcending to systemic policy targeting broader rural aging issues. These findings highlight that not all older adults, specifically those from marginalized groups, lower socioeconomic backgrounds, and with health and mobility issues, are able to benefit from age-friendly initiatives because of barriers in their environment and their unmet broader needs that surpass the dominant, recreation-based focus of age-friendly initiatives. In other words, the lack of broader systemic changes under the age-friendly umbrella, and the limited sustainability of initiatives appear to cyclically affect the limited reach of age-friendly initiatives, negatively impacting their inclusivity.

Implementation barriers include communication challenges and connecting with older adults from marginalized or specialized groups, consistent with Colibaba et al. (2020). Those authors reported on older adult perspectives on the reach and scope of age-friendly initiatives and discovered the inadvertently narrow communication strategies due to older adults' limited use of and access to technology. Furthermore, participants in the present study expressed the challenges

associated with connecting with older adults from marginalized groups that are hard to reach due to lack of representation, self-sufficient group norms, and accessibility issues. Such difficulties were also experienced by Neville et al. (2021) who identified engaging members of Indigenous groups and migrant groups as one of the barriers to implementation of age-friendly initiatives in New Zealand communities. The lack of representation of marginalized groups has been previously attributed to a variety of reasons including language barriers, not wanting to criticize existing services, fear of being ignored, feelings that their input is irrelevant (Fudge, Wolfe, & McKeivitt, 2007). While participants in this study have recognized the need for increased representation of marginalized groups in age-friendly committees during community needs assessments, no direct attributions were made due to limitations that age-friendly committees experience in terms of funding, capacity, and over-reliance on (often older) volunteers. This lack of representation can lead to the uncontested generalization of the dominant group's account to the entire community's needs, during needs assessments, as well the resulting development and implementation of initiatives. More broadly, this speaks to the diversity of aging experiencing, specifically in rural areas, that has strict implications for aging in place if only a subset of older adults' needs are met through age-friendly developments. One pathway to increase representation of older adults from marginalized or special groups can be to catalog the typology of older adults' role in age-friendly development, identify the underrepresented and overrepresented older adults from diverse social backgrounds, and accordingly develop strategies to engage older adults from underrepresented groups (Greenfield & Reyes, 2020).

Interview data also showed that bigger picture issues, such as inadequate housing and transportation options, inhibited participation in recreation-based age-friendly initiatives. Specifically, these challenges prevented older adults from coming out into the community and

engaging in the initiatives. Similarly, Colibaba et al. (2020) and Novek and Menec (2013) found that older adults are often stuck in their homes and unable to get out into the community due to community-wide barriers such including geographical isolation, inadequate transportation options, and reliance on others to commute. Furthermore, interview data in this honours thesis demonstrated that these broader issues, specifically inadequate housing options, disproportionately impacted older adults from lower socioeconomic backgrounds, previously demonstrated by Lehning, Smith, and Dunkle (2015) who found that older adults from lower socioeconomic backgrounds are stuck in place due to limited affordable housing option. These bigger picture issues, and their disproportionate impact on older adults from lower socioeconomic backgrounds, highlight a key demographic within the older adult population that is excluded when age-friendly implementation holds a recreational focus. This is because their needs surpass social programs and entail large-scale community-wide policy targeting these service and infrastructure deficits. However, as mentioned earlier, the limitations to age-friendly sustainability compel age-friendly committees to continue implementation at the small-scale recreational level.

The predominantly recreational focus of age-friendly initiatives achieved quick successes by engaging a certain subset of older adults. However, these small-scale efforts could not address rural infrastructure and service challenges facing many other older adults in the communities. Focusing on recreation-based programming under the age-friendly umbrella has implications for how age-friendly initiatives are conceptualized. For example, Colibaba et al. (2020) demonstrated that older adults typically viewed age-friendly initiatives as being limited to social programming rather than having a multifaceted systemic community-wide approach. If this

conceptualization is adopted by the older adult population, it can skew older adults' evaluation of their communities as potential sites to age-in-place.

As demonstrated in this study, the lack of systemic policy targeting broader rural aging issues exacerbated the limited reach of initiatives that were subsequently not inclusive of all older adults. More specifically, broader rural aging issues persistently prevented many older adults from coming out into the community. Recreation-based initiatives were reaching only a small subset of older adults who remain unaffected by community-wide service deficits. This finding is consistent with that of Winterton, Hulme, and Chambers (2017) who found that sustainable age-friendly programming was contingent on wider rural and community structures such as transportation issues and geographical isolation of older adults. Initiatives that focused primarily on the provision of community-wide services and infrastructure could reduce potential barriers of accessing that could, consequently, improve outcomes for older people. The need for broader systemic policy targeting larger rural aging issues has been reiterated by Menec et al. (2015a) who observed that addressing these challenges involves stable sustainable funding and larger institutional buy-in from regional and national governments. Such increased, consistent, and sustainable funding through increased institutional buy-in can create a top down-approach that facilitates the implementation of initiatives targeting broader rural aging issues that exhibit community-wide service and infrastructure deficits first, and then move on to small-scale local social programming to draw older adults out into the community so that they can benefit from it.

Limitations and Future Research

Findings from this study should be interpreted in light of several limitations. Findings are specific to the five rural communities in Ontario and do not reflect the complexities of aging experiences and diversity of rural community in their entirety. However, since data from this

study represent typical age-friendly implementation processes and represent standard rural typologies, findings likely are relevant to rural communities of similar typology, geography, community needs and capacity. Additionally, these findings cannot be generalized to urban age-friendly initiatives because rural communities, unlike large urban centres, experience distinct challenges related to community infrastructure, geography, funding, and capacity that differentially influence age-friendly implementation (Buffel & Phillipson, 2018).

Participants in this study were age-friendly committee members discussing a wide variety of topics related to their age-friendly initiatives including development, implementation challenges, sustainability of programs, funding, and inclusion. Despite the comprehensive interview guides, participants of this study do not represent older adults of the communities, the true recipients of age-friendly initiatives. As noted by Colibaba et al. (2020), directly hearing from older adults about their needs and barriers to accessing age-friendly implementation is key to ensure that age-friendly initiatives are inclusive of all older adults. Older adults from marginalized groups, in particular, need adequate representation, in all stages of age-friendly implementation. Findings of this study could be strengthened by collaborating with older adults from marginalized groups who can elucidate their unique rural aging experiences and challenges that are usually unknown to the popular press archetype of older adults.

Future research should explore older adults' experiences with age-friendly implementation and gain detailed insight into specific barriers to accessing age-friendly initiatives in their community. Such research could also expand on needs assessments in communities by obtaining qualitative input on older adults' expectations from age-friendly initiatives in the community. Furthermore, age-friendly research should include the voices of older adults that are marginalized, isolated, physically limited, and from lower socioeconomic

backgrounds. More specifically, future research should explore definitions of age-friendly within those groups and appreciate social inequalities that restrict access to age-friendly initiatives in the communities. Inclusion and collaboration can be facilitated by strengthening buy-in from regional and local governments to strengthen age-friendly committees through increased funding and enhanced capacity. Enhanced buy-in can also provide the means to address bigger picture issues in rural communities that can eliminate community-wide service and infrastructure deficits and limit barriers to aging in place and accessing age-friendly initiatives in the communities.

Conclusion

Based on interviews with age-friendly stakeholders from five rural communities in Ontario, rural age-friendly initiatives did not typically benefit all older adults, as their reach was limited by implementation barriers and bigger picture issues. These findings expand on previous recommendations and gaps in the literature by examining the extent to which age-friendly initiatives support the social and economic diversity of older adults. In light of the limitations of this study, future research should focus on obtaining older adult perspectives, particularly from marginalized populations or special groups, to gain insight into specific barriers to access to age-friendly initiatives in rural communities which can be facilitated by increased buy-in from governments to strengthen age-friendly committees and ensuing implementation.

Reflexivity

Research Question Development

With rapid global population aging, especially in rural areas, the need for age-friendly cities and communities cannot be emphasized enough. The research topic of this honours thesis was determined after diving into age-friendly literature, from its inception to current research, and developing conceptual insights into what age-friendly entails, how it has been implemented, and how it impacts the experiences of older adults. Going through age-friendly research opened my eyes to the precipitously increasing need for age-friendly developments globally in light of demographic aging. More specifically, reading about age-friendly implementation in various communities made me recognize the diversity of aging experiences and the wide range of supports and services that are needed to support healthy aging in place. While reading the literature, I looked for recommendations for future research in published research and noted any evident gaps in the literature. Furthermore, since this honours thesis utilized pre-existing data, I also read the code list developed by McCrillis et al. (2021) who originally collected this data to examine the rural community factors' impact on the success and sustainability of age-friendly initiatives. Going through the various codes and code descriptions provided a preview to the data by listing the major themes and their associated descriptions. Based on these various sources, I shortlisted two potential research topics 1) older adults' involvement in age-friendly implementation and 2) inclusion of diversity of older adults, especially marginalized and specialized populations. After evaluating the existing recommendations in literature and nature of the data, the second topic was chosen and expanded on to the current research question of this honours thesis.

Given my quantitative research background, I experienced several challenges in my attempts to navigate the approaches of qualitative research. The development of the research question in its current form, for example, required several revisions because my initial attempts aligned with hypothesis testing rather than data-led conclusions. In other words, there was a substantial learning curve which definitely provided me with the opportunity to develop my knowledge and skills related to qualitative research.

Data Analysis

Code list development. Development of the code list was quite challenging since I did not collect this data myself. As a result, I found myself reading through the transcripts multiple times in order to develop a deeper understanding of the data. At first, I felt extremely detached from the data set; every time I started reading a new transcript, I found myself unable to retain the content of the previous one. Furthermore, I found that there were only a few questions in the interview guide that were directly related to the research question of this honours thesis. This realization made me fear that the data would be limited in its ability to answer the research question of this honours thesis. More specifically, I feared that I would not be able to identify key themes in the data that could be potential codes related to the research question. At first, this experience was quite distressing and discouraging. However, once I finished reading the key informants' interview transcripts as well as one other interview transcript from each community, I felt more confident and was more familiar with the data than I anticipated. Nevertheless, I continued reading the same transcripts multiple times. This process was helpful because as I took notes through every reading, I found myself adding a new point about the same interview transcript that I had missed earlier. This practice helped identify the key themes in the data pertinent to the research question and creation of codes and their descriptions. Furthermore, this

process allowed me to narrow down to the five codes most pertinent to the research question of this honours thesis.

Lastly, if I were to change or re-do any step of the honours thesis, it would be at this point. More specifically, I would read all of the interview transcripts one more time. This would involve an in-depth review of the data again where I would take notes and work to identify concepts and perspectives that are central to the research question. I believe this would allow me to develop a deeper understanding of the data and, consequently, create a more refined code list that encapsulated the relevant themes and perspectives in a more meticulous and comprehensive manner. This is because I believe that, as explained earlier, I would be able identify key points embedded in the data that I missed in previous reviews of the data. These benefits would have extended to the coding process, the individual code analyses, and the discussion. More specifically, the connections between various components of the findings and broader connection with the literature would have been articulated better. As a result, I believe that the findings of this study and the description of the findings would have been strengthened if I had read all the transcripts one more time.

Coding. Despite working with a large dataset, coding the transcripts was a fairly smooth process since there were only five codes. I encountered some pieces of interview data that fit more than one code description. Initially, I coded those pieces of data under multiple codes. However, as I progressed through the transcripts, I started to question where that data fit in terms of my research question. That greatly helped in preventing multiple pieces of data being double or triple coded. Based on this strategy, I went back and made changes to how some initial pieces of data were coded and ensured that they are coded under the most pertinent code. Furthermore, during initial coding, I found that the amount of data coded was not substantial enough to

conduct a thematic analysis. As I continued coding, I started to notice that majority of data was coded under 'Reach' or 'Implementation Challenges' and a substantially lower amount of data was coded under 'Housing,' 'Transportation,' and 'Social Isolation.' The 'Transportation' code, in particular, appeared to have the least amount of data which only worsened my fears. However, this greatly shaped my initial interpretation of the analysis to follow as I came to realize that inclusivity of age-friendly initiatives was inextricably tied to their reach. Additionally, towards the end of coding for each rural community, I found myself being able to create a mental concept map of the age-friendly status of the community and its various components. However, as soon as I began the coding transcripts of the next community, that information was inundated with the new community's information. Lastly, throughout the coding process, I took notes in order to capture my thoughts and preliminary inferences from the data. In this act, I found myself noting down several interesting pieces of information that were brought up in the interviews but were not completely relevant to the research question of the honours thesis. For example, my notes contain several points about the conceptual awareness of age-friendly initiatives by older adults in the community which in the hindsight does not directly connect to the research question. Nevertheless, this notetaking process was helpful in that it provided a starting point for my analysis. One of the recurring points included in my notes is about an observed and inferred link between rural aging issues, such as housing issues, social isolation, and transportation concerns, and the limited reach of rural age-friendly initiatives.

Individual code analysis. After obtaining the code outputs, I was quite overwhelmed with the large amount of data that I had to work with. My quantitative background only exacerbated my nervousness at this step because the nature of this data appeared to be unending work. I first noticed that the 'Reach' code had the largest output, as expected. While reading

through the ‘Implementation Challenges’ and ‘Reach’ code outputs, I found that the references from interviews were often split between the two codes. This demonstrated the link between challenges to implementation and the reach of the initiatives. While reading code outputs, I added brief headings against each reference that would encapsulate the content. This allowed for organization of the code output into headlines representing the corresponding data. This process allowed me to make connections between the various topics that were prevalent in the data for each code. For the two larger code outputs, this process was more time consuming than I previously anticipated. This process was followed by the creation of small analytical reports for each code output.

For each code output, I created small analyses reports that documented the main findings from that code and supporting quotes. Creating these for ‘Transportation’, ‘Housing’, and ‘Social Isolation’ code outputs was challenging due to the limited data extracted from the transcripts. More specifically, the process for these three codes initially felt like a summary of the code output rather than identification of the main finding. Furthermore, with the three smaller codes, I struggled to analyze the output independent of the other two larger codes. This experience during data analysis was indicative of the fact that ‘Housing’, ‘Transportation,’ and ‘Social Isolation’ were connected the research question more indirectly than the ‘Implementation Challenges’ and ‘Reach’ codes. This process of creating small analyses reports was very helpful in distinguishing the two strongest codes - ‘Implementation Challenges’ and ‘Reach’ - from the three weaker ones. This further led to me collapsing the three weak codes - ‘Housing’, ‘Transportation,’ and ‘Social Isolation’ – into a one interconnected theme. Overall, this process allowed me to organize the various findings from the five code outputs in a way that I could view them all at once and restructure them into the findings of this honours thesis.

Upon completion of the analyses and synthesis of the main findings, I reflected on the role that the sample of age-friendly stakeholders included in this study might have played in shaping its findings. The age-friendly stakeholders, whose interviews were used in this honours thesis, were mostly female with a mean age of 57. This sample of age-friendly stakeholders reflects the gendered nature of volunteerism (Stride, Fitzgerald, Rankin-Wright, & Barnes, 2020). More specifically, this sample brings to light that the vast majority of age-friendly leaders are female. The data can only reflect the perspectives of committee members who agree to participate in participatory action research such as McCrillis et al. (2021). In the case of this dataset, most committee members participated in the original study. Consequently, the interview data can be considered to be representative of the entire age-friendly committees in the five rural communities. The sample also reflects the significance of rural volunteerism in age-friendly implementation. Age-friendly committees heavily rely on volunteers to facilitate age-friendly initiatives, especially in light of the challenges associated with rural age-friendly implementation. In sum, the sample of age-friendly stakeholders included in this study reflect the gendered nature of rural volunteerism and the significant role that volunteers play in facilitating age-friendly initiatives.

Analyzing the data for this honours thesis was certainly the most challenging step. At multiple points of this process, I feared that I will be unable to report any findings from the data. Furthermore, abandoning the quantitative mindset throughout the completion of the honours thesis was more challenging than I expected. However, the resources and skills I had obtained from my Qualitative Research Methods class and my prior work as a research assistant were extremely helpful in guiding my work. Additionally, there were several strategies that tamed the nervousness I was experiencing. Scheduling the various steps of the data analysis process as

smaller assignments greatly helped alleviate the anxiety and fear I was experiencing. Referring to age-friendly literature and other qualitative theses reminded me, on multiple occasions, to put away the quantitative way of thinking. Lastly, receiving feedback every step of the way not only encouraged me to significantly improve my writing skills but also comforted me by giving me a sense of direction and focusing my work. All the challenges and obstacles I faced throughout the completion of this honours thesis have equipped with me a wide range of qualitative research skills and indispensable experience.

Having completed the analysis, including the discussion, I have developed a deeper understanding of the multifaceted community-wide approach that is needed for the development and sustenance of age-friendly initiatives. Age-friendly communities are necessary now more than ever and initiatives can only be sustained if policy makers adopt a top-down approach that addresses wider community infrastructure and service related needs first and then moves on to small-scale recreation based initiatives that can, then, reach more older adults in the communities. Furthermore, the need for increased research to evaluate age-friendly initiatives in terms of multiple parameters of success cannot be emphasized enough. Age-friendly initiatives must be seamlessly integrated into a community's everyday operations and expanding research to evaluate initiatives will only allow age-friendly facilitators to re-assess their strategies, rearrange resources and funding, and ultimately strengthen outcomes.

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Appendix A: Letter of Information

Building sustainable rural age-friendly communities



Fall, 2018

Dear Participant,

We are writing to invite you to participate in a project examining factors that may strengthen and inhibit the longer-term sustainability of age-friendly programming, based out of Trent University in Peterborough, Ontario. This project is funded by the Social Sciences and Humanities Research Council. **This study aims to document expert community leaders' and program participants' perspectives about the barriers that may prevent, and factors that may support, sustainable age-friendly programming.**

As someone involved in age-friendly programming, you know that age-friendly programs benefit older Canadians and are almost entirely community driven, but are sometimes limited by capacity. As such, it is important to study what factors may contribute to – and may prevent – age-friendly program sustainability. You have been identified as a community leader in age-friendly programming or a community member who participates in age-friendly programming, and your input would be valued. The primary source of information for this project is interviews with community-based program coordinators and program participants in rural Ontario.

If you are willing, your participation will involve an approximately 60-minute interview facilitated by Dr. Elizabeth Russell, Dr. Mark Skinner, or Amber Colibaba, at a time convenient to you, when we are in your region. Elizabeth and Mark are faculty at Trent University who have been funded by the Social Sciences and Humanities Research Council to conduct this project, and Amber is the research associate coordinating this project.

We want to assure you that your participation is completely voluntary, you are free to answer or decline to answer specific questions, and are asked to use your own discretion as to what to discuss and in how much detail. You may end your participation at any time without consequences. For interview participants, you may choose to have your responses omitted from the study.

With your written consent, interviews will be digitally recorded. Your name and identifying information will be kept confidential to the research team and will be anonymous in all analysis and reporting documents (e.g., all identifying personal information will be removed, and you will not be speaking on the record). All information will be kept in a secure location with data encryption at Trent University, and will be destroyed after five years.

The information you share will benefit Canadian communities, by helping to support age-friendly programs in becoming more sustainable. Specifically, study outcomes will be used to create **practical community reports for age-friendly committees, policy reports for provincial governments,** and **academic publications and presentations.** You will be given the opportunity

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to provide feedback on preliminary results, and will receive a final report, containing recommendations that may be helpful in strengthening your group's sustainability.

Interviews will be scheduled, day or evening, at a time convenient to yourself. If you decide to participate, please let Amber Colibaba know by email: acolibaba@trentu.ca or telephone: (705) 748-1011 ext. 7978.

Thank you for your work to make your community more age-friendly, and for considering participation in this research.

Sincerely,

A handwritten signature in purple ink, appearing to read "Elizabeth Russell".

A handwritten signature in black ink, appearing to read "Mark Skinner".

Principal Investigator:

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This study has been reviewed and approved by the Research Ethics Board at Trent University. If you have any questions, please contact project leader Dr. Elizabeth Russell (elizabethrussell@trentu.ca, 705 748 1011 ext. 7867).

For questions regarding participant rights and ethical conduct of research, contact Karen Mauro, Certifications and Regulatory Compliance Officer, at the Trent University Research Office (kmauro@trentu.ca, 705 748-1011 ext. 7896).

Appendix B: Informed Consent Document

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Information and Consent

This study, *Building Sustainable Rural Age-Friendly Communities*, **examines challenges to age-friendly programming sustainability, and factors that may help committees overcome these barriers.** The primary source of information for this project are interviews with community-based program coordinators and participants in age-friendly programming. The information will be used to help **support Canadian age-friendly programs in becoming more sustainable** through community reports, policy reports, and academic publications and presentations.

With your written consent, the interview will be digitally recorded. Your name and identifying information will be kept confidential to the research team, and will be anonymous in all analysis and reporting documents (e.g., all identifying personal information will be removed and you will not be speaking on record). Information from the interview will be kept in a secure location at Trent University, and will be destroyed after five years.

We want to assure you that your participation is completely voluntary, you are free to answer or decline to answer specific questions, and are asked to use your own discretion as to what to discuss and in how much detail. You may end your participation in the study at any time without any consequences, and you may choose to have your responses omitted from the study.

The information you share will benefit Canadian communities, by helping to support age-friendly programs in becoming more sustainable. Specifically, **study outcomes will be used to create practical community reports for age-friendly committees, policy reports for provincial governments, and academic publications and presentations.** You will be given the opportunity to provide feedback on preliminary results, and will receive a final report, containing recommendations that may be helpful in strengthening your group's sustainability.

This project is funded by the Social Sciences and Humanities Research Council's Insight Development Program, and has been approved by Trent's Research Ethics Board. The project leader is Dr. Elizabeth Russell, Assistant Professor, Department of Psychology, Trent University (elizabethrussell@trentu.ca, 705-748-1011, ext 7867).

Please fill out the consent form on the follow page →

This study has been reviewed and approved by the Research Ethics Board at Trent University. If you have any questions, please contact project leader Dr. Elizabeth Russell (elizabethrussell@trentu.ca, 705 748 1011 ext. 7867). For questions regarding participant rights and ethical conduct of research, contact Karen Mauro, Certifications and Regulatory Compliance Officer, at the Trent University Research Office (kmauro@trentu.ca, 705 748-1011 ext. 7896).



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I, _____ (*please insert your name*) have read the attached Letter of Information for Recruitment and have had all questions answered to my satisfaction, and I agree to participate in an interview under the following conditions:

- 1) I understand that the purpose of the project is to examine the factors that may inhibit or strengthen the sustainability of age-friendly communities programming.
- 2) I understand that my participation is voluntary, and I am under no obligation to participate.
- 3) I understand that my involvement will consist of an approximately 60-minute interview.
- 4) I understand that I can end my participation in the project at any time, and any information provided by me to the research project will be destroyed.
- 5) I understand that my name and identifying information including any contextual information or commentary likely to identify me will not be used in any presentation or publication of the research.
- 6) I understand the benefits and risks associated with participation in this study.
- 7) I understand that all information from the interview will be kept in a secure location restricted to Dr. Elizabeth Russell, Dr. Mark Skinner, Amber Colibaba, and a research assistant, to be destroyed after five years.
- 8) I understand that I can contact Dr. Elizabeth Russell with questions about the project, or the Trent University Research Office, (705 748-1011 ext. 7896) with any concerns about research ethics.

I agree that:

- 9) This interview may be audio recorded. Yes _____ No _____
- 10) My responses in this interview may be used in the presentation and publication of results with the use of a false name and without attribution to me personally. Yes _____ No _____

Name: _____

Signature: _____

Date: _____

This study has been reviewed and approved by the Research Ethics Board at Trent University. If you have any questions, please contact project leader Dr. Elizabeth Russell (elizabethrussell@trentu.ca, 705 748 1011 ext. 7867). For questions regarding participant rights and ethical conduct of research, contact Karen Mauro, Certifications and Regulatory Compliance Officer, at the Trent University Research Office (kmauro@trentu.ca, 705 748-1011 ext. 7896).

Appendix D: Interview Protocol

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Interview Protocol – Programming Stage

Questions:

- 1) How and when did your age-friendly program come together? What its current status? (Milestones so far, committee recruitment or development, etc.)
- 2) What is your role in age-friendly? How did you get involved?
- 3) How does the framework, as presented (WHO, Rural/Remote guide), serve as a foundation for your work?
- 4) What are a few challenges you experienced during planning and implementation?
- 5) What are a few successes of your planning and implementation?
- 6) The next few questions relate to age-friendly sustainability (*having lasted or likely to last in the longer-term, particularly after funding was/is depleted*).
 - a) Does the nature of your community (size, location, rurality) affect AF sustainability?
 - b) Would you consider your program to be sustainable?
 - c) What factors inhibit age-friendly sustainability?
 - d) Simply put, can you list one or two key ingredients of sustainable age-friendly committee work?
- 7) Has committee or volunteer burnout been a part of your work?



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- 8) I'd like to ask you to reflect on a few themes within the context of developing and implementing your program. Please reflect on...
 - a) Generating financial capacity
 - b) Developing community partnerships (*e.g., financial and/or in kind with businesses, organizations, professionals, private citizens, other AF committees*)
 - c) Recruiting leaders or champions for your initiative
 - d) Has AF impacted/become incorporated within municipality's daily operations? (e.g., municipal planning, funding, using an AF lens, etc) Is this important?
 - e) Generating community support
- 9) Has including any special/marginalized populations of older adults been a component of your work?
- 10) How do you see your group/programs directly affecting older people in your community?
- 11) What are some lessons learned by your group that might help new age-friendly committees in establishing a sustainable program?
- 12) What motivates you to keep doing this work?
- 13) To conclude, what is one special moment or experience, during your age-friendly work so far, that had a strong impact on you?

Appendix E: Code Manual

Code List

Code	Description
<i>Implementation Challenges</i>	small scale initiatives, sustainability of programs, rural nature of communities, committee status, community poverty/tax base, systemic age-friendly development, advertising, advocacy, successful vs unsuccessful initiatives
<i>Reach</i>	awareness of age-friendly programs within older adult, rural disconnectedness (geographic and social), diversity in older adults' ability, health, mobility, wealth, marginalized and diverse groups, accessibility
<i>Housing</i>	living alone, inadequate housing options, long term care shortages, property management, moving issues, geographic isolation, access to services
<i>Social Isolation</i>	health implications, gatherings, family network, recreation, vulnerable groups (homebound individuals, widowers, caregivers, immobile, newcomers to the community), loneliness, quality of life
<i>Transportation</i>	public transportation challenges, driving cessation, inability to drive, access to healthcare and local services, isolation, geographic dispersion