

# Implementation and Acceptability of an Active Living Program for Rural Older Adults

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# Background

- In Canada, the percentage of older adults has been steadily increasing.<sup>1</sup>
- Aging can be accompanied by certain physical and cognitive challenges.<sup>2</sup>
- Health promotion programs involve social and environmental interventions to facilitate health improvement and help to support healthy aging.<sup>3</sup>
- These programs can improve physical health, mental health and social engagement.<sup>4,5,6,7,8</sup>
- Rural communities face particular barriers to implementing community programs for older adults.<sup>8, 9, 10</sup>

## Healthy Aging

“a continuous process of optimizing opportunities to maintain and improve physical and mental health, independence, and quality of life throughout the life course.”<sup>11</sup>

# Active Living Program

- Developed and implemented in 2023 by Saskatchewan Health Authority staff in 2 rural Saskatchewan communities.
- Delivered by Home Care Continuing Care Assistants in the common areas of subsidized seniors' housing buildings twice weekly.
- Activities included a physical component, cognitive stimulation, and social engagement.
- Activity highlights: balance exercises, chair exercises and dancing, physical games (e.g., keep up balloons with pool noodles), walking, stretches, riddles, jokes, reminiscing, and teatime.



# OBJECTIVE

To examine the implementation and acceptability of *The Active Living Program* initiative which aimed to provide in-person physical, cognitive, and social stimulation for older adults living in seniors' housing apartments outside of long-term care in two rural communities.



# Methods

- Methodology: qualitative descriptive design.
- Ethical approval: University of Saskatchewan Behavioural Research Ethics Board (BEH 4232).
- Operational approval was waived by the Saskatchewan Health Authority.
- Informed consent was gained from all study participants.
- 1 focus group and 7 semi-structured interviews were conducted.
- A total of 10 individuals took part in the study, including primary health care managers/directors (n=3), home care continuing care assistant staff (n=3), and program participants (n=4).
- Data analysis was completed using the 6 phases of reflective thematic analysis as described by Braun and Clarke.<sup>12</sup>

# Results

## Mind the Gap

There are known challenges experienced by community members as they age. *The Active Living Program* was developed with the vision of addressing these challenges, and since its creation it had reported benefits for program participants.

*“So, the impacts of if we have [the program] going on and it's improving strength in the clients, preventing potential falls, which then result in them staying in their homes longer... a fall... [could lead to] going to acute care, and then a potential admission to long-term care. So, it just really, it's from a system perspective and it impacts everything.” -M2*

## The Program That Brings Us Together

The program created more opportunities for social interactions. The program met a need for socialization, creating social connections among program participants and between program participants and staff.

*“We have our regulars that come every week and are sure not to miss it because that is their time to be around the other participants and communicate on a different level”-S1*

## Everyone Gets a Seat at the Table

Program participants gained a sense of enjoyment from the program, which went beyond attendance to taking an active role in shaping the program.

*“And then [a manager], she came one day... [and she said] ... “We have figured out we could do it on Monday and Wednesday, if that would be okay, if you would try it.” I said, “We will try it, but we just had a meeting amongst ourselves and said, ‘We aren't going on Sunday...’” We tried it and it's working well.”-P1*

# Results

## When Staff Step Up to the Plate

Staff played a critical role in the program's delivery. They were empowered to take ownership of the program, which allowed staff to tailor the program to better fit participants' needs.

*“And then I watch the different professionals on YouTube, so I'm introducing a new exercise. I go through it a few times, doing it myself, so I know how to do it properly before I bring it. And I think quite a few of them [staff] do that, watch it on YouTube and practice at home before we... use it with clients.”-S2*

## The Future is Unclear

There were many opportunities where the program could spread and benefit more people. However, risks to the current operations of the program could see its benefits lessened or the program cut.

*“I would love to see it spread, honestly, if there's capacity, obviously we can't be forcing it in other areas, but if there is an opportunity to spread it into other communities, it should be great to see a few more people out there a little bit more active.”-M1*

# Conclusion

- Overall, participants valued both the physical and the social aspects of the program.
- Implementation was supported by program participants taking an active role in shaping the program, and staff empowerment to tailor the program to participant needs.
- The positive aspects of the program highlight the benefit the program could provide if it spread.
- Challenges to program sustainability included potential location change, staff capacity, and budget limitations.
- This study highlights the importance of considering participant perspectives when implementing a community program for rural older adults.

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