

CHASI Community Health and Social Innovation Hub



WELLNESS & CONNECTEDNESS

In White Rock During COVID-19

UNIVERSITY OF THE FRASER VALLEY
COMMUNITY HEALTH AND SOCIAL INNOVATION HUB

Wellness & Connectedness in White Rock During COVID-19

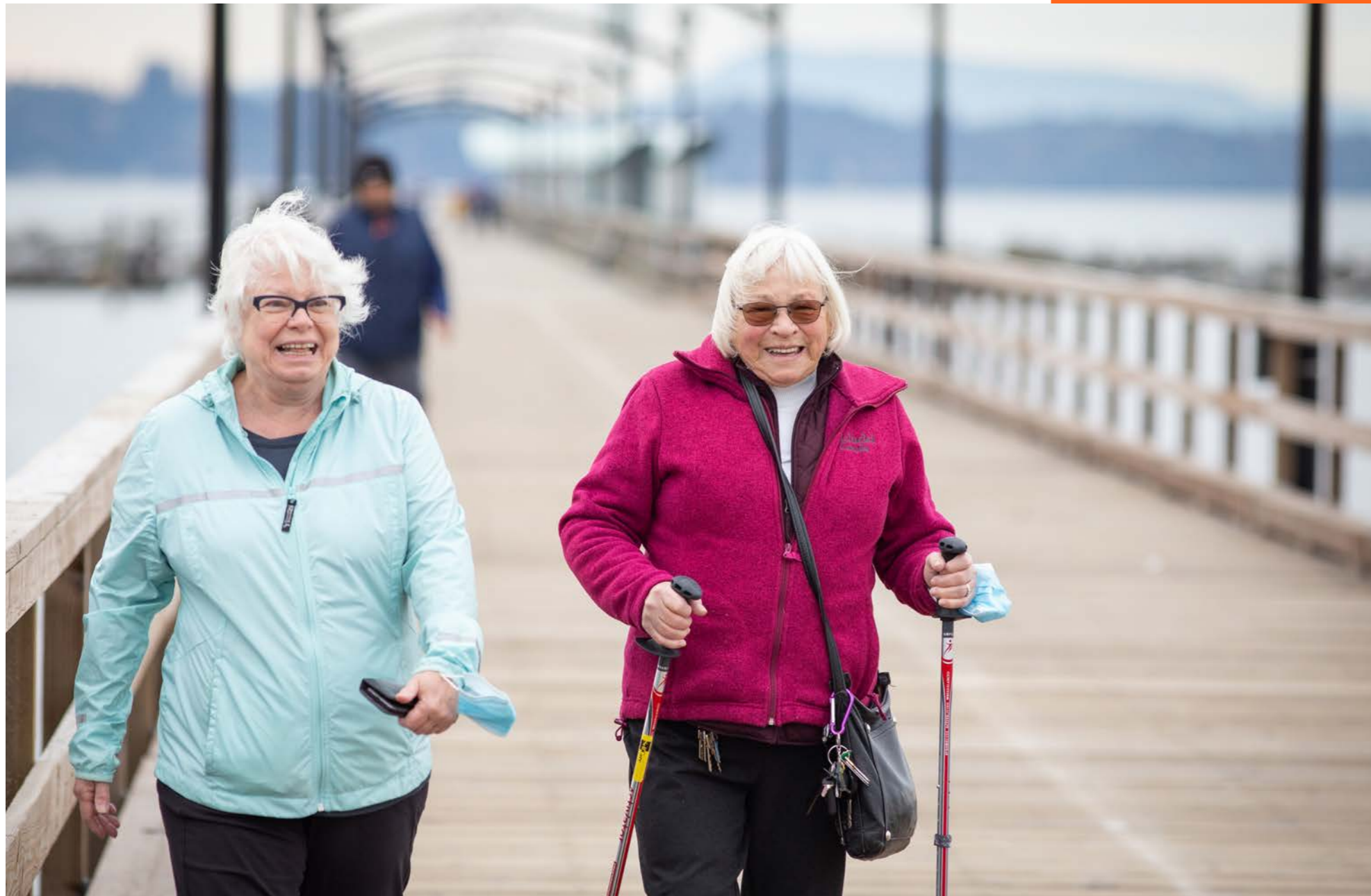
Report submitted to the City of White Rock

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01



Introduction

Social isolation and loneliness are problems that affect people of all ages across the world, presenting both a global and local challenge. Rates of social isolation and loneliness are however significantly higher among older adults compared to all other age groups, with around 40% of all older adults reporting feelings of loneliness (Dickens et al. 2011). With just under half of White Rock's population being 60 years of age and older (44%), White Rock's residents are at a heightened risk of social isolation and loneliness, which has only been magnified by the COVID-19 pandemic.

Adults aged 60 years and older have been identified as one of the most vulnerable populations during the pandemic, both due to their susceptibility to the COVID-19 virus and social isolation. Existing research indicates that loneliness increases morbidity and mortality amongst older adults, making them especially vulnerable to the harmful effects of social isolation during ordinary times (WHO, 2021). However, as we continue to adapt to the evolving health and socio-political landscape brought on by COVID-19, we are reminded that these are certainly not ordinary times.

The City of White Rock has demonstrated its commitment to White Rock residents through the development and reimagining of several key programs and supports for older adults as the pandemic has continued to unfold. Previous external reviews as well as various internal documents, including City efforts to engage with the Semiahmoo Seniors Planning Table, all point to the City's continued efforts to improve communal experiences of wellness in White Rock. It is within this framework that this project explores the strengths and limitations of White Rock's wellness programming for older adults, with the principal goal to more effectively support population health and experiences of wellness for older residents during and beyond pandemic times.

While this work has been necessitated by the consequences of the pandemic, the results and recommendations identified will assist the City respond to both immediate and longer-term vision needs. Through partnership with the Community Health and Social Innovation Hub, White Rock occupies a strategic position to be leaders in enhancing the health and wellness of its citizens through nimble and responsive action to address challenges concerning access and differential experiences of wellness during the pandemic. The social, emotional and physical health of this population is especially pressing as we enter the fourth wave of the pandemic and social closure measures continue to come at a significant cost to the social, emotional, and economic fabric of White Rock's community.

02

Evaluative Methods

A multi-pronged approach was utilized to collect data for this project, grounded in a robust engagement process to understand how older adults are 'feeling' and 'doing' during the pandemic. The evaluators of this project also sought to identify which COVID-19 specific challenges are impacting individual and communal experiences of wellness in White Rock. In total, approximately 45 residents were engaged in the project, representing twelve organizations supporting seniors in the White Rock community as well as older adults with lived and differential experiences of wellness.

Activities

The activities we engaged in to achieve the objectives of the community scan and needs assessment include:

- Data mining and review of internal and external reports;
- Review of academic literature to examine individual and communal experiences of wellness;
- Interviews with key program delivery stakeholders, determined in consultation with City of White Rock's staff in the Recreation and Culture department;
- Focus groups with adults aged 60 and older in White Rock; and
- Participant-observation, including field notes from attending in-person and virtual community events

Data Mining

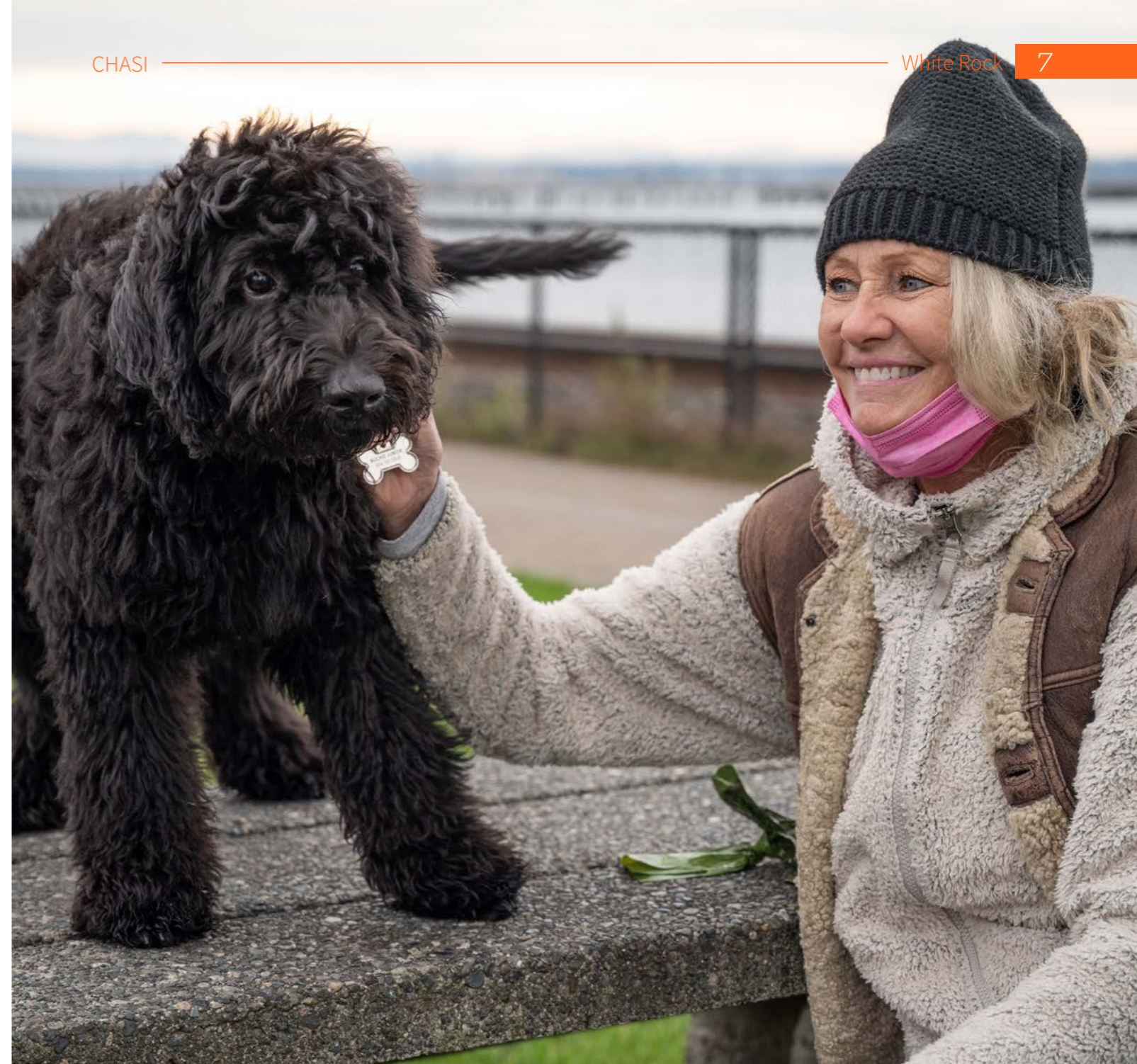
We analyzed key wellness variables specific to White Rock's older adult population through data mining of existing data sources. We identified key social, emotional, and physical wellness variables relevant to the needs of adults aged 60 and older in White Rock by drawing on secondary data collected by the BC Centre for Disease Control, Office of the Seniors Advocate, and Statistics Canada.

Literature Review

We conducted a literature review to examine how wellness is defined and understood in older adult populations as a means to synthesize research evidence on individual and communal experiences of wellness during COVID-19. The principal aim of the review was to examine the extent, range, and scope of research on wellness in older adulthood; summarize and synthesize these findings; and identify gaps in the existing literature on social isolation and wellness during COVID-19 (Arksey & O'Malley, 2005; Levac et al., 2010). In total, 71 scholarly articles were reviewed and synthesized.

Interviews

Ten interviews with key program delivery stakeholders were conducted virtually over the course of the project's duration. Key program delivery stakeholders were determined in consultation with the Recreation and Culture department at the City of White Rock and included representatives who provide a range of services to older adults in White Rock. Some examples include health care, recreation, community care, social care, housing, and transportation services. These interviews shed light on the perspective of those providing virtual or in-person programming during the pandemic and any unmet needs that were identified.



Focus Groups

An integral component of understanding individual and communal experiences of wellness during COVID-19 is understanding the lived experience of White Rock residents. Six group conversations were conducted with 20 community members representing a variety of lived experience and identities, including the perspectives of racialized community members, able and differentially abled bodies, and those varying in age from the 'young old', 'old old' and 'oldest old'. We also sought representation from those who are currently employed, retired, and from different socioeconomic backgrounds.

Participant Observation

Our evaluation team attended four in-person and/or virtual community events that were believed to augment wellness for older adults in White Rock during pandemic times. Virtual and in-person community events included recreational activities, conversation and community building circles, and forums to connect residents to non-profit and for-profit programming.



03 Community Scan

Drawn from Fullen's (2019) framework of wellness in older adulthood, we explored eight dimensions of health and well-being for older adults in White Rock. These dimensions include: relational wellness; emotional wellness; physical wellness; cognitive wellness; vocational wellness; developmental wellness; economic wellness; and environmental wellness. Each of these realms of well-being are interconnected, and each plays an important role in contributing to the overall health and well-being of older adults in the White Rock community.

Relational Wellness

Rates of social isolation and loneliness are significantly higher among older adults compared to all other age groups (Dickens et al. 2011). This domain of wellness examines the role of social connectedness in building healthy, vibrant communities.

Emotional Wellness

Greater levels of life satisfaction are associated with reduced mobility limitations in later life (Collins, Goldman, & Rodriguez, 2008). This domain of wellness examines individual and communal responses on key emotional and mental health variables.

Physical Wellness

Health is a strong predictor of well-being later in life (George, 2010). This domain explores health-seeking behaviours, such as exercise, healthy eating, and activity levels, as well as rates of chronic health conditions.

Cognitive Wellness

This domain of wellness explores the role of cognition in aging well, as being able to think about, learn, and distill information are considered important mechanisms through which one is able to maintain autonomy and independence as they age.

Vocational Wellness

A sense of purpose reduces depressive symptoms as well as improves self-rated health (Chippendale, 2013). Vocational wellness explores how opportunities to contribute meaningfully to family and/or community shape social, emotional, and physical wellness in later life.

Developmental Wellness

Individuals who hold more positive views of their own aging tend to live longer, healthier lives (Levy & Myers, 2004). This domain explores how cultural and individual perceptions of aging impact individual and communal experiences of wellness.

Economic Wellness

Quality of life diminishes when one does not have adequate finances (Wiggins et al., 2004). This domain of wellness explores older adults' financial circumstances and how financial well-being is integral to accessing resources needed for healthy aging.

Environmental Wellness

As more older adults age-in-place, it is important to develop age-friendly spaces that are supportive of an aging demographics' needs. This domain of wellness explores the communities inhabited by older adults and how living environments shape older adults' lives.

Relational Wellness

The relational domain of wellness centres on "older adults' need for relationships with friends, partners, family members, and others" (Fullen, 2019).



The advent of the COVID-19 pandemic has had a dramatic effect on social networks worldwide. The social connectedness of older adults has been particularly affected, as assisted living facilities have barred or severely restricted visitors, and friends and family members have distanced themselves from their elderly loved ones in an effort to mitigate both the spread of the virus and protect those who are most vulnerable. This has resulted in reduced social networks for many of White Rock's residents, many of whom were already socially isolated prior to COVID-19 (BC Seniors Survey, 2017).

A substantial body of research demonstrates that social, emotional, and even physical well-being is significantly affected by the presence (or absence) of elements of social connectedness. A multitude of studies have indicated that high-quality relationships and social connection are key indicators of health and mortality. Indeed, research indicates that there is no single more important factor than social connection when it comes to both length and quality of life (Holt-Lunstad et al., 2017).

'Social connection' is a broad term that may be conceptualized in many ways. Research has explored the structural domains of social



Figure 1a – Depression
As seen above, roughly one in three residents in White Rock report being depressed (White Rock Community Health Profile, 2020). Note: Each icon above represents approximately 1,000 residents.

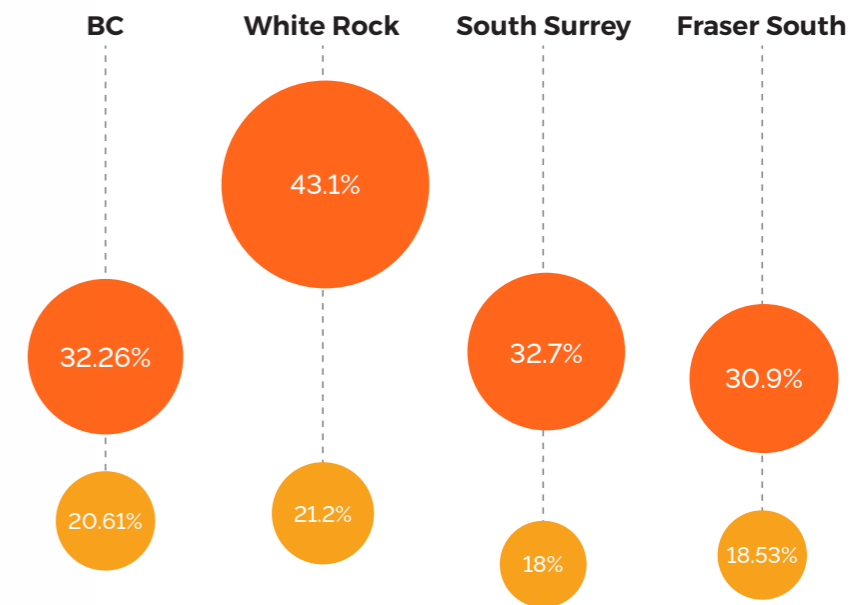


Figure 1b – Mood & Anxiety Disorders
Although prevalence rates of social isolation or loneliness for White Rock residents are not known, loneliness and social isolation are associated with higher rates of anxiety, depression, and suicide rates (Merchant et al., 2017). As seen above, both prevalence and incidence rates of mood and anxiety disorders are above the South Surrey, Fraser South, and BC Averages (White Rock Community Health Profile, 2020).

connections, such as marital status, the size of social network, and the degree of social integration or isolation; the functional domain, which includes perceived elements of support or companionship; and the quality of social relationships, which involves the subjective evaluation of close personal relationships (Holt-Lunstad et al., 2017). Although these dimensions cover a range of relational aspects, they are all a crucial part of how human beings connect to each other socially and have been consistently shown to impact the social, mental, and physical well-being of older adults.

Both social isolation (a reduced number of social contacts and/or frequency of social interactions) and loneliness (a subjective state of emotion) have significant effects on the well-being of older adults. For example, maintaining adequate social relationships has been compared to quitting smoking in its positive effects on health and longevity in older adults (Robins et al., 2016). Despite the fact that social connection is one of the strongest predictors of health outcomes and quality of life, it has not been formally recognized as a social determinant of health, and it has rarely been the focus of health policy (Holt-Lunstad et al., 2017), with some suggesting that the facilitation of social relationships must be integrated into public health policies and programs (Holt-Lunstad et al., 2017).

Social connection is particularly vital to older adults who are not married or cohabiting, as their emotional well-being is more strongly tied to social network size and friend support (Ermer & Proulx, 2019). Confidant relationships, where individuals can share private feelings and personal concerns, are equally as important to emotional well-being (Bookwala, 2017). Although close social relationships are important during every stage of life, they are especially relevant to well-being for older adults, who are vulnerable to loneliness and social isolation as they withdraw from the workforce and other societal structures that previously offered social connection, as well as undergo age-related changes in mobility and health.

Research shows that losing a close family or friend confidant later in life is associated with a significant increase in depressive symptoms (Bookwala, 2017). However, gaining a close family or friend confidant has likewise been shown to decrease depressive symptoms, highlighting the importance of facilitating these close social connections to enhance emotional well-being for older adults (Bookwala, 2017). This becomes a particularly salient issue in the wake of COVID-19, where many older adults have suffered reduced social contact due to restrictions, and many have lost close friends or family members to the disease.

	Always		Most of the Time		Sometimes		Rarely		Never	
Another resident is a close friend.	8%	15%	17%	18%	17%	21%	33%	16%	25%	30%
Spend time with like-minded residents.	15%	18%	62%	27%	23%	28%	0%	15%	0%	12%
Easy to make friends in care home.	13%	18%	47%	32%	20%	25%	7%	15%	13%	11%
People to do things with.	0%	10%	40%	17%	30%	28%	10%	19%	20%	26%
Treated with respect by other residents.	21%	34%	64%	43%	14%	16%	0%	4%	0%	3%
Opportunities for affection/romance.	0%	7%	7%	8%	14%	14%	36%	15%	43%	57%

Figure 2 – Social Engagement in Long-Term Care

Source: (BC Seniors Advocate Residential Care Survey, 2017)
The following figure explores social engagement among long-term care residents in White Rock prior to the advent of COVID-19. Most concerning is that when respondents were asked if another resident was a close friend of theirs, the most frequently occurring response was 'rarely' (33%), followed by 'never' (25%). These results indicate that prior to COVID-19, most long-term care residents did not have a close friend or confidant. Further, another 20% of respondents indicated that they 'rarely' (7%) or 'never' (15%) made friends easily in their care home.

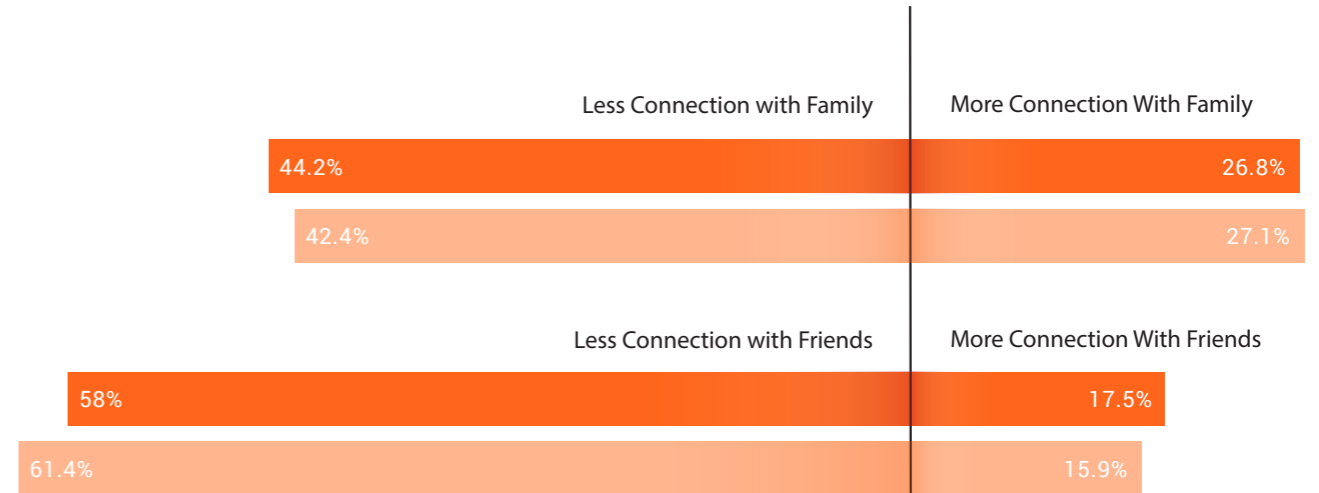


Figure 3 – Resilience During COVID-19

Source: (BC COVID-19 SPEAK, 2020)
During Covid-19, White Rock residents report feeling less connected to both family (44.5%) and friends (58%), with only a small fraction reporting that they feel more connected to family (26.8%) and friends (17.5%).
Source: (BC COVID-19 SPEAK, 2020)

In addition to the aforementioned benefits to well-being, social connection has also been identified as beneficial to the mental health of older adults. It has a protective effect on cognitive functioning and has even been demonstrated to be protective against the development of dementia (Merchant et al., 2020). Social connection is also commonly the mediating link between other variables and the well-being of older adults, including mental health and illness, physical activity, and community engagement.



Emotional Wellness

The emotional domain of wellness centres on "maintaining strong emotional health and [finding ways for] older adults to maintain hope and demonstrate resilience despite the challenges they face" (Fullen, 2019).



Social closure measures associated with the COVID-19 pandemic have severely impacted the social networks of many older adults in White Rock. Occurring alongside these changes are effects on emotional, mental, and physical health. For example, social well-being is linked to mental health outcomes – especially in older adults – and research suggests that an inadequate social support system or prolonged social isolation increases risk of developing mental health disorders, such as depression, anxiety, stress, insomnia, dementia, substance abuse, and suicidal ideation (Batra et al., 2020). Indeed, greater levels of loneliness are strongly correlated with decreases in mental health, while lower levels of loneliness are associated with higher levels of optimism and increased self-rated successful aging (Jeste et al., 2019).

It is of little surprise then that we see significant impacts on the mental health and well-being of White Rock citizens during this time. For example, as illustrated in **Figure 4**, almost half of all White Rock's residents reported that their mental health worsened during the early months of the COVID-19 pandemic. Many residents further reported feeling helpless (22.4%), concerned for their own health (27.4%), and concerned for a vulnerable family member's health (56.6%). Additionally, almost half of respondents cited sleep disruptions (48.3%) and fluctuations in substance use, such as drinking more alcohol (28.8%). Residents also reported increased stress (17.3%), with many residents concerned about the proximity of COVID-19 (30.3% perceiving close by; 18.4% perceiving far away).

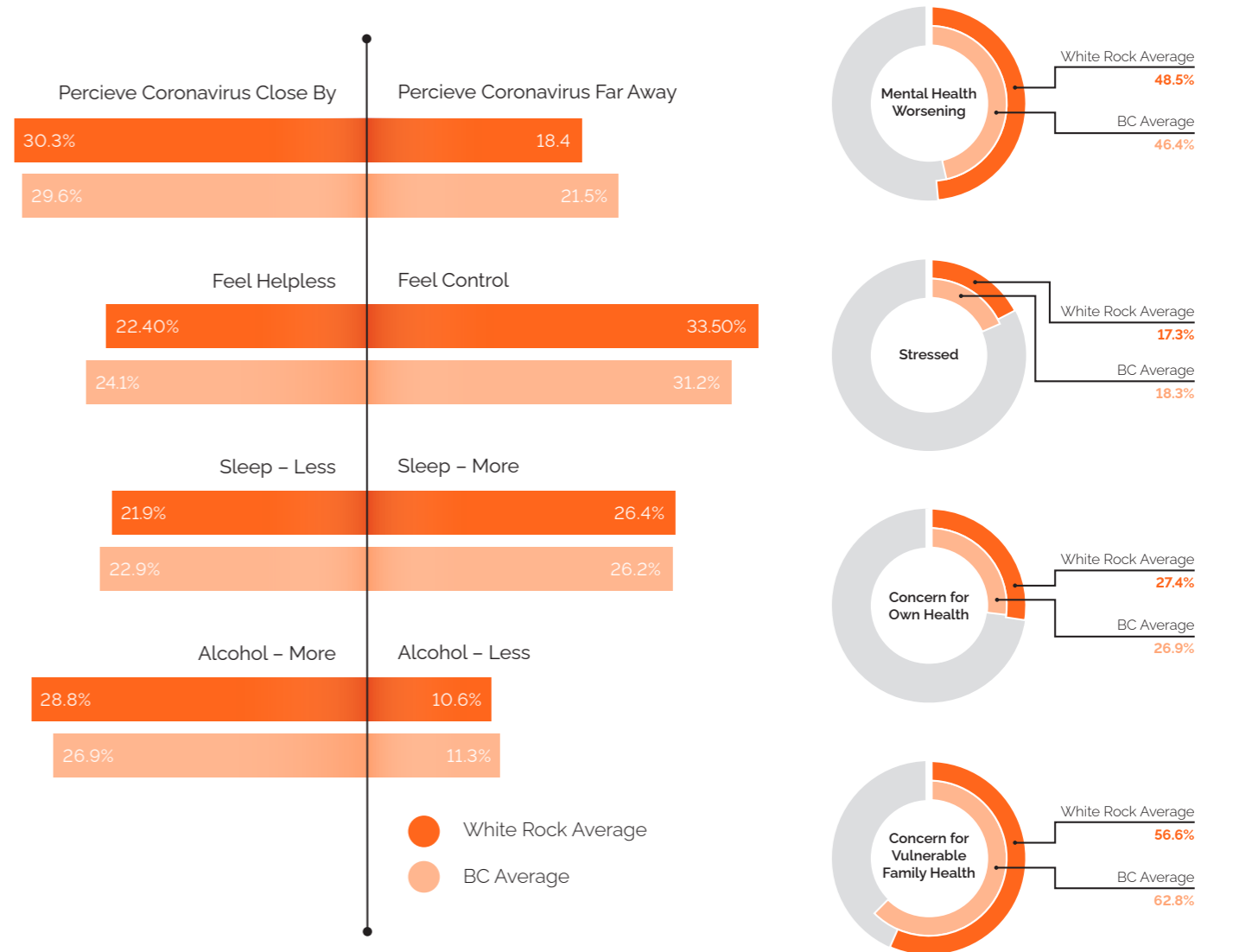


Figure 4 – COVID-19 Impacts on Health and Wellness

Source: (BC COVID-19 SPEAK, 2020)

Holingue et al. (2020) found that mental distress is higher in areas where there are greater numbers of COVID-19 cases as well as among individuals who perceive the risks of infection and death from COVID-19 as greater, making older adults in White Rock particularly vulnerable to emotional distress during these times. White Rock is also situated within the Fraser South region of Fraser Health, which saw disproportionately high infection rates and deaths during the first wave of the pandemic, likely contributing to the worsening of self-reported mental health.

Emotional wellness also "includes subjective well-being, levels of life satisfaction and perceptions of happiness, positive affect, and optimism" (Fullen, 2019). Related to this, one

study examining older adults' emotional states prior to and during the pandemic found that depressive symptoms, negative affect, positive affect, well-being, and life satisfaction worsened during COVID-19 (Barcellos et al., 2021).

Barcellos et al. (2021) also found experiences of depression, negative affect, positive affect, well-being, and life satisfaction varied by loss of a job or income due to the pandemic, fears of getting sick or dying from COVID-19, and limits on the ability to exercise. These findings make clear that both income and exercise, as well as a reduction in fear about contracting the virus and becoming sick from COVID-19, may mediate pandemic stressors on mental health and well-being.

Relatedly, the weakening of social contacts can potentially result in a devastating loss of leisure, disruption of normal lifestyle, and generation of stress throughout the population. As a result, anxiety, frustration, panic attacks, loss or sudden increase of appetite, insomnia, depression, mood swings, delusions, fear, sleep disorders, and suicidal/domestic violence cases have become quite common during lockdown with helpline numbers being overloaded during the early months of the COVID-19 spread (Ammar et al., 2021).

Despite this, no group appears to be more impacted by weakening social contacts than those in long-term care. Although the pandemic has upended lives everywhere, for many of us, there is a post-pandemic world that we can look forward to where we can visit friends and relatives without fear of becoming ill or contracting COVID-19. Yet, as Isobel Mackenzie states, "for residents of long-term care, this tomorrow may never come" (BC Seniors Advocate, 2021).

Although the findings in **Figure 5** do not pertain specifically to White Rock, they identify the adverse effects of implementing visitor restrictions for residents residing in long-term care across BC at alarmingly high rates. Indeed, these findings make clear that while COVID-19 social closure measures have been successful at preventing the spread of COVID-19, they have also come at a significant cost to the social and emotional fabric of our society, with older adults in long-term care bearing the brunt of these impacts. For example, Isobel Mackenzie (Seniors Advocate, Province of British Columbia) details:

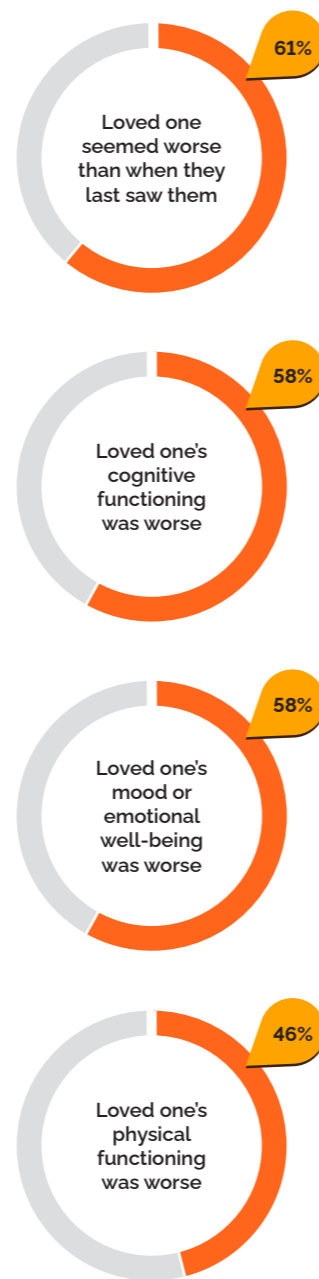
"Most residents of long-term care are not as worried about contracting COVID-19 as we might think. The comments we heard from hundreds of family members indicate there is a greater fear of death from loneliness. Many residents are despondent as the only thing they look forward to is receiving a visit from their family."

Despite this, the BC Seniors Advocate Survey of long-term care found that very few residents in BC received an essential visit during the first wave of COVID-19 when visit restrictions were first implemented (2021). Further, less than half of respondents had applied for an essential visit by the second wave, and almost half of these requests were denied, with 70% of visitors not allowed to touch their loved one. As White Rock and the greater Fraser Health region responds to COVID-19's fourth wave, these findings point to the need to balance both physical and emotional health when thinking about and responding to the pandemic, particularly for older adults in long-term care who may not have many years of their life left.

Figure 5 – Worsening Emotional Health During COVID-19 in Long-Term Care

Source: (BC Seniors Advocate COVID-19 in Long-Term Care, 2021)

Across each of these measures (with the exception of physical health worsening) roughly 60% of family members, friends, and informal caregivers reported disruptions in cognitive and emotional wellness for their loved one in care – that is, their loved ones regularly seemed 'worse' than when they last saw them pre-pandemic and significant disruptions in mood and emotional states were noted.



Ammar et al. (2021) further found that social isolation and confinement measures contributed to a greater proportion of individuals experiencing psychosocial and emotional disorders during social isolation as opposed to before it. Further, the BC Seniors Advocate has voiced concerns about the use of antipsychotic drugs during the pandemic, with early research across long-term care in BC demonstrating troubling trends of unintended weight loss and worsening moods (2021).

Emotional wellness has also been linked more closely to cognitive health than physical, social, spiritual, or intellectual wellness (Strout & Howard, 2015). In one study that evaluated older adults over a four-year period, individuals with the highest life satisfaction reported better physical health (fewer physical functioning limitations, lower mortality, fewer number of chronic conditions); better health behaviours (fewer sleep problems and increased physical activity); and better psychosocial health (higher rates of optimism, positive affect and health mastery, as well as lower rates of depression, hopelessness, and loneliness) four years later (Kim et al., 2021).

	All of the Time		Most of the Time		Some of the Time		Little of the Time		None of the Time	
Amount of time feeling downhearted in past week.	0%	3%	7%	14%	7%	20%	36%	26%	50%	37%
Physical/emotional problems impacted social activities.	0%	5%	0%	8%	25%	18%	17%	18%	58%	51%
Emotional problems in past week impacted activities.	0%	3%	0%	6%	8%	12%	8%	12%	83%	67%
Accomplished less in past week due to emotional problems.	0%	3%	0%	8%	15%	15%	8%	14%	77%	60%
Accomplished less due to physical health.	0%	9%	0%	18%	9%	20%	18%	16%	73%	35%

● White Rock Average
● BC Average

Figure 6 – Impact of Emotional Wellness on Activities in Long-Term Care

Source: (BC Seniors Advocate Residential Care Survey, 2017)

50% of White Rock residents in long-term care reported feeling downhearted in the past week, with another 42% identifying that emotional or physical problems impacted their social activity.

It is equally important to consider emotional wellness prior to COVID-19 to better understand the underlying factors contributing to emotional and mental well-being during and beyond the pandemic. **Figure 7**, for example, highlights that residents in White Rock experience similar rates of schizophrenia and delusional disorders to that of the larger BC population, while rates of Alzheimer's disease and other dementia are notably higher. Most interesting is that the crude incidence rate of Alzheimer's disease is almost triple the Fraser South and BC averages. The crude incidence rate measures the occurrence of new Alzheimer's disease and related dementia diagnoses in a given year.

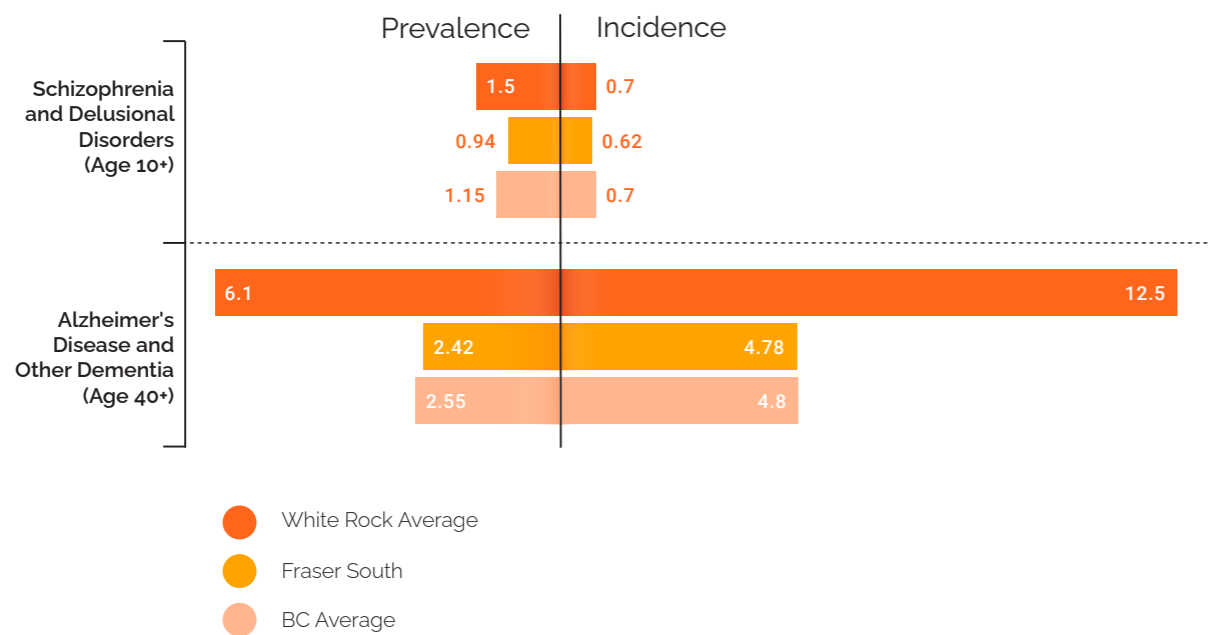


Figure 7 – Alzheimer's Disease and Schizophrenia

Source: (White Rock Community Health Profile, 2020)

Further connected to emotional wellness are variables pertaining to mental illness. We find that residents in White Rock are more likely than other residents in the Fraser South region (Langley, Delta, Surrey, South Surrey, and White Rock) to live with Alzheimer's disease or a related dementia. These findings are also consistent when comparing rates of Alzheimer's disease in White Rock to the BC average.



How are you and your loved ones coping during COVID-19?

"My husband is five years older than me, and he isn't coping well...He won't go out, so he just stays inside. So, I find things to do" (White Rock Resident)

"I had a lot to do before COVID-19 destroyed it all... I had so much to do, that I wanted to do. Then depression started. I felt lost in a way" (White Rock Resident)

"We're being robbed of two years of our lives, and we're getting older. We don't know how much time we have left" (White Rock Resident)



Physical Wellness

The physical domain of wellness includes "health considerations such as whether an individual has a disability, chronic illness, or chronic pain. It also includes diet and exercise, as well as the extent to which people perceive that they are caring for their physical well-being" (Fullen, 2019).

There is a strong, consistent link between physical activity and well-being in older adults (Miller et al., 2021; Park et al., 2020). Aside from the primary benefit of preventing or improving declines in physical health, physical activity also increases older adults' ability to live independently for longer, reduces symptoms of depression and anxiety, and enhances their overall quality of life (Park et al., 2020). However, physical activity tends to decline as people age into older adulthood, and limited mobility may result in limited opportunities for social interaction (Robins et al., 2016).

Older adults are significantly more likely to contract COVID-19 and experience the highest rates of severe illness, life-threatening complications, hospitalizations, and deaths than any other demographic once infected (Batra et al., 2020). The risks are even greater for older adults with pre-existing health conditions, as those with cardiovascular disease, hypertension, diabetes, chronic obstructive pulmonary disease, cancer, and chronic kidney disease suffer higher fatality rates from COVID-19 (Batra et al., 2020).

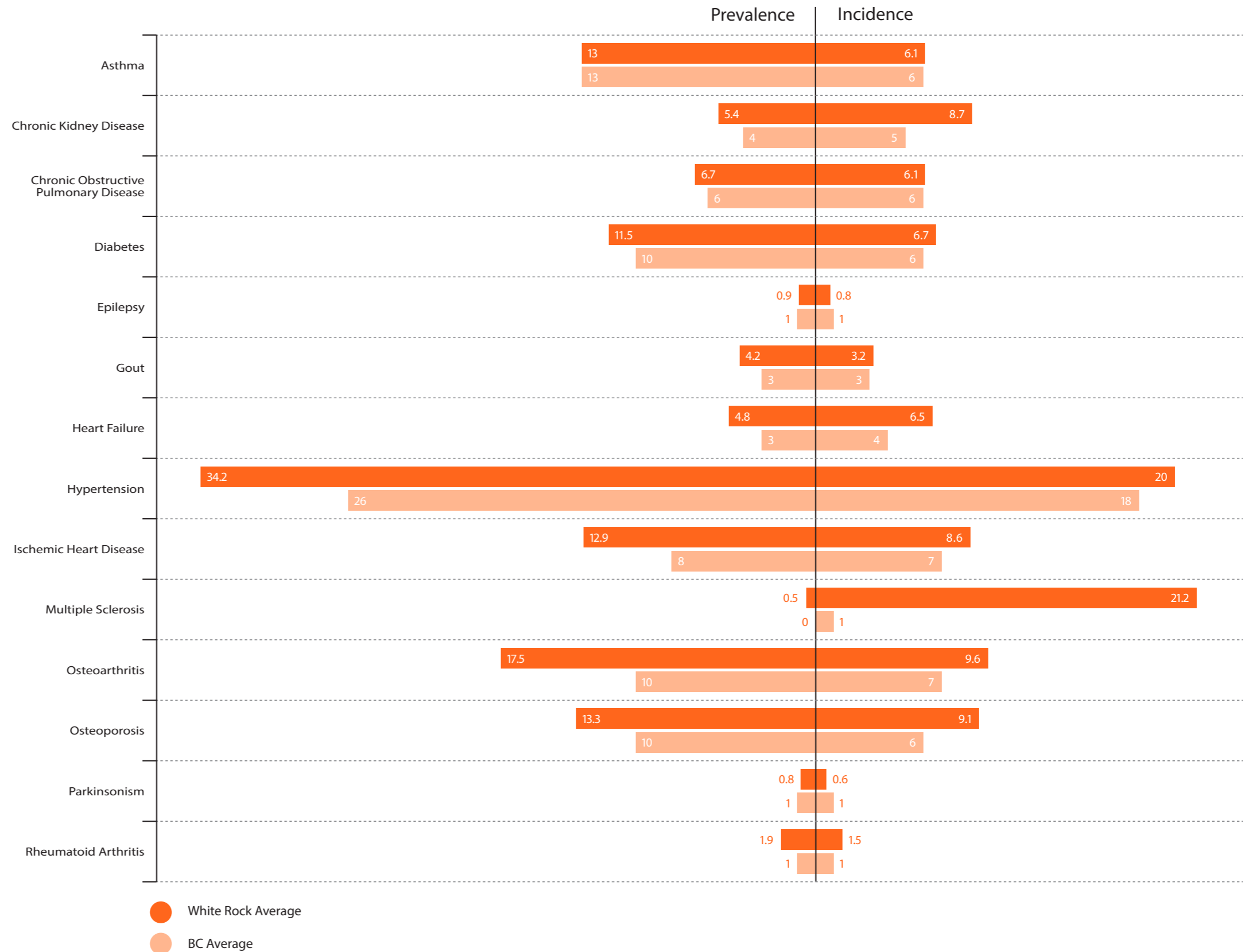


Figure 8 – Chronic Health Conditions

Source: (White Rock Community Health Profile, 2020)
 Notably, the prevalence and incidence rate of every disease and illness identified in Figure 8 is greater for White Rock than the BC average, with the exception of the incidence and prevalence rate of epilepsy and parkinsonism. This difference is particularly pronounced for osteoarthritis, heart failure, hypertension, and multiple sclerosis.

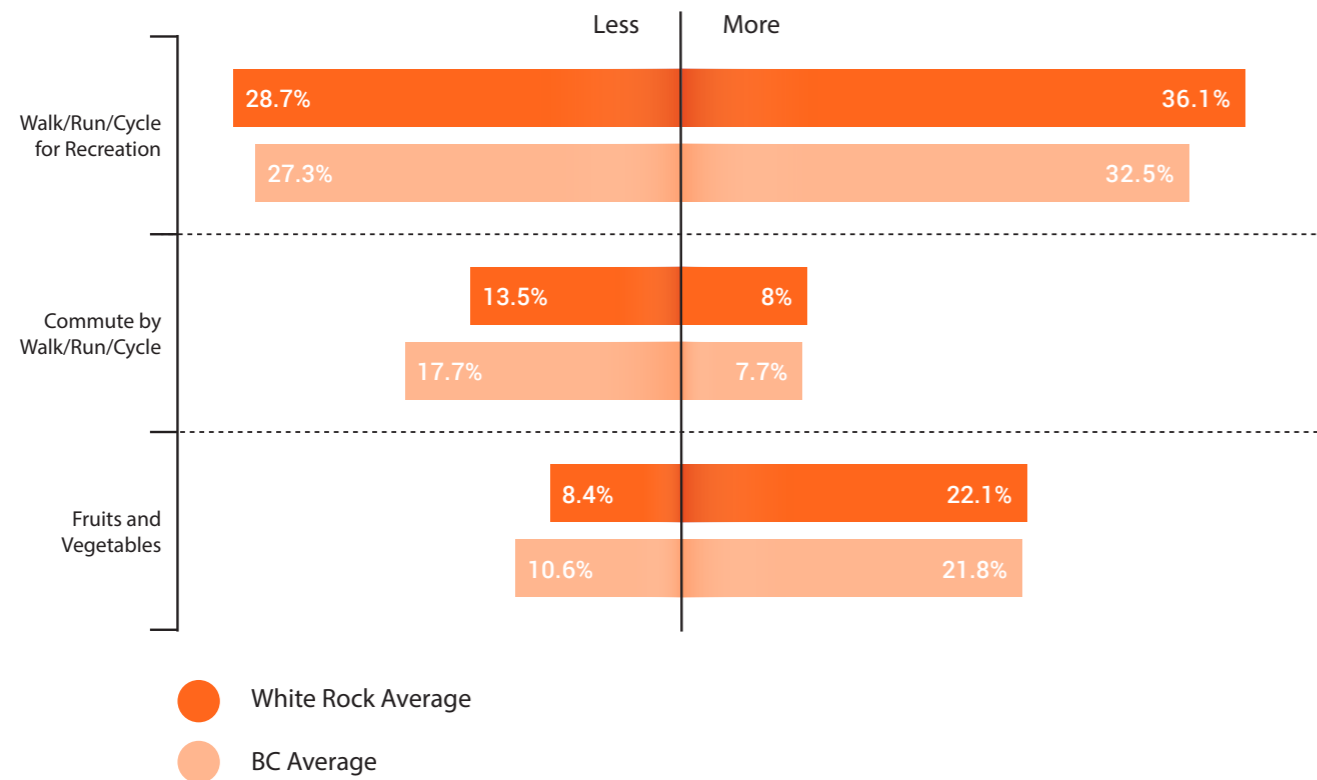


Figure 9 – Health-Protective Behaviours During COVID-19

Source: (BC COVID-19 SPEAK, 2020)

Despite research indicating that social isolation and loneliness have likely contributed to less healthy behaviours among older adults during the pandemic, this did not appear to be the case for White Rock during the first wave. For example, residents reported that they were exercising more than usual (36.1%) for recreational purposes as well as eating larger shares of fruits and vegetables (22.1%).

As identified in **Figure 8**, White Rock's residents are more vulnerable to COVID-19 complications due to the high prevalence and incidence of pre-existing health conditions, such as chronic kidney disease. By comparison to the BC average, White Rock residents report higher prevalence and incidence rates of all chronic diseases, with the exception of epilepsy. Positively, the prevalence rates of acute myocardial infarction and hospitalized stroke are quite low in the White Rock population, with approximately 3 in 100 and 2 in 100 reporting incidences of heart attack and hospitalized stroke, respectively.

It is also important to consider the physical impact of disruptions in relational and emotional wellness associated with COVID-19. For example, Ammar and colleagues (2021) found that psychosocial tolls brought on by the pandemic were associated with a greater proportion of individuals experiencing physical and social inactivity (15.2% and 71.2%, respectively); poor sleep quality (12.8%); unhealthy diet behaviours (10%); and unemployment (6%). Sizeable increases in technology use (15%) were also reported, with no group being more acutely affected by these disruptions in physical health than older adults.

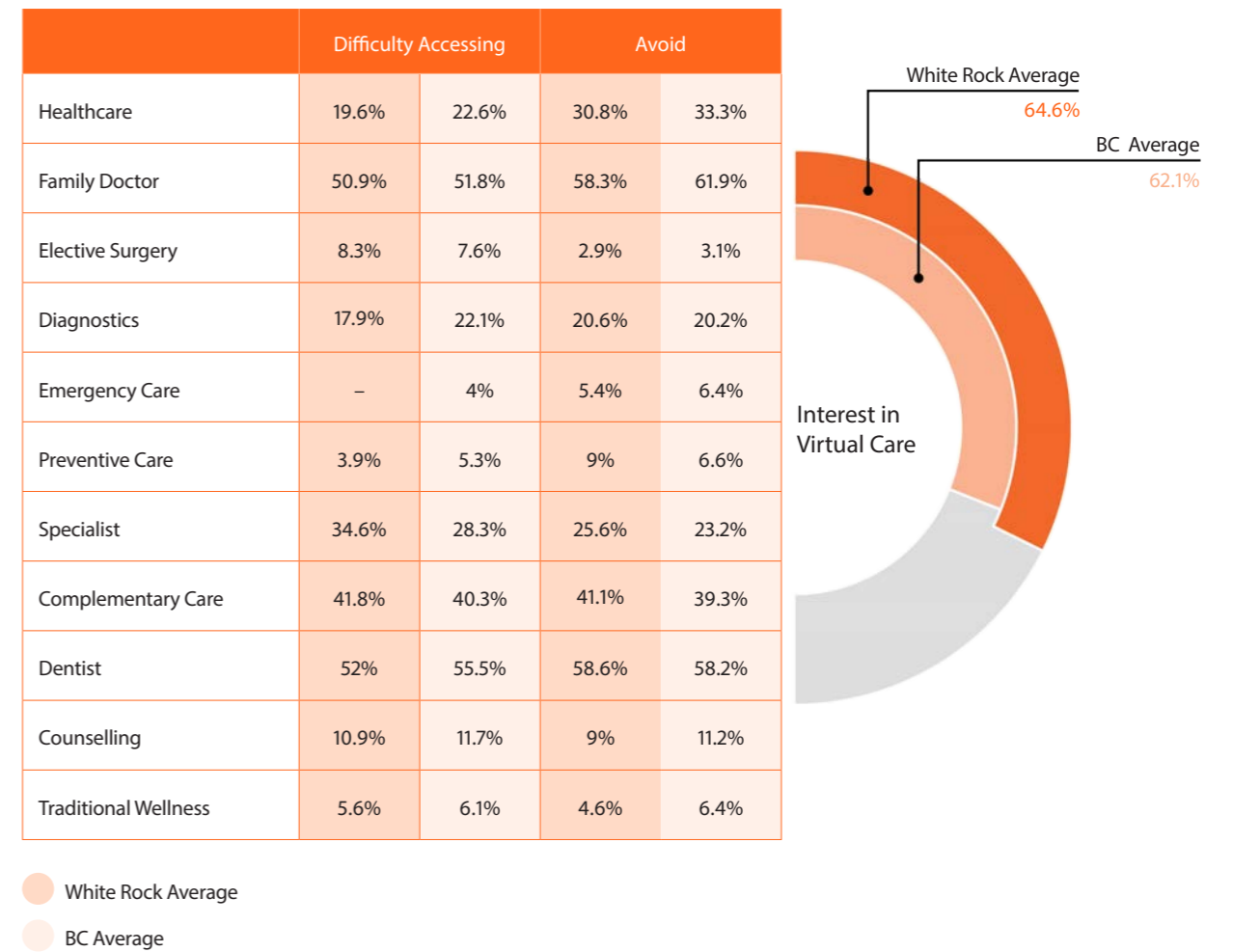


Figure 10 – Access to Preventative Health Care During COVID-19

Source: (BC COVID-19 SPEAK, 2020)

As can be seen in Figure 10, respondents from White Rock identified difficulty accessing their family doctor (50.9%), specialist (34.6%), complementary care (41.8%), and health care more broadly (19.6%) at considerably high rates. More concerning is that respondents also identified that they avoided seeking many forms of preventative health care during the pandemic. Although the reasons are not listed, it is likely that many residents in White Rock did so due to fears of contracting COVID-19.

Although the findings in **Figure 9** are encouraging, they only measure the initial impact of COVID-19 and are unable to measure the long-term effects of the pandemic. For example, we are unable to ascertain if the initial uptake in physical activity tapered off as the pandemic eased on or if residents continued to exercise more during the pandemic. Forthcoming results from the BC COVID-19 SPEAK 2 survey can shed more light on this trend.

Another factor impacting physical health concerns access to preventative health care. COVID-19 has led to elective surgical procedures being cancelled or postponed so as to not overwhelm our health care system (Myles et al., 2021). However, the postponement of these surgeries has disproportionately impacted older adults who are most likely to suffer from chronic ailments (COVIDSurg Collaborative, 2020). When chronic medical problems and pain go untreated or under-treated it has a significant impact on functioning and quality of life, which can lead to both depression and anxiety (Murata et al., 2019).

Global estimates suggest that over 28 million surgical operations were cancelled or postponed during the peak of the pandemic (COVIDSurg Collaborative, 2020), with health care practitioners reporting that a "return to normal" surgery workflow depends on the prevalence and transmission of COVID-19 (Myles et al., 2021). Yet, as we face a fourth wave, it appears that a return to surgery workflow may not be possible for some time, indicating that a growing share of White Rock's older adult population will be left waiting for medical procedures and, in some cases, in chronic pain until viable options become available.

Older adults living in long-term care facilities have been more vulnerable to infection than community-dwelling older adults (Batra et al., 2020). However, **Figure 11** demonstrates some positive findings with respect to adherence to public health measures, which were also identified among White Rock's older adult population prior to the outbreak of COVID-19. For example, a 2017 survey of long-term care residents and their most frequent visitors found roughly 6 in 10 visitors felt that staff 'always' (20%) or 'usually' (40%) conveyed the importance of handwashing prior to or during their visit. Almost half of all visitors also reported that they 'always' (25%) or 'usually' (25%) felt comfortable asking staff to wash hands before interacting with their loved ones.

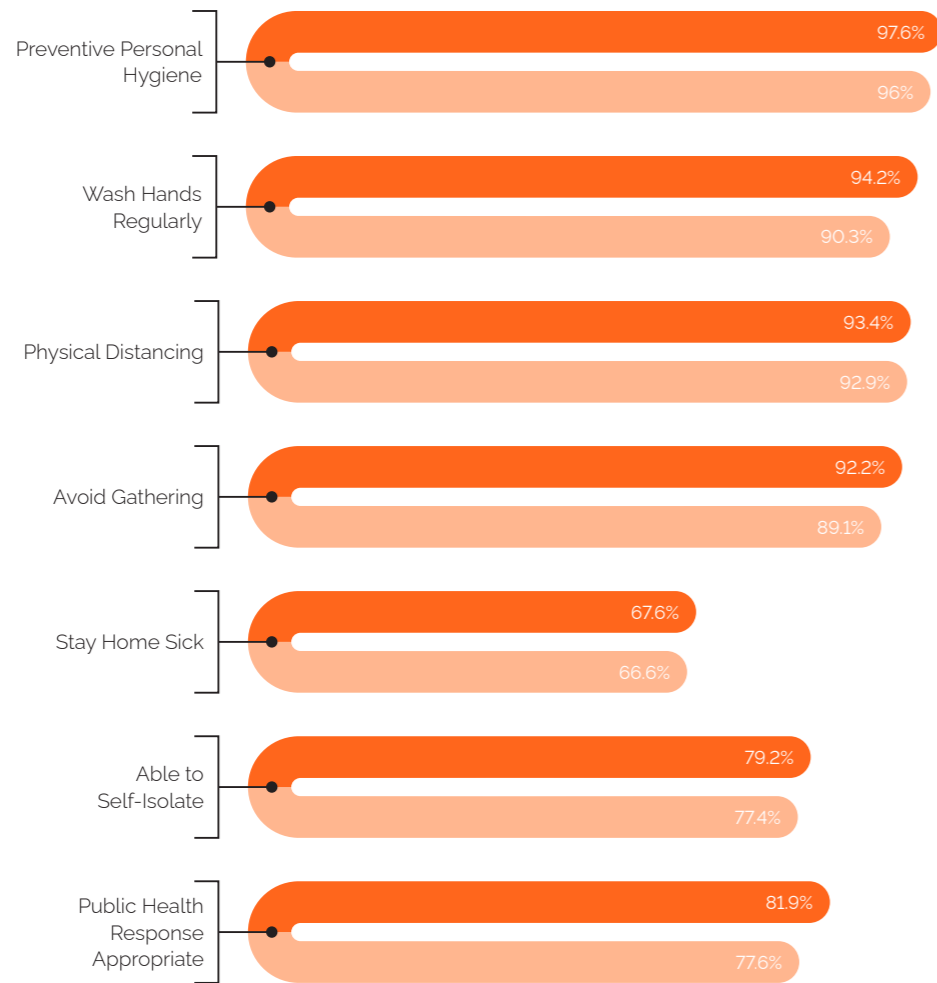


Figure 11 – COVID-19 Responses and Prevention Efforts

Source: (BC COVID-19 SPEAK, 2020)
 Overall, White Rock's residents reported adhering to public health measures at considerably high rates during the first wave. The only area for concern is that around one third of respondents reported that they did not always stay home while sick. The forthcoming SPEAK Survey (2021) results will be able to illustrate whether or not this trend has stayed consistent.

Social isolation and sedentary behaviour are positively correlated, with rates of social isolation increasing alongside rates of sedentary behaviour (Tully et al., 2020). Sedentary behaviours are also associated with lower levels of self-reported happiness for older adults (Felez-Nobrega et al., 2021), which is of particular relevance during COVID-19 as virus containment measures have resulted in substantial increases in social isolation at a global level.

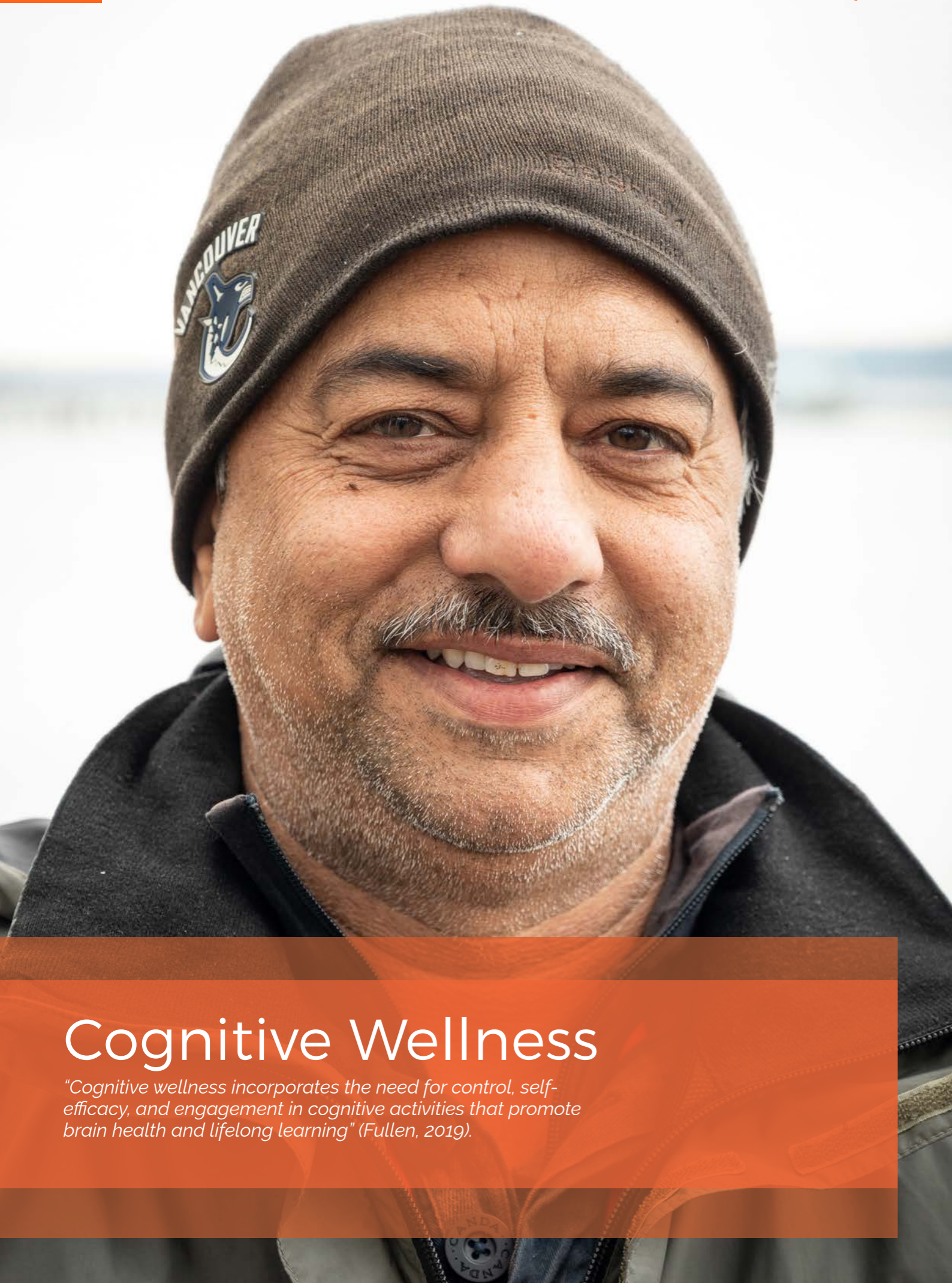
How can White Rock support older adults' physical wellness during COVID-19? Physical activity interventions, particularly group-based physical activity, have been shown to decrease social isolation and enhance social functioning among older adults (Robins et al., 2016; Shvedko

et al., 2018). Exercise that focuses on aerobics, strength, and flexibility has also been shown to mitigate depressive symptoms (Miller et al., 2021) and decrease social isolation (Robins et al., 2016).

These findings are encouraging as White Rock continues to be a leader in providing group-based recreational opportunities for older residents, both during and before the pandemic. Many recreational activities are centred on maintaining or regaining strength and flexibility, and group aerobic activities, such as Zumba and yoga, are also popular. Additionally, the Recreation and Culture department has continued to develop and implement engaging virtual and non-virtual programming.



Photo courtesy of Peace Arch News



Cognitive Wellness

“Cognitive wellness incorporates the need for control, self-efficacy, and engagement in cognitive activities that promote brain health and lifelong learning” (Fullen, 2019).

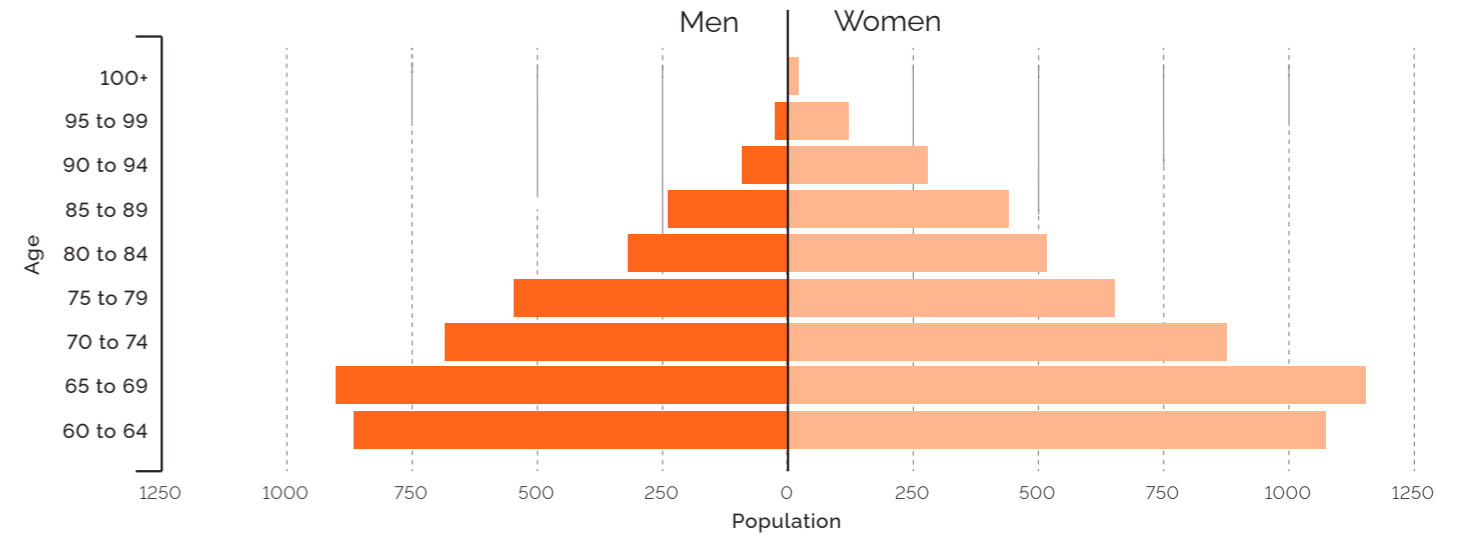


Figure 12 – Population of Older Adults

Source: (White Rock Community Health Profile, 2020)

As seen in Figure 12, a large share of White Rock's population is 60 years of age and older, with the population of those aged 65 to 69 being the most frequently occurring age group. Indeed, the average age of White Rock's residents (56.6 years) is 14 years over the BC average (42.2 years).

Cognitive health is an essential component of aging well, as being able to think about, learn, and distill information are considered important mechanisms through which one is able to maintain autonomy and independence as they age. Although some cognitive decline in aging is inevitable, such as gradual declines in short-term memory, approximately 20% of adults aged 60 and older experience mild cognitive impairments (Essery et al., 2021). In White Rock, rates of more progressive forms of cognitive decline are on the rise, with new diagnoses of Alzheimer's disease and dementia being almost triple the BC average

Despite much cognitive decline being associated with the aging process, research also indicates that healthy lifestyles and supportive environments can strongly influence cognitive health (Studer-Luethi et al., 2021). Lifestyles that incorporate cognitively stimulating activities centred on social, mental, and/or physical engagement have been shown to promote cognitive functioning in older adults (Essery et al., 2021).

Opportunities for meaningful social engagement in age-friendly neighbourhoods have also been linked to cognitive health. For example, Finlay and colleagues (2021) found that neighbourhoods with higher densities of civic and social organizations, such as seniors' centres, as well as local parks and access to recreational amenities, are associated with higher levels of cognitive function (Finlay et al., 2021). Lifelong learning and intellectual engagement have also been effective in improving the cognitive functioning of older adults with and without cognitive impairments (Studer-Luethi et al., 2021).

Other research has highlighted the importance of creativity in sustaining high levels of cognitive functioning. For example, research shows that older adults who are engaged in creative activities (such as drawing, dance, music, or storytelling) report significantly more positive outcomes in cognitive abilities than those who simply undergo instructional cognitive training (Zhao et al., 2018).



4 Recreation and Culture Facilities

White Rock has 4 Recreation and Culture facilities, with Kent Street Activity Centre (KSAC) offering 18 different seniors activity groups to join. Regular programming has been on hold much of COVID-19, but that has not stopped the City and residents from developing engaging outdoor programming to participate in through community collaboration (See outdoor table tennis photo).



8 Online Fitness Classes

During the pandemic, the City's Recreation and Culture department produced 8 online fitness classes for older adults self-isolating in their own homes. These videos are still frequently used by residents who do not feel comfortable returning to pre-pandemic levels of activity and are accessible on the City's website and YouTube channel.



2 Times During COVID-19

Two times during the pandemic, nearly 500 comfort calls were made to older adults in 16 different activity groups. Volunteer appreciation cards were also sent out to approximately 150 older adults who volunteer at the centre, who missed out on an annual appreciation event.

Figure 13 – Recreation and Outreach During COVID-19

Source: (City of White Rock's Recreation and Culture Dept., 2021)

As seen in Figure 13, White Rock is paving the way forward in supporting older adults' cognitive wellness during the pandemic, with plenty of activities offered at White Rock's recreation and culture centres. Indeed, as pictured, White Rock's outdoor table tennis arena was established during the pandemic to ensure this vital physical and social activity was accessible during the pandemic, even if activities had to shift outdoors.

In the wake of COVID-19, many activities that were contributing to the cognitive wellness of older adults were interrupted or put on hold. However, as **Figure 13** indicates, the City of White Rock has come together during these times of immense uncertainty to bring about certainty in the lives of older adults in White Rock's community. For example, when in-person recreation

activities were limited due to group activity and indoor gathering restrictions, the City's Recreation and Culture department offered outdoor fitness activities for seniors, such as yoga and Zumba, in Maccaud Park and the Centennial Oval. A group of local seniors also took to the parking lot of Kent Street Activity Centre to participate in line dancing while the facility was closed.



Another important component of cognitive wellness in older adulthood is a sense of control and self-efficacy. Having a sense of control – the perception that one has the ability to influence their environment and achieve their desired outcomes (Hong et al., 2021) – has been strongly linked to an array of positive physical and mental health outcomes for older adults. In one large-scale study, individuals who saw their sense of control increase over a four-year period scored significantly higher on 35 indicators of physical, behavioural, and psychosocial health. Some of these indicators included a reduced risk of mortality, increased physical activity, and lower rates of depression (Hong et al., 2021).

There is a growing body of research indicating that older adults experience declines in their sense of control and agency in their own lives as they age and face increasing age-related obstacles and limitations (Robinson & Lachman, 2017). This is particularly true for those residing in long-term

care, who often report the greatest threats to their autonomy and independence. Indeed, a sense of control and self-efficacy over one's own life may be influenced by many environmental and situational factors, but it can be increased in older adults through interventions such as cognitive behavioural therapy, as well as individualized strategies to set and achieve realistic personal goals (Robinson & Lachman, 2017).

How might communities promote cognitive wellness among older adults during COVID-19? One multi-modal program incorporated education (informing older adults about the impact of lifestyle on cognitive health), training (weekly recommendations for physical, cognitive, social, and creative activities), and relatedness (the opportunity to share their progress and goals with other older adults in an online forum) during the pandemic (Studer-Luethi et al., 2021). They found significant positive changes in the cognition, well-being, and engagement of older adults who participated in the study (Studer-Luethi et al., 2021).

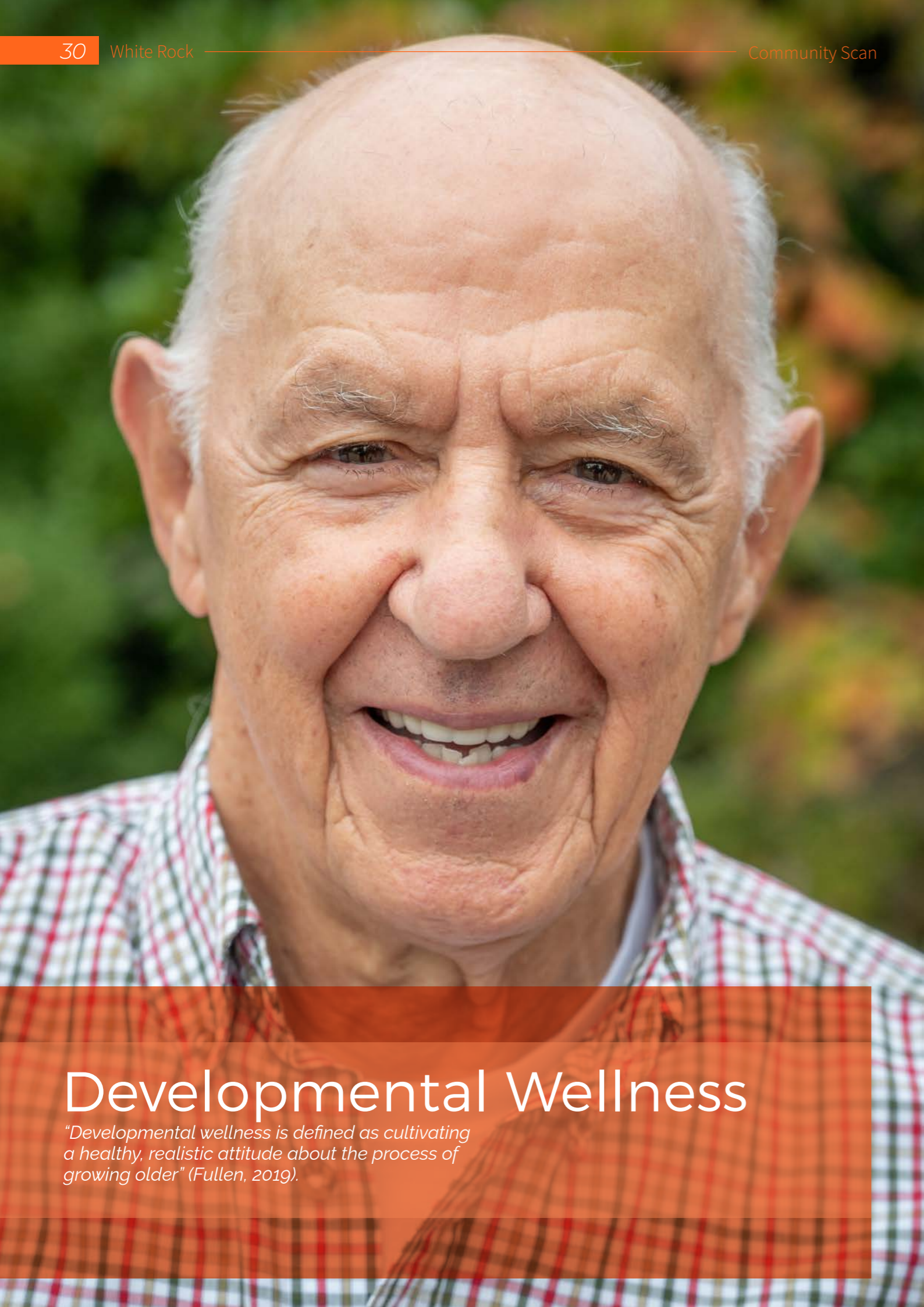
	All of the Time		Most of the Time		Some of the Time		Little of the Time		None of the Time	
Can be alone when they wish	39%	28%	50%	39%	11%	24%	0%	5%	0%	3%
Can easily go outdoors	13%	34%	31%	29%	13%	16%	19%	9%	25%	13%
Can go out on spur of the moment	18%	23%	29%	29%	12%	17%	24%	14%	18%	18%
Decide how to spend time	11%	34%	56%	46%	28%	14%	6%	4%	0%	2%
Decide when to get up	19%	31%	44%	33%	13%	13%	6%	10%	19%	14%
Decide when to go to bed	41%	42%	29%	35%	24%	11%	0%	5%	6%	7%
Decide which clothes to wear	38%	52%	38%	28%	6%	11%	13%	5%	6%	4%
Privacy is respected during care	50%	36%	39%	42%	11%	16%	0%	4%	0%	2%

● White Rock Average
● BC Average

Figure 14 – Sense of Control and Autonomy in Long-Term Care

Source: (BC Seniors Advocate Residential Care Survey, 2017)

As seen in Figure 14, roughly 7 in 10 long-term care residents in White Rock report that they can 'always' or 'most of the time' decide how to spend their time, with similar rates observed for choosing when to wake up (19% 'always'; 44% 'most of the time') and go to bed (41% 'always'; 29% 'most of the time'). However, other variables measuring sense of control and autonomy, such as being able to go outdoors or leave the residence at the spur of the moment, are not as high.



Developmental Wellness

“Developmental wellness is defined as cultivating a healthy, realistic attitude about the process of growing older” (Fullen, 2019).

Developmental wellness is defined as “cultivating a healthy, realistic attitude about the process of growing older” (Fullen, 2019) and is often forgotten when considering the well-being of older adults. In a society where ageism is prevalent and ever-increasing (Ng et al., 2015), maintaining a healthy, realistic attitude towards aging can be particularly difficult for older adults, who may internalize these beliefs through a process known as self-ageism (Ayalon & Tesch-Römer, 2017). This phenomenon may have dire consequences, as one’s perception of aging as one grows older is linked to a host of physical and mental health outcomes.

Ageism has become alarmingly salient in the wake of the current pandemic. COVID-19 has been deemed a disease that “mostly” affects older individuals, with the older adults being identified as a vulnerable group in need of protection (Korandt et al., 2021). Perhaps most revealing is that in the early days of the pandemic, we witnessed countless evasions to public health restrictions, with people refusing to wear masks or hosting large gatherings because “the virus only affects old people”.

Ageism is defined as “stereotypes, prejudice, or discrimination against (but also in favor of) people because of their chronological age” (Ayalon & Tesch-Römer, 2017, p. 1). When global levels of ageism rise, so do levels of self-ageism — that is, older adults bearing witness to rising levels of ageism internalize these negative stereotypes (Levy, 2009; Levy et al., 2018). It leads them to doubt their abilities, perform poorly on cognitive tasks, and have poor health outcomes (Haslam et al., 2012; Kotter-Grühn et al., 2009; Levy et al., 2000; Rothermund, 2005).

A longitudinal study of older adults found that those who hold more positive perceptions of their own aging report significantly better functional health 20 years later (Levy et al., 2002). For example, they were able to work around the house, walk or travel significant distances, and engage in social activities more easily than those who had reported negative self-perceptions of aging (Levy et al., 2002). A similar study found that greater rates of self-ageism are associated with declining psychological well-being, decreased self-rated physical health, and an increased number of chronic health conditions (Stokes & Moorman, 2020).

It has been theorized that the link between self-ageism and poor health outcomes is self-fulfilling — that is, older adults who associate aging with significant physical, mental, and social decline tend to be more likely to see these beliefs become a reality (Korandt et al., 2021). Positive views of aging have also been linked to lower levels of psychological conditions, such as anxiety, post-traumatic stress disorder, and suicidal ideation (Levy et al., 2014). For example, older adults who report “savouring life lessons learned through the process of aging” report more positive perceptions of aging and higher life satisfaction than individuals who do not (Smith & Bryant, 2019).

How does this relate to COVID-19?

- About 1 in 5 older adults reported experiencing ageism in the media, health care, and/or during their daily activities since the advent of the COVID-19 pandemic (Korandt et al., 2021).
- Those individuals who encountered higher rates of ageism during the pandemic reported lower subjective health and life satisfaction in the months following (Korandt et al., 2021).
- However, more positive self-perceptions of aging appeared to buffer this relationship (Korandt et al., 2021).

These results suggest that encouraging more positive views of aging may be one way to mitigate the link between ageism and poor health outcomes — something particularly important during COVID-19, especially in White Rock where just under half of their population is aged 60 years and older. It also identifies an aspect of wellness programming that is easily overlooked — that is, providing meaningful opportunities for residents to engage in positive discussions about their own aging may encourage greater adherence to public health measures and engagement in preventative health behaviours.



Vocational Wellness

“Vocational wellness expands the need for meaning and purpose to older adults’ life pursuits... Vocation is related to the pursuit of life calling, regardless of whether the calling is associated with paid work” (Fullen, 2019).

Older adults who report having a sense of purpose as they age demonstrate better self-rated health, improved cognitive functioning, and fewer depressive symptoms than those who do not feel a sense of purpose (Windsor et al., 2015). A sense that one’s life is worthwhile is also significantly correlated with improved health outcomes in the realms of chronic disease and obesity, as well as healthy behaviours such as higher rates of physical activity, increased fruit and vegetable consumption, and less time spent watching television (Steptoe & Fancourt, 2019).

Additionally, the sense that one is living a meaningful and worthwhile life is associated with stronger personal relationships, broader social engagement through civic institutions or volunteering, and decreased feelings of loneliness (Steptoe & Fancourt, 2019). Older adults who report having a purposeful life report increased cultural engagement, more frequent contact with friends, and a higher likelihood of regular volunteering (Steptoe & Fancourt, 2019). This relationship appears to be bidirectional, with a sense of purpose being both predictive and resultant of social engagement.

As older adults age, it is common to see a decline in subjective purpose in life and personal growth – two constructs that are linked to feelings of loneliness (Lopez et al., 2020). The sense that one’s life is purposeful and filled with meaningful activities is therefore a key component of well-being in older adults. Sadly, more than half of

older adults who transition to senior living facilities indicate that their opportunities to engage in community meetings, clubs, and volunteering are reduced after relocating (Chippendale, 2013). Similar rates were observed for questions measuring factors related to sense of purpose in long-term care across White Rock (see **Figure 15**).

	All of the Time		Most of the Time		Some of the Time		Little of the Time		None of the Time	
People ask resident for help/advice	0%	6%	8%	11%	62%	33%	23%	21%	8%	30%
Participated in meaningful activities in past week	0%	12%	64%	24%	14%	28%	21%	16%	0%	20%
Enjoyable things to do on weekends in care home	8%	11%	39%	25%	15%	28%	31%	18%	8%	18%
Enjoyable things to do in the evening in care home	0%	11%	18%	23%	36%	28%	46%	20%	0%	18%
Can explore new skills/interests	8%	13%	31%	20%	29%	27%	8%	19%	15%	21%
Staff act on resident suggestions	6%	17%	38%	36%	50%	31%	0%	9%	6%	6%

- White Rock Average
- BC Average

Figure 15 – Sense of Purpose and Feeling Valued in Long-Term Care

Source: (BC Seniors Advocate Residential Care Survey, 2017)

As seen in Figure 15, over three in ten residents in long-term care in White Rock report that they “never” (8%) or “rarely” (23%) are asked for help or advice. Indeed, only 8% of respondents said they “most of the time” are asked for help or advice, a variable directly related to feeling valued by others and/or one’s community. Similarly, not a single respondent said they “always” have enjoyable things to do in the evening in care, and only a small fraction (8%) suggested they are “always” able to explore new skills/interests.

Research shows that feeling valued and important is as significant to predicting depressive symptoms as self-rated health (Chippendale, 2013). This suggests that preventing depressive symptoms and enhancing the well-being of aging adults should involve opportunities to contribute meaningfully to family, community, and/or society. It is encouraging to see considerable representation of older adults on City planning tables and committees as well as in volunteer roles with several non-profits – all activities which are believed to augment vocational wellness.

Additional avenues should be explored to further enhance vocational wellness during and beyond COVID-19. For example, White Rock’s residents may benefit from the creation of an ElderBank, which allows residents to provide specialized skills and training to members of the community at a discounted rate. Intergenerational programming may also be beneficial for older adults who have family that lives at a distance or for those without surviving kin. An example of an intergenerational program identified through our community consultations is a volunteer grandparent program.

Economic Wellness

Economic wellness "refers to older adults' financial circumstances" (Fullen, 2019).



Economic circumstances play a significant role when it comes to the health and well-being of older adults. Not only is economic security needed to secure necessities such as food, housing, transportation, and health care – it also allows individuals to engage in healthier lifestyles (Li & Mutchler, 2019). Previous studies have also identified a robust association between income and mental health, with older adults who have higher shares of household income reporting better mental health outcomes (Jeste et al., 2019).

– particularly women, recent immigrants, and those with dependents (children or grandchildren) – are at an increased likelihood of being low income across Canada (Veall, 2015).

Related to economic wellness is the affordability of housing. According to Statistics Canada (2020), shelter costs are considered "unaffordable" when they comprise more than 30% of a household's income. In White Rock, roughly three in ten residents are spending more than 30% of their income on shelter, demonstrating that affordable housing may be a significant barrier to maintaining healthy lifestyles among seniors. These findings are important, as older adults who struggle to pay utility bills, rent, or mortgage – as well as those who experience food insecurity – are significantly more likely to report poor health than those who have not experienced these economic hardships (Li & Mutchler, 2019).

As demonstrated in **Figure 16**, the median household income in White Rock is comparable to the Canadian average, demonstrating that despite incomes often being reduced in old age, most residents in White Rock appear to be faring well financially by comparison to national averages. However, this is not the case for all residents in White Rock. Roughly 15% of White Rock's households are low income, and research shows that older adults



Nearly 1/3 of households spend 30% or more of their income on shelter.



The average household income is \$61,865.



15.4% of households are low income.

Figure 16 – Income

Source: (White Rock Community Health Profile, 2020)

Over three in ten residents in White Rock spend more than 30% of their household income on shelter – a variable correlated with low income status. Additionally, roughly 15% of White Rock's households are considered low income. A household is considered low income when the total household income falls below half of the Canadian median household income.



"When COVID-19 hit, my business took a big hit. I had to be creative and I've started writing poetry because writing helps me cope" (White Rock Resident)

Economic wellness is an important factor impacting social and emotional wellness, with greater levels of subjective well-being and life satisfaction found among those who are financially secure (Killingsworth, 2021). Lower socioeconomic status is also related to increases in social isolation and mental health conditions (Xue et al., 2021). Depression, for example, is the most commonly occurring psychological condition amongst older adults, and existing research shows that socioeconomic status and depression go hand in hand (Xue et al., 2021). However, it is interesting to note that the relationship between socioeconomic status and mental health appears to be mediated by a health-promoting lifestyle (Xue et al., 2021).

Economic strains have been demonstrated to have a cumulative impact on health outcomes, where chronic economic hardships throughout the life course result in poorer self-rated health in older adulthood (Kahn & Pearling, 2006). Maintaining

emotional and vocational wellness, such as a positive disposition and engagement with life, is also impacted by financial security (Reichstadt et al., 2007), as those who are struggling to afford basic necessities may not be able to afford ancillary activities that promote physical, social, and emotional health.

In relation to COVID-19, Barcellos et al., (2021) found that experiences of depression, negative affect, positive affect, well-being, and life satisfaction varied by job loss and income. Indeed, it can be suggested that the protective effects of job continuity and regular incomes during COVID-19 may mediate pandemic stressors on mental health and well-being. As such, **Figures 17 and 18** visualize White Rock residents' concerns for future finances as well as job loss in relation to the first wave of the pandemic, while also documenting work-related impacts brought on by COVID-19.

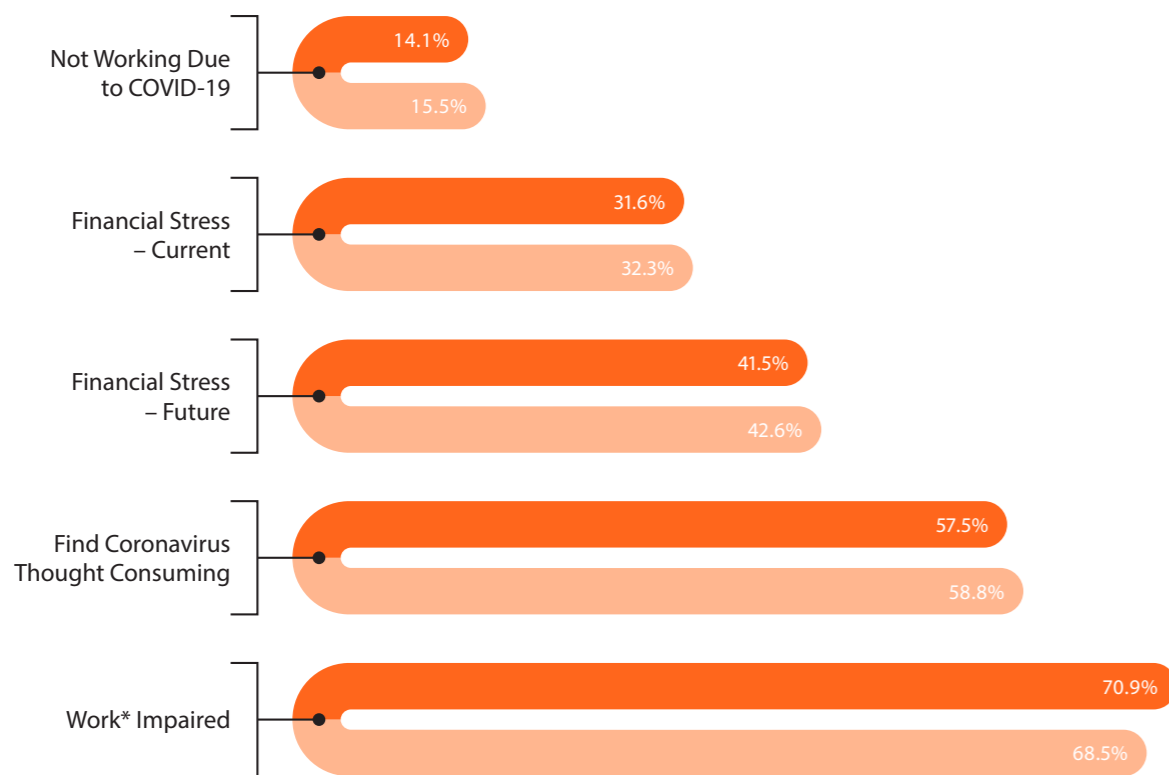


Figure 17 – Financial Impacts of COVID-19

Source: (BC COVID-19 SPEAK, 2020)

Most residents in White Rock reported that their work was impaired by COVID-19 (70.9%), with roughly two in five residents citing that they were stressed about their finances for the future.

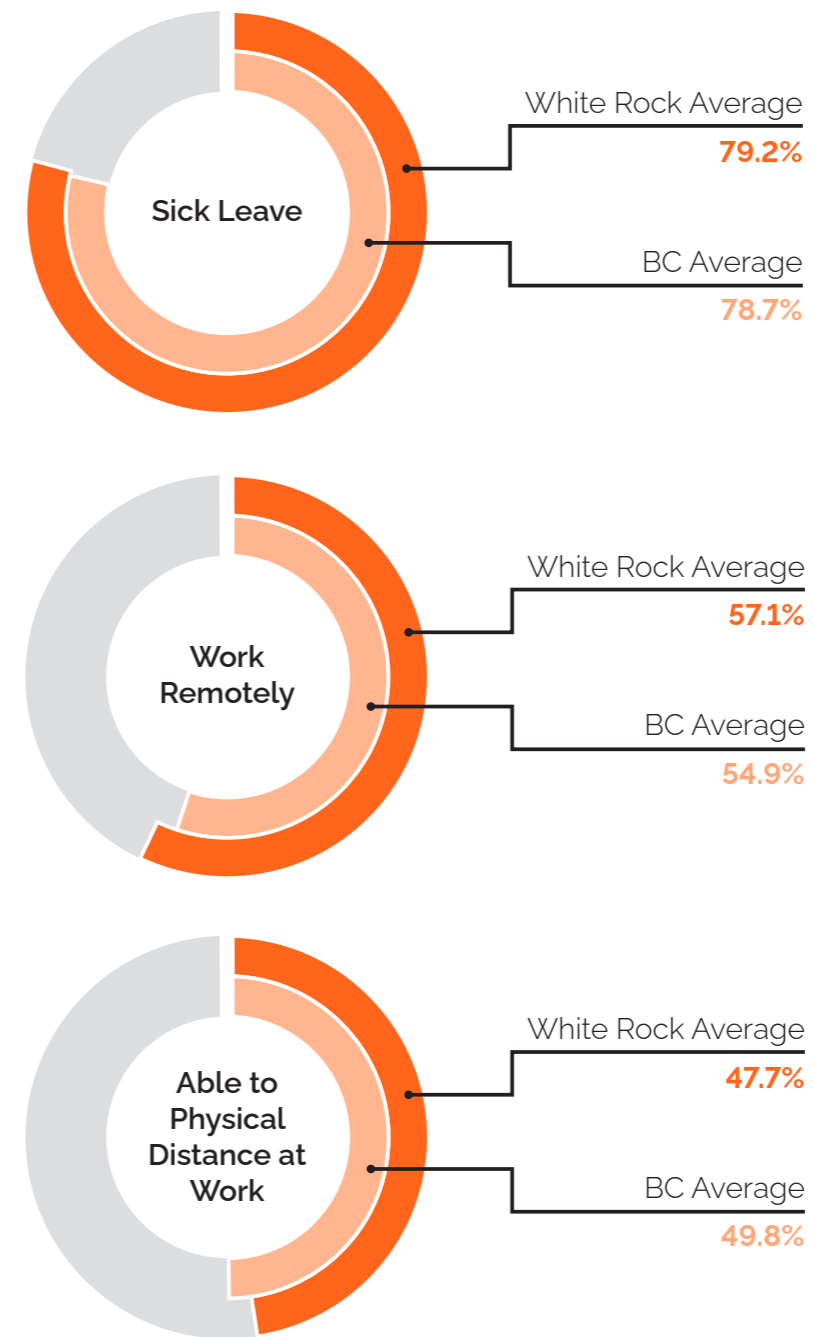


Figure 18 – Work-Related Impacts and COVID-19

Source: (BC COVID-19 SPEAK, 2020)

Roughly 80% of White Rock residents who are presently employed reported that they were able to take sick leave during the pandemic if ill, with a considerable share (57%) reporting that they were able to work remotely. Although a segment of White Rock's population is retired, according to Statistics Canada (2017) many adults, including those aged 60 and older, are employed in the workforce (51.5%).

Environmental Wellness

Environmental wellness refers to "the communities inhabited by older adults and how living environments shape older adults' lives" (Fullen, 2019).

Individual-environmental congruence, or the degree to which one's physical abilities match the demands of the environment, has been identified as one of the most important factors impacting wellness in older adulthood (Kahana, 1982). Indeed, research shows that both personal and environmental resources contribute to aging well, and that the relationship between aging and the environment cannot be understated (Wahl et al., 2012).

Elements such as one's home, public, and/or community environment, as well as access to technology, have been demonstrated to impact both physical and emotional wellness (Wahl et al., 2012). The availability and quality of neighborhood public spaces has also been identified as a significant factor predicting well-being for older adults (Zhang et al., 2018). In particular, older adults have indicated that interactions with 'blue and green' environmental spaces such as parks, gardens, lakes, and the ocean have a positive effect on their perceived social, mental, and physical health (Finlay et al., 2015).

Not only do public spaces provide physical space for exercise – the natural elements also facilitate mental states of renewal and restoration, as well as enhance social health by providing opportunity and spaces for social interaction and engagement (Finlay et al., 2015). Even small-scale elements such as decorative landscapes like water fountains are integral to promoting emotional wellness, as they allow older adults to immerse themselves in sights, sounds, and smells (Finlay et al., 2015).

Aside from blue and green spaces, other environmental elements can enhance the well-being of older adults. Elements such as trees for shade, smooth and wide walkways, regularly located benches, and accessible bathrooms enable older adults to engage with outdoor spaces effectively, facilitating the positive social, mental, and physical benefits associated with these spaces (Finlay et al., 2015). Benches in particular, contribute to older adults' positive perceptions of their neighborhoods, serving not only as mobility aids, but as locations for social interactions and ways to engage with other members of their community (Ottoni et al., 2016).

White Rock is located alongside the Pacific Ocean, which is Western Canada's largest 'blue space' offering meaningful opportunities for physical and social engagement. However, ease and convenience of access are important barriers older adults may face when attempting to access outdoor spaces (Finlay et al., 2015). Significant portions of White Rock's terrain are not walkable for those with mobility impairments, as most housing and recreational activities are situated on hilly terrain, requiring a steep descent to the oceanfront.

Access and availability of public transit is also a significant factor impacting environmental wellness in White Rock. Although low income seniors can access the BC Bus Pass program, which provides access to bus routes within the City and neighbouring municipalities (as well as Skytrain access to Metro Vancouver), some transportation needs have been unmet during COVID-19. For example, the Hospital-to-Home program offered by Sources Resource Society in coordination with the Peach Arch Hospital and Seniors Come Share Society, has been on hold due to COVID-19 restrictions. This program helps individuals return home after hospitalization by providing volunteer transportation services, as well as grocery and prescription pick up.

For older adults who live in care facilities, one crucial aspect of the environment appears to be the degree of social cohesion. Social cohesion is defined as "how helpful and supportive staff members are toward residents and how involved and supportive residents are with each other" (Mitchell & Kemp, 2000, p. 121). When a care environment is supportive, research shows that quality of life improves among older adults (Schmitt et al., 2010; Street et al., 2007).

Social cohesion is particularly relevant in White Rock, where prior to COVID-19, long-term care residents reported that they could 'most of the time' (69%) or 'always' (17%) get the services they need (Office of the BC Seniors Advocate, 2020). Although these findings are positive, they demonstrate that increased efforts could be made to increase staff responsiveness so that all or the vast majority of long-term care residents can always access the services they need.

Needs Assessment 04

What we asked

There is no denying that the COVID-19 pandemic has upended lives everywhere. Yet, there is a post-pandemic world that many of us, if fortunate enough, can look forward to – where social isolation measures are lifted and we can return to pre-pandemic levels of social engagement. We thought we were close this summer, but as our communities tighten up again, we are reminded that this future is not guaranteed.

No group has been more acutely affected by this than older adults, especially those in long-term care, who have been unable to see large shares of family and friends due to visit restrictions. With older adults being significantly more likely to contract COVID-19 and experience social isolation and loneliness, we wanted to know how they are “feeling” and “doing” during this pandemic. Even more, we wanted to dig deeper into what programs they are accessing and enjoying, or what programs they might be missing.

We also wanted to explore general sentiments of how they are coping with the pandemic and finding ways to feel connected during these times. We further assessed how older residents’ needs are being met and how the needs of disconnected seniors might be going unmet. We hope these questions might inspire organizations within White Rock – and the City of White Rock – to come up with new ideas and tools to support older adults during these times.

Who we asked

Through interviews, focus groups, and participant observation, we asked about 45 residents in White Rock about their experiences during COVID-19 – either as a resident navigating service access – or as a program provider developing new and innovative ways to deliver limited-to-no contact programming. Roughly 70% of respondents were older adults who reside in the White Rock community, with the other 30% of respondents being individuals who provide services to older adults in the City.

What we heard

Our results reveal that individual and communal wellness is a complex and multidimensional concept – and that for every resident who is coping fine with COVID-19, there are others who are really struggling. Residents could also not overstate how grateful they are for how the City of White Rock responded to their needs during the pandemic. Although they missed some services when they were put on hold due to health care restrictions, the general consensus was that White Rock is a “great place to live” and the City of White Rock has made that possible during times of immense uncertainty.

What needs are being met

- Recreation and Culture** – Although residents, particularly those who frequent Kent Street Activity Centre expressed how much they missed recreation and culture activities during the pandemic, there was a great appreciation for the diverse recreational programming offered to seniors. Residents did note some preferences for particular activities to be expanded or re-implemented when it was safe to do so, but they were generally appreciative of the community of seniors they could share their weekdays with. They did, however, identify a need for more recreational and cultural space, with one resident expressing, “We need a new building for sure. Any other community would have that. You know, a building or space for seniors’ activities. And this is White Rock, we should be an example for seniors”.
- Food Security** – A considerable share of residents identified that they have several avenues to access affordable, healthy food – whether that be pre-made meals sold at Kent Street Activity Centre, or groceries that can be ordered through Sources Resource Centre’s Shop By Phone program. Other programming that has been created or increased in uptake during COVID-19 to support food security



includes: Rotary Club’s “Feed My City”; Cloverdale Community Kitchen’s Mobile Meals Program; Sources Resource Centre’s Food Bank; and the Friday, Friendship Seniors’ Hot Lunch, among others. Most important to older adults during COVID-19 appeared to be grocery delivery and food delivery options, so that those who are self-isolating in their own home can access the goods they need without venturing outside. One resident shared, “We were so scared to go out during the beginning of the pandemic. Grocery delivery was a major help”.

- “Blue and Green” Spaces** – It was of little surprise that residents regularly mentioned that the City of White Rock’s proximity to the Pacific Ocean, one of the West Coast’s largest “Blue Spaces”, contributed to relational and emotional wellness during the pandemic. Being able to walk the promenade was a particular source of physical, social, and emotional wellness. With some residents sharing that, “When I’ve walked the promenade lately, it has felt more like a small town. There’s greater acknowledgement of each other. More people stop to say hello” (White Rock Resident). Another resident

mentioned that when they do not participate in their early morning walk, other walkers will check in on them by phone or email to see how they are doing.

- **Transportation, but not Walkability** – Many residents identified that transportation in White Rock was a “saving grace” during the pandemic as it allowed them to “get out” of their homes and establish a new routine. One resident, in particular, repeatedly took bus trips out of the City to expand the range of activities she was able to participate in. Others mentioned that grocery delivery was a great help and that the City bus/transit pass allowed them to move around the City and neighbouring municipalities with some ease. Despite this, there were exceptions to these sentiments, such as comments from residents with mobility impairments, as well as among those who find the hilly terrain of the City difficult to walk along. Parking was also listed as a barrier to accessing some services.
- **Coordination and Collaboration** – Across both stakeholder interviews and focus groups, residents repeatedly mentioned that what distinguishes White Rock from other communities is the degree of intra- and inter-program coordination and collaboration. One program provider captured this best with the following, “Out of all the communities I have lived in, White Rock/South Surrey is the most connected and collaborative. There is a really good relationship between a lot of for-profits and non-profits, and the City, and different groups. There is a lot of collaboration and community committees for all sorts of populations, especially seniors”. One resident also identified that, “the other unique thing about the [Semiahmoo Seniors Planning] table – and this is rare, really rare– is that both cities have representatives on that table”.

- **Advocacy** – One recurring observation we identified across interviews, focus groups, and virtual programming was the degree of civic engagement and advocacy role many seniors play in White Rock. Some residents self-identified as avid advocates against ageism and the ethos was that there should be nothing about older adults, without them. There also appears to be meaningful volunteer opportunities for residents to engage in, whether that be serving on City planning tables/committees, or volunteering at the Kent Street Activity Centre – all activities which augment vocational wellness. The Semiahmoo Seniors' Planning Table in particular was identified as a “unique power” by providing both a virtual and physical space, allowing for residents to build community, inform one another about programs or events happening in White Rock/South Surrey, and lobby for specific needs related to aging in these communities.
- **Community Connectedness** – A salient theme that emerged from conversations with residents and our observations of community-level programming was that there is engagement and “connectivity in organic ways” (Program Provider) in White Rock. Residents have co-constructed ideas of what community togetherness and resiliency looks like during these times. One program that runs online weekly for recent immigrants to practice English appears to be a safe space for sharing language, life history, and stories. As residents joined the activity, it was clear they have co-constructed community, despite the many challenges of building friendship and comradery online.



What needs are not being met?

- **Housing** – Across interviews and focus group conversations, residents reported that finding affordable housing for seniors is a significant barrier to aging well in White Rock. Some residents mentioned that the low vacancy rate is a challenge and others further identified how difficult it is to find housing, especially with many application forms being online. One program provider captured this best, "I am getting an unbelievable amount of requests, especially lately – and to the point where it is quite depressing and stressful for me, let alone the person looking – for affordable housing for seniors". Another program provider mentioned, "We have a lot of seniors being aged out of place, being rent evicted, and they just don't have – because they only have CPP and OAS – the means to pay for the rents here in White Rock, let alone the rent at retirement communities".
- **Access to Preventative Health Care** – A salient theme that emerged from our conversations with residents was that access to preventative health care during COVID-19 has been a significant challenge in White Rock. Residents continually discussed these challenges, regardless of the programming they use or their social location. Indeed, it was a bit of a running joke in one focus group. One resident quipped for example, "You got an appointment with the doctor during COVID-19!? Wow!" to which the others laughed. Others expressed disdain for virtual or telehealth appointments, reminiscing on the ease of in-person doctor's appointments. While some residents joked about this, others expressed that they were quite concerned about not being able to access the preventive health care they needed, with one respondent in chronic pain sharing, "no one should have to experience this much pain".
- **Access to Home Care** – Program providers identified that access to home care during COVID-19 was a challenge and an acute challenge in the Fraser Health region due to increased demand as outbreaks in long-term care were documented and care homes closed their doors to outside visitors. One program provider shared, "a lot of people have actually brought their family members home from long-term care or assisted living care because of concerns about an outbreak or not being able to see them, so all of that care needs to be covered now. Especially as people are going back to work. So, now demand has really amped up again". Another program provider shared, "Residents are complaining so much about [the lack of public home care] services, they can't cope. Everyone knows there is such a shortage of staff at the moment, especially because of COVID, but it was a problem before too".
- **Grief and Bereavement Counselling** – Existing research shows that mental distress is higher in areas where there are greater numbers of COVID-19 cases, as well as among individuals who perceive the risk of infection and death from COVID-19 as greater (Holingue et al., 2020). With White Rock being situated within Fraser Health, which has seen disproportionately high infection rates and deaths during several waves of the pandemic, older adults appear to be more vulnerable to emotional distress during these times. With the advent of COVID-19, community members attending virtual or in-person programming identified that there was a need for grief and bereavement counselling during the pandemic and these services were identified as in need for people of all ages. For example, one participant mentioned there is a "need for support for people going through loss and dying". Recognizing this need, another program rented out physical space for counselling during COVID-19 to allow for physical distancing. The provider shared for example, "People used [location] as a physical

space during COVID-19. We rented out our space because, you know, people don't have the privacy at home".

- **Pre-Pandemic Wellness Activities** – Community members attending virtual or in-person programming also identified unmet wellness needs, particularly due to the advent of COVID-19. One such example was the regular bus trips that the Recreation and Culture department provides, with one stakeholder sharing that "the bus programming is certainly one of [the] most popular ... We know that [older adults] really missed social interaction and are looking for more programming". Another wellness activity that residents are missing is access to the swimming pool. One resident shared, "I need to get out and move my body. It got so lonely [with the pandemic]. I just need to talk to people. So, I get out walking. I used to swim but that was interrupted. It was a major interruption". There was consensus among program providers that while they are meeting some needs, it is "certainly not at a level" they wish they could be meeting them at. Residents also expressed concerns about the uncertainty of future programming, with one resident sharing, "I'm not sure if it will return after COVID-19 is managed and that's too bad. I really miss it".
- **Returning to Pre-Pandemic Levels of Engagement** – Both residents and program providers often spoke about their concern that residents who are self-isolating in their homes may not return to programming during or after the pandemic. For example, one program provider shared, "Some of our regulars haven't come back. We've just lost touch with people. You know, we did try and we are trying" (Program Provider, White Rock). Others cited ventilation concerns as a reason why some residents may not return to in-person recreational programming and there were fears that they may not return at all.

- **Marginalized Community Members, "Slipping through the Cracks"** – Several residents and program providers shared that often times perceptions of White Rock as an affluent, wealthy community has resulted in a homogenization of the older adult population. Despite perceptions that all residents in White Rock are wealthy retirees, the reality is that "there are also many widows and single women with low incomes that struggle to sustain themselves, let alone be involved in activities". Another resident shared, "we do have a homeless population here and some of them are seniors. Nothing is affordable. Everything is expensive". Others suggested that it may be an "invisible" form of poverty that impacts older adults in White Rock. For example, there may be seniors who are aging in place without ample supports to do so, or older adults without family and friends who live nearby who are able to assist them. Other marginalized populations, such as older adults who immigrated to Canada later in life and do not speak English, may also be "slipping through the cracks". It was suggested by several program providers that the City "focus their strategy on this vulnerable population somehow".

Additional Strengths

- **Inclusion** – There is a saying often employed in public policy circles about the inclusion and representation of those with lived experience in the policy making process – "nothing about us, without us" – and it speaks to the need to have the full and direct participation of those with lived experience when conceiving and developing programs/services to support their needs. One program provider explicitly stated this when she shared, "As much as I claim to know the seniors in our community through my work, both personally and professionally, I strongly believe that you need seniors themselves. Do not create anything without them. I get very frustrated when

other communities try and create things for seniors without having them at the table – and the seniors in this community are more than willing to be at tables to talk”. Others also spoke about the need for representation of the aged on City planning tables and committees. However, a strengths-based rather than deficits-based approach was consistently employed – that is, residents and stakeholders alike discussed this as something the City of White Rock does well and, as identified in the community scan, an important component of vocational wellness.

- **Volunteer Supply** – One recurring theme across program and service provider interviews was that there is a healthy supply of volunteers for non-profit programming in White Rock, likely due to the large share of older adults. For example, one program provider shared, “We don’t need to – knock on wood – usually, actively go looking for volunteers”. Another shared, “all our programs are fully volunteer staffed and we have even more volunteers than we need”. This is contrary to many other municipalities where non-profit organizations are desperately looking for new volunteers. Indeed, the supply of volunteers in White Rock appears to be so rich that they “oftentimes have people calling, interested in volunteering, and [they] have to put them on the list, but [they] currently do not have volunteer roles we’re actively recruiting for”.
- **Housing Policy** – Although access to affordable and supportive housing for older adults continues to be a challenge, White Rock has several policies to support older adults who are experiencing housing precarity. One policy, in particular, the Tenant Relocation Policy, appears to be a leader of its kind in helping to mitigate the impact of re-developments on current tenants in rental units. This policy focuses on providing advanced notice from the developers to existing tenants and provides financial assistance for existing tenants beyond the minimum requirements established in the Residential Tenancy Act. Additionally, Sources

Resource Society also offers support to those in need of assistance completing a rental housing form. Despite these positive steps forward, we repeatedly heard that, “If anything comes out of your report to the City of White Rock, this is what I’d really like them to know. We need affordable, supportive housing for seniors” (Program Provider). Another resident shared, “they are building and building condos. They need to build some affordable housing for seniors” (White Rock Resident). Indeed, one program provider made clear, “White Rock and Surrey need to get on the same board. They need to stand up and do something different. And be the leader in housing solutions in the greater Vancouver region”.

Additional Challenges

- **Space** – Related to the need for affordable housing for older adults, as well as unmet recreation and culture needs brought on by the pandemic, is the unmet need for space to conduct these activities. Older adults accessing programs and services in White Rock, as well as program providers alike, expressed concerns about the lack of space to conduct activities. One program provider shared, “the only real problem is the lack of spaces, well physical space, to do activities”, citing a recent example where an event registered 300 attendees but only 220 could attend due to the lack of space. Similarly, another program provider discussed how recent plans for new high-rise developments rarely include any community recreation or culture spaces for seniors, suggesting that perhaps the City or other older adult advocates could lobby to have the creation of these centres an essential, or even mandatory, component of developing in White Rock/South Surrey.
- **Elderspeak** – On few occasions, we observed some elderspeak – which is a term that refers to the way some people speak to older adults, especially those with cognitive impairments, that can reify

dependency status, thereby reinforcing ageism and contributing to feelings of self-ageism. Examples of elderspeak are when one speaks to older adults in ways that deny the rich history of their lived experience by speaking to them similarly to how one might speak to a child. This type of speak can be degrading, depersonalizing, and infantilizing to an older adult who has lived a full and complex life. Aging is a process of continuity and although there are gradual physical and cognitive declines that accompany old age, using “elderspeak” when communicating with older adults has a host of negative implications for health and wellness – one of important relevance is self-ageism. One way to combat elderspeak and self-ageism is to increase the number of intergenerational program offerings, which several residents and stakeholders identified.

- **Program and Service Awareness** – Both residents and key stakeholders, who either provide programming in White Rock or advocate for enhanced programming/services, alluded to the need for more targeted communication to assist residents with identifying which programs/services are available and operating during the pandemic. For example, one provider indicated, “Programming could be improved by getting the message out there – and getting support sending the message”. Many services and programs in White Rock rely on word of mouth, and this is particularly true for programming/services offered by the non-profit sector. Although this helps temper demand and results in shorter waitlists, it indicates that older adults who are less connected, or not currently attached to services, may be unaware of the resources available to them. Indeed, one resident who recognized the need for more clear, regular communication about services available during COVID-19 created a resource guide of their own to share with residents around White Rock. They then went to apartment buildings in the area, senior living residences, and other locations older adults frequent to post the resource guide on community message boards.
- **Demand for Services and Staff Turnover** – During our key stakeholder interviews, we regularly heard that there is an increasing demand for services, but staff are burnt out from competing program delivery and implementation demands. For example, one program provider shared, “We are on 65 committees and we cannot be everywhere”. Relatedly, residents expressed that sometimes staff churn and turnover created challenges for long-term planning and change in the community. They noted, for example, that often times one really great staff member would be paving the way forward for older adult support services in White Rock and then leave the community, and that disrupted the flow of connections. Another key stakeholder mentioned that it is difficult when staff do not live in White Rock, “Their job is working 9am to 5pm, and they often do not reside in the community and they are there to do their job, and this is one of the limits of their job. And that happens everywhere, all the time”.
- **Virtual Programming** – Although the shift to virtual programming was identified as a positive alternative to no programming, particularly when in-person activities were cancelled, it did not proceed “without a hitch”. Technology appeared to be a barrier for connecting and engaging in all of the virtual programming we attended. This is evidenced by one resident sharing, “I have my speaker on full but your voice remains faint”. Moderation troubles were also identified, with residents regularly turning on their microphones while another was talking. There was also general consensus that when activities “went online”, attendance rates dropped. One activity which regularly saw approximately 220 older adult attendees prior to COVID-19, has only seen about 20 attendees on virtual events.

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Recommendations

Space is a significant challenge for both the provision of affordable, supportive housing and recreational activities. Consider expanding the size of recreational and cultural spaces to augment physical, social, cognitive, and emotional wellness.

There is a need for supportive, affordable housing for older adults, particularly those who are low income. Consider working collaboratively with the City of Surrey to develop affordable and supportive housing initiatives in the White Rock/South Surrey area.

Develop strategies to enhance the walkability of White Rock to make city walkways more age-friendly.

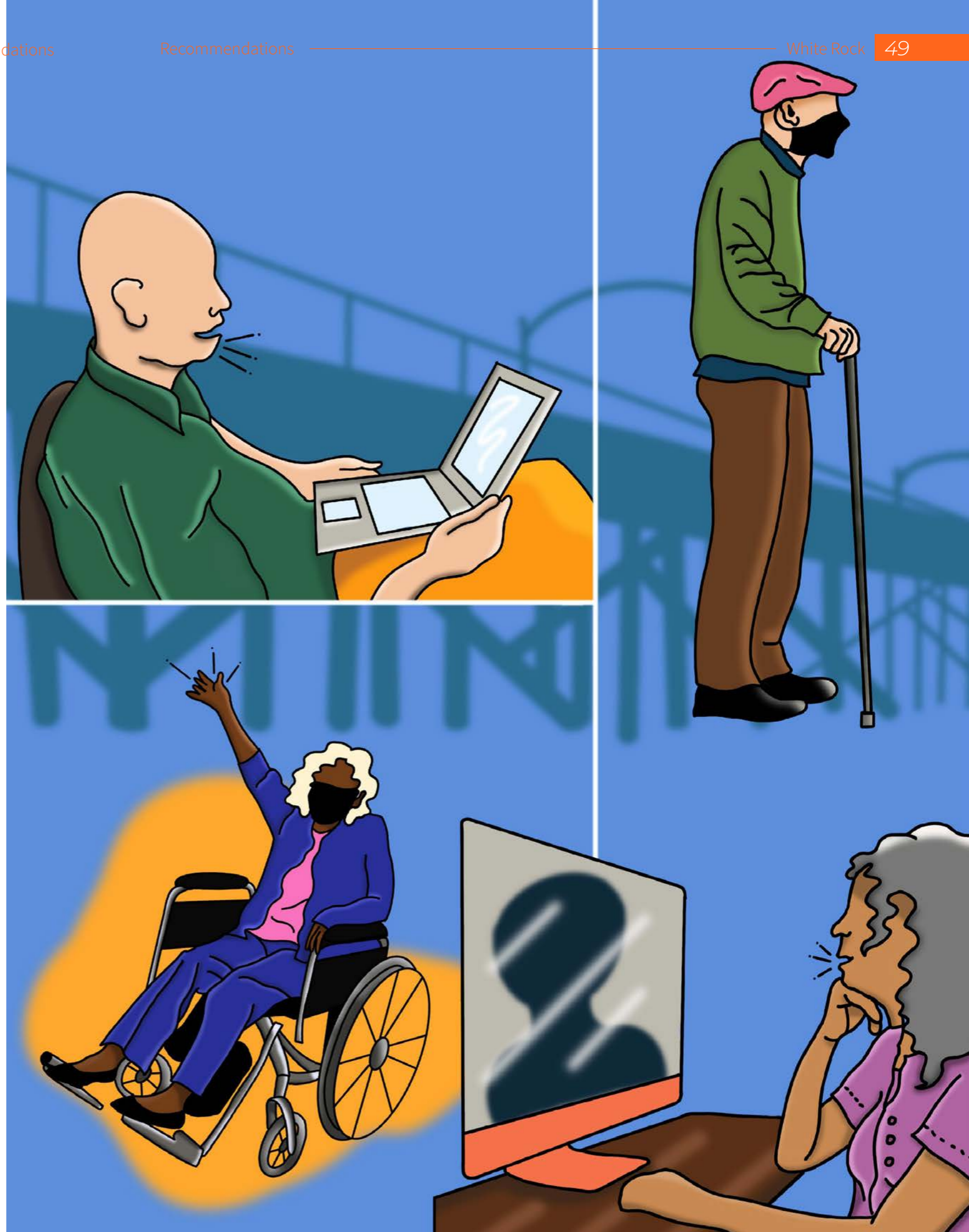
Develop strategies to connect disconnected, or otherwise isolated older adults, to relational, emotional, physical, and cognitive wellness programming, particularly for those who are needing home and community-based care.

Working within public health recommendations, consider expanding recreational and cultural programming to address pre-pandemic wellness needs that residents have identified.

Work closely with the Division of Family Practice to address the increased demand for preventative health care.

Improve awareness of available programs and services for older adults in White Rock and facilitate outreach to ensure those in need are being informed of and connected to appropriate programming.

Promote communal understanding and awareness about the nuanced and dynamic interplay of ageism and self-ageism. Consider developing workshops to educate the public on the harmful effects of ageism, self-ageism, and elderspeak.



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We sit at home behind closed doors
And peek out through our blinds.
The Covid has us in its grip,
And preys upon our minds.
We cannot hug or shake a hand.
Kids wonder what they've done.
They can't get close to play and chat,
And that spoils all their fun.
It's hard for them to understand,
That they are not to blame.
They're going back to school at last,
But it's just not the same.
That six foot gap that we request,
Might well be half a mile.
It seems to take the warmth away,
Each time we share a smile.

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Sept 20, 2020



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