

AGING WELL IN RURAL PLACES

Newfoundland & Labrador



FINAL REPORT

Pilot Site: Bonavista

**A Research Project for
The Seniors Resource Centre, St.
John's
In partnership with the
Nova Scotia Centre on Aging
& Dalhousie University**

July 15th, 2002

Executive Summary

In August 2002, the **Seniors Resource Centre** joined in partnership with the **Nova Scotia Centre for Aging, Dalhousie University** and their many partners to undertake the gathering of information as it relates specifically to seniors living in rural places and the topic of depression.

The project's purpose is to design an evidence-based strategy for developing social marketing messages and formats in communities in order to address problems of depression among rural seniors in Atlantic Canada.

The research was conducted in all four Atlantic Provinces. Pilot sites were identified based on the certain criteria including demographics such as population and the numbers of seniors per capita. In Newfoundland the pilot site chosen was Bona vista, a rural fishing community located on the East coast about 350 km (a 3 ½ hour drive) from the capital city of St. John's.

Other pilot sites identified included:

- | | |
|-----------------------|----------------------|
| ▪ Central West Prince | Prince Edward Island |
| ▪ Musquodoboit | Nova Scotia |
| ▪ Caraquet | New Brunswick |

A complete description of these pilot sites can be found in the Appendix.

The full title of this project is *“Aging Well in Rural Places; Development and Pilot Testing of a Community Based Strategy for Addressing Depression in Seniors in Atlantic Canada”*.

The Seniors Resource Centre hired Cyndy Stead as a community coordinator and over the course of the next four months, September – December 2001; the coordinator organized a newly formed Community Working Group to aide in the collection of information.

The three focus group sessions included:

- | | |
|---|------------------------------------|
| ▪ Seniors | November 30 th , 2001 |
| ▪ Caregivers – Friends & Family of Seniors | November 28 th , 2001 |
| ▪ Key Interviews - Professionals within Community | November 28 –30 th / 01 |

Participants for the focus group sessions were assembled into small groups and asked to respond to questions and discussions as it related to the topic of depression in seniors. Participants in the Key Interviews were interviewed in person. Participates shared their views that were recorded via audiotape and writing and in December the finding were evaluated for important themes and messages by the Community Coordinator and the Community Working Group.

A complete copy of the transcripts and evaluation is included in the Appendix.

During the next phase of the research, January – April 2002, the data collected was transmitted to Halifax and LURA Consulting for the development of social marketing messages. In consultation with the community coordinator (March 2002) the following messages were developed for the Bonavista Pilot site:

- A Brochure
- A To-Do List

In addition, it was decided to introduce the Peer Advocacy Program to the community as a direct result of the findings. The Peer Advocacy Program is an already existed programmed coordinated by the Seniors Resource Centre.

Other generic messages were also developed for use by all four Atlantic Provinces. These messages included:

- Television Ads
- Generic Brochure.

In May 2002, these social marketing messages were pilot tested in Bonavista. Ken Donnelly from LURA Consulting along with Cyndy Stead, Community Coordinator and Maureen Rogers, Atlantic Regional Coordinator facilitated three focus group sessions. Participants from these sessions included:

- Seniors – An invitational group from the fall session. May 22nd, 2002
- Caregivers - An invitational group from the fall session. May 22nd, 2002
- Seniors – A new group. May 22nd, 2002

Data collected via audiotape and in writing (and photos) from these sessions was forwarded to Halifax to be incorporated into the findings.

In addition to findings from the pilot testing in Bonavista, the materials were presented to the Provincial co-chairs, Lynn Bryant and Rosemary Lester, for any additional comments and suggestions. In turn, the co-chairs presented the material to the members of the Provincial Planning Committee for feedback. Cyndy Stead, Community Coordinator forwarded any and all changes to Halifax for incorporation into the materials to be developed.

All findings in the research was subject to confidentiality where all participants will not be identified in any part of the research finding or in any future part of this or any other study. In addition, participation in a focus group or interview was strictly voluntary and participants were free to not respond to any part of the discussion or questions. Further, participants were told that they could leave the focus group or interview at any time.

Upon completion of the above tasks, a final report follows for your review.

If you have any questions or concerns regarding this report or if you need clarification on any section of this report, please contact Cyndy Stead, Community Coordinator at 709.464.3782 or via email at cyndy@nf.sympatico.ca.

Community Profile - Bonavista, Newfoundland

Geographic:

Located on the tip of the Bonavista Peninsula, in Newfoundland & Labrador's Eastern Region, the municipality of Bonavista is one of the oldest settlements in North America. The town's name is presumed to have come from the Italian words "O Buena Vista" meaning "O Happy Sight," attributed to John Cabot when he first saw land in the New World off Cape Bonavista on June 24, 1497. Bonavista is a pleasant three (3) & ½ hour drive from the capital city of St. John's (approximately 300 km) and only 1 ½ hour drive (120 km) from Clarenville, which is known as the commercial district or hub for the entire Bonavista Peninsula. Bonavista is located just 2 hrs (220 km) from the central region of the island and Gander's International Airport. 220 km.

Bonavista is a town steeped in history. Our identity has been carved by the sea and by its riches and its challenges. In 1997, Bonavista joined the province of Newfoundland and Labrador in celebrating the 500th Anniversary of Cabot's voyage. Be captivated by our rugged coastal cliffs. See the majesty of Arctic icebergs passing by our shores. Be embraced by the warm hospitality of our people. View the unique architecture of our historic buildings. Taste our traditional foods.

Demographic:

A visit to the historic Town of Bonavista will take you back over 500 years as you experience our many historic sites and attractions. It has a generally triangular shape formed by fairly flat land tapering to a point in the northeast, surrounded by the Atlantic Ocean. Bonavista is one of the largest community in Newfoundland and traditional it relied solely on the inshore fishing industry.

When the Cod Fishery Moratorium was announced on July 2, 1992

This area has been particularly hard hit by the fishery crisis, as it was home to a major deep sea fishing fleet and associated processing infrastructure.

Most of the employment in the town was directly connected to the fishery (e.g. plant workers, fishermen, truck drivers etc.).

There has been some rebound since the cod fishery moratorium due to tourism development efforts (all seasonal & temporary positions) and movement to harvesting other species (e.g., crab and shrimp).

Other Minor Industries include:

- Tourism - National Historic Sites, the Ryan Premises, the Cape Bonavista Lighthouse etc.
- Town Landscaping Project & the Matthew Legacy

- Fishery Products International - Crab Processing Plant & Fish Harvesting Plant combined.

All temporary or seasonal employment.

- There is also seasonal employment at nearby Shrimp Processing Plant located in Port Union.

Population: 4,650 (1996 census)

Population age 65+ (1996 census):

- Bonavista - 14.9% age 65+ (compared to 10.8% for the province as a whole)

Inter-censal Migration (1991-1996):

- Total population loss of -1.7%
- The majority of the out-migration occurred in the 15-19 and 20-24 age groups (-15.1% and -8.5%, respectively); while there was significant in-migration in the 70-74, 75-79 and 80+ age groups (+5.7%, +14.3% and +12.8%, respectively)

Services in Bonavista:

Bonavista offers some services for the smaller neighbouring communities Newman's Cove, Spillar's Cove, Catalina. Etc., which include but are not limited to:

- Scotia Bank - the only financial institution outside Clarenville, located 120 km away.
- Canada Post - for nearby town of Spillar's Cove located 6 km away
- Education - serving all communities East of Melrose - 30 km distance
- Shopping - grocery, dry goods and hardware/furniture.

Health and Community Services Sector:

- Bonavista Peninsula Community Health Centre/Hospital - mainly long-term care.
- Health and Community Services Office
- Golden Heights Manor Nursing Home
- Bonavista Dental Clinic
- Bonavista Pharmacy
- Landfall Pharmacy (Medi-Plus)
- Family Health Centre (local GP)
- Family Resource Centre (through NCB funding; thus, has a children and youth focus)
- Vista Resource Centre (offering parenting programs for new mothers).

Education Sector:

Elementary/Secondary:

- Vista School District

Post-secondary:

- College of the North Atlantic

Provincial Government Presence:

- Department of Human Resources and Employment (previously Social Services) Office

Federal Government Presence:

- Employment assistance services provided by satellite office of HRDC

Partnerships

We are pleased to have the following as partners in this research project. Their input and encouragement resulted in our success.

Members of the Provincial Planning Committee included:

- *Rosemary Lester, Co-Chair*
Executive Director
Seniors Resource Centre
St. John's, Newfoundland
- *Lynn Bryant, Co-Chair*
Policy Development Specialist
Policy Development Division
Department of Health & Community Services
St. John's, Newfoundland
- *Moyra Buchan*
Executive Director
Canadian Mental Health Association
Newfoundland Division
St. John's, Newfoundland
- *Lorraine Best*
Community Representative
c/o Seniors Resource Centre
St. John's, Newfoundland
- *Cynthia King*
Provincial Home Repair Program Co-ordinator
Planning & Client Services
Newfoundland & Labrador Housing Corporation
St. John's, Newfoundland
- *Yvonne Jacobs*
Peer Advocacy Program Manager
Seniors Resource Centre
St. John's, Newfoundland
- *Mona Romaine Elliott*

Director of Mental Health Services
Community Health and Services – Eastern Region
Bonavista, Newfoundland

Community Organizations

Members of the Community Working Group included:

- *Eliza Swyers*
Community Volunteer
Bonavista & Surrounding Areas Community Liaison Committee
Bonavista, Newfoundland
- *Ginette Clarke*
Mental Health Social Worker
Health & Community Services – Eastern Region
Bonavista, Newfoundland
- *Mona Broderick*
Social Worker
Golden Heights Manor
Bonavista Peninsula Health Care
Bonavista, Newfoundland
- *Fred Groves*
Community Volunteer
Bonavista, Newfoundland
- *Rachel Canning*
Community Volunteer
Bonavista and Surrounding Area Community Liaison Committee
Bonavista, Newfoundland
- *Jeanette Keats*
Community Health Nurse
Health & Community Services – Eastern Region
Bonavista, Newfoundland
- *John Snow*
Senior Community Representative
Bonavista, Newfoundland

This research project was supported in many ways by other organizations in Bonavista. The use of meeting rooms, office facilities & equipment etc. were provided by:

- Golden Heights Manor
- Health & Community Services
- Bonavista & Surrounding Area Community Liaison Committee
- Bonavista Peninsula Health Care Corporation

Lead Organization

- Atlantic Health Promotion Research Centre, Dalhousie University, NS.

Partner Organization

- Canadian Mental Health Association
- Canadian Pensioners Concerned Nova Scotia
- New Brunswick Department of Health and Wellness
- Newfoundland & Labrador Department of Health & Community Services
- Nova Scotia Department of Health
- Nova Scotia Centre on Aging, Mount St. Vincent University, NS
- Nova Scotia Senior Citizens Secretariat
- PEI Centre for Study of Health & Aging, University of Prince Edward Island
- Prince Edward Island Department of Health and Social Services
- Third Age Centre, St. Thomas University, NB

The roles & responsibilities of the partners involved in this project are included in the Appendix.

The Community Coordinator

Cyndy Stead was hired on contract with the Seniors Resource Centre from September 4th, 2001 to July 15th, 2002 as the Community Coordinator for the project. Cyndy comes to the project with experience in marketing and communications and prior to this position was employed as the Marketing Director for the Eastern Region's Joint Tourism Initiative. A monthly progress report was submitted to the provincial planning committee in addition to quarterly meetings.

Cyndy was the key coordinator in the implementation of the research and project activities in the Bonavista pilot site. Cyndy worked closely with the Community Working Group, the Provincial Planning Committee and the Atlantic Research Coordinator to obtain the goals and objectives of the project in the province of Newfoundland and Labrador.

Roles & Responsibilities

- Coordinate overall project activities in Bonavista, NF.
- Establish Community Working Group.
- Chair all Community Working Group meetings.
- Garner participation from community organizations.
- Participate in project orientation workshop in Halifax.
- Participate in social marketing workshop in Bonavista.
- Participate in social marketing strategies workshop in Halifax.
- Participate in all Provincial Planning Committee meetings (as indicated by co-chairs)
- Prepare monthly progress reports to co-chairs and planning committee.
- Ensure communication is maintained with the Atlantic Research Coordinator.
- Periodically record evaluation of the project (as requested by Ethel Langille).
- Organize and collect data in focus group sessions.
- Assist in the design of social marketing messages.
- Assist in the design of data collection tools.
- Analysis data collected in Bonavista in collaboration with the PPC & the CWG.
- Organize and collect data in pilot testing sessions.
- Disseminate of the project findings and recommendations.
- Prepare final report of the activities of the project.
- Assist in the development of strategies for delivering social marketing messages beyond the life of the project.

A complete resume for the Community Coordinator is included in the Appendix.

Research Data

The Community Working Group and the Community Coordinator evaluated data collected at the three focus group sessions, which were held in the Fall of 2001. The transcripts, audio recordings and the evaluation were subsequently sent to Halifax for review by LURA Consulting and the Atlantic Coordinator. These findings were incorporated into the social marketing messages that were developed.

Reflections on Research Data Collected and the Process

As part of the continuing effort to gather as much data as possible, Community Coordinators are asked to relate their reflections and insights about the focus groups and the key informant interviews. This may be written in dialogue.

These reflections may include but are not limited to such experiences as attitudes or reluctance by participants that seemed obvious but were left un-stated during the session, how the sessions went, what difficulties presented themselves in set-up, atmosphere, topic acceptance, apparent or visual clues or any other insights which would inform the experience or help to inform the study questions. These experiences may differ greatly among pilot sites but in sharing them, we may see helpful correlations and increase our understanding.

Focus Group type: Seniors
Date: November 30th, 2001

All the seniors who were conducted by telephone and committed to the group discussion attended and were eager to participate. It was evident that they were pleased to be invited to participate and they were please that someone was asking their opinion. Seven (7) participants attended the session, which took place at the Education Room at Golden Heights Manor, a senior complex in Bonavista. The atmosphere was friendly and familiar to all participants. The set-up was informal round the table discussion. Refreshments were provided. Most seniors wanted to stay and chat afterwards and expressed an interest to get together again.

It was obvious that the seniors need a place in Bonavista where they can just get together and talk – organized discussion groups could prove helpful to other groups as well as to the well being of the seniors involved.

Observations:

Most participants seemed uncomfortable with the tape recorder and therefore the coordinator felt it may have hinder their responses. As well, the group seemed to be waiting for the next question as opposed to a ‘free’ discussion about the topic.

While some participants seemed eager to respond, others kept quiet during the entire session. The women generally spoke more than the men. Some participants didn't want to discuss the topic of depression and seniors but rather their own life experience. In general, some just wanted to talk. Again, as with the first focus for informal support, this group basically stuck to a question and answer format with little 'general' conversation taking place.

The biggest thing noticeable with the seniors was the difficulty in filling out all the forms. Two consent forms, one for the coordinator's files – one for them to keep – plus Appendix 'C' – needing their complete mailing address etc., on top of an evaluation sheet – was a little over the top for them. While each piece of correspondence was completed, many times the coordinator and the note keeper had to help with each piece of correspondence. Individually attention was needed and the process was time consuming.

In addition, the coordinator felt hinder in her participation during the discussion because of the tape recorder and the knowledge that the transcripts would be documented word for word. The coordinator was constantly thinking that the study partners would not want a constant view of the coordinator's thoughts and opinions and therefore didn't contribute much to the conversation. Also, the coordinator didn't contribute much to the discussion because she didn't want to steer the conversation in any one direction. By not contributing in the conversations (instead, concentrating on the facilitation process) it was difficult to get the group to 'open-up'. It appeared that the participants would answer one question and wait for the next, and so on.

Insights and Reflections

Focus Group type: Caregivers & Friends / Informal Support

Date: November 28th, 2001

By Far this first focus group session that was conducted in Newfoundland was the hardest to coordinate. The coordinator relied heavily upon the CWG to help contact the participants and garner participation. Overall 10 participants attended the session, which took place at the Education Room at Golden Heights Manor, a senior complex in Bonavista. The atmosphere was friendly and familiar to all participants. The set-up was informal round the table discussion. Refreshments were provided.

Observations:

Most participants seemed uncomfortable with the tape recorder and therefore the coordinator felt it may have hinder their responses. As well, the group seemed to be waiting for the next question as opposed to a 'free' discussion about the topic.

The coordinator also observed how difficult it was for at least two of the participants to discuss the topic of depression as it related very closely to experiences in their own lives and lives of their loved-ones who are currently going through a difficult time.

One participant actually cried while relating the frustrations felt with the health care facility that is currently home to his/her spouse.

The coordinator also felt hinder in her participation during the discussion because of the tape recorder and the knowledge that the transcripts would be documented word for word. The coordinator was constantly thinking that the study partners would not want a constant view of the coordinator's thoughts and opinions and therefore didn't contribute much to the conversation. Also, the coordinator didn't contribute much to the discussion because she didn't want to steer the conversation in any one direction. By not contributing in the conversations (instead, concentrating on the facilitation process) it was difficult to get the group to 'open-up'.

It appeared that the participants would answer one question and wait for the next, and so on.

Insights and Reflections

Focus Group type: Key Interviews

Date: November 28th, 29th & 30th, 2001

Interview One:

At home of the participant this first interview was in a relaxed atmosphere with the participant having good knowledge of the topic at hand. I think that if the questions were revealed before the interview, the participant would have contributed more insightful information. Overall, it was a good interview.

Interview Two:

Conducted at the office of the participant. It was comfortable for both participant and the coordinator. Participate had a great knowledge of the topic and the community. The interview was both insightful and informative.

Interview Three:

Conducted at the office of the participant. It was comfortable for both participant and the coordinator. Participate had a great knowledge of the topic and the community. The interview was insightful and informative. The interview was rushed because it was scheduled in between a very busy day.

Interview Four:

The CWG felt it necessary to talk to others (outside health care) that dealt with seniors on a regular basis. Because of this, an interview was scheduled with a non health care professional. While the participant was a little uncomfortable at first, he/she did relax as we got started. The participant felt a little unsure of knowledge of the topic and was weary of her responses and the tape recorder. In hindsight, reviewing the questions with the participant at the beginning of the interview may have resulted in 'different' responses. The atmosphere and location of the interview was in the participant's place of business and again, the coordinator feels that it may have been better in a different location. A learning process – overall the interview was o.k. with some 'new' responses.

Interview Five:

The interview was conducted in the Education Room at Golden Heights Manor – the senior's complex in Bonavista. The participant was very relaxed and eager to participate (would have

made a great CWG participant). The participant was very informative and knowledgeable about the topics, about seniors and the community – a great interview.

Observations:

During the interview process both the coordinator and the participant was more relaxed and focused on the questions and answers. As before, the coordinator felt hinder in her participation during the interview because of the tape recorder and the knowledge that the transcripts would be documented word for word. The coordinator was constantly thinking that the study partners would not want a constant view of the coordinator's thoughts and opinions and therefore didn't contribute much to the conversation. Also, the coordinator didn't contribute much to the discussion because she didn't want to steer the conversation in any one direction.

The evaluation of the findings is included in the Appendix.

Press Releases & Presentations

During the research project, several press releases, church bulletins and presentations were issued to raise awareness about ‘Aging Well in Rural Places’. Unfortunately the published copies of these releases were not obtained and will not appear in the Appendixes of this report

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ November 20th, 2001 ▪ December 3rd, 2001 ▪ February 7th, 2002 ▪ March 19th, 2002
 ▪ May 1st, 2002 | <ul style="list-style-type: none"> Radio Interview on CBC Radio Coverage in The Packet News Release for publication in Church Bulletins News Release for publication in Bonavista Peninsula Health Care Newsletter Presentation to the Bonavista and Surrounding Areas Community Liaison Committee / Introducing Peer Advocacy Program. |
|---|--|

Copies of the press releases issued are included in the Appendix.

Marketing Materials

With direction from both the Provincial Planning Committee and the Community Working Group, in consultation with LURA Consulting, Nova Scotia, the marketing materials developed for the Bonavista Pilot Site were:

- A Brochure
- A To-Do List
- Peer Advocacy Program Launch (September 2002)

On March 7 & 8th, 2002 the Community Coordinator meet in Halifax with both representatives from LURA Consulting as well Maureen Rogers, ARC. At this meeting the community coordinator gave an update on recent decisions by the Provincial Planning Committee relative to development and pilot testing of messages as originally indicated in the Dalhousie proposal. Linkages for the outputs of the Aging Well project would best complement the Seniors Resource Centre in St. John's and its existing Peer Support Program with an aim to build upon that model perhaps supporting a future Peer Support satellite in Bonavista. The promotion of the 1-800 line for the Seniors Resource Centre would be a natural partner to the idea.

It was decided to develop generic message about depression that may be used in general marketing campaign and to develop community-specific messages to promote an up-beat approach to life and to encourage seniors to be well and get involved. In addition, develop a poster campaign for education and action by professionals to check for signs and symptoms of depression in repeat clients. **(Note: This marketing tool was not developed).**

It was noted at this meeting that the messages would be distributed throughout the pilot area through health care workers so that they messages could be explained to those with reading challenges.

The goals of the marketing materials was to educate/increase awareness about depression and to advise seniors that there is help available in Bonavista. Also, we wanted to break down the stigma attached to mental health issues in the community.

Other items discussed during the development of these marketing messages included:

- Kept is simple
- Stress 'seniors helping seniors' strategy
- Emphasize visual messages, various shading of color or B/W depicting life events, loss etc.
- Avoid standardized middle class images
- Use of metaphors/colours
- Verbal/written – consider literacy [grade 8-9] and also the seniors associating with local visuals but, do not miss the point: i.e. there are seniors in rural areas, which are depressed.

Possible avenues for getting the message out included:

- Community Cable TV
- Lions Club Station
- Radio
- Health Care Facilities

The Marketing Tools Developed

A 'To – Do' List

- Design something useful – a magnet yes, but also a “To Do” list with
- Include affirming statements on each page [approx. 30 pages]
- Include the 1-800 number of the Seniors Resource Centre
- Include a local number (Mental Health Team – Bonavista).

An information brochure

- Keep it Simple
- Contain the signs & symptoms of depression
- Prompt seniors to call 1-800 number to the Seniors Resource Centre
- Include local number or space for local Peer Advocacy Group
- Two colours so that it can easily be reproduced by a non-for-profit agency.
 - a. To ensure effectiveness, this brochure can be hand-distributed by persons capable of explaining the contents i.e. physicians, home care workers, pharmacist..

A sample of the DRAFT marketing materials (brochures only) designed is included in the Appendix.

A complete set of marketing materials developed will be forwarded to the **Seniors Resource Centre** in August 2002.

Pilot Testing

The pilot testing of the marketing materials took place on 22nd, 2002 in Bonavista. Ken Connelly, LURA Consulting, facilitated these sessions with Maureen Rogers and the community coordinator, Cyndy Stead recording. Three different focus group sessions were organized.

10:00 a.m.	Golden Heights Manor Board Room	Seniors – Invitational / Fall
1:00 p.m.	Health & Community Services Office	Caregivers – Invitation / Fall
3:00 p.m.	Health & Community Services Office	Seniors – New

A sample of the draft marketing messages and the transcripts from the above sessions is located in the Appendix.

Project Activities

The project activities and a guideline for completion was provided to each pilot sites by the Atlantic Health Promotion Research Centre / Dalhousie University. This guideline included a description of the objective to be completed and a time frame for completion.

A copy of this schedule is included in the Appendix.

Peer Advocacy Program

The Peer Advocate program combines health promotion and community development. On May 1st, 2002 a meeting was organized between the Seniors Resource Centre, the Community Working Group and the Bonavista & Surrounding Area Community Liaison Group to introduce the concept of this program into the pilot site, Bonavista. It was agreed the concept of this program is exactly what the research indicated as the first link to building a better environment for seniors helping seniors in Bonavista. It was also agreed that the Seniors Resource Centre and the Community Liaison Group will work together to develop this program in Bonavista in September, 2002.

The Outline

Volunteer seniors (50 +) are recruited from communities across the province. They take part in Information Sharing Sessions to prepare them for their role, which is to pass on information about services and resources to other seniors in their communities. They can fill the gap caused by out-migration, which leaves many seniors without family members on whom to rely for information and support.

The Information Sharing Sessions (6) include discussions on aging changes and challenges, communication and problem solving. The idea is to raise awareness of problems seniors may face (such as hearing and vision loss, mobility problems, bereavement and other losses, memory problems etc.), inform them about services and resources available to help them, and to share ways of coping.

There is an element of self-help (seniors helping seniors) as many of those taking part benefit personally from the information and discussions. They are then in a good position to tell others what has helped them. All Peer Advocates pass on information to others. They may do this informally one-on-one, or more formally by organizing meetings in their communities to which guest speakers are invited.

While the Seniors Resource Centre provides on-going support through meetings and phone calls and the provision of up-to-date information, the local Peer Advocates decide for themselves how to develop the program in their own community. The way the program takes shape depends on the comfort level of the Peer Advocates and on the needs of the community.

Some Peer Advocates also belong to senior's clubs and work within the club structure. Other Peer Advocates consist of individuals working as an independent group. In all cases, the Seniors Resource Centre assists them in building local community supports.

Additional information about the Peer Advocacy Program is included in the Appendix.

Project Meetings

Several meetings were conducted during the course of the research project with all the different groups involved. The following is an outline of the meetings/conference calls.

Meeting Date	Reason	Groups
September 7 th , 2001	Orientation - Halifax	CC / ARC / LURA Consulting
September 26 th , 2001	Social Marketing Workshop	CC / ARC / LURA Consulting/ CWG
September 28 th , 2001	Evaluation of Workshop	CC / Ethel Langille Ingram
October 5 th , 2001	Research Introduction	CC / CWG
October 5 th , 2001	Project Reflections to Date	CC / Ethel Langille Ingram
November 13 th , 2001	Project Introduction / Update	CC / PPC
November 21 st , 2001	Conference Call	All CC's / ARC
November 28 th , - 30 th , 2001	Interviews – Focus Group	CC / Health Professionals
November 28 th , 2001	Focus Group Session	CC / Caregivers & Family
November 30 th , 2001	Focus Group Session	CC / Seniors
December 5 th , 2001	Evaluation	CC / CWG
December 6 th , 2001	Project Reflections to Date	CC / Ethel Langille Ingram
December 18 th , 2001	Evaluation	CC / CWG
February 5 th , 2002	Project Update	CC / PPC (Cancelled)
February 14 th , 2002	Project Update	CC / Co-Chairs
February 14 th , 2002	Conference Call	ARC
February 15 th , 2002	Project Reflections to Date	CC / Ethel Langille Ingram
February 19 th , 2002	Conference Call	CC / PPC (Cancelled)
March 5 th , 2002	Project Update	CC / PPC (Conference Call)
March 8 th , 2002	Social Marketing Meeting - Halifax	LURA Consulting / ARC / CC
March 11 th , 2002	Project Update via Conference Call	CC / Co-Chairs
March 14 th , 2002	Project Update	CC / CWG
May 1 st , 2002	Peer Advocacy Program	CC / CWG / SRC
May 9 th , 2002	Project Update	CC / PPC
May 22 nd , 2002	Pilot Testing	CC / ARC / LURA Consulting / Focus Groups
May 29 th , 2002	Project Update	CC / PPC
June 19 th , 2002	Project Evaluation	Ethel Langille Ingram / CC
July 10 th , 2002	Project Completion	CC / PPC

Group Codes:

Community Coordinator – Cyndy Stead
Community Working Group
Seniors Resource Centre

CC
CWG
SRC

Provincial Planning Committee
Atlantic Research Coordinator – Maureen Rogers
Lynn Bryant / Rosemary Lester

PPC
ARC
Co-Chairs

Monthly Reporting

Monthly or bi-monthly progress reports were submitted to the co-chairs of this project and to the provincial planning committee on a monthly basis. These monthly reports were written in point form to give the funding agency and the co-chairs an idea of the type of work completed by the community coordinator, Cyndy Stead.

The monthly reports submitted are attached for your review in the Appendix.

Asset Mapping

As part of the project, a community profile of all organizations and agencies that are available in Bonavista was recorded. It was hoped that this community asset mapping maybe used by the funding agencies and project organizers to form lasting partnerships within the community.

The ***Community Asset Mapping*** list by industry sector, the organization complete and up-to-date contact information in addition to:

- Type of Organization
- Mission
- Geographical Area
- Hours of Operation
- Directory Availability
- Promotional Materials Available
- Services Provided to Seniors
- Language Preferred
- Accessibility for Seniors
- Referrals to Community Health Programs
- Communication Tools Used

A copy of the Community Asset Mapping is included in the Appendix.

Budget

The Seniors Resource Centre will provide the final budget for the Newfoundland portion of the project.

Community Initiatives

The **Bonavista and Surrounding Areas Community Liaison Group** have expressed a general interest and enthusiasm for the introduction of the **Peer Advocacy Program** in Bonavista. They have scheduled September 2002 for this introduction and will work closely with the Seniors Resource Centre to ensure the success of this venture.

Future Potential

The future potential for the information gathered in this research project can have a direct impact for seniors living in rural Newfoundland & Labrador. The brochures developed can be distributed to help overcome the fear, stigma, and misunderstanding that currently exist regarding the topic of depression. With the use of these tools, seniors in rural Newfoundland can gain a better understanding of depression and become more informed regarding the services available to help overcome this problem.

With the start of the Peer Advocacy Program in Bonavista in September 2002, a program will exist that will not only link the current services available within the community (Health & Community Services) to other outside agencies (the Seniors Resource Centre), but it will also establish a program where seniors are helping seniors. The building of these important community links can greatly add to the value of life of many of our seniors living in rural communities.

It is the hope of the Community Coordinator and the Community Working Group that the information gathered in this research project will aid in the development of long-term communication initiatives and will be used to help overcome some of the problems associated with 'Aging Well in Rural Places'.

Signature

Cyndy Stead, Community Coordinator

Submitted: July 15th, 2002.

APPENDIX