Social participation in Canada: desire to participate and restrictions

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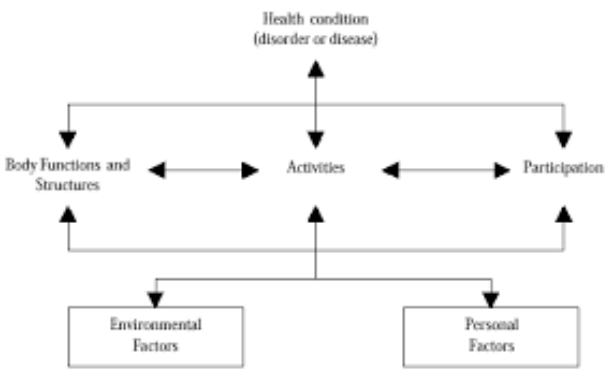




Rationale

- Mobility + social participation = key determinants of health and quality of life

Neighborhood environment



1. Product and technology
2. Natural and human-made changes
3. Support and relationships
4. Attitudes
5. Services, systems and policies

(WHO, 2001)

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Neighborhood environment

characteristics of the physical context including aspects of urban design (e.g., presence of sidewalks), traffic density and speed, distance to and design of venues for physical activity such as walking (e.g., parks and access to services), esthetics, crime, safety (Davison & Lawson, 2006), *weather, support, etc. It considered both the physical and social attributes.*

Mobility

Ability to move oneself (e.g., walking, using assistive devices, or taking transportation) within community environments that expand from one's home, to the neighborhood, and to regions beyond (Webber, Porter & Menec, 2010*)*

Social participation

Person's involvement in social activities that provide social interactions within his/her community or society (Levasseur et al., 2010)





Rationale

- Mobility + social participation = key determinants of health and quality of life

Neighborhood environment

- Several investigations on mobility, social participation & neighborhood environment
- No clear integration of the results
- Social participation in Canada?

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Objectives



1. Provide a comprehensive understanding regarding how **neighborhood environment** is associated with **mobility** and **social participation** in older adults
   a) Aspects of the neighborhood environment ***associated with*** mobility and social participation in older adults
   b) Aspects of the neighborhood environment ***not covered*** by previous research on mobility and social participation in older adults
2. Describe and compare **social participation** and **barriers to community activities** among older Canadians



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Associations of neighborhood with mobility and social participation













Methods

- Scoping study framework (Arksey & O'Malley, 2005; Levack, 2009)

1. Identifying the research questions
2. Identifying relevant studies
3. Study selection
4. Charting the data
5. Collating, summarizing, and reporting results
6. Consulting (throughout the project)
7. Dissemination of results

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Methods

- Scoping study framework (Arksey & O'Malley, 2005; Levack, 2009)
- 9 databases from different fields (public health, urban planning, rehabilitation and gerontology)

Medline, Cochrane Database of Systematic Reviews, CINAHL, Ageline, SocIndex, Psycinfo, Allied & Complementary Medicine Database (AMED), Academic Search Complete, *Francis*[§]

[§] French databases

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Methods



- Scoping study framework (Arksey & O'Malley, 2005; Levack, 2009)
- 9 databases from different fields (public health, urban planning, rehabilitation and gerontology)
- 51 keywords [strategy: 1 AND 2 AND (3 OR 4)]

1. Built environment OR neighbourhood OR neighborhood OR environment* design* OR universal design* OR physical environment OR healthy environment OR living environment OR urban environment* OR suburban environment* OR rural environment* OR public transport* OR alternative transport* OR public transit OR paratransit OR bus OR buses OR urban design OR walkability OR walkable OR pedestrian OR social environment OR community design
2. Elder* OR seniors OR old* adult* OR geriatric OR aged OR ageing OR aging OR older people
3. Community participation OR social participation OR social involvement OR social engagement OR community involvement OR community engagement OR civic participation OR social isolation OR social integration OR social contact* OR social activity* OR social inclusion* OR social interaction* OR solitude OR loneliness OR lonely OR social exclusion*
4. Mobility OR walking OR active transport*



Methods



- Scoping study framework (Arksey & O'Malley, 2005; Levack, 2009)
- 9 databases from different fields (public health, urban planning, rehabilitation and gerontology)
- 51 keywords [strategy: 1 AND 2 AND (3 OR 4)]
- Data analyzed, organized and synthesized by 2 research assistants following PRISMA-guidelines (Moher, Liberati, Tetzlaff & Altman, 2009) and using the ICF (WHO, 2001)
- Knowledge users consulted

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Results

- 50 articles selected
- **Cross-sectional** (29; 58%)
- **U.S.** (24; 48%); Canada (15; 30%)
- **Urban** (40; 80%); rural (7; 14%)
- Disadvantaged older adults → disabilities (6; 12%) or Low Neighborhood Socioconomic Status (2; 4%)
- **Mobility** (39; 78%), social participation (19; 38%) or both (11; 22%)

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Results (cont.)

- **Type of mobility**
  - Walking (38; 94.4%)
  - Driving (10; 59%)
  - Active and alternative transportation (13; 33.3%)
- **Mainly subjective measures**
  - Neighborhood environment (34; 68%)
  - Social participation (19; 100%)
  - Mobility (32; 82.1%)





Results (cont.)

1) Product and technology (43; 86%)
2) Natural and human-made changes (27; 54%)
3) Support and relationships (21; 42%)
4) Attitudes (4; 8%)
5) Services, systems and policies (37; 74%)

Observable consequences of customs, practices, ideologies, values, norms, factual beliefs and religious beliefs. These attitudes influence individual behaviour and social life at all levels, from interpersonal relationships and community associations to political, economic and legal structures

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Chapter 4: Attitudes

e410: Individual attitudes of immediate family members
e415: Individual attitudes of extended family members
e420: Individual attitudes of friends
e425: Individual attitudes of acquaintances, peers, colleagues, neighbors and community members
e430: Individual attitudes of people in positions of authority
e435: Individual attitudes of people in subordinate positions
e440: Individual attitudes of personal care providers and personal assistants
e450: Individual attitudes of health professionals
e455: Individual attitudes of health-related professionals

Chapter 5: Services, systems and policies

e510: Services, systems and policies for the production of consumer goods
e520: Open space planning services, systems and policies
e530: Utilities services, systems and policies
e535: Communication services, systems and policies
e550: Legal services, systems and policies
e565: Economic services, systems and policies
e570: Social security services, systems and policies
e575: General social support services, systems and policies
e585: Education and training services, systems and policies
e590: Labour and employment services, systems and policies
e595: Political services, systems and policies





Results (cont.)

- **Type of association**
  - Positive (209; 54%)
  - Negative (86; 22.2%)
  - Non-existent (92; 23.8%)
- 22 divergent associations found in the same studies
  → specific contexts





	Mobility	Social participation
Chapter 3: Support and relationships		
e310: Immediate family		
Support from family	+[85], +[86]	+[85], +[86], 0[133]
e320: Friends		
Support from friends	+[85]	+[85], 0[133]
e325: Acquaintances, peers, colleagues, neighbors and community members		
Children living in the neighborhood	-[115]	0[125]
Lack of social support	-[88]	-[88]
People	0[100], +[93], +[94], +[98], +[103], +[105]	+[92], +[126]
Social cohesion	+[117], +[121], 0[134]	
Social support/network	+[92], +[122], 0[90], 0[115]	+[87], +[125], +[126], +[71]
Walking partner	+[93]	
e345: Stranger		
Crowdedness	0[100], -[98]	
e350: Domesticated animals		
Not having or not walking a dog	-[90]	





Results (cont.)

- Proximity to resources and recreational facilities
- Social support
- Having a car or driver's license
- Public transportation
- Neighborhood security
- Poor user-friendliness of the walking environment
- Neighborhood insecurity

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Discussion



- Comprehensive understanding of neighborhood environment associations
- + Proximity to resources and to recreational facilities, Social support, Car or driver's license, Public transportation and Neighborhood security
- - Poor user-friendliness of the walking environment and Neighborhood insecurity





Discussion

Access to food shopping, health services, public transportation, banking and social clubs & initiating and maintaining social links with community members (Lindström, 2004)



- Comprehensive un… neighborhood environme… associations
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Discussion



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Resource affluent areas → less likely to have low levels of social functioning, independently of individual demographic and socioeconomic characteristics (Bowling, 2007)

… of the walking envir… …Neighborhood insecurity





Discussion



Access to food shopping, health services, public transportation, banking and social clubs & initiating and maintaining social links with community members (Lindström, 2004)

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…of t… envi… …Neighborh…

Resource affluent areas → less likely to have low levels of social functioning, independently of individual demographic and socioeconomic characteristics (Bowling, 2007)

Absence or disappearance of local businesses → concern (Van Cauwenberg, 2012), especially when they prefer or are restricted to the immediate neighborhood (Hovbrandt, 2007)





Discussion (cont.)



- Urban planning interventions
  - neighborhood revitalization
  - survival of proximity resources
  - limitation of the creation of large supermarkets far from people's homes
- Resources available, but get to them easily and safely → public + alternatives transportations issues







Discussion (cont.)



Limitations

- Articles between January 1980 and September 2013 selected with specific keywords in specific databases
- Did not included other sources such as reports, conferences, theses, etc.
- Did not systematically combine empirical results of previous studies or provide a detailed appraisal of the quality of the evidence





Conclusion (1/4)



- To foster mobility & social participation → Proximity to resources and to recreational facilities, Social support, Transportation, Neighborhood security and User-friendliness of the walking environment
- Future studies should
  - include both mobility and social participation
  - investigate how they are associated with Attitudes, and Services, Systems and Policies in older adults, including disadvantaged older adults



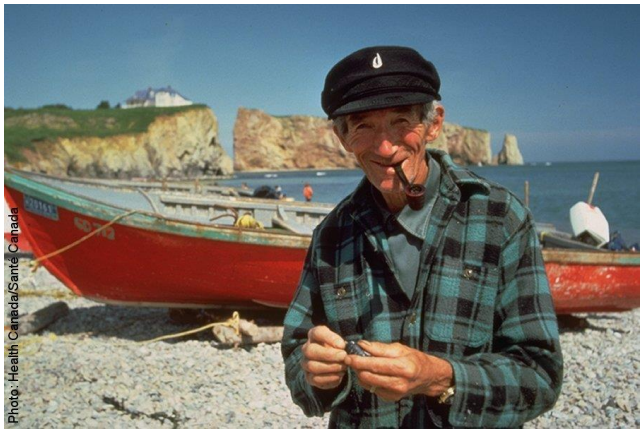


Social participation of older adults in Canada?













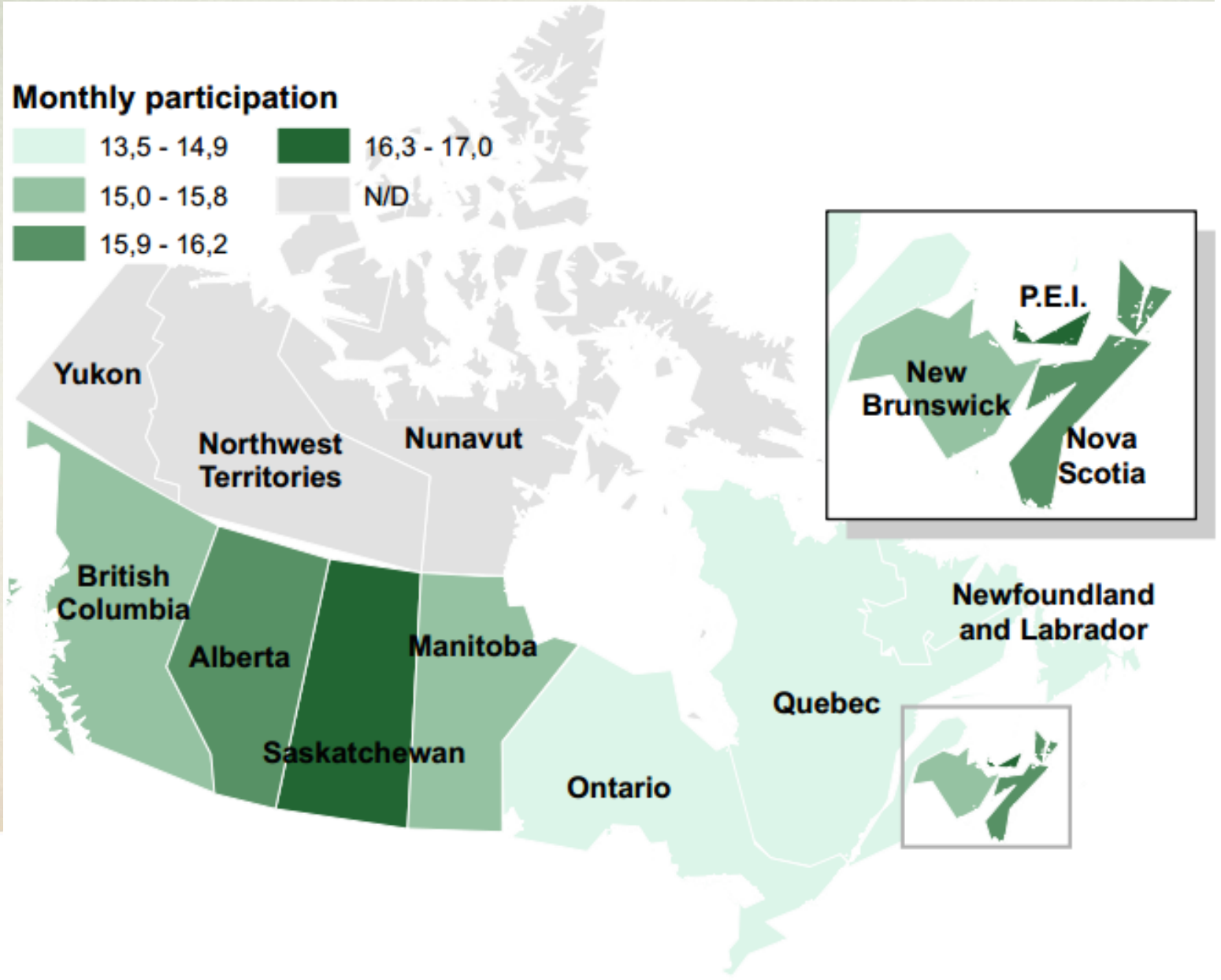
Methods

- Secondary analysis
- Cross-sectional 2008-2009 Canadian Community Health Survey
- 30,865 Canadians aged 45 and over
- Frequency of monthly involvement in 8 community activities
- 10 potential barriers (e.g. not wanting to go alone, cost and transportation problems)





Results


Monthly participation
13,5 - 14,9
15,0 - 15,8
15,9 - 16,2
16,3 - 17,0
N/D
Yukon
Northwest Territories
Nunavut
British Columbia
Alberta
Saskatchewan
Manitoba
Ontario
Quebec
Newfoundland and Labrador
P.E.I.
New Brunswick
Nova Scotia

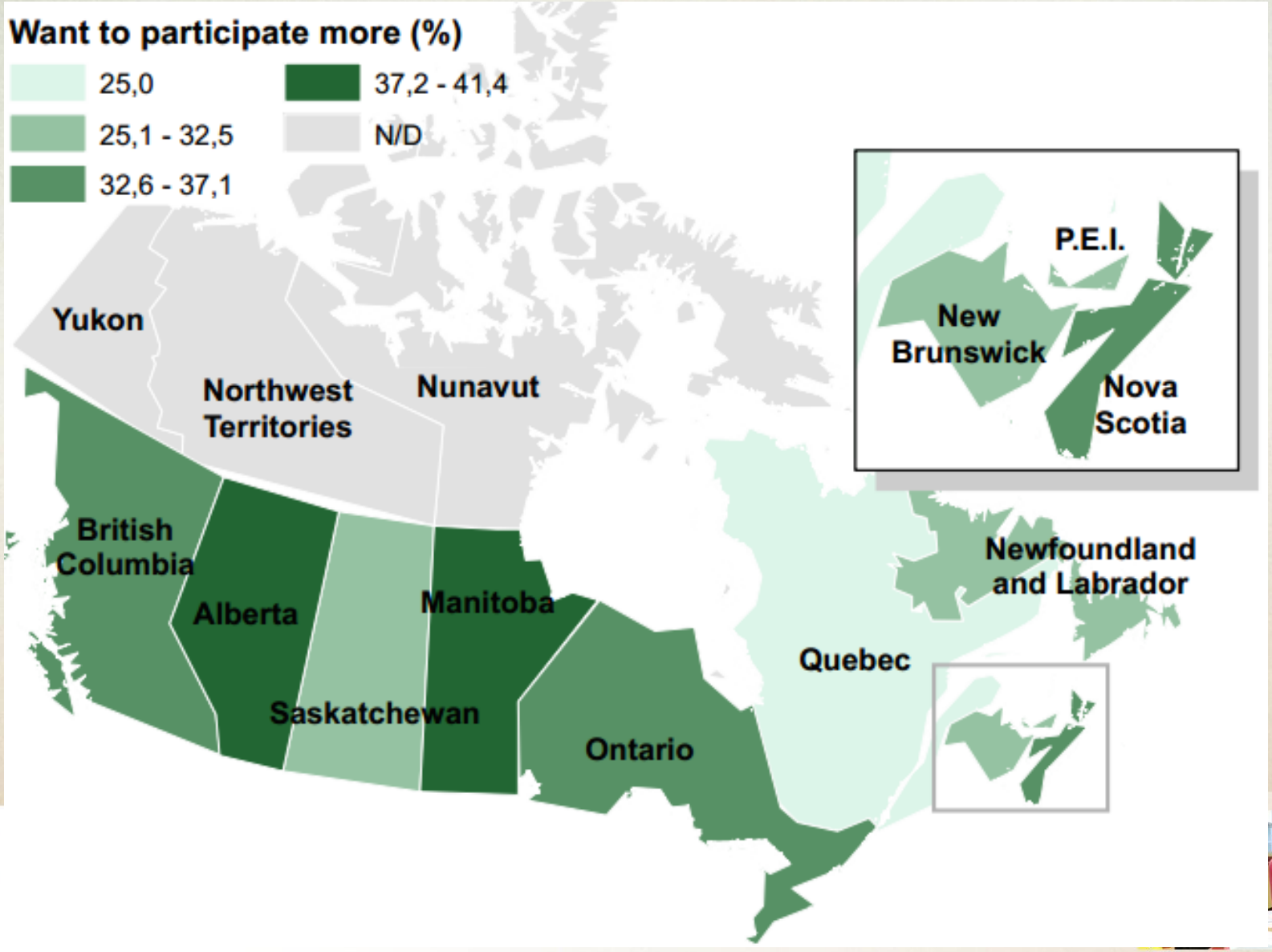
Results (cont'd)

- Women > men (15.2 vs 14.5 community activities/month)
- Older Canadians → religious activities VS younger → physical activities
- Environmental barriers restricted women > men
- Residents of the Prairies > Quebecers (13.8 and 11.9)
- More Canadians aged 45-64 wanted to participate more in community activities than those aged 65 and over (36.8% vs. 23.9%), and women > men (34.3% vs. 30.9%)





Results (cont'd)



Results (cont'd)

- Environmental barriers restricted women > men
- For women aged 65 and over, location inaccessibility (1.7% vs. 0.7%) and the unavailability of activities (8.0% vs. 5.4%) restricted their participation
- Canadians who had a driver's license participated on average in more community activities
- The unavailability of activities was a barrier for 10% of women in the Atlantic region and Prairies, and also restricted older Canadians who lived in rural areas more than in metropolitan (8.0% vs. 4.8%)





Conclusion (2/4)

- Women participated slightly more than men, and older Canadians participated more than younger
- In both age groups, environmental barriers restricted women more than men
- Driving and other transportation options should be address to foster social participation of older adults
- Further research examining older Canadians' locations in greater details and their social participation is needed to foster the creation of favorable environments





What next to foster social participation of older adults?













Conclusion (3/4)

- Importance of offering new opportunities to increase community integration and optimize resources to address the global 'Ageing well' priority in efforts to overcome major universal public health challenges, such as increased prevalence of chronic diseases
- A personalized assistance for social participation (APIC), i.e. weekly three-hour personalized stimulation sessions over a six-month period, targeting significant social and leisure activities that are difficult to accomplish

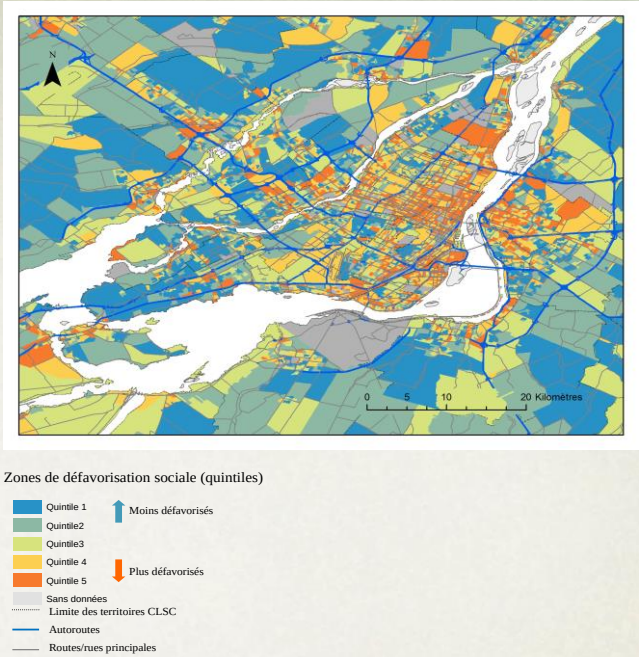




Conclusion (4/4)

- Social participation index

Tiré de : Pampalon, R. et G. Raymond. 2000. Un indice de défavorisation pour la planification de la santé et du bien-être au Québec. Maladies chroniques au Canada, 21(3):113-122.



- Optimization of transportation → driving (OSCAR & 55 Alive+) and use of public transit
- Lifestyle redesign® → an intervention to foster a significant and healthy lifestyle





Acknowledgements

- Francis Lacasse, Josiane Desroches and Sarah Blain
- Experts (Annie Carrier, Ana Abecia and Mathieu Roy)
- Those studies were funded by:
  - *Canadian Institutes of Health Research* [#KAS-116 630]
  - *Fonds de recherche du Québec – Société culture* (FRQSC; 2015-VP-181285)
- Mélanie Levasseur holds a career research grant from the *Fonds de recherche du Québec – Santé* (FRQS;#26815)









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Levasseur *et al. BMC Public Health*
DOI 10.1186/s12889-015-1824-0

BMC Public Health

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Importance of proximity to resources, social support, transportation and neighborhood security for mobility and social participation in older adults: results from a scoping study

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