

MEASURING THE IMPACT OF EPC'S IN ONTARIO: REPORT ON THE EPC OUTCOME SURVEY 2013



OACAO

The Voice of Older Adult Centres
La voix des centres pour aînés

October, 2013

Contents

I. BACKGROUND.....	2
II. METHODOLOGY	3
III. PARTICIPATION INFORMATION	4
IV. IMPACT AND OUTCOMES OF PARTICIPATION IN EPC'S	7
V. MEMBER PROFILE.....	9
VI. SUMMARY.....	16

I. BACKGROUND

Older adults face increasing health risks driven by several social determinants of health including poverty, lack of social connections and support networks, lack of physical activity and lack of information on how to manage chronic diseases.

Elderly Persons' Centres (EPCs) promote healthy, active aging by engaging this population in a wide range of activities in a variety of settings. Ontario's Elderly Persons Centres (EPC) Program "supports the maintenance, operations and programming of senior centres across the province. These centres serve as vital community hubs that provide health, social and recreational programs to promote wellness for seniors."¹

The members of the OACAO (Older Adult Centres' Association of Ontario) decided to demonstrate that EPCs have a significant impact on the health and well-being of their members. The Metro Region Working Group was formed in 2011 to do this work on behalf of the OACAO members. During 2011 and early 2012 that group developed an EPC logic model (See Appendix B), outcome indicators (See Appendix C) and measurement plan. The outcomes are changes that members experience through participation at the EPC. The EPC logic model has 3 outcomes. As a result of participating at the centres, the members have:

1. Reduced isolation
2. Improved wellness
3. Made healthier choices

The logic model demonstrates that if these outcomes are achieved in the long term, members will experience active and healthy aging, be able to live in their own home longer, have prolonged independence and be able to live with dignity. It will also mean lower costs for our health care system.

¹ Press Release, Seniors Secretariat, June 23, 2009

II. METHODOLOGY

In 2013, the Working Group embarked on a survey of EPC's across Ontario. A total of 35 centres participated in the project and conducted more than 4,600 individual surveys with members (see Appendix D). The survey was conducted using an on-line survey tool and each centre received a copy of the data for their own organization for planning purposes. It was available in English, French, Spanish and Chinese. The overall data was combined for the purposes of this study.

The questionnaire for this study consisted of 17 questions (See Appendix A). The questionnaire consisted of three main sections:

- Information about participation at the centre
- Perceptions on the personal impact of the centre
- Demographic information on the survey participants

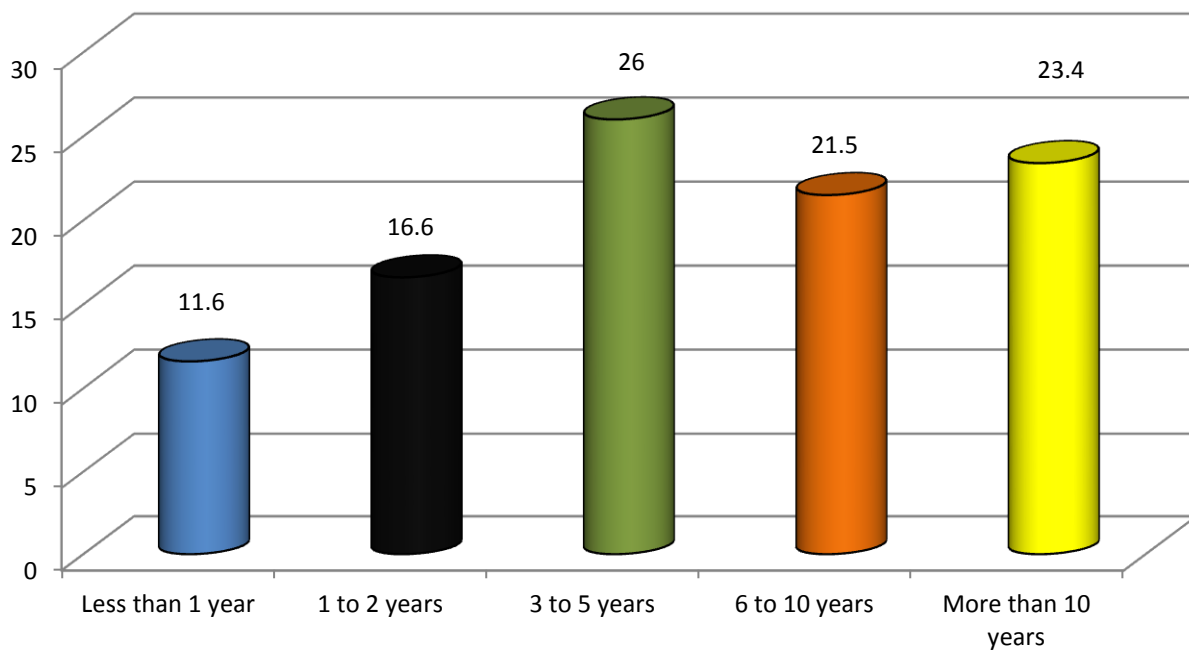
The questionnaire design followed the format of the logic model as prepared by the working group.

With a total survey response of 4,600, this study represents a major source of data on the impact of EPC's in Ontario. The study not only represents a large survey response but also covers a broad geographic scope from urban areas to rural communities and represents all regions of Ontario.

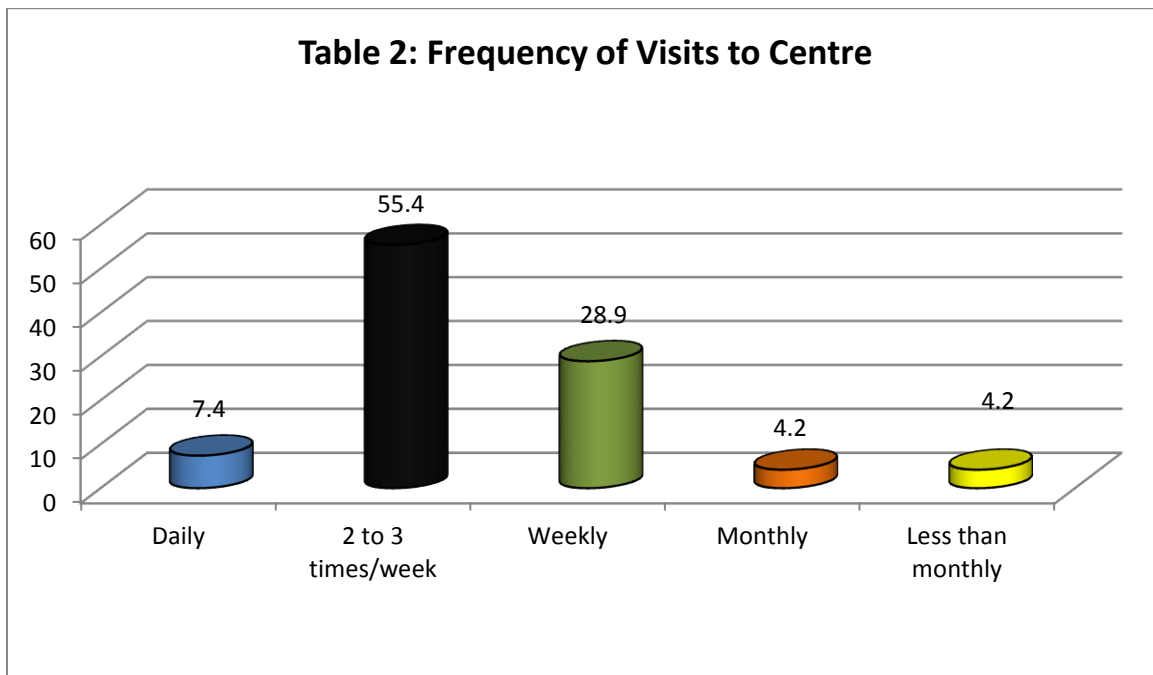
III. PARTICIPATION INFORMATION

It has long been demonstrated by OACAO that participation levels for members in older adult centres is very high in terms of frequency of participation and length of membership. The results indicated that 45% of the members have been members of the centre for more than 5 years (See Table 1) and that a further 26% of the members have belonged to the centre for 3 to 5 years. Slightly more than one quarter of the members are recent members, joining within the last 2 years.

Table 1: Length of Time as Member



In terms of frequency of visits to the centre, the results indicate that members of older adult centres are actively engaged at their centre. Almost two thirds of the members visit the centre between 2 and 5 times per week and 92% of the members visit the centre at least once per week (See Table 2).

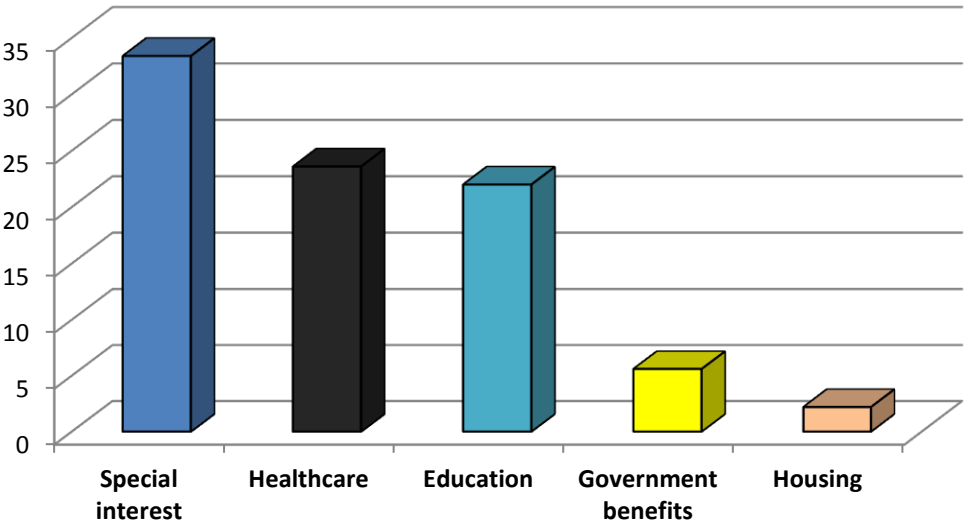


The 70 to 79 year and the 80 to 89 year old age groups are the most active groups within centres with 57% participating 2 to 3 times per week and 28% participating weekly. Participation levels decrease by roughly 10% for both the younger and the older age groups. Women tend to attend the centre slightly more frequently than men though the variance is less than 5%.

The respondents indicated that they come to the centre for the following reasons (See Table 3):

- Educational (22%)
- Special interest (39%)
- Healthcare (23.6%)
- Housing (2.2%)
- Government Benefits (5.6%)

Table 3: Connect to Community Services

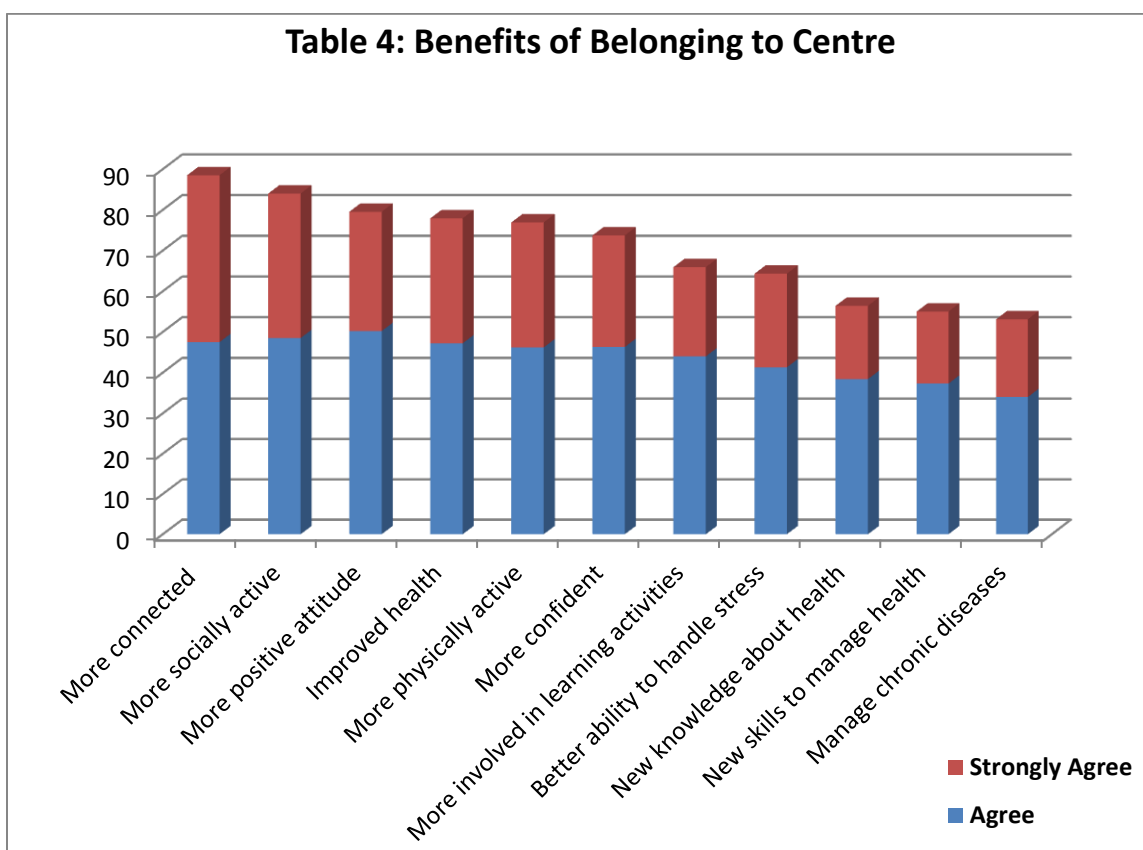


IV. IMPACT AND OUTCOMES OF PARTICIPATION IN EPC'S

Based on the components of the logic model, the questionnaire asked respondents a number of questions about the benefits or outcomes that they receive from participating at the centre.

Overall, there were 11 outcomes that were indicated by at least 50% of the respondents (See Table 4). Being more connected and more socially active were the top outcomes for the vast majority of the members with an overall positive rating of more than 80%. A more positive attitude, improved health, more confident and more physically active were also rate very high.

A number of health indicators such as, handling stress, knowledge about health managing health and managing chronic disease were rated moderately high with scores from 50% to 62%.

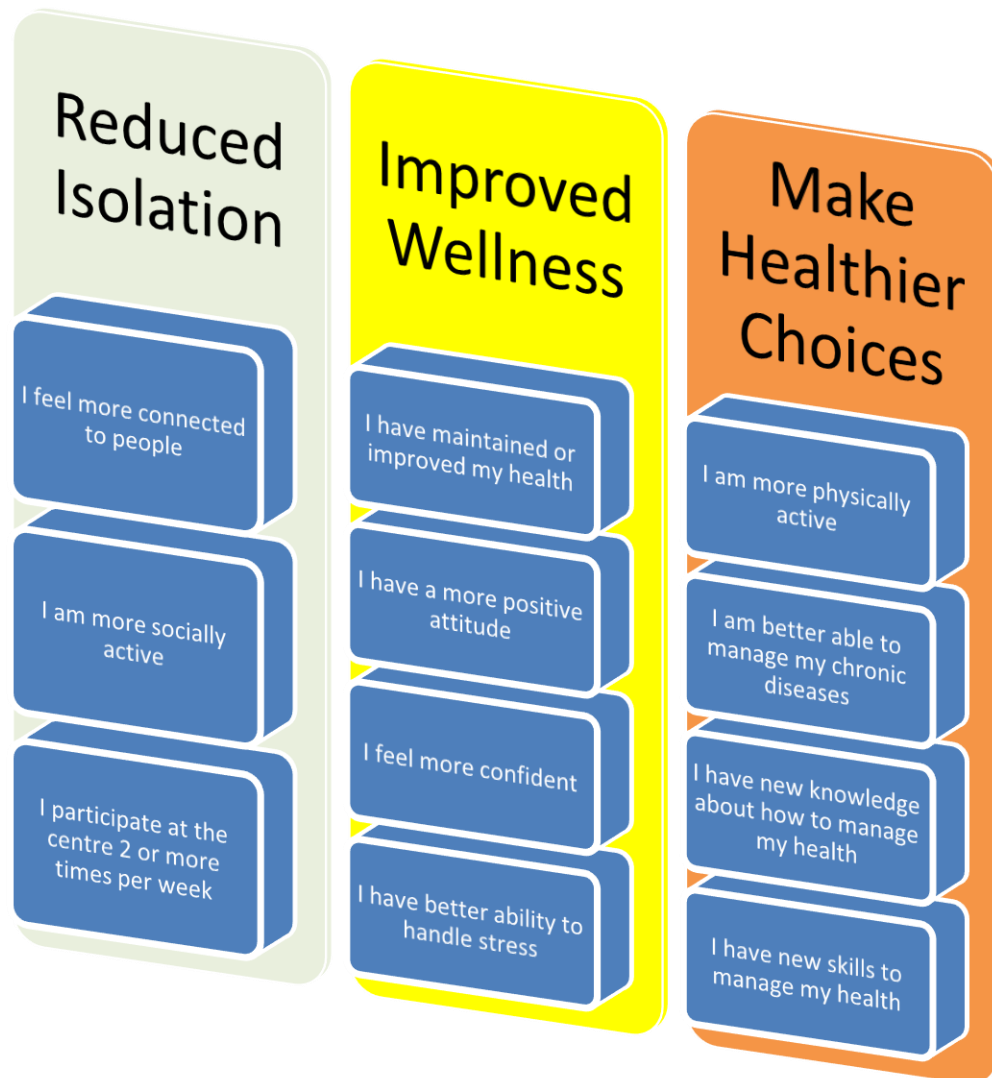


These results suggest that the main outcome for EPC's is in the area of social interaction and staying connected with peers. This supports the overall concept of older adult centres as community focal points or social hubs. Generally, age does not play a large factor in the results and the rating for these social outcomes is very consistent across all of the age categories.

The only deviation related to age is in two outcome areas. First, the desire to learn new things or activities tends to decline proportionately by age with the under 60 age group having a rating of 63% and the over 90 age group having a rating of only 50%. Second, the desire to manage chronic diseases is

much more prevalent in the over 90 age category (64%). The other age categories are all in the 50% range. Gender does not seem to have a large impact on the outcome results.

In summary, the survey results suggest that all of the outcomes identified in the logic model have a strong role to play in participation in older adult centres. The outcome area of reducing isolation is the strongest outcome for most participants followed by improved wellness and making healthier choices.

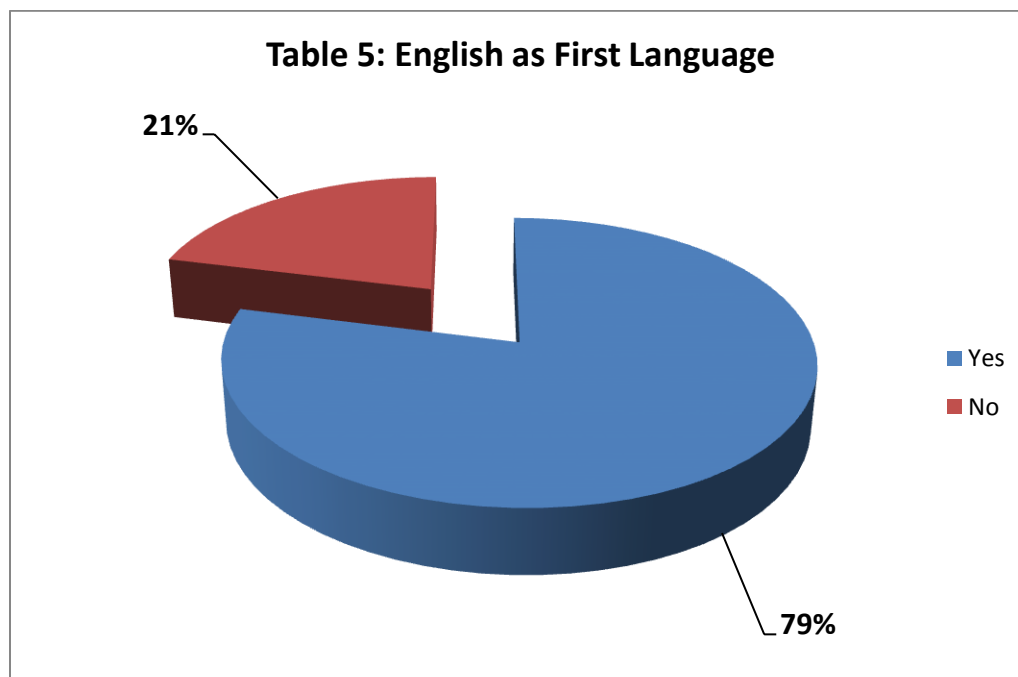


V. MEMBER PROFILE

Older adult centres serve a wide range of older adults across Ontario. The survey looked at five major demographic factors:

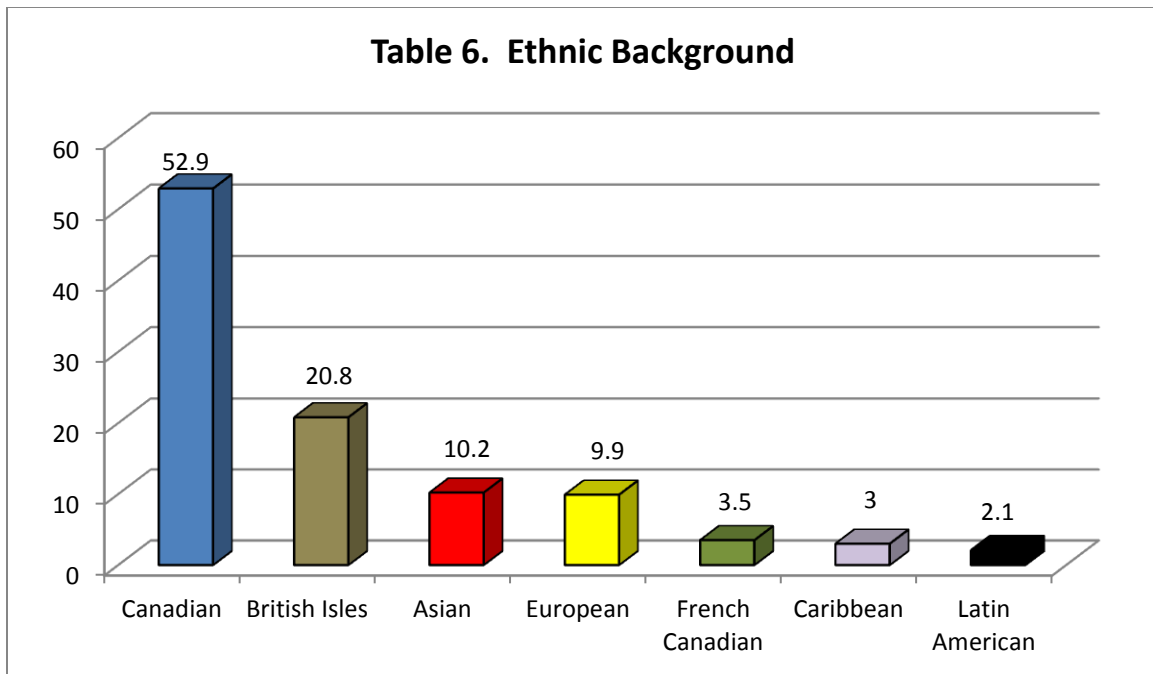
- Language and Ethnicity
- Age
- Gender
- Education
- Income

The majority of the respondents indicated that English was a first language though 21% of the respondents did state that English was not their first language (See Table 5). In addition, 95% of the respondents stated that language was not a barrier to participation in the centre.

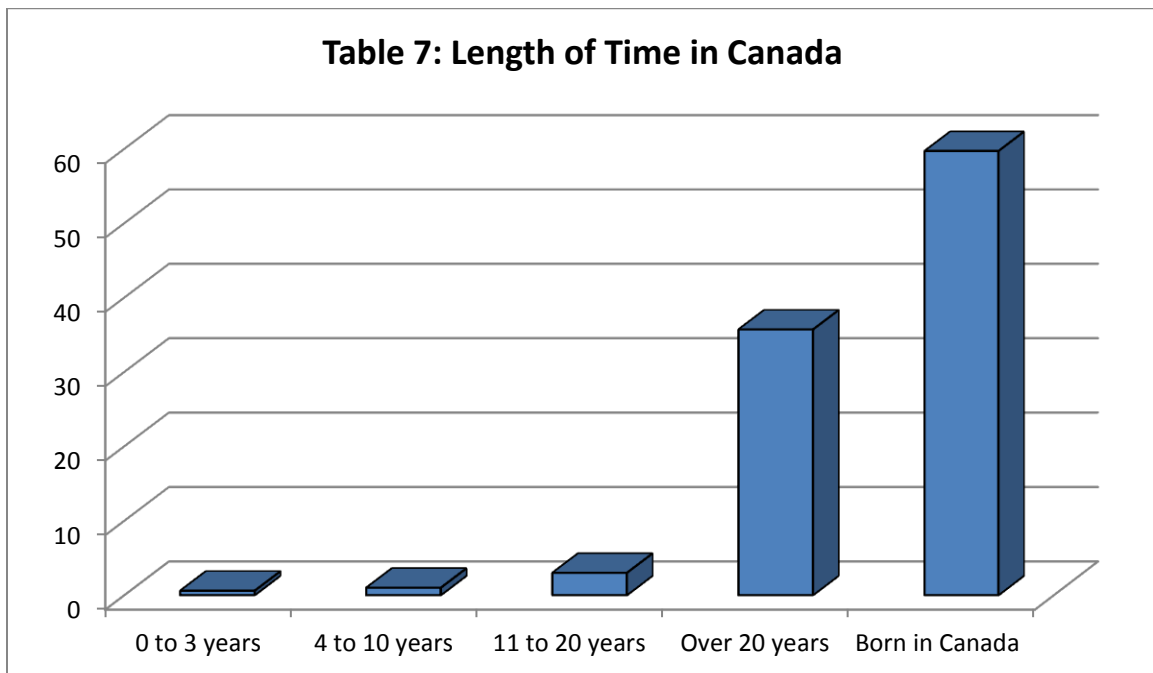


In terms of ethnic background, almost three quarters of the respondents were from Canadian or British backgrounds (See Table 6). Asian and European were the other notable ethnic backgrounds from the results. In terms of visible minorities, the survey suggests that about 15% of the members are in this category.

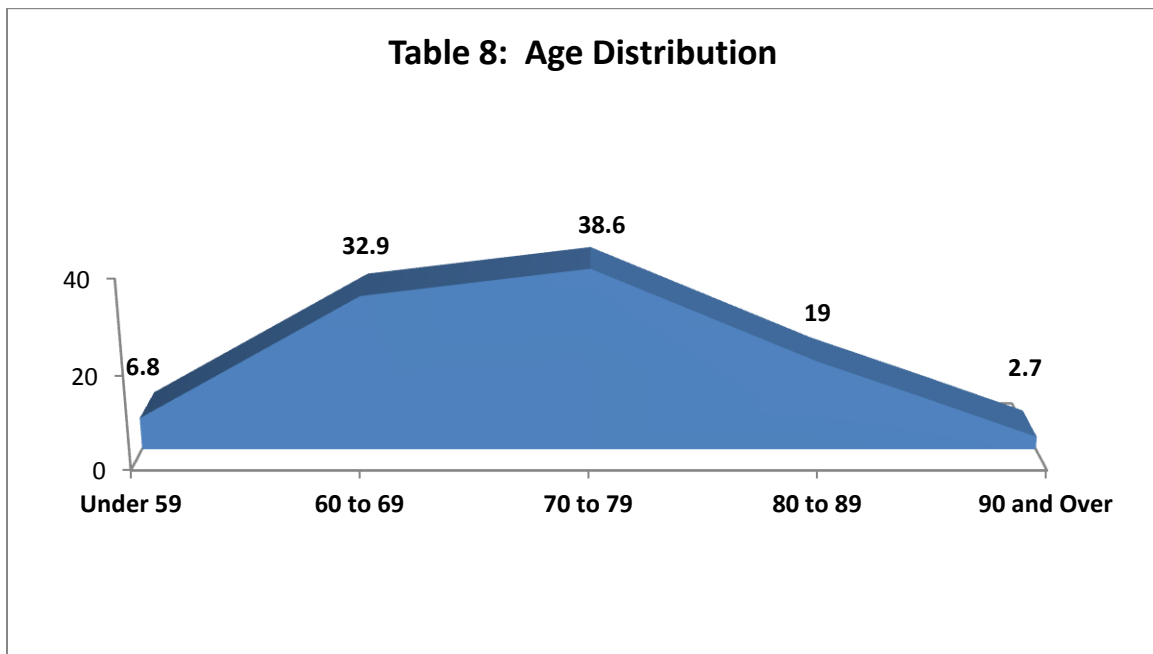
It is apparent that older adult centres represent the characteristics of the communities that they serve and they are a cultural reflection of the population in Ontario.



The majority of the respondents were born in Canada (60%) or have been in Canada more than 20 years (35.7%) (See Table 7). There were less than 2% of the respondents who would be considered newcomers in Canada.



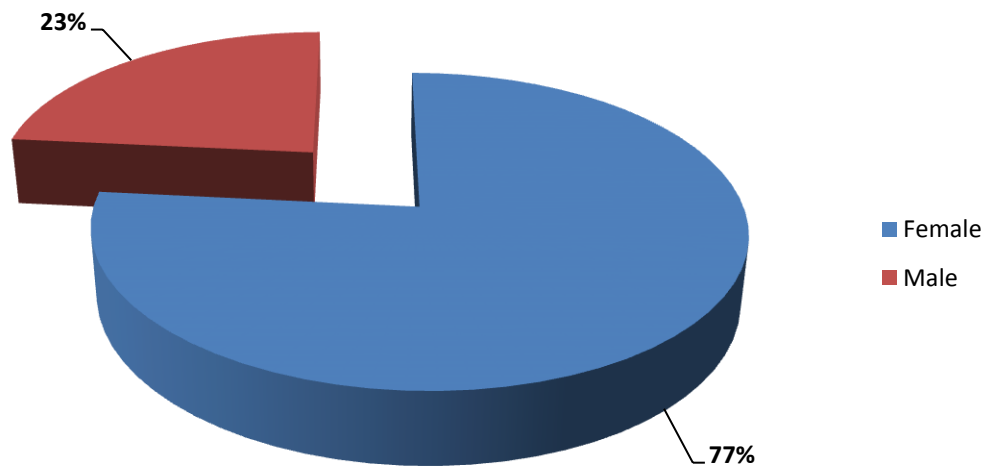
The age distribution of members in older adult centres spans more than 50 years (See Table 8). Almost three quarters of the members are between the age of 60 and 80 though 21% of the members are over the age of 80. Only a small portion of the members are under the age of 59 (6.8%).



With the aging of the “Boomer” generation, demographics will play a much greater role in the future planning for EPC’s. From the results, more than 40% of the membership is now in the “Boomer” category or very close to the “Boomer” generation. This will have great impact on the future direction of many centres. With more than 20% of the membership being over the age of 80, it also suggests that there will be a gradual loss or turnover of members in the next decade.

More than three quarters of the members are females (See Table 9).

Table 9: Gender



In terms of education level, the majority of the members had a high school education or college degree (60%) while 20% had an undergraduate or post graduate degree (See Table 10). There is a definite trend that involvement in university education is more prevalent among younger members (See Table 11) and older members tend to be more likely to have less than a high school education (See Table 12). These trends might suggest that education and learning activities will become more important in programming approaches in the future.

Table 10: Highest Level of Education

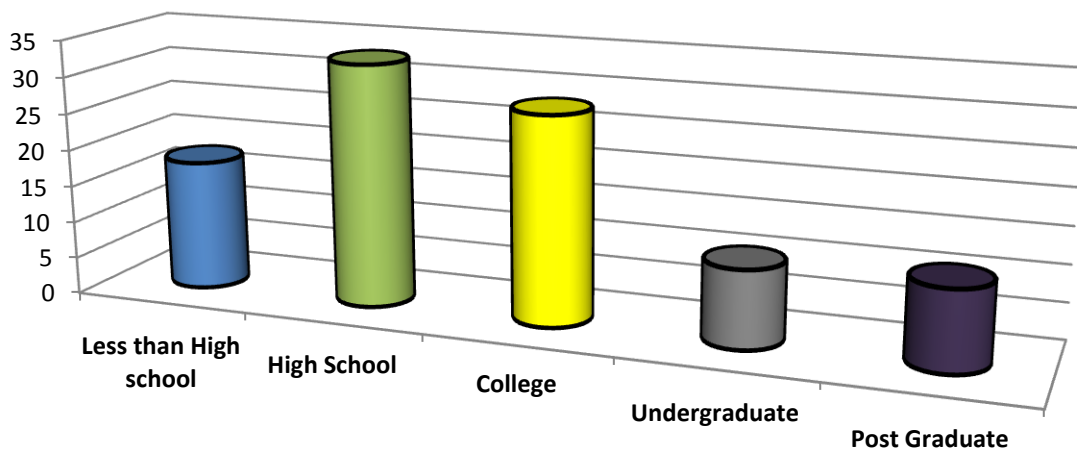


Table 11: University Education by Age

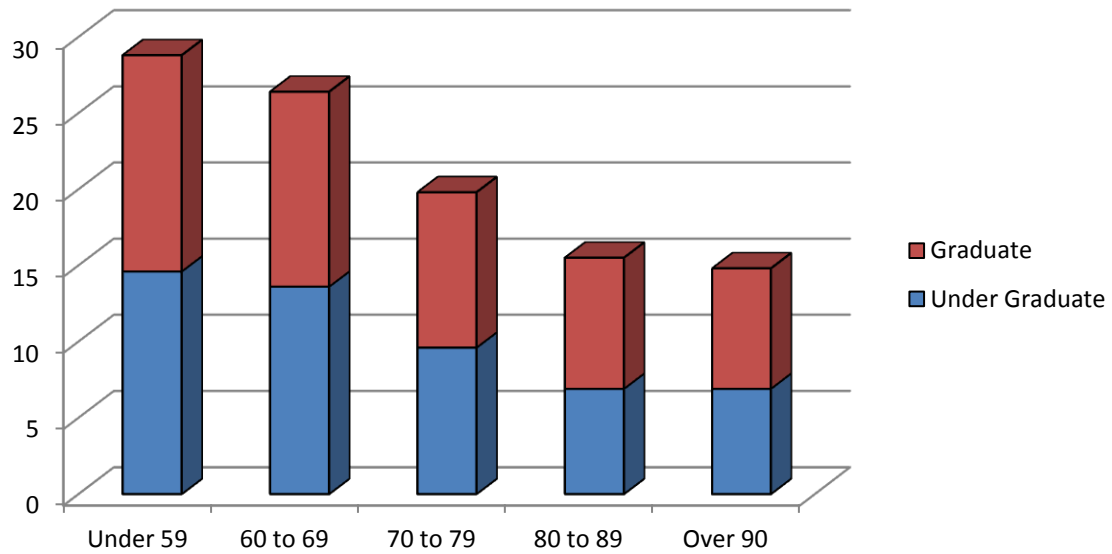
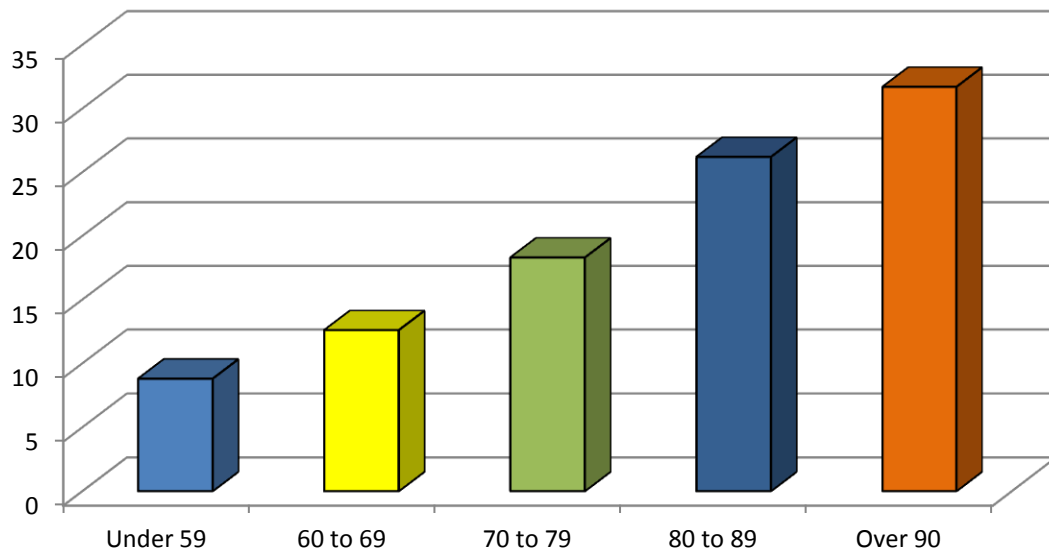


Table 12: Less than High School Education by Age



In terms of income levels, older adult centres play a vital role for low income older adults. Almost one third of the members are below the poverty line (See Table 13). It is also worth noting that it is the very old and the younger members who are more likely to be under the poverty line (See Table 14). The notion that the “Boomer” generation is a very wealthy group may not be the case in terms of participation in older adult centres.

Table 13: Income Level

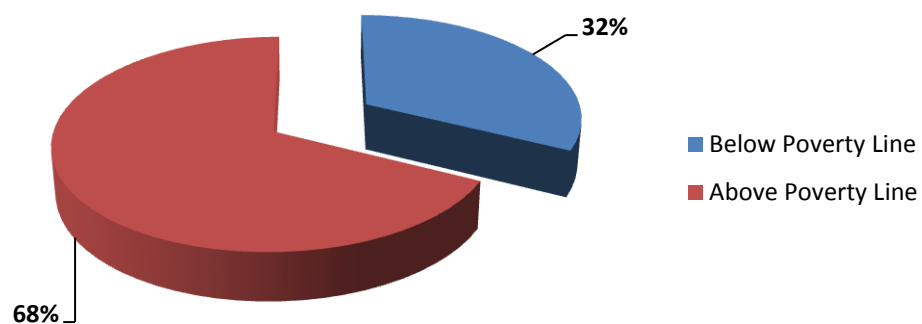
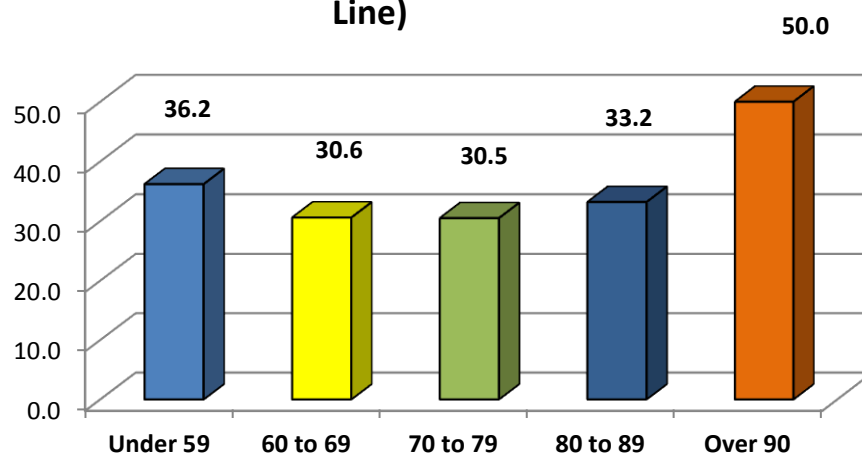
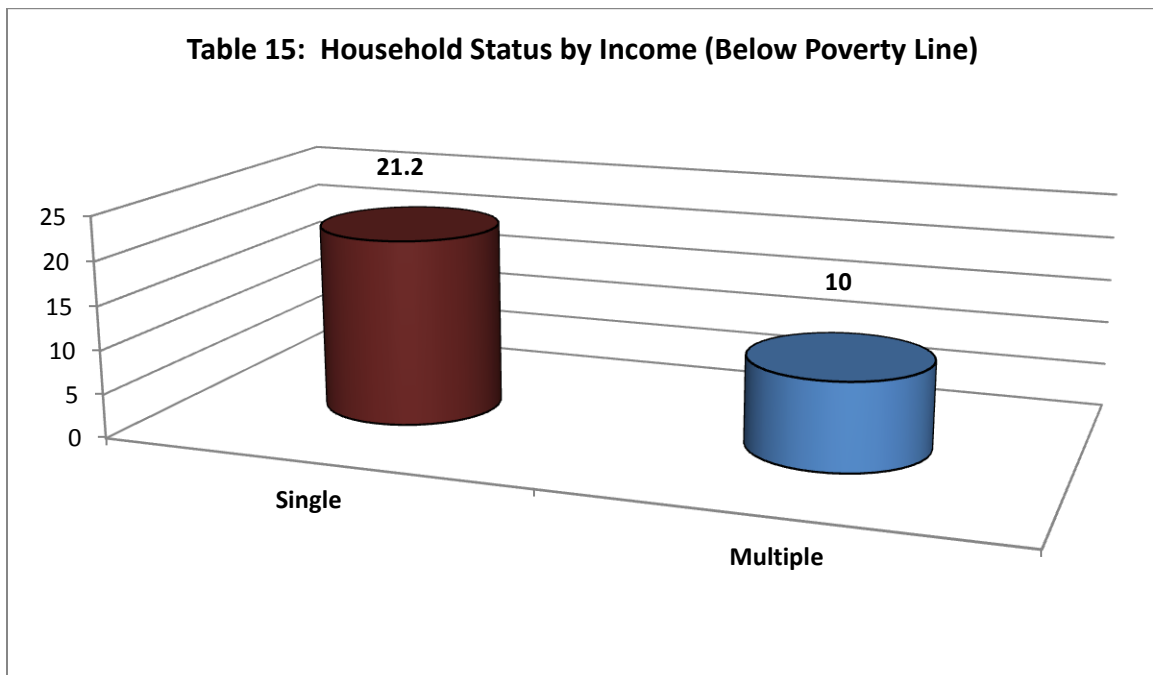


Table 14: Income levels by Age (Below Poverty Line)



Finally, the data suggests that single older adults are twice as likely as married older adults to be below the poverty line (See Table 15). Given that more than three quarters of the members are females, older adult centres play a key role in serving single women who live below the poverty line.



VI. SUMMARY

In summary, the EPC Impact Study has shown that Elderly Persons' Centres play a key role for older adults in Ontario. The outcomes or benefits for members include reducing social isolation, improved wellness and making healthier choices and the indicators from this study demonstrate the strong support that centres are providing to their members.

The social benefits of older adult centres have long been noted as the main function that centres fulfill for older adults. However, this study suggests that older adult centres also provide key outcomes in the area of wellness and health. EPC's make an important contribution within the healthcare sector in Ontario.

The demographic profile of members within centres also suggests that centres are reaching out to key ethnic communities in Ontario and are serving visible minority groups. Centres also play a vital role in supporting older adults who live below the poverty line and ensure that they have access to leisure and health services.

Finally, the high usage patterns within older adult centres and the length of membership, supports the key function that centres play in communities throughout Ontario.