Older, Northern and Female

Reflections on health and wellness

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It has become common knowledge, after multiple studies and reports from researchers and government agencies, that people living in northern British Columbia experience poorer health than their counterparts in the south on a variety of indicators. With regard to women in particular, the Provincial Health Officer's Annual Report released in 2000 (Government of BC) highlights the fact that women living in the northern and rural communities of BC have the lowest levels of health status indicators, such as life expectancy, when compared to women of similar age and circumstance living in other parts of the province. Couple this with the unfortunate reality that older women are amongst the most impoverished in our nation, further negatively impacting their health. Then add the fact that, as a percentage of its population, northern BC has the fastest growing number of seniors in the province, and the vital importance of addressing the health needs of older, northern women becomes clear. Thus was born the research project Health Needs of Northern Women 45 Years and Older, conducted by us in partnership with the Women's Wellness Coordinator at Northern Health, the Provincial Women's Health Network and funded by the Ministry for Healthy Living and Sport.

Although the project involved women 45 years and older, this article explores the health and wellness complexities as voiced by more than 180 participants who had reached the age of 65. Whether from the urban center of Prince George, or the smaller rural communities across the North, women presented a united voice stressing the importance of having health care and support services available to them when needed — a challenge in a vast northern setting at the best of times and exacerbated by the current economic crisis which has hit the northern forest industry particularly hard. Key themes identified by participants are briefly highlighted in the following sections.

ACCESS AND AFFORDABILITY

In far too many cases, distant health care services are only accessible if women have the financial resources to access them (e.g. transportation costs to fly to Vancouver to see a specialist or to travel from a small committee to Prince George for surgery). Alternatively, some services may be available locally but outside the financial reach of many older women, for example with dental care.

In fact, a repeated concern for project participants was how a limited income forced them to make difficult choices with respect to their health. Many women reported being unable to access healthy foods, noting that processed, packaged foods with limited nutritional value were often an affordable alternative to the high costs of fresh fruits and vegetables. Opportunities for exercise were restricted due to icy sidewalks and extremely cold weather for extended winter months, fear of victimization when walking in their neighborhoods, and the prohibitive costs associated with other types of recreation.

Concerns related to seniors' housing (affordable, appropriate and accessible), bed availability (acute care, residential care and assisted living beds), and home care support services were prominent throughout the data. Lack of in-home support services places a significant burden on women to provide many hours of "volunteer" care in order to ensure that minimal needs of loved ones are met. Research shows that rural women are required to provide more hours of unpaid care than women in urban areas (National Coordinating Group on Health Care Reform & Women, 2002). Further, because home care is not covered by principles of universal access that are embedded in the Canada Health Act, means tests, user fees, eligibility requirements and lack of national standards contribute to inequity of care. Even those women with the financial means to purchase services often find that these are simply not available in smaller, rural communities.

In a recent press release from the Canadian Association of Social Workers and the Canadian Association for Social Work Education (October 1, 2008), it was noted that "the economic insecurity of women seniors is a result of inadequacies in public pension programs, as well as inadequate workplace pensions and individual savings". The CASW and the CASWE have called upon the Canadian Government to make policy changes to mitigate poverty in old age, especially as it affects women. This study of older women in northern BC affirms the need for such policy shifts.

SOCIAL SUPPORT AND COMMUNITY CONNECTEDNESS

Strong social supports and valuable ties to community are associated with older women's sense of health and wellness. Receiving support was particularly challenging for those women without family nearby and for those whose close friends had passed away or were no longer living in the area. The National Coordinating Group on Health Care Reform and Women (2002), noted that home care entails aspects of social and emotional support, and suggested that "such support (or the lack of it) can have a profound impact on health". For women who live alone, and have limited contact with family and friends, reliance on formalized home care services for social and emotional support can be very important. This point is of particular concern in the context of cuts to publicly accessible home care services that have taken place over the past few years coupled with challenges accessing both publicly and privately provided home care services in rural and remote settings.

Social isolation and loneliness are as great a predictor of disease and premature death as smoking, obesity, lack of exercise and high blood pressure (Canadian Research Institute for the Advancement of Women, 2001). Further, McLennan (2005) found that women (of all ages) in northern BC believe that "relationships with other women and with family and community along with connections to community services and programs are a fundamental determinant of their health."

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ROLE OF CAREGIVING

Caregiver stress can lead to both physical and emotional problems, ultimately having a negative impact on the health and wellness of older women. In a recent study of caregiving by northern rural women in BC, Hemingway, Peters and Vaillancourt (2008) found that most care was conducted in private homes by sole caregivers with limited social services, and where rural geography exacerbated a sense of isolation. Finding ways to provide assistance to these caregivers in northern, rural and remote settings, such as through respite care and other support services, is critical.

WHERE TO GO FROM HERE?

Clearly there are huge systemic issues that negatively impact the health of older women across British Columbia; however, those in rural and remote settings face additional challenges that exacerbate problems and that require urgent advocacy and action. Given that 25% of the BC population is expected to be 65 or older by 2030, it is critical that social workers join with seniors' organizations, other professional associations and community groups to advocate for an environment in which all seniors can age well — with particular attention to the most impoverished older women living in rural and remote settings. The broad recommendations that emerged from our project provide a starting point and call on government and health authorities to supply funding and undertake specific legislative, policy and program initiatives that (with seniors in the forefront of the process) will: support aging in place; foster community involvement; facilitate financial support; and provide support for caregivers.

Social workers, with our diverse skill sets, are well suited to provide leadership to the interdisciplinary and activist approach needed to bring about change in all four areas. This may be through case management roles, providing holistic client centered assessments, working closely with other front line service providers, or advocating for policy and systemic change.

Recent provincial government initiatives such as the Premier's Council on Aging and Seniors' Issues (Baird, 2006) and the Healthy Living Framework (Government of BC, 2008) show some promise that changes identified in our project (and in many others) are being considered. But we are all too familiar with magnificent policy statements and election-time promises that never see the light of day in any meaningful way. The challenge before us, as always, is to advocate and organize in such a way that these "words" actually become "deeds".

The full preliminary report of the "Health Needs of Northern Women 45 Years and Older" is available in the "research and publications" section of the Women North Network website: www.womennorthnetwork.ca.