

---

# BEYOND THE PANDEMIC

ELEVATING THE EXPERIENCES AND  
VOICES OF OLDER ADULTS IN THE  
SASKATOON AREA



# Acknowledgements

## **Age Friendly Community Development Committee:**

Catherine Arnold, Virginia Dakiniewich, June Gawdun, KC Hall, Cynthia Johnston, Jeananne Klein, Shan Landry, Jane McPhee, Mercedes Montgomery, Elliott PausJensen, and Candace Skrapek.

## **Expert Panel:**

Darrel Seib, Saskatchewan Human Rights Commission; Brittany Ellis, Geriatric Emergency Medicine; Catherine Arnold, School of Rehabilitation Sciences, University of Saskatchewan; Dennis Kendel, Saskatchewan Seniors Mechanism; Doug Still, Saskatchewan Seniors Mechanism; Donna Goodridge, College of Medicine, University of Saskatchewan; Jan Cunningham, City of Saskatoon; Saskatchewan Open Door Society; Isobel Findlay, University Co-Director of CUISR; Alexander Crizzle, College of Community Health and Epidemiology, University of Saskatchewan; Roslyn Compton, College of Nursing, University of Saskatchewan; Canadian Hub for Applied and Social Research (CHASR)

## **Report Writers:**

KC Hall, Jeananne Klein, Shan Landry, Jane McPhee, Elliott PausJensen, and Candace Skrapek.



## **Contact Us**

- ☎ 306.652.2255
- ✉ [admin@scoa.ca](mailto:admin@scoa.ca)
- 🌐 [www.scoa.ca](http://www.scoa.ca)
- 🐦 @scoa3
- 📘 @scoa25

# Our story so far

## Who We Are

The Saskatoon Council on Aging (SCOA) is a community-based organization that promotes dignity, health, education, programs, services, and policy advocacy for older adults. SCOA is dedicated to positive aging for all in an age-friendly community and works towards this through important partnerships, programming, and engaging and empowering older adults. As we look beyond the COVID-19 pandemic, the Saskatoon Council on Aging (SCOA) is of the view that there must be a concerted effort from key stakeholders, in partnership with older adults, to address the many issues that have had an impact on older people during this crisis.



## This Project

SCOA wanted to ensure that older adults had an opportunity to have their voices heard; the diversity of perspectives of older adults was reflected in future planning and that older people were engaged as co-leaders in developing new and innovative approaches that have a direct impact on them. Therefore, in March of 2021, SCOA was successful in receiving a \$25,000 grant from New Horizons for Seniors Program to undertake a research project to gather evidence about the experiences of older adults during the pandemic. Entitled "Beyond the Pandemic" the project followed the two main principles that underly the foundation of SCOA's work:

- Older adults should be engaged and empowered to advocate and speak for themselves, and
- Healthy aging in an age-friendly community is only made possible when older adults are fully engaged and work collaboratively with other stakeholders to make effective policy recommendations.

# Table of Contents

01

Introduction

02

A word about  
context

03

Summary of  
research findings

04

Participant  
characteristics

05

Research finding  
themes

06

The way forward

07

Conclusion

# Summary of Research Findings:

**While individual experiences varied during the pandemic, on average, older adults' health declined, and they felt less safe, less connected, less respected, and less like they belong as a result of the COVID-19 public health crisis and associated public health measures. However, older adults reported being somewhat satisfied with healthcare practices and SCOAs initiatives.**

The following results demonstrate the concerns and challenges commonly faced by older adults:

- **35.7%** of respondents reported their mental health to be worse and **30.4%** of respondents reported their physical health to be worse than before the COVID-19 pandemic
- **50%** of respondents were primarily concerned about the healthcare system being overloaded
- **49%** of respondents were primarily concerned about a loved one getting sick from COVID-19, and **46.8%** were concerned about getting sick themselves
- **49%** of respondents experienced difficulty accessing their usual activities

These concerns and challenges were reflected in feelings of safety, connection, respect, and belonging:

- **45%** of respondents felt less safe outside in their community compared to before the pandemic
- Only **6.9%** of respondents reported never being worried throughout the COVID-19 pandemic, and those with lower income were worried more often
- **44.6%** of respondents found they were only somewhat able to support or participate in ways that were important to them

**Overall, the income level and perceived current health of respondents were the characteristics that were most related to older adults' experiences of the COVID-19 pandemic. In general, older adult' health declined, and they felt less safe, less connected, less respected, and less like they belong as a result of the COVID-19 public health crisis and public health measures put in place.**

# Introduction

**Saskatchewan reported its first presumptive case of COVID-19 on March 12, 2020. On March 17, 2020, Saskatchewan's Chief Medical Health Officer signed the first of what would be a series of public health orders over several months to control the transmission of COVID-19. The next day, on March 18, 2020, with 16 confirmed and presumptive cases, the Province of Saskatchewan declared a state of emergency. Since it began, the COVID-19 pandemic has had a profound impact on the health and well-being of older people in Saskatchewan. It has also given rise to a series of critical policy questions surrounding how we view older adults, and how we should support and engage a diverse aging population into the future.**

SCOA collaborated with research partners from the University of Saskatchewan (U of S) to develop a research plan and seek U of S Ethics approval for a research project which would look more specifically at the pandemic experiences of older adults. An Expert Panel was created which included representation from some other SCOA partners and community leaders (City of Saskatoon, Community-University for Social Research CUISR, Saskatchewan Human Rights Commission, Saskatchewan Seniors Mechanism, Open Door Society, Saskatchewan Health Quality Council, U of S College of Nursing and The U of S College of Medicine's Department of Community Health and Epidemiology). Some of the members of the Expert Panel were older adults themselves and were invited to provide their expertise and advice in guiding the project. The panel members

assisted in the development and piloting of the online survey and advised on other project activities.

The research took place in two phases. During the first phase, from November 2021 to February 2022, a 58-question online survey was developed and U of S ethics approval was applied for and received. The survey was then widely distributed and subsequently completed by 408 older adults (ages 55-93 years).

Phase 2 began in February 2022 until March 11th, 2022. Seven follow-up virtual focus groups were held in order to hear more directly from older adults about their pandemic experiences. Focus group participants volunteered to take part by completing an indication of interest at the end of the survey. Participants spoke openly and fervently about impacts of the pandemic and public health measures on them and their families. They also described their preferred approaches to mitigate the negative effects of the COVID-19 pandemic and concomitant public health measures on older adults, support the positive changes that have occurred, made a number of recommendations for actions going forward. The focus groups were led by members of SCOA's Age-Friendly Community Development Committee (AFCD), who were all older adults themselves. Forty-nine older adults participated (ages 57-84). Focus group participants volunteered to take part by completing an indication of interest at the end of the survey.

This report on the quantitative and qualitative results of this project will describe what SCOA heard from older adults about their experiences during the COVID-19 pandemic, and their ideas for action going forward. Most importantly this report outlines their recommendations regarding the continuing work needed to make the community one in which positive aging can be a reality.

# A word about context

Focus groups were conducted from February 14th, 2022 through March 11th, 2022, a time period that saw high numbers of COVID-19 deaths in Saskatchewan. February 2022 marked the third deadliest month of the pandemic, totaling 154 deaths and averaging 5.5 deaths a day. While the focus groups were being conducted there were several COVID-19 public health measure changes including an end to Saskatchewan's vaccine passport policy and mandatory in-door masking. Additional changes in pandemic policies during this time included Saskatchewan data reporting being published weekly online, instead of daily via the COVID-19 dashboard. While public health orders were being lifted by the government other health experts were calling on the province to maintain public health measures. These additional health experts asked for public health orders to stay in place to reduce the size of the Omicron wave, reporting that public health orders are necessary to protect vulnerable people and prevent our healthcare system from being overwhelmed again.

Also, during the time of the focus groups, the national scene was turbulent as the "Freedom Convoy" made its way across Canada to assemble in Ottawa demanding the removal of public health orders for weeks. This event was top of mind to Canadians for weeks, including focus group members. Focus group members highlighted divisions within communities, among friends and family members about beliefs regarding the COVID-19 virus, vaccines, masks, and other health issues that strained and, in many cases, fractured close relationships, with all the associated losses.



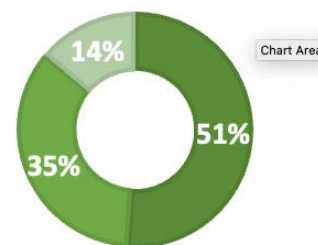
# Participant Characteristics:

## Survey

The respondents ranged in age between 55 and 93 years (M = 68.77, SD = 3.45). Just over two-thirds of the respondents identify as female (68.1%; n = 273) while the remaining third identify as male (31.9%; n = 128). Over half of the respondents reported being married or in common-law relationships (63.0%; n = 254). The remaining are single (12.2%, n = 49), separated or divorced (11.7%; n = 47), or widowed (13.2%; n = 53). Information on the living situation of respondents was also collected. One-third of respondents live alone (33.3%; n = 134) while two-thirds live with at least one other person (66.7%, n = 269). Many respondents reported that they own a house (75.7%; n = 305), but others reported an alternative living situation. Respondents varied in their employment status with the large majority retired (74.8%; n = 300). Others were employed on a full or part time basis (20.7%; n = 83), or were out of or unable to work (4.5%, n = 18). Two-thirds of respondents reported having a high income that sufficiently met their needs all the time (67.9%; n = 273). The remainder did not have sufficient income to meet their needs all the time (32.1%; n = 129). All respondents had at least some education, with just over two-thirds finishing some type of post-secondary education (77.3%; n = 310).

Respondents also reported their perceived overall health. Most commonly, respondents thought themselves to be in very good overall health (51.1%; n = 206), however some found themselves to be in average overall health (35.0%; n = 141), and some in poor health (13.9%; n = 56).

PARTICIPANT OVERALL HEALTH



■ Very Good Health ■ Average Health ■ Poor Health

## Focus Groups

The average age of participants was 74 years (SD = 7.6; range 55 – 84 years). Almost three-quarters of participants identified as female (74%; n = 36) while the remaining identified as male (27%; n = 13). Most participants were married or in a common law relationship (86%; n = 42), with the remainder of the sample reporting being single, divorced or widowed (14%; n = 7). Almost all participants reported having an income that met their needs (92%; n = 45), with most participants being retired (90%; n = 44) and few reported working full time (6%; n = 3). Additionally, most participants reported being in good or very good health (88%; n = 43).



# Research Finding Themes

1

Respect and belonging

2

Connection

3

Experiences with healthcare

4

Mental and physical health

5

Safety

6

Older adult challenges, concerns and needs, during the pandemic

# 1. Respect and Belonging

In the survey, respondents were asked about their feelings of respect and belonging during the COVID-19 pandemic. Respondents were asked to what extent they agreed with statements relating to levels of respect older adults received during the pandemic. When asked if they agreed that the death of young people was taken more seriously than the death of older people, especially those in long term care, two thirds of respondents (65.9%; n = 243) agreed. This was supported by focus groups participants comments.

***"...the idea is that we are frail, that our bones are going to crack ...if we walk around somewhere.... and we have been treated by the media as if we are expendable." (F4)***

Responses were varied when asked about feelings of individualization: 54.4% (n = 197) respondents disagreed with the statement that they were being "seen not as an individual, but as one of a

group of old people, all frail vulnerable and in need of protection," while 45.6% (n = 165) agreed with that statement. Further, 52.8% (n = 186) respondents agreed that the human rights of older adults have been respected during the COVID-19 pandemic, whereas the remaining 47.2% disagreed (n = 166).

In the focus groups, we heard from older adults that they felt that ageist perceptions were perpetuated and were more overt in our society. These ageist perceptions included the lack of compassion for the deaths of elderly people caused by Covid-19 as well as society's lack of awareness and understanding on how diverse the older adult population is.

***"I am active and vibrant and want to be an excellent contributor to our society, and it really makes me angry that just because I have a few grey hairs I am disrespected." (F6)***

Survey respondents were asked if the pandemic has changed their feelings of belonging in their community. Again,

# 1. Respect and Belonging (Continued)

responses were divided, with 57% disagreeing that their feelings of belonging in their community had changed, and 44% agreeing that their feelings of belonging have changed.

The participants in the follow-up focus groups also contributed to the understanding of older adults' perceptions related to respect and belonging. Participants reflected on pandemic limits on indoor gatherings and reported finding ways to form connections in their condominium buildings, neighborhoods, and close community to engage in pandemic-friendly activities. Bonds between older adults and their family members, friends, and neighbors living nearby were strengthened.

***"Thankfully I had a nice bubble of friends who were supportive and I was able to walk with friends and that was a, being able to be outside with people that's really important."*** (F2)

While older adults described their community and neighborhood relationships as thriving, older adults also reported being affected by ageist narratives being portrayed by the media. But they continued to experience, and even more overtly, ageist perceptions in society. One of the major themes that emerged from the focus groups was the concern of societal division, and they identified that there was a need for rebuilding relationships. Every focus group

commented that their relationships were negatively impacted by the politicization of the pandemic.

***"The division in our country is really depressing. It's concerning, and how we heal from that is a major concern."***  
(F6)

Almost all participants reported a loss of a relationship or a significant strain in a relationship due to differences of opinion on pandemic personal safety measures. The presence of pervasive misinformation online was felt to contribute to this.

***"I think technology has done a lot of good for people. But one of the other issues I have is that there's also a lot of, especially seniors that have been hurt by misinformation, especially on social media"***  
(F2)

There is perceived to be an urgent need for strategies for rebuilding relationships and healing damaged connections with loved ones and the community.

***"Saskatchewan's always been a resilient bunch, and it's going to find a way out of this. And the big thing is healing the divides that have been formed."*** (F4)

# 2. Connection

Throughout the pandemic, there was ongoing advice and public health recommendations related to “social and physical distancing” and reducing one’s circle of contact with others to reduce exposure to the virus. In response to physical distancing and advice to just “stay home”, the study revealed that the social bubbles of older adults shrank numerically and geographically. Reducing their physical contact with others led older adults to express concern about being unable to fulfill their commitments to volunteering, and providing childcare both of which had provided much meaning and value to their well-being prior to the pandemic.

Many of the participants in the focus group described their valued roles as family caregivers, and in volunteerism. Participants reported that they feel connected to their community through volunteering, and one of the biggest challenges of the pandemic was not being able to volunteer in person.

***“...the idea is that we are frail, that our bones are going to crack ...if we walk around somewhere.... and we have been treated by the media as if we are expendable.” (F4)***

Additionally, survey and focus group respondents reported concerns regarding long-term care and the separation of caregivers from those who were dependent on visits and regular emotional contact for well-being. Some of the respondents considered themselves to be “vital caregiver supporters” to residents of long-term care whether that was spousal, familial, or friendship-related.

***“Long-term care that was something that bothered me right from the early on, because I've worked with older adults all my career. To imagine people cut off from family and friends just was so difficult to imagine.” (F2)***

Survey respondents and focus group participants all mentioned that there were some learnings related to reducing social contact.

***“I have been able to clarify some relationships and realize that I don't necessarily have to feel compelled to participate in things that don't hold much meaning.” (F6)***

Bonds between older adults and their family members who lived nearby were strengthened although some

## 2. Connection (Continued)

stress and anxiety resulted from being unable to travel to see family members who lived far away. However, they learned and employed new ways to meaningfully connect with family and friends at a distance through technology.

***“Lots of Zooms! Got to meet with friends that we haven’t met with in years because of distance so we spent time on Zoom.” (F5)***

As the positive aspects of reduced contact were explored respondents reported forming new connections with others living in their condominium buildings, neighborhoods, and close community and engaged in pandemic-friendly activities with these newer contacts.

***“In our condo if we hadn’t been able to get together, I think all six of us would have gone crazy. You know like because we just, we had each other and it was fortunate.” (F2)***

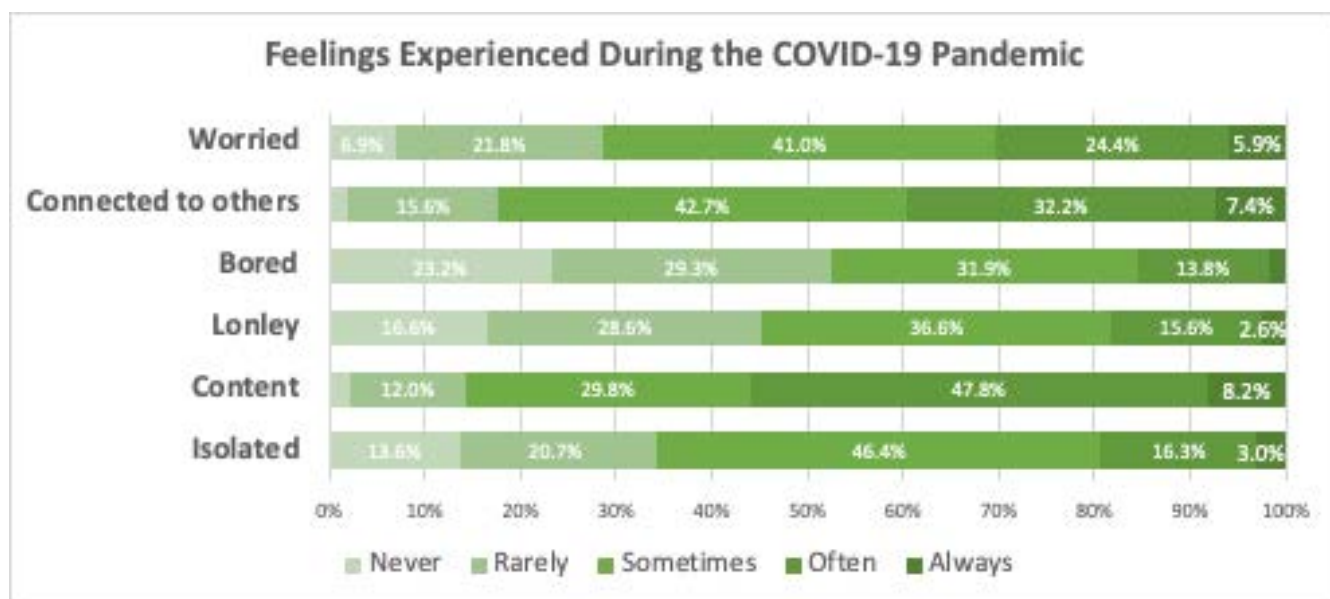
Additionally, they developed existing or adopted new hobbies including bird watching, dog walking, taking seniors continued learning courses, gardening, and exploring their own cities.

***“I read a lot more, I learned new skills like cooking, and sewing. I actually sought out hobbies that were not in my comfort zone before.” (F1)***

## 2. Connection (Continued)



In the survey, respondents were asked about their experiences of connection during the COVID-19 pandemic. Feelings of isolation, contentment, loneliness, boredom, worry and connection with others were assessed on a frequency scale with the options of never, rarely, sometimes, often, and always. Responses were mixed. More than half of respondents reported feeling content often or always and more than 80% felt at least sometimes connected to others. However, more than 70% of respondents felt worried at least some of the time, more than 60% felt isolated at least some of the time, more than 50% felt lonely at least some of the time, and more than 40% felt bored at least some of the time. Figure 1, provides a graphical representation of these responses.



**Figure 1**

# 3. Experiences with Healthcare

The Covid-19 pandemic and the accompanying public health measures had an impact on older adults' experiences with healthcare services. Alterations in healthcare demand and needs could be expected during the pandemic – because people avoided medical care, because treatment and surgeries were canceled and/or postponed, or because health services did not provide it. Compliance with public health measures, fear, no means of transport, meager household budget, and self-assessment of the (non-)need for healthcare were also factors influencing older adults' utilization of healthcare services.

As part of the survey, older adults were asked questions that focused on their satisfaction with their experiences with healthcare over the course of the COVID-19 pandemic. Participants were asked to what extent they experienced difficulties making an appointment with a healthcare provider for the purpose of diagnosis, consultation, or treatment.

Almost half of respondents had no difficulties making an appointment (48.4%; n = 178). The remaining half of respondents had some difficulties making an appointment (37.5%; n = 138), many difficulties making an appointment (12.0%; n = 44), or were unable to make an appointment at all (2.2%; n = 8). They were further questioned on the types of difficulties experienced when making these appointments. Respondents primarily struggled with difficulties getting an appointment (64.7%; n = 121).

**42%**  
reported  
difficulties in  
making an  
appointment



# 3. Experiences with Healthcare

(Continued)

Waiting too long between booking an appointment and visit was also a significant difficulty (38.0%; n = 71) as was services not being available at the time required (29.4%; n = 55). All difficulties experienced are depicted in Figure 3.

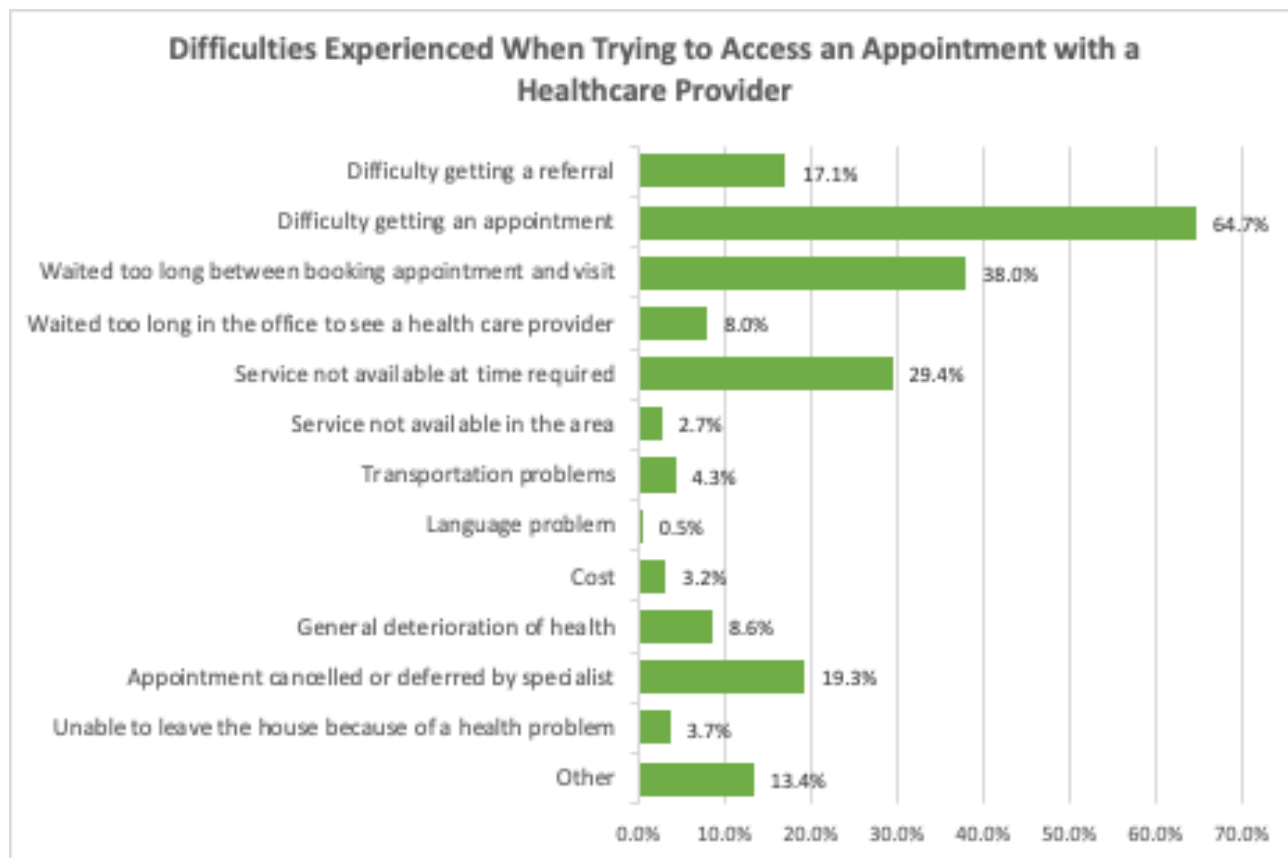


Figure 2

Generally, access to health care services was a relatively positive experience with almost half of the older adult respondents not experiencing any difficulties.

***“But, everything got done that was supposed to get done, I didn’t get left out. The healthcare system worked for me.” (F8)***

# 3. Experiences with Healthcare

(Continued)

The opportunity to use virtual healthcare options was well-received by older adults. However, those that did experience difficulties mainly struggled with getting appointments or long wait times, cancelled procedures, and a third of respondents chose to delay accessing healthcare altogether.

***“My wife has had a surgery cancelled and put off, and I know of several people in our community who've had some fairly significant surgeries postponed because of COVID.” (F7)***

During focus group discussions, older adults expanded on their experiences with healthcare services. Many older adults said that they did not have difficulty receiving care from their family doctors during the pandemic. They described strong support of virtual healthcare appointments (i.e., telephone, video conference, etc.) when appropriate.

***“I was absolutely thrilled when the docs got paid for phone calls, because that's been an ongoing issue for years and I've written the SMA about it” (F2)***

Positive aspects of this necessary transition to remote access to health care providers included eliminating the need for travel and spending time in waiting rooms and prompting their learning of new technologies. Some commented that virtual appointments allowed for more open communication about their health needs and were grateful that healthcare professionals were being paid for emails, phone calls, and virtual appointments.

***“You don't want to appear silly or paranoid, or whatever. But, on the phone you can be quite open, and be honest with the doctor, and get that kind of response.” (F4)***

Despite the positive reaction many had towards virtual appointments, some focus group participants did experience barriers in accessing this type of care and also validated that there were concerns about the consistency of care received in this way.

***“The problem we have with increased health care options are the standards are really varied.” (F2)***

Additionally, older adults expressed distress and uncertainty when discussing the possibility of losing their long-term family doctors as a result of the increased stress on healthcare workers throughout the pandemic.

***“Even my own doctor is thinking of leaving and that scared me because she is wonderful.” (F6)***

# 4. Mental Health and Physical Health

Older adults who participated in the survey and focus group discussions testified to the impact of the COVID-19 pandemic and resulting public health measures on their mental and physical health.

***"I think that mental health is a real challenge. I think a lot of people are having mental health issues and they do not even realize that they are having them." (F3)***

More than a third of survey respondents reported their mental health to be worse than before the pandemic. Over half reported no change while a small percentage, 7.6%, stated their mental health had improved. Women reported worsening mental health more frequently than men.

Focus group participants described their experiences as their mental health worsened since the start of the pandemic.

***"I really struggled at the beginning of the pandemic; it wasn't good. I kind of developed anxiety and stuff." (F1)***

Some described how they tried to help others while dealing with the pandemic's effects on their own health.

***"I try to be strong for everybody, but you know it took a toll on me as well." (F5)***

While others described how they reached out for help.

***"I could not deal with anything. So they (811) helped me a lot." (F7)***

Slightly less than one-third of survey respondents described their physical health as worse during the pandemic than before. Over half reported no change while 12% said their physical health was better than before the pandemic. Income was an important factor here; those whose incomes did not always meet their needs were affected more negatively than those with incomes that consistently met their needs.

# 4. Mental Health and Physical Health

(Continued)



Focus group participants described positive impacts on their physical health during the pandemic and public health measures.

***"We kept up our exercise, we went for our bloodwork, and our doctor could not believe what good health we were in." (F1)***

***"I have never gone two and a half years (before) without a bronchial infection or a bad cold that led to steroids." (F3)***



Additionally focus group participants described the negative impacts of the pandemic on physical health of others.

***"...my mom is in a long-term care home...before the pandemic started, she was active, she was walking,...During the pandemic she rapidly declined, she is in a wheelchair now." (F4)***



Survey respondents who described their health as not being good at the time they completed the survey were more likely to report that their health worsened during the pandemic. Older adults who described their health as better during the pandemic also reported feeling connected to others and content.

# 5. Safety

Feelings of safety have been affected by the COVID-19 pandemic and public health measures that have been implemented throughout the past two years. Respondents were asked how safe they felt when inside their home and outside in their neighbourhood/community. Compared to before the COVID-19 pandemic, most respondents felt less safe (45.0%; n = 182) or about the same (45.8%; n = 185) when outside of their home in their neighbourhood/community. Only 9.2% (n = 37) of respondents felt safer.

The second aspect of safety identified in the survey was related to feelings of safety inside their house, apartment, or building they lived in. Most respondents felt just as safe (72.3%) or safer (19.9%) compared prior to the Covid-19 pandemic. Those that reported feeling safer commonly cited their feelings of safety were due to being able to control their own environment. Feelings of safety inside their home were not associated with the type of housing reported by the respondents. In regards to the availability of services needed to maintain their home, a notable percentage of respondents who did need home maintenance services experienced a lot less availability of services (15.8%).

When questioned if the pandemic and public health measures changed their ideas about where they want to live in the future, almost all respondents selected “no, I will make changes based on my future needs” (59%) or “ yes, I am more likely to stay in my current home”(34%). Very few respondents selected “yes, I am more likely to look for a place with more services and assistance.” (6%).

As the pandemic took hold and various public health measures were instituted, older adults, like the whole population, heard many communications about ‘safety’.





# 5. Safety (Continued)

Overtly and subtly the communications stressed how to keep oneself “safe” from contracting the virus, but may have also challenged the concepts of how safe people were in the company of others. The majority of participants commented on how they did not feel safe with the removal of public health measures.

***“..the conversation about being safe, I don’t feel like once the restrictions are lifted that I am necessarily safe.” (F4)***

Additionally in every focus group participants discussed their need to participate in self-imposed public health measures to protect their well-being.

***“I will have to still practice distancing and masking and everything when other people don’t.” (F1)***

***“I wore masked when I need to, and I will still wear the mask where I do not feel comfortable and that is fine. (F3)***

Other participants discussed their increased susceptibility to contracting COVID-19 due to being immune compromised, or being an older adult.

***“I would walk in with my mask on because I am immune compromised as well. So, that played a big role in me going out.” (F8)***

***“My wife is immune compromised so we have been ultra-cautious, even with myself coming to work.” (F6)***

Furthermore, participants in these focus groups expressed frustration with policy and decision makers asking the public to be responsible for their own health and not providing the tools and resources to do so.

***“In relation to safety what really matters is the ability to evaluate your risk. And right now being able to evaluate our risk, there is information that we don’t have.” (F4)***

# 6. Challenges, Concerns, and Needs During the Pandemic

Older adults in Saskatoon and area who responded to SCOA’s survey identified both challenges and unexpected positive changes or “silver linings” they experienced during the pandemic and public health measures. Though follow-up focus groups were held at a much different time than the survey was conducted, focus group participants confirmed many of the same challenges, concerns, and needs.

## Older Adult Challenges

A list of potential challenges was provided to survey respondents to which they were to choose all that applied to them. Figure 4 shows a full breakdown of responses. Eighty percent of older adults who responded to the survey experienced at least one challenge. The most common challenges were access to usual physical activities, access to healthcare, and getting supplies, with getting groceries less than a percentage point behind.

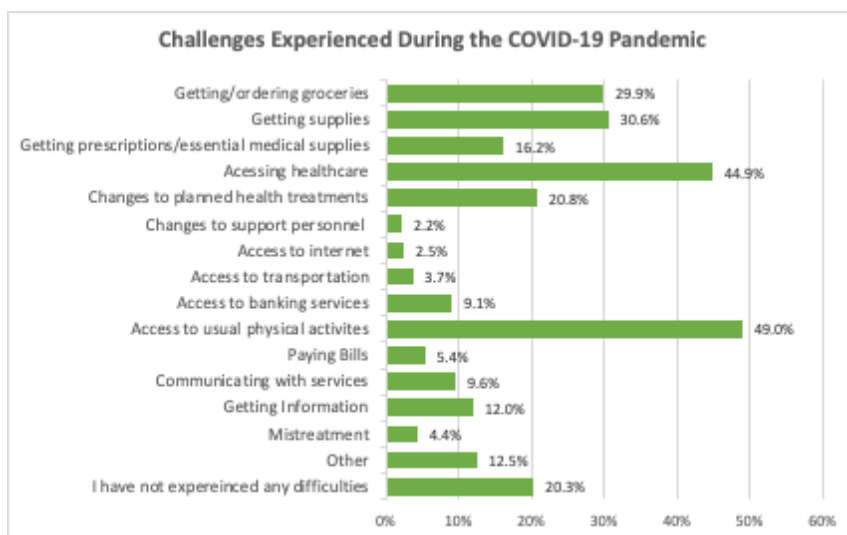


Figure 3

The findings of the survey were reinforced by focus group commentary on experienced challenges. Survey and focus group participants reported concerns with the impacts of isolation and restricted connections on those who lived in assisted living, or senior housing.

***“The exercise equipment in this building, everything is shut down. They took away everything we enjoyed as a community. So, we lost all that.” (F6)***



# 6. Challenges, Concerns, and Needs During the Pandemic (Continued)

## Older Adult “Silver Linings” of the Pandemic

Respondents were also asked if they experienced any positive effects or ‘silver linings’ as a result of the COVID-19 pandemic health measures. Most respondents (81.6%) reported experiencing at least one positive effect. The most common positive effect experienced was a slower pace of life/more time to relax. This finding was supported by focus group participants as well.

***“One thing that really resonated with me was the slower pace and the time to relax was a good thing.” (F3)***

Many older adults (39.8%) also identified public awareness of issues faced by marginalized groups and growing respect for older adults and their needs as “silver linings.”

Focus group participants supported these findings by describing their silver linings. Some participants reflected on being able to deepen connections with loved ones.

***“My wife and I were very intentional about structuring time together, where we would connect do different things different activities, and actually the quality of our marriage improved”. (F2)***

Other participants discussed the convenience of curbside pickup, and senior shopping hours.

***“A benefit of the pandemic was a curbside pickup and the ability to go in and shop at senior times when things weren’t quite as busy and there weren’t as many people around.” (F4)***

## Older Adult Concerns

Respondents were asked to indicate, from a list, their top three concerns during the COVID-19 pandemic. Fifty percent of older adults who completed the survey were primarily concerned about the healthcare system being overloaded and just under 50% were primarily concerned about a loved one getting sick from COVID-19. A slightly smaller percentage (46.8%) were concerned about getting sick themselves.

In follow-up focus groups participants overwhelmingly expressed concern that policy makers did not consider older adults and that there is not enough government support for older adults. Participants discussed the change in their trust towards policy makers since the pandemic due to lack of information, changing public health measures, and lack of policy maker communication.

## 6. Challenges, Concerns, and Needs During the Pandemic (Continued)

***“I thought for me communication, was something I thought our leaders didn’t do a good job ... informing us of what was going on and how we needed to pull together and work through this” (F6)***

Additionally, participants in these focus groups commented on being invisible to both society, as well as policy makers. Many participants reported contacting provincial members of the legislative assembly with concerns, and received no response back. Older adults felt that there is a need for more advocacy efforts to be made on behalf of older adults. Specifically older adults are requesting guidance on elevating their voices and experiences in a prominent way to be heard and respected by policy and decision makers.

***“We need to make sure that we are treating our older people with, the respect they deserve. And, I think we [older adults] will get lost as we move forward ... we need to remind our politicians that we are an important part of our population.” (F3)***



## 6. Challenges, Concerns, and Needs During the Pandemic (Continued)

### Older Adult Needs

In addition to their own challenges and concerns, respondents were asked to consider what they believe are the most pressing needs of older adults in general during the COVID-19 pandemic. High endorsement rates across all response options (i.e., “strategies to ensure older adults are able to stay connected with loved ones in long-term care”, “policies and procedures to ensure safety of older adults in long-term care”, “strategies to help older adults stay socially connected while physically distanced”, “support for healthcare providers”, and “access to routine healthcare to maintain physical health” all have at least 60% endorsement) is indicative of a perceived high level of need among older adults during the pandemic.

The most pressing needs of older adults identified by survey respondents were strategies to ensure older adults can stay connected with loved ones in long-term care and policies to ensure the safety of older adults in long-term care. These choices highlight their significant concerns about the plight of residents of long-term care. Strategies to help older adults stay socially connected while physically distanced was the third most pressing need identified with support for healthcare providers closely following. The fifth most pressing need for older adults was access to routine healthcare to maintain physical health, with more than 60% endorsement from survey respondents.

While participants in focus groups were not directly asked about long-term care homes, respondents overwhelmingly expressed concern for the well-being of individuals residing in these facilities. Participants were adamant that there is an immediate need to address long-term standards, and care.

45%  
felt less  
safe  
outside  
their home

***“It (the no visitor policy) is too much of an emotional impact on them and on their families. We must find a way for their families to be able to interact with them in person safely.” (F2)***

***“They are going to have to start thinking in the new ones (long-term care, personal care homes, and assisted living) how to make them age-friendly and pandemic friendly as well.” (F8)***

# A Way Forward

SCOA's hope is that by articulating these challenges and opportunities identified in the research, we might move more quickly to minimize the negative outcomes of the COVID-19 pandemic, maximize positive changes that might be possible, and redouble our efforts to improve our aging society in ways that benefit people across the life span.

Through the survey and focus groups older adults clearly identified a number of actions that need to be taken in order to improve the quality of life for people as they age.

## **Recommended actions:**

- Healthcare professionals, community providers, and older adults should collaborate to co-design strategies that will continue to address the stigma towards mental illness and to work to decrease barriers to mental health support.

*"There shouldn't be a stigma anymore. We're seeing this in the elderly we're seeing it in the young we're seeing it in all ages of life, and you know workplace or you know it's all over and needs to be addressed." (F7)*

*"I think with seniors, because we are from the generation that does not talk about, so there again we need to be the ones who are helping to open up those barriers to discussion." (F2)*

- Physicians should continue to offer distanced healthcare appointments where appropriate.

*"Virtual and phone call care with my family doctor was actually really slick. Instead of going for two hours to the Mediclinic I just had a call, and that was great. I hope it continues" (F8)*

# A Way Forward (Continued)

- There needs to be strong advocacy for consistent standards for care facilities such as special care homes, personal care homes and enriched housing across the province.

*"They are going to have to start thinking in the new ones (long-term care homes) how to make them, age friendly and pandemic friendly as well." (F4)*

- A step to rebuilding relationships is to slowly repair divisions created by misinformation and views of the pandemic by addressing the misinformation without placing blame or projecting shame.

*"We are not even immune from the pressure of even family and friends who want to pile on a lot of this misinformation, and it is absolutely scary" (F2)*

- Non-profits and government agencies should create population appropriate tools and training on how to develop better public education on critical thought and evaluating trusted and verifiable sources.

*"A big negative that is affecting all of society is that we now live in the truth era. Where false information is given the same weight as real information, people need to learn what is trustworthy source of information" (F4)*

- Pandemic decision makers and leaders need to provide clear and honest communication on pandemic progression. Additionally, these policy makers need to provide clear rationale for public health measure implementation and removal.

*"I am hoping that the minds behind the communication and the understanding are studying this, and the psychological impact of messaging..." (F1)*



# Conclusion

**The COVID-19 pandemic has brought unprecedented challenges and has shone a spotlight on systemic inequalities that have presented a disproportionate threat to the health, lives, rights, and well-being of older people in Saskatchewan. As we slowly move beyond the immediate threats of the COVID-19 pandemic, examine its impacts, and begin the process of policy and program planning decisions required going forward, meaningful and active collaboration with older adults throughout this next phase is crucial to minimizing and mitigating the predictable adverse risks experienced by them. COVID-19 recovery is an opportunity to mobilize the action needed to provide for a more inclusive, equitable, and age-friendly Saskatchewan.**

Through decades of community engagement activities with older adults, SCOA has accumulated a wealth of information about this population and has the resources, skills, and community connections needed to support them. SCOA is primed to contribute to the learnings from the pandemic and help shape post-COVID policies and programs.

We will emerge from this pandemic having paid a high price, but more resilient and determined than ever. Now is the time to take bold action, create communities and caring environments that promote positive aging: something that all of us deserve.





# BEYOND THE PANDEMIC

ELEVATING THE EXPERIENCES AND  
VOICES OF OLDER ADULTS IN THE  
SASKATOON AREA

## Contact Us

- ☎ 306.652.2255
- ✉ [admin@scoa.ca](mailto:admin@scoa.ca)
- 🌐 [www.scoa.ca](http://www.scoa.ca)
- 🐦 @scoa3
- 📍 @scoa25



New  
Horizons  
for Seniors  
Program



UNIVERSITY OF  
SASKATCHEWAN

**CHASR**

Canadian Hub for  
Applied and Social Research