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Résumé

Les services fournis aux personnes âgées dans les petites villes du Canada : le paradoxe de la communauté

Mark W. Skinner, Mark W. Rosenberg, Sarah A. Lovell, James R. Dunn, John C. Everitt, Neil Hanlon et Thomas A. Rathwell

Il existe une idée répandue selon laquelle les petites villes rurales compensent le manque de services structurés qui les caractérise par la création de liens serrés entre leurs habitants ainsi que par une compréhension commune de la notion de communauté. À partir d'une recherche effectuée dans neuf petites villes situées un peu partout au Canada, les auteurs examinent l'application du concept de communauté en ce qui a trait à la prestation de soins à domicile et communautaires aux aînés. L'analyse se fonde sur des entrevues réalisées avec 55 informateurs clés provenant d'organismes gouvernementaux, d'agences de santé et de services sociaux ainsi que de groupes du secteur bénévole et communautaire locaux. Les résultats révèlent le paradoxe de la croyance conventionnelle selon laquelle les communautés rurales peuvent compenser le manque de services offerts aux personnes âgées, cette croyance ne tenant pas compte de la capacité d'adaptation incertaine des secteurs informels locaux. Les auteurs mettent au défi les décideurs en matière de politiques sur la santé dans les régions rurales, les chercheurs et les fournisseurs de services de démolir certaines présomptions à propos des services offerts aux personnes âgées dans les régions rurales du Canada.

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Services for Seniors in Small-Town Canada: The Paradox of Community

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There is a prevailing argument that what small towns lack in formal services they make up for in close ties among rural people and a shared understanding of the notion of community. Drawing on research undertaken in 9 small towns across Canada, the authors examine how the concept of community operates with respect to the provision of in-home and community care for seniors. The analysis is based on interviews with 55 key informants from local governments, health and social care agencies, voluntary sector organizations, and community groups. The findings reveal the paradox of the conventional belief that rural communities can compensate for lack of services for seniors while failing to take into account the uncertain coping ability of the local informal sectors. The authors challenge rural health policy decision-makers, researchers, and providers to debunk assumptions about services for seniors in rural Canada.

Keywords: Aging, gerontology, rural and remote health, social support, theory

Introduction

The popularity of ideas like social capital, voluntarism, and the rural idyll propel the argument that what small towns lack in formal services they make up for in close ties among rural people and a shared understanding of the notion of community. Key debates within rural health policy, research, and practice raise critical questions about such conventional wisdom, especially as it relates to the provision of services like in-home and community care for seniors in rural and small-town settings (e.g., Hanlon, Rosenberg, & Clasby, 2007; Joseph & Martin-Matthews, 1993; Keating, Keefe, & Dobbs, 2001). Indeed, among those involved in the provision of in-home and community care, there is a sense of uncertainty surrounding the ability of rural communities to support aging in place (e.g., Stewart et al., 2005). This is encapsulated in the words of a provider interviewed as part of our ongoing research on aging communities across Canada:

> *There's a sense that in smaller, rural communities where we don't have an agency and don't provide services, people know one another, they know their neighbours, and even if they live miles and miles away, they know people through church, so services can be provided at an informal level at the very least,* but I'm not convinced that's really the case. *[emphasis added]*

To address this ambiguity, we examine how belief in community operates with respect to the provision of in-home and community care for seniors living in rural Canada. Drawing on interviews with key informants involved in providing services in rural areas, we analyze (1) how belief in community is manifested at the local level, (2) whether those who provide services share this belief, and (3) the implications for delivery of services to seniors in rural and small-town settings. In doing so, we hope to contribute to the limited literature on rural health care in Canada (Kulig, 2005b) and to the even smaller body of geographical work on in-home and community care for rural seniors (Andrews, McCormack, & Reed, 2005). The research is part of a national project in which key informants from local governments, health and social care agencies, voluntary sector organizations, and community groups across Canada are interviewed about service provisioning for seniors and what it takes to create a healthy and service-rich community (Rosenberg et al., 2005).

The article is presented in three parts. First, we review the literature on community, rurality, and service provisioning, which serves as a framework for our analysis of belief in community as it relates to the provision of in-home and community care for seniors. Next, to demonstrate the utility of our approach, we describe the qualitative research design and report findings from 55 semi-structured interviews in nine rural communities across Canada. We then discuss the key findings as they relate to the conventional understanding of rural service provisioning. We conclude by challenging decision-makers, researchers, and providers to debunk assumptions about services for seniors in rural Canada.

Community, Rurality, and Services for Seniors

We contend that understanding in-home and community care for seniors living in rural areas and small towns requires an appreciation of the link among community, rurality, and service provisioning. Three bodies of literature reveal the gap in our understanding of services for seniors at the local level as complex and diverse phenomena. The first informs us about how the concept of community relates to health and social care. The second informs us about the contested nature of rurality and how it

shapes our view of rural and small-town settings. The third informs us how the challenges of the rural service environment affect the provision of in-home and community care for seniors. The integration of these bodies of work provides a three-part theoretical context that guides the analysis that follows.

Community is a complex and evolving concept. It has been defined as a social network of interacting individuals grounded in material conditions and cultural expressions of particular places (Panelli, 2005). Key studies of health and social care argue that central to developing a proper appreciation is the role of people in producing communities and the role of place in shaping them (e.g., Hanlon, Halseth, Clasby, & Pow, 2007). In this sense, community can be understood as the shared meanings (or beliefs) that people ascribe to the spaces and structures that make up where they provide and receive care. The important role of people in producing community has not gone unnoticed in health policy. Indeed, policy debates have recognized the social nature of community as contributing to health and social care (e.g., Helliwell, 2001), not to mention the targeting of local communities for government downloading, particularly as it relates to the needs of seniors aging in place (Cloutier-Fisher & Joseph, 2000). Underlying the emphasis on community is the growing literature on social capital, which contends that enhancing the social linkages within communities has the potential to improve health status (Veenstra, 2002). While there is evidence that social capital affects health through the development of socially cohesive communities that promote supportive efforts and positive health behaviour (e.g., Veenstra et al., 2005), there is scepticism about whether such arguments are valid for already underserved rural and small-town settings and the increasingly at-risk seniors who inhabit them (Ramsey & Beesley, 2006).

The link between community and rurality stems from traditional assumptions about the nature of rural society. "Rurality" has long been idealized as encapsulating a peacefulness and social cohesion that is missing in urban environments (i.e., the rural idyll) (Cloke, 2005). While the rural idyll has remarkable staying power in popular culture and in government policies and programs, commentators point to the growing disparities between conventional views of rurality and the material realities of rural life (e.g., Pitblado, 2005). Indeed, rural health studies are showing that the lives of rural people are lived in a multidimensional, place-specific context (Hanlon & Halseth, 2005). The small-town milieu is characterized by dispersed settlements, uneven development, social deprivation, and an aging population — features that combine to pose distinct challenges for service provisioning (Halseth & Ryser, 2007). However, despite the burgeoning of rural health studies in Canada

(e.g., Canadian Institute for Health Information [CIHI], 2006), including a recent special issue of this journal on rural health research (Kulig, 2005a), the rural dimension of services for seniors is still not fully understood.

The increasing demand for services associated with Canada's aging population exacerbates the longstanding problems surrounding the availability and accessibility of services for rural seniors. Rural service provisioning has been described as the double burden of caring for increasingly vulnerable rural seniors in increasingly vulnerable rural places (Joseph & Cloutier-Fisher, 2005). The difficulty of providing cost-effective services to small numbers of rural seniors is compounded by the failure of governments to acknowledge the unique challenges associated with the small-town milieu, such as geographic, socio-economic, and technological barriers and a limited pool of health professionals and volunteers (Skinner & Rosenberg, 2006). These limitations raise questions about whether the needs of rural seniors are being met and whether rural households and communities are a sustainable source of care (Skinner, in press). Indeed, the literature suggests that recent restructuring demands that families and community members play an increasing role in supporting seniors in order to cut government costs (e.g., Cloutier-Fisher & Skinner, 2006). Yet, in contrast to the widely held beliefs about community and social cohesion in rural areas, researchers have found that seniors draw from a range of sources for their care and that most rural care networks are small and in danger of being overwhelmed (e.g., Fast, Keating, Otfinowski, & Derksen, 2004); as a result, a greater burden is likely being placed on rural seniors' formal and informal caregiver networks (Keating et al., 2001), challenging the conventional argument that small towns, by their very nature, are able to cope.

Taken together, the literatures on community, rurality, and service provisioning in rural Canada reveal a wide gap between belief in community and how communities actually function with respect to supporting seniors. It is this gap that our research on aging communities sought to address.

Methods

To determine how belief in community relates to in-home and community care, we turned to an empirical investigation of services for seniors in different parts of rural Canada. Informed by the threefold theory, we analyzed the results of in-depth interviews with key informants in a series of case studies undertaken for a project funded by the Canadian Institutes of Health Research, Aging Across Canada:

Comparing Service Rich and Service Poor Communities (Rosenberg et al., 2005). The interviews provided an invaluable "insider view" of the complex and dynamic ways in which services for seniors are manifested at the local level.

The Aging Across Canada studies were intended to reveal how and why communities "age" differently and what it takes to create a healthy and service-rich community that allows seniors to age in place. Fourteen qualitative case studies were conducted between 2002 and 2004 by a team of regional investigators. The study sites were selected following an analysis of demographic, population health, and health services data that produced distinct types of aging communities across the country based on population size and levels of income, social deprivation, and community health (Table 1) (see Rosenberg, Moore, Skinner, & Lovell, 2004). Nine of the case studies were defined as representing rural Canada (i.e., either small towns or larger centres serving a rural area) and were purposively selected for analysis here. Based on the studies available, our empirical focus was confined to the collective perceptions of services for seniors in small towns located in rural Prince Edward Island, New Brunswick, Quebec, Manitoba, Saskatchewan, Alberta, and British Columbia. By combining the results of the case studies, we were able to examine the changing service provision environment for rural seniors across the country (Stake, 2005).

The research featured in-depth interviews with a variety of key informants in order to capture the complex dimensions of change and the various sectors involved in providing services for rural seniors across Canada. In each case, a purposive sampling strategy was employed to recruit people with extensive knowledge and experience in providing services for seniors in their communities. Approval was obtained from the research ethics boards of the investigators' universities and health authorities. Informed consent was obtained prior to the interviews. To guarantee confidentiality, the names of individuals and any identifying information are withheld.

In total, 110 interviews were conducted with senior administrators from a wide range of government offices (economic development, municipal council, recreation, transportation), health and social care institutions (hospitals, long-term-care facilities, in-home and community care agencies), voluntary sector organizations (not-for-profit housing corporations, social planning councils, in-home and community care providers), and community groups (community centres, seniors' associations, service clubs), of which 55 are included in this analysis. The number of interviews at the study sites depended primarily on the size of the community but also on variations in how communities are

Table 1 *Profile of Aging Across Canada Studies*[a]

Location	Region	Population[b]	Study Type[c]	Interviews
St. John's, N.L.	Atlantic Canada	99,182	3	9
Sydney, N.S.	Atlantic Canada	105,968	6	7
Summerside, P.E.I.	**Atlantic Canada**	**14,654**	**5**	**6**
Moncton, N.B.	**Atlantic Canada**	**61,046**	**6**	**8**
Chicoutimi, Que.	**Central Canada**	**60,008**	**4**	**10**
Kingston, Ont.	Central Canada	114,195	3	14
Toronto, Ont.	Central Canada	2,481,424	1	15
Dauphin, Man.	**Prairie Canada**	**8,085**	**6**	**6**
Neepawa, Man.	**Prairie Canada**	**3,325**	**5**	**5**
Thompson, Man.	**Prairie Canada**	**13,256**	**7**	**4**
Prince Albert, Sask.	**Prairie Canada**	**34,291**	**6**	**1**
Calgary, Alta.	Western Canada	878,866	2	10
Lethbridge, Alta.	**Western Canada**	**67,374**	**4**	**9**
Prince George, B.C.	**Western Canada**	**72,406**	**4**	**6**
				Total 110

[a] Case studies featured in this article are highlighted in bold (N = 55 interviews).
[b] Based on the 2001 census.
[c] Typology based on Rosenberg et al. (2004):
1. Major metropolitan centres with high immigration, above average income, high SD, above average CH.
2. Large cities with high income, moderate immigration, low SD, good CH.
3. Medium-sized cities with average income, SD, CH.
4. Semi-rural regions with above average income, low SD, low CH.
5. Semi-rural regions with average income, low SD, good CH.
6. Semi-rural regions with low income, high SD, below average CH.
7. Northern region with low income, high proportion of Aboriginal population, high SD, poor CH.

SD: social deprivation; CH: community health.

organized administratively across the country. For instance, in one case sufficient information was collected from a single informant who played multiple leadership roles in providing services for seniors in the community.

All of the interviews were conducted using a common interview questionnaire and protocol designed to ensure data consistency throughout the case studies. In meetings lasting between 30 and 120 minutes, the informants responded to a series of semi-structured questions about the current service environment for seniors in their community, with particular reference to strengths and weaknesses and any constraints on the capacity for improved services (see Table 2). The interviews were conducted by research assistants trained in qualitative data collection at a location convenient for the participant. They were audiotaped and transcribed verbatim to ensure authenticity of the data.

Using a grounded theory approach, the investigators performed a content analysis on the qualitative data. This allowed for the identification of themes throughout the primary data by means of continuous interaction (or "checking") with the objectives of the research (Strauss & Corbin, 1998). The first author coded each transcript to identify categories of manifest and latent messages, which were then organized into an interpretive summary based on the identification of themes throughout the entire database (Cope, 2005). Rigour and reliability of data analysis were ensured through a process of checking the categories and themes with the other investigators and the research assistants (Bradshaw & Stratford, 2005). It was through this analytical process that *belief in community, small-town milieu,* and *services for seniors* emerged as themes.

Findings

The findings on rural and small-town Canada are organized according to the three themes, with specific attention to their constituent categories (Table 3). While some of the categories relate to service provisioning in Canada's urban and metropolitan settings, they are all part of the multidimensional context of service provisioning in rural communities. Direct quotes from the transcripts are used throughout, to illustrate the perspectives of the informants and to ensure authenticity of their voices in the interpretation of the findings.

Belief in Community

The concept of community as it relates to service provisioning for seniors was evident throughout the interviews. The 10 different categories that emerged explain the informants' belief in community (i.e., what it is) and how it is manifested at the local level (i.e., what it does).

Table 2 *Aging Across Canada Common Interview Questionnaire*

General Topics	Questions
Current dimensions of services for seniors in the community	• Please explain what services and facilities are available in your community. • Please describe the organizations that provide services in your community. • Please explain how services in your community are delivered. • Please describe the overall scope of operation for services in your community. • Please explain how services for seniors in your community are co-ordinated. • Please explain the relationship between the services that are provided in your community and the local/regional health authority.
Information about service organizations	• What services does your organization provide to seniors in your community? • What is the administrative structure of your organization? • To whom does your organization report? • What are the roles and responsibilities of your organization with respect to seniors in your community? • What capacity does your organization have to provide services for seniors? • From where does the funding for services provided by your organization come?
Impressions of services for seniors in the community	• What is your overall impression of the current services available for seniors in your community? • What are the strengths of the services that are currently provided to seniors? • Which services in your community work well? Please explain why.

	• What are the weaknesses of the services that are currently provided to seniors? • Which services in your community do not work well? Please explain why. • What services do you think your community needs most? Please explain why. • Do you think your community is attractive to seniors? Please explain why. • Do you think your community is supportive of seniors' independence? Please explain why. • Does your community actively try to encourage seniors to remain in the community? • Does your community actively try to encourage seniors to move into your community as a retirement destination? • What difficulties do you think your community has in attracting seniors? • What difficulties do you think your community has in supporting seniors' independence? • What initiatives have been taken to deal with difficulties regarding services in your community?
Perceptions of service-rich versus service-poor community	• How would you define a service rich community? • How would you define a service poor community? • What constraints does your community face in becoming more service rich? • Do you believe that your community is service rich or service poor with respect to seniors? Please explain why. • How would you compare your community with others with respect to it being service rich or service poor?

Table 3 ***Major Themes and Categories from Transcript Content Analysis***

Belief in Community	Small-Town Milieu	Service for Seniors
• Nature of community • Sense of belonging • Family and informal relations • Shared values and meanings • Small-town identity • Voluntarism • Local agency • Formal partnerships • Informal networks • Local churches and clubs	• Rural culture • Social issues • Quality of life • Rural health status • Economic change • Political restructuring • Rural policy • Size of community • Distance, travel, and isolation • Climate and weather	• Service deficiency • Lack of infrastructure • Professional services • Service coordination • Advocacy • Ageism • Aging volunteers • Aging in place • Frail elderly • Seniors' independence

Starting with the *nature of community,* the informants conveyed a positive perception of small towns across Canada. For instance, they suggested that small towns "might be lacking [formal] services, but there is lots of community" and that rural communities feature "a strong sense of self-sufficiency and helping each other out." This optimistic view of community points to a *sense of belonging* in small towns. Informants indicated that there is a feeling of closeness in small towns and that this is especially important for seniors: "This is their home; their roots are here." At the same time, they remarked on the exclusionary nature of their communities: "It's difficult for outsiders to relate with the community."

The *importance of family* was cited by informants as defining small-town settings. There was a strong perception that seniors thrive in communities where they have family — "As long as they have family here, seniors stay here" — and that in small towns everyone is considered family regardless of biological ties. One informant said, "Strangers are related to everybody else as if they were family here." The same person noted the *importance of informal relationships.* Other informants also made this point, highlighting the informal power base of leadership and networking in small towns as well as seniors' dependence on one another: "While seniors may be isolated here, they rely on each other more." They expressed the view that family and neighbours are more likely to look in on one another in rural communities than elsewhere.

Underlying these perceptions of community were *shared values and meanings* centred on relationships of trust and a communal service ethos: "People pull together here, and it makes us stronger." A sense of community was also evident in the informants' identification with individual small towns. Several informants referred to their community as able to resolve its own problems — "We get things done without much fanfare" — while others commented on the resourcefulness associated with "the North." The importance of *small town identity* was particularly evident when small towns were compared with cities: "Rural communities have a stronger community service ethic, [which] we lose as we become more urbanized and sophisticated."

While the informants indicated that a sense of community is central to small-town life, they also raised a number of issues relating to how belief in community operates at the local level. *Voluntarism,* for instance, emerged as a dominant feature of service provision in small towns. While informants mainly spoke positively about voluntarism in their communities, some admitted that it increasingly posed a challenge. Informants highlighted the positive relationship between volunteers and community, with one saying, "Because we have a strong volunteer base here, there's a good support system within the community," and others pointing to the ability of volunteers to supplement the formal service environment: "There are a large number of people involved on a voluntary basis to offset the professional help we're losing." Those informants who mentioned the challenge posed by the use of volunteers focused on their declining availability: "[The volunteers are] getting older and burning out."

Informants indicated that local solutions had been developed to meet service needs. Initiative and leadership emerged as key components of communities' ability to maintain services: "Developing more services would not happen without local vision." More importantly, *local agency* was seen as a central feature of how small towns cope with the lack of resources: "There are fewer resources here, so we've got to be more creative and innovative with solutions." The development of local solutions highlights the importance of *formal partnerships* and *informal networks* between the various stakeholders in a community. One person said, "Service providers have to partner with each other in order to have things happen," explaining that there was interest in developing private partnerships (i.e., between the municipal government and for-profit or not-for-profit agencies) to meet local needs. Informants also referred to the crucial role played by the informal sector in small towns: "[In the absence of] a formal system, informal connections are the things that make community services work."

The last aspect of community identified was the role played by *local churches and service clubs*. Informants indicated that the church represents both a spiritual institution and a focal point for accessing and delivering community services. They referred to the traditional nature of their communities, with more than one commenting on the role of the church: "Most of our residents are connected to the church." "It's not just religion," said an informant, "the church is actively involved in providing services." Local service clubs were also viewed as important providers of community services. However, several people stated that service clubs are struggling to cope with the growing demand for services in small towns: "Out here, services clubs, just like churches, are losing membership and funding."

Small-Town Milieu

Permeating the responses was an overall concern for the rural service environment, from which 10 additional categories emerged, all associated with the sociocultural, political-economic, and material realities of the small-town milieu.

The informants cited both positive and negative aspects of rural life, as captured under the category *rural culture*. Some indicated that their communities were traditional and homogeneous — "We all speak the same language here" — while others pointed to the transient nature of their populations and the lack of closeness in their communities: "We're as diverse as they come." Taken together, these two perceptions reflect the complexity and diversity of Canada's rural communities, which was also evident in the informants' perceptions of *social issues,* such as the overall sense of safety versus the lack of privacy inherent in close-knit rural communities.

Linked to rural culture and social issues was the view that *quality of life* is an important aspect of rurality. Many of the informants referred to the advantages of small-town life, from the practical issue of a lower cost of living — "For those of us on a fixed pension, your dollars go further here" — to the more ephemeral sense of the rural idyll — "We have a more relaxed, more laid-back lifestyle." Some, however, articulated a nuanced view of rurality, acknowledging that not everyone shares equally in the benefits of small-town life. These informants raised the often overlooked issue of rural poverty: "Some people live here because they can't afford to move."

There was clear evidence of an association between quality of life and health status in rural Canada. The informants demonstrated a sophisticated understanding of the underlying issue of *rural health*. They described the effects of the various determinants of health, such as income, education, employment, personal health, and health services, on the rela-

tively poor health status in rural areas, as noted in the literature (CIHI, 2006). "People in the North [and other rural areas] aren't as healthy," said one informant, "and we don't have the capacity to change that." The informants suggested, however, that there is a sense of resiliency in small towns: "While health care is a serious issue here, an awful lot of our seniors aren't sick because they're tough."

Economic change was associated with all the small towns in the study. Informants pointed to the widespread impact of a decline in agriculture, fishing, forestry, mining, and other resource-based industries on small towns across the country. Some cited the unemployment and out-migration due to economic decline: "All the small villages are being deserted because there are no jobs." Others commented that they were starting to see symptoms of social disintegration in their communities: "Crime is becoming a serious problem — homelessness and alcoholism too." Reflecting the variety of small towns featured in the research, some informants expressed a positive view of the economic changes taking place, noting that their communities were retirement destinations and seeing the in-migration of older populations and retirement-oriented businesses as a boost to the local economy.

Along with the economic transition, the informants referred to *political restructuring* as a source of systemic change in their communities. They discussed the impact of broad-scale changes to public services, such as centralization of health authorities, downloading of ambulance services to the local level, and municipal reorganization through amalgamation. One informant cited the "lack of political clout" in rural areas and another suggested that recent restructuring was worsening this situation. Informants bemoaned the *lack of rural policy* in general, which one referred to as "a forgotten issue" and went on to explain, "We are disadvantaged because we are far away from decision-makers in the city."

The perception that the economic impact on the lives of rural people was heightened by the small *size of their communities* was virtually universal among the informants. Informants brought up the difficulty of developing economies of scale for the full range of services in rural and small-town settings. One explained that "sometimes it's hard to put together the resources to meet needs, because we don't have the volume…." Another said, "There's no critical mass of population to demand services," which exacerbated the resource scarcity associated with small towns. Informants also pointed to *distance, travel,* and *isolation* as significant barriers to accessing services in rural areas: "Distance is a big problem for those who have a 2-hour drive to get treatment because of a lack of physicians here." While the informants attributed the isolation of small towns to physical location — "We're just one remote community that the Regional Health Authority serves" — they also raised the social

isolation of seniors within the community itself as an issue: "There aren't enough services here to get [seniors] out amongst other people, so they stay inside"; "Sometimes we find them dead."

While weather is not unique to rural environments, there was a strong perception that the challenges posed by *climate and weather conditions,* especially during the winter season, served to exacerbate those of providing and accessing services for seniors in small towns. Informants from across the study sites viewed winter and snow as particular barriers. Some related them to the issue of seniors being homebound — "Some of our older people can only get out of their homes in the summer" — and to the strain on already limited services — "Winter limits access to community services"; "If there's a snowstorm, we really shut down — not like other places, where you just hop on the bus or subway." As with other aspects of the small-town milieu, there was a minority perspective that emphasized the positive aspects of climate and weather in rural areas, consistent with the rural idyll: "It's part of our outdoor recreation and fresh air."

Services for Seniors

Specific issues and challenges surrounding the provision of services like in-home and community care for seniors were captured in 10 final categories relating to the overall availability of services in rural areas and the particularities of the aging rural population.

There was a general perception that insufficient funding and resources hinder the availability of services in rural and remote regions, and that these areas already have minimal levels of service compared to urban communities. Informants also referred to the narrow range of service options available: "Services that *are* available here are good, but we don't have the entire continuum…over the life cycle." *Service deficiencies* also reflected ongoing problems of service provision in rural areas and related to specific issues in small towns, such as the *lack of general infrastructure*. Informants cited the lack of municipal infrastructure, such as public transportation, as weakening seniors' access to services: "We're like a poor country cousin, with poor roads." Similarly, in terms of the availability of health and social care, people referred to the dearth of *professional and specialized services* in small towns. Along with the longstanding need for more general practitioners in rural areas, they pointed to the growing need for geriatric care, long-term care, and mental health services in their communities. These issues are exacerbated by the difficulty of recruiting and retaining professionals in small towns: "It's hard to attract health professionals [to our community] and to find trained staff here — they don't want to come north."

In addition to the service deficiency in small towns, *service coordination* was seen as a challenge for rural service provisioning. Informants explained that management of the disparate and limited services in rural areas is crucial for local service providers and for seniors; however, they also pointed out that, because of limited resources and staff in small towns, such coordination is usually informal and sometimes insufficient: "There's a need to network between different groups, to ensure better program management in the community…but there aren't that many of us around." In addition, although not necessarily unique to the rural context, awareness of what services are available for seniors in the community was seen as a challenge: "Sometimes people don't get the services they need because they don't know where to go." Similar to the need for service coordination, there was a perception that lack of information serves only to exacerbate the accessibility challenges facing seniors living in relatively isolated rural settings: "Most seniors don't know what's out there for them…so they go without."

Limited coordination and awareness became even more important when issues surrounding *advocacy* for seniors in small towns were raised. Informants suggested that service availability is undermined by a general lack of concern for the needs of older people, especially those living in rural areas: "Seniors need someone to champion their issues"; "There has to be someone to assess, support, and determine their needs." Consequently, there was a perception that responsibility for advocacy lies with family members and with the seniors themselves. Compounding this issue, the informants pointed to *ageism* in the rural service environment. Some noted that seniors are not a priority in the planning process, while others suggested that seniors' fear of being labelled in the rural setting, where privacy is sometimes lacking, restricts their use of the services that are available: "There's a stigma with using the Handi-Van — an admission of being old." It was also suggested that many younger residents do not look upon seniors as active, contributing members of the community despite the fact that, according to the informants, it is seniors who do the majority of volunteering.

Many of the informants were concerned about the implications of relying on older volunteers. They reported that people in both paid and voluntary positions are "wearing out" as they get older. One informant put it very succinctly: "There's a lot of burnout in the senior population." This was a significant issue for the informants, who viewed voluntarism as a key component of the service environment in their towns: "Our volunteers are getting older, slowing up, and sickness takes them over too." *Aging volunteers* in particular were viewed as a challenge for the study communities, which were seen as growing old more rapidly than their urban counterparts. One person said, "We have no one left but

older volunteers, with the young ones leaving [the community] for work and all."

The challenge of *aging in place* emerged as a key feature of the small-town milieu. Along with the larger proportions of older people in rural areas presenting a challenge for service provision, the informants noted that increasing demand for services to help seniors remain in their homes and communities is taxing existing services: "We're struggling to catch up to the older population." In addition, some informants connected the impact of aging in place to other demographic trends in their communities, including the out-migration of the younger population and the shrinking support networks of seniors due to a combination of demographic trends. "The loss of young people is really affecting service provision in the community," lamented one informant.

Several people also cited the need to differentiate among the generations of seniors living in their communities. One person commented on the demands associated with newly retired, active seniors versus those associated with the "frail elderly" (those seniors over 80 years of age). According to another informant, the growing numbers of frail elderly in rural areas pose a problem because "their needs are getting more complicated than we have time for." The informants viewed the oldest seniors as presenting additional challenges: "We see seniors who are stuck in the old system…it's impossible for some old seniors to think about online banking…or taking cabs."

Ultimately, the ability of seniors to remain in their own homes and communities was viewed as a critical challenge for the provision of services. Informants suggested that rural settings often serve to hinder *seniors' independence* because of the lack of home care support. They saw the lack of intermediary resources, such as Meals on Wheels and caregiver respite programs, as particularly significant, because "some people who aren't ready for long-term-care residences are forced to go there anyway." Other informants, in contrast, looked upon the active involvement of seniors in the community — as volunteers, for instance — as a sign of their independence.

Discussion

The three-part analysis presented above sheds light on how the concept of community is manifested in terms of in-home and community care for seniors in rural Canada. These descriptive findings show that belief in community, rurality (the small-town milieu), and service provisioning are important yet complex themes for understanding the health and social care of seniors living in small towns. Unique categories of each theme were distinguishable in the informants' perspectives on services in their

communities (e.g., sense of belonging, quality of life, service deficiencies), and many aspects, such as the growing reliance on voluntarism, were linked to more than one theme. Other issues seemed to transcend the rural context (e.g., the importance of local solutions, the implications of weather and an aging population), suggesting that the empirical reality of rural service provisioning is much more complex than is apparent in the literature.

Three potential sources of this complexity emerge from the findings. First, the rural service environment in general and the specific challenges of providing services for seniors influenced the informants' perspectives on the concept of community. For instance, issues surrounding the nature of community (e.g., self-sufficiency) and small-town identity (e.g., the North) stem directly from traditional perceptions of rurality in Canada. In addition, issues surrounding the importance of family and informal relations link directly with service availability and accessibility challenges for rural seniors. The second source of complexity is the strong presence of belief in community in the informants' perspectives on their local service environment. On the positive side, they highlighted the role played by aspects of community linked to social capital, such as local agency (e.g., leadership) and institutions (e.g., the church), in creating a service-rich community. On the negative side, they acknowledged the barriers, such as lack of infrastructure, to the provision of services for seniors in small towns. The third source of complexity is the ambiguity regarding the ability of rural communities to support aging in place. While the informants indicated that they believed in community, they had concerns about community-based, informal means of providing services. Positive perceptions of community (i.e., what it is) contrasted with the realities of how communities function (i.e., what they do). For example, on the one hand the informants drew attention to the role of voluntarism in strengthening the local service environment and on the other hand they cited the limitations of voluntarism in rural and small-town settings.

The findings thus confirm a sense of uncertainty among service providers who, as we stated at the outset, remain unconvinced that the close ties among rural people and their shared sense of community can compensate for the lack of formal in-home and community care. It must be acknowledged, however, that the findings represent only the perspectives of small-town service providers. The research did not cover the perspectives of providers in Canada's urban and metropolitan settings nor the voices of seniors themselves (i.e., the user perspective). This is a limitation because there may be other arguments and evidence as to the importance of belief in community for sustaining the independence of

rural seniors (e.g., see Cloutier-Fisher & Joseph, 2000). These other user and provider perspectives lay beyond the scope of this analysis.

We also acknowledge the limitation of the combined case study approach, which allows for the presentation of generic findings of service provisioning in the nine small towns across Canada but does not account for the place-specific ways in which belief in community plays out among the different sites. Not addressed in the research were the significant sociocultural, political-economic, and geographical distinctions among the small towns, such as anglophone versus francophone communities, resource-based versus retirement communities, and prairie versus coastal communities. Neither were the comparable experiences of services for seniors in other types of aging communities across Canada considered (e.g., does belief in community play out similarly in urban and metropolitan settings?). These issues notwithstanding, the findings serve to narrow the gap in our understanding of how belief in community functions, with respect to creating supportive and service-rich environments by deconstructing the complex and diverse ways in which community, rurality, and service provisioning interact at the local level.

Concluding Comments

The conventional view that what small towns lack in formal services they make up for in the supportive nature of the rural community continues to influence health policy, research, and practice. Using findings from interviews with key informants in nine small towns across Canada, we examined the interrelationships among the concepts of community, rurality, and the specific issues surrounding services for seniors. Our objective was to determine whether this perspective reflects the reality of in-home and community care in rural communities. We conclude that the integration of these concepts has provided a useful approach for exploring in-home and community care for seniors in rural and small-town settings. Given the regional focus of the Aging Across Canada studies upon which the analysis was based (Rosenberg et al., 2005), and given the growing calls to address the under-theorized and under-researched issue of rural health care in general (Kulig, 2005b), we view our approach as at least partially transferable to the study of service provisioning in other parts of rural Canada and in rural parts of other Western countries facing similar challenges.

Reflecting on the prevailing argument in the literature, the research reveals that there is a strong belief among service providers that, despite the limitations associated with the rural service environment, communities are able to provide for their seniors. The results suggest, however, that assumptions about community, rurality, and services for seniors are pred-

icated on positive perceptions of community in small towns, not to mention a belief that families, friends, and neighbours can mediate the reality of the lack of formal services in rural areas. This contradiction resonates with concern for the ability of rural communities and their informal sectors to cope, especially given the shift in public policy towards in-home and community care, which risks further entrenching service deprivation in rural areas. Indeed, there is a paradox between the conventional notion that the social nature of community can compensate for lack of services and concern about the lack of informal networks in rural areas. How seniors living in small towns are imagined (or romanticized) remains a fundamental question, and we challenge decision-makers, researchers, and providers to debunk assumptions about services for seniors in rural Canada. In closing, we warn of the very real danger that belief in community will continue to justify health policies and programs, further prejudicing the situation of rural seniors and their caregivers.

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