



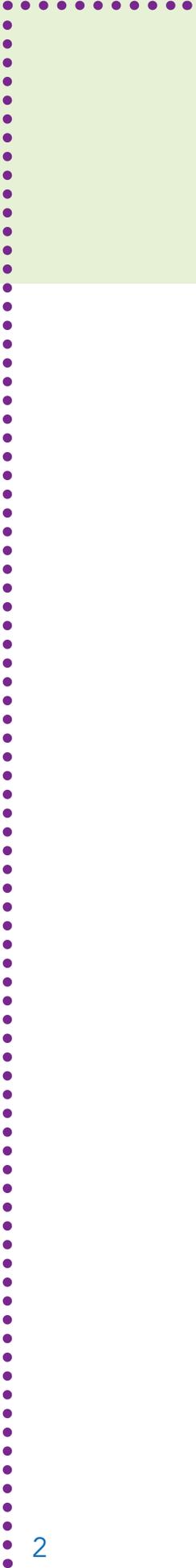
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How Edmonton Seniors Access Information **Executive Summary**

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Completed by:
Information & Communication
Working Group
And
S. Sy and K. Binnie





How Edmonton Seniors Access Information **Executive Summary**

The Information and Communication Working group was tasked with determining what information resources currently existed and how seniors and those who supported them accessed information. The requirements for this phase of the project were to provide an analysis of the information-seeking processes seniors or older adults were using and the information topics most likely to be sought by seniors. This research report focuses on how seniors currently access information, what information topics were most sought, what information resources exist, in what format do they prefer the information resources to be.

Actions and Activities

In order to fully explore information processes and needs of seniors, both quantitative and qualitative data were collected.

- 1. A comprehensive literature review was conducted** that considered formal and non-formal (grey) literature and activities. Emergent themes were identified in order to provide information sources that informed the development of focus group questionnaires and discussion guide with groups of seniors and those providing services to seniors (intermediaries). The complete literature review is in the final report of January, 2014.
- 2. Focus groups were held** with a variety of seniors and intermediaries who were either professionals or volunteers in Edmonton. These focus groups were organized with the help of the seniors' centres. There were 57 participants for nine (9) face-to-face focus group sessions. The total number of participants consisted of seniors as well as seniors' service providers who are also classified as seniors by age. One of the nine (9) focus groups was organized by the Multicultural Health Brokers Cooperative of Edmonton. It consisted of twelve participants representing five (5) cultural communities that engaged in discussions with interpretations by five (5) health brokers.

3. **Two individual interviews were conducted** with two experienced social workers to gather information from the perspective of the caregivers and seniors who were house-bound.
4. **84 written questionnaires were completed** either via email or during the focus group discussions. Of the 84 surveys, 48 surveys were completed via email by seniors and volunteers who are seniors of two senior organizations and service providers; 36 questionnaires were completed by focus group participants.
5. **All findings and reviews were incorporated into a final report.** This report will inform the stakeholders on how best to make information more accessible to seniors.

Note: Seniors who are house-bound or `shut-in` and aboriginal seniors did not form part of the data gathering processes.

Synthesis and Analysis of Key Findings

This study was a snapshot in time of how Edmonton seniors who participated in this project, accessed information. Seniors or older adults comprise different age groups, educational experiences and diverse cultural backgrounds that are changing on a regular basis. It was determined that older adults seek information based upon these factors and as such, information dissemination must be varied and comprehensive in formats that are easily accessible. Information is sought on an “as needed basis” in areas of health; transportation; housing and home supports; and immigration related needs. The design of accessible information is also key. This means that both well designed print and online materials should be available to ensure that varying information access needs are met. Based on the data collected throughout the course of the study and subsequent analyses, seven (7) key findings emerged.

Key Finding 1

When being asked how they access information, most participants made an implicit assumption that the purpose of accessing information is to solve problems. "Seniors access information when they need help" sums up when information is sought.

Key Finding 2

Methods of accessing information, in general, are shaped by how seniors from different age groups think, their experiences and how their physical mobility influences information access.

- The preferred method for information gathering was by talking to a person in a face-to-face situation or over the telephone, provided the information was not provided by an automated telephone service with no 'human' contact. In summary, the age of the seniors played a key role in information seeking.
- the 55 to 65 age group used many different strategies: internet, talking to people they trust including relatives and people in their network, print, telephone;
- the 65 to 75 plus age groups mainly used telephone, print materials, radio and talking to people they trust including family members, friends, service providers and informal leaders.
- Due to language and cultural barriers, most multicultural seniors seek information from their own cultural organizations, both formal and informal community leaders, or the brokers at the Multicultural Health Brokers Cooperatives.

Key Finding 3

The top three information areas that the seniors looked for are:

- Housing;
- Home support, i.e. snow shoveling and taking the garbage to the curb;
- Health information;
- In addition to housing, the multicultural seniors sought information about income support benefits and immigration processes.

Key Finding 4

The location of print information is important and it has to be available where seniors are located or visit frequently. Information access points could include: seniors' centres; recreation centres; doctors' offices; religious or faith gathering places; pharmacies; hospitals; libraries; coffee shops; financial institutions; and supermarkets.

Key Finding 5

It is important to provide opportunities for personal interaction in addition to the print and digital information on the internet. "Information ... in plain language and with access to "real people" as support." Having someone to talk to helps senior clarify their issues and confirm what they have read.

Key Finding 6

All information access points must be promoted to the broader community as well as to the seniors. Relatives, family members, friends and caregivers should also be informed about the information access points.

Key Finding 7

Information resources, in print and electronic format, should be designed for seniors. This includes senior friendly information; intuitive design, font type and size, spacing as well as the colours used in the information.

Please refer to Friendly Facts in the Appendix section of the final report for more detailed information. Additional Friendly Facts documents that summarize key findings are also contained within the Appendix section.

Recommendations

The research findings provide meaningful insights into how seniors access existing information, how they would like to access information, and how information could be organized to enable easier access. There is no single solution or 'one size fits all' as seniors are individuals and they each may have a different way of finding information. It is important to recognize the need to continue to find ways to understand how seniors view information. Based on this study's findings, the recommendations are listed as follows:

- 1. Develop and promote two entry points** that act as the first entry way to all available senior information.
- 2. Develop a self-help information seeking guide** for seniors and intermediaries with sections pertaining to how to access different areas of information, i.e. health, transportation.
- 3. Further increase the capacity of those who support seniors** to coach seniors in their search for information and give information to seniors who are unable to access information on their own.
- 4. Develop and implement strategies** to involve seniors in the development of information resources.
- 5. Develop a coordinated marketing strategy** for existing and new information
- 6. Develop strategies** for government, senior organizations and communities to systematically assess how to make information more accessible to seniors.
- 7. Conduct further research** with seniors who are house-bound or 'shut in', low income, multicultural and aboriginal.