The North Shore Keep Well Program

An evaluation by
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August 2007

TABLE OF CONTENTS

List of Tables..v

Acknowledgements...vii

History of Keep Well, by Elise Shepherd...1

Keep Well Goals and Objectives..5

Past Evaluations of Keep Well...7

Evaluation of Keep Well in 2007..9

Method...9

Volunteer Leader Interviews..9

Participant Interviews..10

Population Census...11

Respondents...13

Changes in Keep Well Age Distribution over the Years...........13

Length of Time in Keep Well..14

Medical Problems..14

Living Arrangements...15

Transport to Keep Well...15

Frequency of Attendance at Keep Well....................................15

Site Procedures....17

Times and Spaces....17

Registration....18

.

Attendance at Keep Well over the Year....19

Activities Offered at Different Sites....19

Volunteers....23

.

Participant/Volunteer Ratio....23

Interaction with Volunteers....23

Need for More Volunteers....25

Inter-Site Communication....25

The Site Coordinator's Role....26

Exercise....29

Fitness for Keep Well Exercise....33

Personal Medication Record....35

Blood Pressure Checks....37

Massage....41

Relaxation....43

Nutrition....47

Weight....49

Pharmacist..51

Peer Support..55

Talks..57

Social Activities...61

Joining and Leaving Keep Well..65

Participants' Knowledge about Keep Well...69

Perceived Benefits of Keep Well..71
.
Summary Evaluation...75

Appendix A: Medical Problems...77

Appendix B: Exercise Outside Keep Well...78

Appendix C1: Topics of Talks Presented in 2006-07.........................79

Appendix C2: Talk Topics Suggested by Participants and Leaders....81

Appendix D: Comments about Keep Well.......................................83

LIST OF TABLES

Table 1: Participant Interview Sample..10

Table 2: Population and Sample Age and Sex...................................12

Table 3: Age and Sex Distributions in 1992, 1997, and 2007............13

Table 4: Activities at Sites...20

Table 5: Participation in Relaxation in 1992,1997, and 2007..............43

Table 6: Perceived Benefits of Keep Well in 1997 and 2007..............71

ACKNOWLEDGEMENTS

I am deeply indebted to Roberta Tottle, Program Director, who has been exceedingly generous with her time and expertise to answer my many questions about Keep Well's operation. Andy Demeule, Fitness Director and Diane Pegoraro, Program Administrator have also been very helpful. A special thanks is due to Elise Shepherd, former Program Director, who wrote the history of Keep Well for this report.

Keep Well president Gordon Stewart, Vice-President Margot Rawsthorne, and board member Ruth Sherwood have provided valuable advice and ethical oversight in the conduct and writing of this evaluation, and Rizwan Damji, Director, Seniors' Programs, North Shore, Vancouver Coastal Health Authority has encouraged this endeavour and arranged for duplication of interview schedules. Their help is greatly appreciated.

A sincere thank you to Sylvia Brown, Deanna Charleton, Rosemarie Davies, Varick Ernst, Shirley Friend, Barbara Gillingham, Lil Hall, Kirsten McCorquodale, Heather Prochuk, Elise Shepherd, Ruth Sherwood, Fay Thompson, Pat Turner, and Carole Wilson, the Volunteer Leaders who taught me about their sites and contributed their opinions about Keep Well as it is and as it might be.

Libby Kelley, Keep Well Board member, not only conducted 12 of the participant interviews with cheer and good judgment, but also collected population statistics from the sites with the kind assistance of registration volunteers Janine Aebi, Joan Bartmann, Mary Eby, Irma Lindsay, May Saldat, and Isabel Wong.

Finally, and most important, we are all deeply indebted to the 47 participants who, at a moment's notice, gave up time from their Keep Well sessions in order to be interviewed. They, like all those above,have enabled the KW Board to evaluate Keep Well's present status and to plan for its future.

Elinor W. Ames, Ph.D.
August 2007

HISTORY OF THE NORTH SHORE KEEP WELL SOCIETY

Elise Shepherd

The project committee to develop what became the North Shore Keep Well Society came together as a result of a position paper entitled "Planning Health Care and Support Services for Seniors on the North Shore", which was prepared and presented by a subcommittee of the Lions Gate Hospital Long Range Planning Committee. Some members of the project committee attended a presentation on the Action Plan of the position paper, and decided to become a part of the implementation of the preventive aspect of the plan.

Sheila Jones, Dorothy Stewart, Helen Nesbit, Mary Turland, and Ellen Hayward were the Keep Well "Founding Mothers" who got together in late 1986 and early 1987 and decided to apply for a New Horizons grant from the federal government to initiate a health promotion program for senior adults on the North Shore. The project was based on the premise that individuals have a responsibility to maintain and enhance their own health, and that with support and encouragement more older people would be able to live a more satisfying life in optimal health.

Dr. Nancy Hall and others involved in the Vancouver West End Wellness Project served as resource people. Lynne Cove was hired as the Coordinator to phase in three wellness drop-in programs at North Shore Neighbourhood House (North Vancouver City), the West Vancouver Seniors' Activity Centre, and Silver Harbour Centre (North Vancouver District). Volunteer training sessions were developed using as a basis the "Be Well" leader's guide from West End Wellness.

To herald the program a 4-hour Health Fair was held at North Shore Neighbourhood House on September 21, 1987. Its purpose was to acquaint seniors in the community with resources available to them, assess their current level of wellness, target specific concerns, and introduce the weekly "Keep Well Drop-in". Hands-on experiences in massage, relaxation, exercise and nutrition assessment were demonstrated. Over 35 organizations and agencies participated in this event.

One week later, on September 28, 1987, the first drop-in took place at North Shore Neighbourhood House (NSNH). Given the success of the Health Fair, volunteers were very disappointed when only 3 participants showed up. But word spread and attendance grew rapidly. This first site was soon followed by a second drop-in at the West Vancouver Seniors' Activity Centre (WVSAC), and in early 1988, one at the Silver Harbour Centre (S-H).

In July 1990 Elise Shepherd, who had previously served as Site Coordinator at NSNH, became Coordinator (a title that became Program Coordinator, and later Program Director) in charge of the three sites. North Shore Keep Well was incorporated as a society on March 14, 1991. In September of that year, with the help of another New Horizons grant, a drop-in started at the Lions Manor in Deep Cove. Jill McCormick was hired to assist Elise with recruiting and training volunteers for this site. They soon had to look for a larger space, and moved to Mt. Seymour United Church.

In 1994 with money left over from Deep Cove and with permission from New Horizons, another site was opened at the Karen Magnussen Recreation Centre in Lynn Valley. Audrey Henry (a Board member) was hired to assist Elise with developing this drop-in site. Space there was soon outgrown, and in 1997 the program moved to Kiwanis Lynn Manor (KLM) with Kirsten McCorquodale as Site Coordinator.

Also in 1994, with growing evidence of the benefits of exercise for seniors, especially in the prevention of injury due to falls, Keep Well hired Andy Demeule, a certified Third Age Fitness instructor to become the Fitness Director.

In 1996, Jim Wilson, a long time Keep Well Board member, developed a Strategic Plan that considered the development of several more sites. Jim also did an extensive review of the literature on the importance of preventive health care, and was able to present his findings to Keep Well’s major funder. In April 1997 Keep Well's 10th anniversary celebration took place, with parties at all 5 sites. The following month Libby Lodge in Horseshoe Bay held its first drop-in, with Varick Ernst as Site Coordinator.

In partnership with North Shore Health, several programs were started in private sites: Woodcroft in March 1998, Park Royal Towers in April 1999, and Zajac Norgate House in the fall of 1999. The Mt. Seymour United Church drop-in moved into the new Parkgate Community Centre in September 1999, with Pat Turner as Site Coordinator.

Roberta Tottle became Program Director of Keep Well in 2000, after having served as a volunteer and Assistant Program Director. At the same time Diane Pegoraro took on the role of Administrative Assistant, later Program Administrator. Keep Well was invited by Vancouver Coastal Health to put on a program at the Summerhill in September 2001. None of the programs at private sites were able to find enough volunteers to manage the programs themselves. In addition, social recreation rooms were often so small that they limited the number of participants, leading to a higher cost per person per site. As a result of these problems none of the programs at private sites survived beyond 2005.

The Strategic Plan had noted that community centres offered a greater variety of people and activities, and that has turned out to be true. In September 2004 a new drop-in opened at the new John Braithwaite Community Centre (JBCC), and the Summerhill program moved there. The Libby Lodge program moved to the new Gleneagles Community Centre in September 2005, although social occasions are still sometimes held at Libby Lodge. In January 2006 Delbrook Community Centre became a drop-in site.

Through the years Keep Well received a lot of support from the community health nurses at North Shore Health. Carol Downton, Pat Lilly, Alix Johnstone and Betty-Lynne Rose attended and regularly facilitated group discussions on numerous health topics. Community Developers Jean Thompson, Hilary King and the late Jill Ackhurst also did their utmost to encourage and promote the Keep Well program.

The success of Keep Well is due to the many wonderful volunteers who have given so much time and expertise both on the Board and at the sites, and to dedicated staff members over the years.

KEEP WELL GOALS AND OBJECTIVES

The goal of the North Shore Keep Well Society is “to encourage and help older adults to keep well by leading active and independent lives”.

The Society’s objectives are

1. To provide drop-in programs whereby older adults can learn and practice regular keep well activities, including:
    - physical exercise
    - the basics of good diet
    - management of stress
    - social contacts and satisfying friendships
    - helping and leadership skills
    - medical awareness
2. To expand and enrich such programs as appropriate

3. To help participants develop personal plans for incorporating these activities in their daily lives

4. To develop programs by which people needing special help can be counselled and referred to competent community resources

5. To arrange and publicize workshops and health fairs which will increase general awareness of community health resources and promote the Keep Well Program

6. To collaborate with all other personnel and agencies whose programs complement and strengthen the Keep Well Program.

QUESTIONS FOR CONSIDERATION

This entire evaluation is concerned with how well Keep Well is fulfilling its stated objectives. There are a few objectives, however, that are not dealt with anywhere in this report. For example, none of the KW leaders interviewed for the evaluation knew of any attempts that had ever been made "to help participants develop personal plans for incorporating these activities in their daily lives" (Objective #3).

> Is this an achievable objective within the scope of the KW program?
>
> What would a "personal plan" look like?
>
> How could it be achieved? If it cannot be achieved, should it be removed from KW stated objectives?

No evidence was obtained regarding Objective #5, arranging and publicizing workshops and health fairs to increase general awareness of community health resources and promote the KW Program.

> How is this objective being implemented, or how can it be implemented in the future?

With regard to Objective #6, collaboration with other personnel and agencies:

> Should KW have a strategy for exploiting the insights gained through the Seniors Coalition and the Inter-Agency Forum?

PAST EVALUATIONS OF KEEP WELL

In November 1992, when Keep Well operated 4 sites (North Shore Neighbourhood House, West Vancouver Seniors' Activity Centre, Silver Harbour, and Deep Cove) Jim Wilson, a member of the KW Board, conducted an evaluation of its program, which contained data from questionnaire surveys in both 1990 and 1992.

In April 1996, Keep Well produced a Strategic Plan, when there were 5 sites (one had been added at the Karen Magnusson Centre in Lynn Valley), and the Board was contemplating adding several more sites. This contained some information about participants in the KW program.

In January 1997 Jim Wilson carried out a survey in all 5 sites to look at what activities the participants engaged in and what benefits they thought they gained in doing so.

In 1998, as part of the national Benefits Indicators Project, the Benefits Committee of the North Vancouver Recreation Commission chose North Shore Keep Well as one of the programs to study. Because their questionnaire was filled out by only 13 KW participants, all at Libby Lodge, and because no descriptive statistics were reported, the results are limited in value.

Each of these studies provided some information about KW, and wherever it is possible to relate their data to those obtained in the present evaluation, this will be done.

EVALUATION OF KEEP WELL IN 2007

On March 14, 2007, a proposal for program evaluation of North Shore Keep Well was approved by North Shore Keep Well Board. The purposes of the evaluation were

- to present a current account of the structure and functioning of the program offered to KW participants,
- to assess how well KW was fulfilling its stated goals and objectives, and
- to document the strengths and weaknesses of the program.

The evaluation was to be used by the Board to make informed decisions regarding necessary changes to the program, to provide evidence to granting agencies showing the necessity of such changes, and to provide evidence of successes to support grant applications. In addition, the information obtained was designed to help in the orientation of a new Keep Well Program Director.

Method

To carry out the evaluation, interviews were conducted with Keep Well staff, Site Coordinators or other heavily-involved volunteers at each of the 8 Keep Well sites, and program participants from each site.

An initial unstructured interview with the Program Director was conducted to obtain a basic orientation to the entire program. This resulted in a preliminary description of the volunteer staff and services provided at each KW site, which was later refined through interviews with Site Coordinators and other volunteers at each site. An interview with the Fitness Director was also conducted.

Volunteer Leader Interviews

Fifteen interviews were carried out, two interviews at each of the eight sites except for the smallest (JBCC), where only one interview was done. This resulted in a sample of 22% of the volunteers (based on January-December 2006 statistics) being interviewed. Wherever Site Coordinators (SCs) or Assistant Site Coordinators (ASCs) were present they were interviewed; at sites with no SCs or ASCs some of the most active volunteers were chosen by the Program Director for interview.

Volunteer interviews, conducted at KW sites, lasted between 40 and 90 minutes. In all, 4 SCs, 5 ASCs, 2 “Co-Coordinator” volunteers (their term) and 4 other volunteers were interviewed. Their average age was 70 years old, with SCs and ASCs averaging 74 years of age, and others averaging 10 years younger, at 64.5 years. All were female.

Participant Interviews

After the volunteer interviews were completed, a 15% sample of the entire participant population was chosen, again based on January-December 2006 statistics. 47 participants were interviewed. The number of interviews done at each site is shown in Table 1.

TABLE 1
PARTICIPANT INTERVIEW SAMPLE

	Average Number of Participants per Week	Number of Interviews
NSNH	37	6 (16%)
Delbrook	16	3 (19%)
Parkgate	77	11 (14%)
JBCC	14	3 (21%)
S-H	55	8 (15%)
WVSAC	40	6 (15%)
KLM	45	7 (16%)
Gleneagles	19	3 (16%)
TOTAL	303	47 (15.5%)

Participants to be interviewed ("respondents") were chosen by a stratified random sampling procedure based on their position in the registration line at their KW Site. In each block of 6 registrants in order, one of the 6 was chosen by roll of dice; then on each interview day a specific block was chosen by dice roll, so that a participant in a particular position in line was designated.

Participants thus chosen were invited by the Program Director, Site Coordinator, or other site volunteer to take part in "a 20 to 30 minute interview about Keep Well". In six cases, the randomly chosen person was not approached to be interviewed (two were attending KW for the first time; one had left the premises before the invitation could be made; one was the spouse of a previous interviewee; one had already been interviewed at another site; and one did not speak English and no translator was available).

There was a high level of willingness to be interviewed; of 53 invitees, 6 declined, for a refusal rate of 11%. All 6 who refused had to leave before an interview could be conducted, five of them because of scheduled appointments outside of KW and one because of illness.

When the randomly chosen person was not interviewed, the person next in registration order was invited to be interviewed.

Population Census

In order to check the extent to which the participant sample represented the Keep Well population, during the month of April 2007, a population census of all participants attending KW once or more in March 2007 was taken from the files at each site.

Table 2 shows the age and sex of March participants for each site and for the KW program as a whole.

Overall, participants' ages ranged from 56-99, and 15.1% of the participants were male. The average age of participants was fairly stable across sites, but the proportions of men differed from site to site (3.3% to 20.7% male).

Comparable data for the 47 sample respondents interviewed is presented in the bottom row of Table 2. It may be seen that the sample is a fair representation of the population in proportion of men and women, average age (within 2 years), and average ages of men (within .2 year) and women (within 2.2 years).

TABLE 2

POPULATION AND SAMPLE AGE AND SEX

	TOTAL	M	F	% M	AV AGE	AGE RANGE	MEN AV AGE	WOMEN AV AGE
NSNH	41	4	37	9.8	77.1	59-98	77.8	77.0
Delbrook	30	1	29	3.3	75.4	58-89	58.0 (n = 1)	76.0
Parkgate	117	24	93	20.5	76.4	57-93	77.4	76.2
JBCC	17	3	14	17.6	76.4	60-99	77.0	76.3
S - H	82	17	65	20.7	74.9	56-95	76.0	74.7
WVSAC	63	9	54	14.3	77.3	58-92	76.4	77.5
KLM	62	5	57	8.l	78.2	64-96	78.6	78.2
Gleneagles	24	3	21	12.5	79.5	58-92	87.7 (n = 3)	71.8
TOTAL ALL SITES	**436**	**66**	**370**	**15.1**	**76.4**	**56-99**	**77.3**	**76.2**
SAMPLE	**47**	**7**	**40**	**14.9**	**78.3**	**66-92**	**77.1**	**78.4**

RESPONDENTS

As seen in Table 2, the sample of 47 respondents (participants who were interviewed) consisted of 40 women (85%) and 7 men (15%). Their average age was 78 years, range 66 to 92 years. There was no appreciable age difference between the men and women.

Changes in Keep Well Age Distribution over the Years

Table 3 contains a comparison of KW participants' age and sex distributions at three times: the 1992 evaluation; the 1997 survey; and the population census done for the present evaluation.

TABLE 3

AGE AND SEX DISTRIBUTIONS IN 1992, 1997, AND 2007

Age	1992	1997	2007
90 - 99	--	--	4%
80 - 89	9%	15%	31%
70 - 79	54%	50%	47%
60 - 69	31%	35%	15%
56 - 59	--	--	3%
% Men	10%	"probably about" 10%	15%

It may be seen that the age distribution of KW participants has shifted upward over the past 15 years. It is still true that roughly 50% of the participants are in their 70s, but the percentage of those over the age of 80 has almost quadrupled, while the percentage of those younger than 70 has dropped by approximately 40%. It also appears that in the past 10 years the proportion of men in the program has increased from 10% to 15%.

There was little agreement among the few respondents who suggested possible reasons for why few men attend KW.

"Why don't more men come?" (Woman, 92)

Why not more men?

"Their wives aren't strong enough to push them" (Man, 79)

"Husbands should come, because when they do, they seem to enjoy it" (Woman, 82)

Length of Time in Keep Well

The 47 respondents to the interview had been in the KW program for a median (Md)* of 6 years (range 3 months to 20 years), with men having spent a shorter time in the program (Md 3 years) than women (Md 7.5 years).

Medical problems

64% of respondents mentioned medical problems during the interview, either spontaneously or in response to a question asking whether they had had any serious diseases or surgeries during the time they had been coming to Keep Well. (Because respondents were not directly asked about all medical problems they had experienced, this result may well be an underestimate of the frequency of medical problems.)

The most common problems reported were heart and stroke, high blood pressure, arthritis, and walking/balance problems. There were no age or sex differences between those reporting and those not reporting a medical problem. A complete list of the medical problems reported is in Appendix A.

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* After all the scores in a group have been arranged from low to high, the median (Md) is the score of the middle person.

Living Arrangements

Forty percent of the respondents live in a detached house; 28% live in a condo or duplex, and 34% live in an apartment. 37.5% of the condos or apartments are housing units specifically for Seniors, but only 3.6% (1 apartment) are Assisted Living units. 55% of respondents live alone. Of the 45% living with another person, 76% live with a spouse. There is a marked sex difference in living arrangement: whereas 6 of the 7 men (86%) live with another person, usually a spouse, 62.5% of women live alone. 60% of women live in apartments, while all men lived in houses or condos. Only 1/3 of respondents aged 80 or older lived in a house.

Transport to Keep Well

34% of respondents walk to KW; 55% drive or ride in a car; and 11% take public transportation (regular bus or GO bus). People younger than 80 were twice as likely to come by car as to walk or take the bus; people aged 80 or over were equally likely to walk as to come by car. All 5 respondents who took public transportation were older women (average age 83).

"Keep the GO Bus--It's a valuable service" (Woman, 84)

Frequency of Attendance at Keep Well

77% of the participants said that they attend KW about once a week; only 4% come less often, and 19% attend more than once a week, i.e., attend more than one KW site per week. This fits with the finding that 23% of respondents attend 2 or 3 sites. The most common combination of sites attended was Silver Harbour and North Shore Neighbourhood House (N=5); Silver Harbour was also combined with Braithwaite (N=2) or Kiwanis Lynn Manor (N=2). Two people attended NSNH and Braithwaite, and one attended Parkgate and KLM.

SUMMARY: CHARACTERISTICS OF PARTICIPANT RESPONDENTS

KW participants are mostly women, although there is now a larger proportion of men than 10 years ago.

The average age of participants (now late 70s) has shifted upward within the past 15 years.

The majority of participants have had some serious illnesses or surgeries.

Slightly more participants live alone than live with another person. The majority of women live alone, usually in apartments; the majority of men live in a house with their spouse.

People younger than 80 were likely to get to KW by car; those 80 or older were more likely to walk or take public transportation than to come by car.

Almost all participants come to KW once a week or even more often.

Most participants have tried more than one of the 3 activities (exercise, blood pressure checks, massage) offered at all sites.

QUESTIONS FOR CONSIDERATION

Should KW make any special efforts to increase the proportion of men in its program? If so, what efforts?

Does the increase in participants' average age require any changes in the KW program?

Should KW try to attract younger participants to the program? If so how?

Should KW monitor municipal demographics and seniors building projects in order to plan for new KW sites in the future?

Times and Spaces

A KW session lasts for approximately 2 hours (range 1-3/4 hours to 2-1/2 hours at different sites) and consists of two sections: a) an exercise section, which last 45 minutes in 5 of the sites and 60 minutes in 3 sites, and b) a "hands-on" section that includes some or all of the following options: blood pressure checks, massage, nutrition and weight counselling, relaxation, consultation with a pharmacist, peer counselling, talks and discussions about health and other topics, and social occasions and parties. The length of the hands-on section varies from 45 minutes to 90 minutes at different sites.

Variations in time spent on different components of the session depend not only on the needs of the participants, but also on the time and space available at different sites. At most sites sessions start at 9:30 or 10:00 in the morning and are finished by noon, a period that seems most favored by participants. At two sites (Delbrook and Gleneagles), however, programs start at 11:00 or 11:30 a.m., because the KW Fitness Director conducts an exercise session at another site earlier in the morning. The later start means that at these sites sessions do not end till 1:00 p.m. or later, making the program less attractive to those who want to be free during the lunch hour.

John Braithwaite Community Centre is the only site at which the hands-on program takes place before the exercise. This occurs because space is available at the center during the morning hours, and the KW Fitness Director instructs at another site earlier in the morning. Whereas at most sites it is natural for participants to stay on for hands-on after they have exercised, when exercise is the later section it is possible that some participants may be tempted to show up only for the exercise. (This was not the case for any of the 3 respondents, however, all of whom came to both exercise and hands-on.)

At most sites the exercise and hands-on sections take place in the same room, but at two of the largest sites (Parkgate, and West Vancouver Seniors' Activity Center) exercise takes place in a different room from the hands-on section. At Parkgate the normal exit from one room goes past the other, but at WVSAC the two rooms are at a distance from each other, making it easier for people to disregard one of the sections. 67% (4 of 6) of WVSAC respondents reported that they took part in either exercise or hands-on, but not both. In all other sites combined, only 15% of respondents participated in only one part.

Registration

When participants arrive at a KW session, they register at a registration desk. At most sites, they do this by writing their names on a list. Volunteers then pull the registration card that the participant has filled out when first entering KW. This card is used at each visit for recording participation in exercise, blood pressure checks, nutrition/weight, massage (shoulder, hand, foot), relaxation, pharmacist, peer counselling, and walking club.

20% of Volunteer Leaders, when asked, suggested changes that should be made in the registration card. These included

- phone numbers for physician and contact person,
- more space to record blood pressure and pulse, and
- larger spaces, in general.

In addition, it was pointed out that when a participant has a full card and is given a new one, all information should be filled in again so that the current record is always complete.

Volunteer Leaders were specifically asked if they had ever made use of the information recorded as participants' "Special Skills or Interests". None of them had, so removing this category from the card would cause no problem and would provide more room for the additions suggested.

The column for "Walking Club" is also not relevant any more, and could be eliminated. No site had a walking club during the 2006-07 year, and only a few of the Volunteer Leaders rated having one as of any importance. 79% of Volunteer Leaders rated walking clubs as "Not Important". Reasons given were that there were non-KW walking groups available at or near the site center (50% of reasons), few participants wanted to take part in walking clubs (29%), and walking groups were difficult to organize, requiring the hiring of a bus and the need to maintain a cellphone (21%).

Attendance at Keep Well over the Year

There were 12,076 participant-visits* to KW between June 2006 and May 2007. Attendance varied across months, mostly because of the number of weeks the program was offered during different months. During December KW met for an average of only 2 weeks, and during July only 5 sites were open, each for 4 weeks. During all other months (except August, when KW did not operate) the average number of weeks operated was 4 (range 3.1 to 4.4 weeks). The average number of participants per week also varied somewhat across months, being lowest in July (173), but otherwise averaging 308 participants per week (range 291 to 325 for different months). This is only slightly higher than the average attendance of 10 years ago, 300 visits per week, when there were only 5 KW sites.

The average numbers of participants per week were NSNH 38, Delbrook 19, Parkgate 74, JBCC 14, S-H 54, WVSAC 36, KLM 42, Gleneagles 20, approximating the values in Table 1, which had been used to determine the size of the sample. (Because the numbers of weeks per month varied across sites that have different numbers of participants, the total does not add to the average for all sites combined.)

Activities Offered at Different Sites

Not all activity options are offered at all sites. Table 4 shows the activities offered at each site. Each of the activities will be discussed individually in a later section of this report.

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* A participant-visit is each attendance of one participant at one site, regardless of the number of different sites the participant attends in a week or the number of activities the participant takes part in during a visit.

TABLE 4

ACTIVITIES AT SITES

	NSNH	DEL	PARK	JBCC	S-H	WVSAC	KLM	GLEN
Coordinator	SC + ASC	N	SC + ASC	3 Vols	N	2 Vols	SC + ASC	SC
BP Check	Y	Y	Y	Y	Y	Y	Y	Y
Nutrition	Y	N	N	N	Y	Y	Y	Y
Massage	S/ H/F	S/ H/F	S/ H/F	S/ H	S/ H/F	S/ H/F	S/ H/F	S/ H/F
Pharmacist	Y	N	N	N	Y	N	Y	Y
Relaxation	Y	N	N	N	N	N	N	N
Peer Support	Y	INF	INF	INF	INF	INF	Y	INF
Speakers/ Discuss	Y	N	Y	N	N	N	Y	Y

_ _ _ _ _ _
SC = Site Coordinator; ASC = Assistant Site Coordinator; Vol = Volunteer Leader; Y = Yes; N = No; S = Shoulder; H = Hand; F = Foot; INF = Informal; Speakers/Discussion between Sept 2006 and March 2007.

SUMMARY: SITE PROCEDURES

The programs offered at KW sites differ according to the space and time available, and at some sites these factors may affect participation.

Changes in the registration card were suggested by some Volunteer Leaders.

Average monthly attendance at KW has increased slightly over the past 10 years.

QUESTIONS FOR CONSIDERATION

Should KW attempt to improve site times or space arrangements that may be less than optimal?

Should registration cards be revised?

VOLUNTEERS

The distinction between KW participant and KW volunteer is not a clear one. At most sites at least some volunteers take part in the exercise portion of the program, and 4 respondents to participant interviews (8.5%) spontaneously said that they now volunteer or have volunteered at KW in the past, doing registration or massage. (The same person was never interviewed as both a Volunteer Leader and a participant respondent.)

From statistics submitted to the Program Director, it was determined that the total attendance of volunteers at KW from September 2006 through May 2007 was 2456 visits. Thus, there are on average 273 volunteer visits per month.

Participant/Volunteer Ratio

When the number of participant visits during September 2006 through April 2007 was divided by the number of volunteer visits during the same period, the average ratio was 4.1 participants to each volunteer. According to the 1992 program evaluation, the ratio was 3.6 participants per volunteer, so now, 15 years later, there are fewer volunteers relative to the number of participants.

The ratio varied across sites, from 2.9 participants per volunteer to 5.2 participants per volunteer. The ratio was not related to the number of services offered by the various sites, but Volunteer Leaders appeared to be aware of their needs, because the higher the ratio, the more likely a Leader was to judge that their site did not have enough volunteers.

Interaction with Volunteers

In 1992 Jim Wilson titled his evaluation “The Spark: The North Shore Keep Well Program”. The “spark” referred to exists between participants and volunteers, and is characterized by interactions that focus on the concerns of the participants, use the professional as well as the personal qualities of the volunteers, require helpful persuasive information rather than authoritarian advice, and take place on a personal basis accompanied by sympathetic listening and spontaneous conversation. In short, “the spark” means that participants get a strong sense of being cared about rather than being cared for.

Remarks made by the participants about volunteers with whom they had interacted were strongly positive. Whether with regard to exercise, blood pressure checks, massage, or social activities, many participants spontaneously referred to the friendly, helpful, and respectful personal concern shown by the volunteers. They appreciated receiving signs of individual recognition (e.g., phone calls when absent for a while; cards or flowers when hospitalized; announcement of birthdays). "The spark" still appears to be alive, but it is unclear how low the participant-to-volunteer ratio can go and still support this effect.

"Volunteers are interested in us" (Woman, 81)

"The relationship between staff, volunteers, and participants is excellent" (Man, 79)

"The volunteers are very good--If I haven't come to KW, they phone and inquire about me" (Woman, 72)

"We're very very privileged about the volunteers we have. They're incredible--make you feel very welcome" (Woman, 69)

The regularity of attendance, as measured by a site's average attendance per week as a percent of the total population of the site, varied across sites. 3 sites (NSNH, Gleneagles, and Delbrook) had percents that were considerably higher (84% to 93% of the population attended, on average) than the other 5 sites, where an average of 68% to 72% attended. The average participant-to-volunteer ratio was lower (4.3) at the 3 most regularly attended sites than at those attended less regularly (5.0). Probably equally important, at the 3 sites at which participants were more faithful in their attendance the average weekly attendance was 26, whereas the average for the 5 sites at which participants were less faithful or regular was 44. It may be easier for Coordinators and volunteers at smaller sites to give more personal recognition to participants, e.g., by publicly acknowledging those who have returned from illness or vacation, or singing "Happy Birthday" to individual participants.

Need for More Volunteers

At 7 of the 8 sites at least one Volunteer Leader answered that their site did not have enough volunteers. When asked "If you had more volunteers, what would they do?"

54% of Volunteer Leaders mentioned massage
31% mentioned back-up for regular volunteers' absences
15% said help with setup before participants arrive
15% said registration
15% said nutrition information and counselling
15% said Site Coordinator or Assistant Site Coordinator
8% (1 Leader) each said blood pressure checks, occupational therapist, and social worker

When asked what methods were used to find new volunteers, Volunteer Leaders at 6 of the 8 sites (75%) said they depended on word of mouth; 3 sites (37.5%) said they ask participants; 3 used site signs or newsletters; 2 (25%) used the Volunteer Coordinator assigned to their site's center; and one mentioned the "Old Girls' Lunch" at Lions Gate Hospital to contact retiring nurses who can do blood pressure checks.

Inter-site Communication

When asked how much they knew about what was being done at other KW sites, 77% of Volunteer Leaders reported that they knew nothing or very little, 15% said that they knew "some", and one (8%) said that the sites were "all the same". 64% of them said that they would like to get more information on what other sites are doing, and when asked what would be the best way to get more information, 77% of Volunteer Leaders requested volunteer meetings occurring between once and 3 times a year. (3 of the 10 Volunteer Leaders who suggested meetings said that they should be restricted to Site Coordinators.) Other suggestions were visiting other sites (15%), getting verbal information regularly from the Program Director (15%), receiving written summaries from the Program Director (15%), receiving board minutes (8%) or attending a board meeting (8%). (Percentages add to more than 100% because Volunteer Leaders were allowed to suggest more than one method.)

The Site Coordinator's Role

At the time of interviews, half of the 8 sites did not have a Site Coordinator. Six volunteer leaders who were not SCs or ASCs were asked why they would not want to be a Site Coordinator. 5 mentioned that the responsibility of being SC would tie them down and keep them from travel, holidays, or time with grandchildren, and 3 mentioned that they had too much other volunteer work.

All Volunteer Leaders were asked what changes to the Site Coordinator's job could make it more attractive. 43% had no suggestions, but of the suggestions made by the others

> 40% concerned having more help (having an Assistant Site Coordinator, Co-coordinators, backup volunteers, or assistance with set-up).
>
> 40% mentioned that it would be nice to receive tangible appreciation (in addition to the Volunteer luncheon and plant, which are very much appreciated). Suggestions included gift certificates for books, movies, dinners, etc., or money.
>
> 25% suggested having manuals or other written descriptions for Site Coordinators and other volunteers that would help to orient people new to particular volunteer positions.

One former Site Coordinator noted that one of, if not the most, onerous tasks of an SC is telephoning volunteers each week to find out whether or not they will be able to help at that week's session. The possibility of hiring a part-time paid person to do this work for all sites was suggested.

SUMMARY: VOLUNTEERS

The number of participants per volunteer has increased since 1992.

Although participants are still very positive about their interactions with volunteers, it is possible that if this ratio were to increase further, it could lessen the important “spark” between volunteers and participants.

Almost all sites feel some need for more volunteers.

Volunteer Leaders feel they know very little about what goes on at sites other than their own. Approximately 2/3 of them would like more information about other sites, with the most preferred method being meetings of volunteers, especially Site Coordinators, once or more per year.

Volunteers see the major drawback of being a SC as being tied down by responsibility. Suggestions for making the SC role more attractive included giving SCs more help, occasional token gifts of appreciation, operation manuals to orient new volunteers, and someone to take over the task of phoning volunteers each week.

QUESTIONS FOR CONSIDERATION

Should recruiting more Site Coordinators and Assistant Site Coordinators be a major KW goal?

If so, how can this be done?

How can KW make the Site Coordinator role more attractive?

How can KW recruit more volunteers?

How can inter-site communication among volunteer leaders be improved?

EXERCISE

All sites offer exercise, but there are small variations in the content of the exercise session from site to site, according to the time and space available and the capabilities of a particular group. A session usually starts with some walking or other standing exercise to warm up (5 to 20 minutes at different sites), then chair exercises using therabands and foam blocks. It is always accompanied by recorded music, provided by the Fitness Director. Water is available. The Fitness Director often mentions the specific muscles being worked and sometimes gives other health tips. At the end of exercise he tells a joke.

According to statistics submitted by sites to the Program Director, 78% of participants from September 2006 through April 2007 took part in exercise. 91% of participant respondents to the interview reported that they had taken part in exercise. Either of these two percentages represents an increase over the last 15 years; earlier surveys of the KW program reported 49% participation in exercise in 1992 and 68% in 1997.

95% of respondents who exercise do it once a week (74%), or more than once a week at multiple sites (21%). Most KW exercisers do both the walking and chair parts of the exercise sessions, but 12% report that because of mobility restrictions they do only the chair exercises.

53% of exercisers reported that they sometimes do at home the exercises they have learned at KW. 37% of them own the KW exercise video, and 7% spontaneously reported that they have a KW exercise booklet. Two respondents reported that a group of about 12 people living in a condo near the Parkgate site use the KW video weekly for an informal half-hour exercise class. Some of that group attend regular KW sessions, and some do not.

Respondents were asked to judge whether statements about KW exercise applied to themselves:

KW exercise	Responding Yes
is fun	100%
makes me stronger	88%
helps me to move more easily	88%
relaxes me	86%
helps me handle stress better	56%
helps me to sleep better	28%

Respondents were also asked if there were any other ways that KW exercise helped them, and 74% of exercisers responded. 42% of their answers mentioned social benefits, e.g., “companionship”, “being in a group”, “meeting nice people”, “socializing”, and 19% mentioned good feelings, e.g., “feel uplifted”, “feeling of well-being”, “makes me happy”. Other comments concerned improvement in muscles (12%), brain (5%), or amelioration of disease, e.g., arthritis (5%).

“The people who run the exercises...know what they’re doing” (Woman, 80)”

“A well-thought-out program of exercise; it uses all the muscles” (Woman, 73)

“I moved to KW from another exercise program because I needed more gentle exercise” (Man, 79)

When asked at the end of the interview whether there was anything they wished to tell the interviewer, 47% of the respondents praised the KW Fitness Director. There was widespread appreciation of the music used in his classes (“He choreographs it, and makes it fun”), his expertise (“a professional at his job”), his health tips (which were mentioned by people when discussing what they had learned at KW), and even his jokes. His warm interest in and interaction with participants were especially noted. Comments mentioned his being a “great guy”, “fantastic” and “unbelievable”, who is “so good with everybody”, “exudes love for people”, and “never puts down an older person”. Two of the respondents spontaneously commented that they pay to take another exercise session with him outside of KW each week.

There is no doubt that the high level of agreement with many of the positive statements above, especially “KW exercise is fun”, are directly attributable to the person leading the exercises. 23% of respondents spontaneously reported exercise they do outside KW (undoubtedly an underestimate, because no specific question was asked of all respondents.) The most common exercise (73%) was walking, but aquacise, other exercise classes, circuit training, gardening and dancing were also reported. (Full list in Appendix B)

SUMMARY: EXERCISE

Exercise is the most popular part of the KW program, and exercise participation rates have increased over the past 15 years.

Participants sometimes do the exercises at home; several of them own the KW exercise video or booklet; and there is even a group that uses the video for their own informal exercise group.

Participants judge that KW exercise benefits their health and well-being in many ways.

The current Fitness Director is very well-liked, and undoubtedly partly responsible for the popularity of KW exercise.

QUESTION FOR CONSIDERATION

The dependence on one person for the most heavily-attended part of the KW program could become a liability as the number of sites grows. Already there is one conflict in which the Fitness Director is needed at two sites at once; currently this necessitates one site (JBCC) having the Hands On portion of its program before the Exercise, presenting a problem in engaging participants in talks and special events.

Should KW hire a second regular fitness instructor?

FITNESS FOR KEEP WELL EXERCISE

All new participants are required to complete a Fitness Questionnaire asking them 11 questions about their health. This questionnaire is returned to the Fitness Instructor, who decides whether or not to request the participant to consult her or his physician before starting exercise.

Volunteer Leaders at 7 of 8 KW sites reported that Fitness Questionnaires are given to new participants at their site; leaders at the 8th site were not sure whether or not this was done. The 17% of respondents who could not remember whether or not they had filled out a Fitness Questionnaire when they started KW had joined, on average, 11.5 years ago. 46% of those who could remember reported that they had completed the questionnaire; 54% did not think they had ever completed it.

According to the Volunteer Leaders, half of the sites conducted updates of Fitness Questionnaires for those participants whose health had changed significantly. This was done either by announcement once or twice a year to the entire group, or by requests to individual people who returned to exercise after serious illness or surgery. The most recently-started sites had not had time to update, and the leader of one site remarked that because it was a small group she knew everyone’s health.

Respondents were asked whether or not they had had surgery or a serious illness since joining KW. 34% reported that they had. The medical problems they reported included heart attack, stroke, cancer, pacemaker, TIAs, joint replacement, hysterectomy, appendix, breast reduction, and gall bladder operations. In spite of the severity of these conditions, 67% (8 people) of these respondents stated that their Fitness Questionnaires had never been updated.

It may be that all of the people who have experienced major health changes are well known to Volunteer Leaders. Whether their questionnaires should have been updated depends on the purpose of the questionnaires. One purpose is to determine fitness for exercise. The Fitness Director knows most participants well, and would welcome them back, probably inquiring as to whether their physician has cleared them for exercise. Another possible use, however, would be for KW volunteers to be able to give information about a participant’s health if it were suddenly necessary to call for medical help during a KW session. This could be done either by each participant having with her or him a complete Medical Record and/or by KW volunteers having at hand an updated Fitness Questionnaire.

SUMMARY: FITNESS FOR KW EXERCISE

A large proportion of KW exercisers have never completed (or do not remember having completed) a Fitness Questionnaire.

The Fitness Questionnaires of exercisers returning from illness or injury have not been updated in a majority of cases. Thus, most sites do not have a written tecord of recent surgeries or major illnesses of their participants.

How important the lack of completed and updated Fitness Questionnaires is depends on the purpose(s) for which they are designed to be used.

QUESTIONS FOR CONSIDERATION

What is (are) the purpose(s) of the Fitness Questionnaire?

How often and under what conditions should KW participants be asked to complete or update Fitness Questionnaires?

What KW staff or volunteers should be charge with responsibility for seeing that this is done?

PERSONAL MEDICATION RECORD

A 32-page Medication Record from R & D, Canada's Research-Based Pharmaceutical Companies, is made available periodically at KW sites for those participants who want one. It contains space to record contact information, surgical history, allergies, family history of diseases, all prescription and non-prescription medications, blood pressure and glucose readings. 47% of respondents reported that they have this Medication Record, but only 17% of those who had one carry it with them. One respondent remarked that it was too bulky to carry. This comment seems borne out by the fact that an additional 17% of respondents (2 who own the R & D record, and 4 who do not) spontaneously reported that they carry with them a shorter record of their medications and allergies, usually written by them or by their relatives on a sheet of paper or a single card.

QUESTION FOR CONSIDERATION

Should KW find or produce a shorter form or booklet on which participants can record essential medical information to be carried with them?

BLOOD PRESSURE CHECKS

All KW sites have volunteers, usually retired Registered Nurses, who carry out blood pressure checks on all attendees who request one. When a participant's blood pressure (BP) is found to be high or abnormal after confirmatory retest, a KW referral form requesting consultation with a doctor is filled out by the volunteer and given to the participant, and this referral is noted on the Registration Form. Volunteer Leaders were asked whether there was follow-up as to whether the participant followed the advice. 6 of the 8 sites reported that there was follow-up, though at some sites this was said to be informal. At the other 2 sites the Volunteer Leaders said that they did not know whether or not blood pressure referrals were followed up.

Data submitted by sites to the Program Director record a total of 16 "Referrals Out" for September 2006 through April 2007. This represents 3.7% of the total population of KW participants, and although it is mostly referrals for blood pressure, it is possible that it also contains referrals for other reasons, e.g., nutrition counselling. The number of Referrals Out is lower than was reported in 1992 ("4-5 per month") and in 1996 (68 referrals, both out and in, during 1995).

All interview respondents reported that their physician checks their blood pressure. In addition, 13% of them have blood pressure machines at home, 13% check their BP at a pharmacy, and 4% get their pressure checked at Stroke or Cardio classes.

According to monthly data submitted to the Program Director by sites, the median percent of participants who got their blood pressure checked between September 2006 and March 2007 was 40%. This percentage varied greatly from site to site, however, ranging from 15% to 70%. The 40% of respondents getting blood pressure checks is lower than percentages reported in two previous studies: approximately 45% in 1992, and 68% in 1997.

38% of respondents said that they got their BP checked at least once a week at KW; 17% got a check once or twice a month, and 26% did it less often than once a month (in 11% of cases, less than once a year). 19% of respondents had never had their blood pressure checked at KW.

“Having my BP checked once a week gives me peace of mind”
(Man, 78)

Of those who got their blood pressure checked, 71% kept with them the small KW card recording their results, and 56% had discussed their KW results with their physician. Results of these discussions varied widely: in three cases, physicians used the KW results in making a decision to prescribe or discontinue medication, but in the same number of cases respondents were told not to believe or pay too much attention to KW results, or that BP checks should be done by a physician. In most cases physicians used the KW results to compare with the results they obtained in their offices, and reassured or gave lifestyle advice to their patients.

Respondents were asked whether they had had any serious diseases or surgeries during the time they had been coming to Keep Well. Through answers to this question and through spontaneous remarks, 19% mentioned being on medication for high blood pressure, and 21% reported having had heart problems or strokes. Over all, 67% of respondents answered Yes when asked if their physician knows they’re attending KW.

SUMMARY: BLOOD PRESSURE CHECKS

Participants who are found to have high or abnormal blood pressures are referred to their physicians, but KW follow-up on these referrals is somewhat informal.

The proportion of KW participants who get their blood pressure checked at KW is lower than it was 10 and 15 years ago.

About 1 in 5 KW participants has never had her or his blood pressure checked at KW, and 1/4 of those who do get it checked do so less often than once a month.

QUESTIONS FOR CONSIDERATION

Should there be more formal recording of follow-up on KW referrals for BP?

Should KW encourage more participants to get their blood pressure checked regularly? If so, how should this be done?

Should there be more direct communication with physicians regarding KW's BP monitoring procedures? If so, how should this be done?

MASSAGE

Shoulder, hand, and foot massage is available at all sites, except for one site that does not offer foot massage. It is performed by volunteers who have taken a 2-hour training program from a Registered Massage Therapist hired by KW.

According to monthly data submitted to the Program Director by sites, the median percentages of participants who got massage between September 2006 and March 2007 was 17.5% for shoulder massage, 7% for hand massage, and 5.5% for foot massage. These percentages varied greatly from site to site, however, ranging from 6% to 34% for shoulder massage, from less than 1% to 24% for hand massage, and from 2% to 18% for foot massage. Variations are dependent on the number of massage volunteers as well as the preferences of participants.

The participation in shoulder massage (17.5%) is not different from the approximately 15% reported in 1992, but participation in hand massage (7%) is lower than the 30% reported in 1992, and the total massage participation is lower than the 58% reported in 1997.

66% of participant respondents reported that they have had massage at KW at some time. 62% of respondents have had shoulder massage, 36% have had hand massage, and 17% have had foot massage. The median frequency of getting massage was 2 or 3 times per month, fewer than some participant respondents would like. 47% of Volunteer Leaders would like to have more massage volunteers, especially those trained to do foot massage. At present, participants at several sites have to sign up for foot massage on a first-come-first-served basis. Volunteers trained to do several different types of massage, i. e., shoulder, hand, and foot, as needed, would be especially useful.

"Sometimes there isn't room for me to have massage"
(Woman, 80)

Respondents were asked to judge whether statements about KW massage applied to themselves.

KW massage	Responding Yes
relaxes me	94%
improves my mobility	65%
relieves my pain	45%

When asked if there were any other ways that KW massage was helpful, 15 respondents gave a wide variety of answers. The most common types of answers were that it made them feel good, that it has social value, and that human touch has value.

"The value of massage is partly in having human physical contact in the best sense, and partly social by talking"

(Man, 78)

10% of respondents agreed that because of KW massage, they had had massage done at other places. One respondent spontaneously remarked that a KW massage volunteer has her own commercial massage practice, which the respondent had gone to a few times.

SUMMARY: MASSAGE

A smaller proportion of participants is getting KW massage than 10 or 15 years ago.

Massage is appreciated by a significant proportion of KW attendees for the relaxation, mobility, and freedom from pain it provides.

Both leaders and participants noted that having more massage volunteers would increase these benefits for more participants.

QUESTION FOR CONSIDERATION

How can KW train or otherwise obtain more massage volunteers, especially those trained in foot massage?

RELAXATION

Relaxation is offered at only one site (NSNH), approximately twice a month. 13% (6 people) of all respondents have taken part in a relaxation session at some time. All of them are women. Only one of the 6 (17%) reported that she had done the KW relaxation exercises at home.

In response to structured questions, 50% of those who had tried KW relaxation agreed that it helped them handle stress better, and 33% agreed that it helped them sleep better. When asked if there were other ways that relaxation was helpful, 67% responded, mentioning improved awareness of where stress was located in the body, the social value of the relaxation session, the idea that relaxation probably lowers BP, and that it makes one “feel uplifted”.

As displayed in Table 5, availability of and participation in relaxation is lower than it was in the past. In both 1992 and 1997 all KW sites offered relaxation.

TABLE 5

PARTICIPATION IN RELAXATION IN 1992, 1997, AND 2007

	1992	1997	2007
Sites offering relaxation	4 of 4	5 of 5	1 of 8
Participation in relaxation	25%	42%	13%

Volunteer Leaders were asked to rate how important they thought it was to have a relaxation session.

26.5% believed it was Very Important
47% believed it was Somewhat Important
26.5% believed it was Not Important

When the four Leaders who rated relaxation “Not important” were asked why, factors mentioned were that attendance at relaxation sessions would probably be low, and that massage already provides relaxation. Space limitations were also noted, because having relaxation during the Hands-On portion of the program requires taking a small group away from the larger participant group.

45% of all respondents said they would like to have a relaxation period at the end of KW exercise as one of the options during “Hands On” time, although a few of them had never heard of relaxation training and merely said they “would like to try it, and see”. There were no age or sex differences in interest in a relaxation session.

Volunteer Leaders were asked how often they would recommend having a relaxation session.

55% said	Weekly
27% said	Once or twice/month
18% said	Give a demonstration, and let participants decide

One Volunteer Leader suggested contacting Capilano College’s Music Therapy program for a demonstration of relaxation through music. If participants were then in favour, it might be possible to use music therapy student placements to provide relaxation sessions, either to a small group or occasionally to the entire group at a site.

SUMMARY: RELAXATION

The small number of KW participants who have access to relaxation sessions judge that it does offer benefits.

Approximately 1/4 of Volunteer Leaders do not believe that providing relaxation is important.

Almost 1/2 of respondents would like to try a relaxation session.

QUESTIONS FOR CONSIDERATION

Should KW give relaxation demonstrations at all sites to determine what interest there is?

Given interest, where can KW find or train relaxation volunteers?

How could regular relaxation sessions be offered at sites that do not have a dedicated space for it?

How much could be accomplished by occasional demonstrations of relaxation techniques to an entire KW site group, i. e., could participants be taught techniques that they might use on their own at home?

NUTRITION

Three KW sites have a trained nutritionist available to give advice; two others maintain a table with booklets or pamphlets containing nutrition advice; and three do not have either a nutritionist or a special table for nutrition. Three of the 5 sites that have some nutrition advice have it available weekly; the other two have it less often.

If a nutritionist or a volunteer maintaining a nutrition advice table believes that specialized nutritional counselling is needed, she or he may give the participant a written referral to the Medical Day Centre at Lions Gate Hospital. The number of referrals for nutritional counselling is unknown because it is included in the more general "Referrals" in KW summary data, but it is believed to have been negligible, if not zero, in 2006-07.

Volunteer Leaders were asked how important it was that their site have a nutritionist. 27% replied that it was very important; 46% said it was somewhat important; and 27% that it was not important. Volunteer Leaders who judged that it was not important supported their judgments by saying "There's lots of information around" and "At this age, everyone knows [about nutrition]". Belief in the importance of having nutritional information was related to its presence at the site: 80% of Volunteer Leaders whose sites did not have nutritional advice available judged that it was Not Important, while all those whose sites had advice judged it Very or Somewhat Important.

When asked how often they thought a nutritionist should be present, 54% of Volunteer Leaders said once or twice a month; 23% said more often; and 23% said less often ("once in a while", once a year; or recommended nutrition talks only).

Participant respondents were asked whether they had learned anything about nutrition or diet at KW. 43% said that they had. When asked how they learned this information, several gave multiple sources for their knowledge. In all, 53% mentioned talks, 26% written material; 10.5% a nutrition volunteer; and 10.5% another volunteer.

When asked what they had learned, 5 respondents could not remember a specific fact, but the remaining 32% mentioned the following topics:

- contents of the new Canada Food Guide
- eating less fat
- differences among unsaturated, saturated and trans fats
- foods for managing specific diseases (diabetes, osteoporosis, high cholesterol, leg cramp)
- vitamins or minerals in specific foods (e.g., foods high in potassium)
- the difference between whole grain and whole wheat products
- eating more vegetables, fruit, and fish
- eating less salt, meat, and coffee

53% of the respondents who had learned something said they had changed their eating habits to conform to what they had learned.

SUMMARY: NUTRITION

Not all KW sites have a formal way of providing information on nutrition for their participants. Volunteer Leaders' beliefs about how important it is to provide such information are related to whether or not it is provided.

A sizeable proportion of respondents reported that they have learned something about nutrition at KW. Half of them had learned from a talk, and another quarter had learned from written material.

More than half of those who had learned something had changed their eating habits as a result of that knowledge.

QUESTION FOR CONSIDERATION

Should KW have nutrition information formally available at each site?

WEIGHT

Weighing those participants who wish to be weighed has typically been one of the functions of the nutritionist at a site. Five of the 8 KW sites have a scale available for participants to check their weight, and they are the same five sites that have either a nutritionist or a nutrition table available. Of the other three, two (new programs) did not yet own a scale, and the third had a scale but was not putting it out because there was no nutritionist at the site. Thus, 36% of respondents did not have access to a scale at KW.

30% of respondents at sites that made a scale available said that they had weighed themselves at KW at some time. The average frequency of weighing was about once a month. Two respondents remarked that they would like to weigh themselves at KW if a scale was available.

All participant respondents, however, did weigh themselves sometimes. Of those who did not get weighed at KW, 76% said they weighed themselves at home, and 62% said they got weighed by their physician. Thus, it seems that getting weighed at KW is not the only option open to KW participants; rather, some of them choose it because it seems a natural adjunct to getting their blood pressure checked or seeking advice on nutrition. Weighing does not require a volunteer; participants can weigh themselves and either record it or not record it on their KW cards, as they wish.

SUMMARY: WEIGHT

The same sites that provide the least information about nutrition also do not provide access to a scale.

At the other sites participants weigh themselves with or without the help of a designated nutrition volunteer.

QUESTION FOR CONSIDERATION

Should all sites institute a way for participants to get weighed if they wish?

PHARMACIST

Volunteer Leaders at 4 of the 8 sites reported that they had a pharmacist at their site. At 2 of the 4 sites with pharmacists, the pharmacist sat at a table during the hands-on session and was available for a 1:1 consultation with any participant(s) who had a question. At one of those sites, the pharmacist was present every week; at the other, about 4 times a year. Leaders at sites with 1:1 consultations estimated that 8% to 10% of participants consulted the pharmacist. Data submitted by the sites to the Program Director agreed with the Volunteer Leaders' estimates. From September 2006 through April 2007 a total of 51 participants consulted on a 1:1 basis with a pharmacist (9 weeks of pharmacists' attendance; median percent of participants consulting per pharmacist's visit = 11%).

At the other 2 sites the pharmacist presented talks to a participant group either once a month or once every 2 months, usually with time for audience questions after the talk. Attendance at these talks was estimated by Volunteer Leaders to be 60% at one site, and 100% at the other site. According to submitted data from the two sites, between September and April 138 participants listened to 6 talks by pharmacists, with a median attendance of 66% at one site, and 100% at the other.

Thus, 9 consultation visits accounted for information being imparted to only 37% of the number of participants who were informed by 6 group talks. In terms of efficiency, talks are better at reaching more KW participants. On the other hand, talks require more preparation by visiting pharmacists than do consultations.

Participant respondents were asked whether they had learned something at KW about prescription medications, over-the-counter medications, or vitamins. 40% of them said that they had. When asked what they had learned, 61% were able to give a specific answer. These included side effects of painkillers, that drugs can interact with one another, timing of when to take a specific medicine (thyroid, calcium), the need to note medicine expiry dates, the value of vitamins (vitamin B12, vitamin D, vitamins should be taken regularly, vitamins are available without prescription). 17% reported that what they had learned was that the knowledge they had was correct and they were already doing the right thing. The other 22% could not remember a specific fact learned but felt certain they had learned something.

When asked how they had learned about medications or vitamins at KW, 68% said they had learned from a talk (including 26% who had learned from a talk given by a pharmacist); 21% had learned from a one-to-one consultation with a pharmacist; 16% had learned from written material acquired at KW; and 5% (1 person) had learned from anotherparticipant. (Percentages total more than 100% because some participants cited more than one source of information.) In 1997, 28% of questionnaire respondents checked “Pharmacist” (a separate category from “Speakers” or “Discussions”) from a list headed “I participate/volunteer in the following areas”. If this indicated one-to-one consultations with a pharmacist, then the percent of such consultations has remained fairly stable, or perhaps declined slightly, over the past 10 years.

32% of participants who said they had learned something answered that what they had learned had caused them to change their medication or vitamins. Individual participants reported that they had started taking Vitamin D or Vitamin B12, changed the time of taking calcium or thyroid medication, inspected the expiry dates of their medications, and switched pharmacies to obtain the lowest prices.

Volunteer Leaders were asked how important it was that their site have a pharmacist. Sites that had a pharmacist gave 3 ratings of Very Important and 1 of Somewhat Important; sites that did not have a pharmacist gave 1 rating of Somewhat Important and 3 of borderline Somewhat/Not Important (split ratings between 2 leaders at a site). Thus there was some relation between the Volunteer Leaders’ beliefs in the importance of a pharmacist and whether or not they had one at their site, but the causal direction of this association is indeterminate.

Reasons given by Volunteer Leaders for judging that having a pharmacist is only somewhat or not important were that participants get advice about medications from their physicians (33% of reasons), participants go to their local pharmacist with questions (33%), participants get advice from KW blood pressure volunteers (17%), and participants are generally well-educated and already quite knowledgeable about medications and vitamins (17%).

Volunteer Leaders were also asked how often a pharmacist should be present, and whether talks by a pharmacist would be enough or whether 1:1 consultation was necessary. There was no strong consensus on either of these questions. Judgments of how often a pharmacist should be present varied from once a week to once a year, and there was no preference for 1:1 consultations or talks: 40% wanted 1:1, 40% wanted talks, and 20% wanted both.

SUMMARY: PHARMACIST

Only half of the KW sites had a pharmacist. Two sites used the pharmacist for 1:1 consultations, and two had talks by pharmacists.

Sites that had talks by pharmacists reached larger audiences than did those that had 1:1 consultation, but there was little difference between the two methods in the numbers of participants who said they had learned from them.

A large minority of participants reported that they had learned something about medications or vitamins at KW, and almost 1/3 reported that what they had learned had cause them to change their behavior.

There was little agreement among Volunteer Leaders about how important it is to have pharmacists at KW, how often pharmacists should attend, or whether 1:1 consultations or talks are preferred.

QUESTIONS FOR CONSIDERATION

How can KW best provide pharmacists for its sites?

By what method(s) should pharmacists' knowledge be shared with participants?

PEER SUPPORT

Only two sites (NSNH and KLM) regularly have at their sessions a volunteer specifically trained in peer support. At one of these sites the Peer Support (PS) volunteer is present every week and operates in an informal manner, by wearing an identifying name tag and simply talking and interacting with participants. At the other the PS volunteer, who is present once or twice a month, is also the relaxation leader. She combines her two roles by taking a subgroup of participants to a separate room for relaxation and/or discussion groups. At the other six sites peer support is entirely informal and shared, with no one specifically charged with the task.

Volunteer Leaders were asked whether it was very, somewhat, or not important to have trained peer support volunteers available. 31% said it was very or somewhat important, and that they would like trained PS volunteers available weekly or biweekly.

The other 69% said that having trained PS people was not important. Three leaders offered as rationale for their negative judgment the fact that KW can refer its participants to the Peer Support service. Other reasons, offered by one Leader each, were 1) any volunteer can provide support; 2) the site centre provides counselling; 3) KW participants are “doing well” and don’t need help; and 4) participant-to-participant support is sufficient: if a service were provided, it would be used only by “chronic people”.

Some Volunteer Leaders felt that participants would prefer to talk about their problems with BP, Massage, or other volunteers rather than with someone identified as a counsellor. They also felt that participants would not like to talk to a trained counsellor who went to the same site they did, but would prefer to be referred to someone off-site, where other participants would not be in attendance.

Summary data submitted by sites to the Program Director recorded 3 instances of Peer Support from September 2006 through April 2007, 2 at a site with a Peer Support volunteer and 1 at a site without a Peer Support volunteer. This is lower than the “approximately 3%”recorded in 1992.

13% of participant respondents agreed with a statement that a KW volunteer had helped them with life problems, e.g., family, friends, finances, housing, or other stresses. All were women. Answers to “What did they [KW volunteers] do that helped?” concerned listening, showing empathy and love, and making suggestions.

Respondents were also asked if they wished they had someone to talk to about life problems. 13% (6 respondents, all women) agreed that they did. Of these, one described herself as depressed, and one was awaiting an appointment with a psychiatrist.

SUMMARY: PEER SUPPORT

A majority of Volunteer Leaders do not support the idea of having trained Peer Support volunteers present at KW sessions.

A majority of participant respondents do not feel that they need anyone to talk to about life problems.

There are some KW participants, however, who do wish for someone to talk to, and some of them are in considerable distress about problems in their lives.

QUESTIONS FOR CONSIDERATION

What is the best way for KW to provide support for people with problems?

Trained peer support people at KW sites?

Training all KW volunteers on
a) when/how to draw out and identify people with problems, and
b) KW procedures concerning referrals to counselling services?

TALKS

Volunteer Leaders were asked what talks (or discussion sessions) their site had had since September 2006. Four sites had between 3 and 6 talks (average 4.75); the other four had no talks. The four with no talks were the same four sites that did not have a Site Coordinator.

Volunteer Leaders were asked whether they believe that their site should offer the same number of speakers, or more or fewer than it does. The 4 sites that had talks wanted about the same number; 3 of the 4 with no talks wanted more talks, but the fourth (WVSAC) was satisfied with having no talks, citing lack of space for talks and the fact that there are many talks offered by the centre itself.

Topics of the talks given in 2006-07, along with the Volunteer Leaders' estimations of the percent of participants who had attended each talk, how successful each talk had been, and whether Volunteer Leaders would recommend the same speaker to other sites are reported in Appendix C1.

Participant respondents were asked whether they had attended a KW talk or group discussion during the last 2 years. 70% of them said that they had. There was a clear difference in the percentages of participants reporting attendance at sites that had and did not have talks. 85% of participants at sites that had offered talks reported attendance, whereas only 25% of respondents at sites with no talks said they had attended a talk during the past 2 years (3 of the 5 respondents in this group currently attended multiple sites).

Respondents were asked whether they thought that the number of talks at KW was too many, too few, or just about right. 79% said that the number was just about right, and there was no appreciable difference in this percentage between those at sites with talks and those at sites that did not have talks, i.e., respondents were generally satisfied with whatever number of talks had been made available. Of the 9 respondents who wanted a change in the number of talks, however, 8 (89%) wanted more talks rather than fewer.

"This is a good site compared to others, because we have speakers" (Woman, 75)

"I'm interested in talks on any topic, as long as the speakers are competent in their field" (Man, 66)

"I feel at my age, I already know enough about meds and nutrition" (Woman, 86)

"I like outside speakers" (Woman, 92)

When asked the topics of any talks they remembered, 3 respondents could not remember any topic. The remaining respondents who had attended talks remembered from one to four topics, with an average of 2.1 topics recalled. Each of these 30 respondents was asked which of these talks she or he remembered best. Topics included some related to disease (diabetes, Parkinson's disease, eye diseases, hearing problems, options for care), talks by pharmacists (prescriptions and medications), talks on nutrition (Canada Food Guide, fat in food), health-promoting topics (healthy heart, walking poles), and general topics not specifically related to health (Travels in Myanmar, a blind woman and her dog, investment/financial tips). As might be expected, topics recalled were often from talks heard recently.

84% of those who had heard talks said that the talks were helpful to them. Of those who claimed talks were helpful, 38% had changed either their own behavior (cut fat and lost 20 pounds; walk more; eat more fruit and vegetables; drink red wine at night; speak directly to the hard-of-hearing; use walking poles; followed tax advice) or the behavior of a family member (spouse got hearing aids) as a result of hearing the talk. Others had not made any change in behavior, but said that the talk was educational, interesting, or might be of future relevance (24%); that it confirmed that they were already doing the correct things (19%); or that it was relevant to their family in general (19%).

Respondents who had attended talks were asked whether they had discussed what they learned at the talk with someone who was not there. 54% said that they had discussed the talk with a family member, friend, or group of friends who had not heard it.

Volunteer leaders and participant respondents were asked to suggest topics for future KW talks. All suggestions are listed in Appendix C2.

SUMMARY: TALKS

Sites without Site Coordinators were less likely to offer talks.

The majority of both Volunteer Leaders and respondents were satisfied with the number of talks being offered, but those who did want a change wanted more talks to be offered.

Respondents who had attended talks recently could remember the topics presented, and said that the talks were helpful to them, and a substantial minority said that they had changed their behavior on the basis of what they had learned in a talk.

Volunteer Leaders and Respondents gave many suggestions for topics of future talks.

QUESTIONS FOR CONSIDERATION

Given the apparent value of talks to participants, what steps should be taken to see that more talks are offered, especially at sites that have not offered them recently?

How should KW provide Site Coordinators with information about the value of talks, and give them lists of suggested topics?

What is the best way for KW to help Site Coordinators find speakers?

SOCIAL ACTIVITIES

All Volunteer Leaders reported that their sites had times when coffee and cookies or other snacks were available, and participants could sit and socialize with one another. At 3 sites (NSNH, PARK, KLM) this happened weekly within Keep Well itself. At another site (SH) weekly coffee was available in the KW room but was provided by the site. According to Volunteer Leaders' estimates, the average attendance at weekly coffees was 58% of the participants (range 47% to 68%); this fits with participant respondents' reports that 61% of them had attended a weekly coffee time. At another site (WVSAC) there was no coffee connected with the KW program, although it was available for purchase at the site cafeteria in a nearby room.

"It's nice to have coffee" (Woman, 66)

At 3 sites (JB, DEL, GLEN) coffee was available in the KW room only one day a month, and 2 of the sites (NSNH, KLM) that had weekly coffee also had a special monthly social celebration. At all of these monthly celebrations a selection of goodies, usually provided by participants, were served with the coffee, and at some sites talks or discussions regularly accompanied these celebrations. Volunteer Leaders estimated that the average attendance at monthly social events was 81% (range 50% to 97%), which is congruent with the fact that 87.5% of participant respondents at sites that had monthly celebrations reported that they had attended a monthly event.

All sites had at least two parties during the year, at Christmas and at the end of the KW season in June. Christmas parties generally involved potluck food and some form of entertainment (e.g., decorations, Santa, singing groups, singalong, gifts, raffle, fashion show). In two cases (JB, KLM) these parties were shared with another Seniors group. Volunteer Leaders estimated that attendance at parties was generally very high (90% of participants, range 60% to 100%). In contrast, 59% of participant respondents reported that they had attended a party during the year; however, they were asked this question before the end of year party, so the final percentage would undoubtedly be higher.

In total, 87% of all participant respondents reported that they had attended some KW social event (weekly coffee, monthly coffee and goodies, or party) during the 2006-2007 year. Sites vary in the ease with which coffee can be provided. Some have kitchens attached to the room in which KW sessions take place, but others require volunteers to bring in coffeemakers and coffee themselves. On the other hand, it is possible for sites to have excellent facilities that inhibit the social cohesion of a KW group. Four of the 6 participants who had not attended any social event were at the one site that did not have weekly or monthly socials as part of its program (WVSAC, where the site cafeteria is open to KW participants along with other WVSAC attendees, but only the Christmas party is specifically for KW people.)

While Volunteer Leaders did not believe that having social events was important for keeping people coming to KW (Median rating "Not very important"), they were unanimous in their judgements that social events are "Very important" to the health of KW participants. When asked to think of other values of having social events, they mentioned that such events build friendships (45% of comments), promote relaxation and fun (36%), information sharing and social support (18%).

"I don't want to miss Keep Well; I enjoy the social part as well as the exercise" (Woman, 83)

"It helps just getting out of the house, getting social contact" (Woman, age 84)

Making Friends

78% of respondents reported that they had made a new friend or new friends through KW, and 50% said that they sometimes did things with this friend outside of KW. There were no age or sex differences in making friends or interacting with them outside of KW.

"I've made many, many good friends" (Woman, age 84)

SUMMARY: SOCIAL ACTIVITIES

The great majority of KW participants had attended some KW social events during the year. Coffee and food were an integral part of these events.

Volunteer Leaders rated social events as very important to participants' health, and felt that they promoted friendships, fun, and social support.

Almost 4/5 of participant respondents reported that they had made new friends through KW, and 1/2 said that they sometimes did things with this friend outside of KW.

QUESTION FOR CONSIDERATION

How can KW sites that find it difficult to provide for social events be helped to do so?

JOINING AND LEAVING KW

When asked how new people find out about KW at their site, all Volunteer Leaders mentioned word of mouth. Other sources mentioned were the KW brochure, the Seniors Guide, physician's office, site inquiries, and "people just wander in".

When participant respondents were asked how they had initially found out about KW, responses were similar. 46% said they had learned of KW by personal word of mouth, i.e., by a personal friend telling them about it, and 26% said by general word of mouth, e.g., hearing others talking about KW. Thus, 72% of respondents had learned of KW by word of mouth.

"I always mention Keep Well to people I meet in the community" (Woman, age 82)

Word of mouth also appears to have been the main way to learn about KW in the past. 60 percent of the respondents to the 1997 survey said that they had learned about KW "from a friend"; 20% said "from community contacts generally"; and 15% said "from the North Shore News".

Respondents reported that they also used word of mouth as a method of recruitment to KW. 70% of respondents reported that they knew someone they thought might like to come, or might benefit from coming to KW. Of those who knew such a person, 75% had invited that person to attend KW. Only 40% of those invited by respondents had attended, however, and another one person (4%) was judged likely to attend in the near future. When asked the reasons invitees gave for not attending KW, respondents reported that 36% said they already did a different form of exercise, 27% had physical limitations, and 18% had family commitments that limited their free time. Finally, 18% gave no specific reason for not being willing to attend.

Respondents were also asked whether they knew someone who had stopped coming to KW, and 52% responded that they did. The reasons people stopped coming were

50% became physically or mentally incapable of participating
15% died
4% moved away from the KW area
8% assumed greater family responsibility
8% had transportation or travel distance problems
12.5% took up another exercise activity (walking, bowling)
Only 4% (one person) “didn’t like KW”.

22% of respondents said they had found out about KW from public notices or advertising (newspapers, site program or brochure, sign at site). Keep Well is advertised in the Leisure Guides of both the North Vancouver Recreation Commission and the West Vancouver Community Services, in site newsletters or program guides (WVSAC, NSNH, JBCC PARK), and in newspapers (North Shore News, Deep Cove Crier, Outlook). The detailed information in these sources is not always correct, however (e.g., the Program Guides for NSNH and JBCC imply that at both sites exercise precedes hands-on; the North Shore News advertises only the Delbrook and NSNH programs, and states that the NSNH program meets only on the last Monday of the month).

Only 7% of respondents (3 people) reported that they had been specifically referred to KW by a physician or another exercise program. The number of “Referrals In” in KW summary statistics for September 2006 through April 2007 represents only 1.3% of the total population of KW participants.

SUMMARY: JOINING AND LEAVING KW

Word of mouth has been the most effective means of recruiting new members for KW.

A secondary means of recruitment is written notices and advertisements.

Few people are professionally referred to the KW program.

Once they are regular attendees at KW, participants tend to stay in the program unless stopped by legitimate reasons that require them to leave.

QUESTIONS FOR CONSIDERATION

Should KW increase the number of participants at sites that have fewer people than site space would allow?

By what means should the number of attendees be increased?

> Word of mouth campaign?
> Advertising?
> Better referral from physicians, other health professionals, other programs?

How can KW assure that the information about the individual site programs is printed correctly in brochures and newspapers?

PARTICIPANTS' KNOWLEDGE ABOUT KEEP WELL

To find out how much participants knew about the roles of staff, volunteers, and funders in KW, respondents were asked where KW gets its financial support, and who were the paid members of staff. Participants were urged to guess if they were not sure about the answers to these questions. Financial sources reported were:

50% of respondents correctly identified one or more of the North Shore municipal governments as a source of KW revenue.

33% of respondents correctly mentioned the provincial government, though they were not always correct concerning what unit of the government was involved. 65% of their responses correctly specified provincial health, including two people who identified the Coastal Health Authority. Others who mentioned the province were less specific, or attributed financial support to the provincial ministry responsible for Seniors.

11% of respondents incorrectly identified the federal government, or simply said "government".

Only 9% of respondents mentioned memberships as a source of KW revenue, even though 74% of them reported on a subsequent question that they were KW members. (The $2 membership fee had been collected at the site about 6 months prior to the interview.)

In contrast, 67% of respondents mentioned donations as a source of KW financial support. This may be partially attributed to the fact that during the program evaluation period, members of KW received letters asking for donations to KW. This financial appeal was extremely successful: more than 100% of those who received a letter made a donation to KW, i.e., some people who did not receive letters also donated.

Other incorrect guesses as to the sources of KW financial support included the United Way, the Recreation Commission, the Recreation Centre, and rummage sales.

When asked who the paid members of KW staff were, 65% correctly identified The Fitness Director, 35% the Program Director, and 20% the Administrator. 22% either could not think of anyone who received payment, or stated flatly than no one was paid because the program was staffed by volunteers. 22% incorrectly named a Site Coordinator, Assistant Site Coordinator, or another specific volunteer at the site. One person named "The Provincial Director of KW", and two people felt that kitchen staff were paid by KW.

SUMMARY: PARTICIPANTS' KNOWLEDGE ABOUT KW

Many participants are unclear about the roles of paid staff and volunteers in KW, and where KW gets its financial support.

QUESTIONS FOR CONSIDERATION

Should KW take measures to publicize the identities of its volunteers and staff?

What measures?

One Board member has suggested that name tags of all volunteers should say "Volunteer" in addition to any other title.

Should KW do a better job of publicizing the identity of its funders?

How?

PERCEIVED BENEFITS OF KEEP WELL

Respondents were asked to answer Yes or No to each of a set of statements describing potential benefits of participating in KW. These statements had been taken from the KW survey done in 1997. Table 6 presents a comparison of results obtained at the two times.

TABLE 6

PERCEIVED BENEFITS OF KEEP WELL IN 1997 AND 2007

Participating in KW has helped me to be	YES in 1997	YES in 2007
more fit	69%	98%
more socially active	58%	77%
more aware of community resources	66%	77%
better informed about medications	44%	45%
more relaxed	42%	81%
more independent	32%	34%
a healthier eater	31%	32%

In general, benefits of KW were perceived to be greater in 2007 than in 1997. Fitness, social activity, awareness of community resources, and relaxation were especially improved. Respondents who said that they were more aware of community resources were asked how they had learned about community resources through KW; several gave multiple responses. 67% of them said they had learned from KW talks (38%) or announcements (29%); 47% said from pamphlets, brochures or a notice board at KW; 21% from other participants; and 18% from the centre in which the KW site was located.

Respondents' Overall Rating of Keep Well

Respondents were asked whether they would say that KW was Very important, Important, Somewhat important, or Not very important to their well-being. 66% rated KW as very important, 21% rated it as important, 13% rated it as somewhat important, and no one gave a rating of not very important. These high ratings were supported by comments made by respondents spontaneously during the interview or in response to its final question "Is there anything else you would like to tell me?" A complete list of comments is included in Appendix D.

"I have great admiration for Keep Well. It's a well-rounded complete program of exercise, massage, blood pressure, speakers, and social occasions" (Woman, 73)

"Excellent use of taxpayers' money" (Woman, 78)

"I look forward to Keep Well; I just love it, and hope it goes on forever; it's fun" (Woman, 83)

Respondents were asked whether they could think of any ways the KW program could be improved. Only 30% had any suggestions for improvement, including

more sessions per week (3 participants)
more space (2)
more participants, especially younger people (2)
increased social activity (including coffee every week) (2)
a larger nutrition component (2)
more talks (1)
massage every week (1)
KW lunches (1)
healthier food on social occasions (1)
intergenerational events with children (1)
sell the KW exercise video, sponge, and band to raise money and as an outreach activity to Assisted Living places (1).

"I'm pleased with Keep Well; I have nothing negative to say"
(Man, 79)

76% of the suggestions made were basically requests for increases in the amount of an activity that KW already offers. Only the last 4 suggestions on the list are requests for initiatives or activities not currently included in the KW.

Volunteer leaders were also asked what new services or activities it would be good for KW to offer its participants. 38% had no suggestions, and the 7 suggestions given by the others were all different. They included 4 that might be considered "more of the same":

Increased attendance (more sites, or more people at each site)
Availability of 1:1 counselling
Advertise more
Revive the walking program

and 3 that might add new dimensions to the program:

Day trips
A yoga option
Occasional physician visits for 1:1 question and answer sessions

SUMMARY: PERCEIVED BENEFITS OF KEEP WELL

Respondents perceived that they received many benefits from attending KW, and benefits were currently judged to be greater than they had been judged 10 years ago.

Respondents' overall rating of the value of KW to their well-being were very high, and their spontaneous comments agreed with this high rating.

Very few suggestions for improving KW were made by either respondents or Volunteer Leaders, beyond suggestions of "more of the same."

SUMMARY EVALUATION

There are many aspects of Keep Well that have not been evaluated in this report, including staff, office operations, the board, funding, and other financial matters. This evaluation has been concerned only with the KW program as it is practiced at the sites and experienced by volunteers and participants.

There is no doubt that on the whole the North Shore Keep Well program has been very successful. Its participants are extremely happy with what it offers, perceive greater benefits from it than they did 10 years ago, and wish for its continuation. It has a large devoted cadre of volunteers whose efforts permit a valuable health prevention service to be offered to a senior population at minimal cost. The staff, site coordinators, volunteers, and participants all cooperate in this endeavour, and it is to the credit of all of them that Keep Well is so successful.

At the same time, Keep Well is not meeting all of its goals fully. Although the exercise component is thriving and now serves as the centerpiece of the program for many participants, almost all parts of the Hands-On component are showing some strain, and most sites do not offer all of the activities laid out in the original Keep Well plan. Blood pressure checks, massage, relaxation, and peer support have participation rates that are somewhat lower than they were 10 or 15 years ago, and not all sites have talks, or nutrition or pharmacist volunteers.

To a great extent this is due to the strains beginning to be placed upon Keep Well by the problem of finding volunteers who are willing to devote their time to being Site Coordinators, the increased average age of participants (and probably volunteers), and the increase in the participant-to-volunteer ratio. Finding Site Coordinators (and wherever possible, Assistant Site Coordinators) for all sites and doing everything possible to help Site Coordinators with their task should be of highest priority.

Keep Well will never be completely standardized from site to site. Possibilities vary somewhat according to space and time limitations, and the Keep Well tradition of allowing sites a high degree of freedom to run their individual programs as they wish has proven itself in the past, not only in the sense of making the SC position more effective but also in allowing for innovation. The basic Keep Well philosophy, however, should be maintained, and must not give way to diversity of aims. Greater chances for sites to compare their programs and, in the process, be reminded of the reasons behind the various components of the program should work naturally to bring more cohesion to the program as a whole.

If Site Coordinators and other volunteers who adhere to Keep Well's philosophy can be found, most of the more minor questions presented in this report can then be handled. The KW Board has a continuing task in front of it, but I sincerely hope that this report will aid as a rough guide toward making an already wonderful program the best that it can possibly be.

Elinor Ames
August 2007

APPENDIX A
MEDICAL PROBLEMS
(In answer to “Has your health changed?”, or spontaneous)

Mild stroke, cancer of uterus, mild heart attack (Woman, 92)
Hysterectomy (Woman, 80)
Diabetic (Woman, 78)
Broken ankle; takes diuretic for BP (Woman, 76)
Underactive thyroid (Woman, 77)
Medication for high BP (Woman, 75)
Shingles, bursitis (Woman, 89)
Open heart surgery, pacemaker; wears Medic Alert bracelet (Woman, 75)
Heart condition; had heart surgery before KW; goes to Cardiac Fitness (Man, 76)
TIAs that affect balance and vision; BP controlled by meds (Man, 79)
Knee and hip replacements 6 year ago; BP meds; sciatica (Woman, 82)
On BP meds (Woman, 83)
High BP and cholesterol; neck must not be touched (Woman, 73)
Breast reduction surgery (Woman, 70)
Seeing neurologist for neck problems; can’t see or hear well (Woman, 80)
Arthritis (Woman, 77)
Irregular heartbeat; back (disc) surgery; meds for cholesterol (Woman, 80)
Trouble walking (Woman, 73)
Bad hip (Woman, 78)
Heart attack several years ago (Woman, 77)
Hysterectomy; gall bladder operation; TIAs (Woman, 84)
Meds for high BP (Woman, 81)
Osteoarthritis in shoulder (Woman, 76)
Angioplasty 3 years ago (Man, 85)
High BP (Woman, 75)
High BP (Woman, 84)
Stroke (Woman, 78)
Arthritis (Woman, 83)
Sees heart specialist (Woman, 76)
Appendix operation (Woman, 72)

APPENDIX B
EXERCISE OUTSIDE KEEP WELL
(Respondents' spontaneous comments)

Walks a lot (Woman, 75)
Aquacise and walk (Woman, 75)
Walks every day (Man, 79)
2 exercise classes/week at Recreation Centre (Woman, 82)
Walk (Woman, 70)
Walk a lot (Woman, 84)
Walks for exercise (Woman, 83)
Attends "Stretch and Strength" exercise class [instead of KW exercise] (Man, 78)
Circuit training, walking, and gardening (Woman, 75)
Walking, Stroke Rehab class each week (Woman, 78)
Dancing every Sunday (Woman, 72)

APPENDIX C1
TOPICS OF TALKS PRESENTED IN 2006-07
(with ratings where available)

NSNH

Topic	Attendance	Successful?	Recommend to others?
Colds vs. flu (Pharmacist)	57%	Very successful	Yes
Parkinson's	70%	Very successful	Yes
Events that changed life (discussion)	50%	Very successful	Yes
Spirituality and Aging	57%	Very successful	Yes
New Canada Food Guide (Dietitian)			

PARKGATE

Topic	Attendance	Successful?	Recommend to others?
RCMP Safety	33%	Fairly successful	Yes
Land Conservancy			
Diabetes	42%	Very successful	Yes
Estate Planning	33%	Successful	Yes
Deafness	33%	Successful	Yes

KLM

Topic	Attendance	Successful?	Recommend to others?
Seniors' One Stop	90%	Very successful	Yes
Blind woman and dog C.N.I.B	80%	Very successful	Yes
ABC of Fraud	80%	Very successful	Yes
Canadian Hard of Hearing	80%	Very successful	Yes
Urban Poles for Walking			

GLENEAGLES

Topic	Attendance	Successful?	Recommend to others?
Flu shots (Pharmacist)	95%	Very successful	Yes
Osteoporosis (Pharmacist)	75%	Fairly successful	Yes/No
Land Conservancy			
Heart (Pharmacist)			
Supplements (Pharmacist)			

APPENDIX C2
TALK TOPICS SUGGESTED BY PARTICIPANTS AND LEADERS

Topics suggested by participant respondents

Deafness
Interactions among medicines
Bedbugs
Eye damage, blindness
Schizophrenia
Diabetes
Heart
Osteoporosis
Traveling for single seniors
Alzheimer's
Identity theft
Weight reduction
Nutrition for specific ailments
Alternative medicine
Happy stories and jokes
Income tax
Use of computers
Wheelchair access
Sleep problems

Topics suggested in group discussion, NSNH, fall 2006

Diabetes
Heart disease
Osteoporosis
Diseases and conditions of the eye
Hearing loss
Benefits of friends and pets
Depression
Taking risks
Sex and the senior (including AIDS)
Foot care
Spirituality and aging
SARS/influenza
Migraines
Falls
Pacing yourself
Balance/dizziness

Topics suggested by volunteer leaders

Seniors driving
Canada Food Guide
Blood pressure
Weight changes and diet
Changes in behavior and lifestyle with aging
Yoga laughter
Writing memoirs

APPENDIX D
COMMENTS ABOUT KEEP WELL

"I would miss it if I didn't come" (Woman, 92)
"A very friendly group, always a pleasure to attend" (Man, 77)
"I look forward to it" (Woman, 70)
"I'd be lost without KW" (Woman, 70)
"Like the atmosphere" (Woman, 69)
"KW is great" (Woman, 86)
"The relationship between staff, volunteers, and participants is excellent" (Man, 79)
"Pleased with KW; nothing negative to say" (Man, 79)
"I always mention KW to people I meet in the community" (Woman, 82)
"I don't want to miss it; I enjoy the social part as well as the exercise" (Woman, 83)
"This program is a credit to the people who run the group" (Woman, 80)
"I miss it in the summer" (Woman, 73)
"It's clearly designed for a big span of groups and abilities" (Man, 66)
"The atmosphere is so nice I love to go, I don't mind taking 2 buses" (Woman, 80)
"I look forward to it--get ready the night before, laying out things I'll need" (Woman, 80)
"I have great admiration for KW. It's a well-rounded, complete program of exercise, massage, BP, speakers, and social occasions" (Woman, 73)
"Excellent use of taxpayers' money" (Woman, 78)
"KW is endless, i.e., learning to keep <u>oneself</u> well" (Woman, 81)
"I look forward to KW; I just love it, and hope it goes on forever; it's fun" (Woman, 83)
"It's a super program, wonderful" (Woman, 83)
"KW does a great job--[the Fitness Instructor], the Site Coordinator, and the other volunteers all do a great job" (Man, 85)
"I really enjoy coming here; I don't want to miss it" (Woman, 84)
"My health has improved during the 3 years I've been coming, and I like coming here" (Woman, 78)
"It's a good program; it's needed" (Woman, 81)
"All the people who come to KW keep on coming" (Woman, 71)
"Socializing is good for people who are alone" (Woman, 77)
"Camaraderie is important" (Woman, 89)

"I've made many many good friends" (Woman, 84)
"KW has a more social aspect than my previous exercise class"
(Man, 79)
"It's nice to have coffee" (Woman, 66)
"This is a good site, 50 cent coffee with cookies" (Woman, 75)
"I like the 50 cent coffee" (Woman, 84)
"I look forward to meeting people each week" (Man, 79)
"It gives me the feeling I belong to something" (Woman, 80)
"When I saw the ad for "Hands On", I thought it was a religious cult"
(Woman, 78)
"It helps just getting out of the house, getting social contact"
(Woman, 84)
"I like outside speakers" (Woman, 92)
"I feel at my age I already know enough about meds and nutrition [doesn't want speakers]" (Woman, 86)
"I'm interested in talks on any topic, as long as the speakers are competent in their field" (Man, 66)
"We shouldn't have talks by anyone who's selling anything" (Woman, 84)
"This is a good site compared to others, because we have speakers"
(Woman, 75)
"After my recent surgery I got a card in hospital, and they welcomed me back. Very friendly volunteers" (Woman, 80)
"The volunteers are very welcoming; that's good for physical and mental health"
(Woman, 70)
"We're very very privileged about the volunteers we have. They're incredible--make you feel very welcome" (Woman, 69)
"I rate the KW people (including BP people) very highly" (Man, 79)
"They phone if you don't come to KW" (Woman, 82)
"They keep track of people who aren't well" (Woman, 73)
"Volunteers are interested in us" (Woman, 81)
"Talking to volunteers is my social contact" (Woman, 76)
"Often we send cards to people who aren't well" (Woman, 84)
"The volunteers are very good--If I haven't come to KW, they phone and inquire about me" (Woman, 72)
"Why don't more men come?" (Woman, 92)
"Their wives aren't strong enough to push them" [why men don't come] (Man, 79)
"Husbands should come--because when they do, they seem to enjoy it"
(Woman, 82)