

# **Social connectedness of older adults living in affordable rental housing**

**by**

**Muhammad Nowshervan Qureshi**

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## Declaration of Committee

**Name:** Muhammad Nowshervan Qureshi

**Degree:** Master of Arts (Gerontology)

**Title:** Social connectedness of older adults living in affordable rental housing

**Committee:**

**Chair:** Theodore D. Cosco  
Assistant Professor, Gerontology

**Atiya Mahmood**  
Supervisor  
Associate Professor, Gerontology

**Habib Chaudhury**  
Committee Member  
Professor, Gerontology

**Gowri Betrabet**  
Examiner  
Professor of Interior Design  
University of Northern Iowa

## **Abstract**

Housing affordability is identified as a major barrier to meeting the core housing needs of older adults in Canada. Metro Vancouver in British Columbia (BC), Canada, is known for its lack of adequate supply of affordable rental housing and high rental rates. Older adult renters in these markets face many challenges, one of which is the lack of social connectedness. Social connectedness is defined as a positive subjective evaluation of the extent to which one has meaningful, close, and constructive relationships with others, and which plays a vital role in older adults' health and well-being. It is found that social connectedness allows older adults to develop meaningful connections with others and reduces their risk of experiencing loneliness. However, recent evidence shows that older adults globally are experiencing a decline in social connectedness. Older adults living in affordable rental housing are disproportionately impacted by this decline as they are less likely to have the resources to accommodate for the associated losses. Literature on this topic is limited, especially in the context of affordable rental housing, as research has predominantly focused on older adults living in settings such as long-term care facilities, nursing homes or privately owned homes.

To address this gap in the literature and work towards supporting the needs of this growing population, this project presents a research grant proposal based on the Real Estate Foundation of BC's (REFBC) 'General Grants' application guidelines. This proposal explores the factors that impact the social connectedness of older adults living in affordable rental housing and outlines a mixed methods research approach to addressing the particular needs of this population. Older adults living in eight to ten purposefully selected affordable rental housing buildings in the Greater Vancouver area of BC, will be invited to participate in photo-voice and semi-structured interviews to explore their social- interactions and connectedness. The photo-voice and semi-structured interviews will be complemented by researcher-led built- and social environment observations and survey data to provide a holistic understanding of older adults' experiences in this area.

**Keywords:** Social connectedness; Affordable rental housing; Older adults; Social participation; Social capital; Social interactions

## **Dedication**

First of all, I would like to thank Allah (the All Knowing, the Most Wise). “Praise to Allah, who has guided us to this; and we would never have been guided if Allah had no guided us.”

In the memory of my grandfather (Muhammad Abdullah Qureshi), or more lovingly known as Abbi, whose dedication to getting my dad educated is one of the reasons this degree was possible. Also, in the memory of my maternal grandfather (Mirza Ali Khan) and paternal grandmother (Shahzad Bibi), whose undying love for my parents was why I got two strong unmovable pillars called parents. All three of you are forever and eternally enshrined in my heart.

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# Chapter 1. Introduction

## 1.1. Background information

Research shows that older adults who aging in place (AIP) have reduced incidences of depression and have increased physical, mental, and social capacities (Kendig, Gong, Cannon & Browning, 2017). AIP, a popular term in gerontological literature, has received substantial attention over the last 30 years (Rowles & Bernard, 2013; Vasunilashorn et al., 2012). The Centre for Disease Control and Prevention (CDC) defines AIP as an individual's ability to live in his own home and community independently, comfortably and safely regardless of their age, income or ability level (CDC, 2009). The concept of AIP has multiple definitions that span from ones presented by Lawton (1990) to more recent ones by Bigonnesse (2014). Using various definitions, research has shown that older adults prefer to AIP as it enables them to maintain their autonomy, independence, and connection to social supports (Keeling, 1999; Wiles et al., 2012). There are five major components needed for older adults to AIP, which include: (a) individual experiences and characteristics (e.g., socioeconomic status), (b) mobility, (c) community-based services (e.g., meal delivery), (d) built environment (e.g., accessible affordable housing), and (e) social support and interactions (e.g., social inclusion and participation) (Bigonnesse & Chaudhury, 2019). In particular, social supports and interactions play an important role in the capacity of older adults to AIP as they help them to deal with their chronic health problems and impairments more effectively (Bigonnesse & Chaudhury, 2019). These supports and interactions can occur both at the individual level (e.g., contact with friends and neighbours) and the neighbourhood level (e.g., in churches), and are interlinked with the other four categories of AIP (Bigonnesse & Chaudhury, 2019). The main focus of this study is the built- and social environments' impact on social supports and interactions of older adults as they AIP.

The built environment, particularly housing, plays a key role in the lives of older adults who want to AIP. Lawton has highlighted how the interplay between personal competence (e.g., motor skills) and the physical home environment impacts older adults' well-being; whereas, both Rowles and Rubinstein illustrate the link between place attachment and its contribution to the well-being experienced by older adults (as cited in

Wiles et al., 2012). Scholars in the AIP literature have shown that type, affordability, and housing design play a central role in the lives of older adults (Chui, 2016). These become even more critical when older adults are seen as a heterogeneous group with various cultural and economic backgrounds, age groups, and household compositions (Peace et al., 2011).

According to the Canada Mortgage and Housing Corporation (CMHC), affordability, adequacy and suitability of housing are the three essential components of what constitutes acceptable housing and represent the core housing needs (Employment and Social Development Canada, 2019). The 2016 Canadian census showed that most older adults with core housing needs lived in apartments and were renters (Employment and Social Development, 2019). The needs of older adults who live in apartments and are renters are unique compared with older adults who are homeowners who may have more resources at their disposal (BCNPHA, 2012). Within the rental market, affordable rental housing is a crucial type of housing for older adults with limited or fixed incomes. The term 'affordable housing' is used in a generic manner to describe a type of housing that assists lower-income households in obtaining or paying for appropriate housing without experiencing disproportionate financial hardship (Milligan et al., 2004). The CMHC considers housing 'affordable' when it costs less than 30% of a household's income before tax (CMHC, 2018). Further, within the CMHC's framework, affordable housing can consist of private, public, and not-for-profit housing sectors, as well as three types of housing tenure: rental, ownership, and co-operative (CMHC, 2018). Emerging research shows that there is a growing concern about the affordable rental housing market due to its gradual decrease at both the household level and the broader affordable housing stock (Anacker, 2019). This finding is paralleled by statistics in British Columbia that show an estimated 14.9% of households are in core housing need (BC Housing, 2019). Future research should examine the various housing needs including factors such as social supports and interactions of low-income older adults living in the Greater Vancouver area so that these needs can be understood and AIP be supported (BCNPHA, 2012).

On an individual level, a variety of elements can influence older adults' experience of living in affordable housing and their ability to AIP. One benefit of AIP is that it allows older adults to stay in a social environment that they are familiar with. An individual's social environment is defined as a multi-faceted concept that envelops all of

the “immediate physical surroundings, social relationships, and cultural milieus” in a given area (Barnett & Casper, 2001). At a micro-level, the social environment influences the lives of older adults through interpersonal relationships and interactions (e.g., social supports) (McNeill et al., 2006); whereas, on a macro-level, it can impact their lives through processes like social inequality or discrimination (McNeill et al., 2006). Lastly, at the meso-level, the social environment is conceptualized as an aggregate of locally-determined and community-owned characteristics, such as social capital (Caspi et al., 2013).

One possible outcome of having a supportive social environment is that it promotes the social connectedness experienced by older adults (Bruggencate et al., 2018), an outcome that is part of the social support and interaction category of AIP (Bigonnesse & Chaudhury, 2019). Social connectedness is seen as a fundamental human need (O’Rourke & Sadani, 2017) and has rapidly gained attention as a key research area in the past two decades (Ang, 2019). Researchers have consistently found that higher levels of social connectedness are linked to desirable outcomes such as increased political participation (Ang, 2019), and better health and quality of life among older adults (Bruggencate et al., 2018). Social connectedness has been associated with decreased rates of depression, cognitive decline, mortality and greater longevity (Morgan et al., 2019). It has been denoted as a positive substitute to the deficit model linked with loneliness and social isolation by “re-centring older people’s agency and resourcefulness to adapt to social circumstances and remain socially active in later life” (Morgan et al 2019).

Literature on social connectedness defines the concepts in many ways; however, a recent scoping review done by O’Rourke & Sidani (2017) on social connectedness defined the concept as opposite to loneliness and described it as a positive subjective evaluation of the extent to which one has meaningful, close, and constructive relationships with others (e.g., individuals, groups, and society). Social connectedness is indicated by: (a) feelings of caring about others and feeling cared about by others, such as love, companionship or affection, and (b) feelings of belonging to a group or community. The review findings demonstrated that the following five features of social connectedness play a role in the lives of older adults: (a) meaningful and close relationships, (b) caring and belonging, (c) relationships between the older adult and others (e.g., individual or groups), (d) perceptions or personal feelings, and (e) social

connectedness existing on a continuum between connectedness-loneliness (O'Rourke & Sidani, 2017). The extent to which these five features play a role in older adults' lives is dependent on the 21 determinants of social connectedness which includes age, ethnicity, or cognitive ability (O'Rourke & Sidani, 2017). For example, being married increases the overall social connectedness experienced by an older adult (de Jong Gierveld et al. 2009). Overall, many of these determinants need to be present in order for older adults to experience social connectedness and the absence of these factors can move older adults towards loneliness (Steptoe et al. 2013).

Loneliness is defined as a painful emotion that results from a “mismatch between one’s actual and desired relationships in terms of quantity, frequency of contact, and especially, perceived quality” (Elmer, 2018, p.19). Cross-sectional, longitudinal, and experimental research shows that loneliness, especially when intense or persistent, increases the risk of health problems such as hypertension, inflammation, heart disease, depression, and anxiety (Holt-Lunstad, 2015). Further, empirical findings also demonstrate that many factors play a role in the amount of loneliness experienced by older adults (Holt-Lunstad, 2018). These factors can be divided into micro, meso, and macro level factors. At the micro-level, the social context of kin and non-kin relationships are important for older adults (de Jong Gierveld et al., 2015); for example, friends, colleagues, and acquaintances play an essential role in alleviating the amount of loneliness experienced by older adults (Pinquart, 2003). On the meso-level, the community context (e.g., programs, events, or organizational policies) can provide older adults with an opportunity to engage with their community and reduce their risk of being lonely (de Jong Gierveld et al., 2015). Thomese et al., (2003) showed that older adults living in the broader communities who show mutual concern for the well-being of one’s neighbour, are at a reduced risk of experiencing loneliness. Finally, at the macro-level, factors like socio-cultural characteristics can play a role in how much loneliness older adults experience (Holt-Lunstad, 2018). Research on immigrant older adults has shown that factors like language, values and norms, and cultural differences can play a decisive role in the constraints or opportunities older adults will experience regarding their social contacts (de Jong Gierveld et al., 2015).

As a substantive body of literature illustrates both the protective role of social connectedness for older adults (Bruggencate et al., 2018) and the damaging effects of its absence (Holt-lunstad, 2015; de Jong Gierveld et al., 2015) it is therefore imperative

to explore the role of different types of housing options on the social connectedness of older adults.

## **1.2. Purpose of the study**

Though AIP allows older adults to stay in a familiar environment, it does not mean that the environment is 'right' for them and would promote their social connectedness. Yet, policies and preferences for AIP, mostly framed as aging in a house, are in tension with the reality of the current housing system, influencing both practical dimensions (how well older people can function from day to day) and their social connectedness (Molinsky & Forsyth, 2018; Bruggencate, 2018). On average, the houses in which people live are not always the houses that best support them in older age, given the likelihood of chronic diseases, frailties, and disabilities (Molinsky & Forsyth, 2018). There is a lack of research on housing suitability of affordable rental housing for older adults, as well as research on AIP in affordable rental housing. This gap in the literature needs to be addressed to understand AIP across the housing continuum (Molinsky & Forsyth, 2018). One way to address this gap is to look at the 'social supports and interaction' dimension of AIP, in specific social connectedness, to understand the needs of older adults living in affordable rental housing. To achieve this goal, this study will examine the social connectedness of older adults living in affordable rental housing through an in-depth analysis of multiple affordable rental housing buildings managed by a not-for-profit organization in Greater Vancouver whose mission includes community development and social engagement in their housing developments. The following research questions will guide this inquiry:

- 1) What role do spatial, social, and organizational factors play in the social connectedness of older adults living in affordable rental housing?
- 2) What barriers and facilitators do older adults perceive that affect their social connectedness in affordable rental housing?
  - a) How has COVID-19 impacted the barriers and facilitators experienced by older adults?
  - b) What actions do older adults take to overcome these perceived barriers?
  - c) What resources and services do older adults want that would help reduce these barriers?
  - d) Are there any variations across gender and ethnic groups?

## **Chapter 2. Literature review**

The focus of this literature review is to provide understanding and contextualization of the existing research on social connectedness and aging. The chapter begins by providing an overview of the theoretical concepts and models, followed by an explanation of how they guide key empirical research on this topic. The next section, provides a clarification on the subjective aspects of social connectedness, and a discussion on the proposed interventions that address the social connectedness needs of older adults. The chapter concludes by examining the gaps identified in the literature, providing further nuance to the topic.

### **2.1. Concepts and theoretical models relevant to social connectedness and aging**

The traditional models of health, which are biomedical in nature, view aging as a process of physiological decline. Furthermore, according to modernization or social disengagement theories, old age is not only a time of potential physical and psychological decline but also a period of social decline (Pinto & Neri, 2017). Nonetheless, these models/theories fail to account for variations in trajectories of health and aging. To gain a holistic perspective of an older adult's life requires a careful examination of these variations in the social worlds that older adults inhabit and the ways that these variations impact and are impacted by health. To systematically explore these variations, scholars have drawn upon a variety of concepts and constructs that are often interrelated. There are a number of theories and models related to these constructs that have relevance for social connectedness and aging. The following three sections cover the three theories/models that have guided empirical research on the idea of social connectedness and its link to older adult's health and well-being.

#### **2.1.1. Social capital: Stress Buffering model and Main Effects model**

Researchers exploring the intricacies of social connectedness have drawn on the sociological theory of social capital (Coleman, 1988). Social capital, as defined by Coleman (1988), is an aspect inherent to the structure of social relations that facilitate individuals' actions. Capital is created by social relationships in four major ways: a) by

fostering obligations, expectations and trust, b) by enforcing norms and imposing sanctions, c) by acting as information channels, and d) by enabling the flow of goods and services (Coleman, 1988). Hence, social relationships are resources that people can draw on to attain their goals. The social capital model explicates that those with more and better social connections will have greater resources and can navigate the life course more successfully (Waite et al., 2014).

Using social capital as a foundation, many social scientists have proposed theoretical and conceptual models to explore the role of social connectedness in the specific context of aging. These various frameworks that aim to illustrate the processes through which social relationships may influence health can be divided into two main categories: 1) the main effects model, and 2) the stress-buffering model (Holt-Lundstad et al., 2010; Thoits, 2011). Drawing from social capital theory, both models are unified in the overarching premise that social connections aid in successful actions (Holt-Lundstad et al., 2010).

The main effects model articulates that social relationships may support improved health through different cognitive, emotional, behavioural, and biological pathways (Holt-Lundstad et al., 2010). For example, social relationships may directly boost healthy behaviours through social control or indirectly by providing role-based purpose and meaning or increased sense of belonging. Simultaneously, social connections may also provide care when one is sick or information about treatments (Holt-Lundstad et al., 2010). Therefore, the main effects model suggests that social connections, directly or indirectly, promote better health and well-being at older ages. Comparatively, the stress-buffering model proposes that social relationships - both perceived and objective - provide information, emotional or tangible resources that promote adaptive behavioural or neuroendocrine responses to acute or chronic stressors. (Holt-Lundstad et al., 2010). This model posits that social supports prevent health damaging responses to stressful events by circumventing or altering declines in health and well-being which results in successful aging (Holt-Lundstad et al., 2010). Overall, both models demonstrate that older adults that are more socially connected are less likely to experience negative health outcomes, like stress or loneliness, because they are able to utilize their social connections to improve their health and well-being.

It is important to note that there are other prominent researchers such as Robert D. Putnam and Pierre Bourdieu who have extensively worked on the concept of social capital. The conceptualization from these scholars was not included because their work has not been widely used in social connectedness literature, which represents a gap in the current literature.

### **2.1.2. The environment's role in social connectedness**

Scholars have also focused their attention on the environmental context of health and social connectedness. Space is an important aspect to account for when discussing aging because environmental conditions shape the ways individuals access resources and experience the social world (Scharf & de Jong Gierveld, 2008), which has been exemplified at both the micro and meso level. At the micro-level, some researchers have described ageing as a 'shrinking of space', meaning a decrease in an individual's activity or functional radius with respect to his/her higher attachment to the immediate environment, such as a house or flat. Due to this high place attachment, the quality of this immediate environment can impact older adult's social lives through either design factors (e.g., materials, lighting choices, access to elevators) (Poldama, 2019) or factors like place attachment (Oswald & Wahl, 2005) both of which can significantly affect the life satisfaction of older people (Afshar et al., 2017). At the Macro-level, the impact of the environment is exemplified in the findings that neighbourhoods affect the older adults' experience of aging and related health outcomes (Scharf & de Jong Gierveld, 2008). Social disorganization theory, which is at the core of most research on the neighbourhood context of health, proposes that neighbourhood characteristic (e.g., racial/ethnic composition) influence the capacity of residents to achieve common goals, develop neighbourhood ties and social networks, and participate in voluntary organizations that benefit the community (Wickes et al., 2017). A number of studies showcase the link between neighbourhood socioeconomic status and adverse health outcomes for older adults. For example, poverty and socioeconomic disadvantage at the neighbourhood level are associated with mortality (Diez Roux et al., 2004), poor self-rated individual health (Caspi et al., 2013), and decreased mental health (Aneshensel et al., 2007). However, a growing body of literature also shows that the neighbourhood, by way of the social environment (e.g., supportive neighbourhood social networks), can also act as a protective barrier against these adverse health outcomes (Caspi et al.,



2013). On top of the social characteristics of the neighbourhood, the built environment, the physical features of the neighbourhood, and the available amenities affect aging by facilitating or inhibiting social interactions (Mahmood et al., 2019). Features like wide and level sidewalks, adequate lighting, availability of transportation and local senior-serving businesses, often become more influential on aging-related outcomes as older adults develop physical limitations and lose the ability to perform activities like driving a car (Mahmood et al., 2020).

### **2.1.3. Interactive Biopsychosocial Model (IBM) and social connectedness**

The social capital framework and the environmental lens depict only part of the complex nature of social connectedness. For example, empirical evidence suggests that there is a relationship between early life experiences and biological exposures to outcomes in later life (Amemiya et al., 2019). Researchers are increasingly using the life course perspective to understand the relationship between older adults aging and health more holistically. Research in aging that employs the life course perspective (Mayer, 2009) explains unique trajectories of aging as a result of an individual's biological processes, personal biography, linked lives, and institutional policies, all of which are situated in historical time.

To provide a more comprehensive view, a recent framework developed by Waite et al. (2014) incorporates not only the life-course perspective but provides a biopsychosocial model that explains the relationship between social connectedness, health and aging. The interactive biopsychosocial model (IBM) conceptualizes health as produced in “social and cultural contexts that provide people with resources through other individuals, family, and social environments” (Waite et al., 2014, p. 203). The model consists of seven features that include: a) an emphasis towards health rather than illness, b) analytical capacity for outcomes of health and illness, c) three domains of capital (biophysical, psychocognitive, and social) being equal factors in an individual's health outcomes, d) conceptualization of causality and feedback among different categories of capital and health, e) theorization of individual health or illness entrenched in intimate dyads, the family, or other social networks, f) interdependency of social and life course dynamics, and g) the capability of capital inputs to act as assets or liabilities (Lindau et al., 2003).

Within the IBM model, social capital is defined as a network of relationships with others (kin, friends, neighbours), few of whom may be associated with each other, and to the quality of those relationships (Waite et al., 2014). The social and cultural context refers to the wider environment of social locations (ethnic, religious, gendered), which convey social expectations, norms and differential access to resources that influence health (Waite et al., 2014). The model posits that an individual's health is inextricably interdependent on socially relevant others (e.g., kin) with whom the individual might combine resources, exchange services, and offer support and advice (Waite et al., 2014). Interdependency plays an integral role in the model as it permits that two healthy individuals acting jointly will generate better health than each would generate alone (Waite et al., 2014). This interdependency is established through reoccurring small exchanges and specialization of roles within the relationship, and functions to maximize efficiency and efficacy of an individual's health (Waite et al., 2014). Overall, Waite and colleagues (2014) suggest that in the IBM model "health at older ages develops and changes within a social context and within a family and/or intimate partnership that also changes in both form and function" highlighting how the social context impacts an older adult's social connectedness (p. 204).

## **2.2. Factors that impact older adults' social connectedness**

Guided by the perspectives emerged from the aforementioned concepts and theoretical models, researchers have attempted to assess the ways social connectedness affects aging. The result of this assessment posits that the impact of social connectedness on older adults' health can also vary depending on their social participation, community connections, social networks, and societal engagement.

### **2.2.1. Social participation, community connections and their link to social connectedness**

Older adults are linked to their communities through socializing with neighbours, and through participation in volunteer, religious or organized group activities (Cornwell et al., 2008). According to a concept analysis done by Arrogh & Shahboulaghi (2020), social participation is defined as a "person's involvement in activities that provides interaction with others in the society or the community and expresses interpersonal interactions outside the home" (p. 64). The concept can be further divided into formal

social participation (e.g., interaction in the workplace or community groups) or informal social participation (e.g., engagement with friends) (Arrogh & Shahboulaghi, 2020). Both types of social participation play a fundamental role in the social connectedness of an older adult. For example, formal social participation is hypothesized to reinforce an individual's social identity that stems from group membership; whereas, informal social participation is posited to foster social support from close network members as well as potentially reduce one's feeling of loneliness (Ang, 2019). An alternative way to divide social participation was offered by Levasseur et al. (2010) who proposed a four-tiered categorization of social participation. At the first level, the individual is in social contact with others, however, they do not do anything specific with them (e.g., talking to store staff to pay for an item). At the second level, individuals begin to collaborate with others to complete a specific activity and to accomplish a common goal (e.g., playing team sports). The third level involves the individual helping others during their activities, such as being a caretaker, and the final level involves the individual being part of societal and civic activities. Through the distinction of these four levels of social participation it becomes feasible to understand what types of social capital might be more relevant to some older adults compared to others. For example, older adults who are caretakers for their spouses will not benefit from interventions that provide them with social capital at the final social participation level (e.g., social and civic activities). Hence, the mismatch between interventions aimed at enhancing social capital, and the type of social participation engaged in, can be prevented by employing this categorization.

Contrary to popular belief, literature shows older adults in the oldest-old category appear to be most connected to their community (Cornwell et al., 2008). In comparison to their younger counterparts, the oldest-old have a higher chance of socializing with neighbours and volunteering on a weekly basis, and attending religious services at least once a week (Cornwell et al., 2008). These findings in the oldest-old demonstrate that individuals actively nurture their social capital, and buffer for changes or losses in their interpersonal social networks (informal participation) by increasing their participation in other formal social activities (Ang, 2019). Moreover, this participation in the community seems to be adaptive in the aging process. Few studies on religious participation using the National Social Life Health and Aging Project (NSHAP), show the positive effect of social participation on older adults' health (Waite et al., 2014). These studies indicate that attending religious services is inversely correlated with a host of physiological issues

such as inflammation, cardiovascular diseases, and negative emotional states such as loneliness (Waite et al., 2014). It is hypothesized that attending religious services integrating older adults into supportive social networks, by offering shared goals and by giving meaning beyond oneself, which subsequently safeguards them against poor physical and psychological health (Waite et al., 2014).

Continued high levels of social integration over time may be particularly favourable for physical as well as mental health. Older adults who have relatively high or growing social engagement experience lower quantities of physical and cognitive limitations over time (Thomas, 2011). For example, sustained participation in activities such as community or volunteer work, attending religious services, and going out to eat are linked to fewer depressive symptoms (Glass et al., 2006). Furthermore, literature shows that those older adults that are the least engaged have sharper increases in depression over time when compared to older adults that are more socially engaged (Glass, et al., 2006). Older adults who experience a high amount of social integration are also more likely to be extrinsically motivated, pressured or receive better information to take care of their health compared to individuals who are socially disengaged (Waite et al., 2014).

Social disconnectedness can be experienced when people have limited opportunities to participate in meaningful activities in the community (Forsman et al., 2013). Meaningful social activities include being involved in sports clubs, religious organizations, or community groups (Forsman et al., 2013). Cloutier-Fisher et al. (2011) emphasized that peripheral social ties offered via community engagement are significant, highlighting the sense of belonging that comes from being a member of a sports club or church group. These community connections offer a safeguard that protects people when they experience losses within their more immediate social circle (Cloutier-Fisher et al., 2011). Literature has also suggested that connections within a neighbourhood community are essential for enhancing older adult's feelings of belonging (Buffel et al., 2013 & Forsman et al., 2013). A study in Finland on older adult participants underscored the prominence of the neighbourhood context (Forsman et al., 2013). Many of the participants in this study had lived in the same neighbourhood for an extended period of time and gained confidence from knowing their neighbours and the neighbourhood well (Forsman et al., 2013). Location provided a context for their social lives which Forsman et al. (2013) demonstrated by showing that a familiar

neighbourhood functions as a “stable foundation for everyday life and well-incorporated regular routines, as well as close relationships with neighbours and other acquaintances” (p. 822). The argument put forth by Forsman et al. (2013) reinforces and expands on earlier research which determined that evolving neighbourhoods and relocation could result in loneliness (Elmer, 2018).

The importance of neighbourhood connections supports the notion of “civic socializing”, a term that describes the social interactions taking place in local neighbourhood settings (Stewart et al., 2015). Stewart and colleagues (2015) studied the short but frequent interactions between older adults and local shopkeepers. The authors establish that these interactions are key for enabling older adults to sustain their identity as independent and socially valued members of the local community. The connections described by authors involved limited expectations of friendship and support, but provided important opportunities for regular and frequent interactions that ensure older adults are known and visible within the local community (Stewart et al., 2015). Therefore, being disconnected from the local community and group-based activities can result in the loss of a sense of belonging. Thus, a sense of belonging plays a significant role in understanding an older adult’s social connectedness and experience of loneliness. Therefore, interventions should aim at offering chances for group-based social activities to improve people’s sense of belonging within social groups and replicate the community connections people experience in neighbourhood settings.

This body of literature provides clear evidence in support of the importance of understanding social connectedness by demonstrating that older adults who retain high levels of social participation and community connections as they age seem to experience slower declines in well-being over time: a finding that is supported by the buffering model of social connectedness.

### **2.2.2. Social networks’ role in social connectedness**

In addition to maintaining social participation and community connections through various social groups and activities, the network of people with whom older adults interact, exchange information, and receive social support, also plays a significant role in their lives. The social network is defined as a structural feature of social ties, which

includes network size, density, homogeneity, contact frequency and geographic proximity (O'Rourke & Sidani et al., 2017).

Extant data on the social network of older adults provides a rich understanding of the individual social networks of community-dwelling older adults. One of these data sources is a longitudinal study called the National Social Life Health and Aging Project (NSHAP), which provides a surprising set of observations on the social network and various kinds of social capital available to older adults (Waite et al., 2014). One set of findings from the NSHAP is that the availability of social capital, depending on the type of capital being measured, both increases and decreases over an older adult's life course, a finding that is opposite to suggestions put forth by some theories like socio-emotional selectivity (Waite et al., 2014). Although network sizes decline with age, the frequency or volume of the contact with network members is observed to be U-shaped. The U-shaped relationship shows that the young-old and the oldest-old have comparable levels of contact with their network members; whereas, the individuals in the middle have lower levels of contact (Cornwell et al., 2008). Furthermore, this U-shaped pattern may be indicative of the changes older adults' experience at different ages (Cornwell et al., 2008). For example, middle-aged older adults' affiliations with various groups decreases as their social roles dissolve because of events such as retirement, bereavement, or declining health (Cornwell et al., 2008). However, the higher number of social contacts among the oldest-old may imply adaptation to the loss of social roles, friends, or family members (Cornwell et al., 2008).

Another set of findings from the NSHAP comes from the work of Cornwell and Laumann. Using the first and second wave of data from the NSHAP, the authors assessed how "older adults' social networks changed between 2005/2006 and 2010/2011" (Cornwell & Laumann, 2015). Their findings highlighted that older adults' networks are not static in nature and are likely to experience loss of relatives, friends and spouses over time. Nonetheless, it is important to note that these losses do not typically result in a reduction of network size. On the contrary, older adults actively try to rebuild their networks in a process called "network turnover", which is the tendency of individuals to add the same or greater number of people to their network in response to losing a network member (Cornwell & Laumann, 2015). In the NSHAP study (Cornwell & Laumann, 2015), 38% of people saw a net increase of their network compared to 26.6% who experienced a net reduction in network size. Even in the group that showed no net

change, 80.6% displayed some change in their network composition (Cornwell & Laumann, 2015). Irrespective of whether network size or composition changed between the first wave and second wave, 81.8% of respondents named a confidant at the second wave whom they had not mentioned at the first wave. Only a small percentage of individuals (7%) reported complete stability in their network, meaning that there were no changes to their network size or members.

Not only did Cornwell and Laumann (2015) find that older adults' networks change over time, they also found that older adults who nurtured new ties experienced health benefits. The authors observed that as the number of new people added to the social network at the second wave increases, the chances of functional impairment and depression decreases; whereas, odds of reporting better health increases (Cornwell & Laumann, 2015). The authors theorize that nurturing new network members may increase physical and cognitive activity, which in turn benefits the immune and cardiovascular health of an individual. The expansion of network members can result in an individual getting a boost in self-esteem and reduction in depression, thereby providing a variety of downstream health benefits. Taken together, Cornwell and Laumann's (2015) study provides evidence for both the main effects and stress-buffering models of social connectedness and health. The authors show that nurturing social ties, which creates more sources of social capital can lead to physical and cognitive health benefits.

In addition to the changing size of the social network that an older adult experiences, certain characteristics of an older adult's social network also seem to have implications for their health and aging. For example, research done by Shiovitz-Erza and Litwin (2012) show that an older adult's network type contributes to their health behaviours. Five different types of network were identified by the authors among older adults: a) "Diverse" networks that involve high amount of contact with family, friends, and organized groups, b) "Family" networks, which are composed of a large number of children, c) "Friends" network that consist of a large number of friends, d) "Congregant" networks, ones that are developed through reoccurring attendance at religious services, and, e) "Restricted" networks that involve low sociability with few family or extrafamilial ties. Using these five types of networks it is shown that older adults who are part of a family and/or restricted network, network types with the least number of resources, were more prone than others to report alcohol abuse, physical inactivity, and less use of

complementary and alternative medicine (Shiovitz-Erza & Litwin, 2012). According to the authors, older adults exposed to the control of an array of social agents are more likely to experience positive pressure to embrace health promoting behaviours, and more frequently receive informal sanctions that dissuade health damaging behaviours (Shiovitz-Erza & Litwin, 2012).

Not only does the characteristics of an older adult's social network matter, the types of activities that occur within the social network may also influence their health outcomes with the caveat that outcomes may depend on the characteristic of the network (Waite et al, 2014). For example, in the case of hypertension, a large network is advantageous for the management of the disease only if the individual is likely to discuss their health issues with their network (Waite et al., 2014). In contrast, the less likely it is that people in an individual social network discuss their health issues, the greater the risk that those with an extensive network will have worse health outcomes (Waite et al., 2014). These findings contradict the common hypothesis that having more social relationships is favourable because having an extensive social network that does not support positive health behaviours may worsen an individual's health comparatively with having a smaller but more resourceful or supportive network (Waite et al., 2014).

These research examples provide support for the link between social connectedness and aging, especially the main effects model of social connectedness. Moreover, this set of literature suggests that variety in an older adult's social network is valuable and those exposed to social control from a variety of people may embrace better health behaviours than people without extensive or homogenous social networks (Shiovitz-Erza & Litwin, 2012). At the same time, the benefits of an extensive social network can be further increased in a network that discusses the individual's health, which in turn promotes positive health management behaviours (Waite et al., 2014).

### **2.2.3. Societal engagement and social connectedness**

Societal engagement refers to an individual's broader interaction with society, beyond local community connections. The concept is defined as ideas, activities, and information, rather than engagement with other people (although it can incorporate social connections) (van der Goot et al., 2012). This concept is important to look at because a person can experience a lack of personal relationships and insufficient



community connection but still get a sense of being engaged in society by retaining an interest in political issues, social concerns, or events that take place in the world around them (van der Goot et al., 2012).

An illustration of engagement at this level can be seen when television is used to maintain connection to the outside world, reportedly common in older adults who spend substantial time alone (van der Goot et al., 2012; Morgan et al., 2019). Television can be used to deliver a connection to the world (e.g., watching the news) or as a substitute for activities that people cannot physically engage in (e.g., watching church sermons on television) (van der Goot et al., 2012). In the latter example, the reduced chances to connect with the local community church are somewhat lessened by the opportunity for societal engagement. However, for some older adults' television viewing is an inferior substitute for more active forms of engagement. For example, one participant in van der Goot et al.'s (2012) study stated that she now "depended on television to participate in society by watching current affairs programs, but she saw this as a poor alternative for previous activities such as being a board member of a museum". This example indicates that not only can societal engagement involve a feeling of being connected to the outside world but also provide opportunities to give back to society.

Furthermore, a person's engagement with society can be threatened by digital exclusion—that is, not having the ability or resources to access digital information. Older adults may be particularly at risk of being disconnected from the world if they do not use or have access to digital technologies. More services and information are now shared and accessed electronically (Siren & Knudsen, 2017) and those unable to benefit from these services are at a higher risk of being socially disconnected. This form of disconnection can especially impact older adults who live with others, particularly when they live with a spouse or peer who is similarly disconnected. Several authors have suggested that new technologies and services need to be designed with older users in mind in order to overcome digital exclusion (Coleman et al., 2010 & Siren & Knudsen, 2017).

## **2.3. Subjective aspect of social relationships**

The literature on social participation and community connections, social networks, and societal engagement demonstrates that an extensive amount of research is based on the objective characteristics of social connectedness on older adult's health and aging. Nonetheless, another component of this story is that subjective perceptions of social connectedness also have an independent and sizable impact on older adults' health and well-being. Differentiating the experienced and subjective facets of social connectedness emphasizes a major feature of how older adults manage their social lives (Cornwell & Waite, 2009), and the modus in which their social ties impact their health and well-being. For example, older adults who have multiple social relationships and ties may still experience feelings of loneliness; whereas, older adults with fewer relationships, compared to their peers, might still feel that they are socially connected (Sorkin, Rook, & Lu, 2002). This subjective feeling of social connectedness therefore illustrates that under various settings, older adults might need different levels or types of social interaction to feel connected (Cornwell & Waite, 2009). For this reason, it is important to study both experiences and perceptions of social connectedness and how it impacts older adults' health in later life.

Objective social connectedness is defined as the structural and situational factors related to an older adults' social relationships (e.g., social network size) (Cornwell & Waite, 2009). Subjective social connectedness, on the other hand, is described as the psychological appraisal of one's relationships and access to social resources, and how these equate to desired or expected social circumstances (Ashida & Heaney, 2008; Cornwell & Waite, 2009). Most of the literature that has looked at both the objective and subjective aspects of social connections, indicators reflecting actual experiences, and individual perceptions, have not always been related with social connectedness. For example, loneliness, which is a subjective component of social connectedness, is only weakly correlated with objective components of an individual's social lives such as marital status (Luo et al., 2012), network size and frequency of interactions with network members (Cornwell & Waite, 2009; Utz et al., 2014). In the few studies that have made the distinction between objective and subjective social connectedness and have associated it with health, it has been found that subjective social connectedness may be more strongly correlated with health outcomes in older adults than objective social

connectedness (Coyle & Dugan, 2012). Researchers have found that subjective measures such as loneliness (Luo et al., 2012) and perceived quality of social relationships and interactions are more important for the health and well-being of older adults than are structural characteristics of their social ties (Antonucci et al., 1997; Ryan & Willits, 2007; Patterson & Veenstra, 2010). However, there also exists a set of literature that suggest that the subjective feelings of social connectedness, like loneliness, are more important for mental health outcomes; whereas, the objective measures of social connectedness are more strongly correlated to physical health (Stepteo et al., 2013).

A further nuance to the subjective aspects of social connectedness, and to a larger scale the concept of social connectedness itself, is that almost no studies have asked the older adults themselves what they think about social connectedness. According to Morgan and colleagues (2019), the authors are the first researchers who have examined the enablers and barriers to social connectedness from the perspective of older adults themselves. Three themes were identified by the authors through their qualitative analysis: a) getting out of the house, b) ability to connect, and c) feelings of burden, all of which were rooted in older adult's fundamental desire to be accepted as resourceful individuals who are able to nurture relationships on the basis of mutual respect (Morgan et al., 2019). Findings from the study demonstrated that social connectedness is seen by older adults as a multi-level concept that embodies not only the quality of relationships between individuals and families, but also a sense of belonging to one's neighbourhood, community and wider society. Older adults understood that social connectedness is a culturally mediated phenomenon rather than a universal construct and there can be times when older adults feel socially connected at the individual level (e.g., intrapersonal level) but not feel connected at a neighbourhood or societal level (Morgan et al., 2019).

These differences highlight the fact that it is important to account for both objective measures of social relationships (e.g., number of network members), as well as the subjective evaluations of those relationships when studying social connectedness, health and aging. Furthermore, in studying these differences due to individual perceptions, researchers have also found that not all relationships and social interactions are beneficial but can also include difficult and stressful exchanges (Rook, 1984). For example, it has been observed that marital strain accelerates the decline in

self-rated health over time, especially at older ages (Umberson et al., 2006); whereas, negative social interactions with family members and friends have been associated with depression (Stafford et al., 2011). It has also been demonstrated that the ill effects of negative interactions (e.g., negative social capital) may not be buffered by positive interactions (Stafford et al., 2011). Nonetheless, more research is needed in order to truly grasp the impacts of negative social interactions and researchers should continue to study these processes so that they can be linked to the various theories and models that explain the relationship between social connectedness and health

## **2.4. Interventions for social connectedness**

Even though low social connectedness among older adults is often described as an emerging public health concern, little is known about how to effectively address it. A recent scoping review undertaken by O'Rourke and colleagues (2018), highlighted that only 39 studies on social connectedness described or evaluated some kind of intervention. Among these 39 studies, only five used a qualitative lens to describe strategies to affect social connectedness/loneliness in older adults or their caregivers. Purposeful activity and maintaining contact with one's social network was the most often described strategy. Beyond the aforementioned strategy, nine discrete intervention types, categorized based on the component and activities required to implement the intervention, were identified to address loneliness/social connectedness among older adults (O'Rourke et al., 2018). Among each of the nine types of interventions, the studies' authors had different theories about what factors were targeted. This difference signaled an inconsistency in the research regarding the constructs by which the interventions have been theorized to affect loneliness/social connectedness. In addition, authors frequently hypothesized a single component of an intervention (e.g., contact with a relative or visitor) as impacting several elements (e.g., caring, belonging, social network, social support), but did not test the assumption that a single component affected multiple outcomes. Taken together, these two features of the literature make it uncertain whether an intervention actually achieves all that it is hypothesized to. Nonetheless, findings from this scoping review do suggest that different types of interventions, at least in theory, do address the key strategies identified by stakeholders to promote social connectedness and decrease loneliness.

## Gaps found in the literature

In addition to gender differences, some researchers have also investigated ethnic and racial variations in social connectedness and have discovered that social networks vary in size, type, and quality across groups (Umberson & Montez, 2010). For example, a systematic review done by Bruggencated et al. (2018) observed the ways in which cultural variation plays a role in shaping older adult's needs. The level to which Asian adult children provide social support for their parents compared to their Western counterparts is a widely cited cultural difference (Chen et al., 2014). However, in recent years scholars have begun to emphasize the dependence of older Asians on their families, especially in the context of migration (Park et al., 2019), which can prevent older adults from establishing a diverse set of social capital and feel lonely even when they are living with their family (Jamieson et al., 2017). Another set of observations shows that people prefer to socialize with people from similar cultural backgrounds where they share taken-for-granted social customs and knowledge (Morgan et al., 2019). The desire to socialize with people from similar cultural backgrounds becomes even more crucial for older adults who are late-life immigrants. For example, a study by Morgan et al., (2019) showed that all of their Asian and most Pacific older adult participants felt excluded from their everyday lives because they were not able to speak English proficiently. These older adults recalled that not being able to speak English exacerbated the challenge of enrolling in classes to learn the language. The problem was further amplified due to their dependence on their pensions which did not provide the necessary funds to pay for these classes. Not speaking English also left late-life migrants in perilous circumstances when anything occurred to their existing social network.

One point of interest is that few of these studies explicitly tried to link the various models of social connectedness, like the main effects models or stress buffering model, to examine if health and aging are linked to social connectedness the same way across different populations. For example, one study by Das (2013) showed that there was a lack of association between social connectedness and health among "black men". The study highlighted that black men compared to white men had smaller networks but overall that difference did not matter because no significant link was observed between the network size and the cardiovascular health among black men. Therefore, even

though literature shows there is a link between social relationships and health, more research is required to explore these theories across different social groups.

In this chapter various theoretical models and how they conceptualized the relationship between social connectedness, aging, and health have been explored. In describing these models, constructs, and empirical findings on aging and social connectedness, the historical unfolding of this topic is presented. Starting with the basic argument that social relationships are resources that help generate health and well-being, scholars have built upon this argument to showcase that not only do social relationships matter but the quality, type, and number of social relationships matter in diverse ways. Access to these various types of social relationships and the activities that one's social group engages in, also matter. Finally, both the actual and perceived access to these social relationships also matter and there is no one intervention that suits the needs of all older adults. In enumerating this research, it was found that we do not currently fully understand how gender, ethnic and racial differences can mediate the role of social connectedness in an older adult's life. Based on these findings and gaps in the literature, the following study aims to explore social connectedness in an affordable rental housing context while using a mixed method study design.

## **Chapter 3. Methods**

This chapter provides an overview of the research methods and procedures employed in the proposed study. The chapter begins by describing the study's research design, which is followed by the outlining of its research questions and setting, participants and the recruitment strategy, data collection and analysis, establishing the study's trustworthiness, exploring the ethical considerations, and concluding with how the results of the study will be disseminated.

### **3.1. Research design**

The proposed study will employ a mixed-methods approach. This research method provides the flexibility to collect both qualitative and quantitative data (Patton, 2015). The study is designed in a way that data is going to be collected from four different methods: semi-structured interviews, photo-voice, researcher observation, and survey data (see data collection section for details). The use of the different methods is not concurrent but sequential with photo-voice occurring first, which will then be followed by semi-structured interviews and researcher observations, and finished with an analysis of the survey data. According to Plano Clark & Ivankova (2016), the ability to use multiple methods and employ them sequentially is one of the defining features of mixed-method studies. It allows the researcher to "obtain conclusions that are more meaningful and complete by using the two methods to get results that enhance coverage and clarify and/or supplement each other to address the complexity of a topic" (Plano Clark & Ivankova, 2016).

The majority of the data collected in the study will be qualitative. This would allow the researcher to examine complex, multifaceted phenomena due to its holistic approach to the understanding and construction of knowledge (Patton, 2015). As the proposed study will try to explore an under-researched phenomenon, qualitative research provides a variety of methods for understanding a phenomenon in a highly descriptive way that provides valuable insight (Hesse-Biber & Leavy, 2006). Using a qualitative research design also allows the researcher to acknowledge that the researcher and study participants are co-creating the realities that are presented in the findings (Charmaz, 2005; Charmaz & Liska Belgrave, 2012), and openly discuss not only the participants

experience but how it was interpreted by the researcher (Randall & Phoenix, 2009). The study is framed within the phenomenological and ethnographic approach; however, it is important to emphasize that this research study does not fully adopt these two methodological approaches. Adopting the phenomenological approach allows the researcher to focus on the lived experience of the participant. Using the semi-structured interviews, the researcher will capture how a phenomenon is perceived, described, felt, judged and remembered by a participant and bring forth the essence of the phenomenon, which cannot be fully captured otherwise (Patton, 2015). On the other hand, ethnographic field-work will allow the researcher to contextualize these descriptions in the local and broader social settings (Hammersley & Atkinson, 2007; Patton, 2015). Taking guidance from these two methodologies will allow the researcher to portray a holistic picture and explain the various nuances of the research questions being explored.

### **3.2. Research setting**

Brightside Community Homes Foundation, hereinafter referred to as Brightside, is a private, not-for-profit organization that provides affordable rental housing for seniors, persons with disabilities, and vulnerable families (Brightside, n.d). This not-for-profit organization manages 26 buildings with over 900 units in Vancouver and houses approximately 1050 individuals (Brightside, n.d). The majority of the population living at Brightside, roughly 80%, is of older adults aged 65 or older, and most of these older adults are single (divorced or widowed), live alone in a one-bedroom apartment (Brightside, n.d), and belong to a wide range of ethnic origins (e.g., East Asian, Russians). There are only two senior-specific buildings; whereas, the rest of the buildings house a mixed population (e.g., families) (Brightside, n.d). To cater to this diverse population's needs, Brightside has made building strong 'resilient communities' a core tenet of their mission statement (Brightside, n.d). Brightside achieves this core tenet through a variety of ways, one of them being their community development programs. These community development programs include various projects (or initiatives) that include their annual Brightside survey, community barbeque and gardens, health clinics, and workshops. Brightside uses these community development programs as promising practices to foster social connections, reduce social isolation and promote community engagement among their residents. "Promising Practices" are innovative models of



shelter/housing service delivery that have not been subject to rigorous evaluation but hold the promise of supporting the needs of older adults. This combination of a high number of older adult tenants and Brightside's use of community development programs, to promote community engagement, makes it an ideal location to conduct this study.

### **3.3. Study participants and recruitment**

A total of 25-30 participants will be recruited for the purpose of this study. The participants would include four-to-five staff members working at Brightside and 20-25 tenants living within the eight-to-ten purposefully selected Brightside buildings that have a high percentage of older adults' tenants and represent a diverse set of settings (see appendix H for more information). The following five criteria will be used to recruit tenants for the study: 1) age 65+, 2) willingness and ability to participate in a semi-structured interview, a photo-voice training session, and take photographs, 3) ability to provide informed consent, 4) ability to speak and read English, and 5) have lived at any of the Brightside buildings for more than one year.

Tenants that have agreed to participate in the study will be asked to complete a short demographic survey over the phone or in-person. A week after the demographic survey is conducted, participants will be provided with a photo-voice training. In the training workshop, participants will be provided with a disposable camera to take pictures over a period of two weeks and will be instructed to photograph the various places or opportunities at Brightside that allow or hinder their social interactions. Additionally, four-to-five staff members will be interviewed at Brightside to learn about their community development programs and overall interaction with tenants. The recruitment criterion for staff members would involve the staff member having regular contact with tenants living at Brightside in their residential complex.

Purposeful sampling in combination with snowball sampling will be used to recruit tenant participants for this study, based on the criteria described above. Both purposeful sampling and snowball sampling are common techniques used in qualitative research to identify and select information-rich participants (Palinkas et al., 2016; Valerio et al., 2016); as well as, provide the opportunity to select specific sub-groups living at Brightside. The participant's sample will reflect the gender ratio of 55% females and 45%

males, as well as 30% of the sample size belonging to the top two ethnic minority (Chinese & Russians) living at Brightside. These percentages closely reflect the gender and ethnic demographics seen in the Brightside's 2019 "Community Enhancement Survey", which is the most recent, extensive and publicly available survey conducted for the tenants living at Brightside (Brightside, 2019). To better facilitate the participation of the ethnic minority older adults in the study, two bilingual research assistants will be recruited for the study. One of these research assistants will be proficient in speaking and writing Russian and the other in Mandarin. Both of these research assistants will take part in the translating, training, data collection and other related activities when working with their designated group of ethnic older adults.

The researcher's previous experience at Brightside will help in the recruitment process as it will leverage an existing relationship built with Brightside staff who are 'gatekeepers' to the specific population identified in this study. Using these already existing relationships with the Brightside staff, the researcher will be able to effectively gain access to the various Brightside buildings to promote the study using a recruitment flyer. The recruitment flyer will be posted in the common area on the ground floor, the elevator and on the door leading to the garbage area of the building. The recruitment flyer will also be included in the 'community newsletter' sent by Brightside every three months to its tenants if the timing of the newsletter coincides with the recruitment period. Once interested participants make contact, a consent form (see Appendix A) prepared by the researcher explaining the purpose of the study, the researcher's contact information, and points about confidentiality and consent will be provided to the potential participant. The researcher will also regularly visit the various Brightside buildings, either bi-weekly or on a monthly basis, to participate in various events organized by Brightside during the recruitment and data collection period. These regular visits will allow the researcher to increase his presence in the Brightside community and build a sense of trust and rapport with the tenants (Guillemin & Heggen, 2009). Some of these events will also be used to conduct observations by the researcher without disturbing the natural setting in which the participants live.

## **3.4. Data collection**

### **3.4.1. Semi-structured interviews**

Semi-structured interviews that are audio recorded will be used to collect qualitative data from Brightside staff and residents living at Brightside. Semi-structured interviews have been chosen due to their ability to provide rich, comprehensive information of an individual's experience and perceptions on a particular topic (Patton, 2015). Previous research on social well-being has employed semi-structured interviews to understand older adults' perspectives on this topic (Keyes, 1998; Stathi, Fox & Mckenna, 2002; Afshar et al., 2017). Furthermore, semi-structured interviews strengthen a study due to its following features: 1) provide the ability to gain information and understanding of a phenomena which are not directly observable, 2) suitable to gain knowledge on a particular topic, 3) provide an opportunity to obtain information that is usually buried or omitted, and 4) leads to the co-creation of knowledge between interviewer and interviewee that results in a holistic understanding of the topic (Mills & Birks, 2014; Patton, 2015).

The researcher will prepare two separate semi-structured interview guides, one tailored for the Brightside staff and one tailored for the tenants living at Brightside (see Appendix C). Each interview guide will have eight-to-twelve questions with relevant probes and would be designed to ensure that there is consistency between the two guides. Furthermore, the interview guides may be refined or modified in an iterative process after each interview to ensure flexibility in capturing emergent issues in succeeding interviews (Mills & Birks, 2014; Patton, 2015). The interview with the staff member will be approximately 45 – 60 minutes long and the staff will be given the choice to do the interview at the Brightside office or through teleconference (e.g. telephone, Skype, Zoom). Informed consent will be obtained from the staff member at the beginning of the interview, and the researcher would reiterate the points verbally about confidentiality, anonymity and the option to end the interview at any given moment as outlined in the consent form. The interview guide for the staff will focus on questions related to organizational facilitators and barriers to social wellbeing of older adults living at Brightside, and their perceived impact and venues for improvement.

Tenant semi-structured interviews will last approximately 60 – 90 minutes and will be conducted in the place of their choice or through teleconferencing. Before starting the interview, the researcher will briefly revisit the informed consent form, emphasizing that the participant has the option to end the interview at any time and continue at a later date/time if they would like to. The tenant interviews will start with broad questions, allowing the researcher to further develop trust and rapport with the participants before turning to questions that are more personal in nature (Patton, 2015). After the interview, tenant participants will be asked about their willingness to participate in 'member checks'. Member checking is a technique that allows the research to help improve the accuracy, credibility, validity and transferability of the study (Patton, 2015).

### **3.4.2. Photo-voice and researcher observations**

Photo-voice is revered for its ability to capture both the physical and social environments in studies conducted with older adults (Mahmood et al., 2012; Novek & Menec, 2012). It is a well-known method in qualitative research which involves having participants in a research study take photos to depict their experience with the phenomenon under study (Mahmood et al., 2012; Novek & Menec, 2012; Wang & Burris, 1997). The captured photos are then used as prompts to encourage participants to not only contextualize the photo but also talk about their experiences (Mahmood et al., 2012; Novek & Menec, 2012; Wang & Burris, 1997). Novek and Menec (2012) showed that photovoice is a powerful tool for evoking older adults' perceptions of their communities, voicing their unique concerns, and identifying strategies for change. For the purpose of this study, the researcher will ask the participants to take six-twelve photographs of places within their building that they perceive as important meeting points or socializing areas. These photographs are then going to be used during the interview to further understand the phenomenon under study. The researcher will ask the participant to take the photos on a disposable camera provided to them during photovoice training. In order to demonstrate how the participants can use their disposable camera to take the photos, the researcher will provide group training to the participants (see Appendix D). This training will be conducted after participant recruitment but prior to their first interview. The participant will be notified 21 days before their interview to start taking their photos and then sent another reminder a week before the interview to send the photos to the researcher.

To complement the semi-structured interviews, the researcher will conduct his own set of observations (see Appendix E). In qualitative research, observation data is often used to supplement in-depth interview data to help understand the lives of individuals in their local and social settings (Hammersley & Atkinson, 2007; Patton, 2015). Based on the conversations with the participants and the protocols outlined by Campo (2010) and Stott-Eveneshen (2015), the researchers will choose four-to-six locations at ten-to-twelve Brightside buildings and take detailed notes of the social interactions at these locations for an hour in the morning (between 9am -12pm) and an hour in the afternoon (between 12pm – 3pm). The researchers will try to overlap these observation sessions with events or other activities organized by Brightside to reduce disturbing the natural setting. Detailed notes for these sessions will be made after the event/activity has occurred so that the researcher can fully participate in the event/activity.

### **3.4.3. Demographics and survey data**

To supplement the in-depth qualitative data collected through detailed field notes, semi-structured interviews, photographs taken by participants, the researchers will also collect basic demographic statistics (e.g., age, gender) on the tenants living at Brightside. The researchers will collect this data in two ways: 1) from a short demographic questionnaire implemented by the researchers at the beginning of the tenant interview (see Appendix F), and 2) previously available data collected by Brightside from their 2019 and 2020 surveys. The 2019 and 2020 survey data, which is available as an excel file, includes aggregated demographic information on tenants, information on housing and infrastructure, health and wellbeing, and social connections. The researchers will have access to the excel files, which will be imported into an SPSS file after data cleaning and de-identification procedures have been applied to it. Prior to engaging in data collection, the researchers will request access to the 2019/2020 survey data from the Chief Executive Officer (CEO) of Brightside. Ethics approval to use the data will be obtained from Simon Fraser University's (SFU) Research Ethics Board (REB).

### **3.5. Data analysis**

As the study employs multiple methods of data collection, the researchers will employ multiple ways to analyze the data. The qualitative data, which will include transcribed audio-recordings of the semi-structured interview and detailed field notes, will be imported into Nvivo 12 (QRS International, 2019) to be analyzed. Quantitative data (survey & demographics) will be imported into SPSS to be analyzed.

#### **3.5.1. Qualitative data**

In qualitative research, data analysis is an on-going process that co-occurs with data collection (Mills & Birks, 2014; Patton, 2015; Sutton & Austin, 2015). The data analysis will be affected by the researcher's interpretation of the participant's interview or an observed event, influencing what is recorded or emphasized, and what is left out of the narrative. In turn, this means that the data analysis begins as soon as the first semi-structured interview is transcribed, photo is received, or field notes are recorded (Kvale & Brinkmann, 2009; Saldana, 2009). In order to make sense of the qualitative data, the thematic analysis outlined by Braun and Clark (2006) will be utilized. Braun and Clarke's (2006) six-step to performing thematic analysis include: 1) familiarization with the data through immersive reading and re-reading, 2) formation of the initial descriptive codes, 3) generation of categories or themes by identifying similarities and overlaps in the descriptive codes, 4) reflective review of the categories/themes in relation to descriptive codes and qualitative data as a whole, 5) defining and distinguishing category/themes names, and 6) writing a final report, during which the codes and categories are further refined in an iterative process. To maintain rigour and accuracy throughout the analysis process, the researcher will employ memo writing, data analysis logs, and regular check-ins with his supervisory committee. Additionally, member checks with interested tenant participants will be undertaken once the initial findings of the study have been produced (Mills & Birks, 2014; Patton, 2015).

#### **3.5.2. Quantitative data**

The researcher will analyze the 2019 and 2020 surveys, in specific, the basic demographic, health and wellbeing, and social connection information in the survey. The researcher will conduct basic descriptive statistics to better understand the tenants living

at Brightside and how it compares to the participants in the current study. The basic statistics will allow the researcher to not only be able to contextualize the findings, but also provide a venue to compare and contrast the two pictures portrayed in the qualitative and quantitative data. The comparison of the two types of data will increase the transferability of the findings and increase the study's overall trustworthiness.

### **3.6. Establishing trustworthiness**

Trustworthiness in qualitative research is conceptualized by how well the findings reflect aspects of the social world (Hesse-Biber & Leavy, 2006). According to Lincoln and Guba (1985), credibility, dependability, transferability, and confirmability are the four criteria that aid in establishing trustworthiness in a qualitative study. To ensure that these four criteria are met, a number of different techniques and processes are going to be utilized. The credibility of the study will be established by having a prolonged engagement with the Brightside community through monthly involvement with various events and triangulation of multiple data sources (in-depth interview, observations, and survey data). To further strengthen the credibility of the study, the researcher will conduct member checks with interested tenant participants. Both credibility and dependability of the study will be increased by having regular check-ins with the supervisory committee members who will not only provide guidance on improving the study but also act as external members evaluating the methodology and the findings of the study. Confirmability of the study will be established by adopting Halpern's six audit categories: 1) raw data (e.g., written field notes), 2) data reduction and analysis products (e.g., working hypothesis), 3) data reconstruction and synthesis products (e.g., findings of the study), 4) process notes (e.g., memo), 5) material relating to intentions and dispositions (e.g., reflexive notes), and 6) instrument development information (e.g., version of interview guides) (Lincoln & Guba, 1985). According to Lincoln and Guba (1985), the transferability of the study can be established by providing a 'thick description' of the study. To achieve a thick description, purposeful sampling is going to be employed to attain a diverse participant sample that would provide a holistic view of the research phenomenon. In addition to purposeful sampling, a detailed description of the time and context in which the study has taken place will also be provided (e.g., description of the setting and notes on reflexivity).

### **3.7. Ethical considerations**

Before the research is undertaken, ethics approval will be obtained from the REB at SFU. It is believed that the proposed research will be beneficial for the Brightside community. For example, it will provide the Brightside staff with valuable information on the current state of their tenants' social wellbeing and possible ways to improve it. It may also benefit the tenant participants by allowing them to express their opinions, share their stories and provide them with a venue to reflect on their experiences, while simultaneously providing ways to improve their overall social wellbeing. Overall, the study has the potential to improve the quality of life of tenants living at Brightside.

The proposed study is classified as a minimal risk study, as the researcher will be inquiring about the staff and tenants' experiences working/living at Brightside. Nonetheless, there is a potential that during the interview, some participants might share experiences that elicit emotional and/or psychological distress. The researcher will mitigate this risk by reminding the participant in the beginning, and at mid-point of the interview that the interview can be stopped at any point and that participation is voluntary. Furthermore, the researcher will also ask the participant at the end of the interview if they still agree for the de-identified information provided by the participant to be used in the study. Throughout the interview, the researcher will be alert to signs of pain or distress and, if encountered, will promptly suggest to end the interview or to continue at another time. In the scenario that the participant stops the interview and would like to continue it on another day, the process of informed consent will be revisited. One final check to make sure that the participant is willing to be part of the study will be performed during the member check by revisiting the informed consent form.

#### **3.7.1. Obtaining informed consent**

A consent form written in English will be provided to every participant immediately prior to the interview. The researcher will review this form with the participant and emphasize the voluntary nature of the study and the participant's right to withdraw from the study at any point. The researcher will also highlight his contact information on the informed consent form and encourage participants to contact him if any questions arise after the interview has been conducted. All participants at the time of



the interview need to be able to provide informed consent themselves and be cognitively present during the interview. In the event that an intoxicated or impaired individual shows their intent to participate in the study, the researcher will invite them to do so at a later date when they can provide informed consent. All participants will be provided with a copy of the informed consent form with the original signed copy collected by the researcher. The informed consent form will make it explicit that participation in the study is voluntary, and the participant can withdraw from the study at any point. In the unlikely event of a conflict, the researcher will stop all his research-related activities for the day and politely use non-confrontational language to de-escalate the situation. The management of Brightside and the senior supervisor will be made aware of the event.

### **3.7.2. Audio-recording of interviews**

All interviews will be audio-recorded and transcribed by the researcher to preserve the accuracy of the data and help in data analysis. The participants will be informed both verbally and through the consent form that the interviews are being audio-recorded and the procedure that will be utilized to transcribe. All audio files will be uploaded to a password-protected folder on an SFU server on the same date and deleted immediately following a successful upload. Once the audio files have been transcribed, they will be immediately deleted from the SFU server. During the interview, there might be instances where the audio recording device is paused or turned off at the request of the participant. This would be done in order to maintain the confidentiality and privacy of the participant if they are revealing sensitive information that they might not want to be recorded. The audio-recording will resume once the participant feels ready to do so.

### **3.7.3. Maintaining confidentiality**

All information collected during this study will be de-identified to maintain the confidentiality of the participant. The de-identification process would involve removing names, contact information or any other data that has the potential to identify a particular participant from all transcripts, field notes, photos, and their subsequent analysis. The name and contact information of all participants in the study will be compiled in a list that would be kept in a password-protected folder on an SFU server that is different from the

folder in which the audio recording files are kept. This list is going to be destroyed following the completion of the study.

### **3.8. Dissemination of results**

The findings of this study will be reported in a graduate MA thesis and submitted to the SFU library. The findings of the study may also be adapted to be published in an academic journal and/or presented at an academic conference as well as circulated in the forms of tweets. The result of the findings will also be presented to the Brightside community as a knowledge dissemination event. Upon request, all participants and the CEO of Brightside will also be able to receive either a hard or electronic copy of the written results of this study or be provided with a one-page summary of the findings. The results from this study may also be used by Brightside in various presentations, brochures, and other knowledge dissemination products.

## **Chapter 4. Grant proposal**

The following section presents a grant proposal based on the Real Estate Foundation of British Columbia's (REFBC) "general grant" guidelines, as outlined in appendix I. REFBC is a philanthropic organization that works to advance sustainable land use and real estate practices in British Columbia. The organization's vision is to create "a healthy environment that supports thriving, resilient, livable communities across BC" that the foundation accomplishes by connecting diverse groups of stakeholders, sharing knowledge, and providing grants to various projects. The projects funded by REFBC grants need to fall into one of the five interest areas noted by the foundation: land use, built environment, freshwater, food lands, and real estate profession. The project proposed in this capstone falls under the built environment category.

### **Proposal information**

#### **4.1. Section 1 – Application information**

##### **4.1.1. Application Organization – Full Legal Name**

Simon Fraser University (SFU)

##### **4.1.2. Organization Type**

Post-Secondary Education

##### **4.1.3. Is your organization a Canada Revenue Agency Registered Charity or Qualified Donee?**

Not Applicable

##### **4.1.4. Please provide the registered provincial society/charitable tax/incorporation number (as applicable):**

Yes (118520725RR0001)

#### 4.1.5. Application Contact

|   |
|---|
| Contact First Name:<br>Muhammad                                       |
| Contact Last Name:<br>Qureshi   |
| Contact Job Title:<br>Master Student in the department of Gerontology |
| Contact Organization:<br>Simon Fraser University                      |
| Mailing Address:<br>515 W Hastings St                                 |
| City:<br>Vancouver  |
| Province:<br>British Columbia   |
| Postal Code:<br>V6B 5K3   |
| Contact Email:<br>(XXX)   |
| Contact Phone Number:<br>(XXX)  |

#### 4.1.6. Organization Description

Simon Fraser University (SFU), is a post-secondary institution that was established in 1965. The institute currently engages more than 37,000 students and 6,500 faculty and staff across its three campuses with the mission to bring together the community through “meaningful connections and working together to improve student experiences.” SFU’s vision is a community that holistically approaches the student’s needs by providing a connected and supportive learning community. The project will be overseen by researchers in the Department of Gerontology at SFU. The vision of the Gerontology Department is to “enhance the well-being of older adults through research, training and outreach in the policy and practice arenas”.

#### 4.1.7. Advancing Racial Equity and Justice

SFU has committed to building a diverse, equitable and inclusive community that allows everyone to feel safe, accepted and appreciated in learning, teaching, research

and work. SFU acknowledges that it resides on the unceded and traditional territories of the Squamish, Musqueam, Tsleil-Waututh, Katzie and Kwikwetlem people. In recent years, SFU has begun extensive consultation with its community and various stakeholders to promote diversity, equity and inclusivity. This consultation process is still ongoing, but one of the outcomes from these consultations is the creation of SFU's first Vice President People, Equity and Inclusion (VPPEI) position. The VPPEI position is responsible for looking at ways to work with the SFU community to support anti-racism and anti-oppression initiatives and promote a teaching, learning, and working environment that is "safe, diverse, equitable and inclusive for all."

## **4.2. Section 2 – Project information**

### **4.2.1. Project title:**

SOAR: Social connectedness of Older adults living in Affordable Rental housing

### **4.2.2. Amount applied for:**

\$51,478.97

### **4.2.3. Total cash project budget (excluding in-kind):**

\$67,078.97 (see Appendix H for detailed breakdown).

### **4.2.4. Project Start Date:**

04/09/2021 (DD/MM/YYYY)

### **4.2.5. Project End Date:**

30/11/2022 (DD/MM/YYYY)

#### **4.2.6. Identify which of the Foundation’s mandate areas applies to your project.**

|                                 |     |
|---------------------------------|-----|
| Research:                       | Yes |
| Law/Policy Analysis and Reform: | No  |
| Professional Education:         | No  |
| Public Education:               | No  |

#### **4.2.7. Project summary statement**

The SOAR’s pilot project is a research study that will utilize a mixed-method approach to examine the social connectedness of older adults living in affordable rental housing. To achieve this goal, data will be collected in multiple affordable rental housing buildings managed by a not-for-profit organization called Brightside Community Homes (also known as Brightside). More specifically, the following two questions are going to be explored during this study:

- 1) What role do spatial, social, and organizational factors play in the social connectedness of older adults living in affordable rental housing?
- 2) What barriers and facilitators do older adults themselves perceive that affect their social connectedness in affordable rental housing
  - a) How has COVID-19 impacted the barriers and facilitators experienced by older adults?
  - b) What actions do older adults take to overcome these perceived barriers?
  - c) What resources and services do older adults want that would help reduce these barriers?
  - d) Are there any variations across gender and ethnic groups?

By exploring these questions, findings from this pilot project will provide a deeper understanding of the social connectedness needs of older adults living in affordable rental housing based on their lived experience. The findings will showcase the necessity for social connectedness interventions to focus on individual level factors and look at contextual factors around older adults that can promote or hinder social connections. The results from this study will also allow organizations like Brightside to effectively develop and implement community development and social engagement programs that meet the needs and desires of their older adult tenants. This, in turn, will help Brightside

to develop other programs that address problems like isolation and potentially reduce evictions and housing insecurity.

#### 4.2.8. Project Activities?

The pilot project will adopt a mixed-methods research approach to examine the various factors that impact the social connectedness of older adults living in affordable rental housing. A total of 25-30 participants will be recruited for the study, which includes 20-25 older adult tenants living at eight-to-ten purposefully selected Brightside buildings and four-to-five Brightside staff members. The Brightside buildings will be chosen based on the percentage of older adult tenants in a particular building in consultation with staff. Data for the study will be collected through semi-structured interviews, photo-voice, researcher observations and a demographic survey. To complement the funds provided by REFBC, additional funding will also be applied for through the MITACS accelerate program, which provides paid internships to students involved in a research project with a community organization. Following is a table that outlines the key phases and activities within the project.

| Phase of Study                     | Timeline               | Key Steps  |
|------------------------------------|------------------------|--|
| Planning and organization          | Sept 4 – Oct 30, 2021  | Set up administrative structures<br>Finalizing research protocols<br>Obtain ethics from SFU<br>Obtain MITACS Accelerate funding<br>Train graduate and undergraduate research assistant |
| Implementation and data collection | Nov 1 – Dec 31, 2021   | Begin participant recruit at the 26 Brightside buildings (N= 25-30: 20-25 tenants, 4-5 Brightside staff)<br>Photo-voice workshops for tenants  |
|                                    | Jan 1 – May 31, 2022   | 4 – 5 staff interviews<br>20 – 25 tenant interviews<br>Research observation  |
| Data input and analysis            | Feb 15 – June 30, 2022 | Interview transcription<br>Data input in their respective software (e.g., NVivo & SPSS)  |
|                                    | Apr 1 – Aug 31, 2022   | Analysis of qualitative and quantitative data<br>Member check with interested tenants.   |

| Phase of Study                    | Timeline             | Key Steps   |
|-----------------------------------|----------------------|---|
| Reports and Write-ups             | Sept 1– Oct 31, 2022 | Final report for MITACS accelerate program<br>Budget, interim and final reports to REFBC  |
| Knowledge mobilization activities | Jan 1 – Nov 30, 2022 | Regular tweets/update about the project on Twitter<br>Presenting research findings in conferences (local, national & international)<br>Newsletter articles & Op-ed pieces (the Conversation)<br>Small photo exhibit and presentation of research findings for Brightside and community. |

#### 4.2.9. Land Use Need & Context

Housing affordability is identified as a major barrier to meeting core housing needs for older adults in Canada. Metro Vancouver in British Columbia (BC), Canada, is known for its lack of adequate supply of affordable rental housing and high rental rates. Older adult renters in these markets face many health issues, one of which is the lack of social connectedness. Social connectedness is defined as a positive subjective evaluation of the extent to which one has meaningful, close, and constructive relationships with others. Social connectedness plays a vital role in older adults' health and well-being as it allows them to develop deep meaningful connections with others and reduces their risk of experiencing loneliness. However, recent research shows that older adults are experiencing a decline in social connectedness both locally and globally. This decline in social connectedness has become a growing concern and health professionals in America have declared it a "loneliness epidemic", and in the United Kingdom (UK), a "Minister of Loneliness" was appointed to deal with the situation.

Vancouver, like other Canadian cities as well as those in the United States and the United Kingdom, have also been experiencing this crisis. Evidence indicates that vulnerable populations like lower-income households, individuals living in multi-unit housing and older adults are disproportionately impacted by this crisis when compared to other populations. For example, both the 2012 and 2017 Vancouver Foundation's "Connect and Engage" survey reveals that loneliness, with social isolation, was a top



concern for many individuals and organizations in Metro Vancouver. The problem escalates even further for older adults who live in affordable rental housing because they are more likely to experience decreased social connectedness and are less likely to have the resources to deal with it. Adding to this unparalleled decrease in social connectedness is the history-graded event called COVID-19. While it is too early to comprehensively understand how COVID-19 has impacted the social connectedness of older adults, it is certain that the pandemic has amplified the significance of social connectedness and its close connection to affordable housing for older adults.

However, literature on this topic is limited, especially in the affordable rental housing space, as research has predominantly focused on older adults living in settings such as long-term care facilities, nursing homes or privately owned homes. Recent estimates also show that seniors living in core housing need in the Greater Vancouver Area will double by 2036 in the rental housing market. Thus, to fill this gap in the literature and address a crucial need of this growing population, the SOAR's pilot project aims to explore the factors that impact the social connectedness of older adults living in affordable rental housing through an in-depth analysis of multiple Brightside buildings.

#### **4.2.10. Geographic Impact**

The project and its various partners will be situated in Vancouver, which resides on the unceded and traditional territories of the Musqueam, Squamish, Tsleil Waututh, Katzie and Kwikwetlem nations. The project will be highly relevant for all community organizations and affordable rental housing providers that serve older adults in the Greater Vancouver Area. However, findings from the study will also be relevant to the broader Canadian affordable rental housing market, especially those that operate in urban settings, where we continue to see an increase in the affordability crisis.

#### **4.2.11. Relationship to Existing Work**

The My Health, My Community and Hey Neighbour Collective (HNC) in Vancouver and Vertical Aging in Toronto are three current initiatives that are trying to explore similar ideas as this project.

The My Health, My Community study by Vancouver Coastal Health involves a survey that has a strong focus on the housing conditions of individuals living in the Vancouver Coast Health and Fraser Health Regions. The survey is open to any individual who is 18 years of age or older and was also conducted in 2012. The HNC project, is a three-year-long study funded by REFBC that is focused on increasing social connectedness and resilience in BC's multi-unit housing in urban settings. To achieve their goal, HNC has partnered up with numerous local organizations (called pilot sites) to implement and evaluate new or already existing approaches to making existing multi-unit housing friendlier and communities more resilient. Finally, Vertical Aging in Toronto is looking at naturally occurring retirement communities (NORCs) and ways to reimagine these places to promote aging in place. Out of the three focuses in the Vertical Aging project, one revolves around social spaces and how they can be retrofitted in high-rise buildings to encourage more social engagement.

The difference between the above-described projects and the proposed pilot study is that none of them employ multiple methods (interview, photo-voice, researcher observation and survey data) or solely study the concept of social connectedness in affordable rental housing. In the case of My Health, My Community and HNC, their target population is broader as it involves any individual over the age of 18 years, and then HNC restricts it further by only including people in multi-unit housing, which includes but is not only limited to affordable rental housing. The Vertical Aging project, even though it targets the same age group, is more concentrated on the concept of aging in place, which is a far bigger construct than social connectedness. Additionally, their social spaces project, which sounds most similar to the proposed pilot project, is focused more on retrofitting high-rise buildings to encourage more social engagement. Whereas, this study is more interested in the factors that hinder or encourage social engagement in older adults using the concept of social connectedness.

### **4.3. Section 3- Effectiveness Criteria**

#### **4.3.1. Leadership & innovation**

The SOAR pilot project will pioneer research focused on the factors (e.g., spatial, social, and organizational) connected to and perceived by older adults as impacting their social connectedness while residing in affordable rental housing. To date, there has

been only one study examining the barriers and enablers of social connectedness from the perspective of older adults. This study was conducted by Morgan and colleagues in 2019, where the authors stated that prior to their study, social connectedness had not been previously examined from the perspectives of older adults. Although seminal in nature, their study did not consider the participants' specific housing context and its relationship to social connectedness. So, by taking an approach that asks the older adults themselves about the factors that impact their social connectedness in an affordable rental housing makes the SOAR's project unique in its undertaking. Adding to its unique approach is the employment of a mixed-method design. Two of the four methods (photo-voice and interviews) used in the study capitalize on the fact that they put the individual's perspective at the center of the research, thus allowing them to voice their unique concerns and identify strategies for change. Furthermore, a mixed-methods approach with four different methods will allow for a holistic understanding of older adults' social connectedness in affordable housing, a topic that we recognize is highly complex and cannot be sufficiently addressed by just one method.

#### 4.3.2. Partnerships & Collaboration

|  |   |
|--|---|
| Organization:  | Brightside  |
| Individual:  | William Azaroff   |
| Phone:   | (XXX)   |
| Email:   | (XXX)   |
| Description of involvement:<br><i>Character Limit: 500</i> | William Azaroff is the CEO of Brightside that manages the 26 building that are going to be involved in this project. The organization will also share their survey data taken in 2019 and 2020 to allow the study to have a better understanding of the demographic characteristics of the targeted population. |

|  |  |
|--|--|
| Organization:  | Brightside   |
| Individual:  | Susan Moore  |
| Phone:   | (XXX)  |
| Email:   | (XXX)  |
| Description of involvement:<br><i>Character Limit: 500</i> | Susan Moore is the Director of community development and resident support at Brightside. She will provide her vast experience in community development and support and be the main contact person at Brightside. |

|   |  |
|---|--|
| Organization:   | Simon Fraser University  |
| Individual:   | Atiya Mahmood  |
| Phone:  | (XXX)  |
| Email:  | (XXX)  |
| Description of involvement:<br><i>Character Limit:</i><br>500 | Dr. Mahmood will provide her expertise and guidance regarding research implementation and data analysis to ensure a smooth progression of the study. |

|   |  |
|---|--|
| Organization:   | Simon Fraser University  |
| Individual:   | Habib Chaudhury  |
| Phone:  | (XXX)  |
| Email:  | (XXX)  |
| Description of involvement:<br><i>Character Limit:</i><br>500 | Dr. Chaudhury will provide his expertise and guidance regarding research implementation and data analysis to ensure a smooth progression of the study. |

### 4.3.3. Sustainability & Longevity

If the project successfully receives funding from REFBC, it is planned that findings of the pilot project are built upon further by applying to the Vancouver Foundation “Systems Change” grant. The systems change grant will allow for the project to be replicated in other affordable rental housing providers and provide the opportunity to include larger sample sizes and engage various stakeholders (e.g., Landlord BC and services providers such as West End Seniors Network).

In the short term, it is anticipated that the findings from this pilot will allow Brightside to apply for additional funding that can continue/create various programs that promote the social connectedness of their older adult tenants. These programs can even result in the creation of new positions as Brightside, like a community animator, whose sole responsibility would be to create, maintain and improve these programs for not just their older adult tenants but all tenants living at Brightside. Over the long term, it is hoped that findings from this project can contribute to Brightside’s mission of becoming a leader in the affordable rental market by producing tools and training manuals and providing guidance that allows other affordable rental housing providers to establish similar programs or address similar problems.

Ideally with enough uptake, Brightside and similar organizations will begin to see the impact of their changes and intuitively begin to understand the broad benefits that these changes create for not just their tenants but their communities as a whole. Furthermore, with enough acceptance and dissemination of these findings in the affordable rental housing market, it is anticipated that other types of housing providers in the rental housing sector and beyond will also begin to adopt these findings. Ultimately, with enough grass-roots support, policies at all levels will begin to shift to create an environment that encourages and funds programming and activities that promote the social connectedness of older adults living in any type of housing.

#### **4.3.4. Scalability & Potential to Replicate**

The potential for replicability and scalability of the pilot project is endless in any setting where there is a decent amount of older adult population residing. The most obvious organizations that can replicate this study are other affordable rental housing providers in the Greater Vancouver Area. These organizations can easily replicate the project due to its emphasis on understanding the concept of social connectedness through the eyes of older adults. Moreover, depending on the type of stakeholder these organizations collaborate with during the project (e.g., policymakers), they can modify the project to hone in on various contextual factors like sub-populations (e.g., women, older adults living alone, immigrants), a specific type of social connection (e.g., friends, family or neighbours), organizational policies, and neighbourhood level factors (e.g., location of affordable rental housing, gentrification) among others. The scalability and replicability of the project are also improved due to its use of a mixed-method approach. The project's mixed-method design provides various methods that can be utilized and provide the flexibility to mix and match these methods that best suit the constraints of a specific project (e.g., budget or time). However, it is imperative to note that following a piecemeal approach is likely to reduce the holistic understanding of this topic offered through combining multiple data sources.

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# Appendix A. Informed consent form

## Tenant

**Title: SOAR – Social Connectedness of Older adults living in Affordable Rental housing**

**Granting Agency: Real Estate Foundation of British Columbia (REFBC)**

### **Project Lead:**

Muhammad Qureshi, Master's Student, Department of Gerontology, Simon Fraser University (SFU), email (XXX)

### **Collaborators:**

Atiya Mahmood, Associate Professor, Department of Gerontology, SFU

William Azaroff, Chief Executive Officer, Brightside

Susan Moore, Director, Community Development & Resident Support, Brightside

### **Who is funding this project?**

Real Estate Foundation of British Columbia are funding this project and are aware this research is being conducted.

## **Introduction**

Your participation in this research is entirely voluntary, so it is up to you to decide whether or not to take part. Before you decide, it is important to understand what the research involves. This information sheet will tell you about the research, what we are asking from you, why the research is being done, what will happen during the research and the possible benefits, risk and discomfort to you.

If you wish to participate, you will be asked to sign the consent form at the end of the information sheet. If you decide to take part in this research, you are still free to withdraw at any time and without giving any reasons for your decision. If you do decide to withdraw, we will destroy all information that you have provided to the research.

## **Purpose of Study**

The goal of this study is to examine the factors that impact that social connectedness of older adults living in affordable rental housing through an analysis of multiple affordable rental housing building managed by Brightside.

### **What will you be required to do?**

You will be asked to take part in a photo-voice activity and interview. The photo-voice activity will consist of two parts: i) a 90-minute training workshop to get you familiarized with the photo-voice technique, and ii) take 6-12 photographs over a period of 3 weeks of places that you perceive as important meeting points or socializing area in your building. On the other hand, the interview portion will be 60-90 minutes long and will consist of 10-12 questions. The interview will be conducted by a researcher at the place of your choice or over any teleconference platform (e.g. phone, Zoom, Skype etc.). The interview will address (i) the photographs taken by you and their importance (ii) how does the place you live in impact your overall connection with family, friends, neighbours or other people around you (iii) barriers or facilitators to maintain or promote these connections, and (iv) resources and services that might help to reduce the barrier to maintaining or making new connections. The interview will be audio recorded.

### **Who can participate in the research?**

Any person who is a resident at any of the Brightside buildings and meet the following five criteria can take part in this study: 1) age 65+, 2) willingness and ability to participate in an interview, a photo-voice training session, and take photographs 3) ability to provide informed consent, 4) ability to speak and read English, and 5) have lived at any of the Brightside building for more than one year.

### **Do I have to take part?**

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### **Will my taking part in this research be kept confidential?**

If you agree, your photographs and interview comments will be used in the research. Your confidentiality will be respected. Information that discloses your identity will not be released without your consent unless required by law. It is important to note that email is not a confidential medium. No information that discloses your identity will be released or published without your specific consent to the disclosure. All the data



collected in the form of audio-recording and photographs will be anonymized, which involves removing any names and organizations that you might mention and removing or substituting any other information that would identify you or another person personally. If you wish for anything to not be recorded during the interview process or in your photographs, then you can tell the researcher, and they will ensure that it is not recorded.

All data as part of this project, including consent forms, photographs, audio recording, portable hard drives with password-protected files, and all other data relating to the project, will be stored in a locked storage cabinet in the office of Muhammad Qureshi at SFU as well as on a password-protected, secure folder in SFU Vault. All other data relating to the project will be safely destroyed after seven years. Muhammad Qureshi will maintain ownership of the data for seven years following the research for publication purposes. Muhammad Qureshi will also act as the safe keeper of all data collected under this protocol but will follow the rules specified in the Tri-Council policy regarding ownership of data. If you decide after the interview that you no longer wish to have your comments or photographs published, you must notify the research team within 60 days. Once the findings are published, we will not be able to withdraw the information you have provided us.

### **What are the possible benefits of taking part?**

Knowledge gained through this study will be used to encourage further research and you will benefit directly by letting Brightside know about the type of community initiatives and changes you want Brightside to implement in the community to promote social connections. The photo-voice training is designed to be both social and engaging; whereas, the interview is designed to allow you to share and reflect on your experiences. If you agree to participate in project, you will be provided an honorarium of \$25 each for both your participation in the photo-voice activity and interview session.

### **What are the potential risks of taking part?**

There are no foreseeable risks to you in participating in this study. This is a 'minimal risk' study because you are sharing your opinion and photographs taken on a topic. We ask you to not repeat what you heard or said in the interviews to others and be aware that we cannot control what other participants do with the information discussed in

the session outside of the interview. The time and effort required by you is minimal, and there is no deception or other manipulation involved in this study.

**What will happen to the results of the research?**

These findings will inform the development of at least one poster presentation and a paper. The anonymized results of the study may also be published in the form of research pieces, newsletter articles, tweets or on other social media platforms. In all publications, the results will be written in such a way that no one can identify you from the data. You will have access to these results.

**What happens if I decide to withdraw my consent to participate?**

Your participation in this research is entirely voluntary. You may withdraw at any time. You do not waive any of your legal rights against the sponsors, investigators, or anyone else by signing this consent form. If you withdraw from this study, we will destroy all information you have provided. Refusal to participate or withdrawal after agreeing to participate will not adversely affect or have consequences on you or your housing employment, education, or services.

**Who do I contact if I have questions about the research during my participation?**

If you have any questions or desire further information about this study before or during participation, you can contact Muhammad Qureshi at email (XXX). It is important to note that email is not a secure mode of communication, and thus, sensitive information should not be shared on it. The above given email address should only be used for general information and contact purposes.

## SOAR – Social Connectedness of Older adults living in Affordable Rental housing

### Participant Consent

I consent to participate in the study.

My signature on this consent form means:

- I have read and understood the information in this consent form.
- I have had enough time to think about the information provided.
- I have been able to ask for advice if needed.
- I have been able to ask questions and have had satisfactory responses to my questions.
- I understand that all of the information collected will be kept confidential and that the results will only be used for publication or improving the services provided by the organization.
- I understand that my participation in this study is voluntary.
- I understand that I am completely free at any time to refuse to participate or to withdraw from this study, and that this will not change the quality of care that I receive.
- I understand that I am not waiving any of my legal rights as a result of signing this consent form.
- I will receive a signed copy of this consent form for my own records.
- **I consent to participate in this study (or part one of the study as indicated above).**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Lead's signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**If you have any questions related to the project, please don't hesitate to contact  
Muhammad Qureshi at email (XXX)**

## Staff

**Title: SOAR – Social Connectedness of Older adults living in Affordable Rental housing**

**Granting Agency: Real Estate Foundation of British Columbia (REFBC)**

### **Project Lead:**

Muhammad Qureshi, Master's Student, Department of Gerontology, Simon Fraser University (SFU), email (XXX)

### **Collaborators:**

Atiya Mahmood, Associate Professor, Department of Gerontology, SFU

William Azaroff, Chief Executive Officer, Brightside

Susan Moore, Director, Community Development & Resident Support, Brightside

### **Who is funding this project?**

Real Estate Foundation of British Columbia are funding this project and are aware this research is being conducted.

## **Introduction**

Your participation in this research is entirely voluntary, so it is up to you to decide whether or not to take part. Before you decide, it is important to understand what the research involves. This information sheet will tell you about the research, what we are asking from you, why the research is being done, what will happen during the research and the possible benefits, risk and discomfort to you.

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## **Purpose of the Study**

The goal of this study is to examine the factors that impact that social connectedness of older adults living in affordable rental housing through an analysis of multiple affordable rental housing building managed by Brightside.

### **What will you be required to do?**

You will be asked to take part in a photo-voice activity and interview. The photo-voice activity will consist of two parts: i) a 90-minute training workshop to get you familiarized with the photo-voice technique, and ii) take 6-12 photographs over a period of 3 weeks of places that you perceive as important meeting points or socializing area in your building. On the other hand, the interview portion will be 60-90 minutes long and will consist of 10-12 questions. The interview will be conducted by a researcher at the place of your choice or over any teleconference platform (e.g. phone, Zoom, Skype etc.). The interview will address (i) the photographs taken by you and their importance (ii) how does the place you live in impact your overall connection with family, friends, neighbours or other people around you (iii) barriers or facilitators to maintain or promote these connections, and (iv) resources and services that might help to reduce the barrier to maintaining or making new connections. The interview will be audio recorded.

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- **I consent to participate in this study (or part one of the study as indicated above).**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Lead's signature

\_\_\_\_\_  
Printed Name


\_\_\_\_\_  
Date


**If you have any questions related to the project, please don't hesitate to contact  
Muhammad Qureshi at email (XXX)**



# Appendix B. Recruitment flyer

## Tenant

 **Brightside**

 **SFU** SIMON FRASER UNIVERSITY  
ENGAGING THE WORLD

**RESEARCH PARTICIPANTS NEEDED FOR A STUDY**

Are you living at one of the buildings managed by Brightside?

As a tenant, do you want to share your opinions about the social participation and social interactions you have at Brightside?


Then we would like to hear from you about your experiences

**To participate, you must be:**

- 65 year of age or older
- Fluent in English
- Have lived at Brightside for more than a year
- Ability to take photo-graphs

**Your participation will entail:**

- A photo-voice activity
- Interview (done at your building).



**Participants involved in the study will get a \$25 each for their participation in the photo-voice activity and interview session**

If you would like to participate or know more about the study, please contact Muhammad Qureshi at (phone no. XXX) or email (XXX)

Note: Image in the flyer is obtained from Unsplash.com

## Staff



### **RESEARCH PARTICIPANTS NEEDED FOR A STUDY**

Are you living at one of the buildings managed by Brightside?

As a tenant, do you want to share your opinions about the social participation and social interactions you have at Brightside?

Then we would like to hear from you about your experiences

#### **To participate, you must be:**

- 65 year of age or older
- Fluent in English
- Have lived at Brightside for more than a year
- Ability to take photo-graphs

#### **Your participation will entail:**

- A photo-voice activity
- Interview (done at your building).



**Participants involved in the study will get a \$25 each for their participation in the photo-voice activity and interview session**

Note: Image in the flyer is obtained from Unsplash.com

## Appendix C. Interview guide

### Tenant

- 1) What does a typical day look like for you?
- 2) Describe a typical interaction between yourself and tenants living at Brightside?
- 3) How do you feel about the social relationships' tenants have with each other?
  - a) What makes you feel that way?
  - b) Has COVID-19 impacted these relationships? If yes, then how?
- 4) Describe a typical interaction you might see between tenants and Brightside staff?
- 5) How do you feel about the social relationship tenants have with Brightside staff?
  - a) What makes you feel that way?
  - b) Has COVID-19 impacted these relationships? If yes, then how?
- 6) Is there a specific area that you believe promote more social interaction between tenants?
  - a) Why do you think this area provides these opportunities?
  - b) Has COVID-19 impacted this area ability to facilitate this task?
    - i) If yes, then how was it impacted?
    - ii) If not, why do you think it was not impacted?
- 7) What is one thing you will like to do that can improve the social relationship that tenants have with each other?
- 8) What is your opinion of the various activities/program provided by Brightside?
  - a) What program/activity do you participate in the most?
    - i) Why does this program garner such attention from you?
  - b) What are some challenges you face while participating in a program/activity?
    - i) Are there any particular Brightside polices that hinder your social interaction?
    - ii) How has COVID-19 impacted your ability to participate in the program/activity?
  - c) If there something you could change about how the program/activities are provided, what would it be?
    - i) Why would you make those changes?
  - d) Overall, how do you feel about the current state of tenants' level of participation in program/activities offered by Brightside.

- 9) Do you interact with people outside of you building?
- a) Who do you interact with and where?
  - b) Why do you think you like to meet these people at this specific area?
- 10) Is there anything else you would like to share with me about this topic that I may have missed?

## Staff

- 1) Describe a typical interaction between yourself and tenants living at Brightside?
- 2) How do you feel about the social relationship tenants have with Brightside's staff?
  - a) What makes you feel that way?
  - b) How has this interaction been impacted by COVID-19?
- 3) Describe a typical interaction you might see between tenants living at Brightside?
- 4) How do you feel about the social relationship tenants have here with each other?
  - a) What makes you feel that way?
  - b) How has this interaction been impacted by COVID-19?
- 5) Is there a specific area that you believe promote more social interaction between tenants?
  - a) Why do you think this area provides these opportunities?
  - b) Has COVID-19 impacted this area ability to facilitate this task?
    - i) If yes, then how was it impacted?
    - ii) If not, why do you think it was not impacted?
- 6) What is one thing you will like to do that can improve the social relationship that tenants have with each other?
- 7) What is your opinion of the various activities/program provided by Brightside?
  - a) What program/activity is participated in the most by tenants?
    - i) Why does this program garner such interest from the tenants?
  - b) What are some challenges faced while providing a program/activity?
    - i) Are there any particular Brightside polices that hinder social interaction?
    - ii) How has COVID-19 impacted the provision of the program/activity?
  - c) If there something you could change about how the program/activities are provided, what would it be?
    - i) Why would you make those changes?
  - d) Overall, how do you feel about the current state of tenants' level of participation in program/activities offered by Brightside.
- 8) Is there anything else you would like to share with me about this topic that I may have missed?

## Appendix D. Photo voice booklet

This photo-voice activity has been adapted from the “Nova Scotia Participatory Food Costing Project” that can be access from [https://foodarc.ca/makefoodmatter/wp-content/uploads/sites/3/VOICES\\_PhotovoiceManual.pdf](https://foodarc.ca/makefoodmatter/wp-content/uploads/sites/3/VOICES_PhotovoiceManual.pdf).

# A Picture Is Worth A Thousand Words: A Photo-Voice Activity



Note: Image in the flyer is obtained from Unsplash.com

## CONTACT INFORMATION

**For any questions or concerns regarding the photo-voice activity, contact:**  
Muhammad Qureshi at (phone no. XXX) or email (XXX)

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# WELCOME

Thank you for participating in this photo-voice activity. This study wants to see and hear how you experience social participation, social interactions and social connection in and around your residence. This part of the study seeks to understand your daily experiences from your eyes.

## INSTRUCTIONS

This photo-voice activity relies on your photos and descriptions to better understand the social participation, social interactions and social connection you have experience in and around your residence.

The photo-voice activity will start when you receive this package on the day of the photo-voice training workshop. The research will provide you a detailed explanation of what photo-voice is and how to complete this booklet. You are encouraged to take 6-12 photos of elements of your daily life that showcase the various ways and place in which you experience social participation, social interactions or social connection in your residence. For example, you can take a picture of the recreational room where you have game night with your friends or a community garden that promotes you to meet tenants in your building. Once you have taken these pictures, you will write down your answers to the questions provided on page 5 for each picture, as well as anything else you would like use to know about the picture. If you run out of space, please use the 'other comments' section to continue writing about your experience. You will be prompted to start taking picture 20 days before your interview and then sent another reminder a week before the interview to send the photos to the research in a pre-paid package. If you have any questions about this process, please contact Muhammad Qureshi at (phone no. XXX) or email (XXX).



# CHECKLIST

- Receive camera and booklet supplies from researcher.
- Read through the instructions provided in a booklet.
- Take your photos! Take anywhere from 6-12 photos.
- Respond to the set of questions provided in the booklet for each picture.

## USING YOUR CAMERA



1. When you are ready to take a photo, first press the power button marked with the red **#1**. The camera has been loaded with film and batteries, and is ready for you to take your first photo.

2. To make sure that your camera is on, and ready to take photos, ensure that the light marked **#2** is on.

3. Next, aim the camera at the subject of your first photo. Look through the viewfinder to make sure the photo captures everything you want in the frame. Make sure there is plenty of light. When you have checked the above and are ready to take the photo, press the button marked **#3**.

|  |
|--|
| <b>Questions</b>   |
| <b>P</b> - Describe your <b>picture</b> .  |
| <b>H</b> - What is <b>happening</b> in your picture?   |
| <b>O</b> - Why did you take a picture this <b>occasion/moment</b>  |
| <b>T</b> - What does this <b>tell</b> us about your life and community?  |
| <b>O</b> - How can this picture provide <b>opportunities</b> to improve your social participation, social interaction in and around your building. |

**Extra space:**

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## Appendix E. Researcher observations

| Social Interaction/Activity Code Summary |  |     |   |
|--|--|-----|---|
| AVC                                      | Active Verbal Communication                | EVI | Eating & Verbal Interaction (informal)                      |
| BVC                                      | Brief Verbal Communication                 | EVF | Eating & Verbal Interaction (formal)                        |
| PEB                                      | Physical Engagement - Both                 | FOR |   |
| PEI                                      | Physical Engagement - Initiator            | SLP | Formal Interaction  |
| PER                                      | Physical Engagement - Recipient            | OBS | Sleeping  |
| GES                                      | Use of Gesture                             | SIT | Sitting (no interaction)                                    |
| NOD                                      | Nodding                                    | STA | Standing (no interaction)                                   |
| FEP                                      | Facial Expression - Positive               | APA | Active Participation in Activity                            |
| FEN                                      | Facial Expression - Negative               | PPA | Passive Participation in Activity                           |
| LIS                                      | Listening/ Acknowledging Others            | NSI | Negative Social Interaction                                 |
| ATT                                      | Attention Seeking                          | REC | Recreational Activities (e.g., bingo, music, movie, Trivia) |
| SEN                                      | Self-Engaged                               | GAR | Gardening   |
| WTV                                      | Watching Television                        | RSA | Religious Spiritual Activity                                |
| WLK                                      | Walking/ Wandering                         | ONO | Other – No interaction (Specify)                            |
| EAT                                      | Eating                                     | OSI | Other – Social Interaction (Specify)                        |
| ENI                                      | Eating & non-Verbal Interaction (Informal) |     |   |
| ENF                                      | Eating & non-Verbal Interaction (formal)   |     |   |

The table has been adopted from the work of Michael Campo (2007) and Sarah Stott-Eveneshen (2012)

### Field Notes (Jottings):

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## Appendix F. Basic demographic survey

### Q1. What is your age range?

---

65 to 74 years in age

75 to 84 years in age

---

85 + years in age

---

### Q2. Gender:

---

Male

Non-binary

---

Female

Other. Please specify \_\_\_\_\_

---

### Q3. Sexual Orientation:

---

Heterosexual

Lesbian

---

Bisexual

Gay

---

Other. Please, specify \_\_\_\_\_

Not comfortable disclosing

---

### Q4. HOUSEHOLD COMPOSITION

---

Living alone (single-person in the household)

Not living alone (two-person in the household, or more)

---

**Q5. Do you have children under age of eighteen currently living in the household?**

Yes. How many? \_\_\_\_\_

No

**Q6. Language spoken at home?**

English

Russian

Cantonese

Mandarin

Other. Please specify \_\_\_\_\_

**Q7. What is your ethnicity?**

Caucasian

Russian

Chinese

First nation/Inuits/Metis

Other. Please specify \_\_\_\_\_

**Q8. What is your relationship status?**

Married

Divorced

Widowed

Single

Living in committed relationship,  
but no married

Other. Please, specify \_\_\_\_\_

**Q9. Do you have any of the following social supports living nearby?**

---

Children

Friends

---

Family

Others? Please specify who \_\_\_\_\_

---

**Q10. Are you doing any professional work currently?**

---

Yes

---

Full time

Part time

---

No

---

Retired

Currently not working

---

**Q11. Are you doing any voluntary work currently?**

---

Yes

---

Full time

Part time

---

No

---

**Q12. What is the highest level of education you have achieved?**

---

1.  High school graduation/ degree

---

2.  Some years in college/University but did not get the degree

---

3.  Technical degree (e.g., plumbing, electrical, carpentry, etc.)

---

4.  Bachelor's degree

---

5.  Master's degree

---

6.  PhD or doctorate

---

7.  Professional degree (e.g., doctor, lawyer, etc.)  Other \_\_\_\_\_

---

8.  Other: \_\_\_\_\_

**(Thank you)**

## Appendix G. Timeline

| Phase of Study                     | Timeline               | Key Steps   |
|------------------------------------|------------------------|---|
| Planning and organization          | Sept 4 – Oct 30, 2021  | Set up administrative structures<br>Finalizing research protocols<br>Obtain ethics from SFU<br>Obtain MITACS Accelerate funding<br>Train graduate and undergraduate research assistant  |
| Implementation and data collection | Nov 1 – Dec 31, 2021   | Begin participant recruit at the 26 Brightside buildings (N= 25-30: 20-25 tenants, 4-5 Brightside staff)<br>Photo-voice workshops for tenants   |
|                                    | Jan 1 – May 31 2022    | 4 – 5 staff interviews<br>20 – 25 tenant interviews<br>Research observation   |
| Data input and analysis            | Feb 15 – June 30, 2022 | Interview transcription<br>Data input in their respective software (e.g., NVivo & SPSS)   |
|                                    | Apr 1 – Aug 31, 2022   | Analysis of qualitative and quantitative data<br>Member check with interested tenants.  |
| Reports and Write-ups              | Sept 1– Oct 31, 2022   | Preparing interim and final reports for MITACS and REFBC  |
| Knowledge mobilization activities  | Jan 1 – Nov 30, 2020   | Regular tweets/update about the project on Twitter<br>Presenting research findings in conferences (local, national & international)<br>Newsletter articles & Op-ed pieces (the Conversation)<br>Small photo exhibit and presentation of research findings for Brightside and community. |



## Appendix H. Spatial Summary Of Brightside Buildings

| Building Name     | Number Of Floors (units) | Type Of Suites                        | Construction Date | Outdoor Social Spaces                  | Indoor Social Spaces                                  | Other Features If Interest   | Included In Study |
|-------------------|--------------------------|---------------------------------------|-------------------|--|---|--|-------------------|
| Arbutus Court     | 3 floors (21)            | 1-bedroom apartments                  | 1964              | Community garden<br>Balconies          | None  | No elevator<br>Families, people with disabilities & older adults                     | Yes               |
| Bridgeview Place  | 10 floors (72)           | 1 & 2-bedroom apartments              | 1993              | Courtyard<br>Balconies                 | Large Amenity room<br>Common area (including balcony) | 2 elevators<br>Accessible units<br>Families, people with disabilities & older adults | Yes               |
| Burrard Manor     | 2 floors (16)            | 1 bedroom & bachelor apartments       | 1967              | Central Yard (with benches)            | None  | No elevator<br>No balconies<br>Older adult only                                      | Yes               |
| Coleopy Park      | 1 floor (58)             | Family Townhouse & 2 floor apartments | 1991              | Central yard<br>Balconies<br>Lawn area | None  | No elevators<br>Families, people with disabilities & older adults                    | Yes               |
| Collingwood Tower | 10 floors (78)           | 1 bedroom & Bachelor apartments       | 1977              | Balconies                              | Large Amenity room                                    | Elevators<br>Older adult only  | Yes               |
| Florence Manor    | 3 floors (15)            | 1 bedroom & Bachelor apartments       | 1954              | None                                   | None  | No elevators<br>No balconies<br>Couples, People with Disabilities, and older adults  | Yes               |
| Gordon Farhi      | 9 floors (42)            | 1 bedroom & Bachelor apartments       | 1969              | None                                   | Amenity room (including balcony)                      | Elevator<br>No pets<br>older adults only   | No                |

| Building Name         | Number Of Floors (units) | Type Of Suites                  | Construction Date                          | Outdoor Social Spaces                            | Indoor Social Spaces | Other Features Of Interest  | Included In Study |
|-----------------------|--------------------------|---------------------------------|--|--|----------------------|---|-------------------|
| Hardwood Manor        | 2 floors (25)            | 1 bedroom & Bachelor apartments | 1960                                       | None   | None                 | No elevator<br>No balconies<br>Families, People with Disabilities, and older adults | No                |
| King's Daughter manor | 2 floor (29)             | 1 bedroom & Bachelor            | 1972                                       | Central yard<br>Community garden                 | Amenity space        | No elevators<br>No balconies<br>Deaf/Hard of hearing, older adults                  | Yes               |
| Lions View 1 & 2      | 4 floors (92)            | 1-bedroom apartments            | 1993 (Lions View 1)<br>1994 (Lions View 2) | Central yard<br>Balconies<br>Community garden    | 3 Large amenity room | Elevator<br>People with Disabilities, older adults                                  | Yes               |
| Lions View 3          | 4 floors (34)            | 1-2 bedrooms apartments         | 1995                                       | Central yard<br>Balconies<br>Community garden    | Large amenity room   | Elevator<br>Older adult only  | Yes               |
| Londonderry           | 3 floors (22)            | 1-2 bedroom apartments          | 1957                                       | Small green space (Infront)                      | Amenity room         | No elevator<br>No balconies<br>Families, People with Disabilities, and older adults | No                |
| Loyal Orange Manor    | 2 floors (21)            | 1 bedroom & Bachelor            | 1971                                       | Green space (Infront & back)<br>Community garden | Amenity room         | No elevator<br>older adult only   | No                |
| Magnolo Manor         | 4 floors (17)            | 1 bedroom & Bachelor            | 1959                                       | Balconies  | None                 | No elevator<br>Families, People with Disabilities, and older adults                 | No                |
| Moreland Kennedy      | 6 floors (31)            | 1 bedroom & Bachelor            | 1974                                       | Balconies<br>Community garden                    | None                 | Elevator<br>older adult only  | Yes               |

| Building Name           | Number Of Floors (units) | Type Of Suites                  | Construction Date | Outdoor Social Spaces          | Indoor Social Spaces | Other Features Of Interest  | Included In Study |
|-------------------------|--------------------------|---------------------------------|-------------------|--------------------------------|----------------------|---|-------------------|
| Muir Manor              | 4 floors (34)            | 1-4-bedroom apartments          | Not available     | Balconies<br>Spacious Backyard | Amenity room         | Elevator<br>Families, People with Disabilities,<br>and older adults | No                |
| Soroptimist Lions Manor | 2 floor (25)             | 1 bedroom & Bachelor apartments | 1971              | Small green space (infront)    | Amenity room         | No elevator<br>No balconies<br>Older adult specific                 | No                |
| Wallace Wilson          | 2 floors (41)            | Bachelor apartments             | 1965              | Community Garden<br>Court yard | Amenity room         | No elevators<br>No balconies<br>Older adult specific                | No                |

1) Alice Saunder Manor, Edward Byers House, Mount Pleasant Lions Manor & Macleod Manor buildings were not included as they are currently under re-development; 2) The First Lutheran Court, Glyn Manor & Wilson Heights Manor were also not included as they did not have older adults' residents; 3) None of the Brightside buildings are pet friendly.

## Appendix I. Budget Information

Period of support requested: 15 months (Sept 2021 – Nov 2022)

| Budget Category   | Amount (in thousands) |
|---|-----------------------|
| Research Staff  | \$61,824              |
| 2 Graduate Research Assistants (RAs):<br>\$23/hr +12% benefits @ 24 hrs/week x 50 weeks = 30,912 (per RA)<br>Responsible for administrative tasks, participant recruitment, contacting and arranging appointments, conducting interview and researcher observations, assisting with data analysis and preparing of photo-voice workshops.                     |                       |
| Photo-voice workshop  | \$1206.75             |
| Material:<br>FujiFilm Smile 'n Snap Single Use Camera (\$17.99) x25 = \$449.75<br>Booklet (\$5) x25 = \$125<br><br>Food for participants for two workshop:<br>2 cartons of coffee= \$32<br>Assorted of sandwiches (\$8/each) x25 + 24-pack water bottle (\$2) = \$200<br><br>Room Rental:<br>Loins View 3 recreation room (Brightside) = \$200/day x2 = \$400 |                       |
| Travel cost for data collection   | \$490                 |
| Interview (\$10) x 25 = \$250<br>Researcher observation 2 visit per building (\$20) x12 = \$240   |                       |
| Consumables   | \$322.25              |
| Photo-voice:<br>Development of film at London Drugs (\$8.99) x 25 = \$224.75<br>Getting a 4x6 glossy photograph print (\$0.39) x 250 = \$97.5   |                       |
| Non - Consumables   | \$786.37              |
| HP EliteBook 840 G3 14' Laptop = \$549.12<br>A laptop will be purchased for the research team. All work related to the project (e.g. transcription, data analysis) shall be completed on this laptop  |                       |
| Sony 4GB Mono Digital Voice Recorder (ICDPX370) x 2= 158.64   |                       |
| WD My Passport 1TD USB Portable External Hard Drive = 78.61   |                       |

| Budget Category   | Amount (in thousands) |
|---|-----------------------|
| Knowledge Mobilization  | \$ 1,199.60           |
| <p>Event to disseminate findings:<br/> Small photo-voice exhibit at Brightside to report findings of the study to Brightside community and other community partners</p> <p>Photo-voice exhibit<br/> A2 size photo-voice display at London Drug (\$18.99) x 20 = \$379.8<br/> A2 size cardboard canvas at Michael's (\$19.99) x 20 = \$399.8</p> <p>Light snacks to attendee:<br/> 5 cartons of coffee = \$60<br/> Snacks that include cookies, muffins and fruits (\$ 4 per person) x 40 = \$160</p> <p>Room Rental:<br/> Loins View 3 recreation room (Brightside) = \$200/day</p> |                       |
| Participant Honoraria   | \$750                 |
| Honorarium given to each participant (\$25) x 30 = \$750  |                       |
| Miscellaneous Costs:  | \$500                 |
| Office supplies. Postage, printing etc. = \$500   |                       |
| Total expenses of the project   | \$67,078.97           |

# Appendix J. Real Estate Foundation of British Columbia “General Grant” requirement

The following copy comes from the REFBC’s “General Grant” January 2021 iteration. The document can be found on REFBC’s website (<https://www.refbc.com/grants/submitting-your-application>)

## **REFBC Grant proposal application requirements**

**NOTE – THIS FORM IS FOR REFERENCE ONLY. APPLICATIONS MUST BE COMPLETED ONLINE. PLEASE GO TO <https://refbc.smapply.io/> TO ACCESS OUR SURVEYMONKEY APPLY GRANT APPLICATIONS AND REPORTING PORTAL. FOR INSTRUCTIONS AND TIPS ON ACCOUNT MANAGEMENT, SEE OUR [USER GUIDE](#).**

**THE ONLINE APPLICATION WILL BECOME AVAILABLE ROUGHLY FOUR WEEKS PRIOR TO A GIVEN INTAKE DEADLINE (<http://www.refbc.com/grants/deadlines>).**

### **GENERAL GRANT APPLICATION FORM (Stage 1) Revised January 2021**

The Real Estate Foundation of BC's General Grants provide funding for public and professional education, applied research, and law and policy analysis related to land use and real estate in British Columbia.

REFBC General Grants support projects that promote sustainability in the following Interest Areas:

[Land Use](#)  
[Built Environment](#)  
[Fresh Water](#)  
[Food Lands](#)  
[Real Estate Profession](#)

Eligible organizations may apply for funds to cover up to 50% of the cash portion of a time-bound project's budget, including expenses for staffing and program delivery, project coordination, communications, consultant fees, workshops, and travel.

## **INSTRUCTIONS AND REQUIREMENTS**

**The Spring 2021 General Grants application deadline is 11:59pm on Tuesday, March 2, 2021.**

Please contact our Grants Coordinator ([grants@refbc.com](mailto:grants@refbc.com)| 604.343.2629 or toll free on 1-866-912-6800 ext. 109) if you have any questions about the grant application process or would like to discuss our funding criteria and eligibility. If our Grants Coordinator is unavailable, please contact one of our [Grants Program Managers](#).

Your online application can be saved at any time to allow for editing, and a PDF copy can be downloaded once the application has been submitted. If you prefer to pre-draft in Word using this template, please ensure that you are [pasting in plain text](#) or you may create formatting issues in later stages of the application process.

After completing the application form, you will be prompted to complete additional tasks:

1. Upload a Project Budget (required) – use our [Simple Budget Template](#) for projects up to 18 months or our [Multi-Year Budget Template](#) for projects up to 3 years
2. Upload Addenda/Other Supporting Material (optional) – 10 MB file size limit

**Please note: while any Organization Members assigned to the application in SurveyMonkey Apply may edit and save the application, only the designated application Owner will be able to Submit the application. Once submitted, no further editing will be possible**

## Section 1 - APPLICANT INFORMATION

### 1.1. Applicant Organization – Full Legal Name

Please provide the full legal name of your organization followed by the preferred acronym - without punctuation - in brackets. eg: Real Estate Foundation of BC (REFBC)

### 1.2. Organization type

Please select the organization type listed below that best describes your organization. If none apply, select Other and provide a 1-2 word description.

**Your organization is a:**

- First Nation
- Local/Regional Government
- Real Estate Board
- Post-Secondary Institution
- Incorporated Society
- Social Enterprise (C3)
- Other – Describe below

### 1.2.b) If response above is Other, please provide a 1-2 word description of your organization type.

*Character Limit: 100*

### 1.3. Is your organization a Canada Revenue Agency [Registered Charity](#) or [Qualified Donee](#)?

- Yes
- No

### 1.4. Please provide the registered provincial society/charitable tax/incorporation number (as applicable):

*Character Limit: 50*

### 1.5. Application Contact

Please provide the name and contact information of the person REFBC should contact if there are questions about your application. This is the person who will be notified should your application be shortlisted and invited to the next stage of the application process.

|   |
|---|
| <b>Contact First Name:</b><br><i>Character Limit: 50</i>    |
| <b>Contact Last Name:</b><br><i>Character Limit: 50</i>     |
| <b>Contact Job Title:</b><br><i>Character Limit: 75</i>     |
| <b>Contact Organization:</b><br><i>Character Limit: 100</i> |
| <b>Mailing Address:</b><br><i>Character Limit: 150</i>      |



|  |
|--|
| <b>City:</b><br><i>Character Limit: 75</i>       |
| <b>Province:</b><br><i>Character Limit: 2</i>    |
| <b>Postal Code:</b><br><i>Character Limit: 7</i> |
| <b>Contact Email:</b>                            |
| <b>Contact Phone Number:</b>                     |

### 1.6. Organization Description

Please provide a brief description of your organization’s mission, mandate and programming. If your organization is a post-secondary institution, describe the specific department or faculty overseeing the project.

*Word Limit: 500*

### 1.7. Advancing Racial Equity and Justice

At REFBC, we are stepping up our listening, learning and reflecting on how racism, colonialism and the uneven distribution of power are woven into the structures and institutions of our society. We are reviewing internal policies and processes, collaborating with other funders, and investing time and resources in Board and Staff training and discussions to action our commitment to anti-racism. Fundamentally, we recognize the critical need to better support those who have been historically under-represented or prevented from participating in decision-making, and land-use decision-making in particular. We will be looking to our grantees, prospective applicants, and partners to share perspectives and learnings on this work. If you are able, please comment on your organization’s efforts, learning, or interests in advancing justice, equity, and inclusion with Indigenous, Black, and/or people of colour.

*Word limit: 500*

## Section 2 - PROJECT INFORMATION

### 2.1. Project title:

*Character Limit: 75*

### 2.2. Amount applied for:

**Note:** The Real Estate Foundation of BC does not fund project activities retroactively. The funding you are requesting should be allocated in your budget towards activities which do not begin until at least three months after a Stage 1 application deadline.

### 2.3. Total cash project budget (excluding in-kind):

This figure should reflect your cash budget only. You will have the opportunity to account for in-kind contributions in the project budget template.

### 2.4. Project Start Date:

Please use the format DD/MM/YYYY when entering dates.

### 2.5. Project End Date:

Please use the format DD/MM/YYYY when entering dates.

## **2.6. Identify which of the Foundation’s mandate areas applies to your project.**

Select all that apply.

|  |        |
|--|--------|
| <i>Research:</i>                       | Yes/No |
| <i>Law/Policy Analysis and Reform:</i> | Yes/No |
| <i>Professional Education:</i>         | Yes/No |
| <i>Public Education:</i>               | Yes/No |

## **2.7. Project summary statement**

Please summarize your project and intended outcomes.

*Word limit: 500*

## **2.8. Project Activities**

Please describe your proposed project activities. What key phases, activities, and steps are required? If invited to Stage 2, you will be asked to provide a detailed implementation plan.

*Word limit: 600*

## **2.9. Land Use Need & Context**

What is the land use need addressed by your project? Briefly describe the broader context that establishes this need.

*Word limit: 500*

## **2.10. Geographic Impact**

Where will the outcomes of your project take place and have relevance? (eg: Victoria, Vancouver Island, BC-wide etc.) Please also list the Indigenous territory or territories your project will be situated within or impact.

*Word limit: 300*

## **2.11. Relationship to Existing Work**

Is this project building on past or current initiatives within your organization or by other organizations that support the change you are trying to create? If so, please provide details of how your project is building on past or concurrent initiatives. How are you ensuring that the project doesn’t duplicate work already being done?

*Word limit: 400*

# **Section 3 – EFFECTIVENESS CRITERIA**

Your responses under the following four headings will help the Real Estate Foundation understand how your project demonstrates elements that we have often found to be important in good projects. We will consider the overall combination of project qualities in our review of your grant application (they are not listed in priority order). In general, the stronger a project is in these categories, the more favourably it will be reviewed.

## **3.1. Leadership & Innovation**

The Foundation gives preference to projects that demonstrate leadership in a field by presenting an innovative or new approach and/or by meeting a critical need in a progressive and highly influential way. Briefly describe how this project demonstrates leadership and/or innovation.

*Word limit: 400*

### 3.2. Partnerships & Collaboration

The Foundation encourages partnerships and collaboration with other groups and individuals that will be directly involved in planning, communicating, and/or implementing the initiative. We encourage a diverse range of partners, both institutionally, in terms of non-profit, public and private sector, as well as partnerships that contribute to the racial diversity of an initiative.

Please list partner organizations and individuals that will be directly involved in the project. Partners are organizations that share in project planning and/or implementation. Partners may also share in decision-making about the project. Add additional boxes, as required, to list all key partners. Note: organizations only providing financial support are not considered partners for this question.

|  |  |
|--|--|
| Organization:                                    |  |
| What is their role?<br><i>Word limit:</i><br>150 |  |

|  |  |
|--|--|
| Organization:                                    |  |
| What is their role?<br><i>Word limit:</i><br>150 |  |

|  |  |
|--|--|
| Organization:                                    |  |
| What is their role?<br><i>Word limit:</i><br>150 |  |

|  |  |
|--|--|
| Organization:                                    |  |
| What is their role?<br><i>Word limit:</i><br>150 |  |

|  |  |
|--|--|
| Organization:                                    |  |
| What is their role?<br><i>Word limit:</i><br>150 |  |

### 3.3. Sustainability & Longevity

How will the outcomes be sustained after the period for which funding is requested and over the long-term? What will be the lasting legacy of this project or program?

*Word limit: 400*

### 3.4. Scalability & Potential to Replicate

Strong projects can often be replicated in other communities. Please explain how this project could be modelled by or transferred to other geographic regions, scales, audiences, or practitioner groups.

*Word limit: 400*

## Section 4: SUPPLEMENTARY LINKS & FILES

### 4.1. Links

If you have any links to any web-based supplementary information, documents, or videos that you feel strengthen your application and have not already included those links in your form responses, you may provide them here. *Character Limit: 4000*

**These are not required. Your application form responses and proposed budget should be sufficient information for your Stage 1 application.**

If you would prefer to attach supplementary materials, you may do so under Upload Task: Supplementary Files & Documents.

## Next Steps

This application form is Task 1 of three application tasks.

Task 2 asks you to upload a project budget outlining project revenues and expenses using an Excel template.

Task 3 is optional, and allows you to upload any supplementary files or documents you wish to attach to your application.

**Once you have completed the application tasks, you may Review and/or Submit your application in SurveyMonkey Apply using the buttons on the left side of your Application window.**

**NOTE: Only the designated Owner of the application will be able to see and click on the Submit button.** Any other collaborators on the application will only be able to Save. To be considered for funding, the application must be not only complete but also Submitted on or before the deadline.

**When your application has been submitted, you will receive an emailed receipt to confirm that it has been received.** This email includes a link to an anonymous survey on the application experience - we would appreciate any feedback you might have, as we are always trying to improve our processes and approaches.

Thank you for applying to the Real Estate Foundation of BC's General Grants Program!

### UPLOAD TASK - PROJECT BUDGET

For requests over \$20,000, REFBC generally matches up to 50% of the cash portion of a project's budget. For requests up to \$20,000, matching funding from other sources is encouraged but not required.

Eligible expenses include staffing and program delivery, project coordination, communications, consultant fees, workshops, and travel. We welcome requests for support for costs associated with ceremony & cultural protocols, workshops, training & board/staff development related to anti-racism and anti-oppression or building cultural competency.

**Note:** The Real Estate Foundation of BC does not fund project activities retroactively. The funding you are requesting should be allocated in your budget towards activities which do not begin until at least three months after a Stage 1 application deadline.

#### Project Budget

1. *If your application is for less than 18 months of funding - **download the Grant Application Basic Budget Form** [HERE](#).*
2. *If your application is for funding of 18 months to 3 years - **download the Grant Application Multi-year Budget Form** [HERE](#).*

Replace green instructional text in the template with your confirmed and projected project funding on the Revenues tab, and your projected project expenses on the Expenses tab. Your budget should reflect your total project revenues and expenses. Use the column provided to indicate the amount of each applicable program expense you propose to allocate to funding from REFBC. Upload your completed template as an Excel file.

*File Size Limit: 2 MB*