Importance of collaboration and contextual factors in the development and implementation of social participation initiatives for older adults living in rural areas

Abstract

Introduction: To encourage isolated and vulnerable older adults to accomplish meaningful social activities, occupational therapists and other healthcare workers must collaborate with community organisations and municipalities to develop and implement initiatives fostering social participation. In a rural Regional County Municipality in Quebec (Canada), four social participation initiatives were selected and implemented: 1) Benevolent Community, 2) urban transportation system, 3) creation of a website on social participation activities, and 4) social participation workshop. Little is known about contextual factors such as the structures and organisations, stakeholders, and physical environment that influence the development and implementation of such initiatives.

Methods: Led by an academic occupational therapist, an action research to implement social participation initiatives was initiated by community stakeholders. The 26 stakeholders were involved in a Management and Partnership Committee, two focus groups and an interview with a trainer, which documented and analysed contextual factors and the implementation process.

Findings and discussion: Development and implementation were facilitated by stakeholder collaboration, mission of the community organisations, and stakeholders' shared desire to reduce older adults' isolation and vulnerability. The established partnerships and predefined orientations as well as the leadership, motivation and professional skills of the stakeholders also fostered the initiatives. Among the challenges encountered, the stakeholders' limited involvement in implementation tasks was attributable to important changes in the key stakeholders' organisations and structures, and the number of organisations involved. Difficulty reaching a consensus resulting

from the different attitudes, vision and understanding of the stakeholders delayed the development and implementation of some initiatives. Despite regular meetings between stakeholders, geographic distance limited spontaneous exchanges.

Conclusion: This action research highlighted the importance of collaboration and contextual factors in developing and implementing social participation initiatives with community organisations and municipalities.

Key words: community-based participatory research; social planning; social participation; aged; rural population

Importance of collaboration and contextual factors in the development and implementation of social participation initiatives for older adults living in rural areas

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Running title: Social participation initiatives for older adults

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Introduction

Defined as the person's involvement in activities that provide interactions with others (Levasseur et al., 2010) in community life and in important shared spaces, evolving according to available time and resources, and based on the societal context and what individuals want and is meaningful to them (Levasseur et al., 2021), social participation can foster older adults' health, quality of life, and ability to stay at home. This definition highlights the importance of communitarian life, i.e., positioning the community as central and suggesting that social participation fulfils more than individual needs, that it helps to sustain a culture, and its norms and values (Watson, 2006). Important for clinicians as well as researchers (Desrosiers, 2005), social participation is considered both a goal and an outcome measure of rehabilitation success (Levasseur et al., 2007). In fact, these social activities may be considered occupations, as suggested in the taxonomy of Polatajko and colleagues (2004). Social participation allows the person to accomplish meaningful social activities and, since it is modifiable, it is facilitated when activities are adapted or the person's abilities and environment are optimised. For example, social participation is enhanced in the presence of good communication skills or social support, and the individual can maintain and develop meaningful social ties as well as play an active role in the community. Greater social participation is associated with fewer disabilities (Lund et al., 2010) and depressive symptoms (Glass et al., 2006), maintained cognitive functions (Glei et al., 2005), and shorter hospital stays (Newall et al., 2014). According to a meta-analysis, individuals with stronger social relationships are 50% more likely to live longer than those with weaker relationships, a protective effect comparable to quitting smoking (Holt-Lunstad et al., 2015). The COVID-19 pandemic spotlighted the importance of social participation for older adults' physical and mental health (Sepúlveda-Loyola et al., 2020). However, although they are an essential characteristic of social inclusion and

empowerment (Whiteford & Pereira, 2012) and not just a target of healthcare actions (Lloyd et al., 2006), interventions promoting social participation by community-dwelling older adults are sporadic, scarce, and not properly tailored to their needs.

In community healthcare services, occupational therapists are in a unique position to intervene and optimise older adult's social participation, but their interventions usually target personal care and mobility and rarely social and leisure activities (Turcotte et al., 2015). Considering the healthcare system's limited resources, collaborations with community organisations and municipalities are necessary (Levasseur et al., 2014). Although they offer a wide range of activities and services and are designed to encourage social contact, break older adults' isolation and empower them, community organisations' actions are rarely coordinated with healthcare services. Furthermore, age-friendly communities (World Health Organization [WHO], 2007), a process initiated by many municipalities, are a promising way to foster healthy and active lives in the older adult population but often involve few effective social participation initiatives that actually reach vulnerable people.

To optimally promote social participation, collaboration must be integrated within a real network and include all actors involved in the community, i.e., healthcare and social services (including occupational therapists and community organisers), community and cultural organisations, education system, and municipalities. Using this network, innovative and effective initiatives must then be implemented based on identifying and assessing local strengths and challenges. A systematic literature review identified some 32 published initiatives designed to improve social participation in older adults that had been evaluated (Raymond et al., 2015). To our knowledge, none of these initiatives involved collaboration between the healthcare system, community organisations, and municipalities. Moreover, to support community occupational

therapists in changing their practices with respect to social participation (Turcotte et al., 2019), systemic and organisational levers for change have been highlighted (Turcotte et al., 2020), including participatory research involving community members. Finally, few studies have focused on community development involving older adults, other citizens, healthcare workers, and employees of organisations and municipalities, or on the implementation of initiatives for older adults, particularly in rural areas.

Implementing social participation initiatives is important for rural older adults, especially considering their limited access to healthcare services, fewer transportation options, and lack of or crumbling social networks. A reduction of services in rural communities inevitably affects older adults' social participation (Keating et al., 2011). A study documenting the implementation of mobile interdisciplinary teams offering healthcare services such as occupational therapy to rural seniors found that community involvement and partnerships could help to reach older adults and coordinate services better (Hayward, 2005). Moreover, Dattalo and colleagues (2017) compared organisational readiness and strategies used by rural communities in implementing evidence-based healthcare promotion programs for older adults. To implement programs in rural communities successfully, they identified the following key factors: inclusion of stakeholders to access the necessary resources and mobilise community engagement, and the support and leadership of organisations to release human resources and ensure staff stability to increase sustainability. Nevertheless, few studies focused on the contextual factors that influence the development and implementation of social participation initiatives by healthcare workers, community organisations, and municipalities for rural older adults.

To reduce the isolation and vulnerability of older adults living in a rural Regional County Municipality (RCM), an action research was initiated before the pandemic by community

stakeholders. It involved the implementation of four social participation initiatives under the leadership of an academic occupational therapist. Located in the southern part of the Eastern Townships (Quebec, Canada), this 1,350 km^2 RCM includes 2 towns with less than 10,000 inhabitants and 10 rural municipalities (total population over 19,000), some of which are sparsely populated and relatively far from services. In 2016, the population of the RCM had a median age of 44.3 years and close to one in ten (8.9%) was aged 75 and over (Statistics Canada, 2016). The population's mother tongue was mainly French (87.7%; English 10.1%), and nearly three quarters (71.7%) were home-owners. In 2012, almost one in four people aged 65 and over (23.5%) reported having disabilities (Office des personnes handicapées du Québec, 2018). In 2016, a small percentage of the population reported being an immigrant (3.3%) or identified as indigenous (1.9%; Statistics Canada, 2016). The population's median income was $30,078 ($33,586 for men and $26,681 for women), which was lower than the provincial median ($32,975). According to low-income cut-offs, a small proportion (1.6%) of the population aged 65 and over was below the poverty line, and about one in four (28.4%) did not have a certificate, diploma or degree. On the other hand, the population of this rural area was characterised by a strong sense of belonging and security, and low residential mobility (Stronach et al., 2015). The majority of older adults in this RCM (62.5%) were in a vulnerable situation, i.e., had an unhealthy lifestyle, were socially isolated, or were at risk of being abused or neglected (Carbonneau et al., 2009), and about one quarter (23.5%) had a disability, i.e., difficulty hearing, seeing, walking, learning or remembering (Office des personnes handicapées du Québec, 2018). Over half the people aged 65 and over were women (51.6%; Statistics Canada, 2016), nearly one quarter lived alone (22.3% of the 65–74 age group, and 30.8% of adults aged 75 and older), and one person in ten (11.6%) lived in healthcare facilities (2.9% of the 65–74 age group, 14.5% of 75–84-year-olds, and 45.8% of adults aged 85 and older;

Carbonneau et al., 2009). Working with older adults, caregivers, healthcare and community organisation managers, healthcare and community organisation workers, and RCM collaborators, previous phases of this research program selected some social participation initiatives and documented the feasibility of their implementation in this rural RCM (Clément et al., 2018). Although their feasibility was confirmed, little is known about the development and implementation of these social participation initiatives. Given the involvement of many actors from different organisations, this research provided a unique opportunity to learn more about the contextual factors that played a role in the development and implementation of initiatives in one rural RCM. The present phase of this research program thus aimed to document contextual factors such as the structures and organisations, stakeholders and physical environment that influenced the development and implementation of four social participation initiatives.

Methods

Setting, study design and participants

To achieve these objectives that required a significant commitment from stakeholders in planning for social changes, an action research, i.e., an iterative process focusing on the development, validation and implementation of an action, was conducted in one Eastern Townships' RCM from April 2016 to March 2017. Using a convenience sample, the research involved eleven participants from a Management and Partnership Committee (MPC), including researchers, students, research assistants, clinicians, managers, community organisations and community members concerned about the isolation and vulnerability of older adults in the RCM. Created at the beginning of the research, the MPC participated in the overall research program and, more specifically, in improving the documentation for the development and implementation of the four initiatives. For the scouts initiative (see below), nine scouts (e.g., employees of pharmacy, grocery store, library)

were recruited through collaborators of the MPC and Seniors' Consensus Table (SCT) to participate in training provided by the community worker. The SCT is a non-institutionalised group of partners representing seniors' organisations, i.e., members of associations for seniors or healthcare workers, that addresses issues identified as priorities for older adults and makes suggestions to better coordinate and harmonise the actions of other organisations to improve the well-being of older adults. The SCT is led by an older adult with the support of a paid coordinator. Finally, for the social participation workshop (see below), six older participants were recruited from those already involved in the "Act on your health" program (Brown et al., 2014). The study was approved by the Research Ethics Committee of the *Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke* (#2015-464).

Interventions

Four social participation initiatives were previously selected for development and implementation in the RCM (Table 1; Clément et al., 2018). These initiatives aimed to reach and integrate older adults (Benevolent Community), inform them about activities and services (website and workshop), and provide them with transportation. More specifically, to reach vulnerable older adults and assist them in community integration, two initiatives were combined, adapted and entitled Benevolent Community: "Scouts and watchmen network for older adults" (Gervais et al., 2010) and "Personalised citizen assistance for social participation" (Table 1; Levasseur et al., 2016). This initiative involves training scouts in the community to identify and refer isolated or vulnerable older adults and caregivers to a community worker, who is responsible for directing them to the appropriate resources (including the "Personalised citizen assistance for social participation" program). The other three initiatives targeted by the research program included collaborations with the transportation committee to set up an urban transportation system, with the

Community Development Corporation (CDC) to create a website, and with the "Act on your health" program (Brown et al., 2014) to develop a workshop on social participation (Clément et al., 2018).

[Please insert Table 1 about here]

Data collection and tools

Questions proposed by Love (2004) were used to document contextual factors that influenced the development and implementation of the initiatives (e.g., Does the implementation context facilitate the planned program's implementation? Do internal or external events affect the program, its staff or its participants?). The MPC monitored the development and implementation of the four initiatives, either in its regular meetings or through special working committees. This monitoring aimed to improve the initiatives developed and help with implementation, including providing feedback on contextual factors that influenced development and implementation.

In addition to the MPC, two focus groups and one interview were conducted by a research assistant to document the process of implementing two initiatives, i.e., Benevolent Community and social participation workshop. A one-hour focus group was held with the scouts to document their evaluation of and experience with the training program. Another 30-minute focus group meeting documented the experience of the workshop participants. An individual interview was also held with the "Act on your health" trainer to explore her experience and that of the facilitators, as well as the challenges encountered.

Since the "Personalised citizen assistance" program was still in the process of being implemented and the transportation and website initiatives had not yet been implemented when the study ended, it was not possible to document the older participants' experience with these initiatives. For the two focus group meetings and the individual interview, semi-structured guides

were used and included open-ended questions such as "*What challenges did you encounter as a scout?"*, "*What did you like about the workshop on social participation?*" and "*What challenges did you encounter in facilitating the workshop on social participation?*". During both focus groups, an observer summarised the content and verified it with the participants. MPC meetings, focus groups, interviews and workshops were digitally audiotaped and synthesised or partially transcribed, depending on whether the discussions concerned decisions or provided information about the development and implementation of initiatives. Emails, working papers and research follow-up notes were also considered.

Data analysis

Participants' sociodemographic characteristics were analysed using descriptive statistics. A documentary analysis of audio and written documents was conducted by a research assistant (KD), a student (JL) and the principal investigator (ML), and validated and improved by the MPC to document contextual factors that influenced the development and implementation of initiatives. Guided by the components of an organisation (Livian, 2008), these factors were coded and classified according to three dimensions: (a) structures and organisations, (b) stakeholders, and (c) physical environment. Experiences of scouts and workshop participants were also analysed using thematic content analysis (Miles et al., 2014). All analyses were performed using Microsoft Word 2010.

Findings

Participants in the study (n=26) were aged between 28 and 81 years, and were mainly women (Table 2). The majority had at least 7 years of education and had worked or lived in the RCM for at least one year. All scouts and members of the MPC were paid by their organisations during their

involvement in the study whereas the participants in the social participation workshop were unpaid volunteers (Table 2).

[Please insert Table 2 about here]

Development and implementation of initiatives

All four initiatives were developed in the current study and two, i.e., Benevolent Community and social participation workshop, were partially implemented in the RCM (Table 3). Development sometimes entailed adapting the initiatives. For instance, the "Scouts and watchmen network for older adults" program (Gervais et al., 2010) was modified to reach not only older adults with disabilities but also isolated or vulnerable older adults, caregivers at risk of burnout, and potential volunteers for the "Personalised citizen assistance" program. Although no referral was made during the seven weeks between the first training session and the first focus group, scouts discussed the role of the community worker with older adults. In the focus group meeting with the scouts, barriers to referral identified by focus group participants were: lack of clarity surrounding the roles of scout and community worker, fear of the person's reaction, lack of experience, and limited time to spend with older adults. Some scouts emphasised the need for follow-up: "With a little bit of follow-up, maybe once a month, it would really help me [to own it]." For the "Personalised citizen assistance" program (Levasseur et al., 2016), since this was the first time it was implemented in a community organisation, its development required adapting it to the organisation's context (e.g., targeting the group aged 50 years and over) and involving volunteers instead of hiring attendants (Table 3).

[Please insert Table 3 about here]

Concerning the transportation initiative, since a project to implement a transportation system in the main city in the RCM was ongoing, the transportation committee changed its

orientations to work on this project (Table 3). The research team assisted the committee by providing information on previously identified transportation needs and the mapping of places for social participation frequented by older adults. The website development initiative was designed to provide information on activities and services in the RCM for older adults' social participation. Five meetings were held in which the CDC and research team discussed the website content and structure using the inventory of activities and services previously developed with stakeholders (Table 3). Finally, the social participation workshop was developed by the research team to increase the knowledge and skills of adults at risk of chronic disease concerning social participation and was validated by the "Act on your health" program team.

Given the satisfaction of participants with their current social participation or their desire to reduce social activities, the expectations of the majority of the workshop participants in the "Act on your health" program were not met: "[The workshop] was for people to take part in group and social activities... this is no longer the case with me [since I prefer individual activities]." Participants suggested improving targeting the audience, e.g., isolated older adults, and offering the workshop in residences for seniors. One participant expressed a need for: "More information on activities available in the region." According to the trainer, her experience with motivational interviewing as well as with animating and observing other workshops helped her to lead the initiative. The trainer recommended taking more time to discuss strategies for social participation.

Contextual factors influencing the development and implementation of initiatives

The development and implementation of initiatives were influenced by interacting contextual factors related to structures and organisations, stakeholders, and physical environment (Figure 1 and Table 4). For the social environment, these structures and organisations involved partnership, work planning and organisation. Stakeholders' factors were linked to the personal characteristics

and attitudes of people involved in the initiatives (Figure 1). Factors related to the physical environment were the geographic distances, weather conditions and technologies.

[Please insert Figure 1 and Table 4 about here]

Structures and organisations

Through research, numerous sustainable collaborations have been established to develop and implement the four initiatives in the RCM. These collaborations were facilitated by the SCT, which brings together stakeholders from community organisations, health organisations and municipalities, *consistent with its mission and orientations* to reduce older adults' vulnerability and isolation (Figure 1). *Partnership scope and quality* were a strength for the development and implementation, and involved experience with collaboration and a shared desire or mission to foster older adults' social participation. As the research was initiated by stakeholders and the initiatives addressed identified needs, this facilitated the adoption and legitimacy of the development and implementation of the initiatives. However, stakeholders had limited involvement in research-related tasks, including implementation aspects. For example, they did not participate in important tasks in this research action to support development and implementation, such as conducting interviews or other forms of data collection, or playing a significant role in data analysis. This limited involvement was due to important *changes* in key stakeholders' organisations and structures (Figure 1), especially in the healthcare system, and the number of organisations involved in this research over a vast rural area. However, the latitude provided by the community worker's new position and role facilitated the appropriation of his new responsibilities.

The use of *existing committees* such as the SCT, family/seniors and transportation committees, which held frequent meetings, simplified the research and implementation. The

creation of new committees for the initiatives that needed adapting also helped (Figure 1). For instance, the MPC meetings allowed stakeholders to discuss progress and adjust initiatives. Moreover, the involvement of the research team in *existing initiatives and programs,* including established partnerships with predefined orientations, made development and implementation easier (Figure 1). For example, the Benevolent Community was facilitated by the research team's knowledge of the existence of the "Scouts and watchmen network for older adults" in another community and of the research associated with the "Personalised citizen assistance for social participation" program. For the website, the inventory of social participation activities and services for older adults was an *existing tool* that was updated (Figure 1) and inspired the structure for other target audiences (such as families).

Work planning and organisation, e.g., meetings and completion of research tasks by a research assistant, also helped. The study created a significant *workload* for the stakeholders involved as well as the research team, which had a negative impact on the development and implementation of initiatives (Figure 1). For example, deploying the Benevolent Community project with only one resource (Volunteer Centre) resulted in the community worker being overwhelmed; initially, he had to manage several mandates and organise his work with often limited availability for research. The research team also faced challenges, such as the time-consuming nature of some research mechanisms, including data collection and analysis, requirements for the ethics committee, the work needed to concurrently develop and implement the initiatives, and a slowdown of activities during the summer and holidays. Finally, *financial resources* played an important role in the capacity to develop and implement initiatives (Figure 1). For example, partial funding from an agency required the CDC to seek alternate sources of funds and reduced the time the CDC could allocate to the initiative.

Stakeholders

By their attitudes and actions, stakeholders had a major influence on the development and implementation of initiatives (Figure 1). The stakeholders' *leadership* was highlighted by their capacity to decide on behalf of their organisation, make contacts for the research team, express and openly discuss differing views, and make compromises. For example, the leadership of the heads of the RCM and transportation committee, and the common desire of the stakeholders greatly benefited the development of a transportation system. This leadership demonstrated the stakeholders' commitment and increased the credibility and recognition of the team in the community. Stakeholders' *personal and professional skills* such as charisma and capacity to lead actions, combined with a high degree of *motivation*, also fostered the initiatives (Figure 1). For the Benevolent Community, the role played by the community worker in managing and promoting the initiative was a key factor in its development and implementation. The dynamism and *involvement* of the research team, including the on-site presence of the main researcher, also facilitated implementation, for example, by securing the release of a social worker from the healthcare organisation and obtaining free transit tokens.

The *availability and accessibility* of stakeholders and volunteers were central in supporting the development and implementation of initiatives (Figure 1). For the "Personalised citizen assistance" program, the main challenge was to recruit volunteers, a phenomenon previously encountered by the Volunteer Centre and requiring a personalised approach (such as through booths, local newspapers and radio). Overall, the withdrawal of several stakeholders that had initiated the research program required establishing new relationships and promoting initiatives at various times with new stakeholders. In the context of the current reform of the healthcare system, healthcare workers' and managers' difficulties participating also posed a problem for the

implementation of the Benevolent Community. Some stakeholders were unable to attend all the meetings, which may have resulted in suboptimal implementation and evaluation of initiatives. The *attitudes, vision and understanding* of different stakeholders also had an impact on the development and implementation of initiatives (Figure 1). For example, difficulty reaching a consensus on timetable, budget and components (e.g., adding a telephone line) delayed the development and implementation of the website.

Physical environment

Exchanges between stakeholders were facilitated by the *availability and accessibility of meeting places* (Figure 1). However, although the research team met with stakeholders on a regular basis, *geographic distance* between the research centre and RCM limited spontaneous exchanges between stakeholders. The weather can facilitate or impede transportation, particularly in rural areas, and *weather conditions* slowed the development and implementation of some initiatives (Figure 1); for example, a scouts training session was cancelled because of a snowstorm.

Discussion

The objective of this study was to document contextual factors that influenced the development and implementation of four social participation initiatives in a rural RCM. These initiatives aimed to reach and integrate older adults (Benevolent Community), inform them about activities and services (website and workshop), and provide them with transportation. Contextual factors influencing the development and implementation of these initiatives were mainly related to structures and organisations (e.g., consistency between organisations' missions and orientations), stakeholders (e.g., leadership, motivation and attitudes toward collaboration), and the physical environment (e.g., geographic distance between the research centre and stakeholders).

Given that partnership is a key feature of action research (White et al., 2004) and community development (Cavaye, 2001), the quality of collaboration in the current study emerged as essential to the development and implementation of initiatives and could be facilitated in a rural setting (Menec et al., 2015). This collaboration was reflected in the stakeholders' openness to including the research team in their meetings and ongoing projects. A study on healthcare services for rural older adults also reported the importance of formal partnerships and informal networks between the different stakeholders to develop new services and meet needs (Skinner et al., 2008). The empowering effect resulting from engaging participants from different organisations in a collaborative process (Domecq et al., 2014) seemed even more important in the present study to sustain the initiatives. Other studies also reported that local vision, creativity, leadership, personal investment and motivation in the community are key factors for sustained implementation (Danley & Ellison, 1999; Skinner et al., 2008).

Despite close collaboration throughout the present study, some stakeholders (e.g., Seniors' Consensus Table) had limited responsibilities in developing and implementing initiatives, i.e., they acted more as consultants and were not involved in concrete research and implementation-related tasks, which is important if their vision is to be fully considered. This low level of involvement might be due to a lack of time, skills, or interest in the initiatives, and more time invested by the research team. As suggested by Danley and Ellison (1999), clarification of roles can reduce misconceptions about task-sharing and minimise confusion about achieving performance targets. For the transportation and website projects, i.e., initiatives that emerged from the community, stakeholders naturally took the lead, which allowed the research team to be less involved in decisions and share power more efficiently. According to Baum and colleagues (2006), stakeholders are powerful agents when they have more control over timelines and play an active

role in research. Age-friendly communities also underline the importance of involving older adults to ensure that initiatives are for and by seniors (WHO, 2007). However, experience gained in the present research highlighted the difficulties of involving older adults in the active development and implementation of initiatives, despite their participation in committees. As noted by Blair and Minkler (2009), regardless of developments in the field of participatory research, studies involving older adults are still rare, since they are labour-intensive and challenging. Studies on social and healthcare policies have also questioned the best approach for involving stakeholders in participatory research that will foster active and not just tokenistic or advisory participation (Domecq et al., 2014).

Although gaining prominence since its inclusion in various national public health programs (Bourque & Favreau, 2003), community development as documented in the current research, i.e., involving stakeholders from many different backgrounds, has been targeted in only a few studies. To address social determinants of health in more flexible and creative ways than with top-down interventions, the real challenge is to foster community development by relying on community-based health workers who collaborate with the public healthcare system (Torres et al., 2013). Community development must therefore identify local problems and assets, develop innovative solutions, and implement sustainable initiatives accordingly (Burdine et al., 2010). The present research program followed this process, i.e., identified needs and initiatives in previous phases (Clément et al., 2018), then transformed them into community projects that mobilised stakeholders (Bourque & Favreau, 2003), including older adults as well as healthcare and community organisation workers.

To enhance the sustainability of initiatives in rural contexts, different concrete strategies might be used. For example, an implementation guide is currently being developed to help other

rural RCMs conduct a similar process. In addition, by providing the necessary tools for stakeholders to pursue initiatives, this study raised their awareness about the importance of social participation for older adults in this rural RCM. This awareness acted as a catalyst for the development of other initiatives started and led by stakeholders in the community, such as weekly get-togethers for seniors in small villages in the RCM.

Therefore, as experienced in the present study, community development needs and creates leadership, networking, and motivation. New partnerships emerged, leadership was taken in parallel projects, motivated people were involved throughout the research process, and older adults participated socially. Indeed, social participation and community development are closely linked, as each cultivates the other, and both promote healthy aging (Berkman et al., 2000; Bourque & Favreau, 2003; Levasseur et al., 2008, 2011). Thus, while fostering social participation using an action research design, the present study allowed the research team and stakeholders to promote community development and observe the factors that influence the process.

Finally, this community development involved, among other things, a community worker for older adults, which was a key factor in the Benevolent Community. Consistency with the mission of field work initiatives for older adults in situations of vulnerability (*Initiatives de travail de milieu auprès des aînés en situation de vulnérabilité,* a program of the *Ministère de la famille du Québec*) greatly facilitated the development and implementation of the Benevolent Community. Indeed, the community worker's role is to reach vulnerable older adults, assist them in accessing community resources, and empower them to increase their well-being (Ministère de la famille du Québec, 2016). Empowerment is a central concept for community workers (Truchon, 2011). This concept is also in line with the principles of the "Personalised citizen assistance" program that aims to support older adults in achieving meaningful goals and life projects to help them participate

more actively in the community (Levasseur et al., 2016). Moreover, collaborations with the community worker were reinforced as he was encouraged to get involved in community actions identifying older adults in a situation of vulnerability (Truchon, 2011). This involvement was sustained by obtaining funds to create a social participation agent position at the Volunteer Centre, and might be related to the community worker's special skills and personality. Timing, i.e., identifying needs and initiatives in a collaborative manner in previous phases (Clément et al., 2018), societal context aimed at reaching vulnerable older adults (Ministère de la famille du Québec, 2016), and good resources mobilised at the right time are also important in fostering community development.

Strengths and limitations

The participatory approach used in this study improved the relevance and encouraged the transferability of the results to local organisations. As with other qualitative studies, the results of this study are time- and context-sensitive, and influenced by the researchers. The results also reflect a prepandemic context. In addition, there were limitations in the stakeholders' involvement in research-related tasks, which might be attributable to the involvement of the research team and the lack of clearly defined roles and responsibilities. Potential social desirability bias may also have limited a full understanding of influencing factors. Finally, limited time and funding reduced opportunities to expand knowledge and assist even more in the implementation of initiatives, which will be continued by the stakeholders.

Conclusion

This study documented contextual factors that influenced the development and implementation of four social participation initiatives in a rural RCM. Development and implementation of the initiatives were fostered by the stakeholders' involvement, as well as the mission of community

organisations and the shared desire of stakeholders to reduce older adults' isolation and vulnerability. Established partnerships and pre-defined orientations also facilitated development and implementation. Contextual factors such as important changes in the organisation and structures of key stakeholders and the number of organisations involved in the research challenged the process. Particularly for the implementation of the Benevolent Community, the management and promotion of one community worker was an important element. Physical environment factors also affected the process by limiting spontaneous exchanges.

As the sustainability of initiatives is a challenge after a study ends, it is important to actively involve stakeholders in their development and implementation. Therefore, initiatives must be supported, not only by individuals but also by organisations, and be part of their structure, in particular to compensate for staff turnover. In a pandemic context, instead of being put on hold, initiatives must be adapted to physical distancing rules to avoid social isolation and health degradation in older adults. Studies are needed to replicate the current research in other rural areas, as well as in urban, metropolitan and pandemic contexts, with the overarching objective to improve older adults' health and social participation.

Key Points for Occupational Therapy

- Promote community development initiatives involving different actors to facilitate social participation
- To foster older adults' social participation, initiatives must be adapted to local contexts
- As a key element for implementation, community worker's involvement should be studied in different contexts

Authorship contributions

ML did the conception and design, which was reviewed by IC, CD and FG. SR, KD and ML did the data collection, analysis and interpretation, enriched with comments from IC, CD, JL and FG. With the help of SR and KD, ML drafted the article, and IC, CD, JL and FG revised it. All authors have approved the submitted version.

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Conflict of interest

The authors have no conflict of interests to declare.

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Table 1. Summary of the four social participation initiatives

	Benevolent Community		**Collaboration with the transportation committee**	**Collaboration in the creation of a website**	**Social participation workshop**
	Scouts	**Personalised citizen assistance**			
Goal	Reach older adults	Integrate older adults	Transport older adults	Inform older adults	
Original initiative	Program developed and implemented in one HSSC and subsequently in other HSSCs	Program for older adults with disabilities who want to increase their social participation	Implementation of an urban transportation system	Develop a website of activities and services in the RCM for the social participation of older adults	Develop a social participation workshop to include in a program on prevention and management of chronic diseases ("Act on your health" program)
Objectives of the initiative in the current study	Use trained scouts to reach isolated or vulnerable older adults, caregivers at risk of burnout, and potential volunteer assistants and refer them to the community worker	Motivate isolated adults aged 50 and over, identify meaningful goals and life projects to help them take a more active role in the community, be empowered, develop their skills and increase their autonomy and social participation	Help older adults to get around the city and participate socially	Provide information on activities and services in the RCM for the social participation of older adults	Increase knowledge and skills of adults at risk of chronic disease concerning health benefits of social participation, facilitators and barriers to their social participation, and identify an accurate, realistic goal to optimise their social participation
Description of the initiative in the current study	▪ Scouts come from different backgrounds (local store employees, home help workers and volunteers from RCM Volunteer Centre)	3 hours/week of personalised assistance from a member of the community specially trained and supervised by	▪ Update family and senior policies based on a consultation concerning the importance of transportation problems in RCM	▪ Update family and senior policies based on a consultation concerning the difficulty finding information about social participation	▪ "Act on your health" program enables people aged 18 and over to develop their knowledge and skills to prevent and manage chronic cardio-metabolic diseases

	▪ Community worker trains the scouts and volunteers, and helps older adults and caregivers to access appropriate resources	the community worker and a social worker from the public health network for a 6-month period	▪ Committee members invited the research team to get involved for the purpose of knowledge translation	activities and services ▪ Research team supported the Community Development Corporation (CDC) in its application for funding and contributed to the development of the website content	▪ Development of a social participation workshop for program participants
Owner of the initiative	RCM Volunteer Centre		RCM and public transit non-profit organisation	Community Development Corporation	"Act on your health" program team (*Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke*)
Implementation stage	In progress		In development	In development	In progress

HSSC = Health and Social Services Centre; RCM = Regional County Municipality

Table 2. Demographic and health characteristics of participants (n = 26)

	Management and Partnership Committee† (MPC; n = 11)	**Scouts† (n = 9)**	**Social participation workshop participants†† (n = 6)**
Continuous variable	Median (IQR)	Median (IQR)	Median (IQR)
Age (years)	39 (23.3)	66 (16)	71 (20)
Categorical variables	n (%)	n (%)	n (%)
Gender (woman)	10 (90.9)	7 (77.8)	1 (16.7)
Education			
Primary or secondary	0 (0)	4 (44.4)	1 (16.7)
College/professional	1 (9.1)	4 (44.4)	3 (50.0)
University	10 (90.9)	1 (11.1)	2 (33.3)
Experience in the RCM (years)			
< 1	2 (18.2)		
1 – 4	5 (45.5)		
5 – 14	3 (27.3)		
≥ 15	1 (9.1)		
Live in the RCM (years)			
5 – 14		0 (0)	1 (16.7)
≥ 15		8 (88.9)	5 (83.3)
Not live in the RCM		1 (11.1)	0 (0)
Diseases (≥ 1)			5 (83.3)
Marital status (married/common-law)		5 (55.6)	4 (66.7)
Living with someone (partner/spouse/family member(s))		6 (66.7)	4 (66.7)
Feeling depressed (yes)			0 (0)

IQR = Interquartile range; RCM = Regional County Municipality

† = Paid by their respective organisations; †† = Unpaid volunteers

Table 3. Process for the development and implementation of initiatives

	Benevolent Community		Collaboration with transportation committee	Collaboration for the creation of a website	Social participation workshop
	Scouts	**Personalised citizen assistance**			
Development phase	▪ Testing a first adapted version of the "Scouts and watchmen network for older adults" (Réseau d'éclaireurs et de veilleurs pour les aînés) training ▪ With a working committee, further adaptation related to: ▪ Modifying training objectives and content (e.g., signs of change and reliance on toolkit), and target populations to be identified by scouts ▪ Referring older adults to the community worker rather than social workers ▪ Developing a video capsule to demonstrate interactions between scouts and older adults during training ▪ Developing the scout toolkit (training checklist, copies of referral forms, additional information on training)	▪ With a working committee, adapting the training and planning the volunteers' coaching: ▪ Modifying training objectives, content (Powerpoint presentation) and methods ▪ Development of a volunteer's booklet ▪ Creation of a log sheet for volunteers ▪ Reducing the length of training from two days to one day to foster volunteer participation	▪ Instead of a survey or public consultation with a pilot project to investigate older adults' transportation needs, committee decided to implement an urban transportation system ▪ Involvement of the research team for: ▪ Information about older adults' transportation needs ▪ Promotion of social participation venues attended by older adults	▪ Community Development Corporation supported by the research team to obtain a grant ▪ With a working committee, planning the stages to create website ▪ Development of a collaboration protocol to define roles and responsibilities ▪ Request for bids sent to website development companies	▪ Agreement with program leaders to include a workshop on social participation ▪ Development of workshop by the research team in line with other workshops in the program, meeting three objectives: ▪ Identify health-related benefits of social participation ▪ Identify facilitators for and barriers to optimal social participation ▪ Choose an accurate, realistic goal to optimise social participation ▪ Validation of workshop by the program team

	Benevolent Community		Collaboration with transportation committee	Collaboration for the creation of a website	Social participation workshop
	Scouts	**Personalised citizen assistance**			
	▪ Modifying referral form to be completed by scout (verbal instead of written consent) ▪ Reducing training duration by 40 minutes to foster organisations' participation				▪ Meeting with a trainer to prepare workshop to be given
Implementation phase	▪ Creating documents to record information about scouts trained, volunteers and older adults assisted (e.g., contact information, attendance record) ▪ Developing a collaboration protocol defining roles and responsibilities				
	▪ Training given to three groups in January, February and March 2017 (n=52)	▪ Training given to two groups of volunteers (n=8) in December 2016 and March 2017 ▪ Two volunteers dropped out and one did not meet inclusion criteria ▪ Selection and meeting with older adults to be assisted (n=5) ▪ Pairing older adults with volunteers ▪ Two follow-up group meetings for volunteers in February and March 2017 supervised by the community worker, a	Not applicable	Not applicable	▪ Workshop given to a group of participants from "Act on your health" program (n=6)

	Benevolent Community		Collaboration with transportation committee	Collaboration for the creation of a website	Social participation workshop
	Scouts	**Personalised citizen assistance**			
		social worker and a research student			

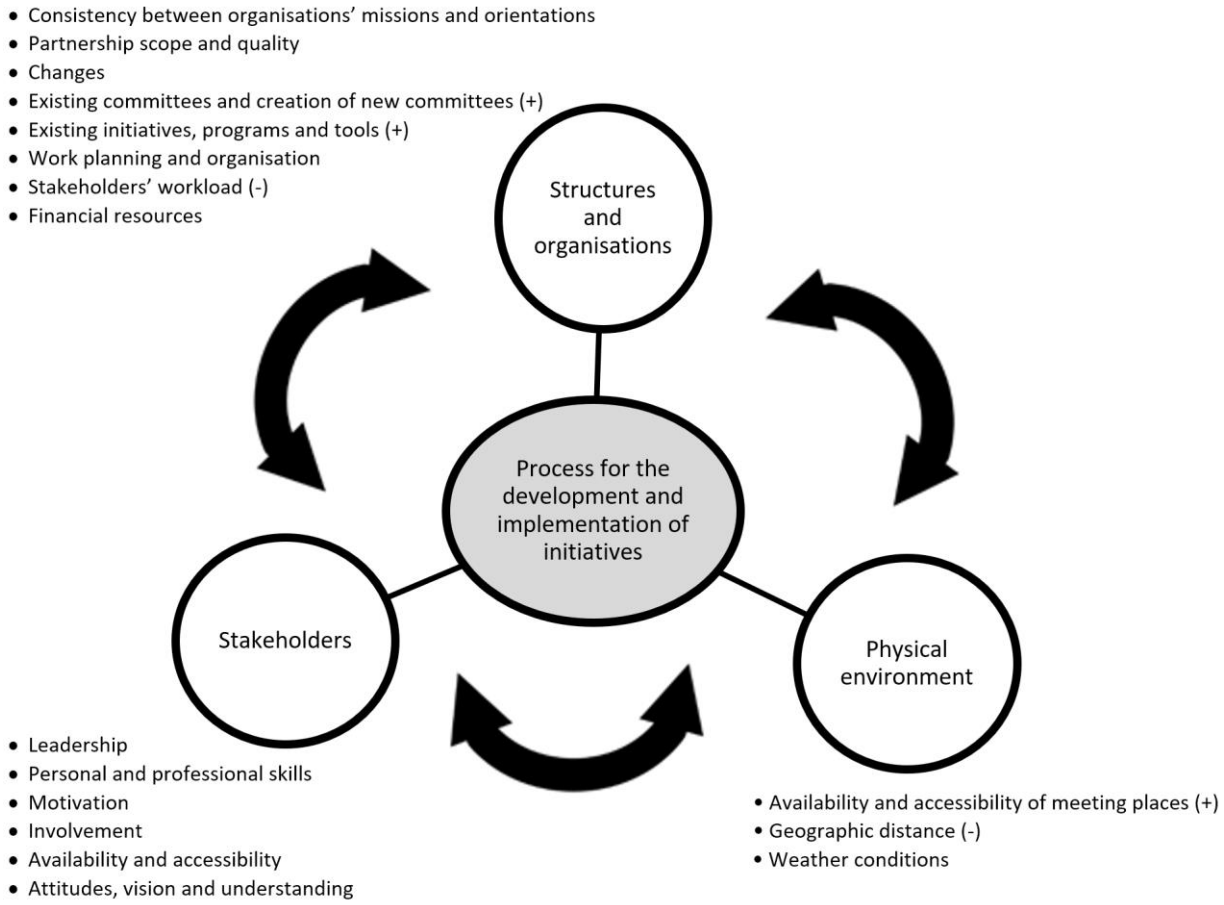

FIGURE 1. Illustration of the main factors that positively (+) and negatively (-) influenced the development and implementation of social participation initiatives. When not indicated, factors had both a positive and a negative effect

Table 4. Quotes relating to the main factors that influenced the development and implementation of social participation initiatives

	Quotes
Physical environment	
Weather conditions	She was looking forward to summer […] But the other day it was too hot… There can be problems in summer as well as in winter. (APIC attendant)
Geographic distance (-)	In rural areas, it may be even more difficult to implement the initiatives. (Community partner)
Availability and accessibility of meeting places (+)	There's a big room that we used for meetings. (Healthcare manager)
Stakeholders	
Leadership	It was led properly and well done, and now people understand the project and what we are talking about. (MPC member)
Motivation	I'm not worried about whether the project will continue to be implemented because people are motivated. (MPC member)
Personal and professional skills	Originally, [the scouts initiative] was supported by a healthcare worker. We decided that we would like to work with [name of community worker] who has a nice approach with older adults. (Healthcare manager)
Involvement	The project involved several [actions fostering social participation taken by the community outside the research project]. Just to talk about [social participation], we see what it created ... (MPC member)
Availability and accessibility	Transportation is an issue in the territory. Some paratransit vehicles are reserved for medical appointments. [Older adults'] participation in activities is limited. (MPC member)
Attitudes, vision and understanding	Each community, each organisation, has its own culture, its own way of doing things. The art is to adapt actions to the reality of each. It is more complicated and takes longer but I think it pays off in the long run. (MPC member)
Structures and organisations	
Consistency between organisations' missions and orientations	For [name of a community organisation], [fostering social participation] is one of its missions, and it decided to get involved to find volunteers. (Community partner)
Partnership scope and quality	[The research project] was an opportunity to do something more collective, more interconnected between the different services and organisations in our territory. (Community partner)
Changes	Partnership agreements have already been negotiated [with the healthcare organisation and involving human resources], which gives the project a chance in the current context [of a merger of health institutions]. (MPC member)

	Quotes
Existing committees and creation of new committees (+)	The research project works very well with the current consultation approach throughout the community, it is very compatible. You are *the* project of the SCT, which makes [the research project] a priority for the social participation of older adults. (MPC member)
Existing initiatives, programs and tools (+)	[The research] is a great opportunity to enhance programs already in place. The resources are already there, the program works. Agreeing to focus on the community's needs in terms of social participation, it's a win-win situation. (Community partner)
Work planning and organisation	[The community] wants the research to have an impact on the ground. During the holidays and in the summer, many activities are put on hold. It's a practical factor to be considered. (MPC member)
Stakeholders' workload (-)	They are ambitious initiatives that require a lot of resources and a lot of energy. (MPC member)
Financial resources	The funding enables [the community worker] to keep his job but he is still definitely with us for a year. (Community partner)

APIC = Personalised citizen assistance for social participation; MPC = Management and Partnership Committee; RCM = Regional County Municipality; SCT = Seniors' Consensus Table

+ = positive influence, - = negative influence