Networks and Partnerships in a Resource Town:  
A Case Study of Adapting to an Aging Population in Mackenzie, B.C.

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Abstract

Adapting to an aging population has become a priority for communities in Canada’s resource hinterland, as seniors require specific infrastructure and services to allow them to age-in-place. The ways in which each community responds to these emerging needs is unique and place-specific. In an atmosphere of economic and welfare restructuring, the perceptions of population aging and its implications from those involved in local governance are explored in a case study of Mackenzie, a remote forestry-based community in Northern BC. This study analyzed qualitative data from 33 key informant interviews across the public, private and voluntary sectors between May and June 2005. These data provided valuable insights into three research questions guiding the thesis: how local leaders frame issues of population aging, their perceptions of the allocation of responsibilities for meeting seniors’ needs, and experiences and impressions of working together to accomplish collective action. Overall, the interview results suggested that adapting to an aging population in Mackenzie will take time as local leaders are operating in a context of change influenced by economic and social restructuring. What is apparent from this study is that local leaders are well situated to address community issues through their networks and partnerships that draw on social capital and social cohesion when working together.
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Chapter One: Introduction

Rural and small town places in Canada’s resource frontier face an ongoing struggle to retain employment and economic opportunities in the face of increasingly global competition for investment. Companies that have been the traditional mainstays for their economies have turned to strategies such as automation, workforce downsizing, casualization and outsourcing as a means of cutting costs and raising productivity over the past two decades (Hayter 2000, Halseth 1999a). The long-term impacts of these strategies are now becoming apparent as populations in the communities stagnate or decline, and as the demographic compositions of these places shifts rapidly from a youth-oriented to a more mature-aged profile (Moore and Rosenberg 2001, Hanlon and Halseth 2005). This situation has meant that local officials and service providers in many resource hinterland communities must begin adapting to an aging population for the first time in their respective histories. All of this is taking place as more and more responsibilities for community economic development and social welfare shift to local governments as part of a wider process of what Jessop (1994: 264) refers to as the “hollowing out” of the central state.

The ways in which local systems of governance respond to these new emerging challenges is unique and place-specific. Places are not equally equipped to adapt for change. Looking at levels of social capital and social cohesion is, therefore, one strategy that may help us understand if a community is equipped
to respond successfully to economic or social change (Halseth et al. 2004).

Place-based studies provide an opportunity to examine these complex and
dynamic processes at a particular point in time and space (Paasi 2004).

Against the backdrop of economic restructuring and the changing role of the
welfare state, this thesis examines a case study of the experiences of those
involved in local governance in the community of Mackenzie, a remote forestry
dependent ‘Instant Town’ in northern British Columbia. While Mackenzie is still
regarded as a ‘young’ town, in both historical and demographic terms, its
population is aging rapidly as a result of increased out-migration of younger
residents. Currently, Mackenzie provides a community and service setting that
focuses primarily on young families. Over the next decade a large proportion of
its population will be reaching retirement age (Halseth et al. 2004). Local leaders
and decision makers will need to consider the potential impacts of an increasing
aging population and begin to adapt accordingly.
The concepts of governance, social capital, social cohesion and place are the reference points used to address the following research questions that guide this case study:

1. How do local leaders frame the issue of population aging, including the challenges it presents and the level of priority it should be given?

2. What do local leaders perceive to be the responsibilities of actors in the public, private and voluntary sectors to meet seniors’ needs?

3. What are the ways in which the public, private and voluntary sectors work together to meet the needs of the community, particularly seniors’ needs?

The primary source of data for my thesis consists of responses from thirty three key informant interviews from the private, public and voluntary sectors in Mackenzie. The respondents answered a series of questions about the challenges of an aging population in the context of economic and social welfare restructuring. The key informant responses are situated within the secondary data consisting of academic literature, media and policy documents in order to answer the research questions.

The remainder of the thesis is organized into six chapters. Chapter Two reviews the current trends on economic restructuring, changes in welfare service provision and population aging to provide the context that is shaping experiences in rural and small town places. The concepts of place, governance, social capital and social cohesion are also outlined to provide the theoretical basis in which the key informant data is interpreted. Chapter Three provides background information on the case study community. Mackenzie’s evolution as an ‘Instant
Town is explored and an analysis of census data from 1981 to 2006\(^1\) provides a picture of the current demographic and social characteristics. Chapter Four describes the research design, qualitative methodology and profiles the key informant respondents. Chapter Five describes the experiences of Mackenzie’s local leaders and provides discussion around the three research questions. The final chapter summarizes the key findings of the research, limitations of the study and suggests opportunities for future research.

\(^1\) 2006 Canadian Census data is provided when available.
Chapter Two: Creating theoretical context: A review of the literature

2.0- Introduction

This thesis is interested in the experiences from one resource-based community that is responding to demographic change while coping with powerful forces of restructuring. The purpose of this chapter is to review the literature that will contextualize the findings from the research. The literature review is divided into three main sections. The first section outlines the theoretical context of the thesis, reviewing the literature on the concepts of place, social capital, social cohesion and governance. The second section reviews the literature on the processes of economic, welfare and demographic restructuring to establish an understanding of how these processes affect the capacity of rural and remote communities to respond to changing social issues. The third section reviews the determinants of seniors' independence and considers the literature on the needs of an aging population in rural and small town places. The purpose of reviewing this literature base is to provide the context that will situate the perceptions on population aging from local leaders in Mackenzie, BC.
2.1- Theoretical Concepts

To understand the impact of restructuring on rural communities, Kearns and Joseph (1997:18) suggest that an "interpretation of local impacts of any particular aspect of restructuring needs to be set alongside an appreciation of the in-place impacts of other processes unfolding over the sociocultural landscape". This section reviews the theoretical concepts from the literature on place, governance, social capital and social cohesion.

2.1.1- Place

The concept of place has multiple layers of meaning and has been applied at different scales, from the local to the global. For the purpose of this thesis, place is conceptualized as a physical setting that contains a set of 'situated' social dynamics (Poland et al. 2005). Paasi (2004: 539) comments that place is a "... concept made real by developing an understanding of complex and dynamic relationships and processes in context". In this study, therefore, a place-based perspective will serve as a lens for the study of local social change situated in the context of broader economic, political and social trends.

Some have argued that globalization has led to the 'end of geography' because the world is becoming increasingly interconnected and erasing all that is local (Graham 1998). At the same time, there has been a resurgence of emphasis on place in a variety of disciplines, including political science, health geography,
policy studies and social gerontology, as a way to explain the temporal and geographical variability of broad trends and forces, such as globalization. Thus, as Massey (1994) argues 'places matter' because they are the bounded spaces that dynamic processes operate in and through.

Processes of societal change, such as population aging, welfare reform and economic restructuring, are experienced by individuals, but are mediated by and in geographic places. Joseph and Knight comment (1999: 4) that “in Canada, restructuring has seemed to flow inexorably from the individual and the collective efforts of political and economic leaders to effect change at the local level as they seek to adapt to a changing world economy”. Further, Kearns and Joseph (1997: 19) comment, “restructuring not only takes place in places but also takes place in the lives of individuals; for us the summation of lives in place was surely ‘community’ being at once a concept rooted in geography and (a shifting) sociocultural reality”. Exploring place-specific experiences of those involved in local systems of governance allows for the appreciation of the unique ways in which communities and individuals respond to change that is related to processes of restructuring. Social capital and social cohesion are two concepts that are explored in the next section because they provide a way to discuss the capacity of communities to adapt to social, economic and political change.
2.1.2- Social Capital and Social Cohesion

Places are not equally equipped to deal with change. Beyond factors such as population size and financial resources, there is increasing attention on the nature of local networks and partnerships as a determinant of community capacity. That is, places characterized by high levels of social capital and social cohesion are argued to be better equipped to adapt to change because of the capacity for community groups, organizations and individuals to work together to improve their situation (Halseth and Williams 1999). Over the last decade, there have been a number of studies attempting to clarify the theoretical debates around these ‘widely used’ concepts (Portes and Landolt 1996, Woolcock 1998, Beauvais and Jenson 2002) and it is important to clarify how they will be employed in this thesis.

Putnam (2000: 18) defines social capital as “the connections among individuals, the social networks and the norms of reciprocity and trustworthiness that arise from them”. The work of Bourdieu (1986), Coleman (1988a and 1988b), and Putnam (1993) are considered to be the foundations of contemporary understandings of the concept; and yet each views social capital from a different level of analysis (Wall et al. 1998). Bourdieu (1986) examines social capital at the individual level, Coleman (1988a, 1988b, 1990) emphasizes interpersonal relations at the family and community levels and Putnam (1993, 1995, 2000) focuses on community and regional participation in democratic institutions, or what he refers to as civil society. Each provide a similar definition of the concept,
but there are significant differences in meaning when the concept is operationalized in different contexts. These differences have been discussed in a growing research literature that has sought to develop the concept of social capital in fields as diverse as economics, health and public administration (Portes and Landolt 1996, Woolcock 1998, Hawe and Shiell 2000).

Social capital is created in and through interactions at many different levels. At the community level, social capital resides in groups and networks among informal and formal institutions. The relational properties (trust and networks), and the material aspects of social capital (e.g., the resources of which the individual has claim by virtue of their membership of a group) will be explored at the community level in this thesis. Cuthill (2003: 375) argues that “high levels of social capital in communities [provide] positive social, economic and democratic outcomes which contribute to community well-being”. While the popular view of social capital is largely positive and related to community well-being or economic development, it is also important to recognize some of the criticisms of this concept. The same factors that are argued to create social capital can also have negative consequences (Portes 1998). For instance, social capital generated by bounded solidarity and trust in groups can restrict outsiders from joining existing networks and, therefore, promote conformity and stifle innovation (Portes 1998, Cuthill 2003).
These concerns were addressed by Putnam (2000) in his description of the different forms of social capital; bridging and bonding. Putnam (2000: 23) comments that "... bonding and bridging are not 'either-or' categories into which social networks can be divided, but 'more or less' dimensions along which we can compare different forms of social capital". Bonding social capital is exclusive in nature, and tends to consist of tightly defined and inward looking networks that reinforce exclusive identities and homogenous groups. The bridging form of social capital refers to networks that are outward looking and inclusive of people across diverse social cleavages (Putnam 2000). Bridging social capital often refers to the creation of linkages or partnerships between individuals, groups and local government (Desjardins et al. 2002). This thesis will explore the concept of social capital through Mackenzie's local leaders and their involvement in local networks and partnerships to explore these different dimensions of social capital.

Like social capital, the concept of social cohesion also has many meanings and has been employed in a diversity of contexts (Bernard 1999, Beauvais and Jenson 2002). Reimer (2002: 13) defines social cohesion as "the extent to which people respond collectively to achieve their valued outcomes and to deal with the economic, social, political, or environmental stresses that affect them". Levels of social capital are dependent on the presence of social cohesion to provide the opportunities for individuals, groups and organizations to come together and develop social networks and trust (Reimer 2002). Putnam (2000) sought to measure the strength of social cohesion by examining levels of social capital and
argued that citizens living in regions characterized by high levels of social capital are more likely to trust their fellow citizens and have highly functional and representative local governments.

According to Kearns and Forrest (2000: 1000), a cohesive society is “one in which dilemmas and problems can be easily solved by collective action, especially in the case where existing relationships and networks sustain expectations, norms and trust which facilitate solutions”. Social cohesion can be evaluated alongside social capital by exploring the interaction between local actors and the extent to which they work together collectively towards a common goal (Sullivan 2002). This can be observed by speaking to informants involved in governance and asking them to describe how they work with other actors to respond to changing social conditions.

2.1.3- Governance

A governance perspective provides a framework for understanding the dynamics of local planning and decision making. Recent changes in the form and function of the state in advanced capitalist societies can be observed in the ways in which economic and social processes are governed (Jessop 1994). In Canada, federal and provincial governments have devolved economic and welfare accountability to local governments, meaning that urban and rural places have embraced new local governing structures to adapt to these changes.
Traditionally, government and governance were defined synonymously as the act or process of governing (Johnston et al. 2000). Since the 1990s, however, the academic literature has moved the study of governance beyond the study of government (Jessop 1995, Lauria 1997, Goodwin 1998, MacLeod and Goodwin 1999, Johnston et al. 2000). Governance is now seen to be about how governments and non-governmental institutions interact, how they relate to citizens and how decisions are made in an increasingly complex world.

While much of the literature is focused on urban and metropolitan settings, there has been some attention to systems of governance in rural areas (Goodwin 1998). Jones and Little (2000: 171) argue “the characteristic forms of governance that emerged in the urban sphere have now ‘spread’ to rural areas, bringing with them the requirement for rural organizations and actors to form partnerships in order to secure funding and to deliver services”. As more responsibilities are devolved onto local systems of governance, particularly in rural and small town places, their success will depend on maintaining informal support networks, nurturing the voluntary sector and retaining formal support services and institutions (Joseph and Martin-Mathews 1993).

The theory of ‘good’ governance asserts that those actors involved form new coalitions for action based on the sharing of responsibilities, resources and expertise (Merrien 1998). In this manner, theories of social cohesion and social
capital are helpful in understanding whether and how systems of governance effectively incorporate both political institutions and community social structures (Veenstra and Lomas 1999). The next section reviews economic, welfare and demographic change to begin our understanding of how these different forms of restructuring are affecting change in rural and small town places across Canada.

2.2- Restructuring

Over the past two decades, three forms of restructuring have affected communities across Canada: the globalization and intensification of private industry, the ‘hollowing out’ of the welfare state and the aging of the population. Each form of restructuring is interconnected and influences change differently across Canada’s landscape, as does the local social and political response to them.

2.2.1- Economic Restructuring

Since the 1980s, there have been significant shifts in the way industry and government respond to changing global markets (Leach and Winson 1995). According to Marchak (1995: 105), economic restructuring is defined as “a process undertaken by companies with or without the support of governments and unions, to cope with global change in their raw material sources, technology
and marketplace”. The external forces of globalization have exposed Canada’s domestic markets to the fluctuating demands of the international marketplace (Marchak 1995). In an effort to maintain a competitive advantage in global markets, the Canadian government and industries have restructured their operations to reduce labour costs and intensify their technology.

Economic restructuring is often observed as a shift from the traditional mode of production, ‘Fordism’, to a mode of ‘flexible specialization’ (Hayter 2000, Jessop 1994). Fordism is a system of production characterized by assembly line production of standardized goods for multi-national enterprises, with high waged unionized labour. Flexible specialization, on the other hand, is characterized by major technological advances that intensify the production process and speed up the pace of production without adding more capacity (Hayter 2000). Another aspect of flexible specialization is an increase in contractual labour arrangements, which results in a declining core of high wage jobs with good benefits and pensions and increases the use of casual, part-time and non-unionized labour.

Economic restructuring in British Columbia (BC) has been taking place in the context of technological change and the economic and social pressures deriving from trade liberalization and globalization (Barnes and Hayter 1994). In the early 1980s, BC’s economy fell into a deep recession, caused by a substantial drop in demand for BC’s forest products (Barnes and Hayter 1994). As a reaction to this
period of economic downturn, the forest industry began to undertake a series of long-term structural changes, including labour downsizing and the use of flexible technologies. This can be observed over the last two decades as the forest manufacturing sector has incorporated new methods of production, including the computerization of the labour process, and the ability to adapt the production system to create new and more differentiated products (Hayter 2000).

The social and economic effects of this type of economic restructuring have been examined in forestry dependent communities in BC on the coast (Barnes and Hayter 1994), and communities in the northern interior (Halseth 1999a, Halseth 1999b, Markey et al. 2005), where shifting priorities in corporate agendas ultimately influence social change. These corporate decisions are usually made outside of the community and are driven in response to the fluctuating demand in the global marketplace rather than concern for local social issues (Halseth and Sullivan 2002). A downward cycle in employment is the most common consequence of economic restructuring in resource dependent communities (Halseth 1999a). This is a result of advancements made in technological applications that are able to replace human capital in part of the primary manufacturing process. Many resource communities are, therefore, coping with the displaced forest worker as a common phenomenon across BC's resource frontier (Halseth 1999a). Population loss affects the rate of population aging in small communities because many of the younger working-aged families migrate in search of employment, leaving a larger proportion of older residents, which is
of central importance for this study (Hanlon and Halseth 2005). While economic restructuring affects the demographic structure of small resource communities, other forces of change that are occurring at the same time, such as welfare restructuring, will influence how rural and remote communities are able to cope with a changing demographic structure tied to economic restructuring.

2.2.2- Welfare Restructuring

The welfare state is defined as a social system whereby the state assumes primary responsibility for the welfare of its citizens, as in matters of health care, education, employment and social security (Epsing-Anderson 1990). Generally, the welfare state covers those aspects of government policy designed to protect against particular risks shared by broad segments of society to achieve the main policy objective of full employment (Pierson 2001, Jessop 1994). The post World War II period was a time of significant welfare state expansion across Canada. One of the main reasons for its expansion was to stabilize the economy by enabling household supports through difficult economic periods (Baker 1997). Thus the evolution of the welfare state in most ‘OECD’ countries has been tied to postwar economic prosperity (Walker 1987).

By the mid-1970s, as more national and provincial welfare institutions were put in place, governments began facing a series of challenges to the conditions under which the welfare state arrangements described above had emerged. The
simultaneous experience of high unemployment and inflationary pressures led to chronic deficit spending and mounting public debt throughout the 1980s and early 1990s. When coupled with dire warnings of the ‘threat’ of population aging, there was growing support for the idea that major welfare reform was necessary, thus leading to calls for a ‘new’ welfare state characterized by fiscal austerity (Pierson 2001). Further, Jessop (1999: 354) argues that these conditions have led to changes in the governance of welfare and the “... increasing reliance on networks and partnerships as modes of regulation”. These significant social and economic changes have caused governments to re-evaluate their role as the sole provider of welfare services which, in turn, has enabled senior levels of government to seek ways to ‘hollow out’ its role in providing for the welfare of its citizens (Jessop 1999).

Different strategies have been used to restructure the scale and scope of the welfare state (Pinch 1997). These strategies can be summarized as follows: privatization, rationalization and devolution. Privatization occurs when public assets are sold or downloaded to the private sector. An example of privatization has been the de-institutionalization of formal care for the elderly and mentally-ill. This has increased the demand for home and community care which has placed greater pressures on informal systems of support to provide care (Milligan 2000). Rationalization involves reductions in the capacity of services provided by lowering operating budgets and cutting provision levels. This often results in the intensification of services that remain the responsibility of the public sector.
Devolution occurs when decision-making responsibilities are transferred to authorities, often at the local level. This can be observed in the increasing interdependency of the public, private and voluntary sectors at the local level (Halseth et al. 2004b, Skinner and Rosenberg 2005, Hanlon et al. 2007b), which has resulted in a restructured geography of caring (Milligan 2000).

Canada's welfare state has undergone significant reform and restructuring over the past 20 years in the context of economic turbulence, political shifts to the right and increasing costs associated with universal social programs and income security measures (Battle and Torjam 2001). Demographic and social trends, such as the increased role of women in the labour force and the aging of the baby boom generation, contributed to the growing political perception that the welfare state was becoming an increased fiscal burden on the operations of the state (Burke and Stevenson 1993). This was due to the fact that these trends were occurring at the same time as the country began experiencing stagnant economic growth, burgeoning public debt, and annual deficits. As a result, the federal government and the provinces began to scale back public welfare service funding in response to the financial strain of the global economic crisis of the 1970s and 1980s (Burke and Stevenson 1993).
By the 1990s, social welfare programs were undergoing rounds of cutbacks or restructured along market-based principles. Skinner and Rosenberg (2002: 7-8) argue that this form of restructuring involves:

... the spatial re-organization of public welfare services according to cost effective or accessibility criteria, the introduction of private ownership and market allocation mechanisms to services previously provided and owned by the state, and the transfer of public service activities to the private and voluntary sectors respectively.

This has led to major changes to social programs, such as the removal of universal old age pensions and family allowances, the gradual erosion of child benefits and massive cuts in social transfer payments to the provinces (Guest 1997). The latter has caused significant changes in the ways provincial governments provide health and social services (Guest 1997). This involved creating ‘leaner’ government departments and stricter eligibility criteria to access these services.

In 1966, the Canada Assistance Plan (CAP) marked the beginning of the ‘cost-sharing era’ in which the costs of providing social assistance and social services were split evenly between the federal and provincial governments. By 1977, a new block funding arrangement, the Established Programs Financing (EPF), was created to deal with escalation in the funding of programs administered by the provinces. The introduction of EPF meant health care and post-secondary funding assistance was provided separately from CAP (Government of Canada 2000). One of the implications of the EPF was that greater responsibility was placed on provincial governments to control costs.
In 1996, CAP and EPF were again consolidated into one funding arrangement, the Canadian Health and Social Transfer (CHST) program. In contrast to the previous funding arrangements, the federal government now only provides the provinces with a block grant for health care, post-secondary education and social welfare, meaning that each province and territory receives federal dollars on a per capita basis regardless of program costs (Chappell 2006). The CHST further shifted the responsibility for the cutbacks in public welfare services from the federal government to the provinces. At the same time, the provinces were given greater control over their social welfare services, including which programs should exist and how they should be designed, delivered and funded (Baker 1997). This new era of funding has brought about major changes to social welfare services and has devolved decision making for social policy ‘closer to the people’, giving the provinces more flexibility in determining the priorities within their social programming area (Ministry of Health Services 2004).

In health care, this has been carried out in the context of the regionalization of health care governance. Regionalization entails the devolution and decentralization particularly aspects of decision making and priority setting (e.g., hospital closures and rationalization of services) from provincial governments to regional authorities. In this sense, regionalization represents the downloading of responsibilities for welfare to more localized levels of administration and decision-making (Hanlon 2001). At the same time, health care regionalization in
Canada also entails the consolidation of authority from numerous local boards and agencies to a single regional body, with the potential to align the distribution of health care resources to the needs of a population rather than individual facilities and provider groups (Lewis and Kouri 2004). Unfortunately for rural and small town places, regional service reconfigurations tend to favour the spatial concentration of resources in larger regional centres where higher patient volumes are expected to enjoy greater economies of scale and higher quality outcomes (Hanlon and Skedgel 2006).

In BC, New Directions, was launched in 1993, with a mandate to create 52 regional health authorities that would govern a renewed health system. The objective was to foster greater public participation by bringing decision making ‘closer to home’ and to base planning on a more holistic conceptualization of health rather than the traditional concerns of hospital and physician services (Select Standing Committee on Health 2001, BCMA 2000). In 2001, the provincial government undertook major reforms in its system of regional governance by consolidating the existing 52 RHAs into 5 regional health authorities. More importantly, the more recent reforms reflected a shift in focus to greater ‘accountability’ and cost-consciousness in decisions about health care (Ministry of Health Planning 2002). In addition to creating new and larger governing bodies, the reforms also placed the regional authorities under tighter budgetary conditions dictated by the provincial government (Ministry of Health Services 2003). This resulted in health care governance becoming more
“business-like”, including the intensification of services, increased outsourcing to the private sector and tighter eligibility criteria for provincially funded services (Hanlon et al. 2007b).

Two key pillars of more recent health reforms were the delisting of services (i.e., renewal of procedures for the list of services covered under MSP in BC) and the regional review and reorganization of facility-based treatment (Fuller 2003). These include:

- the elimination of coverage for supplementary therapies such as physiotherapy, chiropractic, massage therapy and routine eye exams from the Medical Services Plan (MSP),
- closure of numerous hospitals and long-term care facilities and the reduction of services and beds in others,
- restrictions in the subsidy most seniors received to help cover their drug costs, and
- the elimination of housekeeping services from the home care services received by the disabled and the frail elderly (Fuller 2003).

These reforms have had a disproportionate affect on the elderly and disabled. As McDaniel (1997) argues, the elderly population is the most directly and immediately affected by the changes incurred by health care restructuring. This is particularly evident with the shift from the focus on acute care in hospitals to an increased emphasis on home and community care. It is important to note that, although most health care services in Canada are provided under the Canada Health Act, community-based care is provided at the discretion of each province. As a result, the nature of the care provided and the level to which it is funded varies considerably between regions (Deber and Williams 1995, Cloutier-Fisher and Joseph 2000, Wiles 2003). In BC, home and community based care are
programs that provide services for the elderly and those with disabilities. Many of these seniors live in rural and remote communities and depend heavily on home and community care to maintain their health and independence (Joseph and Cloutier-Fisher 2006).

In BC, rural and small town places have relied upon the postwar service environment for retaining its population and economic activities (Halseth et al. 2004a). Today, population and service decline are occurring in tandem. This marks a new relationship between rural and remote places and the state, with the latter no longer as willing to invest in services to help with structural adjustments in local economies. Skinner and Rosenberg (2002: 6-7) argue:

As a result of these broad scale dimensions of change, the organization and delivery of health care services in rural communities, already characterized by uneven development and spatial inequalities, are shifting away from institutional care towards community-based, informal and voluntary care. The shift is symptomatic of the changing nature of local governance and health care services in rural areas as local communities respond to the impacts of public institutional restructuring.

Welfare restructuring is, therefore, an important part of broader dimensions of change that draws on community capacity and its ability to mobilize social capital and social cohesion to work together to fill in the gaps created by privatizing, rationalizing and intensifying services previously provided by the state. This will involve drawing on local networks and partnerships to identify ways in which they will be able to meet the needs where government once played a central role. The next section discusses demographic trends over the last two decades in order to
understand the changing landscape of aging in rural and small town places given the context of economic and social change discussed so far.

### 2.2.3- Demographic Restructuring

Two major demographic trends are shaping the North American landscape: migration and population aging (Moore et al. 1996). Migration is fairly age specific, in which the older cohorts tend to move to gain access to a better service environment, whereas, younger cohorts tend to move for employment opportunities (Halseth 1999a). As younger adults account for the majority of moves, it is the movement of younger cohorts that is driving the overall patterns of population aging. In many rural locations, population aging, or the increase in percent of seniors, occurs primarily through aging-in-place and the net out-migration of younger populations (Bryant and Joseph 2001). Therefore, the location decisions of younger and older populations produce a changing landscape of aging (Moore and Rosenberg 2001).

The most significant component of population aging in Canada derives from the long-lasting effects of the baby boom which followed World War II (Moore and Rosenberg 2001). In 1998, there were an estimated 3.7 million Canadians aged 65 and over, up almost 60% from 2.4 million in 1981 (CIHI 2000). For some time, the inevitable aging of the baby boom generation has been targeted as one of the reasons for the rising costs of the welfare state (See McDaniel 1987 and
Northcott 1994). There is also a concern that the aging of the baby boom generation has been used as a convenient but unfounded excuse to justify cuts to welfare entitlements (Wolf 2001). A study by Barer et al. (1995), for example, suggests that the effects of population aging on health care costs have been quite limited. The authors argue that the rising costs of health care has less to do the increasing numbers of seniors and more to do with the fact that the health care system is doing much more to seniors in the way of prescribing medicines and scheduling surgeries than ever before (Barer et al. 1995).

Also, seniors today are experiencing a compression of morbidity, which suggests that technological and medical advances have been able to postpone the symptoms of chronic disease or functional breakdown until the very end of life at a rate faster than our life expectancies have increased (Ulysse, 1997). In other words, while the population is generally living longer, the period of time during which we are suffering from disabling, chronic, or degenerative diseases has actually decreased (Cutler 2001). This is important because an increase in our healthy life expectancy is reflected in declining institutionalization rates and a decreasing dependence on formal care (Moore et al. 1996).

Nevertheless, seniors aged 85 and over make up almost half of all seniors in health related institutions, even though they represent only 10% of the total senior population (CIHI 2000). This group places the greatest demand on the formal health care system and it is the fastest growing segment of the senior
The large increase in the number of seniors is predicted to place demands on the health care system requiring a shift away from placing seniors into institutional settings and an emphasis on providing community based services to assist seniors to maintain their independence for as long as possible.

Economic, welfare and demographic restructuring trends are significantly altering the social landscape in rural and remote communities that depend on primary industries in Canada (Bryant and Joseph 2001). The rate of population aging in rural and small towns is sensitive to changes at the global economic scale (Moore and Rosenberg 2001, Hanlon and Halseth 2005). The out-migration of the younger population increases the proportion of the population over 65 living in places and the rate of those who are aging-in-place (Moore and Pacey 2003). This has serious implications for those who bear the burden of care in communities where there is a limited availability of formal support (Hanlon et al. 2007a).

Providing services and infrastructure to enable seniors to maintain their independence and successfully age-in-place has increasingly fallen to community-based agencies and voluntary groups (Cloutier-Fisher and Skinner 2006). Hanlon and Halseth (2005: 2) state “population aging in areas that have never dealt with this issue before highlights not only important servicing questions, but also important policy questions about how to provide for seniors’ needs, which the policy and community context are not presently equipped to
meet". The final section of this chapter reviews the services and infrastructure that seniors depend on to maintain their health and independence in order to provide some context to the particular issues and challenges facing community leaders and service providers in rural and small towns at the same time as they are responding to processes related to economic and welfare change.

2.3- Determinants of Seniors' Independence

According to Chappell (2001), the social policy context in Canada focuses on promoting individualism, which emphasizes autonomy and independence of the individual. The irony of this is that, in order to maintain individualism throughout our life course, we must increasingly depend on the availability of social support as we age (McPherson 2004). Independence can convey many meanings depending on the context in which it is being used. When referring to health and social objectives, independence conjures the perception, or recognition, that one has an active role in the decision-making concerning one's own life (Chappell 1992). From the point of view of cost-conscious governments, seniors' independence is directly related to the ability of individuals to remain within their own communities, and out of institutional settings with constant care and supervision. This policy view of independence is highly dependent on the availability of informal social support at the community level to assist with the needs of an aging population (Chappell and Prince 1994). This is important
when considering how local leaders in rural and remote places are able to promote this view of independence in the face of changing social and demographic trends that threaten to undermine local systems of support, such as an increased role of females in the workforce and out-migration of younger residents.

Seniors' independence is often closely linked to their level of health and well being, which is itself influenced by a broad range of interconnected factors, such as socio-economic resources and level of education. The determinants of health framework considers individual responses to wellness and illness as a set of linkages between the social and physical environment, genetic endowment, level of health and functioning, availability of health care and level of economic prosperity (Evans and Stoddart 1990). Health status depends on individual levels of physical and mental well being, formal and informal support systems and the availability and utilization of services in a timely and appropriate fashion (Rosenberg 1998). Rosenberg's (1998) inclusion of social, physical and cultural features recognizes the social interdependencies that are necessary for seniors to maintain independence (i.e., to remain at home or within a community-based setting). This is a useful way for thinking about the maintenance of seniors' independence, and it is in this context that seniors' independence will be conceptualized in my thesis.
Being active in all facets of life (e.g., socially, economically, politically) is a way for seniors to maintain a sense belonging in their communities (Division of Aging and Seniors 1998). The literature on social gerontology suggests that the full integration of the elderly within their communities is the best way to ensure their independence for as long as possible (Rosenberg and Everitt 2001). According to Hodge (1990), the basic needs of an aging population are for housing, social support, community-based services and transportation. In the next section these are discussed in relation to the determinants of seniors’ independence to explain the challenges of service provision in a small town context.

2.3.1- Housing

The main housing concern of the elderly and policy makers alike is to avoid institutionalization for as long possible, and to provide a range of suitable housing options to enable seniors to age in their communities (Badiuk 1990). The traditional form of shelter for the frail elderly was government funded institutions; however the high costs associated with institutions have shifted efforts to accommodate a range of shelter needs that are provided by the public and private sector (Haldemann and Wister 1994). Five major housing related needs that compromise the ability of the elderly to remain in their homes are; affordability, safety and security, structural adaptability to accommodate mental and physical changes, availability of in-home supportive assistance and easy access to personal care and health services (Prosper and Clark 1994). The
availability of affordable housing alternatives is an important consideration influencing the choice of destination for the aging population (Northcott 1988).

In small towns, the single detached house is the most common type of housing supply, and ownership is the most common form of tenure. Current demographic trends affecting housing demand and the aging of the population will increase demand for low maintenance housing with services and amenities (CMHC 2003a). Rental housing is often limited and, if an elderly person wishes to move from their home to eliminate burden/cost, they face problems of finding suitable, affordable rental accommodation in small towns. Low income elderly are faced with an even greater challenge finding suitable housing and often face a premature move into an institutional setting (CMHC 2003b).

The lack of housing alternatives in small towns will have implications for older adults who need to make a housing adjustment based on changing life circumstances. A range of housing options for the elderly are available in today's market ranging from independent living arrangements to dependent or institutional living arrangements. Small towns, however, often have a more limited range of options that may result in the premature institutionalization of seniors and/or an unwanted move to a larger urban centre. The absence of housing options for an aging population to choose from may restrict the option for people to age-in-place (Rowles 1986). While appropriate housing is essential in assisting seniors' independence, the availability of social support is crucial in
rural and small town places, where the capacity of formal systems of support have been significantly downsized by recent rounds of welfare rationalization and service centralization (Hanlon et al. 2007b).

2.3.2- Social Support

Social support is instrumental in maintaining independence for the elderly particularly because the degree to which they can live independently depends on what assistance is needed. Assessing independence can be discussed in reference to the need for assistance with the ‘activities of daily living’ (ADL) and the ‘instrumental activities of daily living’ (IADL). ADL refers to personal care such as, eating, bathing and dressing; or moving about within their personal residence. IADL refers to the tasks involved in household maintenance, such as, grocery shopping, meal preparation, light/ heavy housework or going out for short trips (Chen and Wilkens 1998). Independence, in the sense of control over one’s life, often declines with age, and can ultimately result in seniors entering an institutional setting that provides them with a fixed range of health services and social support (Chappell 1992). The likelihood of making this transfer from the community to institutional living is a function not only of health status but also of the availability of social support in the community, particularly from kin (Moore et al. 1996). Informal support assists the elderly to remain in their homes for as long as possible through the help of family, friends and volunteers. Elderly living in rural and small town places may need to rely on informal networks more
heavily than their urban counterparts because support services may not always be available or accessible (Coward and Cutler 1989, Joseph and Martin-Mathews 1993).

Informal care from family is the most common source of care to seniors (Ministry of Health Services 2004). The family provides companionship, affection and other primary group rewards for its members. After spouses, and especially wives, it is older aged children, especially daughters, who are seen to be the main providers of social support (Rosenthal and Gladstone 1994). However, recent socio-demographic changes, such as increases in single parent families, substantially-increased female employment, the out-migration of children and geographical dispersion of family members, portend a diminishing of family caregiving (Kemp and Denton 2003). These changes may have an impact on seniors who rely on informal sources of care to maintain their independence in places that are already coping with the retrenchment of formal care services, which suggests that there will be an increasing reliance on the voluntary sector for support.

The voluntary sector has always played a role in social support by filling in services gaps and playing an advocacy role. However, changes in the form and function of the welfare state have shifted greater formal care expectations onto volunteer organizations (Wolch 1990). There are many benefits to the voluntary sector's involvement which are associated with their ability to be responsive to
individuals needs in the communities they operate. However, there are some concerns that the voluntary sector will be able to continue to take on greater welfare responsibilities, particularly in rural and remote areas. Hanlon et al. (2007a) argue that voluntary services in a rural and remote town in BC have been affected by changes associated with the government's restructuring of social welfare services, i.e., health care, as they are faced with adopting more business-like operational structures which can arguably threaten a traditional ethos of flexible personalized care and support. Even though it is still unclear if the voluntary sector in Canada, and more specifically rural and small town places, will be able to expand their role in welfare service provision, the literature suggests that the voluntary sector has been able meet greater welfare service demands in countries such as, U.K., Australia and New Zealand (e.g., Crampton et al., 2001 and Fyfe et al., 2006), which suggests there are several opportunities for the voluntary sector for social support in regards to meeting the needs of an aging population.

While there are several opportunities for voluntary organizations to play a significant role in providing social support to seniors, there are also many challenges. Many studies have documented the variation in volunteer availability and civic participation across the regions and provinces of Canada, which is sometimes referred to as the civic core (Reed and Selbee 2000). The civic core refers to the small proportion of volunteers who are heavily involved in various civic activities and are responsible for the majority of contributory effort (Reed
and Selbee 2001). In the context of the aging population and the way social welfare services are delivered, volunteer organizations are facing greater difficulties in attracting and recruiting volunteers as they are forced into seeking out volunteers with specific skills that may not be available in a rural and small town places (Sommerfeld and Reisch 2003). Also, the civic core referred to by Reed and Selbee (2001) may be in threat of ‘burning out’ as a result of volunteer organizations expanding their functions and scope of service. Efforts have begun to look at ways in which appropriate support is being provided for the elderly as these changes move forward, which is discussed in more detail in the following section.

2.3.3- Community Based Services

Recent efforts to combat the rising costs of institutional care have been made to enhance the ability of older persons to remain in their own homes. Eales et al. (2002) indicate that people are more likely to be healthy if there is a good balance between the needs of the older population and the resources in their environments that are available to support them. Community-based services include a broad range of services provided outside of institutional settings to assist with seniors’ needs. Services include; home care (home health, personal care, homemaker), nutrition services (congregate and in-home), mental health, information and referral/ outreach, case management, senior centers, respite care, adult day care, housing and transportation (Krout 1994). For older persons
living in rural and remote places with chronic health problems that do not require long hospital stays, community based services could assist them to remain in the community, rather than entering into an institutional setting (Coward et al. 1994).

2.3.4- Transportation

Independence for many seniors is manifest in the ability to transport themselves to social cultural and recreational events, and to perform tasks such as grocery shopping or attending doctor’s appointments. The reliance on a personal vehicle for an active lifestyle is important for older adults living in small towns where high costs prohibit the provision of public transit or special needs transportation (Bess 1999). Access to personal transportation may be restricted by physical abilities, economics, or personal choice (Schauer and Weaver 1994, McGhee 1983), which creates a dependence on other sources of support, predominantly family and friends to provide seniors transport to various services, appointments or social events. Schauer and Weaver (1994: 44), suggest that “in most rural areas the family is no longer the transportation option that it once was, given the dispersion of youth to other areas of economic opportunity”. This may lead to many older adults at risk of living in isolation without the ability to drive or to access other formal or informal transportation options.
2.4- Conclusion

Seniors in rural and remote communities have limited housing options, inadequate or no public transportation, long distances to travel to obtain professional and commercial services, and a general lack of specialized health and social services. These challenges may create significant barriers to well being and promoting independence (NACA 1999). Population loss in the resource frontier and fewer resources to deal with the needs for an aging community will contribute to a relative increase in a vulnerable elderly population. These changes are often characterized by the experiences of elderly in rural and remote towns who age-in-place where there is an absence of a continuum of social support, housing and health services (Joseph and Martin-Mathews 1993).

This raises questions about the capacity of local systems of governance in rural and remote places when adapting to socio-demographic changes in an era of welfare service retrenchment (Chappell 1994). Drawing on active citizens through networks and partnerships beyond local government is evolving as a strategy in rural governance to accommodate needs that the public sector is no longer responsible for (Jones and Little 2000). Seniors who are in need of limited formal support, not an institution, may be faced with uncomfortable choices such as relocating to another community that provides the services they need. It is through the outcomes of the personal decisions to stay in the service poor communities that the personal troubles of the older adults become a planning
and public policy issue (Bourne and Rose 2001). The determinants of seniors’ independence are factors that community planners and decision makers will need to consider as the population ages. The challenge is in being creative to provide the best service package possible to allow seniors who wish to age-in-place and remain in the community for as long as possible.

In rural and small town places, processes of restructuring are changing the landscape of aging. Each place is equipped to deal with these changes differently and therefore, observing how individual communities perceive and respond to the impacts of population aging are unique in how local systems of governance work towards creating an environment that is supportive of seniors’ health and independence. This can be explored by looking at the strategies that local leaders use to work together collectively (or not), and focusing on the attributes of social capital and social cohesion. The next chapter reviews the current and historical context of the case study community of Mackenzie, BC, a rural and remote community experiencing rapid population aging in the context of economic and welfare restructuring.
Chapter 3: A profile of Mackenzie, British Columbia

3.0- Introduction

Resource development has led to the establishment of many single-industry towns in British Columbia. Gill (1986: 21) describes the ‘frontier’ in which these communities exist;

... it is not the agricultural frontier that characterizes Canada’s active frontier settlement in the latter part of the twentieth century frontier, but a frontier based on resource extraction. This frontier cannot be depicted by a line on a map, but rather consists of scattered isolated communities mainly to the north of the agriculturally settled areas. It is a dynamic frontier advancing and retreating at various times and places in response to the economic fortunes of the resource industries on which it is dependent.

The purpose of this chapter is to set the background and context for my thesis research which is set in Mackenzie. First, Mackenzie’s history as an ‘Instant Town’ is explained to understand the town’s development to address the needs of a young population, and highlights the challenges that an aging population now creates. Next, the evolution of local planning and decision making is reviewed to understand Mackenzie’s local systems of governance and its relation to changing social and economic circumstances. Mackenzie’s economy is entirely dependent on the global forest industry. Characteristics of the local industry and employment are reviewed since the 1980s to understand the recent challenges to both the local economy and to service provision.
An analysis of Census of Canada data provides a picture of some of Mackenzie’s demographic and social characteristics, which are both a product of larger economic change and the harbinger of emerging political and social challenges. Community groups in Mackenzie are then described to understand the level of support that volunteers provide and the capacity of the community to respond to the needs of the population. Finally, Mackenzie’s service environment is discussed; focusing in particular on the recent changes that have been made in the delivery of local health care services that may play a crucial role in keeping seniors in the community and influence how local systems of governance plan for an aging population.

3.1- Creation of an Instant Town

During the 1950s and 1960s, BC’s Social Credit government, led by W.A.C Bennett, embarked on an ambitious development strategy to build up the provincial resource base. The discovery of massive hydro electric power potential in the Peace River region resulted in the development of the W.A.C Bennett Dam, one of the world’s largest hydro-electric dams at the time (Marchak 1983). The dam provided a source of cheap energy to encourage industrial settlement in the north (Williston and Keller 1997). Also during this time, changes in forest policy called for increasing utilization of harvested trees in the interior forest industry, which resulted in more than a dozen pulp and paper mills being built in
the 1960s (Williston and Keller 1997). Together, these conditions were ideal for a
town to be developed as a processing centre for the forest industry.

Legislation created in 1965, the Instant Towns Act, required that a municipality
be established alongside the development of natural resources. Mackenzie is
one of several Instant Towns in British Columbia that were built to serve the
mining and pulp and paper industries (Refer to Table 1).

<table>
<thead>
<tr>
<th>Town</th>
<th>Year Established</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold River</td>
<td>1965</td>
<td>Pulp</td>
</tr>
<tr>
<td>Port Alice</td>
<td>1965</td>
<td>Pulp and paper</td>
</tr>
<tr>
<td>Fraser lake</td>
<td>1965</td>
<td>Molybdenum</td>
</tr>
<tr>
<td>Mackenzie</td>
<td>1966</td>
<td>Pulp and paper</td>
</tr>
<tr>
<td>Sparwood</td>
<td>1966</td>
<td>Coal</td>
</tr>
<tr>
<td>Port Hardy</td>
<td>1966</td>
<td>Copper</td>
</tr>
<tr>
<td>Elkford</td>
<td>1968</td>
<td>Coal</td>
</tr>
<tr>
<td>Granisle</td>
<td>1971</td>
<td>Copper</td>
</tr>
<tr>
<td>Logan Lake</td>
<td>1970</td>
<td>Copper and Molybdenum</td>
</tr>
<tr>
<td>Tumbler Ridge</td>
<td>1981</td>
<td>Coal</td>
</tr>
</tbody>
</table>

Source: Adapted from Gill (2002)

The Instant Town Act marked a new approach to resource town development in
which a new town did not grow slowly from a pre-existing settlement, rather it
was developed into fully functional town within a few years (Halseth and Sullivan
2002). This type of resource town development was in contrast to the previous
model referred to as the ‘company town’, where resource towns were not
planned, but constructed to accommodate a temporary workforce and the town in
turn, grew up around the various stages of industrial development (see Porteous 1970 for Company Town characteristics).

The mid 1900s, were characterized by an era of new resource town development across Canada which involved provincial governments in the planning process and the introduction of comprehensive planning principles (McCann 1978). In BC, new resource towns began to incorporate the needs of workers and their families in community planning and development (Gill 1986). Key aspects of this type of development incorporated health, quality of life, and social well-being as a part of the town’s design criteria (Halseth and Sullivan 2002). These criteria were first incorporated in BC with the construction of the company town Kitimat, which was built to house the workforce for the Aluminum Company of Canada (ALCAN). Clarence Stein, an American community planner, designed the town site of Kitimat in the early 1950s. The main planning goal for Kitimat was to reduce labour turnover and address the social needs of workers and their families. Some of Stein’s design ideas reflected the garden city movement from the Radburn Plan, where neighbourhood design emphasized easy movement for pedestrians by linking residential areas with schools, shopping and recreation areas (Hall 1988). Stein’s planning principles became a model for many of the contemporary resource towns, such as Mackenzie, because in order to attract workers and their families, these principles were seen as important community design features.
Mackenzie is a contemporary forestry dependent town in British Columbia's resource frontier, located 190km northeast of Prince George (Refer to Figure 1).

Figure 1: Map of Case Study Site: Mackenzie, BC

Map of Case Study Site: Mackenzie, BC

Source: Statistics Canada 2001, Adapted by Jessica Place

Mackenzie is continually adapting to changes in the surrounding economic, political and social environment. Hanlon et al. (2007a: 468) argue Mackenzie is:

... undergoing rapid change as a result of broader social-spatial forces acting on and through places. These forces include territorially based welfare reform practices (e.g., regionalization) and the ever broadening effects of economic globalization in the nature and availability of employment.
Today, Mackenzie faces new challenges as population aging is fueling social change (Hanlon and Halseth 2005). This phenomenon calls for greater attention by local governing bodies, particularly those involved with providing the support infrastructure for an elderly population. The community’s capacity to respond to new challenges is influenced by its position in forestry sector reorganization, where local systems of governance focus on managing for these transitions in forestry economies (Halseth and Sullivan 2002). At the same time, population aging has brought to the forefront new issues and challenges.

Established in 1966, Mackenzie was developed as the focal point for the forest industry in the north central interior. Designed to incorporate the same design principles as Kitimat, the townsite has been described as "a suburb in search of a town" (Marchak 1983: 306), because it resembles many post-war North American suburbs near large cities, with single family dwellings on large lots developed around a main strip mall shopping centre. The southern urban based design was an attempt to create a family-oriented setting to reduce high labour turnover (Halseth and Sullivan 2002). The town’s design has proven to be successful with the presence of a stable, permanent workforce and families.

A contributing factor for maintaining a stable workforce is the availability of appropriate housing for young workers and their families. Resource companies have long recognized the benefits of encouraging home ownership to help stabilize the population (McCann 1978, Gill 1986). By the mid-1970s, the two
main companies in Mackenzie, British Columbia Forest Products (BCFP), and Finlay Forest Industries (FFI), had built nearly 1,000 single detached family dwellings to house their workforce and families (Halseth and Sullivan 2002). However, Mackenzie was not intended to be a traditional company town where industry was the main provider of services and infrastructure. Rather, the employees were expected to purchase their homes and the private sector was expected to meet the rest of the community’s demands (Veemes 1985; Everitt and Gill 1993). In an effort to avoid dependence on BCFP and FFI, the companies issued buy-back clauses to promote home ownership and show residents that they had a commitment to create a permanent town (Trade Union Research Bureau 1974). By 1976, BCFP and FFI released all company owned houses onto the open market and private industry was left to diversify and add to the housing stock based on local demand.

Such diversification has taken place in Mackenzie with the presence of single family dwellings, trailer parks, town house complexes and apartments. However, the aging of the population is placing new demands on the housing stock. This is a result of recent requests by older residents for the construction of independent and assisted living units (Halseth et al. 2004a). The availability of appropriate housing to meet the needs of Mackenzie’s older residents is one of the predominant factors influencing the decisions of individuals when choosing to retire in town (Halseth et al. 2004a).
Mackenzie's geographical location is essential for serving the needs of the forest industry, however, it is not the ideal place for a townsite. The Instant Town legislation created the conditions for a full service town in a relatively isolated location, and over time the young workforce and their families created a community in a resource town. The difference between the Instant Town and a Company town is that the provincial government was not responsible for providing any service support to a company town whereas, the provincial government was responsible for providing a level of services in an Instant Town (McCann 1978). Today, the original young person's town design is coming under pressure to meet the needs of the older residents who are choosing to retire close to their family and friends. As the community matures, local leaders will play an important role in accommodating the new demands from an aging population. The next section discusses the evolution of local systems of governance and how they work together to try to satisfy a variety demands from a community living in a remote resource town.

3.2- Local Governance

In spite of its status as an Instant Town, the evolution of local government in Mackenzie took time. The Letters Patent required a local town council to be created alongside the establishment of a municipality. In 1966, the first interim council was appointed to satisfy the requirements of the Letters Patent (British Columbia 1966). The council was dominated by BCFP employees symbolizing
the control of the forest companies on community planning and decision making (Veemes 1985). Major decisions affecting Mackenzie, therefore, were not made in the council chambers; rather they were made in the head offices of BCFP in Vancouver and by financial and policy advisors of parent companies in Toronto (Marchak 1983). This decision making structure was characteristic of a company town, even though this was not the intent of the Instant Town legislation.

The year 1972 marked the first full civic elections. The creation of an elected governing body was a turning point for local planning and decision making because the interests of the residents were taken more directly into consideration. Community members since then have been encouraged to participate in local politics by attending open council meetings and presenting their concerns to council. Today, with the first female Mayor and a council with the presence of retired community members, local business men and women represent a mature community.

Mackenzie has a very vibrant and representative local government. Similar to other municipalities across the province, the local government is responsible for providing the basic essential services; clean water, garbage collection, sewer systems, roads and sidewalks, streetlights, and fire and police protection. Other services that local government may provide include libraries, parks, and recreational facilities such as skating rinks, gymnasiums and swimming pools (Union of BC Municipalities 2006). The local government at the District of
Mackenzie provides basic essential services and recreational services. They are also supportive of local groups by providing meeting space and funding programs that could not exist without their support. The Council works with the local Economic Development Officer to search for ways to diversify and strengthen the economy. Recent efforts have included partnering with the McLeod Lake Band in applying for a community forest license, and promoting mining exploration in the area (Mackenzie Times 2004, District of Mackenzie 2004a, District of Mackenzie 2004b).

Apart from local government, there are citizen advisory committees in Mackenzie that are formed by appointed volunteers. These committees are an important aspect of local planning and decision making and are a way for citizens to participate in local decision making (Tindal and Nobes Tindall 1990). A representative from council will attend their meetings in order to be informed of the issues central to different aspects of the community. These advisory committees are also a way for local government to communicate local issues and problems to higher levels of decision making. For example, the Mackenzie and Area Select Health Advisory Committee's mandate is to report and make recommendations to Council in regards to issues relating to health delivery and services to the residents of the District with the goal of ensuring communication with Northern Health, the regional health authority. The presence of citizen advisory committees reflects the changing nature of governance, which includes
non-governmental groups and organizations in local planning and decision making.

Over time there has been a shift away from a company town governance structure to one that represents the interests of the entire community, which was the main intent of the Instant Towns Act. Maintaining a strong and diversified local economy remains a priority for local leaders. However, their decision making capacity is often dictated by the global forest industry, which influences Mackenzie's ability to respond to social, political and economic issues. The next section reviews Mackenzie's economy and the factors that contribute to its volatility.

3.3- Local Economy

Halseth and Sullivan (2002) argue that Mackenzie faces three geographies influencing its economic development and community planning. First, Mackenzie continues to have a heavy dependence on the forest sector, and in the last 30 years there has been little economic diversification. Also, technological upgrades in the mills have reduced the size of the labour force as forest product manufacturing becomes more automated. Second, the town is located two hours north of Prince George, which creates considerable retail leakage and threatens the ability of local retailers to stay open. And finally, it is situated 30 km off the
main transportation route in the region, leaving little opportunity to take advantage of tourist and commercial traffic.

While economic development is influenced by these three geographies, the strength of the local economy depends on the success of its basic sector. Mackenzie's economy can be divided into two sectors, the basic and non-basic (Tiebout 1962). Economic base theory has traditionally considered that the principal basic activity, or propulsive force of a local economy, is manufacturing for export, while its non-basic sector consists of services for the local population. Growth experienced in the basic sector creates spin-off economic activity in the local economy that enables growth in the non-basic sector (Tiebout 1962).

The global forest industry is the backbone of Mackenzie's economy. During the 1980s, the outlook for the global forest industry was bleak, creating a drop in demand for BC's forest products on the international market (Hayter 2000). The immediate result was a province-wide recession which was the beginning of a series of changes that would dramatically impact forest dependent communities (Markey et al. 2005). This global economic climate was evident in Mackenzie as local forest companies curtailed production, forecast temporary closures and reduced the number of workers needed (Mackenzie Times 1982). Automation of the production process is another strategy of industrial restructuring that has affected the size of the workforce (Hayter 2000). These structural changes have created a new core of casual workers who typically receive lower pay and fewer
benefits (Ostry 2000). An increased pool of temporary labour allows companies to increase or decrease the size of their workforce to respond to market pressures (Hayter 1997). The reduction in the number of jobs available since the early 1980s is now reflected in the out-migration of younger aged workers in resource towns (Bryant and Joseph 2001).

Since its establishment, Mackenzie's economy has been dominated by a number of large multinational forestry corporations, who control the operations from outside the community (Halseth and Sullivan 2002). Mill closure has been a common trend in many resource dependent communities, especially on Vancouver Island, which has caused many hardships for these communities (Hayter and Barnes 1994). Three components of the forest industry are present in Mackenzie; pulpmills, sawmills, and extensive logging operations (Marchak 1983). Currently there are two large sawmill complexes (Abitibi-Consolidated and Canfor\(^2\)), a pulpmill (Pope and Talbot), and a pulp and paper plant (Abitibi-Consolidated). Over half of Mackenzie's workforce is employed in manufacturing forest products (e.g., pulp and paper, sawmill, newsprint), identifying the heavy dependence on the surrounding forest resources for its economic health and well being (Veemes 1985).

Most forest sector employees in Mackenzie belong to large national unions which have the power to affect the workers and community extensively, these are; Pulp,

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\(^2\) On May 22, 2007 Canfor Corporation announced that it was closing its Mackenzie sawmill indefinitely as part of their broader cost management program. This will potentially affect 450 people working in the mill.
Paper and Woodworkers of Canada (PPWC), United Steelworkers (USW) and Communications, Energy & Paperworkers Union of Canada (CEP). In the past, major union strikes have resulted in people leaving the community because they were not financially able to wait out labour disruptions (Halseth and Sullivan 2002). On the other hand, unions have been able to negotiate with the large forest companies to get exceptional health benefits and sizeable pensions to compensate for the costs of living in a remote community (Halseth et al. 2004a).

The workforce in Mackenzie is characterized by a distinctly gendered division of labour. Men historically have high wage, union organized and labour intensive mill jobs in the basic sector, while women participate less, tend to have lower wage, non-unionized service sector jobs in the non-basic sector (See Table 2). This is a situation that has not changed much since the 1970s (Northern British Columbia Women's Task Force 1977).

Table 2: The proportion of males and females participating in workforce by sector, 2001

<table>
<thead>
<tr>
<th></th>
<th>Mackenzie Males</th>
<th>Mackenzie Females</th>
<th>British Columbia Males</th>
<th>British Columbia Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total all occupations</td>
<td>59.0</td>
<td>41.0</td>
<td>53.0</td>
<td>47.0</td>
</tr>
<tr>
<td>Managerial</td>
<td>71.0</td>
<td>29.0</td>
<td>64.2</td>
<td>35.8</td>
</tr>
<tr>
<td>Business, finance, admin</td>
<td>20.0</td>
<td>80.0</td>
<td>25.9</td>
<td>74.1</td>
</tr>
<tr>
<td>Natural, app. sciences, and related</td>
<td>58.8</td>
<td>41.2</td>
<td>80.8</td>
<td>19.2</td>
</tr>
<tr>
<td>Health Occupations</td>
<td>36.4</td>
<td>63.6</td>
<td>23.0</td>
<td>77.0</td>
</tr>
<tr>
<td>Soc. sc., educ., gov't services, religion</td>
<td>14.8</td>
<td>85.2</td>
<td>34.9</td>
<td>65.1</td>
</tr>
<tr>
<td>Arts, culture, rec., and sport</td>
<td>25.0</td>
<td>75.0</td>
<td>48.0</td>
<td>52.0</td>
</tr>
<tr>
<td>Sales and service</td>
<td>18.5</td>
<td>81.5</td>
<td>42.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Trades, transport and related</td>
<td>97.6</td>
<td>2.4</td>
<td>94.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Primary Industry</td>
<td>85.7</td>
<td>14.3</td>
<td>75.0</td>
<td>25.0</td>
</tr>
<tr>
<td>Processing, manuf., and utilities</td>
<td>82.7</td>
<td>17.3</td>
<td>74.5</td>
<td>25.5</td>
</tr>
</tbody>
</table>

Source: Statistics Canada, E-Stat, 2001
While there are women working in the processing and manufacturing sectors today, their numbers are very low relative to sectors such as education and government, sales and service, business administration, social services and health care. Also, the proportion of Mackenzie females in many sectors is lower than provincial figures. Together, these data indicate that Mackenzie's basic industry remains male dominated. Noticing similar trends in the past, Marchak (1983) argues that gender is a primary division of labour in resource towns and women's roles in the secondary and tertiary sectors are important for the maintenance of these places.

Changes in Mackenzie's basic sector are felt directly in the non-basic sectors. For example, out-migration and population stagnation that results from forestry restructuring leads to a declining tax base with which to pay for local municipal services, as well as loss of markets for retail and other private sector amenities with little opportunities for revenue substitution. Also, Mackenzie's proximity to Prince George, a regional service centre, makes it difficult for local services like retail to grow and diversify, especially during periods of economic stagnation. As economic base theory predicts, the non-basic sector in Mackenzie is comparatively small and oriented to lower order personal service needs of its residents. However, the non-basic sector in rural and small town places is essential for maintaining a stable population, in that it is depended on to satisfy the diverse needs inherent in a place's distinct social and demographic characteristics.
3.4- **Demographic and Social Characteristics**

Many resource-based towns in BC are now exhibiting a mature population profile which can be observed by examining census data. Population change in Mackenzie reflects the in and out-migration of residents, which is often linked to economic success and hard times of its basic industries (Halseth 1999a). Table 3 shows the population for Mackenzie, the Fraser Fort George Regional District (FFGRD), and BC from 1981 to 2006. In Mackenzie, there was a small decline between 1981 and 1986, and then the population remained relatively stable from 1986 to 1996; over the last decade, there has been a significant decline in the population. The trend in Mackenzie’s population is similar to the population counts in the FFGRD, whereas, it is in contrast to the province which has experienced steady growth over the last 20 years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Mackenzie</th>
<th>FFRGRD</th>
<th>BC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>5,890</td>
<td>89,430</td>
<td>2,744,467</td>
</tr>
<tr>
<td>1986</td>
<td>5,545</td>
<td>89,345</td>
<td>2,883,367</td>
</tr>
<tr>
<td>1991</td>
<td>5,796</td>
<td>90,270</td>
<td>3,282,061</td>
</tr>
<tr>
<td>1996</td>
<td>5,995</td>
<td>98,975</td>
<td>3,724,500</td>
</tr>
<tr>
<td>2001</td>
<td>5,206</td>
<td>95,320</td>
<td>3,907,738</td>
</tr>
<tr>
<td>2006</td>
<td>4,539</td>
<td>92,264</td>
<td>4,113,487</td>
</tr>
</tbody>
</table>

Source: Statistics Canada

Table 4 illustrates the percent of population change from 1981 to 2006. Mackenzie’s stable or declining population levels stand in marked contrast to the provincial growth rate of approximately 13% from 1991 to 1996, and 5% from
2001-2006. While trends in Mackenzie are similar to those of the FFGRD, the more recent rates of population decline are considerably greater in the community compared to the wider region.

Table 4: Percent Population Change, 1986-2006

<table>
<thead>
<tr>
<th></th>
<th>Mackenzie</th>
<th>FFGRD</th>
<th>BC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981-1986</td>
<td>-5.9</td>
<td>0.1</td>
<td>5.1</td>
</tr>
<tr>
<td>1986-1991</td>
<td>4.6</td>
<td>1.6</td>
<td>13.8</td>
</tr>
<tr>
<td>1991-1996</td>
<td>3.5</td>
<td>9.1</td>
<td>13.5</td>
</tr>
<tr>
<td>1996-2001</td>
<td>-13.2</td>
<td>-3.7</td>
<td>4.9</td>
</tr>
<tr>
<td>2001-2006</td>
<td>-12.8</td>
<td>-3.2</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Source: BC Stats, Statistics Canada

Patterns of population loss are common in resource-dependent and single-industry towns in BC, and can be linked to permanent layoffs due to automation in the mills and changes in market demand (Hayter 2000). It is population loss tied to economic restructuring that has influenced the rate of out-migration in Mackenzie (Hanlon and Halseth 2005).

Another useful tool to examine local population change over time is population pyramids. Population pyramids provide a picture of the age structure broken down by 5 years age groups and sex (Norton 2004). The age structure observed in resource towns has traditionally been characterized by a younger demographic profile (Everitt and Gill 1993). For Mackenzie, population pyramids have been constructed for the Census years of 1981 (Figure 2), 1991 (Figure 3), and 2001.
(Figure 4)³ In 1981, Mackenzie was a community of young families with the largest age group being adults aged 25-34 with children aged 0-14. During this time Mackenzie has a relatively stable economy with a permanent workforce.

**Figure 2: Population Pyramid of Mackenzie, 1981**

![Population Pyramid of Mackenzie, 1981](image)

Source: Statistics Canada, 1981

By 1991, Mackenzie is starting to exhibit what is referred to as aging-in-place. This is illustrated in Figure 3 as the bulge has shifted to adults aged 35-44 and their children are now 5-14. Aging-in-place, in this context, occurs when there are no new jobs for the younger generation to fill which may force the youth to migrate to other locations for employment and training opportunities. Figure 3 also illustrates that the workforce is beginning to age.

³ 2006 Census data at the age-sex level is available July 15, 2007.
By 2001, aging-in-place is continuing with the largest proportion of adults aged 35-44 with their children aged 5-24 (Figure 4). A decline in youth relative to 1981 can be observed in the recent closure (2002) of one of the elementary schools in Mackenzie. Also, for the first time, there is a growth in the older population as there is a larger proportion of the population over 50 and 60 remaining in the community.
Figure 4: Population Pyramid of Mackenzie, 2001

Source: Statistics Canada, 2001

Many of the young workers who came in the early 1970s are now nearing retirement age, which is illustrated in by the large bulge moving upwards through the population pyramids over time (Figures 2-4). This cohort contains the aging core of unionized workers who are considered the 'survivors' of the recessions throughout the 1980s (Ostry 2000). Recent survey results suggest that residents choosing to retire in the community have been in Mackenzie around thirty years (Halseth et al. 2004a).

Table 5, indicates that the population aged 65 years and older has been growing rapidly over the last two decades. From 1981-2001 the percent of the population 65 years and older increased slowly across the province, while this segment of the population more than tripled in Mackenzie and more than doubled in the FFGRD. Since 1996 the seniors' picture in Mackenzie is in stark contrast to what
is occurring on the provincial level. The cohort aged 65 and older increased more than 90% in Mackenzie compared to just under 4% growth in this cohort provincially from 1996 to 2001. While Mackenzie's demographic profile remains considerably younger than that of the province as a whole, the gap between the two is rapidly decreasing, as demonstrated in the far right column of Table 5. These trends will have substantial implications for local planners and decision makers to adapt to the needs of older residents much sooner than the rest of the province in what has traditionally been a "young" part of the province.

Table 5: Percent of Population 65 Years and Older, 1981-2001

<table>
<thead>
<tr>
<th></th>
<th>Mackenzie</th>
<th>FFGRD</th>
<th>BC</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Popn 65+</td>
<td>5 Year Change</td>
<td>Popn 65+</td>
<td>5 Year Change</td>
</tr>
<tr>
<td>1981</td>
<td>0.7</td>
<td>3.1</td>
<td>10.9</td>
<td>15</td>
</tr>
<tr>
<td>1986</td>
<td>0.8</td>
<td>14.3%</td>
<td>4.0</td>
<td>29.0%</td>
</tr>
<tr>
<td>1991</td>
<td>0.9</td>
<td>12.5%</td>
<td>4.9</td>
<td>22.5%</td>
</tr>
<tr>
<td>1996</td>
<td>1.2</td>
<td>33.3%</td>
<td>5.7</td>
<td>16.3%</td>
</tr>
<tr>
<td>2001</td>
<td>2.3</td>
<td>91.7%</td>
<td>7.4</td>
<td>29.8%</td>
</tr>
</tbody>
</table>

Source: Statistics Canada

Table 6 shows the percent of the workforce aged 44 and older. The older workforce in Mackenzie has more than tripled since 1981 and that of FFGRD has nearly doubled over this time, compared to a more modest 19% increase in the total provincial workforce. The data in the right hand column of Table 6 suggest a sharp erosion of the basis upon which Mackenzie's workforce, as well as that of the FFGRD, is characterized as 'youthful'. In fact, the data in Table 6 clearly show that Mackenzie's contemporary workforce looks considerably more like that of the province as a whole, in demographic terms, than it did in the early 1980s,
as the majority of its workers are now over the age of 44. It is this proportion of the workforce that over the next ten years will be retiring and possibly staying in the community (Halseth et al. 2004a), thus placing demands on all aspects of community life.

Table 6: Percent Population of Workforce Aged 45 Years and Older, 1981-2001

<table>
<thead>
<tr>
<th>Year</th>
<th>Mackenzie</th>
<th>FFGRD</th>
<th>BC</th>
<th>Ratio</th>
<th>Workforce 45+ BC / Mackenzie</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>20.4</td>
<td>39.8</td>
<td>64.5</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>26.5</td>
<td>30.6</td>
<td>60.8</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>31.9</td>
<td>49.0</td>
<td>59.3</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>38.4</td>
<td>57.3</td>
<td>58.9</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>63.7</td>
<td>77.7</td>
<td>83.4</td>
<td>1.6</td>
<td></td>
</tr>
</tbody>
</table>

Source: Statistics Canada

Census data provides us with place specific information about the social and demographic characteristics of the population. These characteristics are dynamic and are constantly changing in response to the broader context in which they are situated. What is unique in resource towns, such as Mackenzie, is that community life emerges from a shared experience, the natural resource that supports its existence. The next section discusses the range of informal services and supports that play a significant role in the community.
3.5- Community Groups

Over time, Mackenzie has developed into a vibrant and active community with the presence of many community based groups and clubs (Table 7). Each group provides a particular service for the community ranging from health and wellness to social events. In reference to the seniors’ needs, there are several community groups that play a significant role.

Table 7: Mackenzie Community Groups

<table>
<thead>
<tr>
<th>Social and Cultural</th>
<th>Community Business and Advocacy</th>
<th>Health and Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Anon Club</td>
<td>Times Newspaper</td>
<td>Alcoholics Anonymous</td>
</tr>
<tr>
<td>Arts Council</td>
<td>College of New Caledonia</td>
<td>Candy Stripers</td>
</tr>
<tr>
<td>Beta Sigma Phi Zeta Epsilon</td>
<td>Autumn Lodge Society</td>
<td>Care ‘N’ Share Foundation</td>
</tr>
<tr>
<td>Beta Sigma Phi Eta Delta</td>
<td>Chamber of Commerce</td>
<td>Counselling Services Society</td>
</tr>
<tr>
<td>Club ‘55</td>
<td></td>
<td>Heart and Stroke Foundation</td>
</tr>
<tr>
<td>Mackenzie and District Museum Society</td>
<td></td>
<td>Mackenzie Hospital Auxiliary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mackenzie Meals on Wheels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Search and Rescue</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elks Lodge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kin Club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knights of Columbus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ladies Legion Auxiliary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legion Branch #273</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lions Club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotary Club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masonic Lodge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shriners</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: District of Mackenzie, No Date, Accessed April 2007

Community groups, in particular, serve as a lens to observe local leaders from different groups working together. Working together involves a variety of annual events hosted by volunteer groups, private organizations and local government. The local network of volunteer groups and service clubs provide a range of
services to all ages, host community events and provide facilities with which the community has a high degree of satisfaction (Halseth et al. 2004a). The desire to achieve similar outcomes may also reinforce features of social capital as discussed in Chapter Two, and create inter-personal linkages that build socially cohesive networks and partnerships (Halseth and Sullivan 2004).

Most of the community groups in Mackenzie are run by volunteers. The availability of volunteers is an essential, yet very limited, part of community life and the operations of the community groups are maintained by a core group of active volunteers (Veemes 1985). The limited pool of active volunteers indicates that burn-out can cause certain aspects of the community to disappear (Barer et al. 2004, Bruce et al. 1999). An example of this can be seen in Mackenzie’s Arts Council. Over the last ten years, much of Mackenzie’s arts and cultural life disappeared as a result of too few volunteers. Some of the reasons for its decline included too much work landing on too few people (Mackenzie Times 2005). Recently, however, there has been an arts culture ‘revival’ which includes a community choir, open talent night at the “coffee house”, and variety of events to showcase local talent (Mackenzie Times 2005).

Services offered by many of the community groups that support individual needs, such as meals-on-wheels, will be important for meeting seniors’ needs and supporting their independence. The increasing senior’s population indicates that community groups will need to expand their scope of service to accommodate a
new combination of needs. Community services will be especially crucial during an era of formal service retrenchment where the informal sector is often expected to fill any service gaps. The next section reviews the local services that are available in Mackenzie, and how this service environment has been affected by recent rounds of economic and welfare restructuring.

3.6- Local Service Environment

Many services are available to support the residents of Mackenzie. These include: grocery stores, two strip style shopping malls, restaurants, childcare centers, health unit, fire department, RCMP offices, and an active municipal government (District of Mackenzie 2006). Overall, residents have a high degree of satisfaction with local community services and facilities (Halseth et al. 2004a). A challenge for many local services has been Mackenzie’s proximity to Prince George, which has resulted in considerable retail leakage because of the greater range of services and entertainment options located in Prince George (Halseth and Sullivan 2000). Although there are many services available in Mackenzie to accommodate the everyday needs of residents, more specialized services, often health related, are not available to residents, especially seniors, and they are increasingly required to travel to Prince George. This may create problems with the advent of an increasing number of retirees possibly living out their later years.
in Mackenzie as the most significant changes in local service provision have been experienced in health care.

Since the creation of the regional Northern Health Authority in 2001 (currently referred to as Northern Health or NH), health care services in Mackenzie have undergone several rounds of restructuring (Hanlon and Halseth 2005). Many services have centralized into regional centres, such as Prince George, while a number of remaining services have undergone rationalization and intensification (Pinch 1997). Northern Health proposed a long term goal to increase funding for 'upstream solutions' that promotes improved health and reduces the demand for hospital care for vulnerable populations (NHA 2002). Upstream solutions focus on addressing the issues that are the root causes of ill health for vulnerable populations, such as making resources and supports available to promote and maintain healthy lifestyles.

One of their solutions to achieve this has been to redirect funds from acute care into health promotion and chronic disease management, also known as primary care. Included in this plan is to provide more day programs, respite care and increased home care and home support services to enable people to live in the community and maintain their independence for as long as possible (NHA 2002). However, most of these services are to be concentrated in Prince George (NHA 2002).
The main issue regarding these changes is that Mackenzie's population is rapidly aging, and will require these services to be available in the community (NH 2004). These changes are occurring at a time when the North has the highest projected growth rate of seniors in BC, with a 48 percent projected increase by 2010 (NH 2004). Fuller (2003) argues small communities that lose vital health services may also see population and resources drain from their communities, as families and seniors move to places where they have a better chance of accessing services. Hanlon and Halseth (2005) comment further that regionalization of health and social services can exacerbate problems of access in places that are experiencing declining populations and a shrinking tax base.

The regional health service's early Operating Plans emphasized a shift from acute care to home and community care (NH 2003). Staff hours have intensified by decreasing the number of full time employees from 42 FTE down to 33 FTE (Canada Health Care Association 2002). By decreasing the number of FTE employees (e.g., maintenance staff and removing some of the nursing shifts), the hospital can draw on the flexibility of part time employees and increase staff hours only when the hospital is experiencing higher patient volumes. The number of acute care hospital beds decreased by 16 beds leaving the hospital with 5 beds (NH 2002). The remaining five beds are to be used for a range of care needs such as acute care, complex care and respite. At this time, Mackenzie does not have any assisted living units allocated in their operating budget. When referring to the number of seniors that require such services, there is still some
time before there will be sufficient numbers to warrant an allocation of complex care beds. The local hospital has, therefore, experienced considerable downsizing over the last decade, with minimal re-investment occurring in community care resources to offset these losses.

The regional health care changes from acute care to an emphasis on home and community care, and the spatial concentration of assisted living and complex care beds in Prince George suggests that welfare responsibilities may be placed on local groups in Mackenzie. In particular, helping seniors maintain their independence is occurring in an environment of very constricted provision of services. Local systems of governance are increasingly becoming responsible for seeking out appropriate housing for the elderly and providing social care. For example, providing assistance with instrumental activities of daily living (IADL), such as bathing, housecleaning, is no longer offered by the province. To respond to these changes, it will be up to local systems of governance to look for alternative options and draw on the strengths of the families and community groups to meet the needs of an increasing number of retirees that want to remain in the community.
3.7- Conclusion

Mackenzie was established with the Instant Towns Act in 1965 alongside the development of the forest industry. Over time, Mackenzie has evolved into a fully functional town and remained a viable site for the forest industry in the face of major industrial restructuring. Economic restructuring, however, has reduced the size of the local workforce which has forced the younger population to leave in search of other employment opportunities. The major impact on the community has been an increase in the proportion of local population that is older and very few resources to deal with this shift from a young population to one that is aging-in-place.

The global forest economy plays a significant role in how local leaders allocate their time and resources as the forest industry remains the life blood of the local economy. Throughout its existence, Mackenzie has been able to overcome many challenges associated with economic and social change, which suggests that the local leaders are equipped to look for creative solutions to facilitate aging-in-place in a town that grew up around serving the needs of the forest industry. There are mechanisms in place to respond to the needs of the community and to ensure local government is aware of local issues and concerns through partnerships and networks with local organizations and community groups. These mechanisms are important if local leaders will be able to work together to meet the needs of its population. What is not yet clear is if these mechanisms will
be able to adapt and expand to incorporate the diverse needs associated with the life style changes that occur after the age of sixty-five.

Overall, Mackenzie’s context is influenced by its physical location and its place within broader systems of change, such as economic restructuring and social welfare services reorganization. In many ways, the greying of Mackenzie indicates that the community design was successful in encouraging workers and their families to stay in Mackenzie for the long term (Halseth and Sullivan 2002). This context will highlight the perceptions of Mackenzie’s local leaders about the allocation of resources towards an aging population. The next chapter discusses the methodology used to gather the local leader’s perceptions and profiles the respondents that participated in this study.
Chapter Four: Case Study Methodology

4.0- Introduction

The purpose of this chapter is to discuss the details of the research design and outline how the data were collected and analyzed. The first section describes the case study methodology that frames how my thesis research is designed. The details of the data collection process include a discussion on the primary and secondary data sources, how I collected the primary data and the criteria for my respondent selection. Included in this chapter is a review of the respondent characteristics and the organizations they represent. I then describe how I analyzed the primary data and the tools used to organize the findings. The final section discusses the steps I took to reduce bias and create a rigorous account of the experiential aspects of population aging in Mackenzie.

4.1-Case Study Methodology

Many qualitative investigators use the case study approach as a guide to their research (Castree 2005), and it is a traditional feature of research methods in human geography (Hay 2000). A case study is defined by Yin (1989:23) as an empirical inquiry that "... investigates a contemporary phenomenon within its real-life context". Case studies usually involve investigating one or more
phenomena in some depth at a specific geographic scale. Case studies can focus on an individual, group or entire community, and utilize a number of data gathering techniques such as life histories, documents, oral histories, participant observation or in-depth interviews (Berg 2004). Designing research in this way allows for an appreciation of the local variations of the changing social processes occurring in places (Little 2001).

Case study research can include single or multiple cases (Yin 1993). Castree (2005:541) argues, "what makes a potential case is that the phenomena under investigation can be found in other places, regions or countries: the case may be unique but it is not singular". This thesis looks at a single case which focuses on responses of local leaders to population aging in Mackenzie, BC. While population aging is an issue that affects social, political and economic life in many counties across the world, population aging in Mackenzie is a new phenomena facing planners and decision makers.

It is important to understand the limitations and concerns inherent in a case study methodology (Stake 1995). Qualitative case studies are limited in their capacity to provide statistical generalizations applicable to larger populations. This is often why case study researchers have had difficulty in translating such work into a policy context (Martin 2001). One of the central critiques of case study research is that the findings are limited in contributing to the broader synthesis of understanding (Hay 2000). Kearns and Moon (2002) argue that the knowledge
generated by local case studies is in danger of remaining place-bound. However, by paying attention to the local-general dynamic, I aim to interpret the local informants' perceptions of population aging within the general explanatory frameworks from the literature (Skinner 2005, Halseth 1993). The value in a case study research design is that it provides useful insights into how local responses to a problem have been conceptualized alongside broader trends, such as economic restructuring (Miles and Huberman 1994).

Berg (2004: 251) argues that “a case study allows the researchers to capture various nuances, patterns and more latent elements that other approaches may overlook because the case study method tends to focus on holistic description and explanation”. This research involves a qualitative analysis of experiences and responses from local leaders in Mackenzie. The narratives that evolve from the answers to the interview questions form the basis for the presentation of results in the next chapter. The ultimate intent of the case study design is to integrate the responses within the conceptual framework introduced in Chapter Two to develop an understanding of population aging in the Instant Town of Mackenzie. The remainder of this chapter focuses on how the case study data were collected and the steps taken to establish a valid study.
4.2- Data Collection

Case study research incorporates a variety of data gathering measures (Berg 2004). Data collection for this research is organized from primary and secondary data sources. Primary data involves research that comes from direct communication with the subjects, such as survey or interview methods. Secondary data involves research that reviews the literature and data sources collected for some other purpose than the study at hand. Secondary data in this study are used to contextualize the findings from Mackenzie’s local leaders.

4.2.1- Primary and Secondary Data

All primary data were collected from interviews with key informants in Mackenzie and my field note observations. A key informant is defined by Gilchrist and Williams (1999: 358) as "an individual who possess special knowledge, status, or communication skills, which is willing to share their knowledge, and skills with the researcher and who has access to perspectives or observations denied the researcher". Bradshaw and Stratford (2000) say that it is perfectly feasible to conduct in-depth interviews with the ‘right’ people because they provide significant insights into the research issue. Key informants are considered to be well informed about the issue being examined and are, therefore, considered to be the ‘right’ people and should be able to provide information-rich data for this study. For this study, key-informants were ‘local leaders’ who were selected
based on their leadership or management roles in organizations across the public, private or voluntary sectors. Across these sectors, I interviewed local leaders in local government, health and wellness professions, and a range of employers and private enterprises. A potential limitation of relying on a single type of primary data (i.e., perceptions of local leaders) suggests that the views that are explored in this study are from a particular viewpoint and may not necessarily represent the diverse views of the entire community.

The decision to focus on local leaders is based on my involvement in a previous study that examined seniors' needs in Mackenzie (Halseth et al. 2004). In this study, we collected detailed information from older adults in the community through the use of key informant interviewing, focus groups, and a survey questionnaire distributed to every household in the community. The research provided a comprehensive overview of present and future needs of seniors themselves (see Hanlon et al. 2007a). For my thesis research, I chose to focus on those involved in local planning and decision making as a glimpse into the processes by which community level adaptations are made, and the challenges and opportunities associated with these dynamics of local governance.

Secondary data were collected from a variety of sources, including the local daily newspaper, literature that specifically focuses on Mackenzie, council meeting minutes, and results from the Mackenzie and Area Seniors' Needs Overview Study (Halseth et al. 2004a). The Mackenzie and Area Seniors' Needs Overview
study was conducted the year prior to my thesis research, and was based on the results from a community survey about what is needed in Mackenzie to meet seniors' needs. The Mackenzie Times newspaper was reviewed over the last two decades to gain insights into local events and issues that were mentioned in the interviews. District of Mackenzie council meeting minutes from 2004 to early 2006 were gathered and analyzed to provide context to the issues facing council during the study. Literature from government reports and academic journals were also used to gain an understanding of contemporary and long-standing issues facing the community.

4.2.2- Respondent Selection and Recruitment Procedures

Respondent selection for the purposes of this thesis was determined by the need to involve as many local leaders' experiences as possible to saturate the research questions; that is, sampling occurred purposefully until repetition from the primary and secondary data was obtained (Morse 1994). Patton (2002) identifies two major strategies on respondent selection: random sampling and purposeful sampling. Random sampling is based on statistical representativeness and is usually associated with quantitative inquiry. Purposeful sampling is associated with qualitative inquiry and focuses on relatively small samples that are selected purposefully to obtain information rich cases. Information rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research (Patton 2002).
I used two techniques of purposeful sampling to gain access to the respondents; maximum variation and snowball sampling techniques. Maximum variation sampling is when the participants are purposefully picked to get a wide range of participants that will cover variations in the topic of interest. This method was also complemented by incorporating a snowball technique at the end of each interview by asking each participant if they could recommend anyone who they thought would be important to include in this study. By combining the two sampling methods I was able to gain access to local leaders across the public, private and voluntary sectors. After conducting twenty-five interviews I was not gaining any new information that pertained to my research questions. Morse (1994: 231) argues that “if the researcher is not learning anything new, he or she may be reasonably certain that data are saturated”. Eight more interviews were conducted in order to have sufficient representation from the local leaders across the public, private and voluntary sectors. The total sample for this study consists of thirty-three interviews that were conducted in Mackenzie from May to July of 2005.

In order to maintain rigorous standards in qualitative inquiry, ethics and ethical issues must be apparent throughout the recruitment and interviewing process (Patton 2002). Ethical approval for this research was obtained from the UNBC Ethics Review Board and the Northern Health Research Board. Each participant was provided with a study information sheet and asked to sign an informed consent form (Appendix A).
Key informants were initially approached by telephone to request participation in the study. For those who agreed to participate, I arranged a meeting for the interview at a specific date, time and location. The majority of the interviews were conducted face-to-face in Mackenzie, however, four interviews were conducted over the phone due to scheduling conflicts. The face-to-face interviews were conducted in locations most convenient to the key-informants in Mackenzie, including their offices or local venues (e.g., restaurants, coffee shops). Before conducting the interview, I would remind the participant about the purpose of the study and review the consent form outlining the confidentiality and anonymity of their participation in this study and in the reporting of the findings.

All participants were made aware of the presence of the digital recorder and the importance of recording the conversation before the start of the interview. Everyone agreed to have their conversation recorded. The interview began once the participant signed the consent form and the audio recorder was turned on. Each interview took approximately 60 minutes to complete, with the shortest interview lasting 35 minutes and the longest approximately 90 minutes. I used a digital voice recorder to ensure that there was a record of the entire conversation to verify my notes. The advantage of recording the conversations was to capture the details of the interview, while hand written notes were used to capture the spirit of the conversation (Dunn 2000).
Baxter and Eyles (1997) comment that measures that guard against threats to dependability of the participants’ responses are low inference descriptors, such as audio recorders and field notes, because they include verbatim accounts and narratives of what was said in the interview. Kearns (2000) recommends keeping field notes as a personal log and an analytical log. A personal log includes comments that relate to the practice of the interview, such as missed opportunities to prompt, the wording of questions and the overall method of the interview. An analytical log is an exploration and speculation about what the interview revealed in relation to the research question and to the established literature and theory. I recorded detailed field notes after each interview, and at the end of each day in the field.

4.2.3- Standardized Interviews

The critical information for this study was collected using a standardized interview guide that incorporated a range of open and closed ended questions themes and topics gathered from extensive reviews of the literature. A standardized open-ended interview is characterized when the exact wording of the interview is determined in advance. All informants are asked the same basic questions in the same order. The advantages of this technique are that it increases the comparability of responses, each person is given the opportunity to contribute to each of the topics addressed and the organization and analysis of the data are facilitated by the use of common and pre-determined questions.
(Stake 1995). Using a standardized interview guide enhances the rigor of the study because it allows for inter-interview comparisons of emergent phenomena (Baxter and Eyles 1997). Potential weaknesses to consider when using this method is the limited flexibility in relating the interview to particular individuals and circumstances, and constraints and limitations on the naturalness and relevance of answers due to the standardized wording of questions (Patton 2002). To avoid this, I included prompts to encourage informants to continue speaking when they were revealing information-rich data.

The interview script is broken down into five sections (Appendix A). The first two sections focused on developing a profile of interviewee and the group or organization they were representing. Section three refers to local planning and decision making regarding seniors in the community. The purpose of this section is to understand who is influential in getting things done in the community, and what actors are involved with seniors’ issues. The goal of these questions is to reveal responses to the research question “what do local leaders perceive to be the responsibilities of actors in the public, private and voluntary sectors to meet seniors’ needs?”

Section four addresses many of the broader issues that are discussed in the literature review, such as the challenges associated with restructuring and how certain places adapt to economic, social and demographic change. The questions in this section ask the interviewee to reflect on the possible challenges
and pressures of an increasing number of retirees in the community. The research question addressed in this section is; “how do local leaders frame the issue of population aging, including the challenges it presents and the level of priority it should be given?”

The final section of the interview script aims at developing an understanding of the levels of social capital and social cohesion in the community by exploring how different sectors work together. This section addresses the research question “what are the ways in which the public, private and voluntary sectors work together to meet the needs of the community, particularly seniors’ needs?”

Overall the purpose of the interviews was to gain an understanding of the challenges and issues that arise in a traditionally young, working-aged town. The next section presents some of the respondent's characteristics to create a profile of the voices that were represented in the interviews.

4.3- Respondent Characteristics

Baxter and Eyles (1997: 508) suggest a description of the respondent characteristics is critical because “they offer an indication of who is allowed to speak and, of equal importance who is not”. I interviewed participants across the public, private and voluntary sectors (Table 8). I chose to organize the interview data by sector in order to maintain the confidentiality of the respondents. In a
town the size of Mackenzie, revealing the participants’ job title may expose their identity. Participants were interviewed from organizations and groups from local government, health care, volunteer groups, service clubs, religious organizations, local services and industry. All respondents hold administrative, management or director positions within their organizations, which suggests that they are influential in planning and decision making within their organization. The purpose of focusing on the perceptions of local leaders in Mackenzie and not other individuals in the community was to gain an understanding of how those involved in the local systems of governance are responding to social change.

Table 8: Total interviews broken down by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of Interviews</th>
<th>Percent of Total</th>
<th>In-Person</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Government</td>
<td>3</td>
<td>27</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Health Care</td>
<td>6</td>
<td></td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Private:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Organization</td>
<td>3</td>
<td>33</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Local Services</td>
<td>4</td>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Industry</td>
<td>4</td>
<td></td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Voluntary:</strong></td>
<td></td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Group</td>
<td>6</td>
<td></td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Service Club</td>
<td>7</td>
<td></td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>33</td>
<td>100</td>
<td>29</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Thesis Interviews 2005

Most of the informants were between the ages of forty-five and sixty-four, and have been in the community for more than twenty years (Tables 9 and 10). Mackenzie is a relatively new community, having only been in existence for forty years (Veemes 1985). Over half of the informants are long time residents, which indicate that they are well informed about the issues and challenges.
Table 9: Age Profile of Respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-44</td>
<td>6</td>
</tr>
<tr>
<td>45-64</td>
<td>23</td>
</tr>
<tr>
<td>65+</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Thesis Interviews 2005

Table 10: Years resided in Mackenzie

<table>
<thead>
<tr>
<th>Years</th>
<th>Number of Informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>6</td>
</tr>
<tr>
<td>11-20</td>
<td>7</td>
</tr>
<tr>
<td>21-30</td>
<td>9</td>
</tr>
<tr>
<td>31-40</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: Thesis Interviews 2005

All the informants were asked to list the groups or organizations they were involved with (Table 11). The majority of involvement is with service clubs or voluntary organizations. This is often the case in small towns where leaders within one organization are active in other community groups (Halseth and Sullivan 2002).

Table 11: Involved in other groups and organizations

<table>
<thead>
<tr>
<th>Organization/Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Club</td>
<td>13</td>
</tr>
<tr>
<td>Volunteer Organization</td>
<td>12</td>
</tr>
<tr>
<td>Member of a Board</td>
<td>9</td>
</tr>
<tr>
<td>Advisory Committee</td>
<td>3</td>
</tr>
<tr>
<td>Union Representative</td>
<td>3</td>
</tr>
<tr>
<td>Recreation</td>
<td>3</td>
</tr>
<tr>
<td>Local Government</td>
<td>1</td>
</tr>
<tr>
<td>Networking Group</td>
<td>1</td>
</tr>
<tr>
<td>Religious Organization</td>
<td>1</td>
</tr>
<tr>
<td>Regional Government</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
</tr>
</tbody>
</table>

Source: Thesis Interviews 2005
The organizations and groups represented in the interviews are considered to play a role in planning and providing for the needs of the population in Mackenzie. Most of the organizations have been operating for between twenty and thirty years, and have evolved with the local population over time, which is broken down in Table 12 (Halseth and Sullivan 2002).

Table 12: How long has this organization been in the community?

<table>
<thead>
<tr>
<th>Sector</th>
<th>0-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40+</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Government</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Health Care</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>VOLUNTEER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Group</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Service Club</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>PRIVATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Organization</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Local Services</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Industry</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td>13</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Thesis Interviews 2005

The groups and organizations that are currently involved with seniors are service clubs, health care, local government and volunteer groups (Table 13). Service clubs are able to provide money or equipment to meet an individual or community demand. The local health care professionals focus on the health of individuals and offer specific programs targeted at maintaining seniors' independence, such as home care or support for chronic disease management. The local government is able to allocate funds toward programs that seniors depend on and acts as an advocate by lobbying senior levels of government for appropriate services and infrastructure to meet the demands of the aging
population. Volunteer groups provide services that are not offered by formal service providers and offer a range of supports to the senior population, including meal delivery, house maintenance, transportation and informational support. Volunteer groups also advocate for seniors' needs, especially for appropriate housing to accommodate a decline in health and independence as seniors become frailer with age.

Table 13: Does this organization have a specific focus or mandate for seniors?

<table>
<thead>
<tr>
<th>Sector</th>
<th>YES</th>
<th>NO</th>
<th>Percent YES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
<td>4</td>
<td>2</td>
<td>68</td>
</tr>
<tr>
<td>Local Government</td>
<td>3</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td><strong>VOLUNTEER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Club</td>
<td>5</td>
<td>2</td>
<td>35</td>
</tr>
<tr>
<td>Volunteer Group</td>
<td>2</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td><strong>PRIVATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Service</td>
<td>1</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Religious Org.</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Industry</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>18</td>
<td>46</td>
</tr>
</tbody>
</table>

Source: Thesis Interviews 2005

The local services included in the study tended not to have a specific seniors focus (see Table 6). This is likely due to the fact that there is presently a very small seniors’ population in the community in absolute terms, and there is not yet enough demand to warrant specific attention. If there is a focus on the senior population specifically, it has been to provide informational support and direction to volunteer groups dealing with seniors’ needs and issues. Industry is more concerned with their immediate market demands and current employees;
however, retired union members can obtain informational support from their union representatives about pension and health care benefits.

These characteristics provide a snapshot of who is represented in this study. Gathering responses from leaders across the public, private and voluntary sectors is a starting point for observing who is involved in local governance and what aspects of the community are of particular importance to them. The next section turns to the details involved in analyzing the primary data for this study, the key informant interviews.

4.4- Analysis: Interpretation of research results

There are no standard procedures for analyzing interview texts; therefore, it is necessary to elaborate on how the data were transformed into concepts/ theory by the researcher(s) (Baxter and Eyles 1997). Patton (2002: 350) comments that "data interpretation and analysis involve making sense out of what people have said, looking for patterns, putting together what is said in one place, and integrating what different people have said". The next chapter looks in detail at the interview responses, but first it is important to understand how I interpreted the data and the steps I took to make sure the results are representative of what was said during the interviews.
Once the data collection phase was finished, the interviews were summarized from the digital audio files as soon as possible into a template in Microsoft Word. As the interviews were summarized, I was able to flag potential information-rich quotes by recording the time on the tape in order to go back and retrieve a verbatim transcription. A copy was sent to the informant to ensure the data collected were properly documented so as to improve the quality of my record. Participant checking is one method to achieve trustworthiness in the data (Baxter and Eyles 1999) by trying to avoid merely fitting data into the preconceived theories (Borland 1991). By completing this step, I was able to confirm that my interpretation of the local leaders' responses was accurate and that the results are trustworthy. After the summarized interviews were returned, I made the necessary changes and prepared the documents to begin content analysis to search for themes.

Patton (2002: 453) says content analysis is used to refer to “any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings”. This technique is a way to organize and understand the essence of the qualitative interview data by identifying similarities in meaning that can then be categorized into themes and patterns (Patton 2002). Searching the data in this manner provides a means to gain an understanding of the values and perceptions of the respondents in reference to a particular situation. Discovering and organizing the essence of
what was said by the study participants into themes or categories brings a structure and coherence to the interview data.

Content analysis can either be manifest or latent (Dunn 2000). Manifest content analysis assesses the visible surface of the document, which often involves searching for the appearance and recording the frequency of a particular word or phrase. Latent content analysis involves searching the interview document for themes and categories, which requires the researcher to determine the underlying meanings of what was said. In the text file database the information and direct quotes from each interview corresponds with the interview code and the question number (e.g., M1, 1a).

Engaging in this type of analysis requires the researcher to ‘live with the data’ and repeatedly read and review the data in detail (Kirby and McKenna 1989). Each of the interviews were reviewed separately and then all the responses were combined under each interview question in a text file database to begin manifest analysis by searching the data for repetition and differences in opinion around a particular issue. After looking for repetition, similarities and differences in the interview the next step was sorting the data into categories, or latent analysis (Ryan and Bernard 2003). The data were revised and redefined based on my cases study knowledge of Mackenzie and the academic literature in order to create sub-themes around the research questions; challenges, responsibilities and working together.
The verbatim quotes were flagged earlier when summarizing the audio files, and reviewed again to be inserted where they added the literal context to each of the sub-themes. Quotations are important for revealing how meanings are expressed in the respondent’s words rather than the researchers’ (Baxter and Eyles 1997). The purpose of selecting quotes was to provide verbatim descriptions of issues or events which are considered to be the essence of qualitative inquiry (Patton 2002). One of the main threats to a study’s validity is the misinterpretation of meanings expressed through interview conversations. Baxter and Eyles (1997: 509) argue that an interpretative community, or “appealing to an existing body of literature”, is one way to ensure your findings are representational. The quotes selected from the interviews were used to provide evidence for the adequacy, or lack thereof, of concepts and theories from the broader literatures on restructuring, governance, social capital and social cohesion. The next section discusses the issues inherent in qualitative research and what measures I used to establish rigor throughout the case study research design.

4.5- Establishing Rigor in Qualitative Research

There are numerous methods of ensuring rigor in qualitative work (Morse 1994). Qualitative research based on in-depth interviewing is often criticized for being anecdotal, relying on small samples, and generally lacking in rigor. For example,
Baxter and Eyles (1999: 308) argue that “critics may question the degree to which quotations presented in reports and journal articles are representative of the variety of themes within a study”. The researcher can resolve these issues by keeping an electronic database of field data, and to include the raw data in the reporting in the form of table and quotes, so that the narrative of the results should relate to the conclusions in the report.

One way to avoid subjectivity and strengthen the credibility of the research is to be critically reflexive of my involvement throughout the research process (Dowling 2000). My ability to interpret certain situations depends on my positionality (Mullings 1999). My positionality depends on my characteristics such as age, gender and ethnicity. These following sections reflect on my positionality throughout the research process, acknowledging how or why my personal characteristics influence what data I have access to and more importantly, how I make sense of these data.

When discussing data collection, Nast (1994) uses the metaphor of ‘betweenness’ to describe how researchers are never positioned ‘inside or outside’ the boundaries of their own field when conducting research. An insider is someone who is similar to their informants in many respects, while an outsider differs substantially from their informants (Dowling 2000). Nast (1994: 57) argues that “betweenness highlights the fact that we can never not work with ‘others’ who are separate and different from ourselves; difference is an essential aspect
of all social interactions that require that we are always everywhere in between or negotiating the worlds of me and not me". Because I am not a resident of Mackenzie, I may be treated as an outsider by the participants. However, I may also be treated as an insider because of the connections I established in the community while doing fieldwork the year prior with the Mackenzie and Area Seniors' Need Study (Halseth et al. 2004a). Therefore, I conducted research in Mackenzie between the boundaries of an outsider and an insider.

Gilbert (1994) argues that gender dynamics may affect the research process, because of the social relations inherent during the interview process. Gender is important because we often ascribe characteristics to people on the basis of gender, which can influence the researchers' access to information (Dowling 2000). Gender is an aspect of my positionality that should be taken into consideration, particularly because I am trying to gain access to information from local leaders in a resource town. Typically, leadership roles in resource towns have been dominated by males, and females have found it difficult to gain access to the professional environment (Northern BC Women's Task Force 1977).

My appearance as a young, female researcher may influence the power relations between myself and the research participants. This may influence what was shared with me during the interview sessions. Overall, while I was collecting the data for my research, I would say that I felt the participants were being honest about the information they shared with me in the interview, and that my
positionality did not affect what was revealed while the digital recorder was on. The only instances in which informants indicated that they would not share information with me was when this might violate the confidentiality of a patient or others in the work environment.

A strategy to be self-reflexive about these power relations is to keep detailed field notes about my experience as a researcher in the community. I took detailed notes after each interview meeting to capture details such as body language and interview atmosphere. This allowed me to understand the context of the information shared with me during the interview, and to question whether this had been influenced by my gender, age, and familiarity with the informant.

4.6- Conclusion

The purpose of utilizing a case study methodology is to gain a better understanding of how one community is adapting to social change, such as population aging. Interviewing local leaders across the public, private and voluntary sectors provided an opportunity to look closely at Mackenzie’s local system of governance and their networks and partnerships to understand how they may respond to an increasing aging population. Numerous steps were taken to enhance the credibility and reliability of the research process, such as checking the interview summaries with the informant, recognizing my positionality in the field and locating the interview responses within the secondary data.
sources to provide a reference point for analysis and the dissemination of findings.

The next chapter presents the interview results in the form of sub-themes and direct quotes that are linked to the three research questions. Direct quotes from many of the local leaders present an illustrative analysis of the views and issues of population aging in Mackenzie. Finally, the local leader’s perceptions are discussed these in reference to the broader context in Mackenzie and the theoretical concepts discussed in Chapter Two.
Chapter Five: Local Leaders’ Perceptions of Aging in an Instant Town

5.0- Introduction

The purpose of this chapter is to review and discuss the perceptions of Mackenzie’s local leaders on the aging of the population and answer the research questions posed in Chapter One. The findings from thirty-three key-informant interviews are presented in reference to three themes corresponding to the research questions; i.e., framing the issues, responsibilities and working together. A summary of the main themes and the sub themes that emerged from the analysis of the interview data is provided in a table at the beginning of the three subsequent sections (Tables 14, 15, 16). The raw data are displayed in selected quotes from community leaders to highlight the local perspectives on the issues discussed within the literature in Chapters Two and Three (Baxter and Eyles 1997).

5.1- Framing the Issues

Table 14 summarizes the sub themes that were uncovered as the local leaders framed the issues of population aging and meeting seniors’ needs in Mackenzie.
Table 14: Framing the Issues

<table>
<thead>
<tr>
<th>Main Theme</th>
<th>Sub Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framing the issues</td>
<td>Challenges associated with an increasing aging population</td>
<td>Experience providing for a young population, and little experience in meeting seniors needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of appropriate infrastructure and services for seniors (continuum of care)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establishing buy-in to allocate resources towards seniors</td>
</tr>
<tr>
<td></td>
<td>Community Priorities</td>
<td>Maintaining a viable and attractive location for the forest industry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Having a strong local forest economy is a strategy for acquiring other community resources (i.e., infrastructure for seniors)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some local leaders are focusing on appropriate seniors’ accommodation</td>
</tr>
</tbody>
</table>

Source: Thesis Interviews, 2005

5.1.1- Challenges associated with an Aging Population

Growing old in rural and small town places in Canada occurs most often in the context of the absence of a continuum of housing and services, limited formal support and long distances to obtain advanced medical care (McCracken et al. 2005, NACA 1999). In Mackenzie, the original community design did not include provisions for seniors, therefore local organizations have minimal experience in responding to seniors’ specific needs (Hanlon et al. 2007a). This section focuses on how local leaders frame the issue of population aging by discussing local leaders’ perceptions of the challenges it poses (e.g., adapting the town’s design
to older residents, providing appropriate support services and infrastructure to allow seniors to age-in-place). How leaders frame this issue and its challenges has an influence on what action will be taken in response. In many ways, these issues are shaped by how local leaders develop their priorities and where they dedicate their efforts in the community.

While social and economic conditions have changed since the establishment of Mackenzie, the original orientation of community planning for young families has become well entrenched in how local residents and community leaders think about their community. Workforce aging, and the more recent trend of people staying in the community after retirement, suggests that there are newly emerging needs beyond those of young families (Halseth et al. 2004a). One respondent summarizes this situation in the comment,

> We have predominantly been a young town... used to be called the baby factory. Now we need to respond to the needs of the people who would like to stay here. For many years these people have been the sweat and blood of this community so they deserve a place to meet their needs as they get older (M8, F1).4

This quote indicates that at least some of the local leaders recognize that demographic change is occurring as a result of the aging of the population, and that there is a role for local governance. It is interesting, however, that this informant places local responsibility in the context of meeting the needs of “deserving” seniors (i.e., long-term residents of the town recognized for their

4 The direct quotes from each interview correspond with the interview code and the question number (e.g., M1, 1a).
‘work’, either in the form of paid employment, raising family and/or civic and volunteer efforts) who wish to retire in town. It is highly likely that future seniors in Mackenzie will be a much more diverse group than the characterization in the above quote (e.g., long-term residents unable to retire elsewhere, retirees from elsewhere who move to Mackenzie to be near family).

The respondents are faced with responding to this first wave of retirees which will require resources to shift to include the needs of an older population. Over time, Mackenzie has been successful in adding services and infrastructure that the community needs i.e., being responsible. Examples include a well-rounded community recreation centre, a hospital and a range of housing options from detached single family to high density apartment buildings (Halseth and Sullivan 2002). All of these were created to accommodate a young population and, as the population matures, there will be a growing need to adapt existing infrastructure and create new resources to suit the needs of an older population.

Before local leaders begin to make preparations for an aging population, there needs to be a realization that Mackenzie is aging and that all aspects of the community will be affected by this. One respondent highlights why adapting the town for seniors is a challenge:

A challenge will be to get buy-in from the younger generation to put resources towards seniors, and recognizing that we have an aging population that we need to start tailoring policies with respect to this greying of the population. It’s not just building a facility, there are bigger issues here, we are going to have to think differently
because this is all new, and we have never dealt with this before. (M2, D3).

Putting resources towards an older population indicates that the character of Mackenzie is changing and accommodating this evolution will require the entire community to participate. However, creating buy-in is challenged by the perception that "most people have no intention of retiring here....many will be retiring in the next five to ten years and have already bought their retirement homes outside the community" (M10, D4). It is important to note that, while some of the residents are experiencing their friends and co-workers moving away after retirement, this type of out-migration will not halt population aging in Mackenzie (Moore et al. 1996). As discussed in Chapter Three, the net out-migration of younger working aged populations has been greater than the rate of out-migration of the retirement population. A recent household survey of Mackenzie suggested that a substantial portion of the population now in their 40s and 50s plan to retire in the community over the next decade and more (Clasby et al. 2004).
In Mackenzie, the absence of appropriate infrastructure and services for
maintaining seniors health and independence has created an expectation in
which seniors (or any individual) with more advanced health needs are faced with
moving to another location where appropriate living conditions and services are
offered. This situation is described by one of the respondent’s own lived
experience. In reference to her older mother she says,

My mother lived here until her mid 80s and left because
when she did need care she couldn’t get it. If the services
were here she would have stayed in Mackenzie. I know
many people who have left because they need higher levels
of medical care (M6: D6).

The respondent is describing an extreme situation for seniors in Mackenzie, in
which someone’s health deteriorates to a point beyond the means of local
systems of support to accommodate. Those needing care will mostly be very
old, i.e., age 80 or 85 plus, which currently represents a very small number of
Mackenzie residents. The population reaching the age of sixty-five over the next
decade is considered the ‘young’ elderly and will most likely not place high
demands on formal health care services because of trends of better health and
greater longevity (Moore et al. 1996, Ulysse 1997, Cutler 2001). Their needs will
mostly be in relation to the instrumental activities of daily living (IADL) which are
the additional tasks of household maintenance, such as, meal preparation, heavy
and light housework, transportation and grocery shopping (Chen and Wilkins
1998). These activities are essential in maintaining seniors’ independence
(Rosenberg 1998), and this is where local leaders should be looking at solutions
for meeting those needs that are related to these activities of daily living.
The main provider of this type of support is family, especially adult daughters (Chappell 1994). However, trends such as the out-migration of children and geographic dispersion of family members are creating conditions in which family members are unable to provide the appropriate support to their older loved ones (Kemp and Denton 2003). Wiles (2002) notes that family support is instrumental for seniors’ health and happiness, however, family can only provide support to a certain point. Another respondent comments “families are too busy these days, and it is very hard financially to stay home from work to care for someone” (M22, D8). This quote emphasizes that families are now faced with providing care for an older person that is also met with other duties such as employment and child care (Eales et al. 2002). Thus family caregivers are under threat of trying to cope with many duties which may lead to increased financial and emotional stress. This indicates that other sectors will be relied on to provide support.

So far, local leaders have suggested that Mackenzie is evolving beyond the young persons’ town that is beginning to have new needs and demands. However, the commonly held expectation that many residents will move away after retirement is preventing the wide-spread community buy-in that is needed to incorporate seniors’ needs into local planning and decision making. The informants identified the immediate challenges for seniors, such as providing appropriate infrastructure and support services to help with seniors’ independence, but they did not allude to a strategy that will address these
challenges beyond the emotional and financial support that family provides loved ones. The next section looks at the priorities of local leaders and where seniors are included to provide the context for these challenges.

5.1.2- Community Priorities

Mackenzie’s economy is dependent on the presence of industry for a livelihood and tax base (Bradbury 1980). Leach and Winson (1999: 86) argue “…that local municipalities have more recently placed their faith in attracting and keeping industrial enterprises to provide an economic engine for rural communities”. Critics argue that changes in the administrative structure of single industry towns (vis-à-vis BC Instant Towns Act) have done little to alleviate the basic constraints of a single industry community, such as a limited economic base tied to resource extraction and the paternalistic nature of large multinational resource companies (Bradbury 1980, Gill 1991).

Maintaining Mackenzie’s viability as an attractive place to do business is clearly the top priority for the majority of the local leaders interviewed. The following two responses capture the perception of the majority of the respondents; “as long as the forest industry is stable and the tax base is here, I think there is ample opportunity to address the needs of an aging population vis-à-vis infrastructure, facilities, etc” (M29, D5); and “if the economy doesn’t increase we won’t get anymore money, therefore, we need money to get facilities to keep the aging
population in the community with their families" (M7, D2). These comments suggest that the forest industry and its operations tend to dominate local planning and decision making.

When asked if meeting seniors' needs was a priority compared to the other issues facing the town (e.g., keeping forestry related jobs), the majority of respondents said that adapting to an aging population is not a priority. This is illustrated in the comment that seniors are "not a priority over the forest economy. We don't have a huge seniors' population currently; people are more concerned about steady work and lumber tariffs" (M27, D4). Thus, the economy consumes the time and energy of those who are linked its operations. This could be a result of the nature of the constant change in the global economy in which Mackenzie participates in and thus prevent local leaders from spending time on planning for other issues that are occurring.

While not at the same priority level as the local economy, seniors are nevertheless attracting attention from local leaders in select sectors. In particular, respondents from the public and voluntary sectors mentioned that they have started to look at ways in which they are able to meet seniors' needs and demands. For the local leaders who are not directly tied to the daily operations of the forest industry, such as health care providers, religious organizations and voluntary groups, more mention was made of changes to accommodate seniors' needs. These changes relate to how seniors issues are being incorporated into
their daily tasks. Local leaders placed different expectations on the public, private and voluntary sectors when referring to these issues. The next section explores in greater detail where responsibilities for an aging population are allocated.

5.2- Perceptions of Responsibilities for an Aging Population

In this section, respondents' views about appropriate levels of local responsibility of each sector are explored, which is the second research question. Government, health care providers, voluntary groups and family were mentioned as already playing an active role. There were also suggestions that the major employers needed to play a larger role. In the remainder of this section, the findings are broken down by the sub themes of public sector, voluntary sector, family and the private sector, which are summarized in Table 15.
<table>
<thead>
<tr>
<th>Main Theme</th>
<th>Sub Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibilities</td>
<td>Public Sector</td>
<td>Local government is expected to play a major role in gathering resources for seniors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provincial government is expected to provide appropriate infrastructure (e.g., assisted living).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health care providers are important for keeping seniors in Mackenzie.</td>
</tr>
<tr>
<td></td>
<td>Voluntary Sector</td>
<td>Important source of support for individual needs and dealing with special circumstances.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concern that this sector has limited capacity to provide support to an increase in seniors population.</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>Essential role in providing support to seniors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limitations identified for capabilities in meeting frail seniors’ needs.</td>
</tr>
<tr>
<td></td>
<td>Private Sector</td>
<td>In the past supported community needs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expected to play a role in meeting seniors needs because of the potential for their retirees to stay in Mackenzie.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providing for seniors’ needs is not something that industry gets involved with.</td>
</tr>
</tbody>
</table>

Source: Thesis Interviews, 2005
5.2.1-Public Sector

The respondents noted that adapting to an aging population will require a significant role for local government. McAllister (2004: 138) argues that "one of the most important areas of responsibility for local government is that of community planning... it is through community planning and its implementation that decision makers shape the natural, built and social-economic environment of a community". The local leaders placed a great deal of responsibility on their local government when referring to seniors, which included expectations beyond the call of duty for most local governments. This is reflected in the comment "if something is needed it should be provided by the local government, which is the culture of being an industrial town" (M1, D10). The culture referred to by this person is grounded in the Instant Town legislation, where significant responsibility for community planning is placed on the local government. In fact, the original intent of the legislation was to avoid the level of control that major employers had over local politics and development in many single industry towns (Marchak 1983).

When referring to who is responsible for providing infrastructure and services for seniors, one respondent commented that it will be "very difficult without government involvement at the provincial level. We do not have the resources...we need support to get infrastructure for our aging population" (M23, D5). Hanlon et al. (2007a) also found this was true when referring to building and
maintaining seniors housing in Mackenzie. Outside support from upper levels of government and industry has been instrumental for providing resources, especially in locations where the private sector does not provide for these needs. These resources are often in the form of health care, education and industry. One respondent commented these are “the big things that run this community…” (M4, D1b). Despite the tendency from these organizations to reduce their role in local operations, the previous comment indicates that outside support is needed to provide resources to meet local needs such as infrastructure and services.

As discussed in the previous section, some of the local leaders stated that they were aware of the increased aging population and noted the importance of looking to other groups and organizations for assistance in meeting these new needs. Increasingly, this requires that the local government work with other groups and organizations, including BC Housing, the Provincial Government, local voluntary groups, Northern Health, the District of Mackenzie, Fraser Fort George Regional District, private industry and the seniors themselves. Including these actors as partners in community planning and local decision making is what Little (2001) refers to as rural governance. These partnerships are attractive because of their potential to bring local organizations and agents of government together to pool their resources to help foster a sense of shared objectives. This was evident in reviewing the local newspaper, the Mackenzie Times, which described collaborative initiatives that involved government, voluntary groups and
consultants to look at seniors needs, such as suitable housing options (Mackenzie Times 2005).

The Autumn Lodge Society represents a group of Mackenzie’s older resident’s who had concerns that, if they were to live out their later years in Mackenzie, they would need appropriate housing. This group, engaged in partnerships across the public, private and voluntary sectors, seeks out funding to build a private seniors housing complex and was referred to almost every time the local leaders were asked about who was involved in planning and providing for seniors. Unfortunately their efforts have been unsuccessful to date, as Mackenzie remains a town without appropriate seniors housing. The absence of seniors housing is viewed by one respondent as a result of the provincial government reorganizing its responsibilities, which is illustrated in the comment “the belief is that the [provincial] government does not want seniors to retire in this small community but in larger centers where all the services are…” (M23, C1). This may indicate that Mackenzie seniors will need to insert their concerns into the long-term community agenda.

Despite the withdrawal and downsizing of health care services in small towns such as Mackenzie, respondents placed high expectations on increasing health care services and staff to accommodate seniors’ needs. One respondent said health care providers play an essential role for the aging population and that “the
possibility of seniors being able to remain in the community hinges on this" (M10, C5). This is because formal health care providers are in direct contact with seniors and are seen to have the best idea of seniors’ needs and issues. These expectations of local leaders are up against prevailing directions in health care policy aimed at reducing the reliance on formal health care services and promoting the use of community based services, informal support and voluntary care (NH 2004). In Mackenzie, these changes are reflected in Northern Health’s focus on keeping seniors living ‘independently’ for as long as possible by providing a range of community alternatives for support (NH 2004). For these reasons, it is important to understand how local leaders regard the voluntary and formal sectors, which are seen to take on greater responsibility (Chappell 1994).

5.2.2- Voluntary Sector

In theory, the voluntary sector responds to many needs identified by community members that are otherwise not adequately met by either the public or private sectors (Salamon 1995). Recently, the literature has argued that the voluntary sector has expanded into where the public sector has traditionally been the main service provider, particularly for health services (Cloutier-Fisher and Skinner 2006, Hanlon et al. 2007b). The voluntary sector in Mackenzie is comprised of a diverse mix of nonprofit and charitable organizations that provide a range of services, activities and facilities to local residents. When referring to seniors, the respondents mentioned that the voluntary sector in Mackenzie provides support
by focusing in particular on meeting the individual needs of seniors. As one respondent describes "I think the Legion does quite a bit for seniors....they have bought a new battery for a local seniors’ scooter and when her fridge broke down they bought her a new one" (M25, C4).

While volunteer groups have generally been able to provide support as special circumstances arise, it is uncertain if there is the capacity to provide an everyday system of support. Veemes (1985: 103) comments;

Mackenzie’s voluntary clubs and groups were and are kept together and functioning due to the efforts of one or two dedicated members. Because of the transitory nature of the town, should these community minded people leave, the impetus is often lost and some groups fold.

The heavy reliance on a few key people that Veemes refers to may be an indication of a system that is already stretched. Joseph (1992:115) argues that communities with an increasing proportion of older adults in the population may find it difficult to sustain the necessary levels of voluntarism because “there are economies of scale on voluntarism that work against small communities and make it difficult for them to launch and sustain local initiatives”.

The respondents confirmed that voluntary organizations and their activities are sustained by a small group of dedicated people. One respondent stated that “the same people are volunteering in sports groups as the unions as Rotary. For everyday established events there is a small core group that our community is extremely lucky to have” (M8, E8). This suggests that there is a core group of
volunteers who tackle local issues, but that they are spread thin. Placing too much dependence on a small core group may lead to volunteer burn-out by adding more responsibilities as a result of declining service provision which is discussed in further in the literature (Marshall 1999, Halseth and Ryser 2006). Some of the respondents are hopeful the potential increase in a young retired population will boost the number of volunteers in the community and build the capacity of the voluntary groups to address more issue and prevent burn-out situations.

5.2.3- Family

Many of the respondents indicated that the family is essential for providing support to seniors and that, without friends or family in town, it is unlikely that someone would grow old in Mackenzie. Hanlon et al. (2007a) noted that, in Mackenzie, people needed support most often with their IADL, in which family played a significant role. As indicated earlier in Chapter Two, the family can play an instrumental role in helping seniors maintain their health and independence (Chappell 1994). The shifting responsibility from the public sector, in particular for elder care, places more pressure on families and assumes that women will provide care for older adults (Rosenthal and Gladstone 1994). Crosato and Leipert (2006: 5) comment “the increased prevalence of caregiving [to family members] in rural settings is due in part to the lack of formal health care services, to changes within the health care system, such as restructuring and
regionalization of services in distant locations, and increasing population of elders located in rural settings”. This has implications for women because they are often faced with providing care for an elder while also working outside the home and assuming roles related to the family, child care, household duties and community (Kemp and Denton 2003). However, once seniors become frail and require support beyond what the local health care services can provide, many respondents indicated that these individuals would need to move away for more advanced care.

5.2.4- Private Sector

In Mackenzie, large forest corporations are the main employer. Traditionally, employers have contributed to retirement through pensions and benefits as a result of a predominantly unionized workforce. Workforce aging suggests why the local leaders perceived that the forest companies should play a role in providing for the upcoming retirement population. This is reflected in the comment, “I think corporate groups should get involved, because many of their retirees will want to stay in the community” (M20, D3). The extent, to which large forest corporations should be involved in providing for seniors, however is not clear, but there is an expectation that they should contribute to planning and providing for seniors because many would have been their employees. This is consistent with expectations held by other Canadian seniors who expect their employers to have
a responsibility to encourage personal retirement preparations and planning and an extension of their medical benefits after retirement (Kemp and Denton 2003).

One respondent from the private sector commented that industry is not currently involved with seniors issues because, "things involving seniors are not a high profile thing that we get involved in here, this might be a sign that we are still a young community. The fact there is no seniors’ retirement home here is indicative that this issue hasn’t moved very far yet" (M28, C4). This point recalls the earlier discussion about not having buy-in from all the sectors in order to move forward in planning for seniors needs.

The increased intensity of economic changes such as the globalization of markets, increased competition and workforce restructuring has been met with a corresponding decline in the social contribution of the private sector as a result of falling employment in the manufacturing industry and the depletion of natural resources. In this context, industry is not interested in being involved outside its immediate responsibility. This is reflected in the comment, “I believe that because we are a one industry town that industry people probably have a say of what happens in town, but not necessarily interested in supporting seniors, mostly business oriented" (M06, C8).

The respondents mentioned that they would like to see greater participation from the large forest companies in helping Mackenzie adapt to an aging population.
They noted a considerable difference in their social conscience since the establishment of the town, in which the main forest company (BCFP) donated large sums of money towards community life and infrastructure. Today, support from industry in local affairs is significantly less than twenty years ago and the local leaders suggest that their support needs to increase because the large employers are perceived to have the ability to mobilize resources towards community needs. However, since Instant Town legislation was implemented large companies are no longer responsible for contributing towards community life. The role that these companies will play in looking after seniors needs is, therefore, uncertain because they are not required to provide resources beyond the immediate needs of the company. Thus garnering support from industry will be a result of community leaders, local government and the residents putting pressure on industry to work together in addressing seniors’ issues. The next section explores where the local leaders have been successful in working together and aspects of their relationships.

5.3- Working Together

This final section looks at impressions and illustrations of local leaders when they work together, as shared by the key informants. The respondents suggested three general circumstances for working together, which are local networks community events and special circumstances (Table 16). Impressions of these
activities are explored to provide an understanding of the potential for bridging social capital that could be mobilized to address emerging needs of an aging population in the coming years.
<table>
<thead>
<tr>
<th>Main Theme</th>
<th>Sub Theme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Together</td>
<td>Local Networks</td>
<td>Formally and informally:&lt;br&gt;Formal: local advisory committees are used as a vehicle for local government to stay informed of local issues&lt;br&gt;Informal: lunch meetings where service providers get together to share information and strategies to better serve their clients.</td>
</tr>
<tr>
<td></td>
<td>Community Events</td>
<td>Community events are where local leaders described working together the most&lt;br&gt;Strategy for raising funds for community needs e.g., hospital equipment</td>
</tr>
<tr>
<td></td>
<td>Special Circumstances</td>
<td>Crisis and Sparks:&lt;br&gt;When entire community has proven to work together to help an individual in crisis; or when the community has established 'buy-in' they have created a spark around an issue and has committed to working together to address it (e.g., seniors' housing)</td>
</tr>
<tr>
<td></td>
<td>Bridging Relationships</td>
<td>Can make places resilient to change&lt;br&gt;Mainly between local government and community groups&lt;br&gt;Mackenzie has a strong foundation of relationships built on trust and commitment</td>
</tr>
</tbody>
</table>

Source: Thesis Interviews, 2005
5.3.1- Local Networks

Local advisory committees were referred to as a formal process by which local leaders in the community work together. Advisory committees have formed around specific topic areas of concern for residents, such as health and the environment. These committees advise local government, the forest companies or public companies, such as BC Hydro. These local interest committees are comprised of individuals who bring their diverse experiences and expertise into consideration for local decision making. For instance, the Mackenzie and Area Health Select Advisory Committee were mentioned by several of the respondents when referring to planning for seniors. This committee formed as a mechanism to keep local government informed about health issues and concerns in the community. This committee is comprised of a group of individuals from the public, private and voluntary sectors to represent different aspects of the local population. Their mandate is to report and make recommendations to Council in regards to issues relating to health delivery and services to the residents of the District with the goal of ensuring communication with Northern Health (District of Mackenzie 2005).

Informants also mentioned instances of networking through informal mechanisms such as meeting for lunch to share information, and in a formalized manner in volunteer-based advisory committees. Sharing information is one strategy organizations and community groups use to overcome some of the challenges of
working and living in a remote location with limited resources. An example mentioned by several of the community leaders is a monthly networking lunch, where service providers and voluntary group leaders come together informally to discuss new programs and pressing issues. One respondent who belongs to the network said “this benefits the community because, for example, a public health nurse may have a program that could directly benefit one of our clients” (M6, E7).

Working together, either formally or informally, creates opportunities to build relationships and networks that are built on trust and reciprocity. Networking functions are an important mechanism for creating awareness of community needs and could be used as a potential venue to get broader buy-in for seniors’ issues. This core group of people in Mackenzie is willing to go beyond their daily commitments to look after the broader social needs in the community. Kearns (1995) refers to these individuals as active citizens who could possibly be evoked as partners with government to help with planning and decision making.

5.3.2- Community Events

Halseth and Sullivan (2002: 238) comment that “community events provide a purpose for coming together...Some groups take advantage of opportunities to partner thus their regular interaction provides a foundation for the development of trust and reciprocity, and create a sense of community”. Almost all of the local leaders described working together in some manner to put on scheduled annual
community events. These events serve as fundraisers in support of targeted community needs. For example, one volunteer group used the funds from one of their events to purchase hospital equipment that is not included in the hospital's operating budget.

Annual community events, such as the Alexander Mackenzie Days held every July, are usually spearheaded by the voluntary sector and supported through partnerships with individuals and organizations from the private and public sector. These partnerships are essential to the continuance of community events. For example, the District of Mackenzie helps the Rotary Club with their annual events by providing in-kind support in the form of facilities (e.g., outhouses) or staff support (e.g., road grading, snow clearing). The volunteer groups also work together by sharing special equipment, such as a concession stand, instead of each group having to purchase their own equipment.

Sometimes, however, there are barriers to working together for community events. One organization represented in the interviews mentioned that their mandate actually prohibited them from participating in a targeted event or from entering into partnerships because the purpose was beyond the specific need within a particular age group that they focused on. Each of the local volunteer-based organizations has their own mandate that guides their activities. Despite this restriction, the voluntary groups described how they worked around their mandates when they were focused on similar community goals. For example one
respondent mentioned, “when money was raised to purchase a respirator [voluntary] groups worked separately, but all the money went in the same pot” (M5, E3). This is a strategy that this sector has developed to pool their resources in order to meet some of the community’s needs. The noted importance of working within specific mandates reflects contemporary voluntary provision where there has been an erosion of flexibility in the scope of voluntary organizations activities to attract operating funds (Hanlon et al. 2007b).

Community events serve as a catalyst for the creation of the bridging form of social capital because they create opportunities for local leaders to establish relationships through partnerships and networks built on trust and that contribute to greater social cohesion. It is evident that social capital is located in the groups and organizations in Mackenzie and social cohesion is the glue that binds people together (Putnam 1995; Portes 1998), both of which are mobilized and utilized through the networks and partnerships from working together to put on community events and deal with local issues and needs. Cuthill (2003) argues that social capital helps create positive outcomes that contribute to community well being. The respondents mentioned that there have been times when groups and organizations have come together beyond scheduled events to provide support or raise money to help out community members, which highlights the role of social capital during times of crisis. These are special circumstances where they have observed different organizations, groups and individuals working together.
5.3.3- Special Circumstances

Special circumstances such as a family in crisis or a special event (e.g., BC Winter Games) were referred to as one-off cases where the community worked together as a whole. As one respondent stated “the community is very willing [to work together] when asked, but will not necessarily get involved when not asked” (D10, M28). Some of the respondents referred to these situations as a ‘spark’ that encouraged people to work together. This is portrayed by one respondent who said, “if it is an issue the community will respond, but it will take something to create a spark” (M4, D5). This resonates with the basic idea of social capital that communities endowed with a rich stock of networks and civic associations are in a position to confront times of crisis to achieve positive community outcomes (Woolcock 1995).

One respondent mentioned that seniors may become a spark, which is evident in their comment “... seniors may be a catalyst, but we will find that out, when the time is right things will come together” (M2, E3). There is a sense from amongst the key informants that the community as a whole will come together and be able to respond to the seniors’ needs before there is a crisis. For local leaders already involved with seniors, population aging has become a reason for some groups and organizations to work more closely together. The respondents gave examples of working with other groups and individuals to address the upcoming demands that seniors will have, such as transportation, recreation, health services and housing. In fact, appropriate housing is one of the major concerns
for Mackenzie seniors, and has become the first priority for adapting for senior needs (Mackenzie Times 2005). Local leaders should be working now and drawing on their networks and partnerships to respond to these issues now before they are faced with responding to a crisis situation.

5.3.4- Bridging Relationships

Adapting the community to facilitate seniors’ health and independence will draw on collective action across all sectors in the community. Relationships that form out of working together can make places resilient to change (Halseth and Sullivan 2002). Halseth and Sullivan (2002) have already noted that Mackenzie is a community with a high level of civic engagement and participation. This process involves two interrelated elements, social capital and social cohesion, that have been identified in a number of examples provided by the respondents. Social cohesion results from successful circumstances of working together either with individuals or groups from a mix of public, private and volunteer sector organizations (Desjardins 2002). What can be built from working together and creating partnerships are interactions based on the bridging form of social capital, which is about trust and commitment (Putnam 2002).

Respondents mentioned the importance of local government working in partnership with other individuals, groups and organizations to adapt the community for the new needs associated with demographic change. Overall,
most of the community leaders described a positive relationship with their local government. These relationships are said to be grounded in a good working relationship, community leaders having their issues listened to, and the recent attention on seniors' issues, such as housing.

I did find some indication of the bonding form of social capital, in that some informants felt excluded from aspects of local decision making. Those who described a more negative relationship feel that their concerns were not being heard by council. These perceptions were the personal opinions of some informants, rather than the respective organizations they were speaking on behalf of. One respondent commented “they are a closed group that enjoy what they are doing, and don’t necessarily listen to what people are saying, asking for” (M7, E10). This perception may have been related to a labour dispute concerning a local bylaw that occurred right before the local leaders were involved in this study. Nevertheless, there is a concern in the literature about the exclusionary tendencies of local leadership networks, particularly in smaller communities (Cuthill 2003, Portes 1998). While most of the respondents described positive relationships based on trust and communication, the previous comment indicates why trust can be a fluctuating variable.

Most of the key informants outside of local government, however, described a positive working relationship with the District of Mackenzie. This may be an indication that there is a strong foundation in the local systems of governance to
respond to change effectively. Because the relationship between and amongst the local leaders, and in particular the local government, appears to be grounded in high levels of social capital and social cohesion, there is a sense that there is some capacity to work together to respond to demographic change and perpetuate the image of Mackenzie as a young person's town. However, it appears that local leaders will need to focus their efforts on inserting seniors' issues into long term community planning, rather than something that can be dealt with periodically and on a short term basis.

5.4- Conclusion

Exploring the responses from a range of Mackenzie's local leaders has provided insight into the issues associated with adapting an Instant Town design to accommodate an aging population. Moving beyond provisions for a young person's town will take time. The entire community will need to realize that many of the 'young people' who came to Mackenzie 30-40 years ago are now choosing to age-in-place. Mackenzie's small population, its geographic location and reliance on a single natural resource for its economic existence contribute to the challenges that local leaders will face in supporting seniors health and independence. Hanlon et al. (2007a: 479) reveal that the town is not well equipped to deal with seniors and that preparations for accommodating an aging population must begin now, "...including re-imaging Mackenzie as a place for
seniors to age-in-place successfully". This will involve what McCracken et al. (2005) suggests is looking into the opportunities that an aging population brings to the community and engage the seniors rather than perceiving them as a burden.

The main challenge described by the local leaders rests in establishing buy-in from the entire community. This will require support from everyone because resources will need to be shifted, expanded and created to accommodate seniors’ needs and allow them to age-in-place healthy and happy. Maintaining economic stability as well as providing the appropriate services and infrastructure for the aging population has become a significant challenge for local leaders in Mackenzie, particularly because the focus on economic growth often is a priority over social issues. Juggling these issues means that local leaders are faced with reorganizing their balance of power and discovering who to include in developing polices and planning decisions, or local governance. This will require a ‘culture shift’, where addressing the needs of the local population will require a more creative and open approach to planning and managing change at all levels of governance (Bryant and Joseph 2000).

There are different expectations amongst the key informants about the appropriate levels of responsibility from the public, private and voluntary sectors. Local leaders in Mackenzie expect the public sector to provide appropriate infrastructure and services to allow seniors to age-in-place. The voluntary sector
is also relied on to accommodate a variety of the community needs, although on a smaller scale than the public sector. There is concern that a limited pool of local volunteers may not be able to handle an increase in demand for their services. Family plays an integral role in providing support to seniors. While the respondents see supporting their loved ones as part of their responsibility, there are concerns about emotional and financial stress. The informants perceived that, even though the forest companies are not currently involved with supporting seniors, they are expected to play a greater role in helping retirees remain in the community.

In conclusion, the infrastructure that is established as a result of working together in networks and partnerships for a variety of reasons suggests that there is the capacity (i.e., levels of social capital and social cohesion) for local leaders to work towards adapting Mackenzie to accommodate a retirement population. The next and final chapter, will conclude this study with a summary of the key themes around the local leader’s perceptions of aging in an Instant Town, and provide comments on the future directions and limitations of the results of this case study.
Chapter Six: Conclusion

6.0- Introduction

The resource towns of northern BC are aging rapidly, although this fact can easily be overlooked by growth rates of seniors at the provincial level. However, over the last two decades, the rate of growth of the seniors’ population in Mackenzie has far outpaced that of the rest of the province and the gap has increased. The faster rate at which the population is aging in Mackenzie brings with it important implications for local services and infrastructure that will demand a re-imaging and re-orientation of place and governance much sooner than the rest of the province. This qualitative case study examined the way in which local leaders in one such resource town, Mackenzie, BC are responding to rapid demographic change. Their perceptions and experiences help develop an understanding of the place specific circumstances that frame the concerns and opportunities that population aging presents in rural and small towns. This final chapter summarizes the key findings from this case study, reflects on the generalizability of the research and discusses opportunities for future research.
6.1- Summary of Key Findings

Some of the informants indicated that the local economy is a top priority for most of the local leaders and often dominates local planning and decision making. The purpose of the Instant Town legislation was to shift responsibility from the resource company to the local residents in regards to different aspects of community life, including local governance and decision making. Many of the community leaders I spoke with counter-posed, or else downplayed, the importance of demographic aging relative to the needs and concerns of industry. In this sense, the original objectives of the Instant Town legislation remain as unfinished business in Mackenzie.

In other aspects of the study, however, local leaders had begun to respond to changing demographics in the community. For instance, a number of key informants with ties to social services identified challenges commonly found in other rural and small town places (Hodge 1990, Chappell 1992, NACA 1999, Bourne and Rose 2001). The critical difference, however, is that Mackenzie was initially developed as a young person's town, and local officials and service providers have little experience in dealing with seniors' needs. Strategies that focus on developing policies to include the determinants of seniors' independence (Rosenberg 1998) are only beginning to be developed, such as the provision of appropriate seniors housing. Respondents who tended to be more aware of broader implications of demographic change indicated that more
buy-in was needed from other leaders and the rest of the community, in order to
be able to justify allocating time and resources towards seniors.

Many of the challenges associated with the impact of population aging in
Mackenzie were framed by referring to the most extreme of scenarios in which
people are very old and very frail, requiring a level of service that is not currently
available in Mackenzie and is not likely to be available in the future after
reviewing Northern Health’s Service Plan up to 2008 (e.g., no allocation of
assisted living units). The informants identified the limitations the community
faced in providing support to frail seniors and described situations that local
seniors would have dealt with, such as relocating to larger centers, where
appropriate infrastructure and support is available. These informants, in other
words, do not see Mackenzie as a viable place to grow old.

While the oldest adults (e.g., 85 years and older) require specific services and
infrastructure, Mackenzie is a long way from being ‘overrun’ by demands from
this cohort. The population analysis provided in Chapter Three identified that the
majority of seniors in Mackenzie will be young (e.g., 65-75); this cohort should be
relatively active and healthy for years to come (Ulysse 1997). Rather, local
leaders will be faced with playing a major role in supporting those currently
nearing retirement who choose remain in Mackenzie. One of the most important
tasks will be to adapt local policies, services and infrastructure to support
individuals who begin to require assistance with their activities such as
transportation, house maintenance, chronic disease and pain support and meal preparation.

The evolution of Mackenzie has in many ways been facilitated by a strong local government and the generosity of private industry (Halseth and Sullivan 2002). Therefore, it was not surprising that some of my informants placed high expectations on the local government to attract services (e.g., formal health services) and infrastructure (e.g., assisted living units) to allow seniors to age in place. Most informants, however, stressed that support from upper levels of government would be essential to acquire these resources. The informants suggest that the current level of volunteers is sufficient to respond to seniors on an individual basis, but there was uncertainty about whether the local voluntary sector is equipped to respond to an increase in demand resulting from the continued aging of the population. Informants also indicated that they would like to see a greater role from the forest companies in Mackenzie. This was partly based on past experience of forest company involvement in supporting local needs (e.g., building the recreation centre) and also because a majority of the seniors who will be living in Mackenzie in the future will be retirees from the forest industry.

Family is expected to play an important role for meeting the personal needs of older adults, both now and in the future. However, there were some concerns expressed that families in Mackenzie will face added emotional and financial
stress when providing care for a loved one who has health related concerns owing to the lack of formal health services available locally. In these situations, informants indicated, there is very little support for family caregivers beyond the local hospital.

Many of the local leaders noted that working together across sectors using existing and new networks and partnerships will be one strategy that will address the needs of seniors. This will need to be considered alongside the main priorities of remaining a desirable location for forest industry operations by maintaining a competitive advantage in the global marketplace. Working together has become a strategy that those involved in local governance have used in the past as a way to make better use of limited resources in a remote environment. Local leaders indicated that they interact by working together regularly in local networks, community events and when special circumstances arise. Social capital and social cohesion are said to form out of repeated social interactions between individuals and groups which then develop trust, social norms and strengthen cooperation and reciprocity (Coleman 1988, Reimer 2002).

By examining the local leaders' perceptions of population aging, it is evident that Mackenzie's local system of governance is beginning to look at managing for social change in regards to seniors' health concerns and infrastructure needs. Social capital and social cohesion has been mobilized through networks and partnerships in the past, and continues to develop around community events
which are organized by the voluntary sector. This suggests that associational practices have created the capacity for Mackenzie to respond to change and the social needs that result. What remains uncertain is if seniors’ issues will become a spark that will create the buy-in that is needed for resources to be allocated beyond the needs of a young population. However, avoiding a crisis situation means that preparing for an aging population must begin now given the time it takes to re-orient services and infrastructure.

6.2- Reflections on the scope of the study

Qualitative case studies are a common strategy used in human geography to investigate one or more phenomena occurring in a particular place (Hay 2000, Castree 2005). This study provided a starting point for observing how systems of governance in an Instant Town respond to social change. The experiences from Mackenzie’s local leaders across the public, private and voluntary sectors provide a snapshot of the emerging issues that population aging creates in the context of restructuring in a particular time and place. The value in a case study research design is that it provides useful insights into how local responses to a problem have been conceptualized alongside broader trends (Miles and Huberman 1994).
This study was designed to shed light on the place specific particularities that local leaders are faced with when developing strategies to respond to seniors needs. Part of qualitative research is providing a critical reflection on the opportunities and challenges I encountered doing this research study (Mullings 1999, Dowling 2000). The idea for this research came to me when I was a research assistant on the Mackenzie and Area Seniors’ Needs Study in 2005. The District of Mackenzie approached Dr. Halseth at UNBC to help determine the needs that seniors have in Mackenzie to begin planning for the upcoming aging population. As one of the lead research assistants on that study I was able to develop relationships with many of the local leaders in Mackenzie. I became interested in the role of local leaders in shaping the community response to this issue. The next year I interviewed those involved in local governance and asked about their perceptions on adapting for an aging population.

In Chapter Four, I outlined measures that I took to ensure I developed a rigorous qualitative study. Despite these measures, the scope of qualitative inquiry is limited to some extent in that they cannot provide statistical generalizations that are applicable to a larger population making it difficult to translate such findings into a policy context or to the broader literature (Hay 2000, Martin 2001). I was able to reflect critically on the data collection process by recognizing my position in the research process. My experience in the community with the seniors needs study (Halseth et al. 2004a) in the year prior raises the issue of being viewed as an insider or outsider by the informants who participated in my study, and what
this means for the information revealed to me during the interview (Dowling 2000). While I was familiar to some of the informants, I treated my position as an 'outsider' because of the short time frame I spent overall in Mackenzie and how that may have influenced what information was shared with me by the local leaders.

The results from this case study identifies that responding to change in rural and small town places is an issue with which local leaders are continually dealing. Economic restructuring has become the underlying force of change for many communities and, therefore, it often dominates how local leaders prioritize their efforts and how they are able to respond to social issues. While Mackenzie is aging due to the net out-migration of the younger population as a result of economic restructuring, it is also becoming a place where people are choosing to live out their later years. Without previous experience in providing for seniors, the entire community is faced with an opportunity to embrace the challenges of aging in rural and small towns and seek creative solutions for meeting their needs and creating an environment that supports their health and independence for as long as possible. These findings are only a first glimpse at how Mackenzie's local leaders will respond to the future needs that the local seniors will have and, therefore, highlights several opportunities for future research.
6.3- Future Research

This study did not reveal perspectives on issues or challenges for different aspects of the senior population which could be associated with gender, multicultural values or vulnerable seniors in Mackenzie. Greater attention to these perspectives will add to a better understanding of the diversity of the local systems of support in the rural and small town context. Crosato and Leipert (2006) argue that more research is needed on rural women and their caregiving experiences with older adults. The perceptions of the allocation of responsibilities for seniors provided a starting point for further inquiry on the gender based experiences of informal caregivers who are currently the main source of support in Mackenzie. Attention is also needed to the experiences of older residents who are or were not part of the high wage forestry sector, and who therefore may have more limited pension and health benefits to draw on. These individuals and households are thus particularly vulnerable to changes in their own health status and to changes in the extent and availability of local services. Also, at this point, a great deal of uncertainty remains about the role of the voluntary sector in providing social care to seniors.

With greater responsibility being placed on local leaders to be creative in ways to respond to social change and community challenges, more attention to the relationships that form the basis of the local networks and partnerships referred to in this study may provide insights into the roles of social capital and social
cohesion in rural and small town development. As well, examining the dynamics of local networks may identify what factors cause some groups to work together and other not, and help us understand who is being excluded from these networks and why. By focusing on these local networks, the changing nature of governance could be observed in greater detail.

Many studies are suggesting that voluntary organizations are becoming major players in the delivery of health care services in rural communities (e.g., Skinner and Rosenberg 2001, Hanlon et al. 2007b). This study highlighted that it is uncertain if the voluntary sector has the capacity to respond to an increase in needs. Further examination of the local voluntary organizations and their role in providing social care to seniors will highlight the place-based circumstances that volunteers face as responsibilities for the health and welfare of seniors are restructured. Another area that this study only touched on was the importance of family and their role in providing care to loved ones. Examining the experiences of families who are providing support to an elderly family member will highlight the specific challenges that they face and provide suggestions on what support families need in rural and small towns.

Responding to newly emerging challenges takes time in any setting, but this is especially so for small and remote communities. Despite being an Instant Town, many of the services and much of the infrastructure present in Mackenzie today took years, if not decades, to establish. The community had to work together to
get many of these things and they needed to generate buy-in by recognizing these community needs as a group. Local leaders need to begin now to look at strategies to generate community buy-in around seniors’ needs to initiate processes that include planning and providing for the aging population. This will require local leaders to frame the issues associated with population aging by including realistic impressions about what the community can and cannot do, and to take the lead in re-visioning the community as a place where people choose to age in place by identifying steps to adapt the service base and infrastructure to this new vision of Mackenzie.
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Appendix A

Study Information Sheet

Purpose of Research

Subject: Networks and partnerships in a remote resource town: A case study of adapting to an aging population in Mackenzie, B.C.

Currently, Mackenzie provides a community and service setting that focuses primarily on young families. Over the next decade a large proportion of Mackenzie’s population will be reaching retirement age. As a result, local leaders will need to consider the potential impacts of an increasing aging population in the community. The purpose of this research project is to examine how local networks of decision makers, planners, providers and community groups respond to population aging issues in Mackenzie.

This research is an important part of my Master’s thesis looking at the way in which local groups respond to emerging social challenges in a small resource-dependent community. The purpose of our meeting is to inform you about my Master’s thesis research and undertake an interview. This interview will contribute to my analysis on key themes and trends that are occurring in response to the aging population in Mackenzie.

If you have any questions about this research, please feel free to contact my thesis supervisor Dr. Neil Hanlon at the number given below. This project has been assessed by the UNBC Research Ethics Board, however, should you have any complaints; please contact the UNBC Office of Research at (250) 960-5820.

Thank you for your time. Your participation will be of great assistance.

Sincerely,

Rachael Clasby, Dr. Neil Hanlon,
Master’s Candidate Thesis Supervisor
Geography Program Geography Program
UNBC UNBC
Prince George, B.C. Prince George, B.C.
V2N 4Z9 V2N 4Z9
Tel: (250) 960-5303 Tel: (250) 960-5881
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Email: clasbyr@unbc.ca Email: hanlon@unbc.ca
Interview Consent Form

Project Title - Networks and partnerships in a remote resource town: A case study of adapting to an aging population in Mackenzie, B.C.

Purpose - The purpose of the research is to examine how local networks of decision makers, planners, providers and community groups respond to population aging issues in Mackenzie. This research is an important part of my Master’s thesis looking at the way in which local groups respond to emerging social challenges in a small resource-dependent community.

How Respondents Were Chosen - You were selected based on your role in the community and your potential to provide information about issues relevant to planning and providing for an aging population.

Anonymity and Confidentiality - Your name will not be used in any reporting nor will any information which may be used to identify you. All information shared in this interview will be held within the strict confidence of me and my thesis supervisor Dr. Neil Hanlon of the Geography Program at UNBC. All records will be kept in a locked research room at UNBC. The information will be kept until six months after the researcher completes her thesis defence. After this time, all documents and audio tapes will be shredded to destroy all information related to the interview.

Potential Risks and Benefits - This project has been assessed by the UNBC Research Ethics Board. This research is considered to be of no risk to you. We hope that by participating you will have a chance to provide input into issues relevant to the challenges and pressures of an aging population in Mackenzie.

Voluntary participation - Your participation in the research project is entirely voluntary and, as such, you may chose not participate. If you participate, you have the right to terminate the interview at any time, and have all the information you provided withdrawn from the study.

Research Results - In case of any questions that may arise from this research, please feel free to contact my supervisor, Dr. Neil Hanlon of the Geography Program at UNBC, at (250) 960-5881. Also please feel free to contact Dr. Hanlon to inquire about obtaining a copy of the final research results.

Complaints - Any complaints about this project should be directed to the Office of Research and Graduate Studies, UNBC (250) 960-5820

I have read the above description of the study and I understand the conditions of my participation. My signature indicates that I agree to participate in this study.

(Name - please print) (Signature) (Date)
Thank you for submitting the above-noted research proposal and requested amendments to the Research Ethics Board. Your proposal has been approved.

Good luck with your research.

Sincerely,

Henry Harder
June 2, 2005

Ms. R. Clasby
UNBC
3333 University Way
Prince George BC

Dear Ms. Clasby:

Re: Study "A case study of adapting to an aging population in Mackenzie BC"

Thank you for your email response of May 17, 2005 regarding the above mentioned study.

The Research Review committee has reviewed and is satisfied with the changes made to your study.

We ask that upon completion of the study that you notify the Research Review Committee in writing, and that you advise of an anticipated time frame in which you are available to present the results. As well it is required that you submit a copy of the final report within one year of conclusion. Please note that the Research Review Committee will need to see publications before they are submitted to ensure patient confidentiality has been protected.

Sincerely yours,

Dr. C. Hagen, Chair Research Review Committee PGRH

Copy: Dr. N. Hanlon, UNBC

CH/II
Thesis Interview Script

Networks and partnerships in a remote resource town: A case study of adapting to an aging population in Mackenzie, BC

Interviewee Name:

Connection/Role in the Community:

Facilitator:

Date: Place:

Interview Time: Start: Finish:

Comments on Interview:
SECTION A: Opening Questions
To begin, I would like to ask some questions about yourself.

A1. How long have you resided in the community?

A2. Why did you choose to settle in Mackenzie?

A3. What is your current occupation?

A4. Presently, are you involved in any other groups/ organizations

A5. In which of the following categories is your age?
   19-25
   26-44
   45-64
   65+

153
SECTION B: Background Information on the Organization
In this section I would like to ask some questions about this organization (meaning the focus of the interview- may not be their employment)

B1. Can you please state the full name of this organization?

B2. How long have you been employed by this organization?

B3. What is your role in this organization?

B4. What is the purpose of this organization?

B5. Does this organization have a long history of service delivery in Mackenzie?

B6. What is the main source of funding for this organization?

B7. Who sets policy and makes program decisions?

B7a. Please describe how decisions are executed within this organization (For example: if you wanted to introduce a new program)

B8. Does this organization have a specific focus or mandate for seniors? (Please describe)

B9. Does this organization provide formal or informal services for seniors? Please describe these services.

B10. Can you please describe the types of programs/services this organization currently oversees in relation to the seniors' population in Mackenzie? Please describe these programs/services.

B10a. If NONE, is this organization considering a role in the future to provide services/infrastructure for seniors?
SECTION C: Planning and Decision Making on Behalf of Seniors in Mackenzie

In this section I would like to ask some questions relating to planning and decision making regarding seniors in the community.

C1. Can you provide examples of times you have been asked to make decisions related to seniors issues in Mackenzie?

C2. Were you asked because of your role with this organization?

C3. Are you aware of any other groups/organizations/individuals in the community make decisions on behalf of seniors in the community?

C4. Who is usually consulted when planning and making decisions on behalf of seniors in the community?

C5. In your opinion, who should be consulted when planning and making decisions on behalf of Seniors, but currently is not?

C6. Are there opportunities for seniors to become involved in decision making and planning initiatives in the community?

C7. Do you feel that there is an atmosphere of cooperation and trust between local government and community decision-makers? Please describe and use examples.

C8. Do you think non-governmental groups are seen as equal partners when decisions are made in the community? Please explain.
SECTION D: Challenges and Pressures
Next I would like to ask some questions regarding the possible changes than an increasing number of retirees in the community may create.

D1. What types of changes have you noticed over the last 10 years in regards to:

D1a. The population in Mackenzie

D1b. The local economy

D1c. The provision of public services

*If notes changes ask:*

D2. Do you perceive that these changes will affect retirees and older residents in the community? How so?

D3. What challenges do you perceive that Mackenzie will face because of an aging population?

D4. In your opinion, is planning for an aging population a priority compared to the other issues that Mackenzie faces? Please explain.

D5. How do you think the community will be able to respond to the needs of an aging population amongst other pressures that Mackenzie faces?

D6. When seniors become frail, and require regular nursing assistance, do you think they will be able to remain in the community?

D7. Who do you perceive is available to provide support for seniors when they require assistance with their regular activities of daily living?

D8. What pressures do you see placed on family and friends as their loved one ages?

D9. Where can family or friends who are caring for seniors turn to for help when they are dealing with difficult support situations?

D9a. Is there a role for your organization in this situation?

D10. Do you think there is adequate voluntary capacity in the community to support an aging population?
SECTION E: Networks and Partnerships
In this section I would like to ask some questions regarding how different groups and organizations work together.

E1. Can you recall a specific event/instance that required groups/organizations/individuals to work together?

E2. Would you say that there are adequate opportunities for you/this organization to network with other groups or individuals to make a positive difference for seniors?

E3. Do these groups/individuals work together or mostly keep to themselves?

E4. Do you/Does your organization have a partnership with other local volunteer groups, businesses, institutions, government, etc?

If NO, go to question E10

E5. Does the relationship between you/your organization and the other local group work well? Please give examples

E6. Have these partnerships and networks you have been most closely involved with changed over time? Please explain

E7. Do you work together to provide services, share space, etc. Please provide examples

E8. Are there many different leaders in these groups, or is it the same few people who occupy leadership positions?

E9. Are you aware of any opportunities for seniors to become involved in these networks?

If the participant is not involved with local council/government ask:

E10. Please describe your relationship with local council/government.
SECTION F: Concluding Questions

F1. Is there anything else you would like to add in relation to any of the issues we have discussed throughout this interview?

F2. Can you suggest any community members or groups that would possibly have insights to contribute to this study, and may be interested in participating?

Prompts:
Name
Role
Phone Number
Box #

Thank you very much for your time and your assistance.