

Healthy places? Service provision for seniors in small towns on the Prairies

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Abstract: This paper presents the results of a research project that was designed in part to investigate and evaluate the provision of services for seniors in selected smaller settlements in Manitoba and Saskatchewan. These results are part of a larger country wide study, known as the *Aging across Canada* project, funded by CIHR. Census of Canada data indicate that some of these communities can be seen as relatively service rich and others as relatively service poor. Some are more northern and others southern. The purpose of the study was, in particular, to look at the effects of place and scale upon service provision. It was hoped that this would enable us to explain how and why communities are aging differently. Key informants from the government, private, and voluntary sectors were interviewed. In this paper results from Neepawa, Dauphin and Thompson (MB) are discussed along with data from Prince Albert (SK). These results suggest that “service richness” and “service poorness” cannot be seen as absolutes, but are related to location and scale of settlement, and to the perception of those living and working in these places. Clearly the provision of services for seniors has to be seen as a much more complex issue.

Introduction

This paper introduces a research project that was designed in part to investigate and evaluate the provision of services for seniors in selected smaller settlements in Manitoba and Saskatchewan. These results are part of a larger country wide study, known as the *Aging across Canada* project, funded by the Canadian Institutes of Health Research (CIHR). The study reported on in this paper, applies aspects of the geographic viewpoint to the issues of service loss and community retention. It looks at, in particular, the effects of two well established geographic concepts, scale and location, upon service provision (Broek and Webb 1973, 8-12; Johnston et al. 1994),

and investigates their relationship to a more recently developed concept, place, which focuses on the values attributed to a location by the people living there (Norton 2004, 56). It is hoped that this helps us to explain how smaller communities are behaving, and why some small communities are behaving differently to others and to larger urban centres, and thus becoming more successful. The results are based upon a study of service provision for seniors that used interviews with key-informants from local governments, chambers of commerce, health and social care institutions, voluntary organisations, and seniors' groups from four communities located in Manitoba and Saskatchewan. The paper discusses a series of issues about belief in community, and we conclude with a reflection on the results as they relate generally to understanding service provision for seniors in smaller settlements in these two provinces.

Conceptual Basis

Census of Canada data indicate that some communities are relatively service rich, and others are relatively service poor. Many reasons can be postulated for these variations, but we are particularly concerned with how these differences are related to location, scale, and place – that is to say, the geography of our study regions. To put it another way, communities may be different from one another in many ways, but have a commonality of problems (Troughton 1995). Thus we are arguing that geography, as Allen et al. put it, “turns up everywhere” (in Massey et al. 1999, 323), geography does matter (Massey and Allen 1984; Johnston 1991, 246-249).

Location is perhaps the fundamental concept of concern for geographers (Johnston et al. 1994; Norton 2004, 56), as it is inextricably tied to ‘where’ questions, which are arguably the basic questions that a geographer poses in order to organise his or her experiences (Abler et al. 1971, 11). A major challenge to service provision in rural areas is that the needs of a small and sparsely distributed population frequently lack the critical mass necessary for providing some services and particularly the more specialised services that are needed by the elderly (Joseph and Hallman 1996; 1998). Thus, in the context of service provision for seniors, we are concerned with how location (including the relative location of a community *vis à vis* other communities, as well as its absolute location) is important in creating service rich or service poor communities.

Second, we can ask how important is scale (e.g., the size of the community, and its level within the urban hierarchy) to the manner in which a community functions in terms of the organisation and delivery of services by service centre (Johnston et al. 1994, 543). Is it the “crucially

important dimension of geographical differentiation” that Brenner has suggested it can be (Brenner 2001, 604)? Is it “central to the research agenda of the entire discipline of geography” as Marston (2000, 220) proposes? That is to say, is the scale of a community a major factor in determining its selection of services? Scale is closely related to location when the provision of services is to be considered, as Christaller made clear many years ago (Carter 1995). A settlement of a particular size that is a long way from competing centres may be expected to have a larger bundle of services than a similarly sized settlement close to a metropolis. However, not all communities of a similar size and similar relative location have the same bundle of services, and this may be related to their place characteristics.

More recently, place effects have been emphasised within human geography (Johnston 1991, 179; Johnston et al. 1994, 442). These are the non-quantifiable characteristics of communities – for instance, the way in which social relations and identities are constructed to give one location a unique character that is different from that of others. The importance of attachments to place (‘a sense of place’) in our discussion is closely tied to the concept of community as place as a concept within cultural geography involves being known and knowing others (Norton 2000, 274). It is likely that communities with a strong sense of place will be able to maintain themselves despite having a poorer location and a smaller size than other settlements. Similarly a community with a strong sense of place may be better positioned to retain its services – that is to say, ‘place matters’. Place is also related to (in particular) health care and health services in other ways (Kearns 1993). For instance, peoples health may be better if they live in a place they know and like, and to which they have an emotional attachment. As Perry (2001, 66) suggests, “For most there’s no place like home”. Health may suffer if they are removed from this place. Thus many seniors prefer to age in place, even if that place has inferior services, to migration to another settlement, because it is their home (Everitt and Gfeller 1994; 1996). The distress that a spatial dislocation can cause was nicely summed up in one interview:

People have to leave the city [Thompson, MB] to go to Winnipeg near the end of life to get services. (It is) tough leaving their community and then once they are very ill the hospital in Thompson won't take them back. People end up dying in an unfamiliar place.

Smaller Canadian cities and towns have long been seen as places with closer ties between people, and a greater shared understanding of

the notion of community, than many larger urban areas. Consequently, although rural areas and settlements have been evolving in recent years as a response to the challenges of agricultural restructuring and rural depopulation, they are still seen as communities by their inhabitants (Ramsey et al. 2002; 2003). In many, perhaps most cases, the elderly in these communities prefer to ‘age in place’, or at least ‘age near place’ (Everitt and Gfellner 1994; 1996), often leading to “naturally occurring retirement communities (NORCS)” (Perry 2001: 66). But, the loss of services (in health, education, and business) continues to put stresses and strains on rural people and their dwelling places, and key debates within academic and public policy discourses have raised important questions about the conventional wisdom surrounding service provision for seniors in smaller settlements town settings (Everitt 1994; Gfellner and Everitt 1997; Hallman and Joseph 1998; 1999; Wenger 2001; Fast et al. 2004).

In addition, these communities may have higher rates of some health problems, because of the large number of seniors in these places (Furuseth 1998). Indeed, within the service provision environment, there is a sense of uncertainty surrounding the capacity of these communities to cope. It may be, however, that they *can* cope because they are communities that believe in themselves, believe in their futures, and believe in their abilities to function despite the challenges to their very existence. That is to say, what small towns lack in terms of formal community services they make up for in terms of the closer ties of people within the community, and particularly family, friends and volunteers who are concerned with the care of the elderly. Thus community can be seen as a social construct that is fluid and constantly evolving.

Thus it is argued that the integration of place, scale and location provides a useful point of departure for the analysis of the provision of services for seniors. To demonstrate the utility of our argument, results from a study of service provision for seniors in four communities within Manitoba and Saskatchewan are reported. Out of this analysis a series of issues are raised regarding the role that place, scale, and location, play in the provision of services for seniors and our understanding of communities.

Research Design

In this research the provision of public services for seniors was analysed through an in-depth comparative study of four smaller urban communities. More particularly, the provision of services to seniors at the local level was considered, and put this in the context of a comparative

study of four different communities. Two are small towns that serve their local agricultural regions; one is a larger mining town in northern Manitoba; the fourth is a larger urban centre in northern Saskatchewan that serves both an agricultural population as well as a forest-product economy on the Canadian Shield. This approach is designed to explore the changing service provision environment for seniors in different urban settings in order to shed light on the effects of place, scale and location.

Four major analytical questions guided the research design: (1) Do service providers view their communities as places and if so how? (2) Do service providers see the scale at which they operate as having positive or negative effects upon service provision? (3a) How do service provider responses compare with respect to the provision of services for seniors and (3b) Are the differences and similarities in responses a function of service provider notions of place and scale? And, (4) Does the location of the community affect its package of services, or its service providers' perceptions of the 'richness' of this package?

Methodology

The methodological approach is qualitative and uses in-depth interviews to understand service provision of seniors (Limb and Dwyer 2001). Although the interviews are carried out among key informants in four small towns in rural Manitoba and Saskatchewan, the purpose is to construct a composite view of *healthy places*. In other words, we are not trying to compare the four towns or argue that each town falls on some continuum of service rich or service poor, but to take the perspectives of key informants from the four towns to draw lessons about the nature of service delivery for seniors. Thus, the primary data for this research represents the knowledge and perceptions of service providers from a variety of organisations and institutions within our target communities.

A series of in-depth interviews with fourteen key-informants from the study communities were completed in the summer of 2002. In order to capture the complex dimensions of change and various sectors involved in providing services for seniors in Manitoba and Saskatchewan, interviews were conducted with senior officials and administrators from a broad range of government, public, private, and voluntary agencies across the health care, housing, social services, transportation, and recreation sectors. These included local government departments (economic development; parks and recreation; and public transportation); public health institutions (community care access centres, hospitals, and long-term care facilities); public and non-profit housing corporations; seniors'

associations; private for-profit providers (e.g. 'We Care') and voluntary and non-profit service agencies (health care, home care, transportation).

In the in-depth interviews, the key-informants were asked a series of structured and open-ended questions related to the formal service environment for seniors in the community. In each case particular reference was paid to (a) the strengths and weaknesses of the current situation, and (b) the constraints on becoming service-rich, or at least service richer. The information gathered from these key-informants enables us to gain an invaluable 'insider view' of the complex and dynamic ways in which services for seniors are discernible at the local level. The emphasis on local decision-makers and circumstances is crucial, especially given the downloading of responsibilities for direct service provision in Manitoba and Saskatchewan, as has been the case elsewhere in Canada (Halseth and Williams 1999).

Analytically, following the advice of Hay (2000), the interview transcripts were read by all three authors independently. What is reported in the following section is where there was a convergence among the authors on key themes that come out of the interviews. To provide the reader with a sense of the wealth and nuance of the interviews, quotations are used for illustrative purposes.

The Study Communities:

Two more southerly, Neepawa (MB) and Dauphin (MB), and two more northerly communities, Thompson (MB) and Prince Albert (SK), were selected for study. Although located in what is, in many ways, a 'Christaller-like' central place landscape, the locations of these settlements did not evolve naturally over time, but were imposed by the policies of railway companies. Neepawa is an agricultural service centre of 3,300 people located 175 km west northwest of Winnipeg, and 75 km northeast of Brandon. It was chosen to represent the smaller urban places within the Manitoba urban system. Dauphin is an agricultural service centre in Manitoba of some 8,300 people located about 167 km north of Brandon, and 304 km northwest of Winnipeg. It represents one of the larger urban places within agro-Manitoba, and one that is more remote from the largest cities in the province.

Both Neepawa and Dauphin have struggled in recent years reflecting changes that have occurred in agriculture in Manitoba, and the related rural depopulation of large parts of the province. Both towns reached their peak populations in 1976 and have declined since that date. In recent years, again reflecting regional trends, the percentage of elderly (65 years old +) in these towns has risen considerably, and is now almost 30% in each centre. Recognising this demographic transformation towards what were identified earlier as NORCS (Naturally Occurring Retirement

Communities), the towns have tried to capitalise upon this trend and sell themselves as retirement centres. At the same time it is recognised that the populations in and around Dauphin and Neepawa may once again get younger as the 'bulge' of elderly people disappears or at least declines in significance. Thus the elderly must be planned for, but not to the exception of all other cohorts. A good example of this new direction is given on the Dauphin website (<http://www.city.dauphin.mb.ca/lifestyle.htm>) where the emphasis on services for seniors is made quite clear:

Retirement Dream

Whether your view of retirement is a quiet and comfortable setting to spend your golden years in relaxation, or your view is an active and event-filled lifestyle that keeps you constantly busy, Dauphin is the ideal setting to realize your dreams. Services for seniors are plentiful in Dauphin. Health care needs are available from a modern 90-bed hospital and the Dauphin Clinic which boasts 13 practitioners. Four fully stocked pharmacies provide medicines and a full range of health care products. Mobility service for those with needs, are readily available in Dauphin. Dauphin Seniors' Centre offers the opportunity for seniors to get involved with your peers. Dauphin is in the centre of an outdoor recreational playground. Fishing, hiking, skiing, bird-watching, sight-seeing, and countless other activities await.

Thompson is a nickel-mining community (INCO Ltd.) of about 14,500 people, with a trading area of about 40,000, located in northern Manitoba, 750 km north of Winnipeg. Incorporated in the 1960s, it is now the largest centre in northern Manitoba (the 'Hub of the North'), and the third largest provincial urban centre after Winnipeg and Brandon. Originally the population was characteristically quite youthful and migratory, but over time the population structure has stabilised, and become more elderly: as one key informant put it:

It's only in the 1990s that you're starting to see senior citizens in the city, mostly because workers / miners that originally came to Thompson to work for a few years ended up settling in the city. Now, they're getting old and retiring.

As a consequence the health services of the city are learning to cater to an increasingly family-oriented population, and one that is becoming more elderly (only 2.5% over 65, but 14.5% over 55 years old), although it cannot be termed a retirement community. A large proportion of the

population of the city is aboriginal, reflecting the ethnic structure of its catchment area. Although this means that the city continues to have a significant proportion of younger in-migrants, First Nations people are starting to retire into the city. However, the city web site still promotes local and regional recreation and tourism as attractions (“The biggest attraction to Thompson is the area itself.”), not the city’s possibilities as a retirement centre (<http://www.thompson.ca/>). Prince Albert is the third largest city in Saskatchewan with a population of some 41,500 people. It lies on the North Saskatchewan River, about 141 km west northwest of Saskatoon, and is near the boundary of ‘agro-Saskatchewan’ and the forest belt of the Canadian Shield. Prince Albert acts as a service, retail and distribution centre for northern Saskatchewan’s resource industries - mining, forestry and agriculture. Like Thompson, it does not bill itself as a retirement centre. Although just under 13% of its population is over 65 years old, about 21% is over 55 years old, and seniors’ services are thus likely to become a greater concern in the future. Along with Thompson it may assume many of the characteristics of a NORC within a decade or two.

Study Results

Our results will be summarised by referring to the ‘four major analytical questions’ referred to earlier: (1) Do service providers view their communities as places and if so how? (2) Do service providers see the scale at which they operate as having positive or negative effects upon service provision? (3a) How do service provider responses compare with respect to the provision of services for seniors and (3b) Are the differences and similarities in responses a function of service provider notions of place and scale? And, (4) Does the location of the community affect its package of services, or its service providers’ perceptions of the ‘richness’ of this package? A number of direct quotes from our interviews will be used to illustrate these responses.

First, with reference to our suppositions about ‘place’ - communities in southwestern Manitoba (as elsewhere) have been developing their separate identities since they were founded in the late nineteenth century. These separate identities have been reinforced over time by ‘Christaller-like’ central place economic activities that concentrate the actions of the people in a region on their local central communities. In addition, the decline of many smaller towns in the local central place hierarchy and resultant increase in significance of the dominant community has increased the nodality of these communities. The key informants also commonly saw their communities as offering a superior quality of life to their

neighbouring settlements, and even to the larger centres such as Brandon, Winnipeg, or Saskatoon. It is not surprising then, that place emerges as a major theme in the perceptions of service providers in the study settlements.

Dauphin is a community (that is) attractive for seniors. Dauphin offers small town living plus good services which attracts people from surrounding areas. Some seniors (are) leaving Dauphin for other centres to be closer to children, but don't think it's very common.

Interestingly, but not surprisingly in context, each place was seen by key informants from that place as being better than others around it. That is to say, place was seen as an absolute concept, but also as a relative concept that was connected to scale and location. In addition it was a concept that implies inclusion – people were attached to a place – but also reflected exclusion, with ‘outsiders’ having some difficulty attaching themselves to that place. And while each respondent indicated that they recognise their communities as distinct locations, a wide range of features are used to equate their communities to different ‘notions of place’, although these can be summarised within a five-part taxonomy: amenities; role within local and sometimes regional or provincial communities; diversity and culture; sense of community; and quality of life.

The community is attractive for seniors. If you move here when you are already old, it might be difficult to break into the social network, but for people native to Dauphin and surrounding area, [it is a] good place to live.

Prince Albert probably is not attracting seniors from Regina and Saskatoon. The catchment area for Prince Albert is probably about a 50 - 80 km radius. Farmers migrate into the city.

People have to leave the city to go to Winnipeg near the end of life to get services. (It is) tough leaving their community and then once they are very ill the hospital in Thompson won't take them back. People end up dying in an unfamiliar place.

Second, the scale of service provision also plays a significant role in the perceptions of the services for seniors. Several scale effects were highlighted by the respondents with respect to the provision of services for seniors in their communities. These were related to the absolute size of

the community as well as to its position within the local, regional, and provincial urban hierarchy. These included the size of community; the level of services; jurisdiction; flexibility; and comprehensiveness. Interestingly, in each community we found key informants who felt that their community was 'service rich'. However, it was clear that they also recognised that they were occasionally short of physicians, and particularly specialists, as well as equipment (such as a Nuclear Magnetic Resonance machine [NMR]) that might be found in Winnipeg.

There was also the fact that the smaller settlements are just one part of a larger Regional Health authority (RHA) and thus one part of a regional health system. Several of our key informants, in both our larger and our smaller study settlements, saw their communities as large enough to have adequate services – even though they might be deficient compared to the largest provincial centres. That is to say 'service richness' and 'service poverty' were also relative concepts, in some cases being compared to what was reasonable to expect given their size vis-à-vis larger centres such as Winnipeg or Brandon or Saskatoon, and in other cases being compared to smaller local settlements.

If you have two communities of similar size, but one is service rich and one is service poor, it might be related to a number of factors. First, geographic location might be important. A community that is relatively close to a large centre will probably have fewer services, but a community that is similar size but a little bit more remote from a larger centre will have more in order to minimize travel time. Second, politics has something to do with it. For example, politics heavily influenced where hospitals were constructed in Saskatchewan. Third, political will. Some communities are just better at lobbying government or other people to get or maintain services. Finally, the demographic of the community is important. Obviously, a community that has more seniors will have more services than another community even if their total population sizes are the same.

Q: *So the RHA, sort of implemented those changes.* **A:** *Yeah. We were sort of given a choice I think when they came in, whether to be a part of them or be separate. But, I think we thought at that time it seemed the most sensible thing to everybody to be a part of them so that they ... everybody knew what was going on. But um, like you said, other than the money coming directly*

from them they don't take a lot of responsibility for our program anyway.

Third, service providers recognise that they might provide good services, but there is always room for improvement. At the same time they recognise that the package of services available is related to their community size, money available, and the availability of services and other attractions elsewhere, and in some instances the willingness and ability of other community members to volunteer their time to improve the service package. For the most part the services provided in Neepawa and Dauphin are better developed and more varied than those provided in the other centres, reflecting the larger proportion of seniors in these settlements, and the greater length of time that seniors have been numerically more significant.

Dauphin has more seniors than Thompson so it has more services for seniors. Dauphin is service rich relative to a community like Thompson

I think we have a very good, wide range of services available, I'm sure there are always more that could be added, but you know I think that we do very well for what we have and why I looked at this question and I was trying to decide what the right answer for that would be and I just think we have a very wide range of services and if we need things then we look at adding them. Like we did the adult day program when it started back a few years ago and we would like to, we could probably run that program five days a week but there's not the funding for it and so that's unfortunate. You know, funding is all over us. The congregational meal could probably be run seven days a week but we don't have someone who can, you know, who can do. So, but I think, I think overall we've got excellent, excellent services for people.

Long winters that can be tough but it depends on the person. If you are a senior that likes winter activities then Thompson is okay, but the longer winter months relative to southern Manitoba can be difficult.

Fourth, the location of the community affects its package of services, or its service providers' perceptions of the 'richness' of this package. This in turn affects the attractiveness of the community and thus its viability. At

the same time it is clear that the service providers do care, and do believe that they can provide a fulfilling community for their seniors.

Q: *Is (your package of services) attractive to seniors...? A:* *I think so we have, because of some of the services that we have in our um, in our EPH, which is our elderly person housing unit I do know that we do have people who have moved from McCreary. From smaller areas they come to Neepawa. I do know that people come in because we, you know, certainly we encourage some of them to come because we can provide a service for them that they may not get out in some of the outlying areas around Neepawa, you know.*

Q: *And they'd rather come here than Brandon? A:* *I think so. Because they like small and this is compact and local and maybe they have family around you know. We have had people come from Portage and uh, in fact I know that we have two couples moving here because their children are here.*

Conclusions

We had proposed that location, scale and place would be important concepts that enabled us to understand the existence of service rich and service poor settlements, and this proved to be the case. But it was not a case of simply using these geographic concepts in their 'dictionary definition form' – for instance, scale being the size of the community. These terms have to be seen in a wider framework. For in addition to recognising these as important variables per se, they were also seen to be important within a service provider context that is more than local in nature. Thus it was recognised that the relative differences are important here, as (1) absolute scales are not agreed upon, and (2) people in our study communities commonly view their pattern of services in a relative context ('how do we compare to 'x' community?') rather than an absolute one. Thus while they *are* concerned with the absolute number of services available, they realise that what they have has to be viewed in a regional or provincial context. In addition, some of the communities investigated in the larger study are more northern and others southern and this division is also reflected in our results.

Dauphin is service rich, but it's relative: relative to Winnipeg or Brandon, Dauphin has less.

Thus our results suggest that ‘service richness’ and ‘service poorness’ cannot be seen as absolutes, but are related to location and scale of settlement, and to the perception of those living and working in these and other places. And these variables evolve over time and space as the social, political and economic environments also evolve. Indeed it could be argued, although not a focus for this paper, that public policy has also been responsible for disrupting the relations between scale, place, and location. Thus it is not a simple issue of larger places being better off and smaller places being worse off. Because distance (location) and amenity (place) come into play as well as absolute size (scale) then some settlements might be viewed as more or less attractive than others for less obvious reasons (e.g. climate). Clearly the provision of services for seniors has to be seen as a much more complex issue.

Thompson is service poor but it is developing...(and) adjust(ing) to these new realities. Q: I hear you're comparing yourself to competing communities, to put it that way. Do you think Neepawa is better off than, uh, the others at a similar size? A: Yeah, yeah I do. But smaller, tighter communities people are more willing to bend over backwards for you, you know. They phone me at home and tell me that things aren't working [laughs], this is a good thing or this is a bad thing. But that's one of the things that happens and you know, so you try and help them plan.

It was suggested earlier that the notion of community “can be seen as a social construct that is fluid and constantly evolving”. A major question is, how far has this evolution gone, and can this process of development continue into the foreseeable future? When will the demand for community to take up the slack left by declining government input exceed its capacity to do so? Our service providers were for the most part positive about their roles and about their communities as healthy places. And although our research indicates that the social capital of even the smallest communities studied has not yet been depleted, it leaves open the question as to whether this reliance upon community can continue indefinitely, or whether the stresses and strains of the continual demands that are made upon individuals will eventually reach a breaking point. These communities might be healthy places today, but this question will need to be revisited on a regular basis.

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