Living in the City: Exploring the everyday activities of older women residing in

inner city neighbourhoods

by

Christine Helene Daum

A thesis submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy
In
Rehabilitation Science

Faculty of Rehabilitation Medicine
University of Alberta

Abstract

Older adults engage in activities to care for themselves, enjoy life, and contribute to society. Participation in activities is important for health, quality of life, and successful aging. Activities influence and are influenced by the environments in which they occur. Little is known about everyday activities within neighbourhood environments from an occupational therapy perspective. Yet, neighbourhoods become increasingly important with advancing age as older adults spend more time closer to home. There is also a need to consider the perspectives of older women. Hence, I conducted a qualitative study to explore the everyday activities of older women residing in inner city neighbourhoods.

Interpretive Description guided this qualitative study. Twenty-eight in-depth home and go-along interviews were conducted with 11 women aged 70+ years and residing in two Edmonton inner city neighbourhoods. Interviews were digitally recorded and transcribed verbatim. Other data included 28 sets of interview notes and eight documents (e.g., newspaper articles and emails). Conventional content analysis guided data analysis. Trustworthiness strategies included prolonged engagement, verification for data accuracy, use of multiple data generation strategies and an audit trail, peer debrief, thick description, reflexive journaling, and an external audit.

The concept *neighbourhood embeddedness* emerged from the findings. It describes the state of being enmeshed into a neighbourhood, which was observed in varying degrees among participants. Neighbourhood embeddedness contains three components: *neighbourhood sage*, *neighbourhood connected*, and *activities as catalysts and bridges to neighbourhood*. Neighbourhood sage describes the knowledge and know-how needed to participate in everyday activities in inner city neighbourhoods. Neighbourhood connected refers to ties to neighbourhood

places and people, which may result in an emotional attachment to neighbourhoods. Everyday activities are catalysts and bridges to neighbourhood. They play an essential role in engaging older women in their neighbourhoods and ultimately becoming neighbourhood sage, connected, and embedded. Because neighbourhood embeddedness increases older women's familiarity, comfort, and resources, it helps them to live in the city; that is, to engage in meaningful activities despite physical and social challenges present in the inner city.

These findings have several implications. They reinforce that neighbourhoods matter in the lives of older women as they are sites for everyday activity. Even those activities that typically occur at home (e.g., cooking, home maintenance, reading) require older women to leave their homes and enter their neighbourhoods, especially those older women who live alone and who have limited support for day-to-day activities. As everyday activities have purposes beyond self-care, productivity, and leisure, occupational therapists could encourage older women to participate in everyday activities as a means of becoming neighbourhood sage, connected, and ultimately, neighbourhood embedded. Findings also illuminate the need to consider the uniqueness of each older woman and to look beyond the stereotypes of inner city neighbourhoods in evaluating the fit between older women and their neighbourhoods. A good fit between older women and their neighbourhoods is essential in facilitating choice and participation in meaningful activity.

Preface

This thesis is the original work of Christine Daum. The research study, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board Panel, Project Name "Place and participation: Exploring older women's activities in disadvantaged neighbourhoods", Pro00030095, May 2, 2012.

Acknowledgements

I would like to acknowledge and thank the following people:

My supervisors and committee members: Drs. Lili Liu, Maria Mayan, Vivien Hollis, and Norah Keating. I am grateful for your patience, support, encouragement, constructive feedback, and mentorship. You introduced me to a new way of understanding the world, asked (and taught me to ask) difficult questions, and inspired me think deeper and more critically. Most of all, thank you for truly caring. I am privileged to have learned from you.

The older women who generously offered their time, opened their homes, and helped me see their neighbourhoods through their eyes.

Angela. Thank you for your keen eye, thoughtful questions, listening to my many uncertainties, being my cheerleader, and supplying me with home-baked treats.

Maxi. Thank you for always being there. For knowing when to pick me up but also when to challenge me. For helping me emerge from "the rabbit hole" to see the big picture while respecting my love of details. For our deep conversations about methods, our projects, and about life. I am so grateful that I was able to undertake this PhD with you, my colleague, confidante, and friend.

My family. Mom and Dad, thank you for encouraging me to follow my aspirations, believing in me, pushing me to persevere, and for your dedicated care for my children. I hope that I can one day do for others what you have done for me. To Mattias and Anja, my ginger surprises. Thank you for helping me see the joy and wonder in life. You amaze me. And of course to my partner, Michael. Thank you for giving me the time and space to work on this dissertation, and for embarking on the dual journey of parenthood and graduate studies at my side through thick and thin.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction

Background

In Canada and around the world, populations are growing older and at unprecedented rates (Kalache, Barreto, & Keller, 2005; Turcotte & Schellenberg, 2006). Whereas adults aged 65 years and older currently account for 13.9% of the Canadian population (Statistics Canada, 2009), by 2056, 27.2% of the population will be age 65 or older (Turcotte & Schellenberg, 2006). While this increase in life expectancy is positive, there are questions as to whether this longevity is associated with good health (World Health Organization [WHO], 2015). And so, the current focus in policy and practice is "adding health to years" (WHO, 2015, p. 3).

One approach to addressing the health of older adults is through their behaviours. This includes health behaviours (e.g., nutrition, exercise, smoking) as well as behaviours related to participation in activity. Physical as well as non-physical activity can positively affect health and quality of life. For example, participation in productive (e.g., gardening, shopping, paid employment, volunteer work, meal preparation), social (e.g., social groups, church attendance, excursions to movies, restaurants, sporting events), and exercise (e.g., sports, walking) activities is associated with survival (Glass, Mendes de Leon, Marottoli, & Berkman, 1999), psychological well-being (Matz-Costa, Besen, James, & Pitt-Catsouphes, 2014), quality of life (Gabriel & Bowling, 2004) and lower depression scores (Glass, Mendes de Leon, Bassuk, & Berkman, 2006).

Given the health-promoting effects of activity, it is not surprising that activity is an essential component of certain theories, models, and frameworks of aging. For example, activity theory, successful aging, productive aging, and active aging all recognize activity as important to aging well (Foster & Walker, 2015). The World report on ageing and health (WHO, 2015) also

emphasizes activity; it defines healthy aging in relation to functional ability and, in turn, defines functional ability as "the health-related attributes that enable people to do and to be what they have reason to value" (p. 28). In other words, healthy aging centres on doing and being what is important to a person – their activity. Moreover, four of the five domains of functional ability identified in this report – the ability to move around; build and maintain relationships; learn, grow, and make decisions; and, contribute – are fundamentally about activity. Importantly, older adults also identify activity as a contributing factor toward successful aging (Jopp et al., 2015).

Activities are also at the heart of occupational theory and practice. A core belief of occupational therapy clinicians, educators, and researchers is that occupations (i.e., sets of meaningful activities of everyday life) are determinants of health and quality of life (Polatajko et al., 2007; Stadnyk, Townsend, & Wilcock, 2010). Occupational therapy practice centres on activity; activities are used as intervention strategies and engagement in activity is the desired outcome of therapy (Townsend & Wilcock, 2004).

Older adults' lives, and thus their activities, are situated in environments; the surroundings in which people live, work, and enjoy life (Letts, Rigby, & Stewart, 2003a). These include older adults' homes, surveillance zones (visual field from home), neighbourhoods (small area encircling the home); communities (city, town); subregions (metropolitan area); regions (province); and, nations (country) (Rowles, 1983; Rowles & Bernard, 2013). Regardless of the body of literature (i.e., gerontology, occupational therapy, public health), there is agreement that activities are influenced by the environments in which they occur; environments facilitate or constrain older adult's participation in activities.

Despite recognition of the interactions between people, their environments, and their activities as evidenced in all major occupational therapy conceptual models and frameworks

(e.g., Canadian model of occupational performance and engagement, person-environment-occupation model, model of human occupation, ecology of human performance), much occupational therapy research specific to older adults has concentrated on the immediate environment – home and residential care settings. Fewer studies examine community and subregion levels, with some noteworthy exceptions (e.g., Andonian & MacRae, 2011; Haak, Fänge, Horstmann, & Iwarsson, 2008; Iwarsson et al., 2004; Ståhl, Carlsson, Hovbrandt, & Iwarsson, 2008; Valdemarsson, Jernryd, & Iwarsson, 2005). Only recently has the impact of neighbourhoods on activity begun to be explored from an occupational therapy perspective (Hand, Law, Hanna, Elliott, & McColl, 2012; O'Brien, Dyck, Caron, & Mortenson, 2002). And yet, there is a wealth of research as well as policy and practice frameworks that can be drawn upon. For example, the World report on ageing and health (WHO, 2015) devotes an entire chapter to the role of the environment in healthy aging. Additionally, the WHO's Age-friendly cities framework, which includes a network of 287 cities and communities across 33 countries, specifically considers the participation and well-being of older adults living in urban areas (WHO, 2007, 2014). Moreover, the importance of community environments in the lives of older adults is well-documented (Provencher, Keating, Warburton, & Roos, 2014) and this body of literature can be integrated into occupational therapy research.

This lack of attention to neighbourhoods within occupational therapy is problematic given that 92% to 95% of Canadian older adults live in private homes versus collective settings such as long-term care and assisted living (City of Edmonton, 2007; Statistics Canada, 2014). Entering and engaging in their neighbourhoods is a necessity for many community-dwelling older adults, particularly those who live alone. Neighbourhoods become increasingly important with advancing age; older adults spend more time closer to home than in their younger years

3

(Gilroy, 2008; Hovbrandt, Fridlund, & Carlsson, 2007a). Not surprisingly, neighbourhoods become key contexts for socialization (Burns, Lavoie, & Rose, 2012).

But there are stark differences in types of neighbourhoods and their characteristics. Bodies of literature are developing that reflect this diversity. Some scholars have focused specifically on rural, urban, suburban and inner city neighbourhoods (e.g., Beech & Murray, 2013; Gauvin et al., 2012; Keating, Eales, & Phillips, 2013; Zeitler & Buys, 2015). Inner city neighbourhoods often have: above average concentrations of poverty, crime, unemployment, full-time workers living on low incomes, and single parents; high population turnover and dependence on social assistance; and, poor housing conditions, infrastructure, and access to amenities (Smith, 2009; Toronto District Health Council, as cited in Nayyar & Hwang, 2015). Because of these stressors and older adults' increasing sensitivity to environments with advancing age (Rowles & Bernard, 2013; Smith, 2009), older adults' participation in everyday activities may be affected by living in an inner city neighbourhood. Yet, this topic has been overlooked in occupational therapy research, programming, and practice.

There is also a need to adopt a gender-based (versus gender-neutral) (Correa-de-Araujo, 2006) perspective, particularly as it relates to the older women living in disadvantaged neighbourhoods (Smith, 2009). This is because a myriad of factors contribute to older women's experiences including their health status, social and financial resources, as well as psychological and social factors. Although older women have longer life expectancies than men, they have shorter disability free life expectancy (Jagger et al., 2007; Turcotte & Schellenberg, 2006). Older women have greater activity limitations due to physical or mental health problems or chronic conditions (Crompton, 2011) and are frailer than older men (Hubbard & Rockwood, 2011). And, unlike older men who are more likely to receive in-home support from a spouse or common-law

partner, Canadian older women are less likely to live as a part of a couple, particularly with advancing age (Milan & Vezina, 2011).

The World report on ageing and health (WHO, 2015) proposes that older adults' functional ability is affected not only by their health characteristics and by their environment but also by personal characteristics. These include gender, wealth, social position, ethnicity, and these affect older adults' access to resources. Indeed, there a disparity in financial resources between older women and older men. While the gap is narrowing, older women have lower incomes than their male counterparts and are more vulnerable to poverty as they grow older, particularly after age 80 (Government of Canada, 2005; Turcotte & Schellenberg, 2006). Consequently, they may have fewer financial resources available for housing and thus may be required to live in neighbourhoods in which affordable housing is present (i.e., inner cities). Less income also means that older women may be unable to access the health benefits of participation in physical, social, and leisure activities. For example, having a limited income negatively affects access to transportation (Dupuis, Weiss, & Wolfson, 2007). Importantly, these financial differences do not begin in older adulthood. They accumulate across the life course and become striking in older adulthood (Katz & Calasanti, 2015).

Psychological and social factors may also contribute to differences in how older women experience neighbourhoods compared to older men. Some older women perceive themselves as being particularly vulnerable to crime and feel less safe than men when in public places, perhaps due their size and strength (Barnett et al., 2007; De Donder, Verté, Messelis, 2005). However, crime statistics indicate that older women are less likely to be victims of crime than other age groups.

Purpose

There is a gap in understanding the impact of inner city neighbourhoods on older women's participation in everyday activities. This knowledge is essential given the aging population, health-promoting effects of participation in activities, the role of neighbourhoods with advancing age, the unique perspectives of older women, and the current emphasis on aging in place in health and social policy. Therefore, I conducted a study with the following purpose: **to explore the everyday activities of older women, aged 70 years and over, residing in inner city neighbourhoods.**

In this study, everyday activities are defined as the meaningful activities and sets of meaningful activities that people do with some consistency and regularity in their everyday life (Menec, 2003; Polatajko, Davis, Hobson, & Landry, 2004; Polatajko et al., 2007) (see Appendix A for Definition of Terms). Thus, everyday activities are diverse and carried out for many different purposes. Examples include: grocery shopping, cooking, maintaining homes and yards, attending medical appointments, taking the bus, volunteering, helping neighbours, working, attending religious services, participating in language classes, reading, visiting friends, playing computer games, and going for walks. Indeed, everyday activities are social as well as solitary, mandatory as well as optional, and recreational as well as productive.

Various terms are used to describe the types of neighbourhoods that I focus on in this study (e.g., deprived, disadvantaged, low income). I use the term inner city because it characterizes both the qualities and geographic location of the neighbourhoods of interest. As described, inner city neighbourhoods often contain: above average concentrations of poverty, crime, unemployment, full-time workers living on low incomes, and single parents; high population turnover and dependence on social assistance; and, poor housing conditions,

infrastructure, and access to amenities (Smith, 2009; Toronto District Health Council, as cited in Nayyar & Hwang, 2015). They are located near or at the centre of the urban core rather than in the outskirts.

Occupational therapists are one of many health care professionals who will witness and contend with shifting population demographics. As almost all occupational therapists work within the health care or social sectors (Service Canada, 2014), many already serve an older adult clientele. Indeed, in 2007, at least 20% of occupational therapists worked exclusively with people aged 65 years or older (Canadian Association of Occupational Therapists, 2007). Working with older adults will soon become a reality for those occupational therapists not currently serving older adults given the aging population. Because aging in place is emphasized in policy and practice, it is expected that occupational therapists will serve a greater number of older adults residing in community settings in the future (Service Canada, 2014). An understanding of older women's everyday activities in relation to their neighbourhoods would help occupational therapists work effectively with older women aging in place.

This research extends what is currently known about older women's activities in neighbourhoods. It focuses not only on activity and on environments but how they intersect and influence one another, generating knowledge that may inform interventions at individual (i.e., behaviours) and neighbourhood levels (i.e., creating environments that are supportive in engaging older women). As there is diversity in neighbourhood types, this study focuses specifically on inner city neighbourhoods. It acknowledges the heterogeneity of older adults and specifically considers experiences of older women aged 70 years and older (i.e., the mid- to oldest-old), illuminating the perspectives of an overlooked group. Moreover, this study aligns

with the World report on ageing and health (WHO, 2015) as well as its emphasis on functional ability.

Organization of the Thesis

In this chapter, I introduced the research topic and purpose.

Chapter 2 Foundations introduces the disciplinary, theoretical, and personal positions that inform how the study was conceptualized, designed, and carried out.

Chapter 3 Literature Review describes, summarizes, and evaluates the literature within occupational therapy and gerontology that is relevant to this topic. I also identify tensions and gaps in the literature.

Chapter 4 Methodology and Methods begins by introducing interpretive description, the approach adopted in this study. It continues with a description of the research procedures including the setting, sampling and eligibility criteria, recruitment and screening strategies, and the sample. I then outline data generation, management, analysis, and rigour strategies. The chapter concludes with a brief summary of ethical considerations.

Chapter 5 Findings presents the major findings that emerged in this study. These are described and supported by excerpts from interviews, interview notes, and other documents.

In *Chapter 6 Discussion,* I present the framework that emerged from this study and describe the theme that weaves through all of the categories. I relate the findings to the literature.

Chapter 7 Conclusion summarizes key findings, contributions, and presents the study's strengths and limitations. Directions for future research and implications for practice are suggested.

Chapter 2: Foundations

Qualitative research is not "undirected" (Mayan, 2009, p. 138) in that it is not sterile, value-free, and unaffected by context and by researchers. Instead, it is imbued with values, assumptions, and philosophical underpinnings that emanate from theories, disciplines, and from the researchers themselves. These elements contribute to a study's "theoretical forestructure" (Thorne, 2008, p. 64) - its foundations - which ultimately informs all aspects of the research process as well as its outcomes.

The purpose of this chapter is to make the study's theoretical forestructure transparent. I begin by making explicit occupational therapy disciplinary influences that informed this study including disciplinary values and the person-environment-occupation model. I review two key terms that have been contested in the occupational therapy literature (i.e., occupation and activity) and I describe how I use these in this study. In the second major section of this chapter, I consider my personal influences which contributed to how data were generated, analyzed, and interpreted. I conclude this chapter by summarizing key points.

Disciplinary Influences

In interpretive description (Thorne, 2008), the research approach used in this study, the discipline takes centre-stage. In fact, it can supersede grand theoretical positions (e.g., critical theory and its subtypes such as feminism, postcolonialism, postmodernism). Some researchers who use interpretive description are aligned with a particular grand theoretical position, in addition to their discipline. However, this theoretical allegiance is not necessary as disciplinary philosophy, values, beliefs, assumptions, conceptual models, and burning questions lead to a distinctive angle of vision (Thorne, 2008). This affects what members of that discipline pay attention to, what they see when they observe, and how they make sense of these observations

(Thorne, 2008). A discipline thus provides a way of viewing as well as thinking about the world which permeates research and practice. While I do not adhere to a grand theoretical position, this inquiry has been influenced by my discipline of occupational therapy. In the following paragraphs, I will describe the values, a conceptual model, and two key terms from occupational therapy that influenced this study.

Disciplinary Values

Three core values in occupational therapy are particularly relevant to this study. First, humans are occupational beings (Clark, 1997; Townsend & Polatajko, 2007). Therefore, occupation (i.e., what we do in our everyday life including everyday activities) is a basic human need. Second, engagement in occupation influences health and well-being (Hammell & Iwama, 2012; Townsend & Polatajko, 2007). Third, occupation shapes and is shaped by environments (Townsend & Polatajko, 2007).

These values influenced this study in several ways. The implicit assumption that occupation is a necessity of life and its interaction with the environment suggests that occupation must be explored, understood, and therefore studied. Indeed, these core values inspired the research purpose. These values also formed the home bases; regardless of the direction that interviews took and how the analysis unfolded, I returned to what, where, how, with whom, and why older women do as well as how their neighbourhoods affect this doing and, likewise, how their doing affects their neighbourhoods.

Person-Environment-Occupation (PEO) Model

The PEO model (Law et al., 1996) is one of seven major conceptual models in occupational therapy. It is a crucial aspect of my lens and filters the way I see people and their situations. I do not explicitly apply this model for the purpose of expanding or validating it, as

models are sometimes used in qualitative research (Hsieh & Shannon, 2005). Instead, the PEO implicitly informs the way I think about older women and their everyday activities in their neighbourhoods.

The PEO is comprised of four primary components: the person, the environment, the occupation, and occupational performance. The first three components are depicted as the spheres of a venn diagram and these overlap in the centre. The first sphere represents *personal* factors. These factors are intrinsic to the person and include a person's life experiences, attributes (e.g., personality style, cultural background), capabilities (e.g., motor and sensory, cognitive), and learned or innate skills. *Environmental* factors form the second sphere. These are extrinsic and represent places in which occupations occur. The environment is organized into five domains: cultural, socioeconomic, institutional, physical, and social. *Occupation* forms the final sphere and consists of three sub-components: activities (basic units of a task), tasks (sets of purposeful activities), and occupations (groups of activities over a lifespan).

Occupational performance is the area situated in the centre of the three overlapping spheres and represents the 'doing' of the occupation by a person within a specific environment. It is the outcome of the transaction between the person, the environment, and the occupation (Law et al., 1996). The environment, the context for occupational performance, can be a resource for enabling occupational performance but it can also pose obstructions or demands that inhibit occupational performance. The PEO assumes an interdependent relationship among components; occupational performance is affected by person, environment, and nature or quality of an occupation. This differs from other occupational therapy conceptual models that adopt an interactive perspective, which assumes that people and their environments exist independently (Letts, Rigby, & Stewart, 2003b).

The PEO model influences my thinking in that I do not see older women, their neighbourhoods, nor their everyday activities as three isolated components. Instead, I see them as part of a single entity; each component influences the other. They weave together and lead to occupational performance. I also used each of the PEO model's components as check-in points during the literature review, data generation, and analysis; that is, I specifically considered older women's personal factors, their everyday occupations and activities, neighbourhood factors, and how they contributed to one another. Importantly, I did not adopt the PEO model's approach to dividing environmental components into cultural, socioeconomic, institutional, physical, and social domains. These divisions may be artificial in neighbourhood environments (see Chapter 3 Literature Review for further discussion). I also deviated from the PEO model in that I used the terms occupation and activity as they are currently defined in the occupational therapy literature as opposed to how they are defined in the model. These terms are explored below.

Key Terms: Occupation and Activity

Values and conceptual models are crucial to a discipline and contribute to its angle of vision. And so is language. As a result, its key terms must be made explicit. In the present section, I specify occupation and activity and describe how I use these terms.

Ironically, despite occupation being at the core of the discipline as well as its extensive use in the occupational therapy literature, there is a lack of consensus about its definition (Leclair, 2010). Moreover, the terms activity and occupation are often used interchangeably but they are not synonymous (Pierce, 2001). Several classification systems and hierarchies have been developed to generate a common language and thus clarity (e.g., Golledge, 1998; Hagedorn, 2000; Polatajko et al., 2004). While each system has its merits, the Taxonomic Code of Occupational Performance (TCOP) (Polatajko et al., 2004) informed this study.

The TCOP consists of five levels. Occupation exists at the top of the hierarchy and subsumes all of the levels below it. Occupation is "an activity or set of activities that is performed with some consistency and regularity, that brings structure, and is given value and meaning by individuals in a culture" (Polatajko et al., 2007, p. 19). These activities provide people with occupational roles such as volunteer, pet owner, artist, and caregiver. Activity is one level below occupation and is defined as "a set of tasks with a specific end point or outcome that is greater than its constituent task" (Polatajko et al., 2007, p. 19). Examples, which correspond to those listed as examples of occupations, include attending committee meetings, walking one's dog, painting, and accompanying a person to an appointment. The three lowest levels in the TOCP in order of highest to lowest are tasks, actions, and voluntary movements or mental processes. These are less complex and narrower in scope than activities and occupations. Tasks are "sets of actions with specific end points" (Polatajko et al., 2007, p. 19) such as taking notes at meetings, donning outdoor clothing to prepare for a walk, setting up an easel, and so on. Actions, a "set of voluntary movements or mental processes that form a recognizable and purposeful pattern" (Polatajko et al., 2007, p. 19) include grasping, tying, kneeling, and remembering. Voluntary movements and mental processes are "simple voluntary muscle or mental activation" (Polatajko et al., 2007, p. 19) and are the narrowest in scope (e.g., flexion, rotation, scanning, attention).

The transactions between older women, their neighbourhoods, and what they do are best represented in the TCOP's *occupation* and *activity* levels. However, the word occupation is typically associated with paid employment and vocation among the general public. As a result, I use the term 'activity' in place of 'activity and occupation' with participants as well as in

recruitment materials and information letters. However, I distinguish between occupation and activity during data analysis.

Personal Influences

Richards and Morse (2007) state, "Whether your experience will affect the research is not the question – it will" (p. 125). This is especially true in qualitative inquiry in which the researcher is not only the driving force and orchestrator of the research but also the instrument of data generation, analysis and interpretation (Brodsky, 2008). Researchers' positions include their beliefs, agenda, theoretical and political stance, personal experiences, as well as personal characteristics (e.g., personality, age, gender, ethnicity) (Berger, 2015). This is a 'lens' that filters what researchers see and how they see it, thus shaping their thinking and action. It permeates all elements of the research process as well as its outcomes. Examination of one's position as a researcher is an important piece of making explicit a study's theoretical forestructure (Thorne, 2008).

To be transparent about one's position, one must be reflexive. Reflexivity is an explicit thoughtful self-awareness and evaluation of one's position and how it impacts and transforms the research process (Finlay, 2002a; Gough, 2003). This introspection is a "continuous internal dialogue" (Berger, 2015, p. 220) that occurs throughout the research process, from the time that the research question is identified and until it conclusions have been made. As such, reflexivity is covered in the present chapter as well as in Chapter 4 Methodology and Methods in which I describe my reflexivity processes during data generation and analysis.

Reflexivity must be purposeful; it is not personal disclosure for the sake of disclosing. Instead, it is disclosure "as a springboard for interpretation" (Finlay, 2002b, p. 215). I follow

Finlay's (2002b) advice and describe my experience working in areas that contain disadvantages, which I considered during my reflexive practices.

Work Experience in Areas of Disadvantage

My occupational therapy work experience in home care in urban, rural, and remote areas of the Cayman Islands also contributes to my lens. Despite how this country is portrayed in the media, areas of disadvantage exist. I encountered not only multimillion dollar estates but also homes that were in major disrepair (e.g., had tarpaulin roofs) due to natural disasters. Some homes, even those unaffected by natural disasters, were without indoor toilets and families had to make do with what they had. In several instances, due to accessibility issues and a lack of space, older adults were cared for in living rooms; makeshift 'bedrooms' were set up in areas of the home shared by several generations. When families were unable to care for the loved ones themselves, 'domestic helpers' were hired to look after the old and the young.

Some areas of the islands were well-known to police for their gangs and violent crime. Others were rapidly transformed due to the growth of the tourism industry and the need for temporary foreign workers. Public transit was limited. Some areas contained barriers that prevented my clients from leaving their homes (e.g., sand rather than paved walkways, no sidewalks next to roads). Despite the challenges present in these areas, they also contained an active 'porch life' in which people spent part of their day sitting on their front porches and interacting with those who walked by.

Although I no longer live and work in the Cayman Islands, I cannot distance myself from these experiences of disparity. They form part of my lens. As a result, I consider these experiences during my reflexive practices and consider how they may affect my interpretation of neighbourhoods.

Chapter Summary and Looking Ahead

In this chapter, I described this study's theoretical forestructure, the disciplinary and personal influences that shape my lens and ultimately all aspects of the study. I outlined the disciplinary values and conceptual model that implicitly informed this study and I defined how I use the terms occupation and activity. I also described my work experience in areas of disadvantage and how this contributes to my perspective. In the next chapter, I review the literature relevant to the research purpose.

Chapter 3: Literature Review

In this chapter, I review the literature to understand what is known about the everyday activities of older women living in inner city neighbourhoods. Although research at the neighbourhood level is underexplored in occupational therapy, there is a rich and extensive body of literature in gerontology. In the first section, I provide a brief overview about how disadvantaged neighbourhoods are conceptualized. In the second section, I describe two ways of thinking about older adults and their neighbourhoods - aging in place and place in aging – and highlight key concepts and papers. In the third section, I point out issues and questions that arise in the literature and the direction these provide for the current study.

Disadvantaged Urban Neighbourhoods

As stated in the Introduction Chapter, various terms have been used to describe neighbourhoods that I focus on in this study. For example, in Europe the terms deprived and disadvantaged neighbourhoods are prevalent whereas in North America, inner city and, to some extent, disadvantaged neighbourhoods are used. Regardless of terminology, these neighbourhoods are often characterized as possessing the following characteristics: high unemployment, crime, overcrowding, population turnover, reliance on social assistance, and rates of morbidity and mortality in comparison to other neighbourhoods; low income and educational attainment; poor public transit, lack of shops, quality of housing; lack of community spirit, litter, drug problems, and loitering (Smith, 2009). These neighbourhoods are generally clustered in urban areas.

Scholars have observed that such geographical disparity and marginalization is increasing in some Western countries, particularly in Europe. Poor people are segregated from the rest of society and living in poor places (i.e., disadvantaged neighbourhoods) (Power, as cited in Smith,

2009). Moreover, poverty is more concentrated in these poor places (Lupton & Power, 2002). And, as Lupton and Power (2002) state, "Poor neighbourhoods are, in a sense, a barometer for social exclusion" (p. 140). In other words, disadvantaged neighbourhoods are particularly prone to social exclusion.

Social exclusion is a concept that has been gaining momentum in research and policy circles since the mid-1990s in Europe. It is the actual and symbolic exclusion of certain segments of the population from material and social resources as well as the non-realization of civil rights that determine social integration of a person in society (Grenier & Guberman, 2009). Older adults may experience social exclusion through five interconnected dimensions: exclusion from material resources (poverty and multiple deprivation); exclusion from social relations (engagement in meaningful relationships and social activities); exclusion from civic activities (engagement in decision making processes, community); exclusion from basic services (access to services to manage everyday life); and, neighbourhood exclusion (contributions of neighbourhood context to sense of self and quality of life) (Scharf, Phillipson, & Smith, 2005). Social exclusion not only negatively affects the quality of life of older adults but it can also negatively impact society as a whole (Levitas et al., 2009; Smith, 2009). In Europe, much of the research about disadvantaged urban neighbourhoods is conducted using the concept of social exclusion.

Aging in Place and Place in Aging

In the sections that follow, I first describe aging in place and one of its key concepts, person-environment fit. Then I look more closely at how person-environment fit contributes to the present study. Drawing on the literature about inner city and other urban neighbourhoods, I review what is known about neighbourhood physical and social environments, older adults, and

activities. In the second part of this section, I consider place in aging, place attachment, and identity.

Aging in Place: Person-Environment Fit

Older women's everyday activities in inner city neighbourhoods can be considered an issue of aging in place. Aging in place refers to older adults living in their own communities for as long as possible, supported by home and community services, rather than in residential care (Institute of Life Course and Aging, 2007).

Central to aging in place is the interaction between older people and their environments. Lawton and Nahemow's ecological theory of aging (Wahl, Iwarsson, & Oswald, 2012) is useful to understand this relationship. Although it originally focused on home environments, it has been used to theorize about person-neighbourhood interactions. This theory explains that people's behaviour (i.e., functioning) is based on the fit between their competence and environmental demands (Wahl et al., 2012). Personal competence is comprised of internal (e.g., health, personality, physical, cognitive, and sensory abilities) and external (e.g., finances, social network) resources. Environmental demands can include lack of accessibility of housing and public places, poor aesthetics, lack of amenities and public transit, high crime (Smith, 2009). These demands result in environmental press. Adaptive behaviour (i.e., good functioning and participation in activity) occurs when competence is sufficient to meet environmental demands; there is good person-environment fit. Maladaptive behaviour (i.e., poor functioning and therefore lack of participation in activity) results from weak personal competence in the face of strong environmental press; there is poor person-environment fit. Thus, there are two ways of improving person-environment fit: either by strengthening personal competence or by reducing environmental press by creating supportive environments.

The ecological theory of aging and person-environment fit have been applied extensively in policy and research. The World report on aging and health suggests that good fit between affords opportunities develop and maintain functional ability (WHO, 2015). Smith (2009), who conducted a qualitative study to understand the quality of life of older adults living in disadvantaged neighbourhoods in Vancouver and Manchester, applied the ecological theory of aging and person-environment fit. Those participants who experienced environmental distress (poor personal competence and strong environmental demands) were highly aware of their neighbourhoods, associated negative features and impact on their lives. They had poor quality of life, minimal coping strategies, did not feel attached to their neighbourhoods, and had a strong desire to relocate. Other older adults were less aware of their neighbourhoods as they did not negatively affect their day-to-day lives. These older adults experienced either environmental management (adequate competence and strong demands) or environmental comfort (adequate competence and weak demands). Those older adults characterized as experiencing environmental management had a neutral quality of life, were attached to their neighbourhoods, and were undecided about relocating. Those with environmental comfort had a good to very good quality of life, were attached to their neighbourhoods, and expressed a strong desire to stay.

Both physical and social features of neighbourhoods contribute to environmental demands, thereby affecting functional ability and participation in activity. These are reviewed in the following sections.

Features of the physical environment. Many studies in gerontology and some in occupational therapy consider how physical (i.e., built and natural) environments affect older adults' activities. Pedestrian infrastructure and neighbourhood aesthetics (e.g., streetscapes, natural scenery, cleanliness) influences older adults' participation in their neighbourhoods

(Annear et al., 2014; Li, Fisher, Brownson, & Bosworth, 2005; Michael, Green, & Farquhar, 2006; Moran et al., 2014; Valdemarsson et al., 2005; Vaughan, LaValley, AlHeresh, & Keysor, 2015). Street characteristics, including sidewalk conditions, curb cuts, benches, and places to rest contributes to community participation (Valdemarsson et al., 2005; Vaughan et al., 2015). Uneven pavement and high steps are barriers to participation and can result in withdrawal from community activities among older adults with functional limitations aged 80 years and older (Hovbrandt et al., 2007a; Hovbrandt, Ståhl, Iwarsson, Horstmann, & Carlsson, 2007b). Relevant to northern climates, snow, icy sidewalks, cold temperatures, wind, rain, and early darkness are barriers to neighbourhood activities, often due to safety concerns such as fear of falls (Moran et al., 2014; Valdemarsson et al., 2005). Traffic hazards in high density neighbourhoods as well as litter, graffiti, and degraded buildings are associated with decreased participation in physical activity (Annear, Cushman, & Gidlow, 2009; Chaudhury, Mahmood, Michael, Campo, & Hay, 2012).Yet, a pedestrian-friendly environment may not be as important a contributor to physical and community activity as the previously-noted studies suggest; neighbourhoods with high perceptions of safety and community cohesiveness have higher levels of activity among older adults than those that are pedestrian-friendly only (King, 2008).

In addition to pedestrian infrastructure and neighbourhood aesthetics, neighbourhood amenities are one of the most important physical features of neighbourhoods that affect participation. Variously entitled destinations, hubs, third places (Oldenburg, 1999), and opportunity structures (Baum & Palmer, 2002), the proximity to shops, leisure facilities, clubs, parks, libraries and cultural spaces, services, cafes, senior-serving agencies and places of worship is associated with more frequent activity (Annear et al., 2014; Baum & Palmer, 2002; Gauvin et al., 2012; Haak et al., 2008; Moran et al., 2014; Richard, Gauvin, Gosselin, & Laforest, 2009).

Distance and older adults' perceptions of amenities matter; those who live closest (i.e., five minute walk, 1000 metres) to services, resources, and amenities and those who perceive their neighbourhoods as having good resources report the highest levels of social participation (Bowling & Stafford, 2007; Richard et al., 2012). Closure of local amenities and services is of concern to older adults as this limits access and imposes transportation challenges (Walker & Hiller, 2007). But neighbourhood amenities are critical for reasons beyond access. They provide opportunities for social interaction and participation, which older adults identify as being important for health (Day, 2008) and they also contribute to social cohesion (see section entitled Features of the Social Environment). Indeed, having a social destination (i.e., walking to a friend's house for a visit) is associated with walking among older women (Gallagher, Clarke, & Gretebeck, 2014).

The availability of public transit influences older adults' neighbourhood social participation (Andonian & MacRae, 2011; Bowling & Stafford, 2007; Michael et al., 2006), physical activity (Moran et al., 2014), and "togetherness-oriented participation" (defined as sharing experiences with others) (Haak et al., 2008, p. 78). Some studies specifically consider neighbourhood type, transit, and participation. For example, Levasseur et al. (2015) explored social participation among older adults living in metropolitan (>150,000 inhabitants), urban (10,000-150,000 inhabitants, and rural (<10,000 inhabitants) areas. Although social participation did not differ across areas, environmental variables affected participation. In metropolitan areas, transit use and having a driver's license was associated with higher social participation. Living in high versus low density areas, which have better transit networks, positively affects physical activity (Chaundhury et al., 2012). Yet, in a qualitative study of how neighbourhood design

influences active aging, Michael et al. (2006) found that access to public transit was limited in low income areas.

       Features of the social environment. The social environment, defined as the social relationships within which people function and live, can also influence activity (McNeill, Kreuter, & Submaranian, 2006). Interpersonal relationships (social networks, social support) and neighbourhood characteristics (social climate, social cohesion, social disorder) contribute to a neighbourhood's social environment. These are reviewed below.

       Neighbourhoods provide older adults opportunities to generate social networks. Social networks are the web of social ties that envelop a person (Ashida & Heaney, 2008). The presence of and proximity to social networks in neighbourhoods is associated with activity participation (e.g., Annear et al., 2014; Gallagher et al., 2014; King, 2008; Michael et al., 2006; Vaughan et al., 2015). Good relationships with neighbours that are based on trust and reciprocity facilitate activity (Marcellini, Giuli, Gagliardi, & Papa, 2007; Walker & Hiller, 2007). Conversely, being disconnected from others in a neighbourhood can impede activity (Annear et al., 2014).

       The physical environment can facilitate social interaction and the development of social networks. Third places (i.e., sites for informal public life such as post offices, main streets, cafes) and transitory zones (i.e., public places that people pass through such as line ups, lobbies, bus stops) create opportunities for social interaction (Gardner, 2011). These, in turn, contribute to natural neighbourhood networks, the informal and everyday social relationships and interactions that contribute to older adults' well-being (Gardner, 2011).

       Andresen and Runge's (2002) study of older adults living in a seniors housing complex is one of few studies on neighbourhood social environments that have been conducted using an occupational therapy perspective. These authors explored how the physical environment affected

the social environment and ultimately choice and participation in activities. Older adults' social relationships in their neighbourhoods, particularly those that involved encouragement and companionship, facilitated activity choices and participation in meaningful and novel activities. However, some older adults felt pressured to engage in social relationships with their neighbours and experienced guilt when they chose to do solitary activities and socialized with people from outside of the complex.

Social networks are important not only because they provide opportunities for interaction but also because they provide access to networks of social support, the "functional subsets of social networks and comprise the members that provide emotional and tangible aid" (Keating, Otfinowski, Wenger, Fast, & Derksen, 2003, p. 117). Although families are important sources of informal social support for some older adults, friends, neighbours, and personnel who work in the third places that older adults frequent are also sources of support (Gardner, 2011; Walker & Hiller, 2007). Support networks can provide practical support for participating in activities. For example, Vaughan et al.'s (2015) systematic review reported a significant association between perceived social support in a neighbourhood and older adults' community activities.

A neighbourhood's social climate – its neighbourly, friendly feeling – can positively contribute to older adults' social activities (Bowling & Stafford, 2007) and is positively associated with community participation (Vaughan et al., 2015). Social cohesion is related, but more extensive than, social climate. Kawachi & Berkman (2014) define social cohesion as the extent of connectedness and solidarity among neighbourhood residents. Socially cohesive neighbourhoods are those in which residents trust and support each other and so social cohesion can facilitate older adults' community activities. The availability of third places and perceived safety can create a sense of social cohesion and this, in turn, can influence older adults'

24

satisfaction in their daily activities in the neighbourhood (Hand et al., 2012). However, not all research points to this association. For example, de Leon et al. (2009) did not find an association between neighbourhood social cohesion and walking.

Of particular relevance to the current study is the concept of social disorder, the "intimating or threatening social conditions and visible signs of neglect or decay" (de Leon et al., 2009, p. 158). Although social disorder may not directly result in crime, it may be distressing to older adults and result in fear, thereby discouraging entry into neighbourhoods (Hur & Nasar, 2014). Indeed, living in high crime and deteriorated metropolitan neighbourhoods is associated with fear, safety concerns, reduced participation in activities (especially physical activity), and isolation (Annear, Cushman, Gidlow, 2009; Baum & Palmer, 2002; Gallagher et al., 2014; King, 2008; Walker & Hiller, 2007). Concerns include desolate streets, litter, vacant buildings, poor lighting, vandalism, graffiti, noise, exposure to antisocial behaviour, and intimidating people and groups who loiter (especially youth) (Airey, 2003; Annear et al., 2014; Moran et al., 2015). The impact of living among disorder, neglected infrastructure, and lack of trust and relationships with neighbours can exacerbate fear, constrain social interaction, and heighten isolation (Palmer, Ziersch, Arthurson, & Baum, 2005; Phillipson, 2007). Older adults who are involved in their neighbourhoods (i.e., who participate in neighbourhood social activities and organizations) report feeling safer than those who do not participate and who are lonely (De Donder et al., 2005).

Some research also suggests that insider (i.e., resident) perspectives of neighbourhood social disorder differ from outsider (i.e., non-resident) perspectives. What non-residents see as problematic may not be seen as such by residents, perhaps because they are accustomed to threats. Russell et al. (1998) conducted a qualitative study with older adults living in a

disadvantaged neighbourhood that contained many hazards (e.g., declining buildings, lack of traffic lights, uneven sidewalks, high crime, lack of shops). Certain aspects of the neighbourhood (e.g., crime, excessive noise, pollution) were identified as problematic by research staff but were not of concern to participants. Older women considered these hazards as unavoidable aspects of living in that neighbourhood – they saw them as facts of life.

Place in Aging: Place Attachment

A place in aging perspective aims to understand "the meaning of place in the process of ageing" (Smith, 2009, p. 10). Place attachment, variously called attachment to place, neighbourhood sentiment, sense of place, is the "emotive or sentimental bond[s] that tie people to their environment" (Smith, p. 10). It can pertain to a specific room, dwelling, street, neighbourhood, city, or country (Scannell & Gifford, 2013).

Many factors influence attachment to a neighbourhood. These are sociodemographic (e.g., residence length, age, social status, education, home ownership, mobility), social (e.g., social contact, community participation, social support, social capital), physical-environmental (e.g., streetscapes, lack of disorder and pollution, amenities, public spaces), and personal (perceived control over environment, perceived choice in the selection of residence) (Lewicka, 2011; Smith, 2009). Tenure of residence is the strongest positive predictor of place attachment for older adults and place attachment increases with age (Lewicka, 2011; Oswald, Jopp, Rott & Wahl, 2011). Attachment to neighbourhood may explain why older adults living in disadvantaged neighbourhoods remain in place rather than relocating despite environmental demands.

Place and identity are related in that "identities are intertwined, preserved, and reinforced by [the] place" (Smith, 2009, p. 174). When older adults continue to function in an environment

as they had in the past, their identity is maintained. Place also inspires life review. It reminds people of past experiences. These experiences are replayed, linking the older adult to the past and reinforcing his or her identity (Smith, 2009) and attachment to place.

One of the most cited studies about place attachment and identity is Graham Rowles' (1983, 1991, 2000) ethnography of 15 older adults living in rural Appalachia community. Rowles explored activity patterns, social networks as well as perceptions and meanings of dwellings and communities. *Insidedness*, a person's intimacy and attachment to a place, emerged from Rowles' study. This attachment contains three components: physical (i.e., familiarity with a place), social (i.e., social integration and belonging in a community), and autobiographical (i.e., personal history and legacy in a place) insidedness (Peace, Holland, & Kellaher, 2006; Rowles, 2000).

Fundamental to insidedness in Rowles' study is tenure of residence; all of his participants were long-term or life-long residents. However, less is known about place attachment and insidedness among older women living in inner city neighbourhoods. Some have little choice but to relocate to the inner city due to the availability of affordable housing. Because choice in residential selection influences place attachment (Lewicka, 2011; Smith, 2009), can place attachment occur when older women have little say, first, in the decision to relocate and second, the neighbourhood to relocate to? Since it takes time to become place attached, can older women who are relative newcomers realise the benefits of place attachment, particularly when these neighbourhoods contain strong environmental demands?

These questions can be partially answered using findings from Smith (2009). In addition to the large, cross-national qualitative study described earlier, Smith also completed a photovoice study with three older adults living in disadvantaged neighbourhoods in Vancouver. Despite the

negatives aspects that participants photographed and described, she found evidence of place attachment; some had social attachments and personal histories in their neighbourhoods. This is consistent with Fried's (2000) suggestion that place attachment, perhaps even strong place attachment, can occur regardless of a neighbourhood's negative aspects.

Although place attachment appears to be positive, it is not always health-promoting. Remaining in neighbourhoods that contain painful memories can be stressful (Becker, 2003; Lambek & Antze, 1996; as cited in Smith, 2009). When major change occurs in a neighbourhood to which an older adult is firmly attached (e.g., influx of a new group of people), conflict and stress can occur (Anton & Lawrence, 2014). Older adults' identity may be threatened as the neighbourhood may no longer supports who he or she was, is, and wants to be. Furthermore, because older adults who have strong place attachment may refuse to relocate when a place becomes unsafe, their safety may be threatened and opportunities to improve their situations may be turned down (Fried, 2000; Lewicka, 2011).

Tensions and Gaps

In this section, I highlight some of the tensions and gaps that arise and that are relevant to the present study. These are organized into three sections - personal characteristics, neighbourhood, and activities. I conclude by listing how the insights gleaned from the existing literature and tensions provide direction for the current study.

Personal Characteristics

A limitation in the literature reviewed is an assumption that older adults are homogeneous. Older adults are diverse in health status, culture and ethnicity, language, support and financial resources, living situations, preferences, beliefs, and of course, gender. Older women experience participation in everyday activities differently than older men due to

differences in health, social and financial resources, as well as psychological and social factors. As mentioned, older women have shorter disability free life expectancy, greater activity limitations due to health problems and chronic conditions, and are frailer than older men (Crompton, 2011; Hubbard & Rockwood, 2011). Canadian older women are less likely to live as a part of a couple (with spouse or common-law partner) than older men (Milan & Vezina, 2011), and may thus have less access to support to deal with health problems.

Older women, including those in Canada, are poorer than older men and are more vulnerable to poverty with advancing age (Government of Canada, 2005; Turcotte & Schellenberg, 2006; WHO, 2015). A limited income affects access to transportation. Dupuis et al. (2007) studied access to transportation among older adults (aged 75 years and older). Twenty-three percent of their sample had problems with transportation and 88% of those were older women. Older women who were in poor health and lived on low incomes were particularly at risk for problems with transportation.

Older women have greater anxiety about crime and feel less safe in public places compared to other groups including older men (Barnett et al., 2007; De Donder et al., 2005). Those older women who live in urban areas, are in poor health, and live on low incomes are particularly concerned about safety (Young, Russell, & Powers, 2004). Yet older women are less likely to be victims of crime than other age groups (Bachman & Meloy, 2008; Barnett et al., 2007). However, when they do experience violent crime, the consequences are more extreme than for other groups. Older women have a higher need for medical care and greater chance of death following an assault (Bachman & Meloy, 2008).

There are also activity differences between older women and older men. Women do more of the care work to support family and friends than older men, often at the expense of social

participation (Rozanova, Keating, & Eales, 2012). Some research suggests that older women are less active in leisure activities than older men independent of functional and cognitive abilities, perhaps due to fewer financial resources and transportation challenges (Paillard-Borg, Wang, Winblad & Fratiglioni, 2009). There are also differences in activity types between older women and older men. Some research suggests that participation in social activities and meal preparation may be more important to older women compared with older men (Vik & Eide, 2014). Furthermore, whereas older men's social activities tend to be activity-centred, older women's social activities are talking- and relating-centred (Davidson, 2004).

Older women may not only be 'kin keepers' but also 'neighbourhood keepers' in their concern for maintaining the physical and social upkeep of neighbourhoods (Phillipson, Bernard, Phillips, & Ogg, 1999). Similarly, in their study of older women living in disadvantaged Australian neighbourhoods, Walker and Hiller (2007) found that women were particularly aware and concerned about social disconnection, noise, and pollution in their neighbourhoods.

All of these factors – health, support resources, finances, transportation, psychological as well as social factors – will impact how older women experience their neighbourhoods as well as their participation in everyday activities. Yet, many of the studies in the present literature review include mixed samples (e.g., Annear et al., 2014; Day, 2008; King, 2008; Moran et al., 2014; Russell et al., 1998; Smith, 2009). Few studies (see Airey, 2003; Gallagher et al., 2014; Walker & Hiller, 2007) specifically consider older women. Smith (2009) argues that gender-specific research about older people's experiences in their neighbourhoods is needed.

Neighbourhood

In the gerontology literature, many studies pertain to the neighbourhood level. Of those, some (e.g., Day, 2008; Levasseur et al., 2015; Russell et al., 1998; Smith, 2009; Walker & Hiller,

2007) pay attention to the specific type of neighbourhood (i.e., inner city, metropolitan, urban, suburban, rural). Others, however, do not (e.g., Chaudhury et al., 2012; King, 2008; Moran et al., 2014), assuming that all neighbourhoods are the same. Far fewer studies within the occupational therapy literature focus on this level.

Inner city neighbourhoods as well as those in mixed and affluent areas may possess similar features which facilitate or constrain participation. For example, inner city and other neighbourhoods may face similar challenges with snow removal, icy sidewalks, curb cuts, and lighting. However, inner cities contain consistently stronger demands. For instance, while drug and alcohol abuse are present in every neighbourhood, they are more visible in inner city neighbourhoods. Moreover, inner city neighbourhoods may contain a higher concentration of health and social agencies (e.g., food banks, drop-in centres, needle exchange programs), the sex trade, homelessness, and violent crime in comparison to mixed and high-income neighbourhoods. Research also indicates that disparities exist in people's access to activity resources in disadvantaged areas (Estabrooks, Lee, & Gyurcsik, 2003; Hillsdon, Panter, Foster, & Jones, 2007). Menec, Veselyuk, Blandford, and Nowicki (2009), who studied the availability of activity-related resources in seniors' apartment buildings in a Canadian city, found that resource-rich buildings (defined as having established programs for physical activity, social activity, and transportation) were clustered in high-income neighbourhoods. The lowest income neighbourhoods had the least amounts of resource-rich seniors' apartment buildings.

Older adults who live in affluent areas and who have higher incomes can 'escape' their immediate neighbourhoods. They have the financial means to relocate elsewhere or obtain temporary reprieve from its demands by accessing services, socializing, and participating elsewhere (Parkes, Kearns, & Atkinson, 2002). However, those older women who live in inner

cities due to restricted finances may be unable to leave; staying may be the only option (Torres-Gil & Hofland, 2012).

Although some studies have explored the older adult-inner city neighbourhood relationships, many of these studies were set in the United Kingdom, the United States, and Australia. These cannot be compared with neighbourhoods in most parts of Canada. Racial segregation by neighbourhood is not as prominent in Canada as it is in other parts of the world, particularly in the United States (Walks & Bourne, 2006). Winter weather conditions in most Canadian cities also contribute to a different context and set of realities for older adults. For example, cold temperatures, snow, and limited daylight negatively impact older adults' well-being (Juvani, Isola, & Kyngas, 2005). Older adults' preferences for a neighbourhood's built environment can also differ by season (Garvin, Nykiforuk, & Johnson, 2012).

Activities

Perhaps because of popularity of successful aging, productive aging, and active aging theories and initiatives, exercise, walking, physical, and social activity are heavily emphasized in the literature (e.g., Chaudhury et al., 2012; Gauvin et al., 2012; King, 2008; Moran et al., 2014). There is much less research about participation in other activities, such as civic, spiritual, cultural, economic, and general activities of daily life (Annear et al., 2014). Everyday activities of older adults in relation to places they occupy (i.e., their dwelling, neighbourhoods, public places) is underexplored (Cutchin, 2014).

Activities can be multifaceted and idiosyncratic. The same activities have different meanings, purposes, and values to different people. Walking is a good example. Some studies consider walking for exercise and others for transit. However, walking is also a leisure activity and for some people, a spiritual activity. Furthermore, because activities can be nested within

32

one another, walking and other activities can occur simultaneously. Thus, walking can also be a social activity (i.e., when walking with a friend) and a productive activity (i.e., when a caregiver 'walks' a care recipient). This example points to the complexity of activity and the need to adopt a holistic and nuanced perspective of activity.

What appears to be absent in the literature, aside from the contributions of Iwarsson, Fänge, Hovbrandt, Carlsson and colleagues (who consider person-environment interactions at home and neighbourhood levels), is activity in its most comprehensive definition. That is, "activity or set of activities that is performed with some consistency and regularity, that brings structure, and is given value and meaning by individuals in a culture" (Polatajko et al., 2007, p. 19).

Where to From Here? Directions for the Current Study

Although some exceptions exist, the occupational therapy literature is largely missing a spatial perspective that specifically considers neighbourhoods. While the gerontology literature contains studies about activity, an occupational perspective is lacking. The existing literature in combination with the tensions and gaps described above provide the following directions for the current study:

(a) Consider aging in place and place in aging perspectives rather than focusing on one or the other;

(b) Recognize the diversity of the older adult population. Consider a sub-group of the older adult population and focus on older women who may be most sensitive to the demands on inner city neighbourhoods given factors such as health, finances, and support;

(c) Acknowledge the diversity and complexity of places. Therefore, focus not only on the level (i.e., the neighbourhood) but on the type of neighbourhood (i.e., inner city neighbourhood). Within inner city neighbourhoods, pay attention to their physical as well as social features as these overlap. For example, while crime is related to social disorder (a feature of the social environment), physical features of the neighbourhood (e.g., vacant lots, poor lighting) may encourage behaviours such as loitering and public intoxication which, in turn, can result in crime;

(d) Adopt an inclusive perspective of activity. Consider activities in general (i.e., everyday activities) rather than only physical, social, or community activities;

(e) According to Wiles (2005), "there are many different experiences and contested interpretations of places" and "some of these may compete and conflict" (p. 101). This points to the need to understand the subjective experiences of the people within these places, which can be ascertained using qualitative research methods. Wiles (2005) also suggests that "places are simultaneously material/physical AND symbolic and social" (p. 101). Spatial qualitative approaches (Moran et al., 2014), such as go-along interviews and photovoice, are particularly appropriate for understanding the nuances of places.

Chapter Summary and Looking Ahead

In this chapter, I reviewed the state of the knowledge within occupational therapy and gerontology that informs and supports the research purpose – to explore the everyday activities of older women (aged 70 years and older) residing in inner city neighbourhoods. I began by introducing how disadvantaged neighbourhoods have been conceptualized. I summarized two lines of thinking - aging in place and place in aging – and I introduced key concepts and studies

within each. I conclude by highlighting tensions and gaps in the literature and how these inform

the present study. In the next chapter, I describe the research approach, strategies, and procedures

that I used.

Chapter 4: Methodology and Methods

This chapter describes the methodology and methods used in this study. In the first major section, I provide an overview of interpretative description (Thorne, 2008), the approach used in this study, and justify why I selected it. In the second major section, I outline the methods, the practical procedures and techniques of research (Carter & Little, 2007). I begin my introducing the setting, sampling and eligibility criteria, recruitment and screening procedures, and description of the sample. I continue by outlining my approach to data management, preparation, generation, and analysis. I conclude this chapter by describing my use of research journals, strategies to enhance rigour, and ethical considerations.

Methodology

Interpretive description is a framework that guides the design of a qualitative study. It was named and its foundations explicated by nurse researchers out of the need for a qualitative research method consistent with the purposes of research in applied disciplines (Thorne, 2008; Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). Unlike traditional qualitative methods (e.g., phenomenology, grounded theory), interpretive description is not situated within the social sciences, nor is it based on a particular theory (e.g., European philosophy, symbolic interactionism). The aim is not to theorize, to generate theory, a comprehensive explanation, or a rich description of the essence of a lived experience. Instead, interpretive description is applied in nature. An inquiry using interpretive description often begins in response to an issue observed in practice and, as explained in Chapter 2 Foundations, it is grounded in a discipline. The ultimate intent of interpretive description is to inform practice or policies and thereby improve health or quality of life.

Interpretive description contains many of the principles of Lincoln and Guba's (1985) naturalistic inquiry. Situated between the post-positivist and interpretivist paradigms, interpretive description recognizes that multiple constructed realities exist whilst acknowledging that shared realities may also be present (Thorne et al., 1997). Interpretive description is based in subjectivist epistemology in which it is believed that the researcher and the participant co-create knowledge (Denzin & Lincoln, 2005). Thus, interpretive description recognizes the inseparable relationship between the knower and the known.

As its name suggests, interpretive description extends beyond pure description. The intent is to interpret, to go "...below the self-evident within a clinical issue..." (Thorne, 2008, p. 50); to explicate covert themes within a phenomenon and illuminate a new perspective. Thus, a study using interpretive description requires a greater amount of abstraction (data transformation) than generic qualitative description (Thorne, 2008). The product of interpretive description is a conceptual or thematic description (Sandelowski & Barroso, 2003; Thorne, 2008). This extends beyond summarizing key topics. Instead, the researcher interprets participants' words which results in the identification and description of categories and an underlying theme(s) (Thorne, 2008).

Rationale for Selection of Interpretive Description

Interpretive description, like occupational therapy and other disciplines (e.g., human ecology, public health), highlights the importance of the context in shaping people's experiences. Interpretive description also acknowledges that patterns and themes may be present in the data but that there is the potential for much variation (Thorne, 2008). This tenet is consistent with a core occupational therapy belief: that each person is unique in his or her abilities, preferences, and needs (Townsend & Polatajko, 2007). Interpretive description is pragmatic and flexible; it

does not require the researcher to strictly adhere to a specified way doing research. This approach was well-suited to my study. It allowed me to use a hybrid of interviews and observation to generate data that addressed the purpose of my research as well as a two-staged approach to data analysis that responded to the practicalities of working with a hard-to-reach population. Furthermore, as interpretive description is suitable for exploratory, small-scale qualitative studies (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004), it fit with my study purpose.

Methods

In this section, I outline the study methods used to address the research purpose (i.e., to explore the everyday activities of older women residing in inner city neighbourhoods). I begin by describing the study setting, sampling and the sample, and recruitment procedures. Next, I explain the data generation and preparation strategies used, followed by my approach to data analysis. Finally, I outline rigour strategies as well as ethical considerations.

Setting

The study was conducted in two inner city neighbourhoods in Edmonton, Canada: Boyle Street and McCauley. Both neighbourhoods are located in Edmonton's downtown core. They have a lower than average annual household income and are home to more than 680 women aged 70 years and older (City of Edmonton, 2009a, 2009b, 2009c, 2009d, 2009e). A detailed overview of these neighbourhoods and my approach to familiarize myself with them follows.

Boyle Street. This neighbourhood has an annual household income totalling $31,429, some $25,931 below the municipal average (City of Edmonton, 2009a). It has a higher than average number of low-income households (313 compared to the city average of 103.5) (City of Edmonton, 2010a). A higher than average number of its residents receive income support (535

compared to the city average of 86.8) and access food banks (565 compared to the city average of 135.08) (City of Edmonton, 2010a). Boyle Street has a considerable transient population. The vast majority (88.83%) of dwellings are rented (compared to the city average of 28.29%) (City of Edmonton, 2010a). Boyle Street's residents access emergency rooms more frequently than residents of other neighbourhoods (672.25 versus 351.84 per 1,000) (City of Edmonton, 2010a). It also has high rates of property and violent crime (827 and 308 incidents, respectively) compared to the rest of the city (153.24 and 19.13 incidents) (City of Edmonton, 2010a). Boyle Street has one of the highest proportions of people aged 75 years and older in Edmonton (City of Edmonton, 2007). It is ethnically diverse; Boyle Street has large Chinese, Vietnamese, and Aboriginal populations and over 38% of its inhabitants have first languages other than English (City of Edmonton, 2009a).

Boyle Street contains numerous health and social care agencies as well as homeless shelters, food banks, drop-in centres, and affordable housing complexes. Boyle Street is currently undergoing physical, social, and economic revitalization (City of Edmonton, 2015). Initiatives focus on: upgrading infrastructure; building affordable housing; stimulating economic development; improving land use; reducing crime; and, strengthening community capacity as well as social and recreation services.

McCauley. This neighbourhood has the second lowest average annual household income in Edmonton ($27,511) and a high proportion of low income households (160) compared with the city average (103.50) (City of Edmonton, 2009b, 2009c; City of Edmonton, 2010b). A higher than average number of its residents receive income support (629 compared to the city average of 86.8) and access food banks (1033 compared to the city average of 135.08) (City of Edmonton, 2010b). McCauley's residents access emergency rooms more frequently than

39

residents of other neighbourhoods (887.66 versus 351.84 per 1,000) (City of Edmonton, 2010b).

It also has high rates of property and violent crime (721 and 218 incidents, respectively)

compared to the rest of the city (153.24 and 19.13 incidents) (City of Edmonton, 2010b). A large

number of dwellings are in need of major repair (260 compared to 75.57) and over 73% of

dwellings are rented (compared to 28.29%) (City of Edmonton, 2010b).

McCauley contains a mixture of residential areas and businesses such as bakeries,

grocery stores, and restaurants (City of Edmonton, 2010c). Little Italy and Chinatown are located

in this neighbourhood. As with Boyle Street, numerous health and social service agencies are

also located in McCauley including homeless and emergency shelters, halfway houses, food

banks, drop-in centres, affordable housing, and programs for individuals with addictions.

McCauley is also undergoing neighbourhood revitalization (City of Edmonton, 2015). It has an

active community league, a neighbourhood revitalization steering committee, and a designated

revitalization project manager (City of Edmonton, 2010c).

Observation of the setting. Because I was unfamiliar with the target neighbourhoods

and because of their high crime rates, observation of the setting was an important step prior to

launching the study. Variously termed field observation and naturalistic observation, observing

and learning about the physical and social features of a neighbourhood before the study beings

helps the researcher to "acclimate her/himself with a particular locality" (Carpiano, 2009, p.

266).

I used four strategies in my observation of the field prior to recruiting participants. First, I

walked and drove through target neighbourhoods on five different occasions to become familiar

with their physical layouts. While I initially planned to map the location of resources (e.g.,

agencies, shops), landmarks (e.g., major intersections, parks) and informal gathering places

within each target neighbourhood (as suggested by Carpiano, 2009), doing so became unnecessary; maps available on Google Maps were sufficient. Second, I visited amenities in the inner city (e.g., recreation centre, shops, cafes) to 'get a feel' of the places and people who I could encounter, particularly during go-along interviews (see Data Generation section for a description of go-along interviews). Third, I perused community newspapers, city reports, and planning documents to obtain general information about current events, issues, and the history of each neighbourhood. Fourth, I obtained advice from five service providers (e.g., housing operators, outreach and social workers) about working in the inner city. I documented observations in my field observation journal (see section entitled Research Journals for details).

Sampling and Eligibility Criteria

Sampling approach. In Interpretive Description, sampling approaches can vary as long as the logic that underpins sampling is transparent and fits the study purpose and research question (Thorne, 2008). As such, convenience, purposive (i.e., purposeful), and theoretical sampling or any combination thereof can be used.

I employed purposeful sampling to "select information rich cases that best provide insight into the research questions and will convince the audience of the research" (Emmel, 2013, p. 33). All 11 participants were selected using purposeful sampling. Three of Patton's (2002) 16 purposeful sampling strategies guided my approach. At the beginning of the study, I used maximum variation to identify common patterns across varied cases (i.e., use difference to highlight commonalities in experiences) (Emmel, 2013). Consistent with purposeful sampling, I refined sampling strategies as data were generated and analyzed. I used intensity sampling to sample information-rich cases (Emmel, 2013). Finally, I employed snowball sampling in which one participant with knowledge and access to others in the neighbourhood nominated another

participant. The combination of these strategies was selected for pragmatic reasons including the challenges in selecting potentially difficult-to-access participants and also because they matched the research purpose.

Target sample size. Morse (2000) suggests that the sample size required for qualitative studies depends on a number of factors including the scope of the study, the nature of the topic, the quality of data, the study design, and the use of shadowed data. It was anticipated that a sample size of 10-12 participants would generate sufficient data given that two interviews would be conducted per participant, topics were relatively easy to discuss, and the scope of the study was narrow. After generating and analyzing data with 11 participants and consulting with my committee, I determined that my data set contained sufficiently information-rich data to address the research purpose. Thus, I did not recruit additional participants. Details about the final sample can be found in the section Description of the Sample.

Participant selection criteria. Six criteria were established to select participants who could give "detailed insight" (Emmel, 2013, p. 36) into the phenomenon of interest. They were as follows.

(a) In line with the research purpose and for reasons outlined in the introduction and literature review, participants had to be women. They also had to be aged 70 and over. The literature suggests that age 70 seems to be a turning point for participation in "individualistic activities outside of the home" (e.g., paid work, sports, cultural activities, entertainment) and age 75 for participation in "community activities" (e.g., volunteer work, involvement in civic organizations) (Fortuijn et al., 2006, p. 356). I selected women age 70 and over so that I could obtain the perspectives of those who are still able to engage in their neighbourhoods (i.e., are not housebound) and who

live in community settings but whose health conditions may make it more difficult to participate.

(b) To ensure that participants were exposed to inner city environments (refer to Appendix A for a definition of inner city neighbourhoods), they had to reside in one of two target inner city neighbourhoods (Boyle Street, McCauley). Although several other neighbourhoods could have been used as the study setting, they did not possess the characteristics that I sought. These other neighbourhoods were mainly commercial and had lower crime rates, higher than average household incomes, fewer older adults, and did not contain the same concentration of social and health service agencies.

(c) To increase the likelihood that participants had the physical and cognitive ability to participate in the study, they had to reside in a community (e.g., house or apartment, seniors apartment, condominium, seniors' independent living) versus an institutional (e.g., long-term care, supportive living, lodge) setting. Women who reside in an institutional setting may not engage in their neighbourhoods as much as those who live independently. Thus, their experiences may be different.

(d) To provide deep insights into the experiences of aging in an inner city neighbourhood, participants must have lived in one of the target neighbourhoods for at least one year. While the adjustment processes involved in moving to a new neighbourhood are also interesting and worthy of exploration, I wanted to keep the focus of the study on living in the neighbourhood rather than on adjusting to it.

(e) For pragmatic and ethical reasons, participants had to have sufficient language skills to converse in English. Potential participants were excluded if they could not

understand the study information letter and consent form as this conflicted with providing informed consent.

(f) To minimize safety risks and threats to participant comfort, participants had to evaluate whether or not they felt sufficiently healthy to participate in the study and whether they could commit to participating in at least two one-hour interviews.

Recruitment and Screening

Following the advice of Sixsmith, Boneham, and Goldring (2003) regarding recruitment of vulnerable and marginalized people from disadvantaged communities, I used a combination of recruitment strategies. The first five strategies described below were implemented concurrently. The sixth was implemented approximately half way through data generation.

(a) Front line staff (e.g., social, outreach, and drop-in centre workers; housing coordinators; building managers; recreation staff) of two seniors organizations (Seniors Association of Greater Edmonton [SAGE] and Operation Friendship Seniors Society [OFSS]) served as intermediaries who provided recruitment flyers (Appendix B) to potential participants and invited them to contact me. No participants were enrolled using front line staff as intermediaries, perhaps because the priorities for these front line staff were to deliver services. Assisting with recruitment was likely low priority, especially when faced with large caseloads and staff shortages.

(b) Recruitment posters were hung on bulletin boards at SAGE as well as in two seniors' apartment building and a drop-in centre operated by OFSS (see Appendix C). In one site, staff attached a notice endorsing the study. Although posters can be less useful than other recruitment strategies such as word of mouth (Schnirer & Stack-Cutler, 2012; Sixsmith et al., 2003), they legitimize the study and enhance other recruitment

efforts. One potential participant was identified using this approach. Although she met inclusion criteria and was initially interested in participating, she changed her mind and decided not to proceed with the interviews. No participants were enrolled in the study exclusively via recruitment posters.

(c) I hosted a study information session at a seniors' apartment building in the inner city. Building staff served as brokers; they sent invitations to older women who met most inclusion criteria and personally followed-up with them to explain the information session. Ten women registered and 19 attended. At the information session, I presented the study and its procedures, obtained the names and phone numbers of potential participants, and distributed recruitment flyers to those who were undecided about participating. Four participants were screened and three were enrolled using this strategy.

(d) I used Sixsmith et al.'s (2003) strategy "Being there - being seen" (p. 586). Over five months, I attended recreation activities and events (e.g., resident dinners, bingo, Christmas luncheons) and served lunch at a senior's apartment building and at a drop-in. I made announcements about the study, introduced it to service providers and older women in one-to-one conversations, and distributed recruitment flyers. Although time consuming, five participants screened and three were enrolled using this strategy. Importantly, I developed relationships with service providers who introduced me to a community insider who further recruited participants.

(e) Given the effectiveness of word-of-mouth strategies in recruiting vulnerable, socially isolated, and low income people in other research (Schnirer & Stack-Cutler, 2012; Sixsmith et al., 2003), I invited participants to share study information with other

older women such as those who live in their neighbourhoods or with whom they attend activities (e.g., church, swimming). Two older women were screened and one was enrolled this way.

(f) After no additional participants were recruited using the strategies above, I approached a community insider. She was former service provider, resident of, and volunteer in the inner city. Because of her extensive knowledge of the neighbourhoods' residents, she was able to identify women whose perspectives were not included in the data at that time point. These included women who lived in single family dwellings, drove, and were not associated with the organizations used in other recruitment strategies. She shared study information and recruitment flyers with women who met inclusion criteria. Four participants were enrolled using this strategy.

Screening interview. All potential participants were asked to contact me in person or by telephone. When they did, I summarized the study purpose and procedures and conducted a five-question screening interview (Appendix D) to confirm that eligibility criteria were met.

Description of Sample

The final sample consisted of 11 older women. Given the small number of participants and their distinctive characteristics, there was a threat of revealing their identities (Kaiser, 2009; Saunders, Kitzinger, & Kitzinger, 2014; Tolich, 2004). To minimize this risk, I have presented demographic information as group rather than individual data.

Participants ranged in age from 72 to 94 years (average age 78.27 years). Six lived in McCauley and five in Boyle Street. There was diversity within neighbourhood of residence in that some participants' homes were in close proximity to homeless shelters and social service agencies whereas others lived on streets more typical in a residential neighbourhood. Six

participants lived in apartment buildings specifically for seniors with low incomes and five in single family dwellings. Those who lived in single-family dwellings owned their homes. Seven of 11 participants lived in their neighbourhoods for over 10 years (range 11-87 years) and four were relative newcomers (range 1-6 years). Most participants were either widowed (n=6) or divorced or separated (n=4) and one was single. No participants were married at the time of data generation. Thus, the vast majority of participants lived alone (n=9); one lived with a family member and one with a boarder.

Participants self-identified as belonging to diverse ethnic groups including Chinese (n=2), Latin American (n=2), European (n=2), Canadian (n=2), South Asian (n=1), Aboriginal (n=1), and French Canadian (n=1). Participants' education levels were also diverse; one had no formal education and one had an advanced degree. In addition, two finished elementary school, one junior high school, one high school, three vocational school or college, and one university[1]. Of the eight participants who disclosed their annual pre-tax income, most had incomes of less than $30,000/year. More specifically, three had incomes of $10,000 - $19,999/year, three had incomes of $20,000-$29,000/year, one had an income of $30,000-$39,999/year, and one had an income of $40,000-$49,999/year. Two participants worked part-time.

With respect to participants' travel into their neighbourhoods, all but one walked or used public transit as their primary mode of transportation. The participant who neither walked nor used public transit received rides from friends and family and occasionally took taxis. Two participants had driving licenses and cars which they drove occasionally. However, they mostly walked or used public transit in their neighbourhoods. With respect to frequency of travel, all participants ventured into their neighbourhoods at least once per week but seasonal variation

---

[1] One participant withdrew before demographic data was collected so some data are missing.

existed. Nine participants entered their neighbourhoods every one to two days during the warmer

months. This declined to every second or third day during the winter months for four of these

nine participants. Four older women used a mobility device (cane or walker) and their use was

also seasonal. This suggests that participants, even those in their 90s, were 'neighbourhood

active'.

Data Generation

      Trial interviews. Following the advice of scholars of qualitative interviewing

(Hermanowicz, 2002; Kvale, 2007), interviews were trialed with two older women before data

generation began. They met all inclusion criteria with the exception of neighbourhood of

residence, thus, they were not study participants. The purpose of these trials was: (a) To

familiarize myself with and test the recording equipment; (b) To assess the wording of interview

questions, and (c) To practice asking questions as well as reflect on my interviewing style. I

listened to these recorded interviews several times and wrote reflexive notes which illuminated

the need to re-word some questions, change their sequence, and improve my interviewing skills

by being careful not to interrupt participants, using silent probes (Hermanowicz, 2002), and

being candid when asking difficult questions.

      Overall procedures and pacing. Data generation took place over a 9-month period from

July 2012 to March 2013.

      To maximize participants' comfort and attempt to reduce inherent power differentials

(Adler & Adler, 2001; Herzog, 2005), I met each participant in a location of her choice (e.g.,

home, common room, café). During the 'pre-interview', I explained the study, answered

questions, and obtained informed consent (see Appendices E and F). In most cases, this was

achieved within 15 minutes so data generation began during the first visit. However, this process

took almost a full hour with four participants who spent much time 'checking me out', constructing an image of themselves (Adler & Adler, 2001; Anthony & Danaher, 2015), and telling *their* stories in advance of the interview. Even in visits with those participants who had few questions, building rapport (Duncombe & Jessop, 2002) and creating a non-threatening environment in which participants could disclose their experiences was a key aim of the first visit.

Once informed consent was obtained, I completed at least two in-depth interviews with each participant: first, a conventional interview and second, a go-along interview (both interview types are described in detail in the following sections). If I was unable to cover all questions and topics in adequate depth within an interview, additional interviews were conducted to address outstanding questions. As a result, some older women (e.g., Dorothy, Ruth) participated in multiple conventional interviews before the go-along and others (e.g., Margaret, Ruth) participated in additional conventional interviews after the go-along. At the end of all interviews, I closed the research relationship and gave participants a thank you card and flowers as a token of appreciation.

Most interviews lasted 60-90 minutes (ranged from 30 to 150 minutes). However, time spent with most participants during visits was much longer (ranged from 45 to 225 minutes) as it included 'pre' and 'post' activities (e.g., answering questions, obtaining informed consent, ending the relationship). All but two interviews were digitally recorded; one participant consented to participating in the study but not to being recorded. In her case, I wrote detailed notes and, with her permission, included some direct quotations.

To permit time for concurrent and iterative data generation and analysis, a key criterion of doing rigorous qualitative research (Morse, Barrett, Mayan, Olson, & Spiers, 2002), data

generation was paced *across* and *within* participants. Although I had a waiting list of participants, I generated data with only one person at a time. This was necessary to allow sufficient time for transcription (see section entitled Data Preparation and Management), cleaning, preliminary analysis, and to identify follow up questions. To ensure that data generation and analysis were truly iterative, I had to determine "what is known and what one needs to know" (Morse et al., 2002, p. 18) before beginning data collection with the next participant. However, I also had to consider the threat of losing participants on the waiting list and, therefore, implemented a two-staged analytic process (discussed in the Data Analysis section). Within participants, I completed one interview every 10-14 days. Again, I needed sufficient time for transcription, cleaning, and preliminary analysis. However, they also had to be close in time so that individual participants did not lose motivation and drop out of the study. Indeed, my pacing of data generation and analysis centred on a balance between using a rigorous process and the pragmatics of working with a potentially hard to reach population.

Conventional interviews. At least one semi-structured (Richards & Morse, 2007), in-person, conventional interview was conducted with each participant. These focused on the elicitation of participants' perceptions on how their everyday activities shaped, or were shaped by, the neighbourhoods in which they lived. An interview guide that contained open-ended questions was used (see Appendix G). Questions focused on three major subject areas: (a) Participants' experiences in their neighbourhoods; (b) Their everyday activities, and (c) How everyday activities shape or are shaped by their neighbourhoods. Probes were used to elicit richer and more elaborate information as well as clarify meaning (Patton, 2002) (e.g., "Where did that happen?", "Can you tell me more about that?", "What do you mean by 'the lion's den'?"). The term neighbourhood has multiple meanings and neighbourhood boundaries ascribed

50

by a municipality can be perceived differently by its residents (Gauvin et al., 2007). Thus, as Carpiano (2009) suggested, I began the interview by asking participants to identify the area that they perceived as their neighbourhood on a map of Edmonton. This provided reference point for the remainder of the interviews.

Conventional interviews were conversational rather than mechanistic (Hermanowicz, 2002). There was deviation in when and how the questions were asked as well as which topics were further explored. Thus, the interview guide served as a checklist to ensure that I covered all subject areas rather than a strict set of questions that were posed to each participant in the same order. As data generation and analysis progressed, I made slight changes to the interview guide. For example, I added a question asking participants to compare their present neighbourhoods to their experiences in a previous neighbourhood, if applicable.

I took advantage of the flexibility inherent in semi-structured interviews, with respect to time and place. Participants were given as much time as needed to answer questions. Sometimes it resulted in "off-topic conversations" (Gardner, 2008, p. 50) that initially appeared unproductive yet resulted in valuable information relevant to the research question. For example, after ending an interview and turning off the digital recorder, Marilyn and I stood at her front gate and talked for another 30 minutes. In the shadow of cranes looming overhead from nearby construction, she disclosed information about how her neighbourhood changed over the years and what this meant for her. I recorded these types of conversations in my interview notes (see Interview Notes for details).

Because many conventional interviews took place in participants' homes, I followed participants' lead in utilizing their homes as interview prompts. For example, almost all participants spontaneously gave me guided tours of their homes, telling me about the history and

significance of areas in their homes as well as pointing out items that were important to them. Similarly, some participants accessed objects such as pictures and scrapbooks. I used these and other objects in their homes that were observed as interview prompts and to access additional information about older women's everyday activities and their neighbourhoods. Although time-consuming, this semi-structured and flexible approach allowed me to gain a rich understanding of the daily lives and everyday activities of these older women while also covering topics in the interview guide.

Go-along interviews. Go-alongs, also known as mobile interviews (Brown & Durrheim, 2009), are a hybrid of interviews and observations of naturally occurring settings; that is, they are *in situ* interviews (Kusenbach, 2003). In go-alongs, researchers accompany participants on walks or drives in their neighbourhoods. Participants observe their neighbourhoods and comment on its features; in this case, how these features affect their activities and vice versa. In essence, the neighbourhood prompts reflection and disclosure. Go-alongs "facilitate access to local spaces and stories" (p. 13), give insight into participants' everyday lives and routines, and provoke unplanned "serendipitous occasions" (p. 14) that lead to 'raw' discussion (Wiederhold, 2014). They allow researchers to see for themselves what participants refer to when they speak about a neighbourhood.

In go-alongs, participants take an active role in interviews. They assume the role of tour guide (Carpiano, 2009) by selecting go-along routes and deciding what is important for the researcher to see. Although the researcher may ask grand tour questions (Spradley, 1979) (see Appendix H), draw their attention to neighbourhood features that participants do not talk about, and probe for more information, participants have greater control than in conventional interviews.

I accompanied participants on their daily activities (e.g., going to the grocery store, bank, pharmacy, post office), mostly by walking. Two took taxis because of limited mobility and extreme weather. Go-alongs exposed physical and social aspects of older women's neighbourhoods that affected their participation in activities; they gave me a glimpse, albeit through my own filter of experience, of their everyday realities. For example, I appreciated Margaret's frustrations about a bus stop that was so dirty that it made her think twice before using it. I understood what Barbara meant when she used the phrase "the lion's den", the alley she travelled through when she visited a friend. Go-alongs also illuminated the social exchanges that occur in neighbourhoods, such the casual interactions between Barbara and Dorothy and the heated discussion between Marilyn and a taxi driver. Indeed, they created a deep level of understanding and illuminated older women's perspectives and experiences that may otherwise have remained unspoken.

Regarding logistics, lapel microphones were attached to each participant and to me to allow freedom in our movements. Recorders were turned off when participants entered public places in which others' conversations could have been recorded. Background noise (e.g., traffic, wind, rustling of clothing) was problematic and resulted in many inaudible words and thus incomplete transcripts. The use of two recorders allowed me to use a back-up recording to fill these gaps (see Data Preparation and Management).

Given that older women may be sensitive to questions about income which may interfere with rapport development (Wenger, 2002), demographic information (e.g., neighbourhood of residence, age, residence type, ethnicity, co-habitation status) was collected at the end of go-alongs. Questions were adapted from the 2006 Census (Statistics Canada, 2005) (see Appendix I) and read to participants.

Interview notes. Even though conventional interviews were digitally recorded, I made notes that focused on participants' responses during interviews. I recorded key words stated by participants and my own phrases and terms that I felt captured what participants were saying. Instead of making notes during go-alongs which would have drawn attention to the participant and me while in public settings, I made notes at the end of the interview when we reached our final destination.

After completing each conventional and go-along interview, I also made audionotes in which I 'talked out' my observations, often drawing upon keywords said. I expanded interview notes immediately upon arriving back to my computer. These also focused on participants' responses, further questions, and my observations of the interview setting including how it affected the interview. Because go-alongs occurred *in situ,* I also described my observation of neighbourhood (e.g., what I saw and how participants responded to it, who was present and what they were doing). While often referred to as field notes (Mayan, 2009), these descriptions were recorded within interview notes for ease of recordkeeping. My final step was to transcribe and integrate audionotes into the interview notes. Interview notes were a part of the data set and thus analyzed and included in the findings.

Other data. Although unanticipated at the outset of the study, other data were included in the data set. For example, one participant sent multiple emails containing further reflections on questions posed in interviews. Three participants drew my attention to newspaper articles that they felt captured their experiences and perspectives. As such, they requested that they be included with their data and the study's data set.

Summary of data set. I used multiple strategies to "make" data (Richards & Morse, 2007, p.107) and ultimately obtain a broad, yet rich, perspective of the phenomenon of interest

(Thorne, 2008). In total, I completed 28 interviews (20 conventional and eight go-along). The entire data set was comprised of 23 interview transcripts, 28 sets of interview notes, six newspaper articles, and two emails (see Table 4.1).

Table 4.1 Summary of Data Set					
Participant	Interviews	Interview Types	Transcripts	Interview Notes (Sets)	Other Data
Shirley	2	Conventional + go-along (taxi)	2	2	
Betty	2	Conventional interview + go-along (walking)	2	2	
Dorothy	3	Conventional + conventional + go-along (walking)	3	3	
Margaret[a]	4	Conventional + go-along (walking) + conventional	3	4	
Joan[b]	1	Conventional	1	1	
Barbara	2	Conventional + go-along (walking)	2	2	

Joyce[c]	2	Conventional + conventional	2	2	Two emails + 4 newspaper articles
Marilyn	2	Conventional + go-along (taxi)	2	2	
Ruth[d]	6	Conventional + conventional + go-along (walking) + conventional	4	6	1 Newspaper article
Beverly	2	Conventional + go-along (walking)	0	2	1 Newspaper article
Lois[c]	2	Conventional + conventional	2	2	

[a]*One pre-interview was not recorded but contained relevant data.*

[b]*Withdrew before completing go-along.*

[c]*Did not complete a go-along because of extreme weather.*

[d]*One pre-interview and one post interview that were not recorded but contained relevant data.*

In addition to the participants above, one additional woman's (Judy) feedback appears in the data. While not a participant as she did not meet eligibility criteria, she was present during both interviews with another participant, at the participant's request. Initially, Judy's role was to increase the other participant's comfort and to translate a few words. However, as the interviews

progressed, Judy spoke for and provided supplementary information about the other participant's experiences and behaviours, a variation of what Morse (2001) refers to as "shadowed data" (p. 291). Although she was not a participant, Judy gave informed consent. As such, some of her statements appear in the findings.

Data Preparation and Management

Transcription. Almost all interviews were professionally transcribed. I transcribed one to understand the transcription process and its challenges. Transcription focused on words and nonverbal content (e.g., silences, emotions) (MacLean, Meyer, & Estable, 2004).

Cleaning and expansion. Once transcribed, each recording was listened to again and the corresponding transcript was reviewed to ensure accuracy (Poland, 1995). To enhance readability, false starts and 'uh-hms' were removed unless they contributed to meaning. To decipher inaudible words, of which there were many due to background noise and participants' accents, and those that seemed out of place, I reviewed one or both recordings and interview notes again. I clarified these speculations with participants during subsequent visits. In these cases, participants were not given their transcripts to review. Instead, I summarized the section and inquired about the word, phrase, or sentence under consideration. For example, the word "deference" appeared in one of Barbara's transcripts when in fact she stated "defense". This changed the meaning of the sentence as well as an entire section of a transcript. Although data cleaning was time intensive, taking up to 10 hours for a 90-minute go-along interview due to background noise and heavy accents, this was an important part of the data transformation process that could not be omitted.

Transcripts were further cleaned to reduce the potential for participant identification. This included assigning pseudonyms to participants and to people who they referred to in interviews,

such as family and friends. I also removed or slightly changed other identifying information (e.g., exact address, city of origin, salient activity, use of specific word) to reduce the chance of deductive disclosure and thus participant identification (Kaiser, 2009; Tilley & Woodthorpe, 2011; Tolich, 2004). Each case was carefully considered to ensure that meaning was not altered. My decision to change or remove other potentially identifying information was based on statements from six participants who were concerned about being identified. For one participant, this concern was so great that she refused to be digitally recorded. While transparency in qualitative research is undoubtedly important in a study's quality (Hiles, 2008), I had to balance this with protecting anonymity.

Transcripts were further edited (e.g., tense, pronoun) to enhance readability but without changing meaning, an approach also used by other researchers (e.g., Wright-St. Clair, 2012). In two instances, when participants used questionable or offensive language, I replaced the language with the correct term. Observations taken from interview notes were added to transcripts to clarify what participants referred to in comments such as "Over there!", "See that?", "It's bad that way". These were inserted using italics to distinguish them from participants' words.

Management. Transcripts, interview notes, emails, and newspaper articles were stored in NVIVO 10. Some annotations and memos, terms that will be discussed in the Discussion section below, were also created and retained using this software.

Data Analysis

Unlike many methods such as ethnography, grounded theory, phenomenology, and narrative inquiry, interpretive description does not contain a process and set of steps to follow during data analysis (Thorne, 2008). Instead, the researcher adopts strategies from other

qualitative methods. Qualitative content analysis guided my analysis. While the title suggests

that qualitative content analysis is a single approach, it is deceptive as there are many

interpretations of this term and at least three, if not more, variations of it (Hsieh & Shannon,

2005). The distinguishing feature of conventional content analysis, the approach that I used, is

that it is entirely inductive; codes (and by extension categories) are derived from the data versus

using existing theory. Furthermore, the purpose is to uncover latent themes (Boyatzis, 1998)

rather than to generate theory (Cho & Lee, 2014).

Although conventional content analysis provides general guidance about how to 'do'

analysis, it is not a formulaic set of steps. The onus remains on the researcher to create the

specific process. I established a two-stage process (see Figure 4.1) that fit with my research

purpose, the tenets of interpretive description and conventional content analysis, as well as

pragmatics of my study, particularly the waiting list. A combination of strategies described by

Braun and Clark (2006), Miles and Huberman (1994), and Saldana (2009) was used to create this

process.

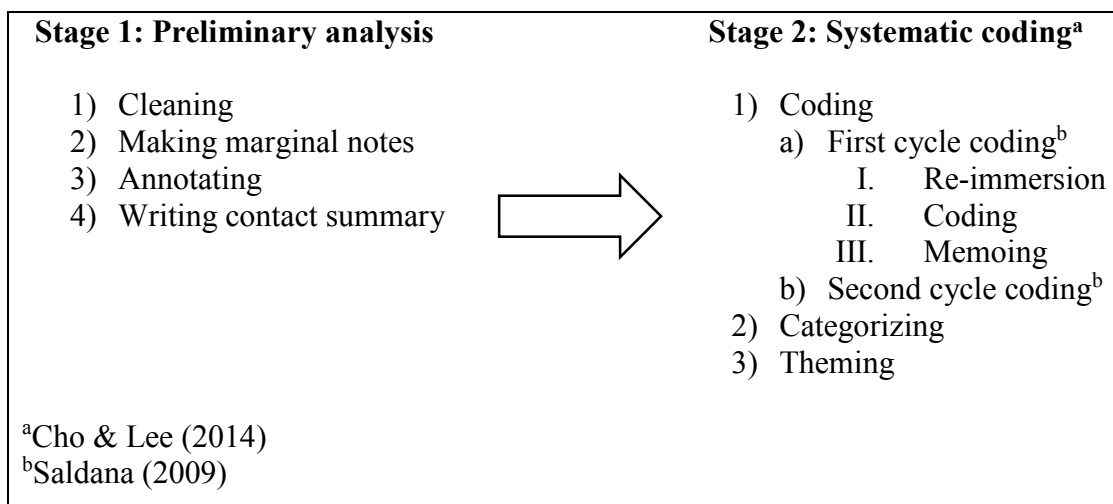| Stage 1: Preliminary analysis	Stage 2: Systematic coding[a]

1) Cleaning
2) Making marginal notes
3) Annotating
4) Writing contact summary
	1) Coding
	   a) First cycle coding[b]
	      I. Re-immersion
	      II. Coding
	     III. Memoing
	   b) Second cycle coding[b]
	2) Categorizing
	3) Theming

[a]Cho & Lee (2014)
[b]Saldana (2009)

Figure 4.1 Overview of analytic process

Preliminary analysis. The purpose of stage one, which I refer to as preliminary analysis,

was to comprehend the data and begin to synthesize it (Morse, 1994). This stage consisted of

four parts: (a) Cleaning (described in previous section), (b) Making marginal notes, (c) Annotating, and (d) Creating contact summaries. Cleaning raw data requires the researcher to make decisions about what to omit and what to include and is thus an interpretive process (Morse & Richards, 2007). It immerses the researcher in the data so that she is "familiar with the depth and breadth of the content" (Braun & Clark, 2006, p. 87). Because of the potential for inaudible phrases and transcription errors, transcripts were cleaned within three days of the interview.

As I cleaned transcripts, I made marginal notes (Creswell, 2007) of my reactions to the data, ideas, and questions. Once cleaned, I re-read transcripts again and added notes. This helped further immerse me in the data.

I annotated each transcript using NVIVO 10. An annotation "is like a stick-on note" attached to a certain place in a transcript (Richards, 1999, p. 96). I summarized what I thought I was seeing by creating potential labels (i.e., codes) that I ascribed to a word, phrase, or section within a transcript. To avoid premature coding which can lead to a microscopic, decontextualized view of the data and thus weak findings (Thorne, 2008), these labels contained multiple words or phrases that represented what I saw. Annotations also contained free flowing reflections, rough ideas and questions of the data. I referred to annotations as I completed first cycle coding and expanded some into memos (described below).

Finally, I wrote a two-page contact summary of my overall impressions to capture the 'whole' of the interview (Miles & Huberman, 1994). The contact summary contained what I interpreted as emerging in the data. The summary also helped me determine where my data were 'thin' and to identify additional questions for subsequent interviews within and across participants.

Systematic coding. The second stage of data analysis began after data were generated. This stage centred on systematic coding, a critical aspect of content analysis (Cho & Lee, 2014), and involved movement from words or phrases about a single participant's experiences to patterns across participants (Elo & Kyngas, 2007).

As depicted in Figure 4.1, systematic coding was comprised of three steps: coding (first and second cycle coding), categorizing, and theming. The purpose of first cycle coding was to identify and organize the data by allocating labels - words that "assign a summative, salient, essence-capturing and/or evocative attribute" to the raw data so that groups of similar data (i.e., containing similar labels) can be considered (Saldana, 2009, p.3).

First cycle coding consisted of three steps. First, I re-immersed myself in each piece of raw data by listening to interviews again, reviewing annotations made during the preliminary analysis, and making further marginal notes. Because I finished data generation by this time, marginal notes were different than during the preliminary analysis; I considered each piece of raw data in light of the entire data set.

Second, I allocated codes. Because the purpose of interpretive description is to uncover themes, word-by-word and line-by-line coding was avoided. I primarily coded by "lumping" (Saldana, 2009, p. 20) similar sentences together and assigning them a code. However, exceptions existed. For examples, some participants used abstract words such as "Good bones", "Deadly scared", "The lion's den" that required me to unpack these for latent meaning. I also allocated *in vivo* codes in which I used participants' words verbatim in codes (Saldana, 2009). During first cycle coding, codes were broad, generic, and often contained multiple words. As analysis progressed and more data became available, coding became more specific.

After coding, I wrote memos. Memos are "preliminary analytical notes" (Mayan, 2009, p.

89) that aid the researcher to reflect on the data, the topic, or the theme (Richards & Morse,

2007). As they help researchers to "think aloud" (Richards & Morse, 2007, p. 136) they can be

used at any point in the analytic process. Memos represented an intentional and planned step of

my first cycle coding. My annotations were specific to a particular piece of data (e.g., a specific

transcript), whereas memos reflected my impressions about patterns that I observed *across* the

data. This helped me think beyond the micro (i.e., participants' words) and consider the macro

(i.e., What am I seeing? What are the patterns? How are they similar? What is different or does

not fit with the patterns?). Some memos were written in NVIVO 10 and thus linked to data

sources, and others were written in Word documents or in my research journal.

After completing first cycle coding with a portion of the raw data, I began second cycle

coding. In this stage, I cleaned, organized, and compared each code. I reviewed its contents and

considered the following: word(s) that best describe it, concepts within and thus whether a code

should be split into several codes or merged with others, and, similarities, differences, and

overlap between codes. I then wrote a tentative definition of each code including what

distinguished it from other codes and lingering questions about it. At times, this required me to

return to original transcripts and re-code sections to ensure that codes, particularly new codes,

were complete and consistent. In second cycle coding, I also grouped similar codes together and

built a hierarchy of codes and subcodes (e.g., codes relating to safety, activities, neighbourhood

characteristics). I wrote analytic notes (see Research Journal section for details) to think through

and 'work out the kinks' in this coding cycle.

As I coded more raw data, second cycle coding also involved revising the hierarchy and

seeking out negative cases, examples that did not fit the patterns that seemed to emerge (Patton,

2002). These negative cases required me to interrogate a specific code or group of codes by returning to the data within each and to consider "exceptions to the rule" (Patton, 2002, p. 554), often resulting a new spin on the analysis. For example, many participants stated that they are unafraid of engaging in neighbourhood activities. Yet a few participants (and sometimes even the same participants who stated that they were unafraid) reported that they do, in fact, experience fear. Upon carefully reviewing and reconsidering all data related to fear, I discovered that fear did exist within almost all participant accounts. However, it is tolerable and thus did not constrain older women's activities. Instead, they worked around this fear in order to engage in their neighbourhoods.

As depicted in Figure 4.2, I began the systematic coding stage by analyzing the eight densest interviews and all documents (i.e., emails, newspaper articles). Then I completed second cycle coding on this group of raw data. I continued this pattern of first and second cycle coding until the data were analyzed. Each successive cycle and step of the analysis moved slightly further away from participants' unaltered accounts (i.e., their actual words) and included more abstraction. What resulted after coding all raw data, were four pre-categories (i.e., groups of data that are meaningful and not only a list of codes that are devoid of meaning) and parent (i.e., higher order) codes. I intentionally use these words rather than the term category as they are preliminary; they are groups of like data that have been sorted together. However, the act of sorting them together does not necessarily mean that they do fit together and share latent meaning.

First cycle coding[a]
8 interview transcripts, 4 newspaper articles, 2 emails

    Second cycle coding[a]

        First cycle coding
        5 interview transcripts

            Second cycle coding

                First cycle coding
                10 interview transcripts, 2 newspaper articles, 28 interview notes

                    Second cycle coding

[a]Saldana (2009)
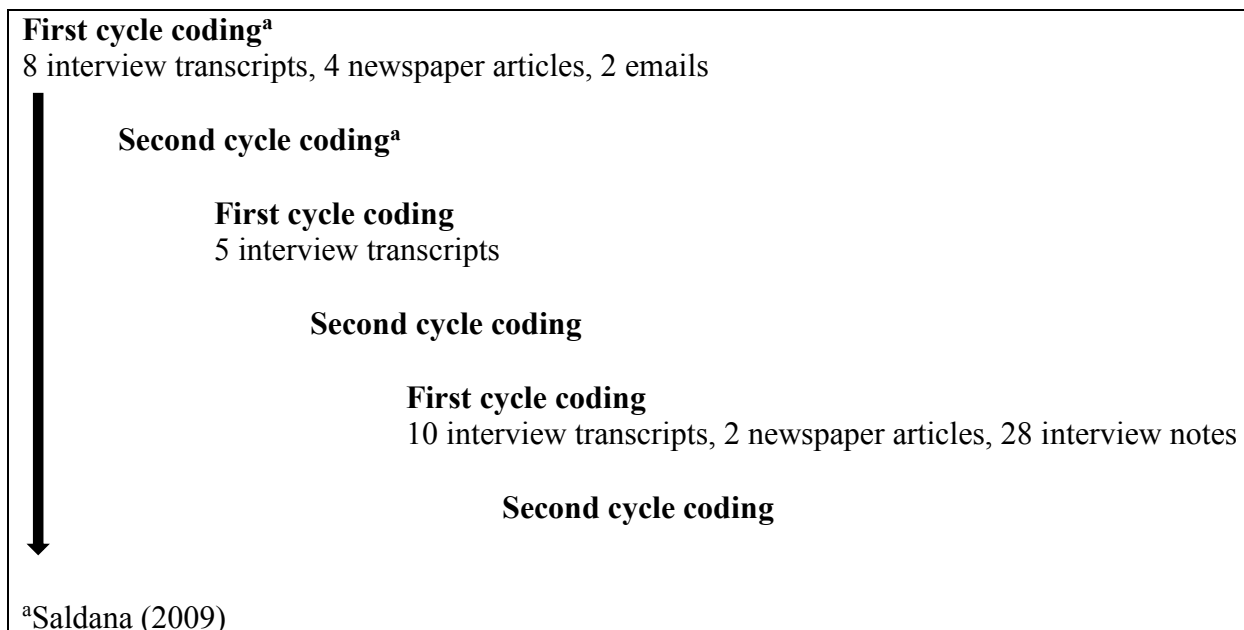
Figure 4.2 Overview of coding in stage 2

The next step of systematic coding – categorizing – involves transforming groups of like data into actual categories. I reviewed parent nodes and pre-categories as well as their contents to determine if and how they fit with one another. This was an arduous process as it involved printing, re-reading, and re-considering the contents of some codes. I integrated the parent nodes that did fit with pre-categories and then created mind maps (i.e., displays) of each pre-category, its contents, and its relationship with others pre-categories. Then I moved, collapsed, and expanded codes within pre-categories and the pre-categories themselves. I again sought out negative cases. As they were now more cohesive and complete accounts of the phenomena, I considered them categories. Next, I created a summary of each category, describing its contents and its relationships with other categories. This involved reviewing categories for internal (ensuring that all of the data within the category fit) and external (ensuring that the differences between categories are clear and distinct) homogeneity (Mayan, 2009).

While writing category descriptions, I also looked for themes. Themes are the threads that link and integrate categories (Mayan, 2009); the "meaningful 'essence' that runs through the

data" (Morse, 2008, p. 727). To move from categories to themes, I considered the bigger picture, asking questions such as, "What it all might mean?" (Thorne, 2008, p. 153), 'What is the topic the underlies all of the categories?', 'What are the pieces of the puzzle that I am seeing?', and 'What do these pieces tell me about the puzzle as a whole?' Memos and analytic notes were integral to categorizing and theming that helped me to zero in on and clarify my ideas. This process resulted in one theme: living in the city. However, further writing about and presenting categories and themes to colleagues for critique, I refined these yet again. The end product was four major categories (*feeling at home in neighbourhood, feeling connected to neighbourhood, neighbourhood sage and savvy, activities as catalysts*) and one theme ('neighbourhood embeddedness facilitates *living* in the City').

I began writing findings at this point in the analysis. As Richardson and St. Pierre (2005) note, "Writing *is* thinking, writing *is analysis,* writing *is* indeed a seductive and tangled *method* of discovery" (p. 967). Thus, analysis does not end when coding, categorizing, and theming conclude. Indeed, as I wrote findings (and in some cases reviewed excerpts yet again), codes, categories, and their contents changed. I wrote memos and analytic notes throughout this process and discussed my interpretations during peer debriefs (see section on Rigour). For example, the category *feeling at home in neighbourhood* was closely examined, taken apart, its contents moved to two other categories (*feeling connected to neighbourhood* and *neighbourhood sage and savvy*), and these collapsed and relabelled. Three categories and one theme resulted. These were: *Neighbourhood sage, neighbourhood connected,* and *activities as catalysts and bridges to neighbourhood,* with the overall theme being *neighbourhood embeddedness*.

In summary, the second stage of data analysis was a methodical and systematic process. It was both cyclical and iterative in which I checked and re-checked patterns in the data, moving

back and forth between analytic steps (i.e., coding, categorizing, critiquing) and between raw data (i.e., excerpts) and my interpretations. And, the term 'systematic coding' is misleading; 'systematic coding, categorizing, and theming' more accurately describes this stage of the analysis.

Research Journals

Although I describe research journals after data generation and analysis, their use spanned across data generation and analysis. Following the advice of Halpern (1983) as well as Rodgers and Cowles (1993), I began this study with the intention of using seven different research journals, each with specific purposes (see Appendix J for a summary of each) so that my processes and interpretations could be easily followed by an external auditor. However, as data generation progressed, I realized the permeable boundaries between these journal types. For example, some entries in my reflexive journal were similar, if not the same, as those in analytic notes (see section Reflexivity for details about reflexive journaling). Similarly, methodological decisions (recorded in the audit trail) were often the culmination of reflexive journaling and notes from peer debriefs (contained in reflexive and research activities journals, respectively); they were linked yet I separated them. It also became increasingly challenging to keep up with journal entries that were located in different places and in different formats.

Three months into data generation, I realized the need for an accessible, user-friendly, and time-efficient approach to research journals. From this point on, I used a single notebook that contained all journals. At the conclusion of the study, I had 11 notebooks filled with records and notes (reflecting peer debriefs, feedback from supervisors, activities, to-dos), reflections and analyses (e.g., memos, brainstorms, mind maps), and decisions. Journals were thus multipurpose

organizational and analytic tools as well as a means of enhancing the transparency of processes and interpretations.

Rigour

Many scholars concur that qualitative inquiry requires quality criteria distinct from those used in quantitative inquiry (Finlay, 2006; Lincoln & Guba, 1985). Yet, there is little agreement about the most appropriate criteria given the diversity of methods and thus their aims and philosophical underpinnings. What is clear, however, is the need to adopt criteria consistent with research question and underlying ontology and epistemology of the method guiding a particular study (Finlay, 2006; Thorne, 2008). As interpretive description is based on subtle realism (Thorne, 2008) and naturalistic inquiry, I used Lincoln and Guba's (1985) trustworthiness criteria.

Credibility. In qualitative research, credibility replaces the criterion of internal validity that is used in quantitative research. Credibility is defined as confidence that findings accurately represent data and the 'truth' (Finlay, 2006). Five strategies were used to enhance credibility.

First, prolonged engagement, or spending sufficient time to obtain a deep understanding of the topic, was achieved by conducting a series of interviews with each participant. Indeed, I spent over nine months generating data.

Second, multiple data generation strategies (e.g., conventional and go-along interviews, observations) were used to determine "patterns of convergence" (Ballinger, 2004, p. 542). This allowed for convergence of findings, achieved when data obtained through one approach challenge, clarify, or verify data obtained through a different approach (Richards & Morse, 2007).

Third, a type of member check was used. There is much debate about the value and appropriateness of member checks (Thorne, 2008). Conventional member checks, in which transcripts are given to participants to correct, may be inappropriate in studies with constructivist underpinnings. Because interviews are snapshots in time, participants' current perceptions may differ from those when interviews took place. Participants may be unable to see their stories in the findings since these are synthesized accounts of many participants. Given the challenges inherent in conventional member checks, an alternative type was used. At the end of each interview, key themes were summarized (Patton, 2002). Inaudible sections of transcripts and inconsistencies were checked with participants. Furthermore, the evolving analysis from participants' previous interviews was shared in subsequent interviews to clarify and expand on concepts.

Fourth, I peer debriefed once every two weeks with another PhD student who used interpretive description. I presented my processes, analysis (e.g., codes, their contents, descriptions), and preliminary findings (pre-categories). Peer debriefs were multi-purpose. First, the process of verbally presenting my ongoing analysis helped me achieve greater clarity; speaking about it forced me to 'land somewhere' more so than doing the analysis in isolation. Second, debriefing allowed me to verbalize tensions and concerns (e.g., conceptual overlap, alternative interpretations, word choice). This helped me brainstorm and consider options. Third, debriefing involved being asked questions and critically discussing the analysis through which I re-examined my interpretations and considered alternative perspectives. Finally, peer debriefs inspired reflexivity; I became increasingly aware of and sensitive to how I influenced data generation and analysis. Indeed, peer debriefs were an important strategy to enhance credibility and ultimately rigour (Nguyen, 2008).

Fifth, I adopted Morse et al.'s (2002) approach to verification in that I constantly checked and re-checked data, codes, categories, and themes by moving back and forth between data generation and analysis as well as between abstractions and raw data. Part of my verification process also included negative case analysis (described in the Data Analysis section), typical of most ways of addressing credibility (Ballinger, 2004).

Transferability. Transferability replaces external validity and refers to the degree to which study results can be transferred to other settings (Lincoln & Guba, 1985). Transferability is most often indicated through thick description. I achieved this through making rich (i.e., "thick and dense" Richards & Morse, 2007, p. 109) data. These formed the basis for the analysis and thus for reporting (Patton, 2002). I provided detailed descriptions of the neighbourhoods and participants as well as wove in excerpts from interviews, newspaper articles, and interview notes so that readers could judge how the study and its findings may apply to their settings.

Dependability. In qualitative research, dependability replaces the criterion of reliability. This criterion is achieved by providing adequate information about decisions and rationale for these decisions so that the logic is transparent (Lincoln & Guba, 1985). I kept an audit trail (i.e., a detailed record) of the processes through which I generated and analyzed data as well as produced findings (Rodgers, 2008). For example, I recorded and justified changes made to the interview guide, my analytic process, and decisions about merging categories. An external auditor then completed a dependability audit in which she interrogated the audit trail for transparency.

Confirmability. Confirmability replaces objectivity used in the quantitative paradigm. Confirmability refers to the degree to which findings can be corroborated by others (Lincoln & Guba, 1985). Although qualitative research capitalizes on subjectivity, findings should represent

the phenomenon being studied rather than the beliefs and assumptions of the researcher. Strategies to enhance confirmability included reflexive journaling (see next section), peer debriefing, keeping an audit trail, and completing a confirmability audit at the end of the study.

Although another researcher may generate slightly different findings, the logic behind the analysis and interpretations should be clear in the confirmability audit (Lincoln & Guba, 1985). The external auditor was an occupational therapist with experience in qualitative research and who was arms-length from the study. By reviewing key documents (e.g., proposal, methods, preliminary findings), raw data (e.g., transcripts, interview notes), the audit trail, and ideas about the data (recorded in memos, analytic notes, reflexive notes), the auditor 'saw' how I reached the findings and confirmed that I followed a rigorous process. See Appendices K and L for the external audit checklist and the auditor's summary letter.

Reflexivity

Reflexivity spans all four of Lincoln and Guba's trustworthiness criteria (Ballinger, 2004). Because researchers carry their own understandings and preconceptions into their studies, there is a constant need to assess how the researcher impacts the research process from its conceptualization through to dissemination, relationships with participants (and thus the data being generated), and the findings (Thorne, 2008).

I operationalized reflexivity using two strategies. First, I maintained a reflexive journal, a diary in which I reflected upon how I influenced the study. Drawing upon the advice of Gough (2003), I also asked myself 'why' questions to ascertain tacit motivations and recorded tensions (i.e., when something didn't feel quite right). The second way in which I practiced reflexivity was through peer debriefing which was described in the Credibility section. Essentially, the

person with whom I debriefed assumed the role of devil's advocate, challenging my thinking and sparking further reflection (Gough, 2003).

Ethical Considerations

Ethical approval was obtained from University of Alberta Research Ethics Board. Although informed consent was acquired at the beginning of the first interview, it was reviewed at the beginning of all subsequent interviews. I maintained confidentiality by: separating participants' personal information from their data, limiting access to participants' personal information to me and my supervisors, obtaining a confidentiality agreement from the transcriptionist (who heard participants' voices and first names but not their other personal information such as telephone numbers, addresses, and birthdates), not discussing specific participants and issues that arose with others who might know them (e.g., service providers, other participants, community insider), and, assigning pseudonyms.

It is difficult to guarantee complete participant anonymity in qualitative research as the inclusion of interview excerpts in reports and publications increases the risk of participant identification (Tilley & Woodthorpe, 2011). I used two strategies to manage this risk. First, I presented demographic information as group rather than individual data. Second, I removed or slightly altered other potential identifiers (e.g., country of origin, distinctive occupations and use of words) in a way that did not change the meaning of a sentence. Participants may have been identified by piecing together distinctive information contained within multiple excerpts. Following Saunders et al.'s (2014) advice, I assigned a second pseudonym rather than the actual pseudonym for that particular participant to reduce this risk.

71

Chapter Summary and Looking Ahead

In this chapter, I introduced interpretive description, the approach that guided this study. I described this study's methods including sampling and recruitment as well as data generation, preparation, and analysis strategies. I outlined steps to ensure the study's quality and ethical considerations. Using interpretive description, I was able to respond to the purpose of the research which explored the everyday activities of older women living in inner city neighbourhoods. These findings are presented in the next chapter.

Chapter 5: Findings

The purpose of this study was to explore the everyday activities of older women living in inner city neighbourhoods. Three major findings emerged in this study. These correspond to the three categories that were generated from the analysis of interview and observational data: (a) Neighbourhood sage; (b) Neighbourhood connected; (c) Activities as catalysts and bridges to neighbourhood. One theme was present throughout these categories: neighbourhood embeddedness. Neighbourhood embeddedness describes the state of being enmeshed in a neighbourhood and is presented in Chapter 6. Each of the three categories (neighbourhood sage, neighbourhood connected, activities as catalysts and bridges to neighbourhood) is a component of neighbourhood embeddedness. Neighbourhood embeddedness exists on a spectrum; participants were more or less embedded in their neighbourhoods depending on how neighbourhood sage and neighbourhood connected they were as well as the extent of their activities.

The purpose of this chapter is to present the three categories identified above. The first category, neighbourhood sage, centres on possessing the knowledge and the "know-how" needed to engage in an inner city neighbourhood. The second category, neighbourhood connected, is about participants' ties to the places and people in their neighbourhoods. These can result in a contribution and commitment and sometimes, an emotional attachment to the neighbourhood it. The third category, activities as catalysts and bridges to neighbourhood, addresses the essential role of activities in achieving embeddedness in a neighbourhood.

Neighbourhood Sage

The first category and component of embeddedness in a neighbourhood is being neighbourhood sage: that is, having practical wisdom about one's neighbourhood. To be

neighbourhood sage means to be well-informed and to know how to maneuver within one's neighbourhood. It also involves strategies to facilitate participation in everyday activities despite neighbourhood challenges and threats. To be neighbourhood sage, one must possess two key elements: neighbourhood knowledge and neighbourhood savviness. These are described below.

Neighbourhood Knowledge

The foundation of being neighbourhood sage is to have detailed knowledge of the area that an older woman considers to be her neighbourhood. This means having an understanding of a neighbourhood as it is (i.e., in reality) rather than how others, often those without direct experience in a neighbourhood, imagine it to be. It also means having an understanding of what (and who) the neighbourhood contains, how it functions, and how it feels to live, work, and play within it.

A neighbourhood is more than a specific geographical location within a city. It contains various features, some that are visible (e.g., landmarks, streets, amenities) and some that are less visible (e.g., people, services). Thus, to have detailed knowledge of a neighbourhood one must know these varied features. For the purposes of clarity, I divide these into physical features, people, rhythms, and resources, but they are interconnected.

Knowing physical features. For older women in this study, the cornerstone of knowing a neighbourhood was knowing its physical features, including the location and organization of its streets, public and private buildings and spaces, and infrastructure (e.g., crosswalks, bus stops). At its simplest, it involved knowing a neighbourhood's physical layout, which was essential to successful wayfinding. Examples of older women knowing the physical features of their neighbourhoods were abundant and are demonstrated in excerpts similar to those below.

I'll show you the other part of the neighbourhood. The school is over there. That building is already in Boyle, a different community. The police station is not far, just over there on that corner. We're going to walk on this street and then down there on 97ᵗʰ Street. We can see the church down there, that's where we came from. And here is the new building for the jail. See that building here? Our community league tried to tell the City not to put more homeless people in there. (Ruth)

Easy for me because I've lived here many years. It's easy. I know very well the area. If I go north, east, I know which bus I'm gonna catch. If I go to Jasper Avenue, I know where to go. To City Hall, Canada Place, to any place. (Margaret)

As Margaret stated, possessing knowledge of the physical aspects of their neighbourhoods gave older women a sense of ease while engaging in it. This detailed knowledge also helped some women cope with physical health challenges. For example, Dorothy used knowledge of her neighbourhood to deal with pain due to osteoarthritis. She planned her grocery shopping trips with rest areas (i.e., park benches in safe areas) in mind.

Not all participants possessed this basic knowledge of their neighbourhoods. Even though she lived in the same dwelling for over five years, Shirley knew only the physical layout of her immediate neighbourhood. She would have gotten lost if she entered parts of the neighbourhood that were beyond a three block radius from her home. From Shirley's perspective, this lack of knowledge about the neighbourhood's physical layout and subsequent fear of getting lost intensified the symptoms of her health conditions (i.e., anxiety, unspecified heart problems) and ultimately limited her participation in activities:

I'm never used to the neighbourhood. I never use the bus because I am too much scared. My heart is beating too much. (Shirley)

For many participants, however, possessing neighbourhood knowledge extended beyond knowing its physical layout. Many were intimately familiar with its "challenges" (Ruth), "bad elements" (Judy), and "problems" (Margaret). These undesirable characteristics of the women's neighbourhoods ranged in intensity and in their potential impact on safety. Some were

"eyesores" (Judy) and "bothers" (Margaret), neighbourhood features that irritated or annoyed participants but did not impact their safety or disrupt their day-to-day lives. Examples included litter (e.g., garbage, broken bottles, syringes), public urination and defecation, abandoned and derelict buildings, drug houses, and panhandlers. However, other neighbourhood challenges were threats to older women's safety. And, as Barbara stated, they involved "people behaving badly" (e.g., vandalism, public intoxication, loitering, prostitution, assault, theft). Possessing in-depth knowledge of one's neighbourhood was particularly important in the inner city because of the proximity to threats, including exposure to crime. As Ruth identified, crime occurred "even in my backyard."

The challenges that participants spoke of were often localized to a 'danger zone'. All participants, even Shirley, had some knowledge of these danger zones as demonstrated in the excerpts below. Most not only had knowledge but had in-depth knowledge. They knew what and who to expect in a particular location:

So this is where the kids usually hang out. And in the back alley over here too. (Betty)

The homeless don't frequent the avenues as much as they do the streets. And on the corner of 97th Street and 105 Avenue, that's the building where they go and have food. They also have a place where there's a doctor and nurses on the street. You can find them there. (Ruth)

Do you see the stairs there? There are two stairs there. Homeless people sit there on the cement, and sometimes they fall asleep there. Bottles and cigarettes are spilt there. (Margaret)

For those older women who perceived themselves as targets due to their age and physical limitations, knowing where to expect dangers and what to expect when encountering them gave them the opportunity to mentally prepare themselves when they engaged in their neighbourhoods. This may have contributed to a sense of control: by knowing what to expect, they could take appropriate precautions.

An in-depth knowledge of their neighbourhood's physical features enabled older women to become attuned to its nuances – its visible but perhaps less noticeable characteristics that change over time. These may remain unseen by those who do not regularly engage in the neighbourhood.

> There's a house over on 97th Street that the renter moved out of. I think some pipes froze and they were digging in the street right in front of there. But they have left two windows open upstairs. I think the guy that owns it doesn't know and he's paying for the heat because the window is wide open. The mailbox was stuffed full. (Joyce)

> We're going to walk around. I want to show you. When I walk to the Club, I go through the back alley and in this area too, I saw needles a couple of weeks ago. Right here. Maybe it wasn't drugs. But they're not nice, because they throw whatever they feel. They're not supposed to. They're very dangerous because if you fall and you put your hand there, you'll get a needle there. (Margaret)

> The back is 108th Street and right here, that street right there, the back corner is very dark in the summertime. The leaves on the trees block the light from coming down. (Joyce)

> In the wintertime, I see the snow traced in, and then this door always gets jammed [referring to an exterior door that freezes and does not close properly]. Somebody can get in freely. (Barbara)

Although these nuances may seem unimportant, they have safety implications. To be able to 'see' these details resulted in being better able to predict dangers and thus take safety measures. For example, Barbara, who stated that she was not as quick and agile as in her younger years, knew that the back door froze which meant that she was ready to encounter someone loitering in the back entrance. For Joyce, who lived close to a vacant lot in which homeless people gathered, seeing an overflowing mailbox meant that the house may also become a danger zone. Because of her mobility challenges following knee replacement surgery, she took extra precautions near this house as she may unable to 'escape' quickly if she encountered a threat.

To know a neighbourhood's physical features also included knowing the stories behind the streets and structures such as knowing about a building's contents, inhabitants, owners, and

77

history. These stories often involved negative incidents or crime near their homes: they had safety implications. For example, Beverly pointed out two houses, owned by an absentee landlord, that were regularly visited by the police. And, as implied in the excerpts below, the physical features of a neighbourhood are also linked to the people within it.

> There have been robberies here so many times. On the 12th floor, a man got robbed, two young guys came, took the TV. The lady living on the third floor, two ladies robbed her. She didn't lock the door, they went in, grabbed her purse, ran away. A man on the fourth floor, somebody knocked on the door, he opened it, they robbed him and ran away. (Joan)

> Judy: We had a murder here many, many years ago...right next door.
> Lois: That's about 49 years ago. Nice guy. I was at work, my kids at school. The police came here, said "somebody killed the guy in the middle of the floor with a hook." He was such a nice young guy.

> The woman, 72 years old, was out in the alley behind the building and they attacked her and she passed away. (Dorothy)

> In the entranceway, Margaret told me that one of the tenants was assaulted there the winter before. The elderly gentleman noticed three people sitting inside the building on the bench between the outside and inside doors. When it became apparent that the people were not waiting for someone living in the building nor lived in the building, the gentleman asked them to leave, at which point they beat him, leaving him with multiple injuries. Margaret indicated that this is not uncommon; others tenants have been assaulted while sitting on one of the park benches located directly in front of the entrance. Moreover, people who do not live in/belong to the building often come inside the entryway to warm up, especially in winter. They smoke and Margaret showed me cigarette burn marks on the bench as evidence. (Margaret, interview note)

For many participants, knowing a neighbourhood translated into becoming accustomed to its challenges. Older women thus knew what (and what not) to be cautious of and were able to anticipate when and where they would be exposed to these challenges. This made the neighbourhood less threatening and less hostile and, in turn, made them feel more at ease engaging in it.

> Maybe he is drunk or maybe he is senile [referring to a man sitting in the entrance of a storefront]. I'm not afraid, no, not afraid. Because I've walked by him before and nothing happens. (Dorothy)

That is not to say that older women became immune to neighbourhood challenges. Although they may have learned to tolerate these challenges, all possessed neighbourhood humility, a healthy respect for these threats and their significance and associated risks. They were not brazen and overconfident while out on the streets, nor did they appear weak. Instead, they navigated streets with a sense of confidence while simultaneously acknowledging that they could only do so much to keep safe. Some threats within the environment were simply not under their control.

Participants also spoke of changes in their neighbourhood's physical aspects including its layout and structures. Because of neighbourhood revitalization, neighbourhoods were constantly changing. There was therefore a need to keep up to date on the physical aspects of their neighbourhoods.

> I was really quite shocked, that area has changed quite a bit and it's been not even three years! (Judy)

> Well, there was a lot of crack houses and prostitutes all over…they've put new sidewalks and a lot of businesses went in to clean it up. (Marilyn)

Knowing people. Just as important as knowing a neighbourhood's physical features was knowing the people. These included not only neighbours but also people who regularly moved through and within the neighbourhood for employment or enjoyment. Knowing a neighbourhood's people meant that older women recognized these individuals as belonging in the neighbourhood. This resulted in knowing who older women could and could not trust, who and who not to be weary of.

As with knowing a neighbourhood's physical features, various depths of knowing existed. Some participants knew people by sight only. They knew the house in which others lived or their vehicle but not their names or details of their personal lives. Some participants knew the names and basic information about people's personal lives, such as their family

members, length of residence, jobs, and hobbies. Others knew people on a much more personal level, and had close relationships with them. Older women's interactions and relationships with others in their neighbourhoods are explored in the next major section, *neighbourhood connected*.

Participants pointed out that there were people whom they did not know. These 'unknown people' resided farther away from participants' homes, or, they were not visible and around as much as participants, perhaps because of other obligations (e.g., employment, school) and schedules. As Ruth noted, distance mattered:

> I don't know all of the people in the neighbourhood very, very much, but those that are not too far from me I know. Like the people at the Catholic social service place near here. And James. And my neighbours. (Ruth)

> We don't know them all. We know only all the people in this building. (Shirley)

Regardless of the extent and depth of older women's familiarity with others, interviews and observations revealed that knowing people is an important aspect of possessing detailed knowledge of a neighbourhood as it provided older women with a sense of ease and reassurance upon seeing familiar faces. However, knowledge of neighbourhood people is tenuous as there is a constant influx and outflow of people in the inner city, especially because both neighbourhoods were undergoing revitalization which attracts new residents as well as people who use services in the area.

> But there's a lot of the older generation, like people my mother's age, and they like it here. They came here and they're comfortable here. They know people, they know the area. (Judy)

> A lot of people have moved away from here. Not too many that I know around anymore. There's some that are still here but most of them, they've moved away. They change. (Marilyn).

Knowing resources. Resources are the amenities (e.g., shops, recreation centres, restaurants, banks, post offices), services and programs (e.g., medical offices, pharmacies, social

service agencies), and systems (e.g., public transit) that older women accessed to help them

participate in day-to-day activities. As with other features, there was a range in participants'

depth of knowing resources. Some older women identified only the resources available in their

neighbourhoods; others noted specific details. Importantly, knowing resources made the

neighbourhood usable, contributing to older women's participation in their neighbourhoods –

they knew where to go for what.

> There's another supermarket that sells Asian foods and there's a post office there, too. I go there once in a while, like when I need a money order or stamps. (Betty)

> I can order my groceries by telephone if I had to, through the seniors' agency. I just need to call and they'll buy it and bring it to me. (Margaret)

> I'm used to here and all the things that I go to are here. If I move to the south side, I'd probably have to maybe find something else to do there. But I don't know the south side, I know here. (Marilyn)

Participants' depth of knowledge about resources was particularly evident when they spoke of

the public transit system. Ten of 11 participants used public transit; the 11th used it when she was

accompanied by a friend. As such, having knowledge of the transit system was essential to

everyday activity as well as independent living and most were proficient in navigating it. In

addition to knowing the general routes and bus stop locations, these older women knew the

timing of buses and temporary as well as permanent changes to stops and routes due to

construction and neighbourhood revitalization. Some also knew practical information that helped

them stay safe while using transit. For example, Margaret knew the bus stops that were the

cleanest and had a system for managing her groceries and parcels while keeping physically safe

in light of her physical challenges (e.g., osteoarthritis, balance problems). Excerpts, such as the

following, were plentiful:

I know the neighbourhood. I know it very well. I know the buses, their routes. The Number 5 goes here. If I go downtown, I can take the 97. That's the one that stops at the dirty bus stop over there. And this one over here, that's where the Number 3 and the 140 goes. I know the city and I know the bus routes. (Margaret)

I take the Number 120 bus and it stops here, right in front of the drug store here. I buy my medicine there and then I take the 5 or the 120 to here, back home. (Dorothy)

And I've been going to the bank there at 118 Avenue because they tore up Jasper Avenue. The bus number 5 doesn't go down there to my usual branch downtown now because of the construction. (Marilyn)

Without such detailed knowledge, activity can be affected.

I didn't go out, except when my boy picked me up. You get familiar with the place first. You make new friends. Then you know the place. And you know your bus route, learn the bus route, and then what bus number it is, the connections. Being friendly with others inside of the building helps a lot too. (Barbara)

Knowing rhythms. In addition to places and people, a neighbourhood is characterized by its rhythms. Because they are thoroughfares to the urban core, inner city neighbourhoods can have a constant flow of people and traffic. Many health and social service agencies were also centralized within the two neighbourhoods examined in this study. While these neighbourhoods were busy at all times of the day, patterns of movement, or rhythms, were present.

A neighbourhood's rhythm is visible but nuanced. To notice a rhythm, a person must know what to look for. Some participants were keenly aware of the comings and goings of their neighbours. They identified temporal patterns, how movements change over the course of a day, week, month, and year. This provided predictability in a constantly moving neighbourhood and helped older women take needed precautions.

You see there? [Referring to an elderly woman who appears intoxicated and sat in front of the fire hydrant on a particular street]. People sit there and on that park bench too. They talk with others. There's a church about five blocks that way that gives breakfasts. Lots of people go there two or three days in a week. They do their prayers about 7:30 a.m., 8 a.m. Afterward, lots of people come this way, walk down this street after they've eaten. (Margaret)

My next-door neighbour across the alley, she leaves at 7 a.m. and comes home at midnight every single day, seven days a week. Once in a while, on the weekend, she's home in the afternoon for an hour. (Joyce)

The young people are always hanging around back there when it's dark outside. They're always looking up at that window when they're standing there in the back alley. And that lady who lives over there can tell you too, there will be a bunch of kids there too. The car comes and goes, and one of the guys goes. Somebody opens a window and you know [motions passing things between hands]. And sometimes over here in front too. In the summer it's bad because people want to come into the building, like girls, sex trade workers. (Betty)

When it's cold, the homeless people are not outdoors. But in the summer, they're lined up all over this street. Because, as you see, they eat over there. (Ruth)

Some participants were less attuned to neighbourhoods than others. For example, Shirley, Lois, and Ruth did not know movements and patterns as well as other participants, such as Joan and Margaret. For Shirley, Lois, and Ruth, this knowledge may not have been as critical as it was to Joan and Margaret. Joan was one of the oldest and perhaps the frailest participant. In addition to using a walker in the winter months due to fear of falling, she also had respiratory problems. To have these conditions meant that the stakes were higher for her if her safety was jeopardized. As such, she knew when those who were potential threats would not be on the streets, less busy times on the bus (which meant that she would not have to be worried about being jostled), and when the so-called "Good Samaritans" would be around to help her if needed. Margaret, who was the most fearful participant, perhaps due to early experiences in her life (e.g., abuse, persecution, being a child bride), to know the neighbourhood's rhythms meant that she knew when the "problem people" would be on the streets. Those older women who were less knowledgeable about rhythms – Shirley, Ruth, and Lois – may not have been as sensitive to the threats imposed by certain people at certain times of day. Shirley rarely left the building on her own, Ruth lived very close to the key places in which she engaged in the neighbourhood and was well-known, and Lois lived and engaged in areas that were not danger zones. For these older

women, knowledge of rhythms was not as much of a necessity as it was for Joan and Margaret.

In summary, participants demonstrated varying depths of knowledge about each feature of the neighbourhood – its physical aspects, people, resources, and rhythms. Some were particularly attuned to one feature. For example, Ruth possessed extensive knowledge about her neighbourhood's history, Barbara knew many of her neighbourhood's residents and non-residents, Beverly knew the stories behind buildings (e.g., the owners of a particular property, development plans), and Joyce noticed minute physical details (e.g., the overflowing mailbox). Other participants, such as Betty and Shirley, did not demonstrate expertise about a particular neighbourhood feature. As Barbara explained, knowledge is an essential element to maintaining safety.

> Even known factors or dangers are around you, but this is okay. Because the most important thing is to know your enemy. Then you know how to prevent danger. (Barbara)

To possess detailed knowledge of a neighbourhood was a reason why some older women remained in place, despite the neighbourhood's challenges and pressures from their adult children to move elsewhere. Margaret, who has declining vision due to macular degeneration as well as widespread osteoarthrosis, noted the importance of staying in a place that is known in light of changing physical function.

> She explained that while her children would like her to move to the south side so that she is closer to them, she does not want to move anywhere else. Moving elsewhere would mean that she would need to re-learn her neighbourhood, which she is not willing to do at this time. (Marilyn, interview note)

> Too many years, 34, 35 years. And I like this area. And I don't want to move to another area. I know the neighbourhood very well. (Margaret)

Neighbourhood Savviness

Neighbourhood savviness can be viewed as the in-depth knowledge of a neighbourhood, but translated into action. It is a practical cleverness that allows an older woman to engage in a

neighbourhood, regardless of its challenges, according to her desired intentions. Whereas neighbourhood knowledge means having the 'know', neighbourhood savviness means having the 'know-how.' Safety savviness emerged as significant in the lives of older women residing in the inner city. An older woman who is safety savvy is well-informed, through personal experience, about her neighbourhood and applies this knowledge to generate and implement strategies to deal with the challenges on the streets in an inner city neighbourhood. Thus, she is skilled at navigating threats.

Older women used many different and carefully crafted safety strategies to engage in their neighbourhoods. Strategies can be divided into two general categories: where and when to negotiate neighbourhood threats, and how engage in the neighbourhood. Part of possessing this safety savviness, however, is having insight about how one's age, health conditions, and gender make one more vulnerable to neighbourhood threats. This self-awareness, which will be explored at the end of the following section, contributed to the women's safety strategies and, ultimately, where, when and how they engaged in their neighbourhoods.

Where and when to negotiate neighbourhood threats. Older women limited their exposure to threats in their neighbourhoods by creating and selecting safe walkways. These strategies addressed where they engaged. Safe walkways were well-lit and high traffic areas in which older women's movements (and other people's actions) were visible. Participants intentionally avoided alleys, dark and poorly lit areas (e.g., park, near vacant lots), and specific streets that contained social service agencies (e.g., food banks, shelters, drop-in and health centres) frequented by people whom older women considered potentially threatening:

> Some corners are real run down. There are many people going around there every day. They provide breakfast and then lunch and supper. The food bank is around this area. That's why I avoid it. It's the lion's den. Why would you walk into a lion's den? (Barbara)

You've gotta walk a bit to the bus stop. There's a Shoppers Drug Mart right there. Sometime I stand in front of there. It's safe there. If I stay by the Shoppers Drug Mart, there's lights and everything there. I'm okay there. (Marilyn)

Aside from selecting safe streets and areas of the neighbourhood to travel through, several participants addressed when they engaged. Margaret and Joan intentionally organized their activities in accordance with neighbourhood rhythms to decrease exposure to threats and thereby reduce risks.

They ask you, "What's the time?" or "Do you have a cigarette?" or "Do you have some change?" And they come very close to you. So I don't go into that area when its almost the 25th, the 27th, or the 26th of the month because its pay day. At almost the end of the month, they have no money. They get paid on the 26th. And on about the 15th, the 14th, they're broke. They spend a lot of money on liquor and cigarettes. I do go the grocery store over there but I am careful. I go in the middle of the day, not late. See, the store opens at 9 a.m. When they open, I go. Because people are still asleep some of the time. They don't get up early because they're drunk at night so they get up around 10 a.m. So I do my shopping and I come back home. They don't have money after the 15th so they look for cans and bottles and ask people for money. (Margaret)

After 10 a.m., there are so many people walking around, so many people getting on the bus. At 10 a.m. or 10:15 a.m., I get on the bus. It's a busy time, the people are always going out. I never come home when its 4 p.m. or 3 p.m., I don't like it at that time. I always go early, come home early. I come home at lunch time when there are so many people. (Joan)

I don't go out at night unless I get a ride. I don't like going around by myself because there's always a bunch of kids that are hanging around here, especially at night and in the evening. (Betty)

How to engage in the neighbourhood. Older women used a range of safety strategies that centred on the manner in which (i.e., how) they engaged. Almost all participants stressed the importance of being alert and aware when on the streets, variously described as being "attentive," "on guard," "careful," "watchful," and "vigilant." This involved older women shifting their mindsets when leaving the safety of their homes and venturing out into their neighbourhoods. Participants entered a zone of heightened awareness so that they could become alert to danger signals. For some participants, this meant "keeping an eye out" for suspicious

86

people (Judy).

>Like in Boyle Street. I think we are not afraid to go outside. But we're always on the lookout, always on the lookout. (Barbara)

>But the boys and the girls always stand there and look. I use the elevator but I keep an eye on them, I keep an eye. (Margaret)

>I always watch. See if somebody's behind me or look around. (Marilyn)

>The younger ones. You're raised to high alert, especially if there are four or five people together. You have a group of people together, you better really watch them. If they know each other, associate with each other, then you have to avoid them. (Barbara)

Participants also took action to avoid or limit their exposure to people who they identified as unknown and potentially dangerous. They intentionally created distance between themselves and these people, often crossing the street to avoid them because "You don't want to face them" (Barbara). Older women used defensive body language (e.g., eye contact, walking with swiftness and intention) and limited their verbal responses to discourage interaction.

>A couple of days ago, a group of people were standing on this side, next to the church by the back alley. I walked to the other side and then I came back that way. I avoided the group of people. (Margaret)

>You see a whole bunch of people. I either try to avoid them or I just walk right by them. And if they say something, I'll just say hello back. But I do try to avoid situations if I can. (Judy)

>Don't look, don't even look, no eye contact. (Barbara)

>They sit here sometimes. A lot of them sit there [behind the store]. I walk fast, if I can. And if they ask me for something, I pretend I don't hear anything. (Margaret)

>Now do you see how bad this alley is? They all gather in the morning, a group of people, four or five of them. Look at that. They sleep here [referring to a mattress in the alley]. I walk very fast and keep an eye open. (Barbara)

The women also conducted themselves in ways that did not make them easy targets. In response, they minimized opportunities to be taken advantage of by not carrying handbags or wearing jewelry. Similarly, they often travelled in pairs, especially when venturing into areas of

the neighbourhood that were known danger zones.

> If I have gold, maybe they [motions to pulling necklace off]. No gold, no watch, no purse, I put the little things here, inside my jacket and I do up the zipper. I take just a little bit of money, just to buy a few groceries. Don't tempt anyone. (Margaret)

> In my home country, it's not like it is here. My country is good. You take a purse, you wear gold. No one takes it. But here, I'm much too scared. I never take my purse. We take our money and put it in our breasts. (Shirley)

> Nowadays it's better to be in twos. (Ruth)

> In this neighbourhood, I can walk day or night, I feel safe when I have the dogs. If I had little dogs, I wouldn't feel the same. They are big dogs. They will bark or they'll growl. People who have bad intentions tend to be afraid of big dogs. So this is good. I'm happy with that. (Joyce)

Some participants were acutely aware that being female, older, and having physical limitations made them prone to danger. As Barbara stated, "You're not strong anymore and you've got to accept it." For example, Margaret discussed at length how her declining vision puts her at greater risk in the inner city, especially in dark conditions. Musculoskeletal problems also impacted her decisions about how to engage in her neighbourhood.

> I have problem with my leg. I can't run now. If somebody attacks me, I can't defend myself because my arm has too much pain and the other problems that I have in my body. And those people, they take advantage of the old people, the seniors. That's where they go, for senior. They see they have money and that's why I say I'm not going out when it's payday. (Margaret)

Most participants were realistic about how age, health conditions, and gender increased risk, especially when these factors were combined. For example, Barbara and Joyce both identified that being a woman and an older adult meant that the stakes were higher. Joyce adjusted her behavior with these risks in mind.

> I've become old. When you're young, you can run faster. The older people get abused and then they get intimidated. And I think if you're criminal you always pick on the weakest to attack, right? You don't want to pick somebody with a machine gun and attack them. (Barbara)

Interviewer:　And last time you mentioned that sometimes they enter your yard. You've found somebody asleep in your yard.

Joyce:　Against the back fence. You never really know what kind of reaction you're going to get from a drunk person and if they're passed out on your back fence. I told my neighbour. He went over and said, "Listen, she doesn't want you here. Go, go." He went. But I mean, because I'm a woman, I didn't want to take that chance. I didn't want to give people an opportunity to, you know…

In this section, I described neighbourhood savvy, the second part of being neighbourhood sage. As the excerpts have demonstrated, many participants were indeed neighbourhood savvy and, in particular, safety savvy. They were neither naive about their neighbourhoods nor defenseless. Instead, many of these older women were confident and skilled at navigating their neighbourhoods and its challenges. Shirley was the least neighbourhood savvy participant. Other than not making herself a target, she did not possess safety strategies and thus she rarely ventured into the neighbourhood on her own. While other participants gave the impression that they could fend for themselves, Shirley's ability to contend with safety threats was questionable. This was likely the result of possessing only superficial knowledge of her neighbourhood and thus being unaccustomed to it.

Summary

In this section, I described neighbourhood sage, the first category and component of embeddedness in a neighbourhood. Neighbourhood sage contains two sub-categories: neighbourhood knowledge and neighbourhood savviness. When an older woman is neighbourhood sage, she has practical wisdom. She is well-informed about her neighbourhood and is skilled at maneuvering within and around its challenges. In essence, she possesses 'street smarts.' However, participants were not all uniformly neighbourhood knowledgeable and savvy.

Neighbourhood Connected

In this section, I present neighbourhood connected, the second major category and component of neighbourhood embeddedness. Whereas neighbourhood sage focuses on knowledge and savviness, particularly in relation to a neighbourhood's physical features, neighbourhood connected centres on the social and emotional aspects of living in the inner city. Older women who were connected to their neighbourhood had ties to it, including its places and its people. For some women these ties were deep and resulted in an emotional attachment to their neighbourhoods.

I begin this section by describing older women's connections to places and people in their neighbourhoods. I then consider the emotional attachment that I observed in some, but not all, participants. I conclude the section by exploring the outcomes of some of the older women's connections to their neighbourhoods – their contributions and commitments to the places and people therein.

Connections to Places

Older women's ties to neighbourhood places - the built and natural structures - were one way in which older women were connected to their neighbourhoods. Connections to places occurred through their homes, routes and routines, and experiences, as described below.

Homes. The most basic and also obvious tie to a particular neighbourhood was participants' homes. Older women's homes were reference points by which they gauged the location of other places (e.g., resources, amenities, neighbours). Their homes were also the starting and ending points for journeys into their neighbourhoods. For many participants, however, their homes represented more than a dwelling place. They contained treasured belongings, memories, and were places in which they could engage in activities that they

enjoyed. Participants' homes were familiar and places of peace, "safe sanctuaries" (Barbara), and

represented freedom. Older women's homes were inextricable ties to their neighbourhoods.

> Three o'clock, four o'clock in the morning, people talk in the street, I can hear them…Sometimes they fight. Young people, you know. I'm inside so it doesn't matter whether they fight. I hear it, I go back to sleep. (Joan)

> I can walk in here [her suite], I feel I can throw things around. Nobody says "Hey, you can't throw things around." No one interferes. You can do whatever you want. Nobody says "Hey, don't do that!" That's home. (Barbara)

> A house has always been important to me. Partly because I've always had dogs and cats. And you can't have dogs in most rental places. I like to be in charge of my life. I don't like somebody else making rules for me. "You can't do this, you can't…, you can't…" (Joyce)

Routes and routines. Interviews, particularly the go-alongs, illuminated that older

women's routes and routines tied them to the places in their neighbourhoods. Participants had

routes, well-established ways of walking through the neighbourhood, which they repeated in a

routine. While they made slight variations in response to inclement weather and time constraints,

they rarely deviated from these routes. Routes became internalized and automatic ways of

moving through the neighbourhood, almost as though these older women functioned on

autopilot.

> I usually walk down this street, or I'll go down the other street over there. And I go right down this street and then I go west that way. (Ruth)

> That's the way I go when I go to the Centre. When I go there, I don't come in through the front door. I come in through this door, the back door. Right here. (Margaret)

> I usually walk on the other side. And I cross the street here, right here. (Betty)

> See, I go down this street. I take the Number 2 bus straight go to the store. The parking lot is on the corner and then I walk in. I walk out, then take a Number 2 bus to come home. Its easy. I always come up this way because the bus is right near the front door, see? It's very good. (Joan)

In addition to walking routes, participants also had routines, a relatively fixed order of carrying out their daily activities such as grocery shopping and running errands (e.g., going to the bank, post office, pharmacy). Whereas routes were often safety-related, routines were driven by efficiency (e.g., travelled to the farthest place first) or established to cope with physical challenges (e.g., less distance to carry heavy groceries). Like routes, routines added structure and thus contributed to a sense of easiness in performing activities.

> When I go to Chinatown to go shopping, I go to the Italian Bakery first and then I go to the supermarket. And then I go home. (Margaret)

> When I go to the Latin store or to the Italian Centre, I take the bus number 5. I go down 95th Street. And I walk to my building. I never walk to the Italian Centre. Maybe it's not too far but I never walk to there because before I go to the Italian Centre, I go to the Latin store. Sometimes I already have three bags and I need take the bus because I get too tired. I take the bus to the Latin Centre and then to the Italian Centre. (Dorothy)

Routes and routines occurred in neighbourhood places. With time, well-tread and smooth paths resulted. These were entrenched in a neighbourhood's streets, landmarks, and amenities. As such, these routes and routines were another way in which older women were tied to their neighbourhoods.

Experiences. Participants also had ties to their neighbourhoods through experiences. Although length of residence varied, all had experiences and thus histories in their neighbourhoods. These were associated with the physical features of the neighbourhoods and were most evident during go-along interviews. For example, specific buildings, landmarks, and streets evoked memories about the events that occurred within them. As such, personal experience and the neighbourhood became entwined, connecting the present to the past as well as the participant to her neighbourhood.

> The Hull Block, that's really important. On the corner of 106 Avenue and 97 Street, the brick building. They have the shop that I don't like very much, a tattoo shop. There was a drug store there when I was a little girl. And what happened one fine day is Georgia, my

friend, was playing and she got a needle into her finger. But there was a doctor on the first level, had his office there. So Georgia and Ruth, we just trotted to the doctor and he was able to fix her finger. (Ruth)

My husband used to live here. For about six years. Then he went to a nursing home because he couldn't take care of himself anymore. Then he took sick, landed up in a hospital and that was it. He died last year May. (Betty)

Beverly pointed to the Cornerstone Testament Church of God. The building belonged to her church. Beverly's wedding reception was held here. It now belongs to the Church of God. Her aunt lived in one of the houses on the street close to the church. "The house was sold and its now in shambles. They are absent landlords. They live in Vancouver. And they don't really care about the neighbourhood!" (Beverly, interview note)

Connections to People

Older women were also connected to their neighbourhoods through ties to the people there. These were mainly the people whom they perceived as their neighbours but for some participants also included people who worked in their neighbourhoods (e.g., shopkeepers, security guards, building staff) as well as tenants and boarders. Connections varied in depth and intensity from interactions to relationships.

Interactions. Almost all older women spoke of interactions with neighbours and others who occupied their neighbourhoods. Interactions were casual exchanges that were superficial, somewhat impersonal, and distant; they did not involve the disclosure of personal information nor care for one another. These exchanges were limited to acknowledging one another verbally or non-verbally and to small talk. Exchanges such as the following were repeatedly observed during go-along interviews:

[An elderly woman walks down the hall towards us]. That lady, I know her. She lives here [motions to door of another suite]. Good morning. How are you? I'm fine, thanks. (Dorothy)

We say hello every time we meet. When I go downstairs and see a new person and an old person, I say hello. (Barbara)

Although these interactions appear unimportant, they had a purpose beyond social convention. As Joyce and Barbara suggested, they occurred regularly and, with time, participants became recognizable and identifiable to others: They became known. It also signaled that participants belonged within that particular place. Some participants, particularly Joyce, were deliberate in making themselves known.

> I wrote Christmas cards and I put, "To my good neighbours," and then I signed my name and put my little address sticker on the back. (Joyce)

> I walk my back alley every night at midnight and it's well lit. Last week there were some guys that I didn't know. I thought, "I don't know who this is" but I kept going and I made sure that I said, "Hello, how are you." And that makes a huge difference. I always say good morning to everybody so they know that I'm not a threat. (Joyce)

However, others were selective about who they were known to; they wanted to be known but not necessarily by all people in their neighbourhoods. For example, during a go-along interview with Margaret, we encountered a woman who was intoxicated. As we walked past her, Margaret and the woman acknowledged one another by making eye contact and saying hello, demonstrating that they recognized each other. Margaret noted that although she generally greeted people she encountered, she limited her interaction with them to restrict opportunities for further unwanted interaction.

> They come to ask me for money, cigarettes, or the time. I know they want something. And I don't want talk to those people; I don't want to. I say good morning but I say nothing else. (Margaret)

Being known also had implications for safety and comfort. It meant that others became aware of participants as well as their possessions, dwellings and movements. In essence, an informal "neighbourhood watch" program was in effect in which "…everybody just looks out for everybody else…" (Judy). Others kept tabs on participants and most were willing to take action

if their safety or their property was threatened. This contributed to some participants' comfort in

their neighbourhoods because they knew that others were looking out for them.

> One morning my neighbour's car doors and trunk were open, and I went to tell them, and
> it turned out that their car had been broken into and vandalized. They did the same for
> me, when they saw a man sitting in my car at night, going through my papers. It's
> comforting to know others are looking out for me. (Joyce)

> When I go shopping and I leave the building, she says "Wear your glasses, Joan." I forget
> my glasses. She always checks on me. When I open the mailbox with my key and the
> door is not locked, "Joan, your key is here, Joan." She keeps an eye on me all the time.
> (Joan)

Even though these interactions between older women and the people in their

neighbourhoods are casual, it can make the neighbourhood feel more hospitable, warm, inviting

and possibly friendly. These casual interactions meant that participants felt less isolated from

others in their neighbourhoods than if they did not have this contact. It also gave them the

impression of not being alone in their sometimes-threatening neighbourhood.

> It makes you feel better because you know these people. Because sometimes you just see
> them walking by and you're not sure, and then once you actually start to make the effort,
> either you or the other person starts to speak, then you get to know them. I know it sounds
> very simple. And then all of a sudden you have a conversation and then you start to talk.
> And then it's "So what are you doing today?", "I'm on my way to work", "What are you
> up to?" And that's how it starts, the little things. (Judy)

> He's a good person. Sometimes when I am in Latin store and Italian Centre, I see him
> there, too. And he smiles and laughs when he sees me, too. (Dorothy)

> But a few people don't respond, or ignore me, and some look at me as if I am crazy.
> Maybe they don't understand the friendliness that comes with living in a community
> where neighbours know each other. Sometimes seeing neighbours and saying "hello" is a
> way of making the space we share - our neighbourhood - more safe for all of us. (Joyce)

Beverly was the only participation who did not speak specifically about interactions with those in

her neighbourhood. However, she highlighted that high residential turnover in the inner city was

a barrier to getting to know people and being known.

Relationships. As Judy suggested in the excerpt above, casual interactions with people in one's neighbourhood can be stepping stones to developing relationships with them. Neighbours, but in one case also a shopkeeper, became part of the women's social network. For some participants, some neighbours became their friends – an emotional closeness existed. They spoke about spending time together, enjoying one another's company, socializing, helping, and caring about one another.

A few participants even viewed certain neighbours like family members. For example, Shirley referred to Betty, another participant, as her sister. They were companions and spent time together every day. But they were 'close' in that they trusted and supported each other. Betty accompanied Shirley on grocery shopping trips and took her to her medical appointments and Shirley cooked for Betty. Similarly, Lois, Judy, and their neighbour had keys to each other's homes.

> Lois: I've got a nice neighbour. When I go on vacation, I give him my keys. I trust him like I trust my brother. He trusts us and I trust him. Sometimes he goes away for one month; he gives me the key. Every night I go and open his house. I check the basement, the bedroom, the dining room, everything.
>
> Judy: To be honest, I don't even let my sister go in my suite. I mean, it's big to trust someone like that.

Although there was a strong sense that older women wanted to be known and interact with some people in their neighbourhoods (i.e., they wanted to have interactions), not all desired relationships. Some women were not as socially-oriented as others and thus desired a certain amount of distance. Betty, for instance, pointed out that too much interaction can result in neighbours disturbing her privacy and taking advantage of her. Barbara also noted that relationships can result in conflict. As such, even though she made an effort to greet people and was willing to help them, she maintained distance.

I don't know anybody. I don't even know my neighbours. I mean, I can see them every day, but their names? I think it's better that way. I don't like people bothering me like, can I borrow this, can I borrow that. I don't mind doing things for them, but I don't like it when people start borrowing stuff from me, asking, "Can I have that? Can I have this?", "You smoke? Can I borrow a smoke?" They know I don't smoke but they still, you know, ask. (Betty)

It's a lot more complicated. I'm not going to sit down and talk to just an acquaintance, like about philosophy, your behaviours. That's not necessary. The less complicated, the more simple the relationships are. When they are more simple, then we live in harmony. (Barbara)

Yet, Betty did have relationships, even friendships, with her neighbours. She is Shirley's 'sister,' attended bingo with Joan, and regularly visited another neighbour who lived in the same building. This suggests that older women were selective about with whom they interacted and had relationships.

Margaret, a long-term (25+ years) resident, had the fewest and weakest connections to neighbourhood people. Although she had detailed neighbourhood knowledge (e.g., knew who she might encounter at the park benches near her home, the corner at which needles were often discarded) and had street smarts (e.g., knew how to 'blend in' to keep safe), she did not socialize, help, or receive help from any of her neighbours including those within her apartment building. Nonetheless, she interacted with people inside as well as outside her building including shopkeepers and service providers at the local seniors' centre that she attended at least once a week.

For those participants who had relationships with people in their neighbourhoods, these relationships resulted in access to and exchange of support. Interviews revealed many examples of older women receiving support, even if their relationships were not as close as Betty and Shirley's. This support was particularly important for those older women who lived alone and received little or infrequent assistance from family members, such as Joan, Margaret, Dorothy,

and Marilyn. Examples of receiving support, particularly assistance with transportation and running errands, include the following.

> The guy across the hallway, he's lived there long. My neighbour has lived there long, maybe 24 years. He says, "I'll help you buy something Joan. I'll help you, I'll take you anywhere." (Joan)
> I felt like I couldn't walk around the block. But I had neighbours who would walk the dogs for me when I was really critically ill or right after surgery. So, I mean, that's kind. People were kind. (Joyce)
>
> I go to the one pharmacy all the time. They're James and Randy, the pharmacists. I know those guys. The deliver my medications to me if I can't pick them up. (Marilyn)

However, relationships, and thus support, was temporary as neighbours came and went. Whereas Lois previously relied on a friend to accompany her on her walks to church, she must now walk on her own since her friend moved to assisted living.

Support was also vital for those older women who had large properties and needed help with snow removal, even if that help came intermittently. Even though all participants were physically able to live independently, clearing their sidewalks was difficult on the days that they did not feel well or after a heavy snowfall. One participant could afford a snow-shoveling service but others could not. For these older women (e.g., Ruth, Marilyn, Joyce), assistance with snow removal came either from their tenants and boarders or from their neighbours.

Some of those participants who had relationships also spoke at length about supporting other people in their neighbourhoods. This will be described in a sub-section that follows entitled Contributing to Neighbourhood.

However, relationships introduced risks. For some participants, particularly those living in apartment buildings, the potential for conflict and its consequences were a major concern. Participants described feeling hurt, stressed, and angry following conflicts with neighbours. For some, this meant avoiding certain neighbours and withdrawing from or limiting activities that

exposed them to potential interactions. For example, after a neighbour questioned her presence at an activity, Margaret withdrew and no longer visited the venue in which it took place. Barbara had a similar experience: She had always attended social functions and helped neighbours (e.g., shopping, home maintenance, translation) but after experiencing conflict, she withdrew entirely from social functions (e.g., community dinners, recreational activities) to avoid future problems. After being falsely accused of theft, Joan did not invite neighbours into her home anymore nor visit them. She only socialized in public places.

> One day, the lady came in to talk to me. She talked very, very bad. My friend and I started to play bingo. We were happy. There were a lot of ladies around the table. This lady came in and told me not to come in there anymore. I said, "Why? Why do you talk to me like this?" So I stopped going. I don't go anymore. (Margaret)

> My point is, to avoid this kind of unhappiness, I don't participate in functions or offer to help anymore. (Barbara)

> I never go to anybody's place anymore. If the person lost something, they thought maybe I went there and took it. I never go to anybody's place anymore. I've lived here for 25 years, but I never stepped in again. I don't want trouble. I don't want them to bother me so much. (Joan)

Joyce also recounted an experience in which she lent her neighbour gardening equipment. A week later, he suddenly moved away, taking her belongings with him. Although this incident may seem inconsequential, it was a major concern for Joyce, who had a limited income, little savings, and a property that needed maintenance.

In summary, some, but not all, participants were connected to their neighbourhoods through their interactions and relationships with the people who occupied those neighbourhoods. Close relationships, such as those described by Shirley, Judy, and Lois, may generate stronger ties (and perhaps even a sense of belonging) to a neighbourhood compared to casual and impersonal interactions which nonetheless had value. Furthermore, while I have distinguished connections to neighbourhood places from neighbourhood people, this division is somewhat

simplified. Places in a neighbourhood can be springboards for connecting with people. Living in close proximity or sharing a space with others can enable interactions and ultimately relationships. With time, places become associated with people and vice versa. Thus, the line between whether a person connects with a neighbourhood through its places or people becomes blurred.

Emotional Attachment to Neighbourhood

The preceding section demonstrated that many older women were connected to their neighbourhoods through places and people. However, some had an emotional attachment to their neighbourhood over and above having connections to the places and people therein. These older women had strong feelings about their neighbourhoods and cared about them.

Emotional attachment to neighbourhoods was observed in conventional and go-along interviews. Feelings of sorrow, irritation, and even anger were aroused when their neighbourhoods were criticized or threatened. For example, Margaret and Lois both expressed frustration with litter in their neighbourhoods. Joyce responded angrily when her corner of the neighbourhood was occupied by individuals whom she felt did not belong there.

> It bothers me. I say, "Why? Why is the city like this?" Years ago, in 1975, when I arrived here, the city was clean. I didn't see what I see now. And now there is garbage and dirty clothes and bottles and glasses everywhere. (Margaret)

> Lois: I clean all the leaves on the street. I say, "I don't like it dirty." "You like the mess, keep the mess." I like it clean outside. I like it clean inside.
> Judy: It upsets her, seeing litter. It does. Because she's like "There's the garbage." She just calls the people who don't look after their places a bunch of slobs.

> There are times when there were a bunch of people standing here with big dogs. And I said, "Could you please move to the other side of the road so I can get home?" And they didn't move. And I said, "Please, would you please move to the other side of the road so I can get my dogs home?" And so they finally moved over here across the street. And I thought screw this, you know, like, who the hell are you? I've never seen you before. I live here; get of my way! (Joyce)

100

For those older women who had lived in the neighbourhood for many years, discussion evoked memories and nostalgia. Some women, especially Ruth, lamented changes to the neighbourhood's buildings, most recently due to a revitalization scheme. There was also a sense of sadness at the prospect of businesses and services leaving their neighbourhoods, suggesting that these structures belonged to the neighbourhood and its residents. Removing or relocating these structures was a loss.

> Oh and that! That is a real shame! That was the library when I was a little girl. And it was right on top of where the big hotel is. And it had a beautiful view of the river valley and everything and they demolished the whole thing. That was terrible. And this is the old post office which is very nice. It's gone. And that's what the result was. And that isn't nice at all when you compare this with the other one, do you? That was a lovely building. But this here is going to be a museum. (Ruth)

> Looking at a scrapbook Ruth made about her neighbourhood, she read from the section about responses to the planned demolition of a church: "McCauley loses some of its soul," she said. (Ruth, interview note)

> In that clinic, there was a doctor in there and a nurse. But you know what they did? That was a place where all people of McCauley could go to the doctor and lab. And now we can't go to that clinic; it's only for the "others" [people who are homeless, have addictions, access foodbanks and shelters]. James [participant's friend and neighbour] was very mad about it, because he gave a lot of money and now we can't go. We have to go way over in Borden Park and that really hurt James terribly. He was so mad. And I don't think that's fair, because they've located that place almost at Borden Park. That's not fair, because a lot of people who live in McCauley can't go that distance unless they take a bus. It should be for everyone, or make another place, if you just want the one for the people who need different services than we do. (Ruth)

Similarly, discussion about Marilyn's neighbourhood changing elicited sadness. She mentioned a neighbourhood store with a restaurant inside that was slated for closure. She associated the restaurant and store with fond memories of her family. Their closure also meant losing a long-standing relationship.

That's my favourite store. They're going to close. That's terrible. These guys [referring to a picture of her children and grandchildren], I used to take them all over when they were small. And one of the waitresses, she's been there 30 years. Now they're closing it up. She says, "I'm going to miss you. I knew your kids from when they were small 'til they're big." We always went to eat there. (Marilyn)

Because Ruth spent almost her entire life in the neighbourhood (more than 87 of her 93 years), her life and the neighbourhood became entangled. The neighbourhood was a part of her - perhaps a part of her identity - and she was a fixture in the neighbourhood. As a result, when her place in the neighbourhood was threatened, it evoked pain.

This one here [referring to neighbour] wanted this property. And I said no, it's not for sale… But he used to bother me. If he'd meet me and I was out in the garden or something he would always ask. He wants this property. And now the other person is doing the same thing. Both of them are on my back. It's causing me a lot of…maybe I'm not tough enough. I don't know. But it hurts me. (Ruth)

Indeed, it was evident that some of the older women had emotional attachments to their neighbourhoods that were over and above their connections to the places and people therein.

Contributing to Neighbourhood

Regardless of whether older women were connected to neighbourhood places or people and whether or not their connection included an emotional attachment, many older women demonstrated care for their neighbourhoods by contributing in some way. Their ties, and perhaps loyalty, to their neighbourhoods translated into actions to defend, protect, maintain, or improve the area and help the people within it.

Defending and protecting. Despite acknowledging the presence of neighbourhood challenges, it was not uncommon for older women to verbally defend their neighbourhoods when others suggested that they were unpleasant places to live. For example, during Marilyn's go-along interview, the taxi driver made negative remarks about the inner city. She debated his claims by suggesting that his neighbourhood was perhaps worse than hers. Marilyn became

102

defensive and raised her voice to the point where I became concerned that the driver might ask us to leave his taxi.

Taxi driver:	This area, it's bad, it's not that good.
Marilyn:	What's bad?
Taxi driver:	No, because of the drugs, when I go pick people up.
Marilyn:	What's bad?
Taxi driver:	There's too many homeless around here.
Marilyn:	Where? What about Mill Woods. There's a lotta trouble over there!
Taxi driver:	We don't have it. I don't think we have it.
Marilyn:	Yes, there's bombings over there!
Taxi driver:	I never see that over there…
Marilyn:	Yes. It's not good either! It's good where I live. It's not bad around here, I don't like you saying that! Yeah, maybe some places you went, picked up drunk people, yeah, but the whole area is not bad!

Other participants, including Beverly, Ruth, and Barbara (a relative newcomer to the inner city), also verbally defended their neighbourhoods, challenging incorrect assumptions and pointing out that not all areas of their neighbourhoods had problems, nor were all residents problematic.

> When asked about revitalization efforts in McCauley and words such as disadvantaged and deprived that are used to describe McCauley and Boyle Street, Beverly stated, "We do have problems with the homeless." The free breakfast program at an agency on 96th Street "brings people to the area. And that brings abuse." It results in litter that the residents then have to deal with and it also affects the safety. But the label is: "Not fair. Not all of it is this way. But it takes a long time for things to change." (Beverly, interview notes)

> In speaking about one of her friends named Marie, Ruth explained that some of Marie's friends are afraid to visit her at her home. Ruth said, "I say to them, 'Does everything happen in this neighbourhood?' They say, "No." So I ask, 'Then why are you so scared?'" (Ruth, interview note)

> Some older women were territorial about their neighbourhoods, viewing them as their places. They perceived the neighbourhood as belonging to its 'true' residents (i.e., homeowners, long-term renters) rather than its transient population (i.e., short-term renters, boarders, the homeless). These older women took verbal or physical action to protect their neighbourhoods.

For example, several participants explained that they and their neighbours attended community

forums to oppose moving more social service agencies into the inner city. Other participants

recounted the steps that they had taken to protect not only their own homes but also their

neighbourhoods:

> You see, we have these homeless people. Because there's the Centre right here. And now we're having that other one on 106th Avenue. We, the community, feels that we have too many of these hard people. And that maybe the city should try and realize that. Don't put everything in McCauley, spread it out. But we lost again. And like the building that's just on the other side of the train tracks, they're just waiting for a prison that's being built, and then they'll be moving there. So we're stuck with them. And we're stuck with the Centre here. (Ruth)

> There were a whole bunch of people gathered in the park and you could tell that they were drinking and laughing and they were getting louder and louder. I called the police and I just said "I think for preventative measures, you need to drive by there and tell people to disperse and get out of there, because you've got an event waiting to happen. They're getting more and more loud." You can tell that they're getting drunk, and what if they decided to go and paint a whole bunch of people's houses or fences? (Joyce)

> We all look out for each other. So if we ever see anything that just doesn't look right, we're like, "Hello!" We're not afraid to step up and say something to people. (Judy)

Even Joan, who lived in an apartment building, was frail and one of the oldest participants,

described her actions to protect her neighbourhood from an intruder.

> One time I was shopping and I came back. The guy was riding a bicycle and decided to follow me to the door. I said "Why are you following me!" He smiled like this. I said "Get out of here!" He didn't. "Why are you following me? Come in and you'll get trouble: I'll get security!" And he ran away. I'm not scared of him! I yelled at him to keep him out. I didn't want to open the door. I stand [sic] up to him. I said, "You better get out!" He's stronger than me so I don't want to open the door and let him in the building. (Joan)

Maintaining and improving. Even if older women did not intervene to defend or protect

their neighbourhoods, many contributed in some way. They expended time, energy, and

resources to maintain or improve conditions. Some older women invested in their

neighbourhoods with the expectation that they would personally benefit from their contribution.

For instance, Joyce described her efforts to convert a vacant public space into a community

104

garden so that she could have access to a garden. Several other participants spent time maintaining the exteriors of their homes and yards because doing so enhanced the neighbourhood as a whole. A tidy looking property also gave them personal gratification as they took great pride in the appearance of their homes.

Most participants' contributions, though, were altruistic: They gave their time and energy out of concern for their neighbourhoods' places and people. For example, some made neighbourhood-level contributions by volunteering for neighbourhood events (e.g., festivals, plant exchanges), clean-up efforts (e.g., beautification projects), and for organizations (e.g., community league, neighbourhood newspaper). Examples of how older women contributed to the neighbourhood's people were much more abundant. They accompanied neighbours to appointments, provided transportation, assisted them with errands and home maintenance, checked in on them, and provided translation services. Even those participants with little or no emotional attachment to the neighbourhood, such as Shirley and Betty, spoke about their actions to help specific people. For instance, Shirley described how she cooked for an elderly man who lives alone and is in poor health.

A few participants contributed minimally. These were Margaret and Betty. Margaret had many interactions with neighbourhood people but few relationships. She was one of the only participants who regularly attended a seniors' centre in the inner city. Despite spending over 25 years in the same neighbourhood and over 10 years in the same dwelling, she was not emotionally attached to the neighbourhood nor did she contribute to its places or its people. And yet, she spoke at length about the aesthetics in her neighbourhood (e.g., litter, graffiti), how these irritated her, and how people should take greater responsibility for their neighbourhoods by cleaning up after themselves. She cared about her neighbourhood as a place, even if that concern

came from a desire to improve it for herself rather than for the greater good. Nonetheless, unlike participants such as Ruth, Beverly, Barbara, and Joyce, she did not take action to make improvements.

Betty, on the other hand, was a relative newcomer. Nonetheless, she lived in the same dwelling and neighbourhood for approximately five years and had a history in building prior to moving in (a family member lived in the same building). Betty had three friendships and one 'sister' in the neighbourhood with whom she had at contact at least once per day. She also attended events organized by the building, such as outings to swimming pools, restaurants, and bingo. She had no emotional attachment to her neighbourhood yet made her intention to stay very clear. Moreover, other than accompanying her 'sister' to appointments and socializing with Mr. L. (the resident in poor health who Shirley cooked for), she did not contribute to her neighbourhood.

Committing to Neighbourhood

Given that almost all the older women were connected to their neighbourhoods in some way, it is not surprising that most were committed to remaining in the neighbourhood over the long term. An older woman's neighbourhood ties bound her to it despite its challenges and the opportunity to relocate to 'a better neighbourhood.' Not one participant — not even Betty and Shirley, who were the least connected to their neighbourhoods — had any intention of moving. Several participants acknowledged that they may have to move in the future due to declining health, but wanted to remain in their current neighbourhoods as long as possible. Indeed, there were countless examples of participants' intentions and commitments to remain in their neighbourhoods:

> I've been here since we arrived here in 1975. So many years, 34, 35 years. But I like this area. And I don't want to move to another area. (Margaret)

106

I'm not a woman who's lived here for a long time. I'm a more recent person and I'm not a young family moving in. I'm an older woman that's moving in. But I feel relatively safe and also compatible in the neighbourhood and it makes me feel a part of things. (Joyce)

I'd probably get sick if I moved, emotionally. I'm too long in this house. (Marilyn)

I am happy when I moved here. Here I will pass away. I won't move anymore. (Dorothy)

I wanted to live here. I'll die here. I'm never going anyplace. I'll stay here. They take care of me, everything they do for us. No, I don't want to move. I want to stay here. (Shirley)

I've lived all my life in only two communities: the one on 98th Street when I was really young, and then here. You know, some people sometimes move two, three times. If I was like my friend Patricia I'd be in an apartment. But I've been so long in a home, I wouldn't feel as happy as I do here. I still prefer being here in McCauley. (Ruth)

Summary

The previous section described the second category of neighbourhood embeddedness — neighbourhood connected. These connections can occur through neighbourhood places or through neighbourhood people. Connections to neighbourhood places occur via older women's homes, established routes and routines, and experiences therein. Connections to neighbourhood people occur either via casual interactions or close relationships such as friendships. For some participants, their connections to neighbourhood extended even deeper and included an emotional attachment. Many participants demonstrated a certain amount of care for the places and people within their neighbourhoods and thus contributed to these areas. Regardless of the strength and depth of their neighbourhood connections, participants all had intentions of remaining in their neighbourhoods despite its challenges and pressure from family members to move elsewhere.

Older women's connections to their neighbourhoods were unique (i.e., stronger or weaker) and all had different ways of acting on those connections. Some, such as Ruth and Beverly, who owned homes and had lived in the neighbourhood for many years, had strong ties

to the physical features of their neighbourhoods because buildings reminded them of the people and events in their lives. Shirley, on the other hand, rented her suite and was a relative newcomer and had almost no connections to neighbourhood places. However, she had deep connections to neighbourhood people, especially her 'sister,' Betty. Moreover, she was concerned about the welfare of a neighbour who was very ill and prepared meals for him almost every day. This suggests that an older woman does not necessarily need to own a home to connect with her neighbourhood, although the act of creating a "home base" in a neighbourhood may strengthen her connection. Nor must she reside in a neighbourhood for a long period of time to develop connections. But how do connections to a neighbourhood occur, particularly among older women who are newcomers? This question will be considered in the following major section, activities as catalysts and bridges to neighbourhood.

Activities as Catalysts and Bridges to Neighbourhood

This section describes the third category and component of neighbourhood embeddedness, activities as catalysts and bridges to neighbourhood. It begins with a description of activities as catalysts and activities as bridges to neighbourhood. Then I outline the personal and neighbourhood factors that facilitate or constrain participation in activities.

Unlike neighbourhood sage and neighbourhood connected, activities as catalysts and bridges to neighbourhood is a higher level category. It is not a characteristic of older women who are embedded in their neighbourhoods. Instead, it describes what older women do (i.e., their activities) and the function of these activities. That is, activities facilitate becoming neighbourhood sage and neighbourhood connected and are thereby mechanisms for neighbourhood embeddedness. As such, this category (i.e., activities as catalysts and bridges to neighbourhood) directly contributes to the two previous categories.

Older women engaged in many different activities and for many different purposes. They performed them to look after themselves (e.g., grocery shopped, attended medical appointments, went for walks) and others (e.g., accompanied friends to appointments, prepared meals for family, gave rides to friends). Older women participated in activities for pleasure (e.g., attended dances, visited friends) but some activities were also obligatory (e.g., attended medical appointments, maintained home and yard, worked). Some were highly social and occurred in public places (e.g., attended bingo, volunteered for the community league) whereas others were solitary and performed at home (e.g., cleaned home, prayed, played computer games).

Regardless of the nature of the activity or its purpose, most activities drew older women out of their homes and into their neighbourhoods. Even solitary activities that were performed in older women's homes, such as reading, crafting, and cooking, required them to leave their homes and enter their neighbourhoods. For example, Dorothy, an avid reader, regularly travelled to the library to return and select new books. Margaret, who enjoyed crafts such as painting and needlepoint, took public transit to a specialty craft store located in another area of the city. To do so, she had to walk several blocks to a bus stop that was in an area occupied by many homeless people. Similarly, Shirley, one of the least neighbourhood-active participants, enjoyed preparing meals for friends and had to leave her home to go grocery shopping.

Because activities drew older women into neighbourhoods, activities exposed them to neighbourhood places and people For example, because of Dorothy and Barbara's preferences for buying their own groceries rather than relying on others to shop for them, they became aware of the neighbourhood's danger zones. Because of Margaret's strong interest in art and consequent need to purchase supplies, she knew which bus drivers were 'senior friendly' (e.g., gave extra time to seniors entering and exiting the bus, drove slowly). Likewise, because Marilyn

lived alone and had little day-to-day support from family, she obtained her medications herself

and, in doing so, got to know staff at the pharmacy. Even basic activities such as checking the

mail and maintaining one's home exposed participants to their neighbourhoods. By doing so,

neighbourhoods became known, as highlighted in the excerpts below:

> I'm always out there working in the yard and I've gotten to know people because I'm out working in the yard. And they'll come by and they say, "Oh, what a nice yard you've got." And it's lovely. But in the wintertime, everybody's inside, so when I'm walking my dogs, then I meet a few people. (Joyce)

> Sometimes when I went to check my mail she [a fellow building resident] was there too. And we start talking. (Betty)

As Joyce suggested, walking was one of the most important activities that exposed older

women to their neighbourhoods. Walking occurred at a slower pace than driving and thus

allowed more time for older women to see, hear, and interact with their neighbourhoods.

Participants also came in closer proximity to a neighbourhood's places and people when walking

in it rather than driving *through* it. Although using public transit resulted in less exposure than

walking, it nonetheless involved walking to and from the stop and waiting for the bus or train,

thus allowing an older woman greater opportunity to observe and know her neighbourhood.

Whether as a mode of transportation, for pleasure, or for exercise, walking facilitated not only

exposure but also engagement– it gave older women an opportunity to talk to the people in their

neighbourhoods.

> When I walk, I can see everything. I can talk to the people. I can see everything. (Dorothy)

> And because I walk all the time, I see things that go on. (Joyce)

> I only take the bus if I'm in a hurry because what I like about walking is that I get to know each parts of different communities in the city. (Ruth)

Several participants noted instances in which they obtained knowledge about their

neighbourhoods without direct exposure. For example, Betty, Shirley, Joan, and Joyce described

observing, and thus knowing about, their neighbourhoods from their windows. For Betty and

Shirley, this included witnessing what they suspected was illegal activity (e.g., public alcohol

consumption, loitering, drug deals). Other participants obtained knowledge through spontaneous

conversations with others. For example, Lois, Joyce, Barbara, Joan, and Ruth all indicated that

'over the fence,' 'at the mailbox,' or 'at the store' interactions gave them information that added

to their neighbourhood knowledge.

> That's what my resource tells me, because I take care of the old lady on the ninth floor. Somebody robbed her, wanted to use her identity. (Barbara)

> The Manager before, she told me, "Don't walk those stairs. And don't go outside too late and too early." (Joan)

Although knowledge can be obtained without having direct experience of a particular threat,

obtaining second-hand information nevertheless required exposure to the people with the

information. Older women's activities brought them into the public realm where the women then

interacted with these people.

Why are activities catalysts to neighbourhood? Because they triggered a chain reaction:

They drew older women out of their homes and exposed them to their neighbourhoods. As such,

women experienced and interacted with their neighbourhoods, generating knowledge and

connections. This knowledge was then applied to navigate neighbourhoods and to make

decisions about when and how to engage. In short, activities initiated, facilitated, and advanced

neighbourhood knowledge and savviness (thus becoming neighbourhood sage) as well as

neighbourhood connections.

As Joan stated in the following excerpt, knowledge can also come from length of

residence: "The staff member didn't know much because she's new. I've lived here long so I

know everything". However, activities can expedite acquiring neighbourhood knowledge and

savviness. And, for those older women who relocated to the inner city because of the availability

of affordable housing for seniors, activities can mitigate lack of time spent in a place.

But there was another aspect to the role of activities. They were also bridges that help older women connect to neighbourhood places and people. The act of establishing a home, both its interior as well as its exterior, was a bridge that connected an older woman to a neighbourhood. Regardless of whether participants owned or rented their homes, they described how they selected contents for their homes and others how they arranged these and other valued possessions in ways that represented their unique interests, preferences, and needs. The majority of participants gave me tours of their homes, pointed out meaningful belongings and noted their specific actions to make a dwelling uniquely theirs. For example, Dorothy showed me pictures of her grandchildren, her computer, and her favourite decorations and plants. Almost immediately upon entering Margaret's home, I was invited to view her paintings and crafts. Shirley, a deeply religious woman, showed me her apartment, emphasizing the area that she converted into a shrine. The end result was the creation of a place that was uniquely theirs. For almost all participants, this represented a place of value, meaning, safety, freedom, and comfort, even though some lived in affordable housing complexes and in so-called bad neighbourhoods.

Doing this 'work' to convert a dwelling into a home resulted in each older woman having a home base within the broader neighbourhood. In other words, they 'dug into' their neighbourhoods when they put their mark onto the interior of a dwelling. In this way, with time, their homes were inextricably linked to their neighbourhoods.

Those participants who owned their dwellings, particularly Joyce, Lois and Judy, and Ruth, also described their actions to modify the exterior of their homes and yards. The intent was to transform these plots of land into places that were distinctly theirs and to stake out their territory within the broader neighbourhood. For example, as exemplified in the excerpts below,

Joyce built a fence and installed barriers to keep people out, create privacy, contain her

belongings and pets, and protect her property.

> I have worked and worked and worked in the yard. I have planted many, many trees, many shrubs. I still have to fence the front, but the first thing I did before I even before moved in was I built a five foot cedar fence around the back to the garage. (Joyce)

> I hate the fact that people drive fast in that alley. My kitchen window is right on the property line and people drive 35 miles an hour and then screech to a stop because they can't make the corner. And in order to get out they're going and backing up. And I put two big six-by-six stakes out at the front because people kept driving over the corner of my yard. And I thought, screw this, you're not driving on my yard. (Joyce)

She also added decorations to the exterior of her home to reflect her as a unique individual. Lois

and Judy also described their actions to convert their property, which was once overrun with

weeds and a gathering place for homeless people, into a plot of land that contained their home

and represented privacy. These actions meant that participants put a permanent mark on the

neighbourhood: they changed how the plots of land on which their homes were located looked.

Moreover, these actions, including the investment of time, money, and sweat equity, resulted in a

deeper emotional connection to their neighbourhoods: now a part of them existed in the

neighbourhood.

Activities also connected older women to other people in their neighbourhoods beyond

simply exposing them; activities were entryways to establishing relationships. For example,

common interests and activities (e.g., hobbies, volunteer work, religious activities) and even

some self-care (e.g., grocery shopping) and home maintenance (e.g., yardwork) activities

brought people together and, in some cases, launched friendships. As outlined in the section

neighbourhood connected, these relationships can result in support and can make an older

woman feel comfortable and safe in her neighbourhood.

I'm on the committee and we're good friends now. (Joyce)

It was a friend of mine, a lady who lived in the French area of the city, where the French church is, who introduced us [Ruth and her tenant]. He needed somewhere to live, I was alone at that time and so he came here. (Ruth)

One day, I was on my way to work. It was a beautiful summer day. And I'm just walking by, my neighbour goes "You've got to come see this." She found a butterfly sitting on one of her branches, the most colourful butterfly that I've ever seen. Just something like that and then all of a sudden, you have a conversation and then you start to talk. And that's how it starts, little things. (Judy)

Facilitators and Constrainers of Activities

Interviews revealed that various personal and neighbourhood factors facilitated or constrained older women's participation in activities and, ultimately, being neighbourhood sage and connected to neighbourhood. Personal and neighbourhood factors were expected. However, almost all participants noted that poor weather conditions, common to all neighbourhoods regardless of their location, impacted participation in activities. These factors are explored below.

Personal Factors. Personal factors included participants' interests, preferences, personalities, and experiences. For some older women, these factors encouraged participation in an activity and thus prompted them to leave their homes and engage in their neighbourhoods. For example, Ruth's passion for her city's history meant that she regularly visited the city records and archives. Beverly was inspired to volunteer for her community league because she wanted to ensure that the voices of longstanding residents from a specific ethnic group were represented. Joyce, an extrovert, actively sought out opportunities to connect with others in her neighbourhood. She volunteered for community projects and wrote Christmas cards to her neighbours so that she could meet people.

The opposite was also true; in some cases, older women's interests, preferences, personality, and past experiences meant that they chose *not* participate in activities that would

114

have engaged them in their neighbourhoods. For example, Barbara explained that although she

enjoyed socializing from time to time, she preferred to be alone. Past negative experiences

discouraged participation. Furthermore, Joan noted that with advancing age, she had less interest

in being out and about.

> If I want to go shopping then I go. If I don't want to go, if its not really important then I don't go. You know, now I'm getting old. Sometimes I don't feel like doing things. I only want to go to Superstore or Save-On-Foods, that's all. I don't want to go anywhere else. (Joan)

As suggested by the participants' responses, personal factors not only influenced

participation in activities, they were also driving or restraining forces.

Neighbourhood Factors. The influence of neighbourhood factors on participation in

activities was much more prominent in the data than that of personal factors. Older women gave

accounts of how neighbourhood amenities, systems (e.g., public transit), and events encouraged

activity.

> I can go everywhere; everything is close. I take the bus to the centre. I take the bus to everywhere, to Kingsway. I go everywhere. I can go to the store in winter because the stop is one block away. I can go there because it's close. When I lived in the other neighbourhood, I took the train but I only went once because it's a long way away and in it was too hard in winter. But now I can go because the bus stops close by. (Dorothy)

> I stay in the middle of the city. I catch the bus, just on the corner here and walk. I go downtown, I go to Kingsway. I've got everything close. The hospital, clinic, Italian store, Safeway, Food For Less. I'm lucky. I have festivals in the park. I got festivals in the church. (Lois)

> An aspect of Beverly's neighbourhood that helps her do what she wants to do is that her neighbourhood is centrally located. Her home is in close proximity to where she needs to/wants to go. (Beverly, interview note)

When a particular amenity ceased to exist in a neighbourhood or relocated elsewhere,

older women's activities were also negatively affected. Marilyn recalled when the club she

belonged to relocated to the outskirts of the city where land was less expensive. It became too

difficult to access on a regular basis, and so her attendance declined. She also pointed out that

115

her own move to another area of the city would mean that her participation in her current

activities, in particular dancing, would cease.

> All the things that I go to are here, the Legion and the clubs, it's on the north. So if I move to the south, I have a long way to go. It would be too far to go. (Marilyn)

Not only were location and access to neighbourhood amenities (i.e., parks, stores, malls)

important for encouraging activity, they were hubs for meeting others. In these public places,

older women got to know people in their neighbourhoods and generate connections. These

connections resulted in friendships as well as support. Neighbourhood events, such as those

described by Judy and Joyce below, were also important facilitators of activity. Events enticed

people to enter their neighbourhoods and ultimately facilitated knowing and connecting to it.

> And the Mall, I meet a lot of people over there. And the Italian store, you meet a lot of people you know in there, too. (Marilyn)

> The City not only has a festival for the Italian community but they also have events in Chinatown. So everybody gets to meet, so it's not just the Italian community. Everybody shares. The festivals, those are great. That's where everybody actually pretty much meets over food and coffee. "I've seen you" and "Don't you live down here?" That's when everybody starts to talk to each other and you get to know each other. (Judy)

> And we had people bring us tools and all kinds of stuff. People would come who had stuff and other people would bring buckets of plants. And other people would go, "I'll take some of those." So it was really a neat exchange. People came, stood around and they talked. (Joyce)

Other than Dorothy's bread being stolen (described in the excerpt below) and Joan's

encounter with a potential intruder, participants were not victims of violence and crime.

However, they heard about incidents from others. And so, almost all participants expressed that

there were times when they felt afraid.

> Last week I went to Superstore for some more lunch. I bought bread and put it in the cooler bag. I had my shopping trolley and my bag. I exited the bus there. I walk through the parking lot and there was one younger guy behind me. He was walking behind. I saw my bag where I had my bread. I had maybe $100 on me. He only took my bread. Didn't do nothing bad to me. The bread was inside my bag. Maybe he was hungry because I had

money in my purse but he only took the bread. (Dorothy)

The impact of fear on their activities varied depending on the threat present and the context. For example, seeing homeless people sleeping on the sidewalk immediately in front of Ruth's home did not result in her being afraid and staying inside her home but seeing homeless people in the local park inspired fear and stopped her from entering it:

> I see them on the sidewalk here [in front of home]. Sometimes it's because they're played out. They drank too much or they worked. Whatever it is, they're tired. So they lie down right in the middle of the sidewalk…During the daytime hours, it doesn't bother me. No, because there's movement — traffic and people walking on the sidewalks. I wouldn't be scared or anything. (Ruth)

> Afraid because some of those homeless people, some of them sometimes haven't slept during the night or whatever and I see them sleeping in the park…I wouldn't go in there. (Ruth)

A few participants, such as Joyce and Beverly, reported that they were rarely afraid and thus fear did not affect their daily activities in their neighbourhoods. But Barbara noted that even if fear is present, it does not necessarily constrain activity. Furthermore, repeated exposure to a neighbourhood's challenges may acclimatize an older women. Thus, with time, fear may decline and may not deter participation, as Joyce suggested:

> And I can walk at midnight and I don't feel afraid, except for there was one night. There was a guy that seemed like he was out of his mind. He was waiting for a drug connection, I'm quite sure. (Joyce)

> I still feel safe. I still feel, I brave enough to walk outside without fear limiting my time to go out. I go, I go. It doesn't stop you. (Barbara)

> I thought so many times, I wouldn't be out here if it wasn't for my dogs. I would probably be a lot more fearful if I didn't walk all the time. And because I walk all the time, I see things that go on. (Joyce)

Social problems are not unique to inner city neighbourhoods. Crime and threats to safety are present in every neighbourhood, although they may be to a lesser extent and may be hidden, less spoken of. And, contrary to conventional wisdom, Dorothy's relocation from a 'good'

117

neighbourhood to an inner city neighbourhood resulted in less exposure to "challenges" and thus less fear and greater neighbourhood engagement:

> The other neighbourhood was terrible. It's better in Boyle than it is there. I'm not scared here. There in the other neighbourhood, I was scared. Every time strange people came inside my building or close to it. They did drugs and smoked, they sat down near where I went out… so when I lived in the other neighbourhood, I didn't walk too far, only to the grocery store a few blocks away. On the weekends, I couldn't go to the park or the area beside the school because it's terrible there. People smoked drugs, some people made love in the park. (Dorothy)

As demonstrated in the second excerpt, exposure to threatening people in the neighbourhood affected Dorothy's mental health:

> When I lived in the other neighbourhood, I needed to see the doctor, the psychiatric doctor. The doctor said, "No. You need to move from there. Because if you don't move from there into somewhere else quickly, you'll have to go to the hospital." Between the manager of the building I lived in and the people who were out in that neighbourhood, it was not a good situation. (Dorothy)

Dorothy's situation was not unique. Margaret, who lived in another neighbourhood for a short time, moved back to the inner city as she felt comfortable here. It was an incident in which she was followed from her home to the bus stop and then onto the bus by a young man, that motivated her to relocate to the inner city. Remaining in her previous neighbourhood was not an option as it meant re-living the incident and caused anxiety.

Weather. Inclement weather, common to all neighbourhoods, can also be a safety threat and inhibit participation in activities. As such, all participants noted seasonal variations in activities. For some, the risk of engaging was not worth taking – they consciously chose not to participate and used other strategies to acquire necessities such as food and medication.

> I'm just afraid. Because the sidewalks get nasty. Sometimes when it rains, it freezes and if they don't clear the sidewalks they're just like skating rinks. That's why I'm just deadly scared. I won't even start walking. I'd rather just stay home. (Betty)

> In winter time I phone my friend who buys food for me, the frozen stuff. I keep it frozen and I can use it for a long time. If it's nice, I go out. If it's really cold, I don't go out. If

the wind is strong, I don't go out because when the wind blows strong, I come home and cough. I cannot stop. That's no good for me. I cannot breathe then. When the snow is on the ground, the ice is on the ground? I don't go out much. I'm scared to fall down again. (Joan)

Yesterday I said to my daughter, "I've got to go to store today because tomorrow it will be cold." When I see it's warm one day, I go out. When I see it's cold, I stay inside the house. I'm safe. (Lois)

And so, older women were faced with a conundrum: to engage in activities that exposed them to risk but that also facilitated being neighbourhood sage (knowledgeable and savvy) and connected, or avoid engagement and keep safe but risk not being neighbourhood sage and connected.

Summary

In the previous section, I described the third category and component of neighbourhood embeddedness: the role of activities as catalysts and bridges for becoming neighbourhood sage and neighbourhood connected. I highlighted the importance of walking in exposing older women to their neighbourhoods. I also outlined three sets of factors – personal, neighbourhood, and the weather – that facilitate or constrain older women's engagement in their neighbourhoods. Although activities can be critical in helping older women become embedded in their neighbourhoods, they also introduce risk.

Chapter Summary and Looking Ahead

This chapter presented the three major findings that emerged in this study. These are the three categories that were generated from analysis of the data set and they include: (a) neighbourhood sage; (b) neighbourhood connected; and, (c) activities as catalysts and bridges to neighbourhood. Each category represents component of neighbourhood embeddedness. Together, they set the stage for Chapter 6, in which I integrate these by presenting a framework of neighbourhood embeddedness and discuss the findings in relation to the literature.

Chapter 6: Discussion

This chapter is organized into four sections. In the first section, I present the framework of neighbourhood embeddedness that emanated from data generation and analysis. Next, I consider neighbourhood embeddedness in relation to the literature. In the third section, I suggest that activities are one way in which older women exercise autonomy and choice. I propose that neighbourhood embeddedness facilitates choice and therefore *living*, versus residing in, the inner city. In the final section, I examine person-environment fit to consider whether the inner city is a good place for older women to participate and live.
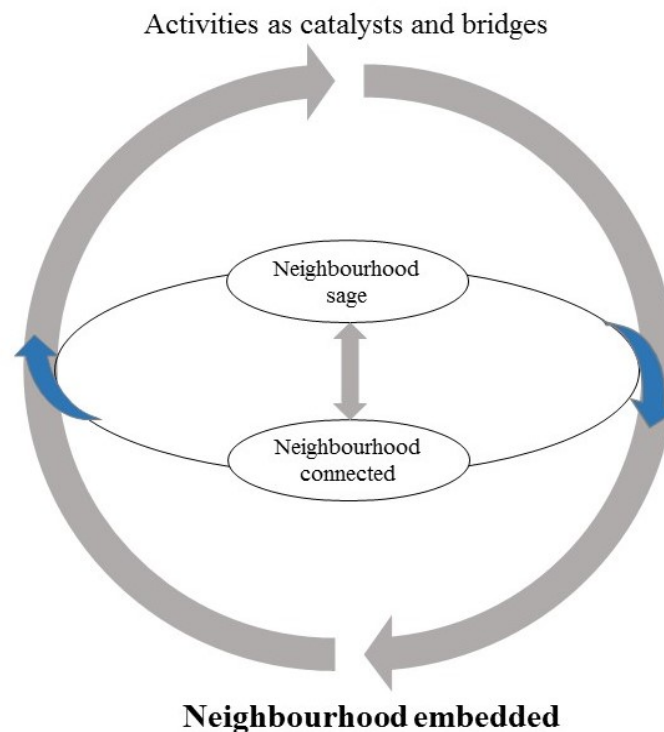
Framework of Neighbourhood Embeddedness

Figure 6.1 Neighbourhood embeddedness

Neighbourhood embeddedness, depicted in Figure 6.1, is the theme that is present in all three categories, either in the foreground or the background, and it integrates the categories.

Essentially, neighbourhood embeddedness centres on being enmeshed, grounded, rooted, and woven into the neighbourhood including its physical places, social fabric, and history. Embeddedness extends beyond living against the backdrop of the neighbourhood to being part of it and conversely, the neighbourhood being part of the older woman. Neighbourhood sage (i.e., possessing neighbourhood knowledge and neighbourhood savviness) can be the first step in becoming embedded in a neighbourhood. Neighbourhood connected (i.e., possessing ties to neighbourhood places and people), often develops after an older woman is neighbourhood sage. Neighbourhood sage and neighbourhood connected build upon each other.

Activities as catalysts and bridges to neighbourhood is at the heart of neighbourhood embeddedness. Activities are essential to becoming neighbourhood sage and neighbourhood connected. However, activities often occur in the background; older women perform activities for reasons other than becoming neighbourhood embedded such as to look after themselves and their homes, to help family and friends, and to spend time doing things that they enjoy. It is through these activities as well as the length of residence in their neighbourhood that they become embedded. Participation in activities that expose older women to their neighbourhoods is not uniformly positive. Consistent with Smith's (2009) findings, exposure also introduces social and physical risks, particularly in the context of the inner city. Thus, there is a tension between participation and safety.

There is synergy between activity and neighbourhood embeddedness. Just as activity can lead to embeddedness, embeddedness can facilitate activity. And, participation in activity further enhances and deepens being neighbourhood sage and connected. This cycle of activity and embeddedness is deepened and perpetuated with time.

Neighbourhoods are personally-defined and do not contain fixed boundaries. Indeed, participants view their neighbourhoods slightly differently; some focus primarily on its geographical location or its physical features whereas others characterize it by its people or by its feeling of familiarity. Participants' perspectives of neighbourhood boundaries also vary; some identify their neighbourhoods as the areas in the immediate vicinity of their homes such as their surveillance zone (Rowles & Bernard, 2013). Others see their neighbourhoods as much larger, for example, the entire north end of the city. Regardless of older women's perspectives about the meaning, location, and size of their neighbourhood, neighbourhoods are the places around an older woman's home where she regularly spends time and travels in.

Neighbourhood embeddedness exists on a spectrum and this variation is observed among participants. Those older women who are deeply embedded are neighbourhood sage and neighbourhood connected. Some long-term residents as well as relative newcomers are so embedded that their lives are difficult to disentangle from their neighbourhoods. These older women contribute and leave an impression on the neighbourhood's places, history, stories, and its people. Likewise, their neighbourhoods become part of their identity. Even if they do not identify with all of its residents and occupants (e.g., homeless people, those accessing social and health agencies), they belong to it and it belongs to them. These older women and their neighbourhoods are inextricably linked, which may explain why they affirm their intentions to stay despite the potential to relocate to 'better' neighbourhoods.

However, not all participants were deeply embedded. These older women were less neighbourhood sage and less neighbourhood connected. While they possessed knowledge of some neighbourhood features (e.g., physical layout, resources), their knowledge was less extensive. As a result, they were less savvy in being able to navigate its challenges. They had

weaker ties to neighbourhood place and people (i.e., interactions rather than relationships) and were less (or not at all) emotionally invested in their neighbourhoods.

The Essential Role of Everyday Activities

A distinguishing feature of the framework of neighbourhood embeddedness is the central and essential role of everyday activities. Activities are catalysts and bridges to becoming neighbourhood sage and neighbourhood connected. Everyday activities thus play an important role in becoming an insider and situated within a neighbourhood. This is in contrast to the purposes of activities described in most occupational therapy conceptual models - self-care, productivity (economic and social contribution to a community), and leisure (Canadian Association of Occupational Therapists, 1997).

And yet, the role of activities in connecting people has been suggested by other occupational therapy researchers. For example, Andonian and MacRae (2011), Rudman, Cook, and Polatajko (1997), and Wilcock (2006) suggest that activities are a mechanism for creating and maintaining social participation. Activities are also conduits to belonging to a group (Hammell, 2004, 2009, 2014; Rebeiro, Day, Semeniuk, O'Brien, & Wilson, 2001) and to a place (Huot & Rudman, 2010; Hitch, Pépin, Stagnitti, 2014). Although these authors have theorized about the purposes of activities in general, they have not explored their roles within neighbourhoods. Moreover, these conceptualizations of the roles of activities omit the role of everyday activities in becoming knowledgeable and savvy in a neighbourhood. The framework of neighbourhood embeddedness therefore extends how we think about everyday activities.

But neighbourhood embeddedness is not constant. Neighbourhoods as well as older women are constantly transforming which impacts embeddedness. Not only do a neighbourhood's physical aspects (i.e., buildings, layout, businesses, amenities) change but so do

its people (i.e., residents, shopkeepers, service providers). These micro-level changes occur in all neighbourhoods, regardless of their location (i.e., inner city or suburban). Inner city neighbourhoods, however, also undergo major physical and social transformation, often through revitalization and gentrification. These changes result in neighbourhoods that were once intimately familiar becoming unfamiliar (Phillips, Walford, & Hockey, 2011).

Older women and their resources also constantly change. Physical and cognitive function fluctuate on a day-to-day basis and change over time. Social networks vary as friends and neighbours move or pass away. Older women may cease employment or may lose a tenant thus affecting their finances. All of these factors will affect how older women experience and interact with their neighbourhoods.

Not only do everyday activities play a role in becoming neighbourhood embedded but also in maintaining and re-establishing embeddedness in the face of these ongoing changes. Because everyday activities expose older women to neighbourhood places and people, they help older women stay up to date in their neighbourhoods and thus remain neighbourhood sage and neighbourhood connected. They also help older women who have been temporarily absent in a neighbourhood (e.g., extended hospital stay, illness, temporarily living elsewhere) to re-gain neighbourhood knowledge, refresh savviness, and re-connect with neighbourhood places and people.

Exploring Neighbourhood Embeddedness in the Literature

In this section, I consider neighbourhood embeddedness in relation to the literature. I begin by exploring embeddedness in the gerontology literature. I then compare neighbourhood embeddedness to Rowles' (2000) notions of being in place and insidedness.

A Broad Look at Embeddedness

124

Neighbourhood embeddedness, as it exists in the above framework, is not present in the literature. However, the overarching idea of people being enmeshed in the geography, structures, and people around them exists. For example, embeddedness is used in organizational behaviour to understand attachment to employment (Halbesleben & Wheeler, 2008); community embeddedness (the extent to which people are enmeshed in their communities) and organizational embeddedness (the extent to which they are enmeshed in their organizations) predict remaining in one's present job (Ng & Feldman, 2014).

The concept of social embeddedness is similar to neighbourhood connected, particularly being connected to people in one's neighbourhood. Barrera suggests that social embeddedness is one aspect of social support (as cited in Snowden, 2001) whereas de Jong Gierveld and Hagestad (2006) propose that social embeddedness is an aspect of social integration. Tselios, Noback, McCann, and van Dijk (2015) consider social embeddedness to be local social integration, the way that people are tied to others in their neighbourhoods.

Undoubtedly, elements of social embeddedness are present in the category of neighbourhood connected. However, neighbourhood connected spans beyond ties to neighbourhood people; it includes ties to neighbourhood places and for some participants, involves an emotional connection to neighbourhood. Moreover, neighbourhood embeddedness also includes two other major categories – neighbourhood sage and activities as catalysts and bridges to neighbourhood – that are not accounted for in the concept of social embeddedness. Thus, neighbourhood embeddedness gives a more complete and detailed picture of older women in their neighbourhoods than social embeddedness.

Being in Place and Insidedness

Rowles' (2000) concepts being in place and insidedness are closest to the framework of neighbourhood embeddedness. Being in place refers to being comfortable and "at one with one's environment" (Rowles & Wakins, 2003, p. 78) and insidedness refers to a person's intimacy and attachment to a place and consists of three types (Rowles, 1991). Physical insidedness centres on the physical attachment and familiarity with a place whereas social insidedness is the "integration within the social fabric of the community" (Rowles, 1983, p. 302). Autobiographical insidedness refers to "the legacy of life lived within a particular environment" (Peace et al., 2006, p. 16). Insidedness results from habits, routines, and social interactions over long periods of time.

There are parallels between Rowles' (2000) concepts and neighbourhood embeddedness. For example, possessing detailed knowledge of a neighbourhood's physical and social features as well as its rhythms and resources is similar to Rowles' notion of physical insidedness. Possessing an emotional connection to a neighbourhood, which can stem from having a history in a neighbourhood, is similar to how Rowles describes autobiographical insidedness and place attachment. Moreover, Rowles' (1991, 2000) concepts of being in place and insidedness do not specify activity types. He emphasizes not *what* but where the activities are and when they occur. This inclusive perspective of activity is a commonality between Rowles' work and neighbourhood embeddedness and is in contrast to the many studies that focus on one particular activity type such as walking, exercise, and social activities (e.g., Chaudhury et al., 2012; Gauvin et al., 2012; King, 2008; Moran et al., 2014).

Three key differences exist between neighbourhood embeddedness and Rowles' work. First, the essential role of activities is separated from neighbourhood sage and connected and made prominent in the framework of neighbourhood embeddedness. Activities are less

emphasized in Rowles' work although he suggests that long-term habits and routines create insidedness. Length of residence in a neighbourhood is undoubtedly important in achieving insidedness. However, not all participants in the present study lived in the inner city for long periods of time. Some lived elsewhere and relocated to the inner city because of the availability of affordable housing. Yet, some of these older women are firmly embedded in their neighbourhoods, more so than some other participants who spent many years in their neighbourhoods. For these newcomers, activities in their neighbourhoods, not time, were integral to becoming neighbourhood sage and connected. Activities accelerate neighbourhood knowledge, savviness as well as connections to places and people. Activities do not replace length of residence in a neighbourhood; indeed, the emotional bond that occurs when a person's life unfolds in a place can only be affected so much by activity, even if that activity involves contributing to a neighbourhood. However, participation in activity can supplement length of residence in a neighbourhood.

Second, neighbourhood sage is comprised of two components – neighbourhood knowledge and savviness. While Rowles' concept of physical insidedness is similar to neighbourhood knowledge, his work does not contain a concept that is parallel to neighbourhood savviness. And yet, as many participants noted, there is a difference between possessing insider knowledge and translating that knowledge into action - having the know-how needed to behave and negotiate neighbourhood threats in the inner city.

The third main difference between neighbourhood embeddedness and Rowles' work is related to an older woman's emotional connection to her neighbourhood. Whereas Rowles emphasizes the bond that exists between a person and a place, I suggest that a neighbourhood connection may not be as deep or as strong as a bond. Instead, an older woman's connection can

be a tie to a place (or places), a person (or people), or a memory in one's neighbourhood. For some, this may involve an emotional bond. Other older women, however, may not possess an emotional bond to a neighbourhood and yet they may still be embedded. This difference may again stem from differences in length of residence and thus a legacy developed in a neighbourhood in which one's life and the environment in which it unfolds becomes difficult to disentangle.

To summarize, concepts similar to embeddedness exist in the literature. However, some are not specific to older adults' neighbourhoods. Others capture one aspect of embeddedness (i.e., social embeddedness) rather than geographical and physical embeddedness. Moreover, in Rowles' concepts of being in place and insidedness, which most closely relate to neighbourhood embeddedness, activities blend into the background. The primary and necessary role of activity in generating, maintaining, and re-establishing neighbourhood embeddedness is not separated nor is it given the prominence in Rowles' work as it is in neighbourhood embeddedness.

Neighbourhood Embeddedness and Living in the City

Having described the framework of neighbourhood embeddedness and related concepts in the literature, I now consider how neighbourhood embeddedness can facilitate *living*, versus simply residing, in the inner city. I argue that everyday activities are one way in which older women exercise autonomy and choice. I then suggest that neighbourhood embeddedness provides older women with choices and therefore facilitates living.

Activities and Choice

The occupational therapy literature is replete with references about the relationship between participation in activity and health, quality of life, well-being (e.g., Creek & Hughes, 2008; Hammell & Iwama, 2012; Källdalen, Marcusson, & Wressle, 2013) as well as self-

expression, self-worth, and identity (e.g., Huot & Rudman, 2010; Unruh, 2004). The sense of control associated with participating in self-selected activities mediates the relationship between activity and well-being (Rudman et al., 1997). The World report on ageing and health also recognizes the importance of enabling choice and autonomy among older adults (WHO, 2015). Choice, control, and autonomy can be exercised through participation in activities (Hammell, 2004). Activities allow older adults to "use and even seize control of time and space (or place)" (Christiansen & Townsend, 2010, p. 2). Selecting what, with whom, where, when, and how the activity is performed gives people "authorship" (Hammell, 2004, p. 300).

To truly exercise choice, older women must be able to choose activities that they find personally meaningful and of value. This may conflict with how others perceive these activities. For example, whereas cleaning one's home and working may be viewed as meaningless and not how retirement years should be spent to some, these activities are fulfilling, enjoyable, and support some participants' lifelong occupations (i.e., housekeeper and administrator). Indeed, scholars confirm that *meaningful* activity is of utmost importance and that older women want to continue to participate in those activities that they engaged in as younger adults (Chapman, 2005; McCormack, Cameron, Campbell & Pollock, 2008). For some older women, it means that they "want to do more than to cut sandwiches" (McCormack et al., 2008, p. 148) but for others, cutting sandwiches is what they want to do.

All participants have what Wright-St. Clair (2012) entitles a compelling occupation - "the one thing, one occupation which roused a passion for doing more than other things" (p. 48). This makes "the everyday in advanced age worthwhile" (Wright-St. Clair, 2012, p. 49). For some study participants, having a compelling occupation meant that they made personal sacrifices and in a few cases, face criticism to participate in it. This included cooking for 'family' despite

having bad days and a limited income, travelling to the outskirts of the city to access an art supply store, as well as investing many hours reviewing microfilm and reading textbooks.

Exercising choice in activity also includes having the freedom not to participate. This is exemplified in several interviews in which some participants identified their preference, despite social pressure, to spend time doing solitary over social activities. This highlights that for some older women, not participating is an active and personal choice that has little to do with the characteristics of inner city neighbourhoods.

Hammell (2004) suggests that control over one's activities is "dependent on the opportunities presented in the environment" (p. 300). For some participants, contrary to what was expected, living in the inner city affords choice over occupation and activities. Living in a neighbourhood with affordable house prices and that has affordable housing programs for seniors means that some older women have greater finances to devote to participating in leisure activities. For a few women in particular, these activities support their lifelong occupations (e.g., rescue dog owner, dancer). This is similar to what other authors have suggested: that living in social housing with low rent costs and housing security affords older adults greater opportunities to participate in leisure and social activities (Morris, 2012). Moreover, for the many older women who rely almost exclusively on public transit, living in the inner city also enhances their activity choice. The strong transit network in the inner city means that they can travel to most corners of the city fairly easily. It is a way of ensuring that some interests and relationships can be maintained despite destinations (e.g., ethnic grocery store, a friend's home, a cultural centre) being located elsewhere in the city.

Neighbourhood Embeddedness Facilitates Living in the City

The inner city also contains challenges that negatively impact activity choice including nuisances (e.g., litter, public urination and defecation, abandoned and derelict buildings, panhandlers) and threats (e.g., public intoxication, loitering, prostitution, assault, theft, drug houses). Because neighbourhood embeddedness brings familiarity, comfort, and resources, being embedded can help address the challenges present in the inner city.

Familiarity. Possessing detailed neighbourhood knowledge, variously entitled physical insidedness (Rowles, 1991) and residential knowing (Lawton, 1985), is critical for older women living in the inner city. Knowing the neighbourhood (and where to go for help), the location of danger zones and "grey areas" (places that are safe during the day but risky after dark) (Smith, 2009), and being able to identity potentially dangerous people contribute to older women's safety. Indeed, knowledge can increase personal competence and mastery which in the present study translates to being neighbourhood savvy – to know how to behave and negotiate neighbourhood threats. This has implications for dealing with fear such that it does not become pervasive and lead to activity deprivation. Participants used various strategies to decrease risks (e.g., avoiding certain areas, adopting a defensive attitude, walking with others or with dogs) and thereby manage fear.

Being familiar with a neighbourhood also includes being acclimatized to its demands. Unfamiliar outdoor environments, particularly those with many and complex visual and auditory stimuli, can be overwhelming (Phillips, Walford, Hockey, Foreman, & Lewis, 2013). Inner city neighbourhoods, complete with constantly moving traffic, sirens, people loitering, litter, graffiti, and unkempt properties can bombard anyone, regardless of age. Being acclimatized helps tune out overwhelming stimuli, allows older women to pick up on nuances that can impact their safety (e.g., suspicious people, abandoned building), and manage fear. This is consistent with what is

131

reported in the literature; those older adults who are involved in their communities are less likely to be fearful (WHO, 2015).

Comfort. Neighbourhood embeddedness can increase comfort in an intimidating place. This comfort comes from familiarity and having established routes and routines which allows older women to go on autopilot. It also comes from being known in the neighbourhood. Casual interactions, such as exchanging pleasantries and small talk, between older women and the people in their neighbourhoods (neighbours, shopkeepers, security staff, maintenance workers) make them known. Being known translates into 'many eyes' looking out for these older women. Other studies also report that the casual interactions participants had in this study can increase perceived safety and security (Dupuis-Blanchard, Neufeld, & Strang, 2009; Thompson & Kent, 2014).

Closely related to the comfort that stems from being known in a neighbourhood is the sense of unity with neighbours that some participants, particularly those who lived in a seniors' apartment building, describe. There was a sense that other older adults in the neighbourhoods face the same challenges when engaging in their neighbourhoods and so they were 'in it together' rather than alone. Importantly, these 'others' are those who share similar characteristics as older women. They are long-term residents, homeowners and, for some living in designated seniors housing, older adults. 'Them', on the other hand, refers to the transient population (i.e., short-term renters), those accessing services in the area, and for some participants, younger people and youth.

The division between 'us' and 'them' may have enhanced the sense of unity and thus sense of safety that others would come to their assistance if needed. This may explain why most participants did not report being afraid to live and to engage in activities in their neighbourhoods.

Even if fear was present and constant, it was tolerable and thus not immobilizing, isolating, and did not lead to activity deprivation. This is consistent with Russell et al.'s (1998) findings that while some older adults experienced being afraid while in their neighbourhoods, more than half of their sample were not. However, the notion of an inner city neighbourhood feeling comfortable and safe may be idealistic. Studies have found that older adults speak positively and tend to be more satisfied with their neighbourhoods with advancing age, regardless of the challenges and threats that are present in them (Fried, 2000; Parkes et al., 2002; Scharf, Phillipson, & Smith, 2003).

Resources. Being connected to people in their neighbourhood gives access to social resources that facilitate participation and daily life. This includes receiving rides, being accompanied on outings, having someone check-in on them, and receiving information about events, activities, and resources. Being connected with neighbours also results in access to material resources (e.g., supplies, food, personal items) and for some older women, recommendations for 'good' tenants and boarders. These material resources and referrals ease an often tight financial situations, ultimately giving them greater activity choices.

Embeddedness, Choice, and Living

Because embeddedness brings familiarity, comfort, and resources, being embedded in one's neighbourhood can address the challenges present in the inner city. Being neighbourhood sage and neighbourhood connected can strengthen older women's internal capacity to contend with daily life in the inner city. These equip older women to make choices and have control over their activities despite the presence of neighbourhood threats. For most participants, this choice does not centre on whether or not to participate. Instead, it means understanding the risks and

adjusting how they engage. As such, there is an overwhelming sense that older women have choice and control over their activities - they can live, versus reside, in the inner city.

For some, but not all, participants, being neighbourhood sage and connected coupled with an intense desire to participate in a compelling activity means knowingly exposing themselves to irritants and taking risks. Seeing litter, dirty bus shelters, foul smells, neglected buildings, is bothersome and yet older women expose themselves to these irritants as the value the activity outweighs their discomfort. Despite encountering people who are intoxicated, loitering, and could threaten their safety, some older women are adamant that they will continue to engage in their neighbourhoods on their own terms because of the value they place on their occupations. For example, one participant goes dancing at local bars and halls at least once a week. This involves travelling after dark, often using transit, to neighbourhoods that also contain social problems. Here she encounters people who are intoxicated, sex trade workers and their clients, and drug houses. Regardless of the risks, she continues to attend these dances. Yet, when asked whether she would go to the grocery store two blocks from her home after dark if she needed an essential item, she stated "Well, I'd have to go without. I wouldn't go". For Marilyn, the value of attending dances outweighs the risks; she was willing to 'walk the line' to attend dances but not to go grocery shopping.

Therein lies the problem: Why must these older women risk their comfort and safety to participate in the activities that they so greatly value, are passionate about, and support their identities as occupational beings? If occupation is an essential human need, then all human beings have the right to engage in those personally-meaningful activities and occupations that impact their well-being (Hammell, 2008). And for these older women living in the inner city, this right includes participating without risking their safety.

134

Could the Inner City Be A Good Place for an Older Woman to Live?

In this section I explore whether living in the inner city can be conducive to older women's participation in meaningful activities and occupations. I use person-environment fit to explore this issue. I consider each of its components, beginning with the person and continuing with the environment and the fit. I conclude this section by answering the question, "Could the inner city be a good place for an older woman to participate in activities and thus to live?"

Person

Because inner cities often have high rates of poverty, crime, high population turnover as well as poor infrastructure and access to amenities (Smith, 2009; Toronto District Health Council, as cited in Nayyar & Hwang, 2015), it is reasonable to assume that they contain at least moderate, if not strong, demands. To be able to participate in activities in the inner city, then, an older woman must possess a minimum level of personal competence, also known as intrinsic capacity (WHO, 2015), to achieve functional ability.

Participants in the present study are reasonably well, including those over age 90. All have at least one chronic condition (e.g., osteoarthritis, diabetes, high blood pressure) and various other health concerns (e.g., depression, anxiety, macular degeneration, thyroid problems, heart disease, history of cancer and pneumonia). However, these only somewhat negatively affect their functional ability and so they are able to participate in most activities. Yet, some participants' health, and thus personal competence, is precarious; there is uncertainty about how their conditions will affect their ability to engage in their neighbourhoods in the future. Although participants' competence exceeds environmental demands at this point in time, a slight deterioration in their health could result in environmental demands becoming overwhelming.

Other older women living in the inner city may not be as well as participants in this study and may therefore have different experiences of their neighbourhoods and everyday activities. For example, those older women who are frail and thus housebound, may be less able to manage strong environmental demands. And so, the demands of the inner city may impede their participation.

Older women have different experiences of their neighbourhoods not only because of their health characteristics but also their financial resources. These vary greatly among participants with some older women receiving minimal government pension because they are recent immigrants and whereas others have employer as well as government-sponsored pensions. Although all participants describe living frugally, some must go without to make ends meet (e.g., cannot afford vitamins, some health supplies, high quality meat, fresh produce). Many have sufficient funds for shelter, basic food, and a transit pass but some cannot afford to participate in activities that are health-promoting, encourage social participation, and are enjoyable (e.g., going swimming, taking English as a Second Language and computer classes, going to restaurants). Some cannot afford to take taxis and so they expose themselves to threats by walking or taking public transit. And yet, they do not report their financial situations as desperate, perhaps because their current situations are better compared to earlier in their lives when almost all experienced financial hardship and four lived in extreme poverty.

These older women may be the fortunate ones. There are undoubtedly others living in the inner city whose finances and living situations are much more dire, such as those who flee abuse, have severe mental health and addictions, live in shelters or privately rented dwellings (Morris, 2012), or are homeless. The lives as well as activities of these older women who face extreme personal and financial hardships will undoubtedly be much different than those of participants.

Participants in the present study may also have stronger social resources to deal with life in the inner city than other older women. Although only two participants lived with others and three had daily contact with family members, almost all had personal relationships with friends and neighbours that they could fall back on for help if needed. Yet, it is quite possible that other older women in these inner city neighbourhoods have fewer social resources and are socially isolated, particularly those with poor health. Given that participants rely on their neighbours for comfort, safety, and resources, those with fewer social connections may be unable to manage neighbourhood demands as well as participants in the present study.

In summary, "There is no 'typical' older person" (WHO, 2015, p. vii). Thus, to contemplate the question of whether the inner city can be a good place for older women to participate and to live, we consider each older woman individually and consider factors including her health, finances, social resources as well as extent of neighbourhood embeddedness.

Neighbourhood Environment

Not only are older women diverse but so are the neighbourhoods they live in. This is true even within the inner city neighbourhoods in which the study was set. Those participants who live or participate in activities near "the problems" or "the lion's den" are exposed to more demands than those who are removed from these danger zones. The strength of environmental demands, then, varies based on where within an inner city an older woman lives and where she participates.

Although there are commonalities between the neighbourhoods in which this study was set and inner city neighbourhoods as described in the literature (e.g., high crime rates, low income, high dependence on social assistance), there were also some major differences. In the literature stemming from Europe, there is a strong link between disadvantaged neighbourhoods

and social exclusion (e.g., Scharf et al., 2005). Findings from the present study, however, did not reveal that older women were excluded from social relations, civic activities, or basic services in their neighbourhoods. Moreover, inner city and disadvantaged neighbourhoods are often characterised as being resource poor; they have few amenities and services (Smith, 2009; Toronto District Health Council, as cited in Nayyar & Hwang, 2015; Walker & Hiller, 2007). Yet, the neighbourhoods in which this study was set are resource rich. They contain three large grocery stores, many corner stores, and other amenities such as a hospital, medical labs, pharmacies, hairdressers, a seniors agency, churches, and parks. Two shopping centres, several banks, a swimming pool, and two libraries are a short bus ride away. Both neighbourhoods have active community leagues, a monthly community newspaper, and several neighbourhood celebrations, events and festivals. Because they are located next to the downtown core, these neighbourhoods also contain an extensive public transit network that provide access to areas within and beyond the neighbourhood. One factor that may contribute to the difference between the neighbourhoods considered in this study and those reported in the literature is that these are currently undergoing revitalization. Funding and personnel are in place to improve the infrastructure and aesthetics, maintain and attract new business, enhance safety, and strengthen the community (City of Edmonton, 2010c).

For older women in this study, the above-described resources inspire and support them to engage in their neighbourhoods. Some of these resources (e.g., grocery stores, coffee shops, banks, shopping malls, libraries, parks, porches), are not only places the allow older women to obtain goods and services needed for independent living, they are also hubs for meeting, interacting, and relating with others in their neighbourhoods (Andrew & Wilson, 2014; Beech & Murray, 2013; Day, 2008; Gardner, 2011; White, 2007). They are facilitators for becoming

138

neighbourhood embedded – neighbourhood sage and connected. Because age-friendly communities are those in which connections are created between older adults and their environments (Menec, Means, Keating, Parkhurt, & Eales, 2011), the two inner city neighbourhoods in which this study was set may be good places for some older women to participate and live.

To conclude whether an inner city is a good or bad place for older women to participate and live, we must take a holistic look at neighbourhoods, considering their demands but also their resources. We must look beyond labels and stereotypes and consider 'what is' versus how we assume an inner city neighbourhood to be.

Person-Environment Fit

The unique combination of person and environment fit must be deliberated to answer the question of whether an inner city could be a good place for older women to participate and live. Overall, there is good fit between study participants and their neighbourhoods. They participate in the activities that are important to them and thus can live their lives.

Findings of the present study are similar to Smith's (2009) study of older adults living in disadvantaged neighbourhoods in Manchester and Vancouver. Approximately one half (23 of 52) of participants (like many of my participants) experienced environmental management: They possessed adequate personal competence to adapt to strong environmental demands and so their neighbourhoods posed difficulties but did not impede everyday life. Twenty of 52 participants experienced environmental comfort; because they had adequate competence and their neighbourhoods imposed weak demands, their neighbourhoods did not play a major role in their daily life. These older adults were attached to their neighbourhood and they expressed a strong desire to stay. The remaining participants (9 of 52) experienced environmental distress; they

139

possessed poor competence and faced strong demands. This resulted in minimal coping strategies, poor quality of life, lack of attachment, and a strong desire to relocate.

Participants in the present study exhibit characteristics of environmental management and environmental comfort, or both. At this time, all have sufficient competence to face neighbourhood demands and are therefore adamant about remaining in their current neighbourhoods. Yet, all participants, including those who possess mostly characteristics of environmental comfort, identify aspects of their neighbourhoods that they dislike. None currently experience environmental distress. Although there is good fit between participants and their neighbourhoods at this point in time, their future compatibility is tenuous. Slight variations in health, finances, and support as well as neighbourhoods will affect person-environment fit and can result in environmental distress.

Neighbourhood embeddedness can enhance personal competence to contend with the demands present in the inner city by increasing familiarity, comfort, and resources. However, a minimum amount of fit must be present for neighbourhood embeddedness to occur. When overwhelming neighbourhood demands are put upon an individual with marginal competence, neighbourhood embeddedness cannot be achieved. Even though older women may be able to acquire some neighbourhood knowledge, it may be limited. Neighbourhood threats will be overpowering and will limit activities. As a result, it will be difficult to acquire the detailed neighbourhood knowledge necessary to achieve savviness. Moreover, lack of exposure will impede developing connections to neighbourhood places and people. However, when some, but not necessarily good, fit exists between older women and their neighbourhoods, then neighbourhood embeddedness is a possibility.

Could the Inner City A Good Place for an Older Woman to Live?

Returning to the question posed at the beginning of this section, the answer is anything but simple. The diversity of older women coupled with the diversity of (and even within) neighbourhoods makes this a difficult question to answer. It depends on the fit between each older woman and each neighbourhood at a particular point in time. It also depends on the activities that are meaningful and compelling to each older woman. Thus, for a neighbourhood to be a good place for an older woman to live, it must not only facilitate participation activities but choice and autonomy in these activities. And, based on the findings of this study, the inner city may indeed be a very good place for some older women not to passively reside but to participate and live.

Chapter Summary and Looking Ahead

In this chapter, I introduced the framework of neighbourhood embeddedness that emanated from this study. I summarized similarities and differences between neighbourhood embeddedness and other concepts in the literature, particularly the role of everyday activity in facilitating neighbourhood embeddedness. Everyday activities are one way in which older women exercise autonomy and choice. I then suggest that neighbourhood embeddedness helps older women deal with the demands of living in the inner city, facilitating participation and choice in activities and ultimately living in the city. Finally, I examined whether an inner city neighbourhood is a good place for older women to live. I concluded that depending on the fit between each individual woman and her unique neighbourhood, the inner city could indeed be a good place to participate and thus live. In the next chapter, I summarize key findings, contributions, the study's strengths and limitations as well as implications for future research and practice.

Chapter 7 – Conclusion

I begin the final chapter of thesis by providing a brief overview of this study and its major findings. I then summarize contributions to occupational therapy and gerontology knowledge. Next, I review the study's strengths and limitations. Finally, I propose implications for future research and practice.

Study Overview

The purpose of this study was to explore the everyday activities of older women residing in inner city neighbourhoods. To understand the transactions between older women, their everyday activities and their neighbourhoods, I spent 9 months interviewing 11 older women in their homes and neighbourhoods within two Edmonton inner city neighbourhoods. Participants ranged in age from 72 to 94 years and they lived in seniors' apartment buildings or in their own homes. In total, 28 in-depth home and go-along interviews were conducted. Other data included 28 sets of interview notes and eight documents (e.g., newspaper articles and emails). Conventional content analysis guided data analysis.

One theme (neighbourhood embeddedness) and three major categories (neighbourhood sage, neighbourhood connected, activities as catalysts and bridges to neighbourhood) emerged from data generation and analysis. This theme and these categories are presented in a framework of neighbourhood embeddedness.

Neighbourhood embeddedness is the phenomenon of being enmeshed, grounded, rooted, and woven into a neighbourhood's physical places, social fabric, and history. Neighbourhood embeddedness exists on a spectrum; participants were more or less embedded. Neighbourhood sage centres on possessing the knowledge and the "know-how" needed to engage in an inner city neighbourhood. Neighbourhood connected describes participants' ties to the places and people in

their neighbourhoods. These can result in an emotional attachment to the neighbourhood as well as contributing and committing to it. Activities as catalysts and bridges to neighbourhood addresses the essential role of activities in achieving embeddedness in a neighbourhood. Being embedded in one's neighbourhood can help address the challenges present in the inner city because embeddedness brings familiarity, comfort, and resources. This helps older women to exercise choice and control over their everyday activities, ultimately facilitating living, versus residing, in the inner city.

Summary of Contributions

This study makes a "spatial turn" (Andrews, Evans, Wiles, 2013, p. 1340), re-introducing place into occupational therapy. With some noteworthy exceptions (e.g., Andonian & MacRae, 2011; Haak et al., 2008; Shank & Cutchin, 2010; Ståhl et al., 2008), place and particularly neighbourhood, has been neglected in the occupational therapy literature despite Graham Rowles contributions beginning in the early 1990s. This gap is especially problematic since all major occupational therapy conceptual models recognize the environment in shaping and being shaped by occupation and activity. The present study also brings an occupation lens to gerontology, which Cutchin (2014) notes is largely unexplored. Moreover, I take an inclusive perspective of occupation, focusing not only physical and social activities which are heavily emphasized in many theories and frameworks of aging, but on everyday activities.

This study contributes to the understanding of older women, inner city neighbourhoods, and everyday activities. It also adds a new concept to the occupational therapy and gerontology literature - neighbourhood embeddedness. Moreover, this study adds to the ecological theory of aging. These contributions are described below.

Older Women

This study provides an alternative view of older women both in terms of their characteristics as well as their activities, illuminating the experiences of a population that are often "overlooked and underrepresented" (Richards, Warren, & Gott, 2012, p. 65). It challenges the negative social representations of older women – that they are uniformly dependent, passive, and a strain on resources (Quéniart & Charpentier, 2012) – and uncovers their strengths and resources. By exposing their everyday lives and activities, it also challenges assumptions about what older women do and confirms that they, indeed, have diverse occupations and activities. Their occupations include, for example, historian, teacher, dancer, gamer, community organizer, advocate, translator, writer, artist, student, mentor, and land lady. This study also balances these less-common and more heroic depictions of older women with those that are more traditional but equally meaningful to participants: an older woman as a volunteer, grandmother, crafter, bingo player, housekeeper, congregation member, pet owner, caregiver, cook, neighbour, and friend. Importantly, older women can simultaneously possess occupations that are aligned with idealistic representations of older women – "super-grannies" (Gestin, as cited in Quéniart & Charpentier, 2012, p. 988) – while also engaging in those that are typically associated with older women (e.g., gamer *and* housekeeper, translator *and* cook, community organizer *and* congregation member, writer *and* grandmother). Uncovering such diversity and complexity is essential to dispel myths about who older women are and what they do, particularly for the occupational therapists who will increasingly provide services to this population.

Inner City Neighbourhoods

This study also challenges commonly held assumptions about inner city neighbourhoods. It highlights that inner city neighbourhoods are diverse and need to be considered from a local perspective. While the two neighbourhoods in which the study was set share some

144

commonalities with those described in the literature (i.e., high rates of crime, poverty, low income, population turnover), these neighbourhoods are resource rich which is in contrast to how inner cities are often described in the literature. Indeed, the presence of amenities is an important reason why some participants intentionally made these *amenity moves* (Perry, Andersen, & Kaplan, 2014) to the inner city rather than to the suburbs. As Wiles, Leibing, Guberman, Reeve, and Allen (2012) assert, researchers and policy makers must "explore the 'inside' of a place from the perspective of the people living there rather than assuming statistics focusing on 'problems' tell the whole story" (p. 360). For participants in this study who have adequate health and social resources, the presence of these neighbourhood resources may outweigh the challenges present. For these participants, then, their neighbourhoods were good places to live at this point in time.

Everyday Activity

This study also highlights the role of everyday activity in neighbourhood life. Whereas the purposes of activities are often limited to self-care, productivity, and leisure in occupational therapy conceptual models, this study illuminates the role of activity in becoming an insider in a neighbourhood. Menec et al. (2011) suggest that age-friendly communities are those in which connections are developed between older adults and their environment. I propose that it is older women's everyday activities that create the opportunities for these connections. Although everyday activities are beneficial, they also introduce physical and social risks due to exposure to neighbourhood places and people. For some older women, this means walking the line between participating in a meaningful and compelling activity and maintaining safety.

Framework of Neighbourhood Embeddedness

In addition to illuminating different perspectives on older women, inner city neighbourhoods, and everyday activity, this study also contributes a new concept to the

145

occupational therapy and gerontology literature: neighbourhood embeddedness. Concepts that are similar to embeddedness exist, such as social embeddedness (de Jong Gierveld & Hagestad, 2006; Tselios et al., 2015) as well as being in place and insidedness (Rowles, 1991, 2000; Rowles & Watkins, 2003). Neighbourhood embeddedness is unique in that it accounts for the physical as well as social aspects of a neighbourhood. It also highlights the role of everyday activity in generating, maintaining, and re-establishing neighbourhood embeddedness. Although Rowles describes the importance of activity in being in place, everyday activity is not given the prominence as it is in neighbourhood embeddedness. Neighbourhood embeddedness also emphasizes the presence of neighbourhood knowledge as well as savviness (i.e., know-how) which impacts older women's mastery and sense of comfort in their neighbourhoods.

Whereas older adult's emotional bonds to their neighbourhoods is essential in Rowles' concepts of being in place and insidedness, findings from the present study did not confirm their fundamental nature. Some participants indeed had a strong emotional connection to their neighbourhoods, particularly those who lived in these neighbourhoods for many years. However, a few participants who were newcomers were strongly attached, perhaps because they actively contributed to their neighbourhoods through their everyday activities. Moreover, there were also many participants who had very little, if any, emotional attachment to their neighbourhoods. Yet, some were still had neighbourhood knowledge, savviness, and connections to the places and people in their neighbourhoods. Thus, whereas being in place and insidedness apply mainly to those older adults who spent many years living in a particular neighbourhood, neighbourhood embeddedness is relevant for those older women who are newcomers as well as those who have lived in the neighbourhood for many years.

Contribution to the Ecological Theory of Aging

This study aligns with Lawton and Nahemow's ecological theory of aging which explains that behaviour results from the fit between a person's competence (internal and external resources) and environmental demands (Wahl et al., 2012). Good fit must exist between the person and her environment in order to achieve adaptive behaviour. If environmental demands outweigh personal competence, then the environment poses excessive barriers: maladaptive behaviour, poor function, and poor affect can result. If personal competence outweighs environmental demands, then a person becomes bored, unchallenged, and unmotivated: again, maladaptive behaviour, poor function, and poor affect can result. Person-environment fit can be improved by strengthening personal competence or by reducing environmental press.

Neighbourhood embeddedness is one way that personal competence can be strengthened. More specifically, being neighbourhood sage can strengthen older women's internal resources (i.e., knowledge, skills, strategies). Being neighbourhood connected can augment older women's external resources (i.e., her social and support network). Together, being neighbourhood sage and connected can enhance an older woman's competence needed to contend with daily life and thrive in the inner city. In this way, the findings of the present study expands how personal competence is currently conceptualized and addressed in the ecological theory of aging.

This study also confirms that a healthy tension (i.e., good fit) between a person's competence and environmental demands can result in adaptive behaviour, good function, and positive affect. Despite the challenges and irritants that were present in inner city neighbourhoods, older women adapted to these so that they maintained their everyday activities and even engaged in those that made them feel alive. Indeed, they thrived.

Strengths and Limitations

147

This study had several strengths. The combination of conventional interviews in participants' homes and go-alongs in their neighbourhoods elicited detailed, rich, as well as nuanced data. Several scholars argue that even though older adults may occupy the same geographic location, they perceive and interpret it differently (Smith, 2009; Wiles, 2005). Generating data in this manner drew out some of these contested interpretations. Go-along interviews also allowed me to see what participants referred to when they described their neighbourhoods and its impact on their everyday activities. This facilitated further inquiry and resulted in a deeper understanding about the lives of these older women.

An inductive approach to data generation and analysis facilitated a new understanding how older women's everyday activities are shaped by their neighbourhoods as well as how older women impact their neighbourhoods through their everyday activities. It resulted in the framework of neighbourhood embeddedness and illuminated the role of everyday activity in the lives of these older women. Furthermore, generating and analyzing data inductively rather than using existing classifications of environments inherent in most occupational therapy conceptual models (e.g., physical, social, cultural, institutional environments) allowed me view the neighbourhood as a whole rather than as disparate parts. This, in turn, revealed the interactions between neighbourhood places, people, and emotions; it demonstrated how the physical environment contributed to the social environment as well as how emotional connections could be developed to people but also places. Using an inductive approach also highlighted temporality – how time, neighbourhood, and older women are interrelated, particularly their histories – which is neglected in almost all occupational therapy conceptual models. This allowed for an understanding of older women's lives in their neighbourhoods that was more than a single "snapshot" (Golant, 2003, p. 639).

Another strength of this study is the multi-strategy recruitment approach which facilitated purposive, rather than convenience, sampling. Use of a combination of strategies helped me gain access to older women who not all affiliated with programs and services and thus somewhat difficult to reach. Because of the time devoted to building relationships with older women as well as service providers and community representatives, I could be selective about who I recruited. I interviewed older women of different ages and with varied living situations, ethnic backgrounds, and length of residence in the neighbourhood but who all could speak to the research purposes.

Regarding study limitations, I did not consider participants' health and functional limitations in detail. Some of these details emerged during the interviews and when administering the demographic data form. However, I did not elicit detailed data about their health conditions and how these affected their everyday activities and thus neighbourhood life, nor did I analyze data with this in mind. A secondary analysis of the data set could be conducted to better understand specifically how health conditions play into the lives of older women living in the inner city. Hovbrandt et al.'s (2007b) classification of functional limitations (i.e., no functional limitation, movement-related limitations only, cognitive or perceptual limitations only, combination of movement and cognitive/perceptual limitation) could be applied to specifically examine the intersection between environment and functional limitations.

Despite attempts to reach older women who were socially isolated and lonely, none were recruited. This was partly due to the inclusion criteria; participants had to live in a community setting which required them to have a minimum level functional ability. It is important to understand the experiences of older women who are socially isolated because lack of social relationships may affect how older women experience their neighbourhoods, particularly those

with strong demands. Without connections to people, older women may be less able to engage in everyday activities which may cause further isolation and loneliness. Thus, these older women cannot obtain the benefits of participation in activity nor are they able to become, maintain, or re-establish neighbourhood embeddedness. And, research suggests that social isolation and loneliness is a concern for older adults living in disadvantaged neighbourhoods (Scharf & de Jong Gierveld, 2008), particularly for those older adults who are immigrants and have a different language and culture than the mainstream (de Jong Gierveld, Van der Pas, & Keating, 2015). Future studies should consider recruiting older women through health and social service agencies (e.g., Home Care, seniors outreach) to elicit the perspectives of older women who are in poor health and who are socially isolated.

Finally, although some participants were previously married including two who were recently widowed, none were married at the time of the data generation. Only two participants lived with others, one a family member and one a boarder. This may have resulted in an incomplete view of older women's everyday activities and experiences in inner city neighbourhoods. For example, it is possible that older women who were married may not have entered their neighbourhoods as frequently because their everyday activities may have been shared with their partners. Moreover, social activities and relationships with their neighbours may have been more limited as they may have spent more time with their partners or housemates. Thus, the findings of this study cannot be generalized to all groups of older women living in inner city neighbourhoods.

Implications

In this final section of this chapter and thesis, I outline implications for future research and occupational therapy practice.

Future Research

  Consistent with the purpose of interpretive description, the outcome of this study was a thematic survey. Some participants alluded to the process of becoming neighbourhood embedded but this was not explored as it was beyond the scope of this study. Future research could focus on identifying the processes involved in becoming, maintaining, and re-establishing neighbourhood embeddedness.

  Another direction for future research could include examining the turning point between being able to participate in everyday activities and staying in (i.e., becoming housebound). When do the risks outweigh the value of participating, regardless of the knowledge, strategies, and resources that older women have developed through neighbourhood embeddedness? This transition also relates to Smith's (2009) categories of environmental expression, in particular moving from environmental management to environmental distress.

  Some of the findings suggest that older women living in seniors apartments may have different experiences than those older women living in single family dwellings. Several participants noted an almost automatic sense of togetherness, and therefore unity, when they encounter each other in their neighbourhoods which could decrease the environmental demands of living in the inner city. Future research could examine older women's experiences of neighbourhood, activity, and neighbourhood among those living in seniors housing, exploring whether living in seniors' housing expedites neighbourhood embeddedness. Characteristics of such housing that enhance or impede participation in everyday activity and neighbourhood embeddedness could also be explored. For example, does building type (e.g., mixed, adult, seniors'), its amenities and services (e.g., transit, on-site coffee shop, on-site manager), and design (e.g., front porch, common areas) affect participation in activity, satisfaction with

participation, and neighbourhood embeddedness? This is an important to understand given globalization and the mobility of older adults (e.g., late life immigration, seasonal migration) (Johansson et al., 2013; Phillips et al., 2011; Phillipson, 2015) and declines in home ownership after age 75 (Hou, 2010) which may mean that more older adults will live in congregate settings in the future.

Finally, because older women make up a large component of the older population, particularly among the oldest-old and because older women are disproportionately affected by chronic conditions, activity limitations, low income, and transportation challenges, I felt that it was important to focus specifically on this group. Even though this study centred on older women, its purpose was not to explore the gender and power relations that disadvantage older women across the lifespan and that can result in them living in inner city neighbourhoods. Therefore, I did not adopt a feminist perspective nor use a particular feminist theory. Future research could utilize such a perspective to explore how political and socioeconomic factors interact to shape the experience of women's aging including their experiences of living in inner city neighbourhoods.

Occupational Therapy Practice

This study has several implications for occupational therapy practice. First, it highlights that the place-based labels typically ascribed to activities (i.e., home versus community) are arbitrary. Even those activities that older women typically engage in at home, such as cooking, reading, crafting, and housekeeping, require older women to enter their neighbourhoods, particularly those who live alone and who have little support for daily activities. Occupational therapists must be aware that home-based activities often transcend the walls of older women's homes. Even home-based activities 'pull' older women into their neighbourhoods and may

involve older women taking risks, particularly for compelling activities. Thus, when completing assessments of older women's function in home-based activities, occupational therapists should also consider how these older women might function in their neighbourhoods, complete with its unique demands. This will require occupational therapists to evaluate older women's community mobility via walking and public transit. Unfortunately, the latter is not given priority in practice, programming and research yet transit usability has major implications for older women's health and independent living (Broome, McKenna, Fleming, & Worrall, 2009; Di Stefano, Stuckey, & Lovell, 2012; Hammell, 2015; Lapointe, Gordon, Ripat, Ostrycharz, & Kendel, 2015).

The second and third implications for practice are aligned with the Canadian Association of Occupational Therapists' position statement on the role of occupational therapists working with older adults. This statement indicates that occupational therapists should "…foster older adults' well-being by supporting their efforts to maintain social connectedness…and engage in occupations that allow self-expression, opportunities to learn, and promote feelings of belonging and contributing" (Canadian Association of Occupational Therapists, 2011, Recommendations for occupational therapists, point 3). Given the role of everyday activities in facilitating neighbourhood embeddedness and vice versa, occupational therapists should encourage older women to participate in such activities. Occupational therapists should look beyond the activity purposes emphasized in conceptual models (i.e., self-care, productivity, leisure) and encourage older women to engage in those activities that help them to connect to places and people in their neighbourhoods. Occupational therapists should focus not only on "performance-oriented participation" that is dominant in occupational therapy discourse but also "togetherness-oriented participation" (Haak, Ivanoff, Fänge, Sixsmith, & Iwarsson, 2007, p. 98). This will require occupational therapists to address older women's internal capacities (personal competence),

resources (social, financial, material), as well as considering how their neighbourhood

environments affect functional ability to participate in such everyday activities. It also requires

occupational therapists not only to evaluate and intervene on the fit between older women and

their neighbourhoods. Are they compatible and if not, what can be done to increase

compatibility?

The third implication for practice is aligned with the Canadian Association of

Occupational Therapists' statement that occupational therapists should enable older adults "to

age in a place of their choosing…as well as through advocating for safe, accessible, affordable,

and age-friendly living options and community environments" (Canadian Association of

Occupational Therapists, 2011, Recommendations for occupational therapists, point 2). This

requires occupational therapists to intervene at the neighbourhood and the municipal level in the

role of advocate and collaborator to create neighbourhoods that are "occupationally generative"

(Andresen & Runge, 2002).

Findings from the study suggest that occupationally generative neighbourhoods are those

that facilitate choice and participation in everyday activities. They are walkable, pedestrian

friendly in summer as well as in winter, and have a good network of public transit and age-

friendly transit services (i.e., shelters that are clean, well-lit, and contain benches; drivers who

allow adequate time for bus entry/exit). Occupationally generative neighbourhoods have

destinations for older women to go visit. These include amenities that allow older women to run

their errands needed for daily life (e.g., obtain groceries, medications, household items) but they

are also places that facilitate interaction with others in their neighbourhoods. Importantly,

because of the diversity of capacities, preferences, interests, and activities among older women,

such destinations and amenities must be diverse. Not all older women want to attend seniors'

centres and churches.

Older women who lived in a particular seniors' apartment building noted the value of

common areas, such as benches located in the lobby and on the front porch, in which people

could meet one another and have casual conversations. Although public gathering places may

exist in some inner cities, older women may be apprehensive about using them due to safety

concerns as well as challenges associated with living in a northern climate. Given the importance

of interacting with and developing relationships with neighbours for older women living in the

inner city, it is important to create safe as well as comfortable common areas. And, while coffee

shops, pubs, and restaurants could be appropriate common areas for some populations, these may

be inappropriate for older women with limited incomes. Creating a supportive neighbourhood

must include safe, comfortable, as well as free-for-use venues that promote connections to

neighbourhood people. In addition to common areas within apartment buildings, such venues

may include seating areas within shopping malls, strip malls, libraries, grocery stores, post

offices, community centres, and recreation centres.

The fourth implication for practice addresses the inequities faced by some older women.

For some, financial limitations results in having little choice over where they live and so they

live where affordable housing is available – the inner city. This means exposure to irritants and

challenges as they go about their daily life and exposure to risk to participate in their most

compelling occupations and activities. Why must these older women balance their desire to

participate with the discomfort and risks involved in participating? Why can't older women,

regardless of their financial status and neighbourhood of residence, participate in the activities

that they find meaningful without having to consider the risks? Furthermore, even though

participants had sufficient finances for shelter and basic food, their finances affected their activity choices and participation. For example, some were unable to afford the cost of attending a movie, going swimming, or taking a taxi to activities that were held in the evening. Why must some older women's activity choices be limited by finances such that they cannot afford to participate in modest activities that could be beneficial for their health and well-being? And if the older women in the present study were fortunate with respect to living in inner city neighbourhoods that were resource rich, how might those older women living in other inner city neighbourhoods with fewer resources experience everyday activity, choice, and risk?

The above questions highlight the need for occupational therapists not only to consider the personal and immediate environmental conditions that surrounds the person and affects participation but also the political and social factors that influence their participation. These include income, social class, gender, age, ethnicity, disability, sexuality and others. Indeed, Hammell and Iwama (2012) state, "If occupational therapists are to take seriously their espoused commitment to enabling equitable access to participation in occupation, the inequitable conditions of people's lives have to be addressed" (p. 390). This points to the need not only to consider how these factors affect participation when working one-on-one with clients but also to adopt the role of advocate to affect programming and policy.

Chapter Summary

Neighbourhoods matter in the everyday activities and lives of older women residing in inner cities. Likewise, activities affect how older women experience life in inner city neighbourhoods. Occupational therapists, then, must consider these three concepts – older women, their neighbourhoods, and their everyday activities – in relation to each other rather than each concept in isolation. If occupational therapists are committed to helping their clients "learn,

grow, and make decisions; be mobile; build and maintain relationships; and, contribute" (WHO, 2015, p. 30) then they must look beyond the walls of their homes and consider their neighbourhoods.

References

Adler, P., & Adler, P. (2001). The reluctant respondent. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research* (pp. 515-536). Thousand Oaks, CA: SAGE. doi: http://dx.doi.org/10.4135/9781412973588.d31

Airey, L. (2003). "Nae as nice a scheme as it used to be": Lay accounts of neighbourhood incivilities and well-being. *Health & Place*, *9*(2), 129-137. doi:10.1016/S1353-8292(03)00013-3

Andonian, L., & MacRae, A. (2011). Well older adults within an urban context: Strategies to create and maintain social participation. *British Journal of Occupational Therapy*, *74*(1), 2-11. doi:10.4276/030802211X12947686093486

Andresen, M., & Runge, U. (2002). Co-housing for seniors experienced as an occupational generative environment. *Scandinavian Journal of Occupational Therapy, 9(4)*, 156-166. doi:10.1080/11038120260501181

Andrew, A., & Wilson, L. H. (2014). A café on the premises of an aged care facility: more than just froth? *Scandinavian Journal of Occupational Therapy*, *21*(3), 219-226. doi:10.3109/11038128.2013.868034

Andrews, G. J., Evans, J., & Wiles, J. L. (2013). Re-spacing and re-placing gerontology: Relationality and affect. *Ageing and Society*, *33*(08), 1339-1373. doi:http://dx.doi.org/10.1017/S0144686X12000621

Annear, M. J., Cushman, G., & Gidlow, B. (2009). Leisure time physical activity differences among older adults from diverse socioeconomic neighborhoods. *Health & Place, 15*(2), 482-490. doi:10.1016/j.healthplace.2008.09.005

158

Annear, M., Keeling, S., Wilkinson, T., Cushman, G., Gidlow, B., & Hopkins, H. (2014). Environmental influences on healthy and active ageing: A systematic review. *Ageing and Society*, *34*(04), 590-622. doi: http://dx.doi.org/10.1017/S0144686X1200116X

Anthony, A. K., & Danaher, W. F. (2015). Rules of the road: Doing fieldwork and negotiating interactions with hesitant public figures. *Qualitative Research*, 1468794115587392

Anton, C. E., & Lawrence, C. (2014). Home is where the heart is: The effect of place of residence on place attachment and community participation. *Journal of Environmental Psychology*, *40*, 451-461. doi:10.1016/j.jenvp.2014.10.007

Ashida, S., & Heaney, C. A. (2008). Differential associations of social support and social connectedness with structural features of social networks and the health status of older adults. *Journal of Aging and Health*, *20*(7), 872-893. doi:10.1177/0898264308324626

Bachman, R., & Meloy, M. L. (2008). The epidemiology of violence against the elderly: Implications for primary and secondary prevention. *Journal of Contemporary Criminal Justice*, *24*(2), 186-197. doi:10.1177/1043986208315478

Ballinger, C. (2004). Writing up rigour: Representing and evaluating good scholarship in qualitative research. *British Journal of Occupational Therapy, 67*(12), 540-546. doi: 10.1177/030802260406701204

Barnett, K., Buys, L., Lovie-Kitchin, J., Boulton-Lewis, G., Smith, D., & Heffernan, M. (2007). Older women's fears of violence: The need for interventions that enable active ageing. *Journal of Women & Aging*, *19*(3-4), 179-193. doi:10.1300/J074v19n03_12

Baum, F., & Palmer, C. (2002). 'Opportunity structures': Urban landscape, social capital and health promotion in Australia. *Health Promotion International, 17*(4), 351-361.

Beech, R., & Murray, M. (2013). Social engagement and healthy ageing in disadvantaged communities. *Quality in Ageing and Older Adults*, *14*(1), 12-24. doi:10.1108/14717791311311076

Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219-234. doi:10.1177/1468794112468475

Bowling, A., & Stafford, M. (2007). How do objective and subjective assessments of neighbourhood influence social and physical functioning in older age? Findings from a British survey of ageing. *Social Science & Medicine*, *64*(12), 2533-2549. doi:10.1016/j.socscimed.2007.03.009

Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage

Braun, V. & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi: 10.1191/1478088706qp063oa

Brodsky, A. (2008). Researcher as instrument. In Lisa M. Given (Ed.), *The Sage encyclopedia of qualitative research methods* (pp. 767-768). Thousand Oaks, CA: SAGE.

Broome, K., McKenna, K., Fleming, J., & Worrall, L. (2009). Bus use and older people: A literature review applying the Person–Environment–Occupation model in macro practice. *Scandinavian Journal of Occupational Therapy*, *16*(1), 3-12. doi:10.1080/11038120802326222

Brown, L., & Durrheim, K. (2009). Different kinds of knowing: Generating qualitative data through mobile interviewing. *Qualitative Inquiry, 15*(5), 911-930. doi:10.1177/1077800409333440

Burns, V. F., Lavoie, J., & Rose, D. (2012). Revisiting the role of neighbourhood change in

    social exclusion and inclusion of older people. *Journal of Aging Research,* Article

    ID 148287. doi:10.1155/2012/148287

Canadian Association of Occupational Therapists. (1997). *Enabling occupation: An*

    occupational therapy perspective. Ottawa, ON: CAOT Publications ACE.

Canadian Association of Occupational Therapists. (2007). *Profile of occupational therapy*

    practice in Canada [2007] No. ISBN: 978-1-895437-79-9). Ottawa, ON: CAOT

    Publications ACE.

Canadian Association of Occupational Therapists (2011). *Position statement on occupational*

    therapy and older adults. Retrieved from

    https://www.caot.ca/default.asp?ChangeID=1&pageID=621

Carpiano, R. M. (2009). Come take a walk with me: The "Go-along" interview as a novel

    method for studying the implications of place for health and well-being. *Health & Place,*

    15(1), 263-272. doi:10.1016/j.healthplace.2008.05.003

Carter, S. M., & Little, M. (2007). Justifying knowledge, justifying method, taking action:

    Epistemologies, methodologies, and methods in qualitative research. *Qualitative Health*

    Research, *17*(10), 1316-1328. doi: 10.1177/1049732307306927

Chapman, S. A. (2005). Theorizing about aging well: Constructing a narrative. *Canadian*

    Journal on Aging, *24*(01), 9-18. doi:10.1353/cja.2005.0004

Chaudhury, H., Mahmood, A., Michael, Y. L., Campo, M., & Hay, K. (2012). The influence of

    neighborhood residential density, physical and social environments on older adults' physical

    activity: An exploratory study in two metropolitan areas. *Journal of Aging Studies*, *26*(1),

    35-43. doi:10.1016/j.jaging.2011.07.001

Cho, J. Y., & Lee, E. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report*, *19*(32), 1-20. Retrieved from http://nsuworks.nova.edu/tqr/vol19/iss32/2

Christiansen, C.H. & Townsend, E.A. (2010). An introduction to occupation. In C.H. Christiansen & E.A. Townsend (Eds.), *Introduction to occupation: The art and science of occupation* (2nd ed.) (pp. 1-34). Upper Saddle River, NJ: Pearson.

City of Edmonton. (2007). *Aging in place: A neighbourhood strategy*. Retrieved from http://www.edmonton.ca/for_residents/CommPeople/AgingInPlaceStudy20071231.pdf

City of Edmonton. (2009a). *A community profile: Boyle Street.* Retrieved from http://censusdocs.edmonton.ca/DD34/MultiSource/NEIGHBOURHOOD/BOYLE%20STREET.pdf

City of Edmonton. (2009b). *A community profile: McCauley.* Retrieved from http://censusdocs.edmonton.ca/DD34/MultiSource/NEIGHBOURHOOD/MCCAULEY%20%20%20.pdf

City of Edmonton. (2009c). *Income: Edmonton.* Retrieved from http://censusdocs.edmonton.ca/DD26/FEDERAL%202001/CITY/EDMONTON.pdf

City of Edmonton. (2009d). *Population by age and gender: Boyle Street.* Retrieved from http://censusdocs.edmonton.ca/C05013/MUNICIPAL%202005/NEIGHBOURHOOD/BOYLE%20STREET.pdf

City of Edmonton. (2009e). *Population by age and gender: McCauley.* Retrieved from http://censusdocs.edmonton.ca/C05013/MUNICIPAL%202005/NEIGHBOURHOOD/MCCAULEY%20%20%20.pdf

City of Edmonton. (2010a). *2010 neighbourhood indicators – Boyle Street*. Retrieved from

http://www.edmonton.ca/city_government/documents/PDF/Boyle_Street.pdf

City of Edmonton. (2010b). *2010 neighbourhood indicators – McCauley*. Retrieved from

http://www.edmonton.ca/city_government/documents/PDF/McCauley.pdf

City of Edmonton. (2010c). *McCauley revitalization – A cultural experience*. Retrieved from

http://www.edmonton.ca/city_government/documents/PDF/McCauleyRevitStrategy2010.pd
f

City of Edmonton. (2015). *Boyle Street McCauley redevelopment plan*. Retrieved from

http://www.edmonton.ca/city_government/documents/Boyle_Street_McCauley_ARP_Cons
olidation.pdf#search=boyle street

Clark, F. (1997). Reflections on the human as an occupational being: Biological need, tempo and

temporality. *Journal of Occupational Science*, *4*(3), 86-92.

doi:10.1080/14427591.1997.9686424

Correa-de-Araujo, R. (2006). Serious gaps: How the lack of sex/gender-based research impairs

health. *Journal of Women's Health, 15*(10), 1116-1122. doi:10.1089/jwh.2006.15.1116

Creek, J., & Hughes, A. (2008). Occupation and health: A review of selected literature. *British

Journal of Occupational Therapy*, *71*(11), 456-468. doi:10.1177/030802260807101102

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five

approaches*. Thousand Oaks, CA: Sage.

Crompton, S. (2011). *Women with activity limitations* (Report No. 89-503-X). Retrieved from

http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11545-eng.htm

Cutchin, M.P. (2014, October). *Beyond environmental gerontology: The many geographies of aging.* Keynote address at the Canadian Association on Gerontology 43rd Annual Scientific and Education Meeting, Niagara Falls, ON.

Davidson, K. (2004). "Why can't a man be more like a woman?": Marital status and social networking of older men. *The Journal of Men's Studies*, *13*(1), 25-43. doi:10.3149/jms.1301.25

Day, R. (2008). Local environments and older people's health: Dimensions from a comparative qualitative study in Scotland. *Health & Place*, *14*(2), 299-312. doi:10.1016/j.healthplace.2007.07.001

De Donder, L., Verté, D., & Messelis, E. (2005). Fear of crime and elderly people: Key factors that determine fear of crime among elderly people in West Flanders. *Ageing International*, *30*(4), 363-376. doi:10.1007/s12126-005-1021-z

de Jong Gierveld, J., & Hagestad, G. O. (2006). Perspectives on the integration of older men and women. *Research on Aging*, *28*(6), 627-637. doi:10.1177/0164027506291871

de Jong Gierveld, J., Van der Pas, S., & Keating, N. (2015). Loneliness of older immigrant groups in Canada: Effects of ethnic-cultural background. *Journal of Cross-Cultural Gerontology*, 1-18. doi:10.1007/s10823-015-9265-x

de Leon, C. F. M., Cagney, K. A., Bienias, J. L., Barnes, L. L., Skarupski, K. A., Scherr, P. A., & Evans, D. A. (2009). Neighborhood social cohesion and disorder in relation to walking in community-dwelling older adults: A multilevel analysis. *Journal of Aging and Health*, *21*(1), 155-171. doi:10.1177/0898264308328650

Denzin, N. & Lincoln, Y. (2005). Preface. In N. Denzin & Y. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. ix-xix). Thousand Oaks, CA: Sage.

Di Stefano, M., Stuckey, R., & Lovell, R. (2012). Promotion of safe community mobility:

Challenges and opportunities for occupational therapy practice. *Australian Occupational*

Therapy Journal, *59*(1), 98-102. doi:10.1111/j.1440-1630.2011.00993.x

Duncombe, J., & Jessop, J. (2002). 'Doing rapport' and the ethics of 'faking friendship'. In M.

Mauthner, M. Birch, J. Jessop, & T. Miller (Eds.), *Ethics in qualitative research.* (pp. 108-

123). London, England: SAGE. doi: http://dx.doi.org/10.4135/9781849209090.n6

Dupuis, J., Weiss, D. R., & Wolfson, C. (2007). Gender and transportation access among

community-dwelling seniors. *Canadian Journal on Aging*, *26*(02), 149-158.

doi:http://dx.doi.org/10.3138/cja.26.2.149

Dupuis-Blanchard, S., Neufeld, A., & Strang, V. R. (2009). The significance of social

engagement in relocated older adults. *Qualitative Health Research*, *19*(9), 1186-1195.

doi:10.1177/1049732309343956

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced*

Nursing, *62*(1), 107-115. doi: 10.1111/j.1365-2648.2007.04569.x

Emmel, N. (2013). Purposeful sampling. In *Sampling and choosing cases in qualitative*

research: A realist approach. (pp. 33-45). London: SAGE. doi:

http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.4135/9781473913882.n3

Estabrooks, P. A., Lee, R. E., & Gyurcsik, N. C. (2003). Resources for physical activity

participation: does availability and accessibility differ by neighborhood socioeconomic

status?. *Annals of Behavioral Medicine*, *25*(2), 100-104.

doi:10.1207/S15324796ABM2502_05

Finlay, L. (2002a). "Outing" the researcher: The provenance, process, and practice of reflexivity.

Qualitative Health Research, *12*(4), 531-545. doi: 10.1177/104973202129120052

Finlay, L. (2002b). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, *2*(2), 209-230. doi:10.1177/146879410200200205

Finlay, L. (2006). 'Rigour', 'ethical integrity' or 'artistry'? Reflexively reviewing criteria for evaluating qualitative research. *British Journal of Occupational Therapy, 69*(7), 319-326. doi: 10.1177/030802260606900704

Fortuijn, J.D., van der Meer, M., Burholt, V., Ferring, D., Quattrini, S., Hallberg, I.R., … Wenger, G.C. (2006). The activity patterns of older adults: A cross-sectional study in six European countries. *Population, Space, and Place, 12,* 353-369. DOI: 10.1002/psp.422

Foster, L., & Walker, A. (2015). Active and successful aging: A European policy perspective. *The Gerontologist*, 55(1), 83-90. doi:10.1093/geront/gnu028

Fried, M. (2000). Continuities and discontinuities of place. *Journal of Environmental Psychology 20*(3), 193-205. doi:10.1006/jevp.1999.0154

Gabriel, Z., & Bowling, A. (2004). Quality of life from the perspectives of older people. *Ageing and Society, 24* (5), 675 - 691. doi:10.1017/S0144686X03001582

Gallagher, N. A., Clarke, P. J., & Gretebeck, K. A. (2014). Gender differences in neighborhood walking in older adults. *Journal of Aging and Health*, *26*(8), 1280-1300. doi:10.1177/0898264314532686

Gardner, P. J. (2008). *The public life of older people neighbourhoods and networks* Unpublished doctoral dissertation. University of Toronto, Toronto.

Gardner, P. J. (2011). Natural neighborhood networks - Important social networks in the lives of older adults aging in place. *Journal of Aging Studies*, *25*(3), 263-271. doi:10.1016/j.jaging.2011.03.007

Garvin, T., Nykiforuk, C. I., & Johnson, S. (2012). Can we get old here? Seniors' perceptions of

    seasonal constraints of neighbourhood built environment in a northern, winter city.

    Geografiska Annaler: Series B, Human Geography, *94*(4), 369-389.

    doi:10.1111/geob.12004

Gauvin, L., Richard, L., Kestens, Y., Shatenstein, B., Daniel, M., Moore, S.D., …Payette, H.

    (2012). Living in a well-serviced urban area is associated with maintenance of frequent

    walking among seniors in the VoisiNuAge study. *Journals of Gerontology Series B:*

    Psychological Sciences and Social Sciences, 67(1), 76-88. doi:10.1093/geronb/gbr134

Gauvin, L., Robitaille, É., Riva, M., McLaren, L., Dassa, C., & Potvin, L. (2007).

    Conceptualizing and operationalizing neighbourhoods: the conundrum of identifying

    territorial units. *Canadian Journal of Public Health*, 98(1), S18-S26. Retrieved from

    http://www.jstor.org/stable/41994835

Gilroy, R. (2008). Places that support human flourishing: Lessons from later life. *Planning*

    Theory & Practice, 9(2), 145-163. doi:10.1080/14649350802041548

Glass, T. A., Mendes de Leon, C. F., Bassuk, S. S., & Berkman, L. F. (2006). Social engagement

    and depressive symptoms in later life: Longitudinal findings. *Journal of Aging and Health,*

    18(4), 604-628. doi:10.1177/0898264306291017

Glass, T. A., Mendes de Leon, C. F., Marottoli, R. A., & Berkman, L. F. (1999). Population

    based study of social and productive activities as predictors of survival among elderly

    Americans. *British Medical Journal, 319*(7208), 478-483.

Golant, S. M. (2003). Conceptualizing time and behavior in environmental gerontology: A pair

    of old issues deserving new thought. *The Gerontologist*, *43*(5), 638-648.

    doi:10.1093/geront/43.5.638

Golledge, J. (1998). Distinguishing between occupation, purposeful activity and activity, part 1: Review and explanation. *British Journal of Occupational Therapy*, *61*(3), 100-105. doi:10.1177/030802269806100301

Gough, B. (2003). Deconstructing reflexivity. In L. Finlay, & B. Gough (Eds.), *Reflexivity: A guide for researchers in health and social sciences* (pp. 21-36). Oxford: Blackwell Science.

Government of Canada National Advisory Council on Aging. (2005). *Seniors on the margins: Aging in poverty in Canada*. Ottawa, ON: Minister of Public Works and Government Services Canada. Retrieved from http://publications.gc.ca/collections/Collection/H88-5-3-2005E.pdf

Grenier, A. M., & Guberman, N. (2009). Creating and sustaining disadvantage: The relevance of a social exclusion framework. *Health and Social Care in the Community, 17*(2), 116-124. doi:10.1111/j.1365-2524.2007.00804.x

Haak, M., Fänge, A., Horstmann, V., & Iwarsson, S. (2008). Two dimensions of participation in very old age and their relations to home and neighborhood environments. *American Journal of Occupational Therapy*, *62*(1), 77-86. doi:10.5014/ajot.62.1.77

Haak, M., Ivanoff, S., Fänge, A., Sixsmith, J., & Iwarsson, S. (2007). Home as the locus and origin for participation: Experiences among very old Swedish people. *OTJR: Occupation, Participation, and Health, 27,* 95–103. doi:10.1177/153944920702700303

Hagedorn, R. (2000). *Tools for practice in occupational therapy: A structured approach to core skills and processes*. London: Harcourt Publishers.

Halbesleben, J. R., & Wheeler, A. R. (2008). The relative roles of engagement and embeddedness in predicting job performance and intention to leave. *Work & Stress*, *22*(3), 242-256. doi:10.1080/02678370802383962

Halpern, E. S. (1983). *Auditing naturalistic inquiries: The development and application of a model*. Unpublished doctoral dissertation. Indiana University, Bloomington.

Hammell, K. W. (2004). Dimensions of meaning in the occupations of daily life. *Canadian Journal of Occupational Therapy*, *71*(5), 296-305. doi:10.1177/000841740407100509

Hammell, K. W. (2008). Reflections on . . . well-being and occupational rights. *Canadian Journal of Occupational Therapy, 75*(1), 61–64. doi:10.2182/cjot.07.007

Hammell, K. W. (2009). Self-care, productivity, and leisure, or dimensions of occupational experience? Rethinking occupational "categories". *Canadian Journal of Occupational Therapy*, *76*(2), 107-114. doi:10.1177/000841740907600208

Hammell, K. R. W. (2014). Belonging, occupation, and human well-being: An exploration. *Canadian Journal of Occupational Therapy*, *81*(1), 39-50. doi: 10.1177/0008417413520489

Hammell, K. W. (2015). Participation and occupation: The need for a human rights perspective. *Canadian Journal of Occupational Therapy*, *82*(1), 4-5. doi: 10.1177/0008417414567636

Hammell, K. R. W., & Iwama, M. K. (2012). Well-being and occupational rights: An imperative for critical occupational therapy. *Scandinavian Journal of Occupational Therapy*, *19*(5), 385-394. doi:10.3109/11038128.2011.611821

Hand, C., Law, M., Hanna, S., Elliott, S., & McColl, M. A. (2012). Neighbourhood influences on participation in activities among older adults with chronic health conditions. *Health & Place*, *18*(4), 869-876. doi:10.1016/j.healthplace.2012.03.004

Hermanowicz, J. C. (2002). The great interview: 25 strategies for studying people in bed. *Qualitative Sociology*, *25*(4), 479-499. doi:10.1023/A:1021062932081

Herzog, H. (2005). On home turf: Interview location and its social meaning. *Qualitative Sociology*, *28*(1), 25-47. doi:10.1007/s11133-005-2629-8

Hiles, D. (2008). Transparency. In L. M. Given (Ed.), *The sage encyclopedia of qualitative research methods* (pp. 891-893). Thousand Oaks, CA: Sage. doi: http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.4135/9781412963909.n467

Hillsdon, M., Panter, J., Foster, C., & Jones, A. (2007). Equitable access to exercise facilities. *American Journal of Preventive Medicine*, *32*(6), 506-508. doi:10.1016/j.amepre.2007.02.018

Hitch, D., Pépin, G., & Stagnitti, K. (2014). In the footsteps of Wilcock, part one: the evolution of doing, being, becoming, and belonging. *Occupational Therapy in Health Care*, *28*(3), 231-246. doi: 10.3109/07380577.2014.898114

Hou, F. (2010). *Homeownership over the life course of Canadians: Evidence from Canadian censuses of ppopulation* (Report No. 11F0019M – No. 325). Retrieved from http://www.statcan.gc.ca/pub/11f0019m/2010325/part-partie1-eng.htm#h2_1

Hovbrandt, P., Fridlund, B., & Carlsson, G. (2007a). Very old people's experience of occupational performance outside the home: Possibilities and limitations. *Scandinavian Journal of Occupational Therapy, 14*(2), 77-85. doi:10.1080/11038120600773013

Hovbrandt, P., Ståhl, A., Iwarsson, S., Horstmann, V., & Carlsson, G. (2007b). Very old people's use of the pedestrian environment: Functional limitations, frequency of activity and environmental demands. *European Journal of Ageing*, *4*(4), 201-211. 10.1007/s10433-007-0064-2

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277-1288. doi: 10.1177/1049732305276687

Hubbard, R. E., & Rockwood, K. (2011). Frailty in older women. *Maturitas*, *69*(3), 203-207. doi:10.1016/j.maturitas.2011.04.006

Huot, S., & Rudman, D. L. (2010). The performances and places of identity: Conceptualizing intersections of occupation, identity and place in the process of migration. *Journal of Occupational Science*, *17*(2), 68-77. doi:10.1080/14427591.2010.9686677

Hur, M., & Nasar, J. L. (2014). Physical upkeep, perceived upkeep, fear of crime and neighborhood satisfaction. *Journal of Environmental Psychology*, *38*, 186-194. doi:10.1016/j.jenvp.2014.02.001

Institute for Life Course and Aging. (2007). *Aging in Place: Bridgepoint/LHIN Literature Review*. (Toronto: Institute for Life Course and Aging, University of Toronto). Retrieved from http://homelesshub.ca/resource/aging-place-bridgepointlhin-literature-review#sthash.ahDNhJNQ.dpuf

Iwarsson, S., Fänge, A., Hovbrandt, P., Carlsson, G., Jarbe, I., & Wijk, U. (2004). Occupational therapy targeting physical environmental barriers in buildings with public facilities. *The British Journal of Occupational Therapy*, *67*(1), 29-38. doi:10.1177/030802260406700105

Jagger, C., Matthews, R., Matthews, F., Robinson, T., Robine, J. M., & Brayne, C. (2007). The burden of diseases on disability-free life expectancy in later life. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, *62*(4), 408-414. doi:10.1093/gerona/62.4.408

Johansson, K., Laliberte Rudman, D., Mondaca, M., Park, M., Luborsky, M., Josephsson, S., & Asaba, E. (2013). Moving beyond 'aging in place' to understand migration and aging: Place making and the centrality of occupation. *Journal of Occupational Science*, *20*(2), 108-119. doi:10.1080/14427591.2012.735613

Jopp, D. S., Wozniak, D., Damarin, A. K., De Feo, M., Jung, S., & Jeswani, S. (2014). How
could lay perspectives on successful aging complement scientific theory? Findings from a
US and a German life-span sample. *The Gerontologist*, *55*(1), 91-106. doi:
10.1093/geront/gnu059

Juvani, S., Isola, A., & Kyngas, H. (2005). The northern physical environment and the well-
being of the elderly aged over 65 years. *Journal of Circumpolar Health, 64*(3), 246-256.
doi:http://dx.doi.org/10.3402/ijch.v64i3.17988

Kaiser, K. (2009). Protecting respondent confidentiality in qualitative research. *Qualitative
Health Research,* 19(11) 1632–1641. DOI: 10.1177/1049732309350879

Kalache, A., Barreto, S. M., & Keller, I. (2005). Global ageing: The demographic revolution in
all cultures and societies [electronic resource]. In M. L. Johnson (Ed.), *Cambridge
handbook of age and ageing* (pp. 30-46). Cambridge: Cambridge University Press.

Källdalen, A., Marcusson, J., & Wressle, E. (2013). Interests among older people in relation to
gender, function and health-related quality of life. *British Journal of Occupational Therapy*,
76(2), 87-93. doi: 10.4276/030802213X13603244419239

Katz, S., & Calasanti, T. (2015). Critical perspectives on successful aging: Does it "appeal more
than it illuminates"? *The Gerontologist*, 55(1), 26–33. doi:10.1093/geront/gnu027

Kawachi, I., & Berkman, L. (2014). Social cohesion, social capital, and health. In L. Berkman, I.
Kawachi, & M. Glymour (Eds.), *Social epidemiology* (pp. 290-319). Oxford: Oxford
University Press.

Keating, N., Eales, J., & Phillips, J. E. (2013). Age-friendly rural communities: Conceptualizing
'best-fit'. *Canadian Journal on Aging*, *32*(4), 319-332. doi:10.1017/S0714980813000408

Keating, N., Otfinowski, P., Wenger, C., Fast, J., & Derksen, L. (2003). Understanding the caring capacity of informal networks of frail seniors: A case for care networks. *Ageing & Society, 23*(1), 115-127. doi:10.1017/S0144686X02008954

King, D. (2008). Neighborhood and individual factors in activity in older adults: Results from the neighborhood and senior health study. *Journal of Aging and Physical Activity, 16*(2), 144-170. Retrieved from

http://connection.ebscohost.com/c/articles/31317873/neighborhood-individual-factors-activity-older-adults-results-from-neighborhood-senior-health-study

Kusenbach, M. (2003). Street phenomenology: The go-along as ethnographic research tool. *Ethnography, 4*(3), 455-485. doi:10.1177/146613810343007

Kvale, S. (2007). *Doing interviews*. Thousand Oak, CA:Sage.

Lapointe, J., Gordon, C., Ripat, J., Ostrycharz, A., & Kendel, M. (2015). Active transportation and the role of occupational therapy. *Occupational Therapy Now, 17*(4), 9-10. Retrieved from: http://www.caot.ca/default.asp?pageid=382

Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy, 63*(1), 9-23. doi:10.1177/000841749606300103

Lawton, M. P. (1985). The elderly in context perspectives from environmental psychology and gerontology. *Environment and Behavior*, *17*(4), 501-519. doi:10.1177/0013916585174005

Leclair, L. L. (2010). Re-examining concepts of occupation and occupation-based models: Occupational therapy and community development. *Canadian Journal of Occupational Therapy*, *77*(1), 15-21. doi: 10.2182/cjot.2010.77.1.3

Letts, L., Rigby, P., & Stewart, D. (2003a). Appendix B: Explanation of key terms related to the environment. In L. Letts, P. Rigby & D. Stewart (Eds.), *Using environments to enable occupational performance* (pp. 303-305). Thorofare, NJ: Slack Incorporated.

Letts, L., Rigby, P., & Stewart, D. (2003b). *Using environments to enable occupational performance*. Thorofare, NJ: Slack Incorporated.

Levasseur, M., Cohen, A. A., Dubois, M. F., Généreux, M., Richard, L., Therrien, F. H., & Payette, H. (2015). Environmental factors associated with social participation of older adults living in metropolitan, urban, and rural areas: The NuAge study. *American Journal of Public Health*, *105*(8), 1718-1725. doi:10.2105/AJPH.2014.302415

Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd, E., & Patsios, D. (2007). *The multi-dimensional analysis of social exclusion: A research report for the Social Exclusion Task Force.* London: Cabinet Office.

Lewicka, M. (2011). Place attachment: How far have we come in the last 40 years?. *Journal of Environmental Psychology*, *31*(3), 207-230. doi:10.1016/j.jenvp.2010.10.001

Li, F., Fisher, K., Brownson, R., & Bosworth, M. (2005). Multilevel modeling of built environment characteristics related to neighborhood walking. *Journal of Epidemiology and Community Health, 59*(7), 558-564. doi:10.1136/jech.2004.028399

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalist inquiry*. Newbury Park, CA: Sage.

Lupton, R. & Power, A. (2002). Social exclusion and neighbourhoods. In J. Hill, J. Le Grand, & D. Pichaud (Eds.), *Understanding social exclusion* (pp. 118-140). Oxford: Oxford University Press.

MacLean, L. M., Meyer, M., & Estable, A. (2004). Improving accuracy of transcripts in qualitative research. *Qualitative Health Research, 14*(1), 113-123. doi:10.1177/1049732303259804

Marcellini, F., Giuli, C., Gagliardi, C., & Papa, R. (2007). Aging in Italy: Urban–rural differences. *Archives of Gerontology and Geriatrics*, *44*(3), 243-260. doi:10.1016/j.archger.2006.05.004

Matz-Costa, C., Besen, E., James, J. B., & Pitt-Catsouphes, M. (2014). Differential impact of multiple levels of productive activity engagement on psychological well-being in middle and later life. *The Gerontologist*, *54*(2), 277-289. doi:10.1093/geront/gns148

Mayan, M. J. (2009). *Essentials of qualitative inquiry*. Walnut Creek, CA: Left Coast Press.

McCormack, C., Cameron, P., Campbell, A., & Pollock, K. (2008). 'I want to do more than just cut the sandwiches': Female baby boomers seek authentic leisure in retirement. *Annals of Leisure Research*, *11*(1-2), 145-167. doi:10.1080/11745398.2008.9686790

McNeill, L. H., Kreuter, M. W., & Subramanian, S. V. (2006). Social environment and physical activity: a review of concepts and evidence. *Social Science & Medicine*, *63*(4), 1011-1022. DOI: 10.1016/j.socscimed.2006.03.012

Menec, V. H. (2003). The relation between everyday activities and successful aging: A 6-year longitudinal study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *58*(2), S74-S82. doi: 10.1093/geronb/58.2.S74

Menec, V. H., Means, R., Keating, N., Parkhurst, G., & Eales, J. (2011). Conceptualizing age-friendly communities. *Canadian Journal on Aging*, *30*(03), 479-493. doi:10.1017/S0714980811000237

Menec, V. H., Veselyuk, D. M., Blandford, A. A., & Nowicki, S. (2009). Availability of activity-related resources in senior apartments: does it differ by neighbourhood socio-economic status?. *Ageing and Society*, *29*(03), 397-411. doi:http://dx.doi.org/10.1017/S0144686X08007939

Michael, Y. L., Green, M. K., & Farquhar, S. A. (2006). Neighborhood design and active aging. *Health & Place, 12*(4), 734-740. doi:10.1016/j.healthplace.2005.08.002

Milan, & Vezina, (2011). *Senior women* (Report No. 89-503-X). Retrieved from http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11441-eng.pdf

Miles, M. B., & Huberman, A. M. (1994). *An expanded sourcebook: Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.

Moran, M., Van Cauwenberg, J., Hercky-Linnewiel, R., Cerin, E., Deforche, B., & Plaut, P. (2014). Understanding the relationships between the physical environment and physical activity in older adults: a systematic review of qualitative studies. *International Journal of Behavioral Nutrition and Physical Activity, 11*, 79. doi:10.1186/1479-5868-11-79

Morris, A. (2012). Older social and private renters, the neighbourhood, and social connections and activity. *Urban Policy and Research*, *30*(1), 43-58. doi:10.1080/08111146.2011.635411

Morse, J. M. (1994). Emerging from the data: The cognitive processes of analysis in qualitative inquiry. In J.M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 23-43). Thousand Oaks, CA: Sage.

Morse, J. M. (2000). Determining sample size. *Qualitative Health Research, 10*(1), 3-5. doi:10.1177/104973200129118183

Morse, J.M. (2001). Using shadowed data. *Qualitative Health Research, 11*(3), 291-292. doi: 10.1177/104973201129119091

Morse, J. M. (2008). Confusing categories and themes. *Qualitative Health Research*, *18*(6), 727-728. doi: 10.1177/1049732308314930

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, *1*(2), 13-22. Retrieved from http://ejournals.library.ualberta.ca.login.ezproxy.library.ualberta.ca/index.php/IJQM/article/view/4603

Nayyar, D., & Hwang, S. W. (2015). Cardiovascular health issues in inner city populations. *Canadian Journal of Cardiology*, *31*(9), 1130-1138. doi:10.1016/j.cjca.2015.04.011

Ng, T. W., & Feldman, D. C. (2014). Community embeddedness and work outcomes: The mediating role of organizational embeddedness. *Human Relations*, *67*(1), 71-103. doi: 10.1177/0018726713486946

Nguyen, T. (2008). Peer debriefing. In L. M. Given (Ed.), *The sage encyclopedia of qualitative research methods* (p. 605). Thousand Oaks, CA: Sage. doi:http://dx.doi.org/10.4135/9781412963909.n312

O'Brien, P., Dyck, I., Caron, S., & Mortenson, P. (2002). Environmental analysis: Insights from sociological and geographic perspectives. *Canadian Journal of Occupational Therapy, 69*(4), 229-238. doi:10.1177/000841740206900407

Oldenburg, R. (1999). *The great good place: Cafes, coffee shops, bookstores, bars, hangouts, hair salons, and other hangouts at the heart of a community.* New York: Publishers Group West.

Oswald, F., Jopp, D., Rott, C., & Wahl, H.-W. (2011). Is aging in place a resource for or risk to life satisfaction? *The Gerontologist*, *51*, 238–250. doi:10.1093/geront/gnq096

Paillard-Borg, S., Wang, H. X., Winblad, B., & Fratiglioni, L. (2009). Pattern of participation in leisure activities among older people in relation to their health conditions and contextual factors: A survey in a Swedish urban area. *Ageing and Society*, *29*(5), 803-821. doi:http://dx.doi.org/10.1017/S0144686X08008337

Palmer, C., Ziersch, A., Arthurson, K., & Baum, F. (2005). "Danger lurks around every corner": fear of crime and its impact on opportunities for social interaction in stigmatised Australian suburbs. *Urban Policy and Research*, *23*(4), 393-411. doi:10.1080/08111470500354216

Parkes, A., Kearns, A., & Atkinson, R. (2002). What makes people dissatisfied with their neighbourhoods?. *Urban Studies*, *39*(13), 2413-2438. doi:10.1080/0042098022000027031

Patton, M. (2002). *Qualitative research and evaluation methods.* Thousand Oaks, CA: Sage.

Peace, S., Holland, C., & Kellaher, L. (2006). *Environment and identity in later life.* Maidenhead, NY: Open University Press.

Perry, T. E., Andersen, T. C., & Kaplan, D. B. (2014). Relocation remembered: Perspectives on senior transitions in the living environment. *The Gerontologist*, *54*(1), 75-81. doi:10.1093/geront/gnt070

Phillips, J., Walford, N., & Hockey, A. (2011). How do unfamiliar environments convey meaning to older people? Urban dimensions of placelessness and attachment. *International Journal of Ageing and Later Life*, *6*(2), 73-102. doi:10.3384/ijal.1652-8670.116273

Phillips, J., Walford, N., Hockey, A., Foreman, N., & Lewis, M. (2013). Older people and outdoor environments: Pedestrian anxieties and barriers in the use of familiar and unfamiliar spaces. *Geoforum*, *47*, 113-124. doi:10.1016/j.geoforum.2013.04.002

Phillipson, C. (2007). The 'elected' and the 'excluded': Sociological perspectives on the experience of place and community in old age. *Ageing & Society, 27*(3), 321-342. doi:10.1017/S0144686X06005629

Phillipson, C. (2015). Placing ethnicity at the centre of studies of later life: Theoretical perspectives and empirical challenges. *Ageing and Society*, *35*(05), 917-934. doi:http://dx.doi.org/10.1017/S0144686X14001032

Phillipson, C., Bernard, M., Phillips, J., & Ogg, J. (1999). Older people's experiences of community life: Patterns of neighbouring in three urban areas. *The Sociological Review, 47*(4), 715-743. doi:10.1177/104973299129121820

Pierce, D. (2001). Untangling occupation and activity. *American Journal of Occupational Therapy*, *55*(2), 138-146. doi:10.5014/ajot.55.2.138

Poland, B. D. (1995). Transcription quality as an aspect of rigor in qualitative research. *Qualitative Inquiry, 1*(3), 290-310. doi:10.1177/107780049500100302

Polatajko, H. J., Davis, J. A., Hobson, S. J., & Landry, J. E. (2004). Meeting the responsibility that comes with the privilege: Introducing a taxonomic code for understanding occupation. *Canadian Journal of Occupational Therapy*, *71*(5), 261-264. doi:10.1177/000841740407100503

Polatajko, H. J., Davis, J., Stewart, D., Cantin, N., Amoroso, B., Purdie, L., & Zimmerman, D. (2007). Specifying the domain of concern: Occupation as core. In E. A. Townsend, & H. J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation* (1st ed., pp. 13-36). Ottawa, ON: CAOT Publications ACE.

Provencher, C., Keating, N., Warburton, J., & Roos, V. (2014). Ageing and community: Introduction to the special issue. *Journal of Community & Applied Social Psychology*, *24*(1), 1-11. doi:10.1002/casp.2171

Quéniart, A., & Charpentier, M. (2012). Older women and their representations of old age: A qualitative analysis. *Ageing and Society*, *32*(6), 983-1007. doi:http://dx.doi.org/10.1017/S0144686X1100078X

Rebeiro, K. L., Day, D. G., Semeniuk, B., O'Brien, M. C., & Wilson, B. (2001). Northern initiative for social action: An occupation-based mental health program. *American Journal of Occupational Therapy*, *55*(5), 493-500. doi: 10.5014/ajot.55.5.493

Richard, L., Gauvin, L., Gosselin, C., & Laforest, S. (2009). Staying connected: neighbourhood correlates of social participation among older adults living in an urban environment in Montreal, Quebec. *Health Promotion International*, *24*(1), 46-57. doi:10.1093/heapro/dan039

Richard, L., Gauvin, L., Kestens, Y., Shatenstein, B., Payette, H., Daniel, M., ... & Mercille, G. (2012). Neighborhood resources and social participation among older adults: Results from the VoisiNuage study. *Journal of Aging and Health*, *25*(2), 296-318. doi:10.1177/0898264312468487

Richards, L. (1999). *Using NVivo in qualitative research*. Thousand Oaks, CA: Sage.

Richards, L., & Morse, J. M. (2007). *Readme first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage.

Richards, N., Warren, L., & Gott, M. (2012). The challenge of creating 'alternative' images of ageing: Lessons from a project with older women. *Journal of Aging Studies*, *26*(1), 65-78. doi:10.1016/j.jaging.2011.08.001

Richardson, L., & St Pierre, E. (2005). Writing: A method of inquiry. In N.K. Denzin & Y.S. Lincoln (Eds.), *The sage handbook of qualitative research* (3rd ed.) (pp. 959-978). Thousand Oaks, CA: Sage.

Rodgers, B. (2008). Audit Trail. In L.M. Given (Ed.), *The sage encyclopedia of qualitative research methods* (pp. 44-45). Thousand Oaks, CA: Sage. doi: http://dx.doi.org.login.ezproxy.library.ualberta.ca/10.4135/9781412963909.n25

Rodgers, B. L., & Cowles, K. V. (1993). The qualitative research audit trail: A complex collection of documentation. *Research in Nursing & Health*, *16*(3), 219-226. doi:10.1002/nur.4770160309

Rowles, G. D. (1983). Geographical dimensions of social support in rural Appalachia. In G. D. Rowles, & R. J. Ohta (Eds.), *Aging and milieu: Environmental perspectives on growing old* (pp. 111-130). New York: Academic Press.

Rowles, G. D. (1991). Beyond performance: Being in place as a component of occupational therapy. *American Journal of Occupational Therapy*, *45*(3), 265-271. doi:10.5014/ajot.45.3.265

Rowles, G. D. (2000). Habituation and being in place. *OTJR: Occupation, Participation and Health*, *20*(S1), 52S-67S. doi:10.1177/15394492000200S105

Rowles, G. D. (2008). Place in occupational science: A life course perspective on the role of environmental context in the quest for meaning. *Journal of Occupational Science*, *15*(3), 127-135. doi:10.1080/14427591.2008.9686622

Rowles, G.D., & Bernard, M. (2013). The meaning of place in residential and public spaces. In G.D. Rowles & M. Bernard (Eds.), *Environmental gerontology: Making meaningful places in old age* (pp. 3-24). New York: Springer.

Rowles, G.D. & Wakins, J.F. (2003). History, habit, heart, and hearth: On making spaces into

places. In K. W. Schaie, H.-W. Wahl, H. Mollenkopf, & F. Oswald (Eds.), *Aging*

independently: Living arrangements and mobility (pp. 77-96). New York: Springer.

Rozanova, J., Keating, N., & Eales, J. (2012). Unequal social engagement for older adults:

Constraints on choice. *Canadian Journal on Aging*, *31*(01), 25-36.

doi:10.1017/S0714980811000675

Rudman, D. L., Cook, J. V., & Polatajko, H. (1997). Understanding the potential of occupation:

A qualitative exploration of seniors' perspectives on activity. *American Journal of*

Occupational Therapy, *51*(8), 640-650. doi:10.5014/ajot.51.8.640

Russell, C., Hill, B., & Basser, M. (1998). Older people's lives in the inner city: Hazardous or

rewarding? *Australian and New Zealand Journal of Public Health, 22*(1), 98-106.

doi:10.1111/j.1467-842X.1998.tb01152.x

Saldana, J. (2009). *The coding manual for qualitative researchers* (1st ed.). Thousand Oaks, CA:

Sage.

Sandelowski, M., & Barroso, J. (2003). Classifying the findings in qualitative research.

Qualitative Health Research, 13(7), 905-923. doi:10.1177/1049732303253488

Saunders, B., Kitzinger, J., & Kitzinger, C. (2014). Anonymising interview data: Challenges and

compromise in practice. *Qualitative Research*, 1468794114550439.

Scannell, L. & Gifford, R. (2013). Comparing the theories of interpersonal and place attachment.

In L. C. Manzo, & P. Devine-Wright (Eds.), *Place attachment: Advances in theory,*

methods, and applications (pp. 23-36). New York: Routledge.

Scharf, T., & de Jong Gierveld, J. (2008). Loneliness in urban neighbourhoods: An Anglo-Dutch

comparison. *European Journal of Ageing*, *5*(2), 103-115. doi:10.1007/s10433-008-0080-x

Scharf, T. C., Phillipson, C., & Smith, A. (2003). Older people's perceptions of the neighbourhood: Evidence from socially deprived urban areas. *Sociological Research Online, 8*(4), 715-743. Retrieved from http://www.soresonline.org.uk/8/4scharf.html

Scharf, T., Phillipson, C., & Smith, A. E. (2005). Social exclusion of older people in deprived urban communities. *European Journal of Ageing, 2*(2), 76-87. doi:10.1007/s10433-005-0025-6

Schnirer, L., & Stack-Cutler, H. (2012). *Recruitment and engagement of low income populations: Service provider and researcher perspectives*. Retrieved from: http://www.cup.ualberta.ca/new-report-recruitment-and-engagement-of-low-income-populations

Schwandt, T. A., & Halpern, E. S. (1988). *Linking auditing and metaevaluation: Enhancing quality in applied research*. Newbury Park, CA: Sage.

Service Canada. (2014). *Occupational therapists.* Retrieved from http://www.servicecanada.gc.ca/eng/qc/job_futures/statistics/3143.shtml

Shank, K. H., & Cutchin, M. P. (2010). Transactional occupations of older women aging-in-place: Negotiating change and meaning. *Journal of Occupational Science*, *17*(1), 4-13. doi:10.1080/14427591.2010.9686666

Sixsmith, J., Boneham, M., & Goldring, J. E. (2003). Accessing the community: Gaining insider perspectives from the outside. *Qualitative Health Research, 13*(4), 578-589. doi:10.1177/1049732302250759

Smith, A. E. (2009). *Ageing in urban neighbourhoods: Place attachment and social exclusion*. Bristol, UK: The Policy Press.

Snowden, L. R. (2001). Social embeddedness and psychological well-being among African

    Americans and Whites. *American Journal of Community Psychology*, *29*(4), 519-536. doi:

    10.1023/A:1010480816822

Spradley, J.P. (1979). *The ethnographic interview*. New York: Holt, Rinehart and Winston.

Stadnyk, R. L., Townsend, E. A., & Wilcock, A. A. (2010). Occupational justice. In C.

    Christiansen, & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of*

    living. (2nd ed., pp. 329-358). Upper Saddle River, NJ: Pearson.

Ståhl, A., Carlsson, G., Hovbrandt, P., & Iwarsson, S. (2008). "Let's go for a walk!":

    Identification and prioritisation of accessibility and safety measures involving elderly people

    in a residential area." *European Journal of Ageing*, *5*(3), 265-273. doi:10.1007/s10433-008-

    0091-7

Statistics Canada. (2005). *2006 census questions.* Retrieved from

    http://www12.statcan.ca/english/census06/info/questions/index.cfm?S=11

Statistics Canada. (2009). *Canada's population estimates: Age and sex. The daily, Friday*

    November 27, 2009. Retrieved from http://www.statcan.gc.ca/daily-

    quotidien/091127/dq091127b-eng.htm

Statistics Canada (2014). *Study: Emerging trends in living arrangements and conjugal unions for*

    current and future seniors, 1981 to 2011. Retrieved from http://www.statcan.gc.ca/daily-

    quotidien/140224/dq140224a-eng.pdf

Thompson, S., & Kent, J. (2014). Healthy built environments supporting everyday occupations:

    Current thinking in urban planning. *Journal of Occupational Science*, *21*(1), 25-41.doi:

    10.1080/14427591.2013.867562

Thorne, S. (2008). *Interpretive description*. Walnut Creek, CA: Left Coast Press.

184

Thorne, S., Reimer Kirkham, S., & MacDonald-Emes, J. (1997). Interpretive description: A non-categorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health, 20*(2), 169-177. doi:10.1002/(SICI)1098-240X(199704)20:2<169::AID-NUR9>3.0.CO;2-I

Thorne, S., Reimer Kirkham, S., & O'Flynn-Magee, K. (2004). The analytic challenges of interpretive description. *International Journal of Qualitative Methods, 3*(1). Retrieved from http://ejournals.library.ualberta.ca/index.php/IJQM/issue/view/370

Tilley, L. & Woodthorpe, K. (2011). Is it the end for anonymity as we know it? A critical examination of the ethical principle of anonymity in the context of 21st century demands on the qualitative researcher. *Qualitative Research, 11*(2), 197-212. doi:10.1177/1468794110394073

Tolich, M. (2004). Internal confidentiality: When confidentiality assurances fail relational informants. *Qualitative Sociology*, *27*(1), 101-106. doi:10.1023/B:QUAS.0000015546.20441.4a

Torres-Gil, F., & Hofland, B. (2012). Vulnerable populations. In H. Cisneros, M. Dyer-Chamberlain, & J. Hickie (Eds.), *Independent for life: Homes and neighborhoods for an aging America* (pp. 221–232). Austin, TX: University of Texas Press

Townsend, E. A., & Polatajko, H. J. (2007). Introduction. In E. A. Townsend, & H. J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation* (pp. 1-8). Ottawa, ON: CAOT Publications ACE.

Townsend, E., & Wilcock, A. A. (2004). Occupational justice and client-centred practice: A dialogue in progress. *Canadian Journal of Occupational Therapy*, *71*(2), 75-87. doi:10.1177/000841740407100203

Tselios, V., Noback, I., McCann, P., & van Dijk, J. (2015). Local social engagement, satisfaction and embeddedness. *Environment and Planning A*, 47(5), 1132-1154. doi:10.1177/0308518X15592301

Turcotte, M., & Schellenberg, G. (2006). *A portrait of seniors in Canada.* (Catalogue No. 89-519-XIE). Retrieved from http://www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.pdf

Unruh, A. M. (2004). Reflections on: "So… what do you do?" Occupation and the construction of identity. *Canadian Journal of Occupational Therapy*, *71*(5), 290-295. doi:10.1177/000841740407100508

Valdemarsson, M., Jernryd, E., & Iwarsson, S. (2005). Preferences and frequencies of visits to public facilities in old age - A pilot study in a Swedish town center. *Archives of Gerontology and Geriatrics, 40*(1), 15-28. doi:10.1016/j.archger.2004.05.010

Vaughan, M., LaValley, M. P., AlHeresh, R., & Keysor, J. J. (2015). Which features of the environment impact community participation of older adults? A systematic review and meta-analysis. *Journal of Aging and Health*, 0898264315614008. doi:10.1177/0898264315614008

Vik, K., & Eide, A. H. (2014). Evaluation of participation in occupations of older adults receiving home-based services. *The British Journal of Occupational Therapy*, *77*(3), 139-146. doi:10.4276/030802214X13941036266540

Wahl, H. W., Iwarsson, S., & Oswald, F. (2012). Aging well and the environment: Toward an integrative model and research agenda for the future. *The Gerontologist*, 52 (3), 306-316. doi:10.1093/geront/gnr154

Walker, R. B., & Hiller, J. E. (2007). Places and health: A qualitative study to explore how older

women living alone perceive the social and physical dimensions of their neighbourhoods.

Social Science & Medicine, 65(6), 1154-1165. doi:10.1016/j.socscimed.2007.04.031

Walks, R., & Bourne, L. S. (2006). Ghettos in Canada's cities? Racial segregation, ethnic

enclaves and poverty concentration in Canadian urban areas. *The Canadian Geographer*,

50(3), 273-297. doi:10.1111/j.1541-0064.2006.00142.x

Wenger, C. (2002). Interviewing older people. In J. F. Gubrium, & J. A. Holstein (Eds.),

Handbook of interview research: Context and method (pp. 259-278). Thousand Oaks, CA:

Sage.

White, R. (2007). Older people hang out too. *Journal of Occupational Science*, *14*(2), 115-118.

doi:10.1080/14427591.2007.9686592

Wiederhold, A. (2014). Conducting fieldwork at and away from home: Shifting researcher

positionality with mobile interviewing methods. *Qualitative Research*, 1468794114550440.

Wilcock, A. A. (2006). *An occupational perspective of health* (2nd ed.). Thorofare, NJ: Slack

Wiles, J. (2005). Conceptualizing place in the care of older people: The contributions of

geographical gerontology. *Journal of Clinical Nursing*, *14*(s2), 100-108.

doi:10.1111/j.1365-2702.2005.01281.x

Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. (2012). The meaning of

"ageing in place" to older people. *The Gerontologist*, *52*(3), 357-366. doi:

10.1093/geront/gnr098

World Health Organization. (2007). *Global age-friendly cities: A guide*. Retrieved from

http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

World Health Organization. (2014). *Age-friendly world: Adding life to years*. Retrieved from

   https://extranet.who.int/agefriendlyworld/age-friendly-in-practice/

World Health Organization. (2015). *World report on healthy ageing and health*. Retrieved from

   http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

Wright-St Clair, V. (2012). Being occupied with what matters in advanced age. *Journal of*

   Occupational Science, *19*(1), 44-53. doi:10.1080/14427591.2011.639135

Young, A. F., Russell, A., & Powers, J. R. (2004). The sense of belonging to a neighbourhood:

   Can it be measured and is it related to health and well being in older women? *Social Science*

   & Medicine, *59*(12), 2627-2637. doi:10.1016/j.socscimed.2004.05.001

Zeitler, E., & Buys, L. (2015). Mobility and out-of-home activities of older people living in

   suburban environments: 'Because I'm a driver, I don't have a problem'. *Ageing and Society,*

   35(4), 785-808. doi: http://dx.doi.org/10.1017/S0144686X13001086

Appendices

Appendix A: Definition of terms

Everyday activity. In this study, everyday activities are defined as the meaningful activities and sets of meaningful activities that people do with some consistency and regularity in their everyday life (Menec, 2003; Polatajko, Davis, Hobson, & Landry, 2004; Polatajko et al., 2007).

Inner city neighbourhood. Inner city neighbourhoods are located near or at the centre of the urban core rather than in the outskirts. They often contain the following characteristics, which are also characteristics of neighbourhoods identified as being disadvantaged or deprived: above average concentrations of poverty, crime, unemployment, full-time workers living on low incomes, and single parents; high population turnover and dependence on social assistance; and, poor housing conditions, infrastructure, and access to amenities (Smith, 2009; Toronto District Health Council, as cited in Nayyar & Hwang, 2015).

Neighbourhood. A small area or territory encircling a person's home (Rowles & Bernard, 2013).

Occupation. Occupation is "an activity or set of activities that is performed with some consistency and regularity, that brings structure, and is given value and meaning by individuals in a culture" (Polatajko et al., 2007, p. 19). These activities provide people with occupational roles such as volunteer, pet owner, artist, and caregiver.

Study title

Exploring older women's activities in inner city neighbourhoods

Source: www.rapdict.org/McCauley

Volunteers Wanted

To participate in a study about how neighbourhoods affect
what older women do

Volunteers must be:

- Women 70+ years
- Live in Boyle Street or McCauley
- Able to participate in two 1 hour interviews.

*The first interview will take place in a location of your choice. In the second, we
will walk or take a taxi (at no cost to you).*

Contact: Christine at 780-222-1424 or cdaum@ualberta.ca

Source: www.rapdict.org/McCauley

Study title: Exploring older women's activities in inner city neighbourhoods

Volunteers Wanted

We are looking for women to take part in a study about how neighbourhoods affect what older women do

Women must be:

- 70+ years
- Living in Boyle Street or McCauley neighbourhoods
- Able to participate in two 1 hour interviews

What will happen:

- We will ask questions about your activities and neighbourhood.
- You can decide the location of the first interview. In the second, we will walk or take a taxi around your neighbourhood at no cost to you.

Interested?
Contact Christine
780-222-1424
cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Christine
Phone: 780-222-1424
E-mail: cdaum@ualberta.ca

Appendix D: Screening interview script

You have been invited to participate in a study about inner city neighbourhoods and older women's participation in everyday activities. I am looking to interview women age 70+ living in two Edmonton neighbourhoods: 1) Boyle Street; 2) McCauley.

Before getting started with the interviews, I would like to confirm that you meet the characteristics of the women who I would like to talk to.

Participant initial of first name: _____
Participant initial of surname: _____

1. What is your age/how old are you? _____
2. In which neighbourhood do you live?
   ☐ Boyle Street
   ☐ McCauley
   ☐ Other _____
3. For how long have you lived here? _____
   If less than 5 years in neighbourhood:
   • Where did you move from? _____
   • Why did you decide to move here? _____
4. Do you live in a:
   ☐ Single family home
   ☐ Apartment/condominium or seniors apartment/condominium
   ☐ Rooming house/shelter
   ☐ Group home or lodge
   ☐ Long term care facility
5. Do you feel healthy enough to participate in 2-3 one hour interviews? Do you feel healthy enough to participate in a short walk or a drive around your neighbourhood? You can change your mind about if you would like to take a walk or a drive.
6. How did you find out about this study? _____

_____

Confirmation that potential participant meets inclusion criteria:
   ☐ *Female age 70+*
   ☐ *Resides in target neighbourhood and has done so for at least a year*
   ☐ *Lives in a community (vs institutional) setting*
   ☐ *Feels sufficiently healthy to participate in study*
   ☐ *Sufficient English language skills to understand information letter, provide consent, and participate in interviews*

Study Title: Exploring older women's activities in inner city neighbourhoods

Research Investigator:
Christine Daum, PhD Candidate
3-48 Corbett Hall, 8205 114 Street
University of Alberta
Edmonton, Alberta, T6G 2G4
cdaum@ualberta.ca
780-222-1424

Supervisor:
Dr. Lili Liu, Professor and Chair
Department of Occupational Therapy
2-64 Corbett Hall, 8205 114 Street
University of Alberta
Edmonton, Alberta, T6G 2G4
lili.liu@ualberta.ca
780-492-5108

Background
You are invited to take part in a study about older women's everyday activities. In other words, it is about what older women do with their time. Doing activities helps people be healthy. Neighbourhoods can affect what people do. We need to understand how inner city neighbourhoods affect what older women are able to do.

I am a PhD student at the University of Alberta. The results of this study will be used to support my thesis.

Purpose
I want to find out about how living in two inner city neighbourhood (Boyle Street, McCauley) has an effect on what older women are able to do.

Study procedures
I will do two interviews with you in one month. You can decide their location (e.g., home, agency, public place). Each interview will take about one hour. I will audio record interviews so that I don't miss anything we talk about. The interviews will then be typed.

Interview 1: I will ask questions about things in your neighbourhood that affect what you do

Interview 2: We will go for a walk or a drive in your neighbourhood. I will ask you to show me the things that affect what you do. We'll take pictures of these things. You can decide if we walk or take a taxi. I will pay for the taxi. I will bring the camera. I can help you use it. Or, I will take pictures if you prefer. We will talk about the photos. They will also help me remember what we talked about. I will give you a copy of the photos within two weeks of the interview.

I might ask you for a third interview if I need more information.

Exploring older women's activities in inner city neighbourhoods

Possible Benefits: You will have the chance to tell me about your neighbourhood. This will help me learn how things in your neighbourhood affect what you do. We hope that this will help people working with older women living in the inner city and city planners.

Possible Risks: The risks of taking part in this study are small. The interviews might take time away from other activities. If you get upset, I will connect you with staff at Seniors Association of Greater Edmonton or Operation Friendship who can give support.

Voluntary Participation: You do not have to take part. It is voluntary. If you decide to be in the study, you do not have to answer all questions.

Freedom to Withdraw: If you agree to be in the study, you can change your mind and stop at any time. If you stop, you can withdraw what you've told me up until I do the analysis (about one week after the interview). After I start the analysis, you won't be able to withdraw this information. This is because what I learn in one interview will help me to ask questions in the next. You can withdraw the photographs you've taken until March 31, 2013.

Confidentiality and Anonymity: The typist and I are the only people who will listen to the interviews. Your name will not be in the typed version of the interview. Instead, I will give you a pen name. Only my supervisors and I will read the typed interview.

Study findings and photos will be presented in my dissertation, at conferences, in academic journals, and in other reports and newsletters. Some of the things you say may be directly quoted. However, your name will not be used. I will use your a pen name instead. At the end of the second interview, I will ask if you would like a copy of my final report.

My supervisors and I will keep any information that you tell me to ourselves. We will only tell someone else if professional ethics or law require us to. The University of Alberta Research Board 1 may have access to your information to monitor the research. The interview recordings, typed interviews, and photos will be kept in a locked filing cabinet and on a password protected computer. We may use the data from this study in future research. This must first be approved by a Research Ethics Board.

Contact Names and Telephone Numbers:

Please contact the people below if you have any questions or concerns:

Name and title: Christine Daum, PhD Candidate   *Telephone Number:* 780-222-1424

Name and title: Dr. Lili Liu, Chair and Professor   *Telephone Number:* 780-492-5108

The plan for this study has been reviewed for its adherence to the ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant's rights and ethical conduct of research, contact the Research Ethics Office at 492-2615.

Appendix F: Consent form

Part 1 (to be completed by the Principal Investigator):

Title of Project: Exploring older women's activities in inner city neighbourhoods

Principal Investigator(s): Christine Daum, PhD Candidate   Phone Number: 780-222-1424

Co-Investigator/Supervisor: Dr. Lili Liu, Chair and Professor   Phone Number: 780-492-5108

Part 2 (to be completed by the research participant):

	Yes	No
Do you understand that you have been asked to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Sheet?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that you are free to withdraw from the study at any time, without having to give a reason?	☐	☐
Has the issue of confidentiality and anonymity been explained to you?	☐	☐
Do you understand who will have access to your records?	☐	☐

Who explained this study to you? _____

I agree to take part in this study: YES ☐   NO ☐

Signature of Participant_____

(Printed Name) _____

Date:_____

Signature of Witness _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee_____ Date _____

THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE PARTICIPANT

Appendix G: Conventional interview guide

Living in neighbourhood
1. Tell me about when you first moved to this neighbourhood. Why did you move here?
2. What do you consider to be your neighbourhood? What are the boundaries?
3. What is it like living in this neighbourhood?
    - What do you like about living here? Why?
    - What do you dislike/would to change? Why?
    - How is living in this neighbourhood similar/different than living in a different neighbourhood (if applicable)?
    - How has your neighbourhood changed since moving here? How do you think the change has affected you and what you do (if applicable)?

Exploring activities
1. How do you spend your time? What kinds of things/activities do you do? (If needed, why do you do them?)
2. What kinds of things/activities would you like to do that you aren't doing right now? What stops you from doing these?

Exploring neighbourhood and activities
1. What things about your neighbourhood help you do what you want to do?
2. What things about your neighbourhood makes it hard to do what you want to do?
    - What do you do to get around these things?
    - What would need to change about your neighbourhood so that you could do the things you want to do?
3. Is living in this neighbourhood different in the winter than the summer? How so? How do your activities change? How do they stay the same?
4. Please tell me about what you do during the day versus in the evening? How does daylight affect your activities?
5. How have your activities changed as you have become older? Why do you think these changes occurred? Does it feel different to live in the neighbourhood now versus when you were younger? How so?

Closing
1. Today we talked about your neighbourhood and the things you do. *Summarize key themes uncovered in the interview.* What am I missing?
2. Is there anything else that you would like to tell me about your neighbourhood and activities?
3. Would you like to add anything else that did not come up?

Appendix H: Go-along interview guide

<u>Go-along questions</u>
1. As we walk/drive through your neighbourhood, I would like you to point out the things that you see as important for me to see and know about. I also would like you to think about the things you do in your neighbourhood – your activities like … (*refer to activities identified in the first interview)*.
2. How does that (feature identified by participants) affect what you do....?
3. *Refer back to the neighbourhood elements that participants identified during the first interview as influencing activities.*
   Specifically, how do these affect your activities?

<u>Closing</u>
1. Today you showed me around your neighbourhood. We talked about how it affects the things you do. *Summarize key themes uncovered in the interview.* What have I missed?
2. Is there anything else that you would like to tell me about?
3. What did you think about today's interview? How does it compare to our last interview when we met at your home? What did you like/dislike about today? (Which one did you like better and why?)

Appendix I: Demographic information form

Adapted from Statistics Canada 2006 Census Questions
http://www12.statcan.ca/english/census06/info/questions/index.cfm?S=11

Note: To be read to participants at the end of the first interview if not already covered in the interview

Participant pseudonym: _____

To be obtained during screening interview

Interview date: _____

Participant age: _____

Neighbourhood of residence: _____

Tenure of residence in neighbourhood: _____

Type of dwelling:

- o   Apartment/condominium
- o   Single family home
- o   Rooming house or shelter

Co-habitation and marital status

1.   Including yourself, who normally lives here? (Initials and relationship)

Person 1: _____

Person 2: _____

Person 3: _____

Person 4: _____

Person 5: _____

2.   What is your marital status?

o Single (Never legally married)
o Married (Legally or common-law; not separated)
o Widowed
o Separated, but still legally married
o Divorced

Ethnicity

1.   Do you self-identify as a certain ethnicity? _____

If yes, what ethnicity do you identify with? _____

Activity limitations

1. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, or doing similar activities? _____

   Please describe:

   _____

   _____

2. Does a physical condition, mental condition, or health problem reduce the amount of kind of activity that you can do:
   a) At home? _____

   Please describe:

   _____

   _____

   b) Outside the home? _____

   Please describe:

   _____

   _____

3. Do you receive any help to look after:

   a) Yourself? _____

   What kinds of help do you receive? Please describe help and who provides it:

   _____

   _____

   b) Your home? _____

   What kinds of help do you receive? Please describe help and who provides it:

   _____

   _____

4. Do you use any mobility devices to get around:

   a) At home? Check all that apply:
      - o Cane
      - o Walker
      - o Crutches
      - o Wheelchair
      - o Scooter

b) When you leave your home? Check all that apply:

- o   Cane
- o   Walker
- o   Crutches
- o   Wheelchair
- o   Scooter

5. How do you normally get to where you need to go? (Check all that apply).

- o   Walk
- o   Drive self
- o   Ride from family/friends
- o   Public transit
- o   DATS
- o   Taxi

Income and education

1. Are you retired? _____

2. What kind of work do/did you do?

_____

3. What kind of schooling/formal training do you have?

_____

4. What is your annual income (pre-tax)? Please select one from the ranges below.
    (PREFACE)

- o   <$10,000
- o $10,000-$19,999
- o $20,000-$29,999
- o $30,000-$39,999

- o $40,000-$49,999
- o $50,000-$59,999
- o $60,000-$69,999
- o $70,000+

Appendix J: Original research journals

Title	Purpose	When Used	Format
Analytic notes	To record questions, impressions, and brainstorming sessions about the meaning of data.	During analysis.	Could be: 1) Notebook containing impressions, questions, lists, emerging patterns. 2) Memo feature in NVIVO.
Audit trail	To record decisions and justification.	Throughout study.	Word document.
Field observation journal	To record observations and features of neighbourhoods.	Immediately after each activity in the field.	Word document and binder containing maps, diagrams, observations, newspaper clippings, notices, etc.
Interview notes	To record specific details about each interview including participants and context.	Immediately after each interview.	Key points digitally recorded immediately after interview and then expanded upon in a Word document.
Personal journal	To record impressions about the overall research experience but confidential.	Throughout study.	Word document.
Reflexive journal	To record impressions about the overall experience, reactions to and relationships with participants, personal and disciplinary assumptions. The focus is on how I affected the data as they were created, analyzed, and interpreted.	Throughout study.	Word document.
Research activities journal	Daily record of what I did. Includes record of peer debriefs.	Throughout study.	Word document.

Appendix K: External audit checklist completed by auditor

Guiding Questions	Yes/No	Comments
Process (Dependability) Audit[1]		
1. Are the study's methods and procedures described in sufficient detail?[2] How data were collected, prepared, and analyzed?	Yes	Review of research journals confirmed procedures were undertaken as described in the Methodology and Methods chapter.
2. Were changes to methods documented and justified?	Yes	Only minor changes were made and explanation of these changes was provided.
Product (Confirmability) Audit[1]		
1. Are findings grounded in data?[3] (i.e., is there enough 'raw data', do they appear sufficiently rich?)	Yes	Listing of data set demonstrated inclusion of sufficient data generated through diverse means consistent with the selected methodology.
2. Is there evidence of a thoughtful and systematic analytic process? (e.g., moving from codes to categories to themes; use of analytic notes, memos; evidence of checking and re-checking)	Yes	The evolution of coding was clearly outlined and the transition through first and second cycle coding into clusters of pre-categories/categories and eventual themes was thoughtfully considered.
3. Is there evidence that alternative interpretations were considered?	Yes	Review of research journals revealed notes questioning possible alternate interpretations during the process of analysis.
4. Are findings logical? Even if the auditor has alternative interpretations, do study findings make sense?[3]	Yes	The transformation from 'raw data' to interpretation of that data was clear and logical. The raw data points used in the abstracted description of findings were poignant.
5. Is there evidence that data and emerging analyses were verified? (e.g., concurrent data generation and analysis, checking inaudibles, negative case analysis)	Yes	Examples of verification were evident throughout research journals.
6. Is there evidence of peer review?	Yes	Peer debrief meetings were regularly scheduled. Preparation for each meeting was evident as well as thoughtful consideration of peer feedback.
7. Is there evidence of reflexivity? (e.g., reflexive journaling)	Yes	Reflexive notes were prevalent throughout the research journals. All decisions relating to interpretation of data were delineated.

[1]Halpern, E.S. (1983).
[2]Miles, M. B., & Huberman, A. M. (1994).
[3]Schwandt, T. A., & Halpern, E. S. (1988).

Appendix L: Auditor's summary letter

2 December 2015

Re: External Audit

Dear Christine,

It was an honour to have the opportunity to audit your qualitative research conducted as part of your doctoral studies. The audit was conducted as time permitted between October 9th and November 24th, 2015. It included a review of your Methodology & Methods and Findings chapters as well as all of your research journals (which included required elements of an audit trail such as coding structures, memos, annotations, analytic notes, reflexive notes, and a personal journal).

As outlined in the Audit Table that follows, your effort to attend to the rigour of your study was exhaustive. The detailed elements of your audit trail allow me to confidently attest to the trustworthiness of your findings.

As an occupational therapist that has worked with older adults in both single-family dwellings and congregate housing, your description of the study participants rings true to me. Your interpretation of the findings helps to expand understanding of the experience of older adult women residing in Edmonton's inner city. This knowledge offers insight into how these women have learned to navigate their environment (which if often presumed to be a dangerous one) in order to participate in everyday activities. These insights will be valuable for municipal and provincial governments in their planning to support older adults to age in place in urban environments.

Sincerely,

Angela Sekulic, BScOT, MScRS (OT)