



STANDARDS RESEARCH

A Canadian Roadmap for an Aging Society

Current Trends, Opportunities and Implications for Standards

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Executive Summary

There is a fundamental demographic shift underway across Canada, with older adults making up an increasingly large portion of our society. Population projections suggest that by 2031, nearly a quarter of Canadians will be aged 65 years and over.

This report explores the implications of that shift — it outlines opportunities and needs related to the growing older adult population in Canada, and highlights areas of innovation and promising practice. The findings are based on a synthesis of evidence from many sources, including an environmental scan and literature review, and structured interviews with 27 key informants from across Canada. The purpose of the project is to create a Canadian ‘roadmap’ to inform the development of guidelines and standards that could enhance Canada’s aging society.

The report is framed around five areas: older adults at work, older adults at home, older adults in the community, older adults engaged, and older adults seeking equity. Across these five areas, key findings include:

- **At work:** Increasing numbers of older adults are prolonging their careers to participate in the workforce, and yet many key informants spoke about the lack of action and minimal effort underway to address the needs of older workers. Many older adults are remaining in the workforce because they cannot afford to retire. Additionally, caregivers need assistance from employers when supporting their loved ones, both in terms of time and finances. Key informants recommended that future standards development support age-friendly workplaces and working adults who are also caregivers, with practices such as flexible work arrangements and protection of pensions and benefits for workers aged 65 and over.
- **At home:** The vast majority of older adults remain in their homes as they age. The trend towards aging-in-place highlights the need for an accessible and affordable home environment, especially for older adults living alone. The importance of caregiving and a wide range of supports was highlighted by many key informants, particularly for older adults living in rural, remote, Northern, and other underserved areas; these older adults often rely on family, friends and volunteer caregivers for support as they age at home. Future standards development could support new models of co-housing, age-friendly and universal home design, training and certification for personal support workers, and caregiver supports.
- **In the community:** There are growing numbers of age-friendly communities across Canada and internationally, focused on encouraging healthy aging and engagement of older adults. Age-friendly community plans require substantial engagement with older adults, and include recommendations related to public buildings, outdoor spaces, housing, and civic participation. Access to reliable and affordable transportation, especially in winter, was raised as a major challenge. Future standards development could focus on guidelines for implementation of age-friendly communities and more broadly, age-friendly spaces and places, including grocery stores, airports, and banks. There is also an opportunity to develop guidelines highlighting best practices for engaging older adults in planning efforts (e.g., forming seniors’ advisory committees).

- **Engaged:** Increasing civic and social participation amongst older adults is a priority of many levels of government, as demonstrated by the variety of programs and services designed to achieve these goals (e.g., the Government of Canada's New Horizons for Seniors program). Many of these programs support initiatives for older adults at risk of social isolation and loneliness. A wide variety of technological innovation is helping connect older adults and support aging in place, though a lack of digital literacy and access to reliable and affordable Internet also pose barriers. Future standards development could promote universal access to the Internet and consumer protections related to technology, with features such as larger text, large buttons, and enhanced speakers. For reducing social isolation, guidelines could be created to promote best practices and evidence-based interventions (e.g., seniors' information line, outreach workers).
- **Seeking equity:** Canada is a nation of diversity, with populations from a wide variety of cultural, ethnic, and linguistic backgrounds, and of diverse genders and sexual orientations - that same diversity is reflected in the older adult population. Moreover, there are some sub-populations of older adults that warrant particular attention, as they may be more likely to experience poor outcomes due to stigmatization, marginalization, or exclusion based on their personal characteristics, histories, and/or lack of resources. Key informants highlighted the compounding effect of poverty on marginalization and inequitable access to services, and that older adults are also at an increased risk of financial, physical, and emotional abuse. We recommend actively engaging specific communities when developing and piloting standards in order to understand, address, and accommodate their unique needs, and ensure each standard does not increase vulnerabilities and/or inequities.

As outlined above, standards and guidelines can help promote age-friendly design in all spaces and places, strengthen protections and supports for caregivers, recognize and accommodate older workers, and leverage technology to enhance care, health, and quality of life. Key informants spoke of the momentum they were seeing in the realm of healthy aging, in terms of growing numbers of engaged older adults, their partners, families, and allies. These people are very willing to help lead the way and co-create standards and guidelines for an age-friendly nation.



“The demographics of Canada are shifting, with a growing proportion of society aged 65 years and over.”

1 Introduction

1.1 Project Rationale and Objectives

The demographics of Canada are shifting, with a growing proportion of society aged 65 years and over [1]. There is a wide variety of services and programs, financial supports, and a publicly-funded health care system in Canada to support older adults as they age, though there remain gaps in care, inequity in access to services and programs, and inequities in individual outcomes [2].

This research project explored a multitude of efforts currently underway by older adults, service providers, researchers, caregivers, organizations, governments, and businesses to promote healthy aging across the country. In the past decade, Canada has led the way with age-friendly communities and promoting healthy aging practices at the community level [3]. Efforts to reduce poverty among older adults through a suite of financial supports appear to be making a difference [4]. There are also more and more networks of researchers working together with older adults to explore new and innovative approaches to help adults age in place (e.g., the pan-Canada technology and aging network AGE-WELL, the Schlegel-University of Waterloo Research Institute for Aging). Municipalities, provinces, territories, and the federal government are developing and updating policies, programs, and services to better address the needs of older adults (e.g., A Dementia Strategy for Canada, Nova Scotia’s Action Plan for an Aging Population, Age-Friendly Elliot Lake) [5]–[7].

This qualitative research study explores current trends, needs, and opportunities related to the growing older adult population in Canada, and highlights areas of innovation and promising practice currently underway. These were informed by an environmental scan, literature review, and interviews with experts across the country. From that synthesized analysis, key action areas were identified that would benefit from a standardized approach to better support healthy aging in Canada. These areas were explored using a framework that envisions older adults in a variety of life domains: at work, at home, in the community, engaged, and seeking equity (see Figure 1).

Figure 1 - Structure of report findings



1.2 Definitions

There are many definitions and terms used to describe who is an older adult. The term ‘senior’ has been commonly used in Canada to refer to the population aged 65 years or older, and 65 years is generally the age at when full retirement benefits start [8]. The World Health Organization refers to the aging population as individuals aged 60 years and older [9]. In interviews for this study, key informants told us that the Assembly of First Nations recommends using age 55 years and over for their citizens, due to the lower life expectancy of their population (though actual practice can vary across different communities). Similarly, 55 years and over may be used to refer to older immigrant populations, and 45 years and older is sometimes used for older adults in low income communities.

When asked about preferred terminology, many key informants indicated that the term ‘senior’ can be interpreted as patronizing and otherwise negative. While not universal, many organizations are shifting from this to the term ‘older adult’ when referring to the older population.

Many key informants were also not comfortable using an age cut-off to define older adults, but generally understood to be past middle age. While aging refers to the “persistent decline in the age-specific fitness components of an organism due to internal physiological deterioration” [10], interviewees emphasized that age alone is not an adequate predictor of a person’s lived experience and wellbeing. Every individual is unique; it is possible that some adults over 80 years old have comparable physical and mental capabilities to those who are 50 years old, and vice versa.

Diversity

Heterogeneity among older people also exists in the roles they play in society. Older people may be spouses, siblings, parents, adult children, grandparents, caregivers, workers, mentors, retirees, volunteers, charitable donors, homeowners or renters, drivers, consumers, patients, citizens, and taxpayers, among other roles [11]. The diversity of these roles also

emphasizes the many ways in which older adults actively contribute to society, and the limitations of perspectives based on notions of frailty and vulnerability, service system needs, economic cost and burden.

“There isn’t one kind of adult, there isn’t one kind of senior. There’s a real diversity.”

—Key Informant

In response to this feedback, this report uses the term ‘older adults’ when referring to members of the aging population, without a specific age range. We have also adopted a framework that conceptualizes the strengths and vulnerabilities of older adults in terms of the interplay between

- **functional abilities** (e.g., physical, cognitive, emotional)
- **roles** (e.g., worker, caregiver, patient, volunteer, grandparent)
- **context** (e.g., home environment, work environment, community environment)
- **available resources** (e.g., money, services, social supports)

This conceptual framework (see Figure 2) underpins the research approach for this study – it facilitated an examination of systems, structures, and processes as well as individual characteristics and experiences, and emphasized a strength-based approach. Figure 2 provides a visual representation of the framework of older adults and aging used to present innovations and promising practices throughout the report.

Figure 2 - Conceptual framework of older adults and aging



The interplay among these four elements contributes to a person’s unique experience of aging. Some combinations of elements can create increased vulnerability, whereas others contribute to resilience and strength [12]. The combined experience of resilience and vulnerability is unique to each person, yet there are some common influences (e.g., the social determinants of health) that affect particular sub-populations and communities more than others. These are addressed in the section on older adults seeking equity.

“We become more heterogenous as we grow older.”
 —Dr. Andrew Sixsmith, Scientific Director, AGEWELL NCE

Ageism

Despite the aging population’s diversity and ongoing contributions to society, discrimination based on age — called ageism — remains prevalent in Canadian society. It is estimated that 63% of adults 66 years of age or older have experienced some form of age discrimination [13]. Ageism is described as the most tolerated form of social prejudice that can be found in attitudes and beliefs, discriminatory practices, and institutional practices and policies [13], [14]. Ageism was often identified as a top concern and barrier to healthy aging by key informants in this study.

“We [need to] re-equip and re-frame older adults not as liability but recognizing them as knowledge holders and that they have a gift to share.”

—Key Informant

1.3 Demographic Summary of Canada: Older Adults

There is a fundamental demographic shift underway across Canada and the globe, with older adults comprising an increasing proportion of our society [15].

According to the 2016 Canadian Census, there were 5.9 million adults aged 65 years and over in Canada, which accounted for 16.9 per cent of the total population. In comparison, there were 2.4 million older adults in 1981, which at that point accounted for 10% of the population. While women of all ages account for a little more than half the population in Canada (50.9% in 2016), the number of women aged 65 years and older exceeds the number of older men by more than 20%. In the population of adults aged 85 years and over, there are about two women for every man [16].

Moreover, this demographic shift to a higher proportion of older adults is expected to continue into the future. Population projections suggest that by 2031, nearly a quarter of Canadians will be aged 65 years and over (see Figure 3) [1].

Figure 3 - Proportion of children (14 years and younger) and older adults (65 years and over), 1986 TO 2031 [1]

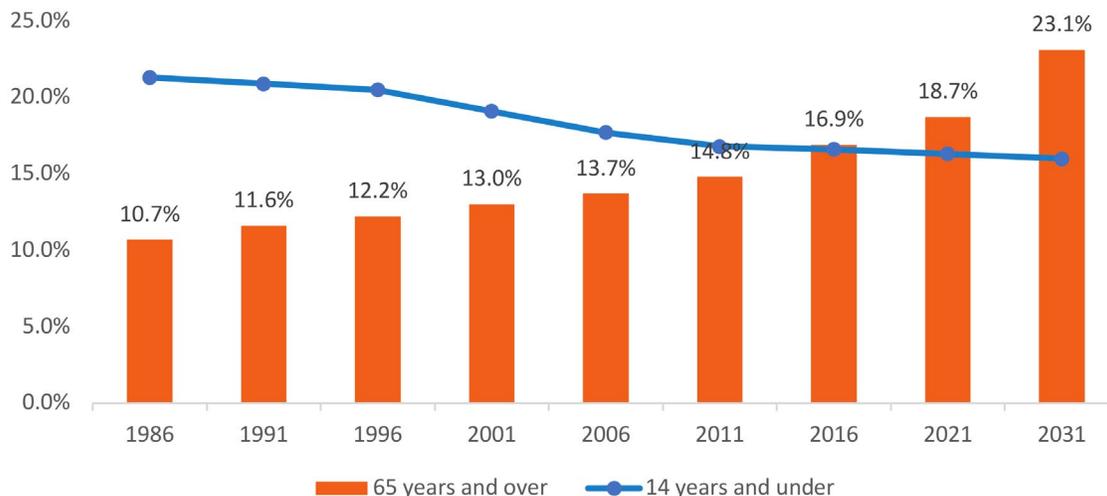
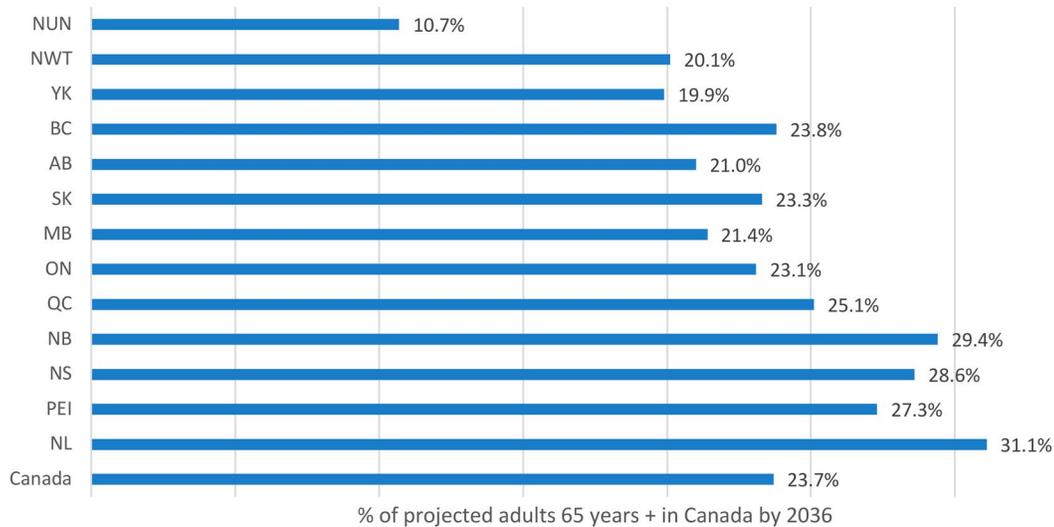


Figure 4 - Percentage of people aged 65 years and over, Canada, provinces and territories (projected to 2036, medium growth scenario) [1]



These changing demographics are also expected to vary across the provinces and territories in Canada, so that by 2036, a higher proportion of older adults is projected in the Atlantic provinces. As seen in Figure 4, the lowest projected proportion of older adults is in the territories, and in Nunavut in particular.

The subsequent sections in this report explore the implications of this demographic shift in terms of successes addressing the needs of older adults, as well as gaps, broader issues, and innovations underway to support the aging population in Canada.

2 Methods

2.1 Environmental Scan And Literature Review

This research project started with a scan of existing policies, practices, and programs related to older adults in Canada, at federal and provincial/territorial levels, and in a few select municipalities. A search was conducted using the grey literature — primarily reports — using international, national, and provincial/territorial sources. Where applicable, academic literature was referenced to identify best practices in a given topic area. In all cases, the evidence review focused on reports and literature published in the last ten years to capture the most

recent social and technological changes, while ensuring a breadth of best or promising practices emerging from Canada and other countries. The combined results of the evidence review informed the subsequent interview protocol and created the foundation for the report.

2.2 Key Informant Interviews

Twenty-seven (27) key informants from across Canada were interviewed between April 2019 and June 2019. These key informants were selected using a phased approach. First, an initial list of known experts was developed from the environmental scan/literature review and with input from stakeholders. The preliminary list of key informants was then assessed against a matrix of sectors (e.g., policy, research, advocacy), geography, levels of government, and areas of specialization, to ensure a variety of perspectives were included in the study. Secondly, key informants were asked at the end of the interview to identify leading people in the area of aging in Canada. If the recommended key informant addressed a gap in perspective, they were invited to participate in the research study. Key informants who gave consent to have their name and title published with the report have been included in the Appendix. Those who consented to have their comments attributed have been identified in the text.

Interviews were mostly conducted via teleconferences lasting an average 45 minutes, although one focus group was conducted in place of a teleconference due to the larger number of participants in the discussion. The semi-structured interview protocol included questions addressing Canada's strengths and weaknesses with respect to our aging population, sub-populations of concern, and areas of innovation, particularly those that leveraged the potential contributions of older adults. Key informants were also asked to identify areas that would benefit from future standards development or where standards need to be updated.

Detailed notes were taken during key informant interviews and the conversations were recorded where consent was granted to do so. Qualitative data were inputted into a detailed database and coded for emerging themes. Additionally, promising practices and innovations were identified for additional analysis and research.

2.3 Limitations

The research findings in this report are a synthesis of evidence from the environmental scan, literature review, and key informant interviews. Given the broad scope of the project, the review was highly targeted, and is not an in-depth exploration of any given topic area.

Perhaps more important, the purposeful sample of key informants is not representative of any particular sector or sub-group, and does not aim to speak to the full range of experiences of older adults. The researchers are particularly conscious that project scope did not permit more direct engagement with older adults.

The research project sought to include diverse perspectives to inform a high-level overview of trends, gaps, and opportunities, supplemented with research evidence on best practice where appropriate and feasible. This report is intended to provide an orientation to topics and issues related to the aging population and their implications for standards. The researchers recommend that any next steps include broad consultation with different sub-groups of older adults to gain further information about their needs, priorities, and contributions, and how these can be supported with standards and guidelines.

3 Research Findings

The following sections of this report present research findings through the lens of older adults at work, at home, in the community, engaged, and seeking equity. The main findings have been presented in bold text, followed by supporting data, examples, and further details.

3.1 Older Adults At Work

3.1.1 Current State: Context And Trends

In modern society, work is a core activity of adult life. Work can provide a sense of self and life fulfillment, social connections, intellectual stimulation, and a degree of fiscal autonomy [17]. When older adults withdraw from the workforce, many also lose access to their primary social network [18], in addition to losing income. Work can be also a source of stress, especially when people are trying to balance the demands of work with responsibilities at home.

Our research revealed two main recurring themes for older adults at work:

- Barriers and enablers to the participation of older adults in the workforce
- The needs of caregivers in the workplace

Participation In The Workplace

Increasing numbers of older adults are prolonging their careers to participate in the workforce, and yet many key informants spoke about the minimal effort underway to address the needs of older workers.

According to the latest Labour Force Survey [19], the median age of retirement increased from 63.3 years to 64.3 years between 2014 and 2018. The oldest median age of workers (67.7 years) was found among those who are self-employed.

Many older adults are remaining in the workforce because they cannot afford to retire. A recent (2018) study by Statistics Canada found that around half of older workers aged 60 years and over were working due to necessity, rather than by choice. Working in older

Table 1 - Older adults at work: Opportunities for standards development

Category	Challenge and Opportunity	Future Standards Development
Older Adults at Work	Many older adults are participating in the workforce longer but may need some accommodation over time. Age-friendly workplace guidelines have been developed, but there is no evidence of broad adoption. Additionally, older workers may be at risk of ageism in the workplace.	<p>New guidelines for age-friendly workplace implementation (e.g., existing age-friendly frameworks and ESDC promising practices mentioned in section 3.1.2 [17])</p> <p>New guidelines to promote telework/ telecommuting opportunities to support older adults and caregivers (e.g., UK Flexible Working Regulations [34])</p> <p>New guidelines for the protection of pension and benefits for older workers over the age of 65 years</p> <p>New guidelines to reduce ageism in the workplace</p> <p>In addition to developing new standards, existing standards (e.g., CAN/CSA Z1003-13/BNQ 9700-803/2003(R2018) Psychological Health and Safety in the Workplace) could be revised to address the specific needs of the older adult worker</p>
	Many older adults in the workforce are providing care to a loved one while working, and may require some accommodation. Recommendations for workplace best practices to support caregivers have been developed but we found no evidence of broad adoption.	<p>New guidelines for workplaces that support worker-caregivers (e.g., recommendations from the ESDC Employer Panel for Caregivers and CSA B701 Carer-inclusive and accommodating organizations)</p> <p>Existing workplace standards could be revised to address the specific needs of the working caregivers.</p>

years due to necessity was higher among adults with lower education and those working in transportation, warehousing, and construction [20].

“Our financial system [for pensions and other income supports] is still designed for the worker who retires at 65 years old, but many live an additional 20 years. We need a new financial contract.”

—Zayna Khayat, *Future Strategist, SE Health*

There are currently barriers for older adults who want to continue working. For example, older adults may need accommodation for reduced physical function (e.g., a larger computer screen), or need a shorter working day. While many age-friendly workplace frameworks stress the need for flexible work arrangements for older adults, few address the potential financial risks of reduced work and/or working past 65 years for those with pensions and benefits. As one key informant explained, pension amounts are influenced by salary in the last few years of employment, so a reduced workday results in a lower salary that in turn, could decrease pension funds available during retirement. Additional changes may be required to pension plans and the tax system to support older adults remaining engaged in the workforce [21].

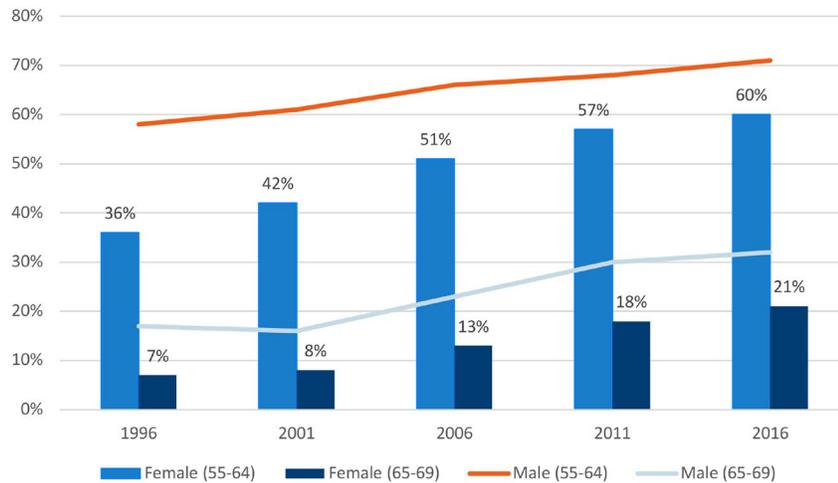
Older adults may also find their skills and training do not meet current labour force requirements. Efforts focused on the retraining and skills enhancement of older adults

are underway in Canada, such as the Government of Canada’s Federal/Provincial/Territorial Targeted Initiative for Older Workers (TIOW) Program. The TIOW program provides unemployed adults aged 55-64 with vocational counselling and retraining to support their re-integration into the labour force [22]. International examples include Germany’s two programs to support the employment of older adults:

- a) the government program Perspektive 50+, which subsidizes local organizations and employers willing to hire older applicants
- b) The Programm zum Abbau von Langzeitarbeitslosigkeit which helps increase employment of people aged 50 and over who have been unemployed for at least 5 years [23].

Few jurisdictions appear to be planning for the older worker or addressing ageism in the workplace.

Ageism can manifest in assumptions by colleagues, supervisors, and employers about older adults’ cognitive abilities, personal plans (e.g., the year they want to retire), or desire for training and new opportunities. One key informant spoke at length about ways in which older workers can be made to feel undervalued at work. For example, older adults may feel forced out of the workplace, overlooked for promotions or new opportunities, or excluded from education and training. These findings echo those of the Ontario Human Rights

Figure 5 - Labour force participation of older individuals by gender and age group, 1996-2016 [25]

Commission, which recommends: “That workplaces should be free of ageist assumptions and stereotypes and employers should ensure that older workers are afforded the same opportunities as their younger counterparts. The value of older workers should be recognized” [24].

Women’s overall participation in the workforce has been steadily increasing for decades and there is a tandem increase in the proportion of older female workers. In the span of two decades, the labour force participation of women aged 55-64 years nearly doubled [25]. For women aged 65-69 years, labour force participation tripled, increasing from 7% in 1996 to 21% in 2016 (see Figure 5) [25]. Several key informants identified single women as a group at risk as they age due to the effects of poverty. The growing trend of workforce participation of older women, along with the enhancement of income supports, may help mitigate this risk.

Caregivers in the Workplace

Caregiving by spouses, family members, and friends is an essential support for aging adults in Canada. Caregivers¹ provide help with transportation, household maintenance, medical care and common daily tasks,

while also helping to mitigate potential isolation and loneliness, a key risk factor for poor health [26].

Providing caregiving while concurrently working is a common reality for many Canadians. According to the Statistics Canada General Social Survey, nearly 13 million Canadians have taken on the role of caregiver for a family member or friend, and of those, around 75% were employed [27]. The dual role of worker/caregiver may be particularly stressful for those in later years, when time spent on caregiving is highest for spouses (median of 14 hours a week) [27]. Women are more likely to spend longer hours providing care [27], which may become a particular challenge considering the trend of increased participation of women in the workforce in later years.

In the workplace, **caregivers need support from employers when supporting their loved ones, both in terms of time and finances.** The burden on caregivers and the need for more support was a recurring theme throughout our key informant interviews. There are recent federal investments for working caregivers through Employment Insurance, with the Compassionate Care Benefits (up to 26 weeks), the Family Caregiver Benefit for Adults (up to 15 weeks), and the Family Caregiver Benefit for children (up to 35 weeks) [28].

¹The term “caregiver” in this report includes family and friends who provide care, and who are sometimes referred to as informal caregivers, unpaid caregivers, and family/friend caregivers.



“Few jurisdictions appear to be planning for the older worker or addressing ageism in the workplace.”

Caregiving in general is more fully addressed in the section ‘At home’

3.1.2 Innovations And Promising Practices

Age-friendly workplace checklists and tool kits abound, many of which address themes of specialized recruitment approaches, skills and training, workplace safety and retention strategies for older adults. Age-friendly workplaces generally provide accommodation for any decrease in physical function (e.g., ergonomic equipment, reduced over-the-shoulder work). Many age-friendly workplace frameworks also support a flexible work arrangement, including part-time work, working from home, flexible work times, and phased retirement plans [21], [29], [30].

A few key informants talked about the added pressures for older workers in rural and remote areas, such as long travel between work and home, fewer opportunities, and reduced access to home care and related supports when caregiving. They also stressed the transformational role technology can play for older workers in particular, by supporting telework opportunities for those who are geographically isolated. The need for reliable and affordable Internet throughout Canada to support telework (and many other services for older adults) was expressed by many.

Employment and Social Development Canada (ESDC) produced a report in 2018 reviewing current challenges and promising initiatives related to labour

force participation of older adults. The list of promising practices in the report included:

- awareness campaigns to address ageism
- age-friendly ‘best practice’ company prizes
- targeted training and job training grants for older adults
- financial incentives to hire older displaced workers
- initiatives to support more flexible work
- modifications of work environment and tasks
- partial retirement [17]

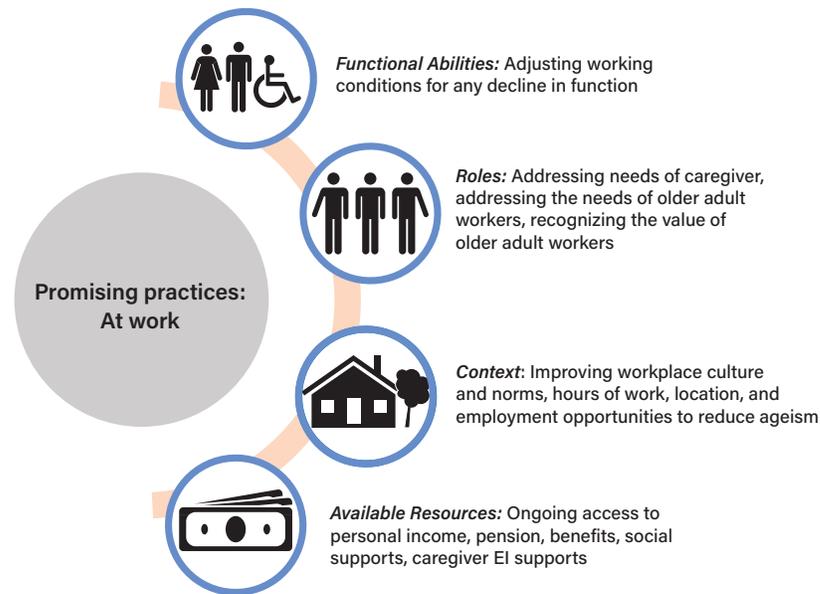
Figure 6 - Spotlight on innovation: older adults at work

The SHIFT: Nova Scotia Action Plan for an Aging Population

The government of Nova Scotia, as part of their overall action plan for an aging population, has developed a suite of initiatives to increase the value of older adults in the workplace, encourage older adults as entrepreneurs and to value the work of volunteers.

Examples of initiatives include: Flex NS (flexible work arrangement); Generations in the workplace training; employer engagement specialists who champion the benefits of older adults in the workplace; and online modules on the benefits of hiring older workers and how to create inclusive, all-ages friendly work environments [6].

Figure 7 – Older adults at work: Summary of promising practices



Supports for caregivers in the workplace generally include similar flexible workplace arrangements, with the addition of paid leave and job protection while off work for caregiving. A 2015 report from the ESDC Employer Panel for Caregivers outlined some examples of workplace best practices to better support working caregivers, including:

- options for leave, such as emergency caregiving leave, leave with income averaging, compassionate care benefits
- flexible workplace arrangements, including compressed work week, flexible work locations, flexible hours, phased retirement, part time
- technology (e.g., telework/telecommuting, access to work email and files from home, instant messaging software)
- other suites of services, including emergency eldercare, onsite education about community services for caregivers, employee and family assistance programs [31]

CSA Group produced the workplace standard, B701-17: *Carer-inclusive and accommodating organizations*, whose recommendations include accommodations for working caregivers, the need for employee

engagement, and a sex-and-gender-based approach to implementation [32].

A summary of the promising practices for older adults at work can be found in Figure 7.

3.1.3 Opportunities And Challenges For Standards Development

For older adults at work, key informants identified a number of areas that would benefit from future standards development, particularly those regarding accommodation for older workers and caregivers. Table 1 summarizes the main challenges and opportunities for standards they identified. Of particular note, the policy brief supporting the development of a National Seniors Strategy recommends creation of a national standard to support more flexible working arrangements for older workers and caregivers [33].

3.2 Older Adults At Home

3.2.1 Current State: Context And Trends

There is a generally accepted societal goal for older adults to stay in their homes and communities as long as possible [35]. Aging-in-place generally involves staying in one's home and living independently as one

ages, with increasing support from various social and health services as needed. Aging-in-place also implies not being relocated to an institution/senior's residence unless deemed absolutely necessary.

The vast majority of older adults remain in their homes as they age. Based on the 2016 Census, 6.8% of adults aged 65 years and older were living in a seniors' residence and 92.3% were in a private dwelling [36], [37]. Though the proportion of older adults in seniors' residences increases as age increases, even at 85 years and over, 67.9% of people are still living in a private dwelling [37]. Not owning a house, living alone, being recently widowed, and being diagnosed with dementia all increase the likelihood of living in a senior's residence, whereas there was decreased likelihood for immigrants [36].

"When talking about housing, we are also talking about breaking down the isolation of seniors, the care that is given, and the exchanges that are offered. As you get older, the place of residence really becomes your universe."

—Key Informant

A fundamental requirement for aging-in-place is an appropriate, accessible, and affordable home environment. For example, the level of accessibility of the home – including width of halls and doorways, number of steps, types of door handles, level thresholds, and height of switches – may suddenly become an issue in the event of illness or a precipitous decline in mobility [38]. Beyond the physical infrastructure of the home, there is also the 'service infrastructure' to assist with daily activities, and at times, medical care, as people age-in-place at home [39]. Many key informants talked about how the experience of aging-in-place depends a great deal on the proximity of family, social connections, awareness of services, and personal wealth. To quote one informant, *"aging for poor people is not a great experience."*

This section explores the needs, priorities, and issues for older adults at home in terms of three dimensions:

- Housing
- Caregiving
- Finances

Housing

Older adults are not immune to the housing crisis, but there are new housing models being developed to address their needs. Housing for the aging population was a strong theme throughout the interviews and often the top concern of key informants. They stressed the need for appropriate, affordable, and accessible housing, and the need to explore and promote new models to address the housing gap. A few key informants spoke about the potential benefits of building multi-generational and cohousing options to both address housing needs and also provide more social support and engagement with other community members.

The Canadian Medical Association's senior's strategy recommends governments devote a portion of national infrastructure funding to providing an adequate supply of accessible and affordable housing for older adults [40]. The need for affordable and appropriate housing was also a key theme identified in our scan of international, national and other government documents.

Key informants discussed best practices for where housing is located and the effect that location has on individuals and communities. When determining the location of a housing development, they stressed the need to consider access to transportation, nearby essential services, availability of in-home supports, accessible homes, access to technology and Internet, and engagement of older adults in overall planning of the development. Concerns were expressed around the practice of placing a concentration of housing for older adults at the edge of town.

A particularly vulnerable group is older adults living alone, of which 43% have a core housing need — this means their current housing is unsuitable, inadequate, unaffordable, and they don't have the means to secure alternative housing [18]. When analyzed by gender, the burden of core housing need is disproportionately felt by older females living alone, with 58.1% in core housing need (compared to 18.1% of male older adults living alone) [41]. The Government of Canada's 2017 National Housing Strategy identified both low income seniors and senior women living alone as vulnerable populations, at risk of core housing need. The Strategy identified the Canadian Housing Benefit, (supplements housing costs for low income Canadians) and the National Housing

Co-Investment Fund (loans for housing repair and new construction for multi-unit dwellings) as proposed supports; neither are targeted efforts for older adults specifically [42].

Single older adults living at home were also identified by many key informants as a population at increased risk as they age. They described the situation of older adults living alone who are “just barely” managing, and for whom any change would bring them to a crisis point (e.g., hospitalization). Key informants stressed the how minimal increases in support – such as quick home visits – can help stabilize situations for older adults living alone.

Age-friendly homes and universal design approaches² can be part of the solution, ensuring that housing can adapt to changing needs as someone ages. Several key informants stressed that age-friendly design, though it may benefit older adults and people with disabilities in particular, creates livable spaces for everyone. Building homes with wider doorways, no step entries, and lower light switches, for example, will not detract from others’ experiences in the home setting but are “change makers” for those who need them. As one key informant pointed out, there is often little to no additional expense in building an age-friendly home compared to one that isn’t (e.g., adjusting position of a light switch, widening doorways, having a zero-step entrance) but it can be costly for homeowners to make those adjustments retroactively. One key informant stated, “Build the house now that you’ll need in 30 years...Build for your future self!” Another key informant spoke about the need to advocate for and demand these age-friendly building practices, to help create a ‘new normal’ for building standards.

“After an accident, we immediately ask to modify the built environment to help people with reduced mobility, when it could have been done from the beginning. Those standards in the building code should be provided. Same thing for electricity, shower, bath entrances; all this should be planned from the start.”

—Key Informant

There are many grants and funds available to support modifications to homes for older adults across Canada, including the Nova Scotia Home Adaptation for Seniors’ Independence loan program, the Alberta Seniors Home Adaptation and Repair Program, and the Nunavut Senior Citizen Home Repair Program [43]–[45]. British Columbia has introduced a Home Renovation Tax Credit for Seniors and Persons with Disabilities to support improvements in homes’ accessibility and functioning [46]. Local governments also provide support for aging-in-place. Examples include the County of Simcoe Age-Friendly Seniors Grant Program, which funds projects that address housing design for seniors, people suffering from dementia, and/or in need of support services [47]. Internationally, New Zealand provides government support for home modifications, including accommodation supplements, income-related rent subsidies, residential care subsidies, and residential care loans [48].

Caregiving

Caregiving is a core social support in Canadian society. Family members, friends, and neighbours can all play a role in supporting adults as they age. Older adults are also often caregivers themselves for spouses and friends, as well as providing caregiving for grandchildren and potentially, adult children with disabilities [49]. The important role of caregiving was introduced above in the context of work, but the action of caregiving usually occurs in the home.

The importance of caregiving for older adults and the need for enhanced support for family and friend caregivers is critical to healthy aging. Most of the key informants for this study noted the important contribution of caregivers and the need for more resources to support them in this role. Examples cited include financial support, respite care, provision of formal caregiving, and better access to technology to help maintain a loved one at home.

In fact, better support for family and friend caregivers is one of the four pillars of the National Seniors Strategy currently under development by researchers at Canada’s new National Institute on Ageing; other

² Universal design is the design and composition of an environment so that it can be accessed, understood, and used to the greatest extent possible by all people regardless of their age, size, ability or disability [135].



“There are risks with aging-in-place when homecare services and social supports are inadequate, and there can be an overreliance on caregiving to address gaps in care.”

recommendations include support in the workplace as well as financial support [50]. Provincial and territorial strategy documents about the aging population (e.g., action plans, frameworks, blueprints) highlight caregiving as a priority area [6], [51], [52]. The province of Manitoba, for example, passed the *Caregiver Recognition Act* in 2011, recognizing the “valuable contribution they make to society” in the legislation [53], and the Province of Ontario followed suit in 2018 with the proposed *Caregiver Recognition Act*, currently under review [54]. Australia also passed a *Carer Recognition Act* in 2010 to recognize and raise awareness of the role caregivers play in supporting older adults [55]. Finally, the Federal/Provincial/Territorial Ministers Responsible for Seniors Forum has focused on caregiving, and has developed a series of tools for caregivers and care receivers [56].

There are risks with aging-in-place when homecare services and social supports are inadequate, and there can be an overreliance on caregiving to address gaps in care. As people age, they may need support with a wide variety of daily tasks that vary in type, nature and duration, including yard work, house cleaning, preparing food, personal care, transportation, and health care support [57]. Many informants spoke about a general lack of home care services, and a resulting over-reliance on caregiving from friends and family to address basic needs. Caregiving for a loved one with dementia was highlighted as an additional layer of complexity and emotional burden for the family.

The importance of choice and options for caregiving was stressed throughout the interviews and documents reviewed. The potential negative effects of a lack of caregiving options (e.g., homecare providers) were noted, and of pressuring the working spouse or family member to take on the caregiver role. The older adult’s spouse may not want to take on a caregiving role and may instead prefer to remain in the workplace and have formal caregiving provided – particularly if there are financial pressures or a need for complex care.

Many key informants spoke about the shortage of personal support workers and the widespread lack of access to homecare services as a widely-acknowledged issue. The House of Commons Standing Committee on Human Resources, Skills, and Social Development, for instance, tabled a report in 2018 that proposed pan-Canadian guidelines, development of a certification process, and workplace standards for homecare workers, with the overall goal of increasing the number of workers and improving the quality of care [18]. One key informant spoke at length about the opportunity to improve and standardize training of personal support workers, and the need to improve their working conditions (e.g., wages and benefits) to address high turnover rates.

“We don’t have a system to track personal support workers. We don’t know how many we need, but know we are short thousands of them. Why not train more to graduate, to fill these jobs?”

—Dr. Veronique Boscart, CIHR/Schlegel Industrial Chair for Colleges in Seniors Care

In rural, remote, and underserved areas, reliance on caregivers can be particularly heavy. As noted elsewhere, when there is a lack of homecare services, the burden of care falls on family and volunteers, the majority of whom are women. This situation can be particularly acute in rural, remote, Northern, and other underserved areas, where there is a lack of service infrastructure and therefore, heavy reliance on the community to support older adults. Still, choice in caregiving is important. Like in urban settings, it may be that some older adults would prefer to have formal, paid caregiving rather than relying on their family and neighbours for support with personal tasks such as bathing, but do not have any alternative options.

“How long can households and communities rely on informal support networks and volunteers? Support (providers) are often older as well. Many service providers and leaders ten years down the road will need the services they are currently delivering, and there may not be others to step in.”

—Dr. Mark Skinner, Canada Research Chair in Rural Aging, Health and Social Care, Trent University

There is consensus on the importance of caregiving, but lack of an overall strategy and consistency of approach for support. The Canadian Caregivers Association took a human rights approach to stress the importance of caregivers and encourage a standardized approach to caregiver policies and programs [58]. The Vanier Institute of the Family likewise proposed a human rights approach for caregivers, which would provide an obligation on employers to accommodate worker-caregivers where there is a substantial caregiving obligation [57]. In 2015, the Canadian Medical Association released a policy framework for seniors, which stressed the need for national standards related to the provision of home care to promote more equitable access and more supports for informal caregivers [59]. The Alzheimer Society of York Region in Ontario led a multi-stakeholder co-design effort to develop a logic model and planning framework for strengthening caregiver supports. This framework has five main components: public awareness; referral and navigation support; caregiver assessment and care planning; caregiver education and training; and monitoring and evaluation mechanisms [60].

Finances

“People talk about the day they turned (from) 64 to 65, and the difference that income makes in the way in which they can live.”

—Key Informant

Canada has led the way internationally in the reduction of poverty for older adults, with a suite of financial supports. The Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) benefits have been widely acknowledged as effective tools for reducing poverty for older adults in Canada [4]. Many key informants spoke about these financial benefits and their recent enhancements as an area in which Canada is leading the way internationally. Another contributing factor is the Canadian Pension Plan/Quebec Pension Plan (CPP/QPP), whose payments are based on personal and employer contributions made over one's career. These financial benefits are a major investment of Canadian tax dollars – the 2018/19 forecasted expenditures for OAS is \$53.7 billion and for the CPP/QPP, \$62 billion. Additionally, some Canadians have a pension plan as part of their work benefits, whether in the public or private sector. In 2016, over 6.2 million Canadians were members of registered pension plans [61].

The median after-tax income of families led by older adults rose to \$61,200 in 2017 (including wages, salaries, and private retirement income), continuing the trend since 2012 of increasing after-tax income. Similarly, there were 3.9% of adults aged 65+ living below the poverty line in 2017, down from 4.9% in 2016. The bulk of this change occurred in unattached older adults, among whom the poverty rate fell from 11.0% in 2016 to 8.4% in 2017 [62]. As highlighted in a 2010 House of Commons report,

“...the reduction in poverty among Canadian seniors is generally recognized as one of Canada's most notable achievements of the past 30 years. The reduction is attributed largely to the provision of a Guaranteed Income Supplement (GIS) to low-income seniors receiving Old Age Security (OAS) payments, an initiative that has been in place since 1967” [63].

There are some financial supports in the form of tax credits for unpaid caregiving. The new Canada Caregiver Credit, for example, replaces three pre-existing tax credits: the Caregiver Credit, the Infirm Dependent Credit, and the Family Caregiver Credit. The new consolidated tax credit recognizes caregivers who do not reside with the person receiving care [64]. Also, many provinces and territories have additional financial supports in place for unpaid primary caregivers, such as the Manitoba Primary Care Tax Credit [59], and the British Columbia Caregiver Tax Credit [65], [66].

Older adults are at increased risk of financial abuse. Financial abuse is the unauthorized or illegal use of someone's money or property, and is most common type of elder abuse. Pressuring someone for money or property is also financial abuse [67], [68]. Several key informants raised the issue of financial abuse of older adults, and the need for stronger standards for banks to protect them. They spoke of the exploitation of seniors' benefits being transferred or stolen by abusers, and for the need for more oversight regarding inheritances.

3.2.2 Innovations And Promising Practices

Housing

There are many innovations underway in the housing sector related to older adults. The societal value of universal design and age-friendly housing design has already been noted, as it allows older adults to age in place. The goal of the VisitAble housing initiative in Winnipeg, for example, is to encourage development of housing that can be visited by anyone, regardless of their mobility needs (e.g., wheelchair, stroller, walker) and thereby support those who want to age in place. This initiative promotes all homes having a zero-step entrance, wider doorways and hallways, and a wheelchair-accessible bathroom, even if the rest of the home is not fully accessible in design [69]. Key informants spoke about the need to improve housing standards to reflect best practices rather than minimum standards, to encourage better housing design overall.

Key informants also noted the benefits of intergenerational and co-housing models that have been around for many decades in Europe and are slowly

being adopted in Canada. One provided an example of a senior's residential complex built within a university campus in New Brunswick, whereby university students provide care and wellness programming for older adults, who also participate in clinical practicums and research projects.

In Ottawa, the homeshare program called Hygge Homesharing is designed to support the aging-in-place of older LGBTQ2S+³ adults, who might otherwise be concerned about entering mainstream supportive housing or long-term care. Similar to other homeshare programs, older LGBTQ2S+ adults in this program provide a room with subsidized rent to students, in exchange for support with household chores [70].

For more examples of housing model innovations, Canadian Housing and Mortgage Corporation has curated a list of Canadian case studies addressing aging in place [71].

In terms of use of technology in the home to support aging-in-place, a report in 2019 by CSA Group outlined some key opportunities for active assisted living (AAL) technologies in Canada [72]. Examples of AAL technologies for the home environment include environmental controls, health monitoring, falls detection, home automation, and enhanced security. The report highlights the need for user-centred design and engagement with end users (including older adults, people living with disabilities and health care providers), as well as the importance of building technology that addresses accessibility requirements [72]. The role of technology and the aging population is more fully discussed in the section below 'Older Adults Engaged.'

Caregiving

A leading example of innovation in caregiving is the Veterans Independence Program, which provides annual funding for home care services such as meal delivery, laundry, snow removal, as well as transportation and home adaptations. In addition, the program provides funds for short-term personal care, typically when the client is in transition between the hospital and their home; there are also supplemental funds available for

³ LGBTQ2S+ stands for Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirited.



“...the benefits of intergenerational and co-housing models...are slowly being adopted in Canada.”

respite care for caregivers. Compared to long-term care, a cost comparison found significant value for money for this program by supporting clients at home [73].

Figure 8 - Spotlight on innovation: Older adults at home

Intergenerational co-housing

The City of Toronto, in partnership with the National Initiative for the Care of Elderly, launched the Toronto HomeShare Program for local older adults and students. Facilitated by social workers, the program matches the older adults who wish to remain in their homes with students seeking affordable housing. In exchange for reduced rent, the students provide five to seven hours a week of support to the older adult in the form of household chores and companionship. The pilot project was conducted in 2018 and has since received support from the city to continue in 2019 [136]. There are similar models being developed across the country, including Symbiosis Cohousing with McMaster University [78] and The Intergenerational Housing Pilot Project, which is a new pilot project in Fredericton with the Ville Cooperative community centre [137].

One key informant described a new pilot project just getting underway in New Brunswick called Nursing-Homes-Without-Walls. In partnership with local nursing homes, outreach workers and/or existing nursing

homes staff support older adults in the community so they can age-in-place. Services depend on the needs of the client, but can include transportation, meals, and social activities. The local nursing home also becomes a hub of services and information related to aging, where the staff become known to the older adults.

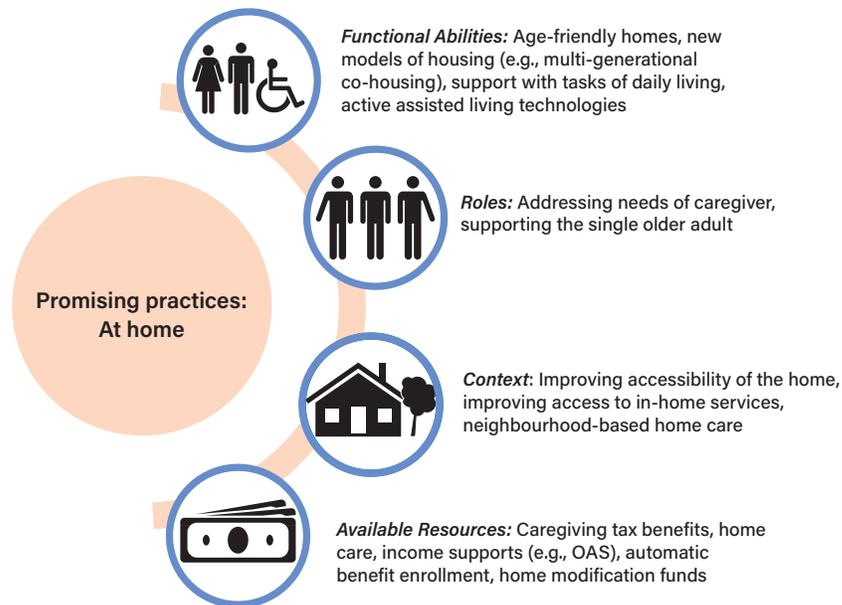
This two-year pilot project is being implemented with multiple communities across New Brunswick, and the key informant discussed the high level of interest from nursing homes in the province.

Another innovation for healthy aging-in-place is the H.O.P.E. Model®, a new neighbourhood care model being developed and piloted in three neighbourhoods in Ontario by SE Health and AMS Healthcare over the next four years [74]. Based on the Buurtzorg Model in the Netherlands, this holistic model of community nursing supports the clients to live independently in their homes [75], a departure from the current fee-for-service model for homecare in the province.

Finances

A few key informants spoke about the recent initiative for automatic enrollment for Old Age Security (OAS), which leverages existing information from the Canadian Revenue Agency. Over 60% of new OAS beneficiaries were registered through automatic enrollment, and the project has recently expanded to include automatic enrollment for the Guaranteed Income Supplement for qualifying older adults [76].

Figure 9 - Older adults at home: Summary of promising practices



New changes to the Guaranteed Income Supplement earning exceptions allow low-income older adults to earn more salary (up to \$15,000) before any reduction in benefits. Exemptions have also been extended to include those who are self-employed. These changes allow older adults to prolong their participation in the workforce, while not negatively affecting their benefits [77].

A summary of the promising practices for older adults at home can be found in Figure 9.

3.2.3 Challenges And Opportunities For Standards Development

For older adults at home, key stakeholders identified opportunities for standards development, with most suggestions focused on age-friendly housing and caregiving. Table 2 summarizes the main opportunities and needs for older adults at home, followed by proposed areas for future standards development.

3.3 Older Adults In The Community

3.3.1 Current State: Context And Trends

“Senior adults don’t want to live in a ghetto, they want to live within a community, with feelings of safety and security, and opportunity to participate in accessible ways.”

—Tim Hutchinson, Associate, International Longevity Centre

Age-Friendly Communities

There is growing momentum across Canadian cities and towns to become age-friendly communities. The goal of the age-friendly community approach is to create communities that support and encourage healthy aging and active participation of older adults in society. To become an age-friendly community, local citizens and stakeholders come together to create an advisory committee and secure government and community support. Next, they conduct consultations with residents to identify gaps and priorities, and from there, develop an age-friendly action plan [82].

Table 2 - Older adults at home: Opportunities for standards development

Category	Challenge and Opportunity	Proposed Areas for Future Standards Development
Older Adults at Home	To support aging in place, older adults need access to suitable, affordable housing.	Guidelines for new models of inter-generational and co-housing with older adults (e.g., Symbiosis, Canadian Cohousing Network [78], [79]) Enhancements to existing housing standards, reflect best practice and encourage age-friendly design as the new normal (e.g., VisitAble program, CMHC Housing Strategy for Age Friendly Communities [69], [80])
	Caregiving is essential for aging in place, but there is a lack of supports for caregivers, lack of access to homecare services, and lack of standardization of homecare worker training.	New standards for homecare provider/personal support worker training, including a list of required core skills Guidelines for family and friend caregiving, including basic skills (e.g., client transfers) National standards for caregiver supports (e.g., employment leave, financial aid, respite care)
	Older adults are at an elevated risk of financial abuse.	New standards/guidelines for financial institutions to promote the protection of older adults from financial abuse (e.g., leverage the USA Money Smart for Older Adults Program [81])

Domains of an age-friendly community include:

- outdoor spaces and buildings
- transportation
- housing
- social participation
- respect and social inclusion
- civic participation and employment
- communication and information
- community support and health services [83]

Canadian cities have been international leaders in the age-friendly movement — to date, there are hundreds of communities in Canadian that have age-friendly community plans in place, and 85 communities are part of the World Health Organization (WHO) Global Network of Age-Friendly Cities and Communities [3], [84]. Additionally, the age-friendly communities initiative has been integrated and/or promoted by provincial/territorial governments (e.g., Manitoba, British Columbia, New Brunswick) [85]–[87].

The Federal/Provincial/Territorial Ministers Responsible for Seniors developed an Age-Friendly Rural and Remote Communities Initiative, in recognition of these different contexts. Many suggestions reflect the importance of and need for personal transportation, particularly in the absence of public transit systems in these areas.

Some of the adaptations proposed for the rural and remote context include a limited driver license for day time only, more outreach and home visits, and monthly phone calls to connect older adults in the community [88]. Adaptations of the age-friendly approach could be considered for other communities, such as those with high proportion of new immigrants, or Indigenous communities, to expand the reach of the approach across Canada.

Figure 10 - Spotlight on innovation: Older adults in the community

The City of Moncton has an initiative Senior-Friendly Business Program, spearheaded by their Mayor’s Seniors Advisory Committee. Businesses have to complete an information session and meet 80% of the senior-friendly criteria to achieve the designation, including clear communication, parking and snow clearing, physical layout, washrooms, and lighting. Senior-friendly businesses are listed on the city’s website and businesses get a window decal to display their certification. The current list of businesses includes restaurants, banks, pharmacies, a library, and recreation centres [97]. The City of Windsor, as part of their age friendly plan, also created a checklist of age-friendly business practices [94].

One criticism of age-friendly communities is the overall lack of engagement with First Nations, Inuit, and Métis populations in development of the plans. An exception to this is work taking place in Peterborough, Ontario, where an advisory committee was established in partnership with the Hiawatha First Nation and Curve Lake First Nation, whose Councils both endorsed the approach through formal resolution [89].

Several key informants discussed evaluations of age-friendly communities currently underway, which are assessing the planning processes, plan implementation, and successes to date.

The collective development of age-friendly plans with older adults across Canada was identified as a key innovation, but many communities struggle to move the elements of the plan forward without additional funding. Although key informants praised the age-friendly community approach, several recognized its limitations in terms of plan implementation. Key informants stressed that communities don't become age-friendly overnight; it can take years of sustained effort to work through all the project and initiatives, particularly where communities are small and infrastructure needs are high.

"...many suburban municipalities will have a harder time getting funds for infrastructure improvements and not having the social infrastructure, with different housing types- where there hasn't been an aging population but there will be. This is a huge challenge."

—Peter Marriot, Social Planner, City of Vancouver

One source of federal funding is the New Horizons for Seniors Program [90]. According to key informants, many New Horizons for Seniors projects are connected to activities within local age-friendly community plans. Some of the larger infrastructure projects, though, will need major financial backing to be implemented.

"It is one thing to evaluate and assess, get the [age friendly] plan in place. It is another thing to be able to cultivate the political and financial muscle to sustain [the effort]."

—Key Informant

Key informants stressed the need for age-friendly design in a variety of spaces and places, such as grocery stores, prisons, and local shops. The age-unfriendly design of airports and the barrier to travel due to long walking distances was mentioned in particular. Central to the age-friendly community movement is the importance of universal design for public spaces, to allow all users to access and engage with other members of society. Many key informants stressed the need for more use of universal design principles throughout the built environment.

"Everyone should have some orientation or education to better serve the older person, to make adjustments to one's care or service. Wherever you work, you should be able to work with older people."

—Dr. Veronique Boscart, CIHR/Schlegel Industrial Chair for Colleges in Seniors Care

Engagement

Strong and consistent engagement with older adults to inform planning is a best practice. Key informants were enthusiastic about the many formalized structures and groups now in place to encourage various levels of government to engage with older adults, as services, programs, and policies are planned. For example, many municipalities have Seniors Advisory Committees, including St. John's, Windsor, Moncton, Winnipeg, Kitchener, Barrie, and Vancouver.

"There would be no age-friendly communities if there were no seniors' associations...They said to the municipalities, look us in the eye and tell us you cannot!"

—Key Informant

At the federal government, there is a federal Minister of Seniors, a National Seniors Council, and The Federal/Provincial/Territorial Ministers Responsible for Seniors Forum. The provinces also have specific structures around the aging population, such as the Nova Scotia Department of Seniors and the B.C. Seniors Advocate. One key informant spoke about the enormous value of ongoing engagement with older adults in research, to inform the work and subsequently guide implementation of findings and product development.

Transportation

Access to reliable transportation is a core component of age-friendly communities. Simply put, older adults need access to transportation in order to complete their daily tasks, whether visiting friends, grocery shopping, getting to medical appointments, or generally participating in their communities. As mentioned above, transportation is a particular challenge in rural and remote areas, where older adults may have to rely on friends and family to get around their community.

“Everything is connected: mobility, transport, living environment.”

—Key Informant

Access to transportation in winter can be severely limiting for older adults. When older adults cannot travel safely, it limits their ability to engage with their communities and access required services. The importance of snow removal and the need for better snow removal practices were highlighted by many key informants. Some also praised the new approach to snow clearing in many Scandinavian countries, which focus on women and prioritizing active and public transportation over automobiles [91].

The importance of improved snow clearing of sidewalks and bus stops was also identified in many of the municipal age-friendly community plans reviewed for this project. In 2018, the City of Calgary conducted targeted engagement on seniors’ transit usage, which highlighted the negative impact of snow piles around bus stops. In addition to snow removal, they found that older adults were concerned about personal safety in the evenings, cost of transit, and amenities such as bathrooms and benches [92].

3.3.2 Innovations And Promising Practices

The age-friendly communities approach continues to be promoted and spread across communities in Canada and the world, as a promising practice to support healthy aging. Many communities post progress reports online that profile their success to date and work remaining. For example, the City of Windsor now has 96% of their sidewalks with dropped curbs, new bus shelters with solar lights, and the ‘Biz Dedicated to Seniors Services’ award to celebrate age-friendly efforts by local merchants. Similarly, the City of Hamilton has

installed new pedestrian crossovers, and developed a guide to community resources for older adults; their Seniors Isolation Impact Plan reached 650 seniors, and they have implemented annual Seniors Kick-off events [93], [94]. In Calgary, the municipality has moved forward with a Missing Seniors/Silver Alert system for vulnerable seniors, as well as a pilot of the Aging-in-Place Laneway House, and elder abuse Conversation Cafes [95]. These are just some of the literally hundreds of examples of local community projects underway tied to age-friendly community plans.

Behind many of these efforts are seniors’ advisory councils, which provide an opportunity for older adults to actively engage in the co-creation of community plans. One key informant profiled the work of a municipal seniors’ advisory committee that reported directly to the mayor on the overall effort of an age-friendly community. The committee advocated for a series of recommendations, including better snow clearing around bus stops and grocery stores, and encouraging bus drivers to wait until older adults are seated before moving. The changes were arguably small, but the community apparently responded very positively when they saw their recommendations implemented, and continue to be engaged years later. Many similar examples were shared, and active engagement with the older adult population is becoming the new best practice.

Key informants mentioned two separate innovation labs that focus on the aging populations in the following regions: The Age-Friendly Action Lab in Vancouver and the NS GovLab in Nova Scotia. These labs share an approach of user-based design, co-creation, experimentation, and prototyping. The Labs look beyond typical services and programs to identify and address the root causes of systemic barriers to healthy aging.

Finally, there is a growing trend of rural and small urban communities in Canada – formerly reliant on resource extraction – that have become retirement communities as local industries wind down. Becoming retirement communities with age-friendly design and services was described by a key informant as a means for communities to re-invent themselves and create new economic opportunities. Elliot Lake, Ontario, for example, advertises their affordable housing, social and recreational opportunities, easy transit, and health care

services, and has sought designation as an Age-Friendly Community and has an Age-Friendly Implementation Action Plan [7]. Retirement communities are not to be confused with retirement villages or dementia villages, which many key informants criticized for segregating older adults away from community.

A summary of promising practices for older adults in the community can be found in Figure 11.

3.3.3 Challenges And Opportunities For Standards Development

Areas identified by key informants for standards development for older adults in the community focused on age-friendly communities, engagement, and training for workers who have frequent contact with older adults. These are summarized in Table 3, along with the challenges and opportunities they address.

3.4 Older Adults Engaged

3.4.1 Current State: Context And Trends

Older adults are engaging with their communities. Based on a 2018 report from the Statistics Canada General Social Survey, over three quarters of older adults engage in active pursuits in a typical day, which includes civic, religious, and organizational activities,

cultural activities, and leisure activities [99]. In addition, adults aged 54 to 74 years provide the highest number of volunteer hours across all age groups, averaging over 200 volunteer hours a year [100].

Increasing civic and social participation among older adults is a top policy priority of many governments.

For example, the province of Québec established The Prix Hommage Aînés, to recognize and encourage volunteerism. Every year, one older adult volunteer in each region of the province is selected to receive an award for his or her service to the community[101]. There is also the VIACTIVE program, which are exercise classes for older adults 50+ led by volunteers across Québec. As part of Nova Scotia’s Action Plan for an Aging population, the government launched a province-wide online database for volunteer activities, as well as an online inventory of recreational activities to encourage involvement by older adults [6].

Many key informants spoke about the New Horizons for Seniors federal funding program. This national program provides grants to both small (up to \$5k) and large (up to \$25k) community-based projects led by or focused on older adults. The projects are required to address one of three national priorities, namely, supporting healthy aging in community, preventing elder abuse and fraud, or reducing workplace ageism to support retention of

Figure 11 - Older adults in the community: Summary of promising practices

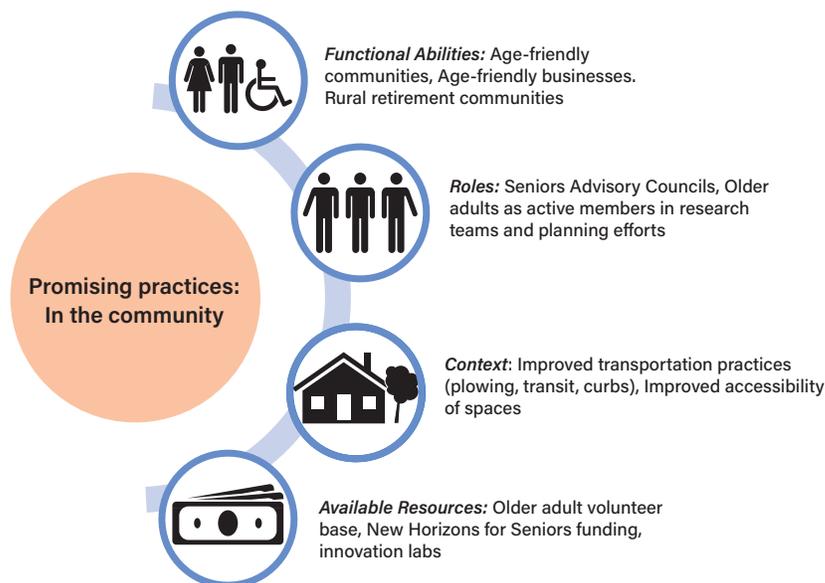


Table 3 – Older adults in the community: Opportunities for standards development

Category	Challenge and Opportunity	Proposed Areas for Future Standards Development
Older Adults in the Community	Many communities across Canada are developing age-friendly community plans, but have challenges with implementation of the activities within plans. Some older adult groups may not be well represented in the development of the plans (e.g., older LGBTQ2S+ adults).	Guidelines for implementation of age- friendly community action plans (e.g., build on the WHO Vancouver Protocol[96]) Guidelines for specific age-friendly communities to operationalize, modernize, and address the diverse older adult population (e.g., add in a northern/rural lens, an equity lens, sex and gender-based analysis, diversity lens)
	Within the age-friendly community concept, there may also be an opportunity to develop guidelines for specific spaces and places where older adults run into challenges — the age-friendly airports, the age-friendly grocery stores, the age-friendly banks.	Guidelines for age-friendly public spaces, for example grocery stores, airports, and banks (e.g., City of Moncton Senior-Friendly Business Program [97])
	There is a need for guidelines for workers who have frequent interactions with older adult clients.	Guidelines and core competencies for workers who interact with a high proportion of older adults.
	Where housing is located can be as important as the type of housing. Proximity to services, transit, and public spaces need to be considered when developing housing for older adults.	Best practices/guidelines for housing developments targeting older adults
	Many seniors’ advisory councils have been created to support planning. There is a need to share best practices of engagement with the older population.	Best practices for engagement with older adults and seniors’ advisory committees (e.g., B.C. Seniors Advocate, Age-Friendly Communities Seniors Advisory Councils [82], [98]).

older adults [102]. There is also a pan-Canadian stream for collective impact projects focused on social inclusion of older adults; this stream of the grant program provides multi-year funding of up to \$5 million per project [90].

Older adults are at risk of social isolation and loneliness. Too many older adults have few people they can depend on, or have only a small network of friends and family, and few social interactions in their lives. Risk of social isolation is affected by age, socio-economic status, health status, social and community dimensions (see Figure 12). People living alone, immigrants, caregivers and the LGBTQ2+ populations are all at higher risk of social isolation [103]. Many of the age-friendly community plans have efforts to help reduce social isolation and feelings of loneliness among older adults.

“Don’t expect them to come to you, to your agency, outside of their neighbourhoods or building. Bringing services and programming to [older adults] is really key and working well.” Silvana Valentone, Program Coordinator of Seniors Circles, Catholic Immigration Centre

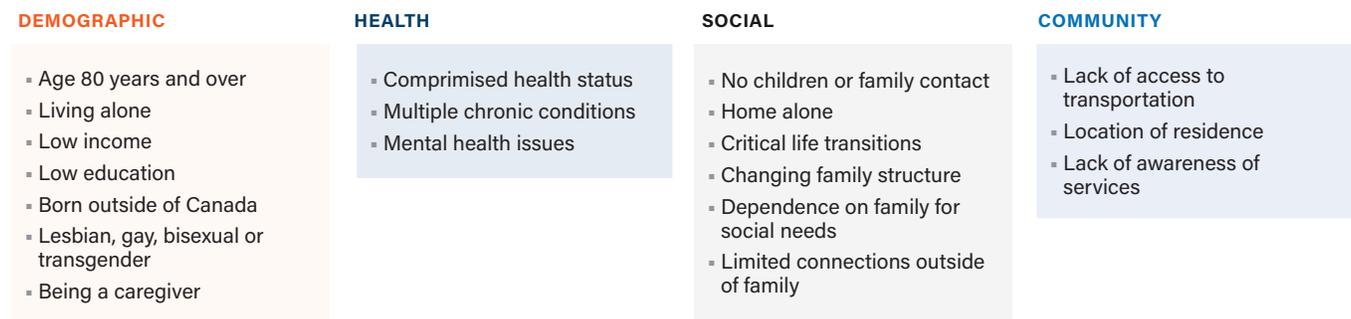
—Silvana Valentone, Program Coordinator of Seniors Circles, Catholic Immigration Centre

Technology

Like the rest of society, **the lives of older adults have been changed in many ways by technology.** There were a number of themes on this topic that emerged from key informant interviews, including access to the Internet and information available online, reliable access to an Internet connection, accessibility of websites (e.g., Service Canada website), and the influx of new technologies (e.g., home monitoring, smart home assistant devices, smart phones). Many key informants spoke about the growing use of technology amongst older adults, and the assumption that the upcoming generation of older adults will be more technologically savvy, particularly with the increase in the number of those with smart phones. Recent analysis from Statistics Canada found eight of ten Canadian adults aged 64 to 75 years reported using the Internet, up 16% over a three-year period (see Figure 13) [104].

There remains an untapped market for technology built explicitly for the aging population. Though many key informants agreed there is a need for age-friendly technology, companies are generally designing new consumer technology for younger age groups as their target users. Few consumer technologies have been created specifically for older adult users or those with

Figure 12 – Risk factors for social isolation among older adults [103]



reduced physical or cognitive functions. That said, key informants expressed enthusiasm for the use of new consumer technologies such as virtual assistants, which unintentionally can support aging in place. For example, older adults with functional or mobility limitations can now use their voice-activated devices or smart phone to turn lights on, turn music off, adjust volume, and see who is at the door.

“There is a new member of the formal and informal team called technology.”

—Zayna Khayat, Future Strategist, SE Health

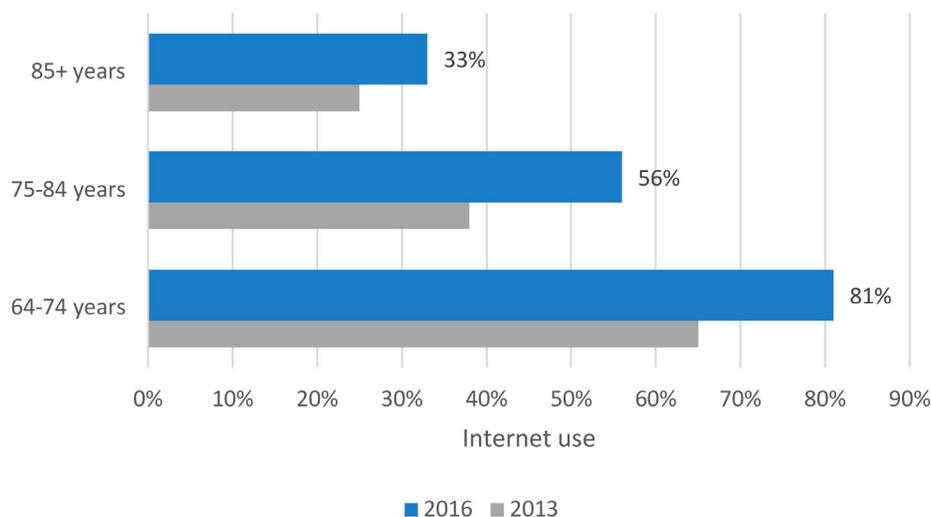
Technology can be leveraged to help older adults aging at home. Key informants spoke about many new and potential applications of technology for older adults aging in place, including sensor data to track falls, reminders for tasks, home monitoring of chronic

conditions, options to socially connect online, virtual medical visits, etc. Key informants noted that technology can be used to better connect and support caregivers through online support groups, telephone support with service or health care providers, and distance learning. As discussed above, technology can also support telework and flexible work arrangements, which can benefit older adult workers in particular. As one key informant explained:

“The number one thing we have to do, if talking about technology, is make being part of an information and knowledge society more accessible and appropriate to the social complexities that exist. Rather than just focus on inventing new technologies, we also need to improve what we already have. Make them more inclusive.”

—Dr. Andrew Sixsmith, Scientific Director, AGEWELL NCE

Figure 13 – Internet use among older adults in Canada [104]





“The age-friendly communities approach continues to be promoted and spread across communities in Canada and the world, as a promising practice to support healthy aging.”

Technology can enhance and supplement but not completely replace many services. Though many key informants were excited about the new possibilities presented by technology, they also expressed caution regarding an overreliance on technology over in-person services (e.g., navigating telephone menus at the doctor’s office), especially for older adults with disabilities or dementia.

Older adults who are digitally excluded are also excluded from full participation in society. Key informants pointed out that many programs are available online only, yet this can pose barriers if the information is not made accessible to older adults who do not read English or French, who have disabilities or dementia, or who do not have access to reliable and affordable Internet. As a result of challenges accessing online content, some key target populations are being excluded from becoming aware of and accessing the services they need. As one key informant put it, those without ready access to information and technology are at serious risk of further marginalization:

“How do we help people be full participants in a digital society? How do we overcome the digital divide? How do we use technology to make a more inclusive society? How can we use technology to help keep people healthy and support them when they are not healthy?”

—Dr. Andrew Sixsmith, *Scientific Director, AGEWELL NCE*

Access to affordable Internet is a requirement for healthy aging. Many key informants spoke about the importance of access to reliable Internet and the need for a national coordinated effort to address this issue. Many also spoke about Internet as a utility to which everyone should have access, similar to clean water and electricity, since without Internet, there is an increased chance of social and economic exclusion. To that point, a 2016 CMHC Seniors Housing Report stated that only 61.5% of residences have access to Internet; Internet was described as an amenity in that report, together with movie theatres and transportation services [105]. In contrast, 95% of adults in the United Kingdom had access to high-speed broadband Internet in 2018 [106].

3.4.2 Innovations And Promising Practices

It is a challenge to keep up with the pace of technological innovation. Most key informants spoke generally about the role of technology, as opposed to any specific hardware or software innovations. For example, participants mentioned in-home sensors, remote monitoring, tele-work, online communities, and the need for access to Internet. A few key informants spoke about the uptake of virtual assistants (e.g., Google Home™, Amazon Alexa™) for use with older adults or those with reduced mobility.

There are targeted efforts to explore the use of technology to support healthy aging. For example, AgeWELL is a pan-Canadian research network of more than 200 researchers and 250 partners focused

on exploring technology-based solutions for the aging population. The network has eight areas of focus or 'challenge' for current work:

- Supportive Homes & Communities
- Health Care & Health Service Delivery
- Autonomy & Independence
- Cognitive Health & Dementia
- Mobility & Transportation
- Healthy Lifestyles & Wellness
- Staying Connected
- Financial Wellness & Employment

They are exploring a wide variety of applications, from smart wheelchairs and fitness wearables to wandering detection for people living with dementia [107]. At the community level, one key informant highlighted the initiative Cyber Seniors, a program promoting the use of technology by older adults, and intergenerational connections. Older adults are paired with volunteer high school and university students, and the students mentor the older adults to become more technologically savvy and get socially connected online. Another informant spoke about a remote dance program pilot in the community of Peterborough, Ontario, in partnership with the Canadian National Ballet School. Older adults in community settings and long-term care participate in dance classes, either at seniors' classes, in long-term care rooms, or at home using tablets.

Throughout Canada, there has been a multitude of projects and services to encourage civic participation of older adults and to address social isolation. The National Seniors Council published a literature review on social isolation in 2017 that identified a number of promising interventions. The report profiled age-friendly communities and a wide variety of program types for the general older adult population, including support groups, frontline advocates, telephone support, activity-based interventions, multigenerational projects, and drop-in seniors centres [26].

"[In rural and remote communities], there is triple jeopardy – older people, aging in older populations, reliant on volunteers who are also getting older."

—Dr. Mark Skinner, Canada Research Chair in Rural Aging, Health and Social Care, Trent University

Figure 14 - Spotlight on innovation: Older adults engaged

Addressing social isolation of older immigrants

Seniors' Circles promotes English Second Language training with older immigrant adults through conversation circles at various locations across the City of Ottawa. Spearheaded by the Catholic Immigration Centre, the initiative was in response to the many older immigrant adults who were isolated as a result of not speaking English or French.

Before starting the conversation circles, they consulted with a diverse group of future participants and local groups to determine the focus. The topic areas explored address both language skills and identified gaps in knowledge (e.g., talking to the doctor, grocery shopping, banking, taking the bus). The program utilizes volunteer community senior champions and peer leaders who help to promote program and encourage participation. The conversation circles occur where there are concentrations of older immigrant adults in the city.

The Edmonton Group Addressing Social Isolation of Seniors (PEGASIS) is a collaborative of senior-serving agencies in that city working to develop new ways of supporting seniors to reduce social isolation. For example, they have established a seniors information line, Seniors Centre Without Walls, and outreach workers [108].

The City of Vancouver Seniors' Advisory Committee produced a report on strategies to reduce and prevent social isolation and loneliness among older adults, tied to their application to be a designated WHO age-friendly city. The year-long project resulted in 23 recommendations addressing themes of identification, outreach, services and interventions, addressing barriers, public education, research, and ongoing monitoring. Examples of actions proposed include training to service providers to identify socially isolated or lonely older adults, enhancing transit options and the transit experience for older adults, and incorporating elements of supported access into programs [109].

Table 4 - Older adults engaged: Opportunities for standards development

Category	Challenge and Opportunity	Proposed Areas for Future Standards Development
Older Adults Engaged	There remains an untapped market for consumer technology built explicitly for the aging population.	Though consumer technologies do not have to follow a particular set of standards, the development of a set of age-friendly guidelines may help encourage gero-technology development
	Standards and consumer protections cannot keep pace with new innovations and changes to technology	Develop technology guidelines grounded in an ethical framework, including standards for protection of primary data, data access, and approaches to empower the user
	There is not consistent access to affordable Internet for all older adults.	Standards for access to the Internet as an essential utility in all residential settings, both public and private
	Many older adults are at risk of social isolation and could benefit from evidence-based programming.	Guidelines to promote social inclusion and engagement of isolated older adults (e.g., The City of Vancouver Seniors' Advisory Committee recommendations regarding social isolation and loneliness [109])

A summary of promising practices for older adults engaged can be found in Figure 15.

3.4.3 Challenges and Opportunities for Standards Development

To enhance engagement of older adults, key informants identified areas for standards development that included technology development, access to Internet, and best practices for addressing social isolation, as summarized in Table 4.

3.5 Older Adults Seeking Equity

As mentioned at the outset of this report, there is significant diversity within the older adult population. Each individual person has their own unique mix of roles, resources, level of abilities, and environments that influences how they experience aging, and the population represents an extremely diverse range of individuals and communities. That said, there are some populations and communities that warrant particular attention for standards development, as well as policy and programs more generally. Whether due to culture, ethnicity, sexual orientation, or socio-economic status, their collective lived experience as they age may be influenced by historical and ongoing injustices, marginalization, under-representation in positions of power and influence, and inequitable access to services and opportunities. As a result, many groups experience inequitable health and social outcomes that negatively affect their lives and diminish Canada's social fabric [110].

The high-level, strategic nature of this research restricted the depth to which the research team could explore the strengths, needs, and nuances of specific groups, but the intent of this section is to highlight a few of the communities identified by key informants and in the literature that require additional consideration and support as they age.

3.5.1 Current State: Context and Trends

Older Adults with Low Incomes

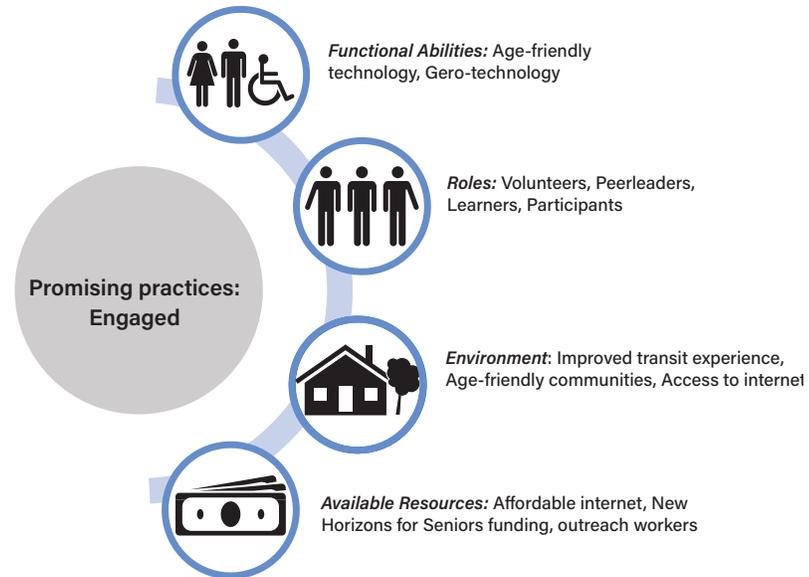
Poverty may particularly affect an individual's day-to-day life as they age. Having access to adequate financial resources can protect an older person from many of the challenges and issues of aging identified in this report. This allows them to pay to retrofit their home, pay for private homecare, afford transportation and Internet, and have access to healthy food and medications. In contrast, not having enough financial resources puts an older person at a distinct disadvantage when public programming fails to meet needs, since they cannot address any gaps in services and care. All key informants stressed the importance and negative impact of poverty on healthy aging in Canadian society.

"(The) senior care system is elitist.... If you are a Canadian from a wealthy family, you will be good."

—Dr. Plinio Morita, Assistant Professor, School of Public Health and Health Systems, University of Waterloo

For many, living in poverty as an older adult is a result of limited participation in the workforce – particularly, less than ten years work experience - and/or limited ability to

Figure 15 - Older Adults Engaged: Summary of promising practices



accumulate wealth over time [111]. In other words, many older adults have been living in poverty throughout their lives.

Key informants also spoke of the compounding effect of poverty and belonging to a population that may experience increased vulnerabilities in Canada.

As is well documented elsewhere, there is often intersectionality between income and ethnicity, culture, gender, sexual orientation, and the additive burden of individual roles and circumstance [112]. For instance, the prevalence of low income is higher in older adult women, older adults with disabilities, Indigenous older adults, and immigrant older adults [113]–[116]. Many key informants in this research study talked about the added challenge of older adults who have complex medical needs and multiple chronic diseases, and the poverty they experience as a result. Lower income households are more likely to report poor physical and mental health, for example, to have higher rates of cancer mortality, and be more likely to have mood disorders compared to higher income households [117].

Indigenous Populations

As with the definition of older adults, the term Indigenous encompasses considerable richness and diversity both within and between communities and individuals. In Canada, there are Inuit, First Nations and Métis

nations that encompass many languages, cultures, and traditions. Older Indigenous adults may live on traditional lands, or in cities, towns, rural communities or Northern areas across Canada.

There is a fundamental need to engage with and be led by Indigenous older adults in the development of policies, programs, services and standards.

Indigenous populations were identified in many of the strategic documents reviewed for this study as requiring extra consideration, particularly in light of oppressive historical practices. The majority of key informants also identified Indigenous older adults as requiring more attention in policy and service planning, and a culturally appropriate approach to engagement. The importance of self-determination for Indigenous peoples was a prevalent theme of these discussions, and particularly, the importance of Indigenous communities determining their own services for older adults.

There have been various strategic reports and studies conducted by Inuit, First Nation, and Métis groups and communities to describe their current state and provide recommendations moving forward for older adults. For example, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) produced an in-depth report in 2010 about the living conditions of their older adults; the report resulted from a series of community focus groups and surveys.



“When older adults are sent away for residential and medical care, they lose access to their cultural and social supports.”

Overall, the analysis showed that living conditions varied greatly among communities and individuals [118]. Older adult participants in that study identified several priorities, including housing adaptations to help them stay in their homes, and issues such as a lack of family support, isolation and loneliness, and language barriers. Winter months were said to be particularly challenging, with the high cost of heat, increased isolation, and lack of community services and programs [118].

“The legacy of cultural genocide and residential schools have been particular traumatic for older adults and elders. The consequence is intergenerational trauma.”

—Key Informant

A subsequent report by the FNQLHSSC in 2012 focused on elder abuse and provided a series of recommendations, including more face-to-face consultations with both service providers and others in their communities, to encourage intergenerational information sharing. Other recommendations included:

- home visits
- activities to raise awareness about elder abuse
- establishing local community groups to bring people together (e.g., knitting groups)
- a community worker to accompany older adults on medical visits, etc. [119]

One key informant spoke about the use of pictograms and illustrations with culturally familiar images to raise awareness about elder abuse among First Nations.

Supporting older adults to stay in their communities as they age is a top priority.

Key informants stressed that aging-in-place can be a particular challenge in a remote or fly-in community. In 2019, the BC First Nations Health Council spoke to the Standing Committee on the Status of Women regarding aging in remote fly-in communities, and the need for people to leave their communities to get access to health care. To help older First Nations adults age at home, the Health Council representatives spoke about the need for improved home and community care programs within communities, and highlighted the importance of mental health and wellness and the need to improve primary health care for their First Nations [120]. A board member of the Pauktuutit Inuit Women of Canada echoed similar concerns at the Standing Committee in 2019 regarding the importance of support for older Inuit adults to stay in their communities as they age [121]. When older adults are sent away for residential and medical care, they lose access to their cultural and social supports. The need for access to trained Inuit homecare workers was stressed, as were the risks to older adults related to crowded housing [121].

Newcomers

“If you grew up here, you are better educated about what is available.... Immigrant populations don’t know about services for them, or their parents, as they age.”

—Dr. Plinio Morita, Assistant Professor, School of Public Health and Health Systems, University of Waterloo

Canada is a nation of diversity, with populations from a wide variety of cultural, ethnic, and linguistic backgrounds; that same diversity is reflected in the older population. Of Canadians aged 65 years and over, 30.9% are immigrants who moved to Canada during their lifetimes [122].

Immigrants and refugees face a number of issues upon arrival in Canada, which may include:

- chronic low income
- lack of knowledge about and access to government income support programs
- lack of understanding either English or French
- difficulty accessing programs suited to their linguistic needs [123]

Nearly all key informants in this study expressed concerns for newcomers as they age and the challenges of daily living, including using transit, going to a hospital for an appointment, and buying groceries, especially when neither English nor French is their mother tongue. Key informants also discussed challenges for older newcomer adults in hospital or transition into residential care, since public institutions often do not account for differences in food, culture, and traditions in service delivery.

“There is a profound lack of cultural awareness in health service providers and community providers.”

—Key Informant

Beyond barriers due to differences in culture and language, many newcomers are affected by the lack of local knowledge and understanding regarding what supports exist to help them age in place and keep them healthy. A person cannot access services and programs they do not know about, or where to look for them. Communication about programs to new immigrants may need to be adapted, to ensure the information reaches them. As one key informant put it, many older adults from other countries are not used to looking at posters on telephone poles to learn about activities and services, and may not be active on social media. To address language barriers, Australia’s Translating and Interpreting Services (TIS National) provides equitable access to government services for

people with limited or no English language proficiency by offering free access to phone or on-site interpreting services in over 150 languages, 24 hours a day, seven days a week [124].

Older Adults Who Self-Identify as LGBTQ2S+

“[Older LGBTQ2S+ adults] feel like they have to go back in the closet if they enter long-term care.”

—Dr. Mark Skinner, *Canada Research Chair in Rural Aging, Health and Social Care, Trent University*

The experience of aging can present unique challenges to the LGBTQ2S+ population, especially as they require home care or residential care services. Several key informants spoke about how many older LGBTQ2S+ adults have lived through decades of trauma and can be re-traumatized in old age. Many service providers are not yet accepting of minority sexual identities or aware of associated needs, which can create significant stress and feelings of vulnerability to the care recipient as they require more services and supports in the home.

One key informant spoke about heightened stigma against the LGBTQ2S+ community in rural areas in particular. Research from York University on the LGBTTIQI⁴ Home Care Access Project found that members of this community were less aware of homecare services available to them, were fearful of receiving services in their homes due to their sexual or gender identify, and were fearful that disclosure of their sexual or gender identify would limit their access to services [125]. As a result of this research, some adjustments to home care services were made, including specific LGBTQ2S+ training for care providers, and providing clients with more control over who their providers are and the timing of service provision [126].

Older Adults Living With Mental Health Issues and Dementia

Older adults living with dementia and older adults with mental health issues were both identified as needing extra consideration when planning services and programs. There is likely to also be an additive burden experienced by family and friend caregivers who support older adults with dementia.

⁴LGBTTIQI refers to Lesbian, Gay, Bisexual, Trans, Two-Spirited, Queer and Intersex communities.

Although key informants felt that mental health was generally ignored in older adults, it is estimated that about one in 10 older adults experience depression and/or anxiety, with the prevalence tripling for those in institutional care [127]. One key informant spoke at length about the effect of poor mental health on older adults, affecting their ability to complete daily tasks, self-manage their conditions, and engage in society. Poor mental health can also be linked to social isolation and feelings of loneliness [127], and interventions to address social isolation overlap greatly with those to address poor mental health. In 2018, the Mental Health Commission of Canada produced “Guidelines for Comprehensive Mental Health Services for Older Adults in Canada”; the guidelines include considerations for context and diversity of the older adult population, mental health promotion, early identification, service models, needs of caregivers, and elements of an integrated mental health service system [128].

Though less prevalent, older adults with dementia also require enhanced support to cope with challenges as their conditions progress. Key informants spoke about how dementia can affect communication, behaviour, and cognition, with each person experiencing the condition uniquely and needing different types of services and programs. A Global Dementia-Friendly Movement is underway, which is an education effort focused on sharing resources and lessons learned related to dementia awareness [129]. In June of 2019, the Public Health Agency of Canada released a national dementia strategy, following the “*National Strategy for Alzheimer’s Disease and Other Dementias Act*” in 2017 [5]. The national strategy includes the following objectives:

- 1) prevent dementia
- 2) advance therapies and find a cure
- 3) improve quality of life for people living with dementia and their caregivers

Tied to these objectives, there are fourteen recommendations outlined in the report, including an increase dementia research, improved support for family/friend caregivers, and promoting and enabling early diagnosis [5].

Victims of Elder Abuse

“We can’t look at aging and seniors without looking at potential risks and vulnerability related to fraud, violence abuse, family member abuse, care provider abuse, (and) financial exploitation.”

—Key Informant

Older adults are at risk of experiencing financial, physical, and emotional abuse. Many key informants spoke about the risk of elder abuse across many settings and populations, and how difficult it can be for adults to report the abuse, especially when it involves caregivers or family. A number of jurisdictions are focusing on ageism in society and reduction of elder abuse. For example, the NWT Seniors Society Strategic Plan highlights the need to reduce the risk of abuse as a key priority [130]. To help achieve this, they have developed tools for providers to better detect elder abuse and put in place community helplines. Based on public consultations across Québec, elder abuse prevention was identified as a key priority [131]. In response, a number of new initiatives have been established in the province, including Aide Abus Aînés, a toll-free helpline for support for older adults.

3.5.2 Innovations and Promising Practices

There is much work to be done to address the needs and inequities faced by diverse populations in Canada as they age, both overall and specific to the populations outlined above. Respecting and valuing diversity is one of the principles of the Dementia Strategy for Canada, along with initiatives for populations most at risk, a distinct approach for Indigenous peoples, and enhanced community involvement [5]. The research team synthesizing evidence to inform a National Seniors Strategy included equity as a key principle, acknowledging the diversity of older adults in terms of culture, ethnicity, sexual identity, and functional status [132]. In the Mental Health Commission of Canada’s guidelines for mental health services for older adults, cultural safety and diversity are described as facilitating factors for a comprehensive service delivery model [128].

At the program level, one key informant spoke about the Bridges Program in Waterloo, Ontario, which brings together older adults from different faiths and cultures

Table 5 – Older adults seeking equity: Opportunities for future standards development

Category	Challenge and Opportunity	Proposed Areas for Future Standards Development
Older Adults Seeking Equity	Policy, programs and services for older adults need to reflect the diverse older adult population.	Overall recommendation to engage with diverse communities when developing standards and guidelines
	There are some populations and communities that warrant particular attention due to the ways in which culture, ethnicity, sexual orientation, socio-economic status, etc. have resulted in marginalization and historic oppression.	Guidelines and standards development to be guided by an equity lens and a rights-based framework
	Older adults living with dementia and older adults with mental health issues need extra consideration when planning services and programs.	Guidelines for supporting older adults living with dementia Guidelines to support older adults with poor mental health
	There is a need to address elder abuse in Canadian society.	Guidelines for preventing and addressing elder abuse in public and private institutions

to host art and cultural events with youth. The overall goals of this program are to reduce social isolation, leverage assets within the older population, and build intergenerational connections. The program has hosted South Asian cooking classes, a Ghanaian drumming event, and teaching the art of beading, led by members of the local Métis population.

Key informants spoke of few innovations and promising practices related to diverse populations and elder abuse, though all key informants acknowledged the importance of these issues. The National Seniors Council identified six key themes identified through consultation, to be actioned to address this issue:

- 1) Awareness
- 2) Knowledge transfer and information dissemination
- 3) Education and training
- 4) Research
- 5) Resources for community responses to elder abuse
- 6) Legal considerations [133]

The province of Manitoba has developed a provincial elder abuse strategy, which includes a 24-hour support phone line, crisis accommodation, and counselling services. Manitoba has also supported Prevent Elder Abuse Manitoba, a network of older adults, service providers and law enforcement focused on abuse prevention [134].

3.5.3 Challenges and Opportunities for Standards Development

Based on input from the key informants, this report proposes an overall recommendation to actively engage specific communities when developing and piloting standards, to accommodate their unique needs and ensure any given standard does not increase vulnerabilities (see Table 5). For example, it may be appropriate to produce a specific iteration of housing standards in partnership with Indigenous Elders. If establishing guidelines for retirement homes and their service providers, it may be useful to engage the LGBTQ2S+ population to ensure stigma is being recognized and addressed.

3.6 Summary of Recommendations for Standards Development

Table 6 includes a summary of the challenges, opportunities and areas for future standards developments proposed by the key informants. Following the same structure as the report section above, the table provides the overall summary of recommendations by the domains of work, home, community, engaged, and with regards to equity and diversity. The same recommendations can be found distributed throughout the main body of the report.

Table 6 – Summary of opportunities for future standards development

Category	Challenge and Opportunity	Recommendations for Future Standards Development
Older Adults at Work	Many older adults are participating in the workforce longer but may need some accommodation. Age-friendly workplace guidelines have been developed but there is no evidence of broad adoption. Additionally, older workers may be at risk of ageism in workplace.	<p>New guidelines for age friendly workplace implementation (e.g., existing age-friendly frameworks and ESDC promising practices mentioned above [17])</p> <p>New guidelines to promote telework/ telecommuting opportunities to support older adults and caregivers (e.g., UK Flexible Working Regulations [34])</p> <p>New guidelines for the protection of pension and benefits for older workers over the age of 65 years</p> <p>New guidelines to reduce ageism in the workplace</p> <p>In addition to developing new standards, existing standards (e.g., Psychological Health and Safety in the Workplace) could be revised to address the specific needs of the older adult worker.</p>
	Many older adults in the workforce are providing care to a loved one while working, and may require some accommodation. Recommendations for workplace best practices to support caregivers have been developed, but we found no evidence of broad adoption.	<p>New guidelines for workplaces that support worker-caregivers (e.g., recommendations from the ESDC Employer Panel for Caregivers)</p> <p>Existing workplace standards could be revised to address the specific needs of the working caregivers</p>
Older Adults at Home	To support aging in place, older adults need access to suitable, affordable housing.	<p>Guidelines for new models of inter-generational and co-housing with older adults (e.g., Symbiosis, Canadian Cohousing Network [78], [79])</p> <p>Enhancements to existing housing standards, reflect best practice and encourage age-friendly design as the new normal (e.g., VisitAble program, CMHC Housing Strategy for Age Friendly Communities [69], [80])</p>
	Caregiving is essential for aging in place, but there is a lack of supports for informal caregivers, lack of access to formal caregiving, and lack of standardization of home care worker training.	<p>New standards for homecare provider/personal support worker training, including a list of required core skills</p> <p>Guidelines for family and friend caregiving, including basic skills (e.g., client transfers)</p> <p>National standards for caregiver supports (e.g., employment leave, financial aid, respite care)</p>
	Older adults are at an elevated risk of financial abuse.	New standards/guidelines for financial institutions to promote the protection of older adults from financial abuse (e.g., leverage the USA Money Smart for Older Adults Program [81])
Older Adults in the Community	Many communities across Canada are developing age-friendly community plans, but have less success when implementing the plans. Some older adult groups may not be well represented in the development of the plans (e.g., LGBTQ2).	<p>Guidelines for implementation of age- friendly community action plans (e.g., build on the WHO Vancouver Protocol [96])</p> <p>Guidelines for specific age-friendly communities to operationalize, modernize, and address the diverse older adult population (e.g., add in a northern/rural lens, an equity lens, sex and gender-based analysis, diversity lens)</p>
	Within the age-friendly concept, there may also be an opportunity to develop guidelines for specific spaces and places where older adults run into challenges – the age-friendly airports, the age-friendly grocery stores, the age-friendly banks.	Guidelines for age-friendly public spaces, for example grocery stores, airports, and banks (e.g., City of Moncton Senior-Friendly Business Program [97])
	There is a need of guidelines for workers who have frequently interaction with older adult clients.	Guidelines for core competencies for workers who interact with high proportion of seniors.
	Where housing is located can be as important as the type of housing. Proximity to services, transit, and public spaces need to be considered when developing housing for older adults.	Best practices/guidelines for housing development targeting older adults
	Many seniors’ advisory councils have been created to support planning. There is a need to share best practices for engagement.	Best practices for engagement with older adults and seniors’ advisory committees (e.g., B.C. Seniors Advocate, Age-Friendly Communities Seniors Advisory Councils [82], [98])

Continued on next page >

Category	Challenge and Opportunity	Recommendations for Future Standards Development
Older Adults Engaged	There remains an untapped market for consumer technology built explicitly for the aging population.	Though consumer technologies do not have to follow a particular set of standards, the development of a set of age-friendly guidelines may help encourage gero-technology development
	Standards and consumer protections cannot keep pace with new innovations and changes to technology.	Develop technology guidelines grounded in an ethical framework, including standards for protection of primary data, data access, and approaches to empower the user
	There is not consistent access to affordable Internet for all older adults.	Standards for access to Internet as an essential utility in all residential settings, public and private
	Many older adults are at risk of social isolation and could benefit from evidence-based programming.	Guidelines to promote social inclusion and engagement of isolated older adults (e.g., The City of Vancouver Seniors' Advisory Committee recommendations regarding social isolation and loneliness [109])
Older Adults Seeking Equity	Policy, programs and services for older adults need to reflect the diverse older adult population.	Overall recommendation to engage with diverse communities when developing standards and guidelines
	There are some populations and communities that warrant particular attention due to their culture, race, ethnicity, sexual orientation, and socio-economic status.	Guidelines and standards development to be guided by an equity lens.
	Older adults living with dementia and older adults with mental health issues need extra consideration when planning services and programs.	Guidelines for supporting older adults living with dementia Guidelines to support older adults with poor mental health
	There is a need to address elder abuse in Canadian society.	Guidelines for preventing and addressing elder abuse in public and private institutions



“There is much work to be done to address the needs and inequities faced by diverse populations in Canada as they age”

4. Conclusions and Next Steps

Canada will soon be a ‘super-aged’ country, with over a fifth of the population aged 65 years and over. This demographic shift will require effort and innovation across many sectors of society to promote and support the healthy aging of all Canadians.

“Overall we are starting to embrace the fact that an aging population is a positive thing – it means we’ve done a good job keeping people healthy.”

—Claire Checkland, Director, Canadian Coalition for Seniors’
Mental Health

This qualitative research study explored the broad subject of aging in Canada, focusing on trends, challenges, and opportunities for healthy aging, to inform future standards development. Through interviews with subject matter experts across the country and a review of the literature, major themes, innovative practices, and areas for standards development were identified. In an effort to acknowledge the diversity within the older adult population, research results were presented across a variety of contexts (i.e., home, work, community), and innovations were framed in terms of the interplay of functional ability, roles, context, and available resources to address engagement and equity.

In the workplace, the study identified projects underway to address potential declines in functional and/or cognitive ability, for example, by providing larger screens

and adjusting the type of tasks required. Age-friendly workplaces are also adjusting the context of work by providing flexible workplaces (e.g., working from home) and flexible timing of the workday for older adults. In the home environment, there are shifts underway both in terms of increasing accessibility of the physical structure, as well as innovations within the social infrastructure of the home (e.g., multi-generational home shares). In the context of both home and work, the important role of caregivers supporting older adults warrants particular attention and accommodation.

The age-friendly community approach is moving forward with sustained momentum across Canada, as many communities across the country develop age-friendly plans to encourage healthy aging in place. Many age-friendly community plans include efforts to improve transportation, enhance outdoor spaces, and encourage participation in social events. One of the strengths of the age-friendly communities approach is its purposeful engagement with older adults, enabling them to be active participants rather than passive recipients of the community planning process.

A common thread throughout the research was the pivotal role of technology to help support older adults as they age in place. New technologies are helping older adults and their families access services, stay in their homes while managing complex conditions, connect with friends and family, and engage with society. With the ever-expanding use of technology

comes the necessity for equitable access to affordable Internet, especially for vulnerable populations. The final section of the report highlighted key communities and populations at risk of inequitable access to information, as well as services and supports needed for healthy aging that are aligned with and respectful of culture, ethnicity, sexual orientation, or socio-economic status. Many groups experience inequitable health and social outcomes that negatively affect their day-to-day lives, and the ramifications are especially felt as they age.

This research was conducted in a context full of effort and activity in the realm of aging and older populations, including many aging-centred research networks, projects, pilots and programs, both in Canada and internationally. Across levels of government, the focus on older adults has been demonstrated by age-friendly community plans, innovation hubs focused on aging, provincial aging strategies, the National Housing Strategy, research informing a national senior's strategy, and the National Dementia Strategy. In consideration of current trends and opportunities related to a growing older adult population, the following themes have been identified as priority areas of action:

- Age-friendly workplaces
- Innovative housing models for older adults
- Supporting the caregiver at work and at home
- Supporting implementation of age-friendly community plans
- Engagement of older adults in planning and research
- Promoting the use of age-friendly technology
- Addressing financial, physical and emotional abuse of older adults
- Addressing the need to reflect the diverse Canadian population in planning and research

Though this research found many stakeholders and projects across Canada focused on the aging population and improving wellness of older adults, there continues to be a need to understand the many implications of this demographic shift. Additionally, there remain untapped opportunities to address the challenges and enhance the benefits of an aging population through the use of standards and guidelines. For example, standards and guidelines may help promote age-friendly design in a variety of spaces and places, strengthen protections and supports for caregivers, recognize and accommodate the older worker, and facilitate access to affordable Internet so all older adults can leverage the benefits of information and technology.

To move this research forward, future projects should include broad engagement with a variety of older adult populations to validate and nuance these research findings and prioritize the potential areas for future standards development. Governments, researchers, and businesses stand to benefit considerably to the extent they leverage the experience and energy of older adults to co-create new standards and guidelines for an age-friendly nation.

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Appendix

LIST OF KEY INFORMANTS

Below is a list of the key informants who provided consent to be named in this report. Many of the key informants hold multiple roles and titles related to older adults, beyond those listed below. A sincere thank you to all participating key informants for their time and expertise.

Name	Role/Position	Organization
Claire Checkland	Director	Canadian Coalition for Seniors' Mental Health
Darren Lische ¹	Project Officer, Information Sharing	Employment and Social Development Canada
Dr. Andrew Sixsmith	Scientific Director	AGE-WELL technology, The Aging Network
Dr. John Lewis	Associate Professor, School of Planning	University of Waterloo
Dr. Lili Lui	Dean, Faculty of Applied Health Sciences	University of Waterloo, member of AgeWELL
Dr. Marie Beaulieu	Professor, Chair for Research on Elder Abuse	University of Sherbrooke
Dr. Mark Skinner	Canada Research Chair in Rural Aging, Health and Social Care	Trent University
Dr. Plinio Morita	Assistant Professor, School of Public Health and Health Systems	University of Waterloo, member of Research Institute on Aging
Dr. Samir Sinha	Director, Health Policy Research	National Institute on Aging
Dr. Suzanne Dupuis-Blanchard	Research Chair in Population Aging, Director for the Centre for Aging Research	CNFS-Université de Moncton
Dr. Veronique Boscart	CIHR/Schlegel Industrial Chair for Colleges in Seniors Care	Conestoga College
Eric Michaud ¹	Director, Economic Analysis	Employment and Social Development Canada
Evelyn Cheung ¹	Analyst, CPP Policy	Employment and Social Development Canada
Hope Harris	Participated as an individual	
Jackie Holden ¹	Senior Director, Seniors Policy, Partnerships and Engagement Division	Employment and Social Development Canada
Manon Therriault ¹	Acting Manager, Seniors Policy and Analysis Unit	Employment and Social Development Canada
Maude Ostiguy-Lauzon	Elder Wellness Coordinator	First Nations of Quebec and Labrador Health and Social Services Commission
Nathalie Charette ¹	Manager, Partnerships and Engagement	Employment and Social Development Canada
Nathalie Martel ¹	Director, Old Age Security Policy	Employment and Social Development Canada
Nora Spinks	CEO	Vanier Institute of the Family

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¹Focus group participants

Peter Marriot	Social Planner - Equity, Research and Data	City of Vancouver
Shane Donovan	Sr Corporate Strategist,	NS GovLab Department of Seniors
Silvana Valentone	Program Coordinator (Seniors Circles)	Catholic Immigration Centre
Suzanne Allen ¹	Program Manager, New Horizons for Seniors	Employment and Social Development Canada
Tim Hutchinson	Associate	International Longevity Centre, University of Ottawa
Zayna Khayat	Future Strategist	SE Health

¹Focus group participants

CSA Group Research

In order to encourage the use of consensus-based standards solutions to promote safety and encourage innovation, CSA Group supports and conducts research in areas that address new or emerging industries, as well as topics and issues that impact a broad base of current and potential stakeholders. The output of our research programs will support the development of future standards solutions, provide interim guidance to industries on the development and adoption of new technologies, and help to demonstrate our on-going commitment to building a better, safer, more sustainable world.

