COURAGE
Action for Better Aging

ActionForBetterAging.ca

What We Heard and Insights Report

COURAGE ENGAGEMENT ACTIVITIES 2021-22

AUGUST 16, 2022

Covenant Health | Covenant Care | Covenant Living | Health

Table of Contents

Executive Summary

Overview

COUR**AGE**: Action for Better Aging is a national initiative led by SE Health and the Covenant family, inviting Canadians with a stake and interest in healthy aging to reimagine aging in our country, spark innovation and forge an action plan for change to ensure Canadians have the opportunity to live full, active lives in their communities as they age. Over the past 10 months, COUR**AGE** engaged Canadians and organizations with an interest in aging across the country through interviews, focus groups and conversation circles, presentations and discussion and an on-line survey. COUR**AGE** hosted 122 engagement activities--including 828 contacts with a broad cross-section of individuals and input from 70 organizations.

This report provides a consolidated summary of what we heard from all participants and provides considerations for setting priorities and a number of potential big ideas that could be addressed. The input and insights in this report will be considered by the COUR**AGE** Key Recommendations Advisory Group (KRAG) in selecting priorities to be considered at a national action summit in December 2022 and the development of a proposed roadmap for action and change in Canada.

What We Heard

Participants noted major socio-demographic factors impacting aging in Canada—related to the growing aging population, the changing nature of families and communities and current social norms and trends. Exploring a broad spectrum of topics impacting aging, they provided information, perceptions and experiences based on their experience, expertise and knowledge in four major themes. These are summarized below:

Human Dimensions of Aging

This theme focuses on the personal dimensions of health and well-being, including creative and intellectual being, social wellness, spiritual being and physical health and placing individuals as humans with unique needs and hopes at the centre of all planning and response. This includes:

- an individualized approach supporting the person and enabling informed risk;
- quality of life based on what matters to the individual;
- language and mindset related to ageism and framing of the aging process; and
- engagement and voice, focusing on the need for co-design and engagement and grassroots and empowerment.

Quality of Life and Wellbeing

This theme explores where we might focus our efforts—to build bridges, break down barriers and tap the potential—to address social isolation and create communities where older adults have what it takes to feel safe, stay active and healthy, be connected, belong and have a sense of purpose. This includes:

- social isolation and inclusion;
- supports for daily living to meet basic needs, transportation and meet challenges of rural living;
- caregiving support and key roles that are needed;
- information access and co-ordination;
- awareness and planning for aging through socialization and early detection and intervention;
- community leadership through engagement and co-ordination, community hubs, needs assessment, funding and the establishment of age-friendly communities;
- housing solutions, models, approaches, standards and regulation and micro-communities; and
- community supports, including intergenerational connections, volunteering and workplace strategies.

Alternative Designs

This theme examines and imagines ways our society can support the health and wellbeing of older adults focused on better addressing the social determinants of health and creating greater integration between health system and social supports. This includes:

- policy frameworks based in the social determinants of health and a need for greater integration;

- accountabilities and enablers, such as funding frameworks, regulations and taxation;
- innovative approaches, including aging assessments, expanded home care, self-directed care, transformational models and transitions, and wrap around services; and
- workforce strategies for education and training and valuing work in support of aging.

Technology and Innovation
This theme explores how technology and innovation might best facilitate the ability of older adults to stay safe, healthy, mobile, connected and supported in their homes and communities as they age, as well the challenges and considerations that might need to be considered along the way. This includes:

- benefits and potential of technology as an enabler of successful aging;
- literacy and equity in digital technology, infrastructure and access;
- innovation design and development and scaling; and
- research.

Insights

In many engagement discussions participants shared advice about things to consider in moving forward, as well as some of the most important or promising ideas for change from their perspective.

Consideration
Participants raised the importance of ensuring that the way forward recognizes and addresses ageism and achieves integration of medical and social needs. They urged intentional, strategic action and the need to ignite and support a grassroots movement for better aging. They identified marginalized Canadians most at risk and recognized that efforts focussed on those at risk are key to strengthening community and overall social health and wellbeing.

Big Ideas
Thirty-one larger concepts and ideas arose from the compilation of input, organized in nine areas:

- strategy, policy and frameworks;
- funding and accountability;
- empowerment and grassroots movements;
- prevention and intervention;
- alternative designs and models;
- community leadership;
- housing and municipalities;
- essential services; and
- technology and innovation.

Thank You

SE Health, the Covenant family and the COUR**AGE** team wholeheartedly thank all participants for generously sharing their time and expertise and their passion for forging a new vision for aging—one that promotes purpose, connection, health, and wellbeing and maintains, choice, and quality of life for older adults. The information, expertise, experience, advice, hopes, challenges and examples received were powerful and will help to focus energy and direction for the December 2022 action summit and a bold action plan to create a brighter future for older adults and their families today and tomorrow.

Introduction

COURAGE: Action for Better Aging

COURAGE: Action for Better Aging is a national initiative inviting Canadians with an interest in healthy aging to reimagine aging, spark innovation and forge an action plan for change. Canada is at a crossroads as one-fifth of the population turns 65 and needs—and expects—the opportunity to keep living full, active lives in their communities. Led by SE Health and the Covenant family, in collaboration with leaders across the country, COURAGE takes an evidence-informed look at the unsustainability of our current approach to aging and the possibilities for change. COURAGE offers opportunities for conversations—nationally and locally across all sectors—through activities focused on galvanizing a clear vision, setting priorities and enabling the path to transformation. Building on over a century of service, **SE Health** and the **Covenant** family are Canadian champions for better aging and leaders in care and service for older adults, innovation, and research.

As part of the project, a discussion paper, "The Path Forward for Aging Canada," was developed to provide background analysis of the current situation and an evidence-informed review of the trends and innovations in five different areas for change and action. A website and social media activities based on these themes provided information for the public and key questions for discussion and consideration.

Since November 2021, COURAGE has built on this work to engage a wide variety of people and organizations to explore the insights, information, perceptions, advice and experiences of the current approach to aging in Canada and to identify the most promising opportunities and ideas for a roadmap for change.

Purpose of the Report

This report provides a summary of what we heard from all participants from November 2021 through July 2022. It consolidates and summarizes their input organized in key themes (see **What We Heard**), considerations for setting priorities and a number of potential big ideas that arose from the collective input. The ideas and insights presented in this report will be considered by the COURAGE Key Recommendations Advisory Group (KRAG) in selecting priorities to be considered at a national action summit in December 2022 and in the development of a proposed roadmap for action and change in Canada.

Engagement

Methods

A framework and plan were developed to help engage those with an interest in aging, identifying potential partners, key players, key supporters, enthusiasts and bystanders as relates to COURAGE goals (as per Figure 1). Engagement methods were developed using IAP2's spectrum of participation. Activities were sequenced to begin by gathering strategic context and alignment and advice in shaping priorities for further engagement. This was followed by broader engagement to gather experiences, insights, and thoughts on priority needs from a broader pool of participants. Four types of engagement activities were used.

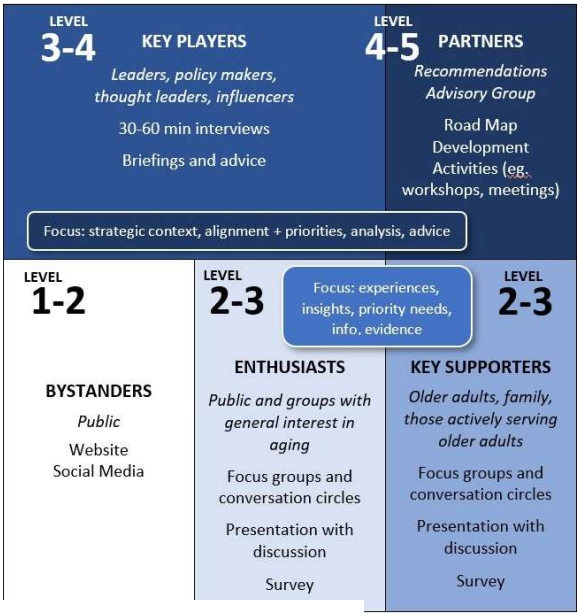

Figure 1: Engagement Approach

Interviews
In-depth interviews were conducted with leaders across Canada who have accountability for designing, and delivering services to older adults across the spectrum; who inform Government and health authority policy and strategy; who lead major initiatives, businesses and industry aimed at improving the lives and health of older adults; and who are involved in networks, alliances, think tanks and businesses active in researching, planning and engaging older adults and organizations serving older adults. The sessions focused on gaining expert advice and insights into current trends in aging, key problems and barriers, possible synergies with efforts underway, and innovations that have potential to help people live at home and in the community.

Focus Groups and Conversation Circles
Individuals—including older adults, families and those actively engaged in or with an interest in serving older adults—were invited to participate in facilitated group discussions on chosen themes related to aging. These sessions explored experience and insights into current state of aging and invited input into possibilities for the future. Invitations were extended to a database of groups and individuals compiled by Covenant and SE Health and invitations were extended by some invited organizations with their members, boards and employees.

Survey
Canadians were invited to participate in a survey exploring key challenges older adults living in community face and to help prioritize themes from the COUR**AGE** discussion paper. Several organizations shared the survey with their networks of older adults and it was also promoted on social media. The survey was offered in English and French and open from April 25 to June 3, 2022.

Presentations with Discussion
COUR**AGE** also made presentations tailored to meet mutual needs and interests to various conferences, committees and groups and led discussions to gather input from members.

Participant Profile

COUR**AGE** sought a broad range and reach of participants in Canada. The following provides an overview:

- 122 engagement activities included 828 contacts with a broad cross-section of individuals from across Canada
- 70 organizations participated in stakeholder interviews or presentations—representing health, social services, research and education, advocacy, industry, community and older adults' groups.
- 83% of participants in focus groups, conversation circles and the survey were older adults. Many focus group participants also identified themselves as past or current caregivers for older adults.

Methodology

Four Themes

Following extensive consultation through individual interviews with leaders in the Winter and Spring of 2021-22, COUR**AGE** chose four themes as the focus for further consultation in Spring and Summer 2022:

- the foundational concept of person-centred care, with a deeper look at the **human dimensions of aging**
- the goals of keeping well and socially connected in community, focusing on **quality life and wellbeing** related to purpose, connection and belonging.
- how systems have responded with alternative models of care, taking a broader social view of **alternative designs** for successful aging; and
- **technology and innovation** in facilitating the ability of older adults to stay safe, healthy, mobile, connected and supported in their homes and communities as they age.

Approach

Detailed written notes capturing specific comments and input from all COUR**AGE** engagement activities in 2021-22 were used to create this report. Since the sessions were not audio-recorded, the comments represent what was captured in written notes of the session—and may be paraphrased.

These notes were reviewed for key topics. Topics were grouped into broader themes and sub-themes in order to allow synergies between comments and input and a fuller picture of all aspects of topics discussed. The comments made and ideas explored by participants are presented with care and diligence to remain faithful to the context in which they were made. The inputs have been ordered and grouped to provide an overall and cohesive picture of the contributions as a collection of perspectives.

Caveat
This report presents information, perceptions and experience of participants based on their expertise, experience and access to information. No further research has been done to verify or further explore the input provided. Furthermore, this report seeks to authentically and accurately present the breadth of the input as a collection of ideas, organized for ease of review and reflection. It should not be interpreted as a consensus document or validated statement of priorities.

What We Heard

The following section outlines what we heard from participants related to the four major Themes across all engagement activities. Comments were analyzed and grouped into topics organized into ***subthemes***. In some cases, similar or related ideas have been combined. Quotes from participants are included for illustration.

In speaking to these, participants also provided some overarching observations of the current socio-demographic context for aging in Canada.

It was noted that Stanford's Centre on Longevity presents a new map of life based on 100 years, with 60-year careers and 77 as average middle age. Participants noted other trends:

- **active agers** are a growing group at all ages;
- more dispersed **family units**, with adult children working outside the home, less able to provide supports to aging parents while needing to play the role of navigator and advocate —often from a distance;
- a **rise in individualism** and the values of independence and self-sufficiency;
- changes in the **social fabric** with a perceived erosion in people-to-people connections and fewer traditional social structures, such as churches and engaged neighbours, to provide a social safety net;
- **generational differences** between Baby Boomers and younger generations raising issues of planning for current older adults and future older adults;
- a downturn in day-to-day **volunteerism** and service clubs and growing focus on **social activism**; and
- the impact of the **pandemic experience** with increased stigma, fear and anger. Some older adults continue to be traumatized by fear of the virus, while others have embraced new technology.

Human Dimensions of Aging

Individualized approach
Supporting the person: Older adults are diverse with unique needs, and want care and support that is adaptive, responsive and respectful. Person-centred or person-directed is about the art of the possible, holistically focussed on what's important to the individual and recognizing readiness and individual capacity. The person is the starting point, not the system—and interactions and decisions are shaped by their whole person needs. It's more than being inclusive. Older adults are not all the same and cannot be considered as one homogeneous group. Communication and relationships are key—getting to know the person, their story and their sense of purpose. The approach leans toward independence, meeting the person where they are, and providing choice.

Informed risk: The medical model is about eliminating risk. Living and care in the community is about independence and living with risk. The risk management model for aging should be community-based and all-encompassing, rather than purely medical. This requires difficult conversations, hard choices and decisions informed by good information and education. Often families are not prepared for this and risk aversion can hamper choices. There is a need to accommodate different levels of risk and help examine expectations and objectives to define acceptable risk.

Quality of life

What matters. Living to the fullest capacity is more than being safe or alive. It is concerned with human flourishing. Older adults want to live a life of purpose and autonomy, where they have control and can be proactive. Instead of only looking at a person's conditions and functions, we need to focus on purpose, strengths and abilities. Quality of life brings risk and it needs to be realistic and self-defined. Each person is part of community with unique experiences and beliefs, and their emotional, spiritual, and cultural goals are as important as the clinical.

> *"We need to focus on what matters to you, not what is the matter with you."*

Language and mindset

Ageism: There is a tendency to think of aging as a decline—a process of disabilities. If an older adult displays confusion, dementia is assumed. There is a stigma about having a disability or needing help; interdependence is seen as failure. Systems are depersonalizing. There is a perceived bias against spending money on older people and that the health system appears to not see those as over 80 as valuable or important. Women have encountered gendered ageism and systemic ageism in the workplace and health care.

> *"Aging is not one-way and all downhill."*

Framing: There is a model and assumption of decline in our language and thinking that leads to fear, lack of openness about challenges and delayed decision-making. Supported, dependent, long-term, retired are loaded terms. We need to think in terms of wellbeing. Successful aging is a term that is more inclusive of all people, regardless of health status or abilities, and it looks different for everyone. Communication is often oblivious to older adults' needs, language or their culture. We need to use positive terms: lifespan vs aging and living environments vs care setting. We need to continue to learn throughout our life, and the value older adults bring should be discussed in terms of engagement, rather than work, influence or resources.

> *"Get out of the health narrative for aging. If narratives don't change, systems don't change."*

Engagement and voice

Co-design and engagement: In supporting older adults, our mindset should be "with", not "for" or "to". Simple solutions that are co-designed and community driven have big impact. Older adults must be involved in policy and service conversations, and in design and change. People most vulnerable must be involved in planning.

Grassroots empowerment and voice: Older adults are the ultimate change champions. They have influence as citizens and peers and need ways to connect their voices. Older workers also need a voice. Engage active agers and animate them, tapping their energy. Engagement often needs a personal, relational approach to spark personal initiative and incentive. Ask current—and future—older adults to define community priorities for aging. It is also up to the older adult to decide who is on their team.

> *"Animate people. That has more power."*

Quality of Life and Wellbeing

Social isolation and inclusion

Purpose, connection and belonging: Community and citizenship are core components of healthy aging. Social isolation is the most pressing issue we need to address. The social determinants of health should be at the forefront with a focus on purpose, connection and belonging. The integration of social aspects into all care decisions is critical. Separating couples and placing older adults in care distant from family disrupts their integral support systems and jeopardizes health and wellbeing. Communities are effective in addressing the social determinants and must play a key role. There is a need to focus on combatting loneliness with simple solutions, including during evening hours. While technology and other mechanisms can address the need for connection, mobilization and interaction, human interaction is also critical to provide comfort and encourage engagement.

"Social movements that flourish are ones where everyone belongs."

Supports for daily living

Basic needs: It is the small things that can add up in helping older adults manage and thrive, such as practical things like yard work, snow clearance, completing forms, using technology. An ability to tend to personal hygiene is a key factor in health. Communities have the ability to take care of the practical things older adults need for living either through volunteers or low-cost options. Many older adults rely on community programs, food and meal preparation, public transportation, personal networks of support and paid house or yard work.

40% of survey respondents said a top priority for them was to have supports for daily living. They identified needs for maintenance tasks and challenges of looking after their homes, ability to drive, housecleaning, transportation. Many indicated they anticipate downsizing in the next few years.

Transportation: Being able to get around—for social or practical reasons—is a key driver for wellbeing that needs to be prioritized and owned. Age-friendly transit options and housing are essential in combatting social isolation.

Rural challenges: Social safety nets and health systems in rural areas are changing with farm succession plans and more centralization and specialization of services and migration of people to cities. Lodges are often relied on as a housing first option, providing socialization and less stress. Internet connections and cellphone reception are not reliable or available in some communities. The closure of Greyhound buses had a huge impact on rural transportation and mobility.

Caregiving

Support: Caregivers—formal and informal—are a lifeline, and supporting them is as important as supporting the older adult. With rising acuity of older adults in communities, families have taken on a bigger role that requires increasing education and support. Heavy reliance on family and community is problematic. Families are focussed on the urgency of chores and system navigation challenges--rather than social and emotional support. They need more access to health information as part of the team. Older adults have a sense of being a burden to family. Caregiver burnout can trigger an early placement in institutional care. Day programs are stabilizing relief for caregivers and provide socialization.

"We need to both support caregivers practically and nurture them."

Key roles: Every older adult needs an advocate. We need to have trusted people in the system to be eyes and ears for older adults. The fear of going into care drives people not to seek help, increasing social isolation and impacting health. Primary care and physicians are the gatekeepers for the system and that is not realistic. They need to be engaged as key players in making links and referrals to community supports. Key roles like case managers to support unique needs are needed, as well as formal funded connectors with strategic and practical knowledge and skills between community programs to strengthen

communities. Navigators are needed to patch up the gaps, as well as concierges for technical or personal care needs. Roles such as health coaches, life specialists and advisors are needed to address the psycho-social barriers.

Information

Access and co-ordination: It's imperative to ensure families and older adults have all the information they need to make best decisions based on what is important to them. A one-stop shop for information using technology could play a 211 or 311 function for aging (information gateway or advice line) with multiple avenues to access. Information must be curated and organized, and support provided to interpret. On-line navigation systems like NAVCare are critical and content should be expanded to health, social supports and information about housing/living options.

"There are many options out there today, but it does you no good if you can't find them."

Awareness and Planning

Socialization: Planning for aging is not given the same importance as planning for birth and death and it should be. Public campaigns and resources can support early awareness. Advance care planning provides opportunities to have aging conversations and multi-sector involvement is needed—business, legal, financial. Consumer expos can help older adults see, experience and test technology and innovations for aging.

"We have guides for buying a house; why not for aging?"

Early detection and intervention: Early detection, referral and support is key to proactively focus on what the person needs. Health providers don't have the time to spend discussing, diagnosing and referring in a timely way. Physicians aren't aware of resources and what they cost. A diagnosis should come with information and automatic flags to others who can help. Recognizing caregivers early and engaging them in the team allows for timely discussions for decision-making about risks. Planning can be incremental to reduce stress and fear with regular check-ins. Individualized care plans for older adults are one option, as are community nursing programs for aging.

"We need to see and value preparing for the aging journey as something sacred."

Community leadership

Engagement and co-ordination: There is a resurgence in community focus on wellbeing and connection. Leaders recognize policy, funding and processes should enable collaboration in community among all contributors. More older adults are being invited to participate in community plans and service design. Grassroots support by neighbours, churches and other groups is vital. Communities are picking up loose threads not taken care of in the system. Communities need to be empowered to respond. Community organizations are recognizing the importance of cultural and volunteer training. The Compassionate Communities movement is tapping the power of collective impact. There are national and intersectoral conversations happening and a formal voice for community is needed.

"This is not about doing health care better, but about doing something bigger with community leadership."

Community hubs: There is much value in the concept of a care hub to integrate social, health, and financial support. This could include care centres as neighbourhood hubs, offering extension of expertise, supports, social opportunities and services. Seniors' centres play this key role, especially in rural communities, and can integrate health needs and supports with social programs. Churches support their aging congregations and could have a bigger role in addressing social isolation in communities. Libraries are playing a larger role. Hubs provide opportunities to collect data for proactive planning and approaches.

Community needs assessment: Foresight is key in design of options for community needs and trends. Communities can use environmental scans and surveys of older adults and engage them, perhaps by age group or neighbourhood, to understand what's needed. Study successful

communities and share best practices between communities.

"During COVID, community was the hero in creating capacity. It was community that saved the health system."

Community funding: Social investing is a key part of the puzzle. The community role should be expanded and a bigger share of public funding directed to community, where it will go further. Funding needs to be sustainable and not tied to grants and pilots. There needs to be a collective voice for community to guide and support this investment. There needs to be good cost-benefit analysis and efforts to formalize the role of community-based supports and develop system maps for the community sector.

36% of survey participants said a top priority was to participate in activities where they feel a sense of belonging, connected to friends and neighbours.

Age-friendly communities: Municipalities have a major role to play and are doing some good work around municipal design for accessibility and livability. Canada could provide more national support for age-friendly designation. Benefits include public areas and green spaces where people can easily gather, repurposing of city land and assets, and zoning and bylaws to allow more creative housing options.

Housing Solutions

Housing models/housing first: Housing could be the third leg of the stool, along with health and community/social supports, in successful aging. Cross jurisdictional and cross-portfolio investment in housing saves money across the systems. But more options are needed: co-op housing and co-housing, multigenerational housing with shared community spaces and naturally occurring retirement communities (NORCs).

Continuing care has become a default housing first solution. A housing first model for aging should provide safety, security and a sense of community. Low-income housing and supportive living should be planned together. Communities have come up with some interesting non-profit housing models, but often encounter problems with zoning and development. When they succeed, waiting lists are very long.

37% of survey respondents ranked "having housing that is designed so I can live safely and independently now and into the future" as a top priority.

Housing standards and regulation: Building codes and construction and universal design standards are needed to ensure accessibility and age-friendly environments. Municipalities and housing sectors need to work together to ensure transportation is part of the equation. Older adults are looking for trusted expertise to help modify their homes. Canada needs to prioritize new housing designs that are efficient, effective and appropriate for aging. Smart technology supports inclusive environments and could be made standard, with costs off-set to savings in system.

"A concrete housing framework that weaves in care closer to home, social needs and healthy, active living is an interesting idea."

Micro-communities: There are many successful examples of small, intergenerational intentional communities with peer support and close access to neighbourhood amenities. Models are focused on personal attributes and interests, not physical ability. People take care of each other.

Community supports

Intergenerational: COVID has created intergenerational awareness and connection. Intergenerational collaborations—formal and informal—combat loneliness. We need to encourage intergenerational volunteerism for practical supports, but also greater socialization of aging as part of life and community. Adopt a Grandparent programs and ambassadors for intergenerational connections can be effective.

Volunteerism: Volunteerism is a core pillar in aging and wellbeing and needs attention and support as a sector. Many older adults volunteer to stay active and critical volunteers in community are aging. A creative strategy is

needed to address this. Programs like Time Bank in Switzerland have had great success in encouraging volunteerism, engaging older adults and ensuring social supports for aging. Existing volunteers need to be better integrated into the health and social systems. Training is needed.

Workplace and employer strategies: There is systemic ageism in the workplace. Older employees need a voice, and options for financial and employment arrangements. Progressive companies are addressing this through education, awareness, policies, business strategy and services to combat ageism and facilitate healthy aging. Tap and train businesses to support aging in place and social isolation.

Alternative Designs

Policy framework

Social Determinants of Health: A proactive living lens for aging is key. There is growing recognition that we need to focus on the social determinants of health as a basis for aging policies and programs. Governments have made stated commitments to person-centred approaches and a focus on quality of life. There needs to be a focus on health, not health care with equal attention to purpose, connection and belonging. The health system was designed for healthy 40-year-olds and that needs to shift, along with policy and funding. For older adults, the system right now is matching people to beds, not people to their hopes and goals. Canada needs a fully integrated governance and policy for aging—broader than health. We need a federal strategy or framework for aging that looks beyond health and acknowledges the value of older adults to society. We need more socially-connected cross-jurisdictional action involving municipalities.

"We have created our own economic and system burdens by focusing on standards and thinking of seniors as one homogeneous group."

Integration: It has been said the biggest problem to tackle is integrating systems of care support. There is duplication and lack of co-ordination and lack of communication between the parts. There are siloes in community. Community-based organizations are preoccupied with sustainability and competition for funding, which often takes them away from their purpose. Continuity of care is a significant challenge, with little ability to form meaningful relationships. There is a need for better sharing of contextual information--both personal story and goals and care needs—among health providers.

"Non-profits do great work, but need to spend so much energy writing grants and keeping their doors open."

Overall, our efforts are too piece-meal and not outcomes-oriented with fragmentation of ministries and accountabilities. There is artificial segregation based on levels of care, and regulations prevent re-purposing of health resources for better social integration.

"We need to build intentional ramps and bridges to help people stay involved and access supports before a crisis happens."

Accountabilities and enablers

Funding Framework: We need to ask questions about our social contract for aging—roles and responsibilities, accountability and funding. There is a need to rebalance where money is spent in the system with national targets. We need to invest more in home care and community and keep community funding out of the health envelope. We need to direct more funding to decrease social isolation and to prevent premature moves to continuing care. In strengthening community, we need to revamp accountability mechanisms and move to sustainable base funding with measurement. It's not always about economies of scale; smaller, more flexible solutions should be explored.

"It's not all about dollars. It's about expectations. We may need a cultural overhaul to curb the sense of expectation out there."

We rely on the system, but the accountability is focused on tasks and outputs, not outcomes. We need more evaluation of community organizations. We need to decide as a country what is funded and what is insured—and what is user pay. We need to build mechanisms to address equity of access. Through innovations we now can support high acuity at home, but haven't dealt well with funding models, caregiver supports and training for that.

"Focus on the return on investment. The highest level of care costs the most. Every incremental change makes a difference to the bottom line."

Regulations: There is a need to incentivize the shift from long term care to community care and involve those who provide care across the spectrum to lead the way. There needs to be equal emphasis on care standards and autonomy, choice and risk. Time limits and limits on what physicians can bill for in one visit are not conducive to good care. Policies for billing need to incentivize focus on individual needs, not system. There are differences between provinces in what is funded or how care is organized and labelled. Wait-times are imposed when older adults move between provinces, which impacts options and practicality of bringing families together. Some basic federal standards can help relax barriers to enhancing the role of community. Use incentives to address one significant barrier for maximum impact.

Taxation: The Federal Government can show leadership with income supports, taxation, pension policies and approaches, and transfer payments to provinces. Grants and tax incentives can support making homes more accessible, but home renovations grants are currently reactive—based on demonstration of need. Create tax incentives for people to share houses or live together. Review approaches to retirement and investment.

"We have a national consensus on a shift to community, but no investment, structure or momentum."

Approach

Assessment: Universal, mandatory assessment at a certain age/natural life point (40 or 50 years) would make a significant difference in successful aging. Led by a nurse practitioner, and supported with annual check ups, this should cover all aspects of aging—physical and mental health, finances, technology, and other types of capacity. There needs to be stronger emphasis on wellness checks, with education and planning and attention to the risk factors for frailty and social isolation. Older adults should be empowered to self-audit their own needs and wrap around supports for assessments would ensure follow through.

45% of survey participants said "Care comes to you/receiving health services at home" was a top priority.

Expanded home care: Home care is currently task-oriented and bound by time and defined services. Social interaction with the home care worker is critical, but is often restricted. More investment in community should include an expanded scope for home care to include social engagement, mobility, and practical support. Support for this living environment could be framed as home and community support/access (multi-pronged and empowered) rather than service delivery.

Self-directed care: Self-directed models are being explored across Canada. Person-directed is empowering—emphasizing the older adult as decision-maker rather than just offering options that suit their needs. In this approach, funding could be based on age and condition with the older adult or their team deciding how to use this for values-based care. Support and funding for the home could include consumer-directed options with more flexibility. Caregivers should be able to invoice for supports that keep loved ones out of hospital. Maximizing community resources and equity of funding for community is key to self-managed care.

Transformational models: Social prescribing holds promise in integrating social and medical models, making connections to support unique needs proactively. Models can use such elements as case managers, navigators and technology and avoid the bureaucracy of the medical system. Health care can help make the connections between people and programs. It can be based in community—shaped by the knowledge and

connections of the people who live there. Community paramedicine and virtual hospitals provide promise in keeping older adults from needing emergency rooms and acute care.

Transitions: Points of transition are a major stressor on all involved—including the systems that provide support. When needs change and there is more formal support, families become more focused on service, navigation and worry about practical things. This can be isolating for older adults. There's a need for initiatives focused on anticipating and planning social supports for common transitions—such as a move from hospital to home. When there is an assessment of needs for the transition, services are not accessible or available—even for those willing to pay—with long waitlists. Losing a life partner is a major transition that needs support. Transitions in housing shouldn't be seen as a loss, but a proactive step for longevity and supported that way. Deterioration of cognitive health should be a trigger for holistic intervention. Seniors' centres can be a lifeline when big change happens.

Wrap around services: It's vital to think of wrap around services as part of all developments, including providing supports for activities (reminders, transportation).

Workforce

Education and training: All health care professionals interact with older adults in their role and need to understand and pay attention to social needs and supports for aging. This requires training and mandatory orientation to the social aspects of care and geriatrics education with practicums and rotations. Intercultural training, linguistic, emotional intelligence training and listening skills are key. While specialization in health care has been positive, we also need more generalists with skills to integrate health and social needs. Allied health professionals are uniquely positioned to support care in community. We need to get the most of everyone working in health, housing and community sector through cross training, intersectoral opportunities and mentorship.

> *"We are in a health and human resources crisis with a shortage of workers and funding."*

Valuing work: There is a lack of congruence between valuing older adults and the value we place on work to support them. There needs to be meaningful, valued work with a living wage for those supporting older adults in all settings. Systems need to recognize and honour the work with formal accreditation and registry and drive and facilitate a shift to self-directed care teams.

Technology and Innovation

Benefits and Potential

Technology as enabler: Technology is critical to aging in community. Heavy reliance on technology during COVID opened doors. Technology has the potential to connect community-based care and the health system to provide a "circle of care" wrapped around the older adult. COVID showed that virtual care, consults and telecare can be cost-effective and acceptable model. Robots, although not widely accepted, and home monitoring can support specific needs, especially in remote communities. Technology should be focused on facilitation and what matters most to people, including connection or improved quality of life. It can be used to support the efforts of health coaches and community connectors. On-line learning supports social connection, purpose, and keeping healthy and active. Innovations like Famlinet and virtual reality enhance quality of life. Smart homes support safety (eg. falls prevention, health conditions) and can be configured to meet specific needs and comforts. Simple supports such as texting, Facetime, Zoom, MeetUp have big social benefits. Interactive family platforms like those used in educational settings could support families in keeping track and accessing information.

> *"Technology can help us have someone with us at all times."*

Literacy and Equity

Digital Literacy: Digital equity and literacy are key issues that need to be addressed. Technology-savvy people have an advantage, while rural and remote communities often have unreliable cell

and internet services. Support for digital literacy and technology should be provided by real people, not automated services or self-service. Digital problem-solving is an opportunity for intergenerational connection. Technology should be easily-launched, simple to use, affordable, and have accessible support and training. Supports are needed for updates, WiFi connections, apps, and device instructions. Those who provide coaching, wayfinding and advice should have the proper orientation and training. There is a need to encourage technology use early with aging adults and to keep up to date as much as possible.

"Technology isn't about solving our problems, but about helping people solve their problems."

Infrastructure and access: Technology and access to technology has become an essential element of system delivery. The use of automated system directories is prevalent and a big barrier to access, especially in times of crisis—often depersonalized, confusing, and not user-friendly. Generally, older adults have less disposable income for internet and subscription fees and less experience with technology. Providing universal access to the internet and device subsidies for older adults would be a significant enabler. Caps on pricing, more providers in market, universal fibre optic cabling are key. Standards and regulation related to privacy and ownership of data are needed to address concerns about privacy of information and fraud, and the use of information without consent.

Innovation

Design and development: Technology and innovation should be assessed for how it contributes to the social determinants of health and whether it helps connect and respect differences or creates distance and depersonalizes. Technology for aging requires robust co-design and user design —recognizing the diversity of older adults as people and technology users and incorporating ease of use and ergonomics into design. Smartphones and tablets are essential to living and need age-friendly design. A platform to test innovations with older adults would be helpful, as would standardized reviews to help older adults assess apps and their usefulness to meet their needs. Technology is not always the answer, and we need to let people decide what works for them. There should be a balance between ensuring we move forward with technology advancement and discerning how best it should be integrated into our lives.

"It's not about access, but motivation, fears and readiness. Study human behaviour as a key aspect of development and innovation."

Scaling: Technology has become accepted, but it's important now to make it more widespread and to accelerate development. Innovation is often focused on big problems, but an incremental, continuous improvement approach allows immediate improvements—engaging small group of changemakers to start small, show success and create momentum. Canada needs to focus on faster implementation, criteria for scaling innovations to support aging in place, and ways to avoid duplication.

Research

Build expertise in the use of technology for aging through national roadmaps, communities of practice, and an inventory of best practice. Applied research should be accessible on a public platform. Facilitate better knowledge transfer, with flexibility to meet local needs. Support research into technology addressing social isolation. Bring academics and industry together to produce real world products and initiatives and establish brokers to get research to action. Use AI and big data for proactive planning for populations and communities.

Insights

Considerations

In discussing what might be included in a roadmap for better aging for Canada, participants recognized the breadth and scope of the work to be done and shared their advice on what should be considered in choosing priorities. The following considerations were compiled from inputs across all sessions. In some cases, similar or related ideas have been combined.

Ageism

Systemic ageism in health care, education and the workplace is the biggest barrier to change. A pervasive social lens and language for aging supports this. Any action should seek to build respect and value older citizens and honour individuality/diversity. How can we best affirm the social value of older adults as citizens and contributors and build on the momentum of the national consultation on ageism underway?

Integration of medical and social

There is wide-spread recognition and desire for quality of life as a key measure of health and wellbeing and a need to focus on addressing the social determinants of health as critical to this goal. Despite this societal readiness and will, progress has been slow and siloes remain within and between the social and medical systems of support. What innovations and initiatives will create a new way forward to this vision?

> *"Money is not the issue. We need to build on public sentiment."*

Action

What's needed most is intentional, strategic action focused on entrenched barriers, gaps or risks to gain traction and demonstrate return on investment. How can we generate multi-sector or cross-jurisdictional action on a key issue, leveraging industry or key partners for short-term success as a way to animate system change? Where is there momentum or readiness? What universal health priorities will have the biggest impact?

> *"Do something that means something and do it now. No more white papers, no more talking."*

Grassroots

There is an appetite for advocacy and a desire to have a collective voice for older adults. How do we ensure the voices of older adults are heard as voters, taxpayers and citizens? Looking at aging from a justice lens, where can we learn from other efforts to generate grassroots action and awareness? How might we raise successful aging as a national issue and tap into public sentiment and will, animate and empower citizens for change?

> *"Go where the energy is. Start small. Embrace the adage of good enough, push on."*

Marginalized/at risk

Some older adults are more at risk, and efforts that address their needs support population health and the system overall. Older adults at risk include those living in poverty, homeless, or struggling with addictions or mental health, those with cognitive and physical disabilities and those unable to meet basic living needs. Isolated older adults who have no family nearby or networks of support, and those who have lost life partners are at risk. Indigenous peoples face gaps in services and care. New Canadians and refugees struggling with cultural and language barriers and those who experience discrimination due to race, gender or sexual identity face additional barriers as they age.

Big Ideas

Throughout engagement activities, participants were asked to share what they thought was most important or promising—individually and collectively as a society—in driving or contributing to a better future for aging in Canada. They offered their hopes and concerns for the future and their thoughts and ideas on changes or shifts. The following concepts are big ideas that were mined from inputs across all sessions—and should not be interpreted as consensus recommendations. In some cases, similar or related ideas have been combined.

Strategy, Policy and Frameworks

1. Develop a federal strategy for aging or Aging Act with a bigger umbrella than care. Re-design policy governance to be more holistically focused on aging or with all human services dealt with in one model.
2. Focus on the social determinants of health as a basis for all aging programs, policy and supports. Shift focus away from health care to health and keeping people healthy through purpose, connection and belonging. Hold governments to their commitment to make quality of life a top priority and measure outcomes.
3. Remove legislative and regulatory barriers to empower community solutions and approaches focused on quality of life and independence with a balanced approach to managing safety and risk.
4. Facilitate jurisdictional collaboration—municipal, provincial, federal—focused on a shared health issue. Create a secretariate to help municipalities, health care and social service delivery work together on housing and community options. Provide federal funding to provinces to enhance home and community support.
5. Shift policy thinking and goals from healthy aging to successful aging to recognize a commitment to wellbeing at all levels of health and ability. Shift from aging in place (remain in the home) to aging in community, with a focus on healthy living environment and sense of home anywhere.
6. Enable successful aging through policy changes: review income supports, taxation and pension. Create tax incentives for older adults to live together; co-own, co-house, modify homes. Rethink retirement age and insurance restrictions. Create incentives to advance integration of technology into construction and development.

Funding and Accountability

7. Rebalance where money is spent on health, housing and community supports. Formalize the role of community-based supports as a sector and invest a larger share in community with cost-benefit model. Set up and monitor accountability mechanisms and returns on investment related to outcomes and outputs.
8. Facilitate a national exploration of the social contract—with defined societal and individual responsibilities—to fit societal norms. Establish interprovincial consistency in standards and mobility—eliminate waiting times in interprovincial movement and inconsistencies in what supports are publicly funded.

Empowerment and Grassroots Movements

9. Empower and amplify the voice of older adults and their families and caregivers as changemakers and advocates. Socially invest in animating active agers to help address social problems.
10. Require the engagement of older adults in the review and development of policies and redesign of essential systems and system access, including the integration of technology in core functions.
11. Facilitate and support innovative, publicly-supported volunteer movements and model of time-banking such as Switzerland uses—encouraging adults to volunteer helping older adults and "bank time" to receive support for their own aging needs.

Prevention and Intervention

12. Establish mandatory assessment and planning for aging at a set age with primary care provider, with annual check-ups. Use Nurse Practitioners in a holistic way in this role. Enhance public education and

facilitate older adults and family to self-audit their own needs.

13. Ensure every at-risk older adult has an advocate. Establish and facilitate new roles for aging, funded as needed. Develop a corps of navigators, caregiver coaches, and connectors who co-ordinate social supports between the community players. Train and support that work. Fund navigators and education for navigators. Employ healthy older adults as navigators and community ambassadors with outreach roles.
14. Take action to holistically support adults and families at transitions and specific times of risk. Prioritize some key triggering events (death of spouse, transition, diagnosis) and work to support with co-ordinated help across sectors.

Alternative Designs and Models

15. Redesign home care to include more social care. Create a shift to self-directed home care with expanded funding to include social needs, incorporating consumer-directed options with more flexibility. Shift thinking to "home and community support/access," (multi-pronged) rather than "home care" (health-delivery focus).
16. Encourage and facilitate social prescribing with a focus on both promotion of wellbeing and prevention of frailty. This could be hosted and driven in community with good links to health system.
17. Initiate a full overhaul of the workforce strategy for those who provide care and support for older adults. Ensure proper training, honourable, meaningful full-time work for caregivers across the continuum so they can focus on smaller groups with more time and support for the whole person. Facilitate shift to new models like self-directed care teams.
18. Invest idle public resources for aging. Use decommissioned land. Turn empty spaces into respite or community support spaces; reduce red tape and regulations that are barriers to multi-use, integrated care.

Community Leadership

19. Facilitate a method of standardized system mapping and co-ordination within the community sector to enable collaboration and single points of access or information.
20. Facilitate and empower community hubs to play a key integrative wellness role — offering outreach and supports, community nursing for older adults similar to the model of healthy beginnings. Hubs could be continuing care centres, libraries, churches, public health clinics, seniors centres. Leverage the Nurse Practictioner role.
21. Work with employers to support healthy aging in policy, services and employment. This includes a focus on aging awareness, planning for aging and support for older workers and older volunteers.

Housing and Municipalities

22. Facilitate micro-communities—small, intergenerational, intentional communities—where older adults are valued, supported and find purpose and social connection.
23. Develop a range of affordable housing options as a key health and wellness strategy. Support new housing designs and models with technology supports that are efficient, effective, and appropriate for older adults. Integrate wrap around supports into all capital projects for older adults.
24. Establish federal policy support for age friendly communities—education and information sharing. Support the Compassionate Communities model.
25. Establish universal housing design standards and built environments focused on accessibility. Technology should be integrated as standard (smart homes) and fibre optics should be mandatory for all new builds.

Essential Services

26. Enable older adults' access to transportation as a public resource and facilitate innovative public solutions as a key driver of wellbeing.
27. Recognize the internet as an essential service fully integrated into health and social system design. Ensure universally accessible internet with caps on pricing and multiple providers.

Technology and Innovation

28. Facilitate accelerated development and knowledge transfer of technology to support aging in community. Set criteria for scaling, with flexibility to address local needs.
29. Support older adults and families to integrate technology. Establish funding for technology enabling people to live at home. Adopt an interactive platform (such as used in education systems) to support family, caregivers with monitoring and education and to ensure follow through on health and wellness check-ups, social prescribing.
30. Set standards and frameworks for social innovation and technology development that include public awareness and acceptance, measurement of outcomes, and investment for long term for sustainability.
31. Treat applied research as a public resource. Establish a digital platform for research. Create a central hub of innovation to bring research to life. Demonstrate how innovations support pillars of living. Create a platform for matching communities to innovations. Integrate academic research and industry with actionable products and initiatives.

Thank You

SE Health, the Covenant family and the COUR**AGE** team wholeheartedly thank all participants for generously sharing their time and expertise and their passion for forging a new vision for aging—one that promotes purpose, connection, health, and wellbeing and maintains, choice, and quality of life for older adults.

We heard loud and clear the need for collective and urgent action, and the critical importance of engaging those most impacted—older adults, their families and supporters—in all aspects of creating the path forward.

Thank you for your cour**age**ous comments, stories and ideas about what matters most. Collectively we explored the rich and complex social, emotional, practical, psychological and personal dimensions of aging. The information, expertise, experience, advice, hopes, challenges and examples you shared were powerful and will help to focus energy and direction for the national action summit in December 2022 and a bold action plan we can embrace to create a brighter future for older adults and their families today and tomorrow.

"From caring comes courage." ~Lao Tzu
