Aging in Place Reflections from Canadians

We would like to acknowledge and thank our partner organization, the **National Association of Federal Retirees (NAFR**), and their members, for participating in our Aging in Place Research Cluster study. NAFR members were invited to participate in a short (~10 minute) online survey and optional follow up focus group to gain a national, Canadian, perspective from older adults on what aging in place means for them.

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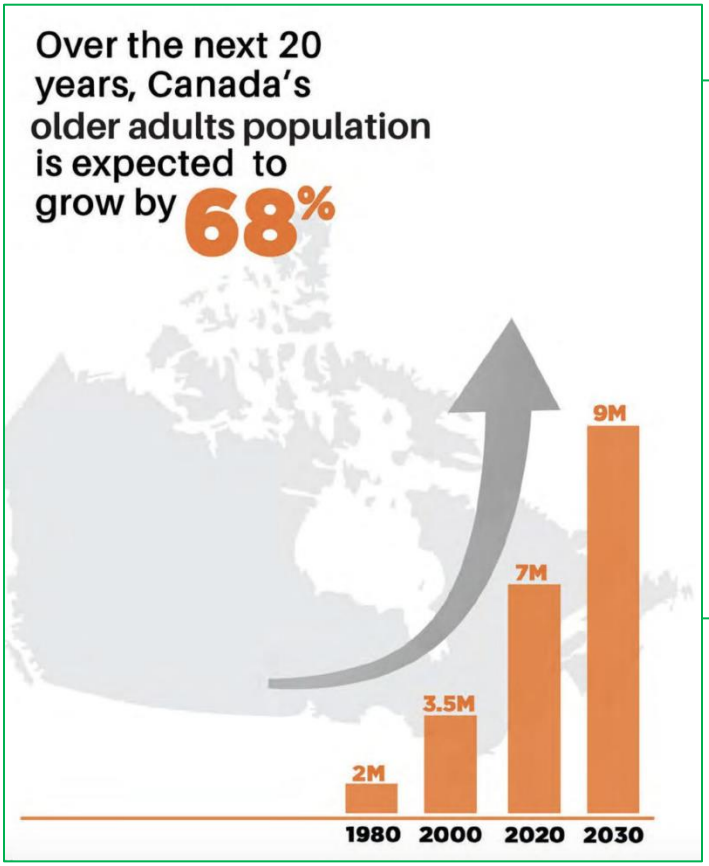
1. OVERVIEW

INTRODUCTION

The world's population is rapidly aging. The number of individuals over the age of 60 have doubled since 1980 and is projected to reach 2 billion by 2050 (World Health Organization). In Canada, by 2030, older adults will number over 9 million and make up 23 percent of the total population (Canada). As the population ages, it becomes increasingly evident that aging in place presents considerable challenges to both the individual and social, economic and political systems in place.



As of July 2020, there are close to 7 million older adults aged 65 and older living in Canada - the **fastest-growing** age demographic.

By 2030, the number of older adults will reach over 9 million, representing close to one quarter of Canada's population.

*Adapted inforgraphic[1]

In conjunction with the realities made evident by the COVID-19 pandemic, it is clear that there are gaps and opportunities with the existing systems of our society. Through careful examination and prudent planning, one can better prepare for future challenges that may arise.

This **research report** will share the knowledge and voices of Canadian older adults on the meaning and action needed to **age in place.**

LIVING AND AGING IN PLACE

The definition of living and aging in place is two-fold:

1. What it means to live in a place, and
2. How a place should accommodate one's aging process.

The World Health Organization (WHO) identified "aging well" as a number one global priority and challenge. A primary aspect of "aging well", aging in place involves remaining in one's home of choice, safely and comfortably, regardless of age[2].

According to the results of the 2016 Canadian census, over 85% of aging seniors would prefer to "age in place" in their homes and communities[3]– keep living at home and pay for supports as needed, rather than in an assisted-living facility.

Defining what it means to live in a place explores what it means to have a place to call 'home'. Beyond just a space where an individual can eat, sleep, and be sheltered, a home is where one can attain a sense of safety, security and belonging. It serves as a hub to social supports that connect individuals to larger communities so that one may engage in the place where they live in meaningful ways. A home is connected to a network of infrastructure and amenities that can provide goods and services to satisfy ones wants and needs. The home may require several changes alongside any physiological transitions that an individual experiences as they age, and the home must accommodate ones changing needs and values accordingly.

2. FRAMEWORK

Promoting age-friendliness of communities and supporting aging in place are at the heart of the 8 **interlinked** domains specified by the World Health Organization's Age-Friendly Cities Guidelines[4]. This guideline, its 8 domains and key concepts, provide a framework within which to situate this report.

The 2007 WHO model of Age-Friendly Cities[4]

3. STUDY DESIGN

The purpose of this study is to gain a national perspective from **older adults, on their view of what aging in place means**, inclusive of access to information and communication needs, to physical, emotional, social, and cognitive supports.

RECRUITMENT OF PARTICIPANTS

Participants were recruited from our partner organization the National Association of Federal Retirees (NAFR) via email newsletters sent to all British Columbia chapters and nationally via the organization's Sage Magazine. Participants were invited to participate in a short (~10 minute) online [Qualtrics] survey. At the end of the survey participants were asked to sign up to participate in an optional follow-up online/Zoom focus group to gain further feedback and follow up on survey responses.

METHODS

The online survey asked questions about older adults' understanding and preferences for aging in place and receiving science and health related information. Participants were also asked for some basic demographic data (e.g., gender, ethnicity, marital status, education, location) to contextualize their responses, as members of this organization are Canada wide. A week after the survey responses were received, our research cluster faculty and staff hosted four 60-minute online focus groups (4-6 older adults each) via Zoom with older adults that opted to participate in a follow up focus group. Prior to the recording of the focus group, faculty provided a brief presentation on aging in place largely informed by the responses to the surveys. The guide for the focus groups was informed by the responses to the initial surveys as well as being informed by the 8 domains specified by the World Health Organization's Age-Friendly Cities Guidelines[4]. The following three topic areas were covered: what does aging in place and aging with choice mean to you; what is your preferred housing and why; what kind of supports for aging in place are important for you and why?

4. RESULTS – WHAT DID WE FIND?

A total of 489 older adults across Canada responded to the online survey. The majority lived in British Columbia (97%) and live in a single family home (65%) and feel supported (82%) to maintain their independence as they age. Eighty-eight % prefer to age in a single family home (60%) or a condo/apartment (28%).

Gender (N=436)	%
Male	52%
Female	48%
Non-binary/third gender	0%
Prefer not to say	0%
Age (N=432)	
60-69 years	28%
70-79 years	51%
80-89 years	19%
90-98 years	2%
Marital status (N= 433)	
Married/ Common Law	68%
Divorced	8%
Widowed	18%
Single	6%
Prefer not to say	0%
Ethnicity (N=436)	
White	93%
Asian	2%
Black	1%
First Nation/ Metis	1%
Other	1%
Prefer not to say	2%
Education (N=432)	
Some secondary high school	1%
Secondary high school	29%
Bachelors degree	29%
Trade school	13%
Post-graduate degree	25%
Prefer not to answer	3%

*Demographics: not all participants answered each question, so also displayed as percentages

Have you heard of the term aging in place?

Yes = 344
No = 144

Has your experience this past year with the COVID-19 pandemic changed your perspectvive on aging in place?

68% said no!

The most important factors to remaining independent were ranked as:

- **Family supports (e.g., close to family) – 29%**
- Social supports (e.g., social network, friends) – **22%**
- Built environment (e.g., accessible housing or transportation) – **21%**
- Physical supports (e.g., exercise programs) – **18%**
- Cognitive supports (e.g., education program or resources) – **7%**
- Connection with natural environment (e.g., community gardens) – **3%**

The most important areas of aging in place research to participants:

- **Services to support personal health needs – 39%**
- Ensuring ethical approaches to support older adults aging in place – **23%**
- Building and suppporting social networks to age in place – **16%**
- Mobility and assitive aids to suport independent living – **13%**
- Fall prevention including physical activity interventions – **9%**

Ninety-two percent of participants felt that accurate information on science and health-related topics are accessible to them. The following sources of such information were ranked by participants.

Survey responses from older adults, indicated knowledge in health and science-related topics was gained from:

- **Health practitioners – 32%**
- Websites of gov't agencies – **20%**
- Written online news – **18%**
- TV news – **12%**
- Print material – **11%**
- Friends & family – **5%**
- Social media – **2%**

WHAT DOES AGING IN PLACE MEAN TO YOU?

Seventy percent of participants had heard of the term “aging in place”. Eighty-seven percent described **remaining in one’s own home or community** as one grows older in response to the question “What do you perceive aging in place to mean?”. Survey participants were familiar with the concept of aging in place, and many had a general understanding of what is needed to make aging in place a reality (e.g., services in the home).

SURVEY Q11 - What didn't we ask that you would like us to know?"

Answers to the final survey question (Q11) resulted in four main themes: funding, built environment, healthcare and communication and information. Two additional themes appeared less: social environment and aging with choice. All themes were followed up in further detail during the focus groups.

FUNDING - (23% of responses)

Funding and financial planning were major concerns. Disapproval with how the government supports older adults to age in place was highlighted as a key concern. Many participants had financial concerns related to the feasibility of aging in place and did not feel adequately supported by the government.

BUILT ENVIRONMENT - (23% of responses)

The built environment included discussion of infrastructure and the need for services to help with daily activities, such as housekeeping, cooking etc. Many participants described their increasing need for assistance with these daily activities and other nonmedical in-home services.

HEALTHCARE - (21% of responses)

Healthcare comprised two categories: systemic healthcare issues and personal health concerns. Participants described the current healthcare system and its inability to support the aging population. Doctor shortages, wait times and a lack of in-home medical care were noted as ongoing issues. Personal health concerns related to aging, including mental health, were mentioned as influencing one's ability to age in place.

COMMUNICATION & INFORMATION - (16% of responses)

Access to reliable information on the availability of services and supports needed to age in place was seen as imperative to supporting older adults to age in place. Many also discussed technological barriers to access.

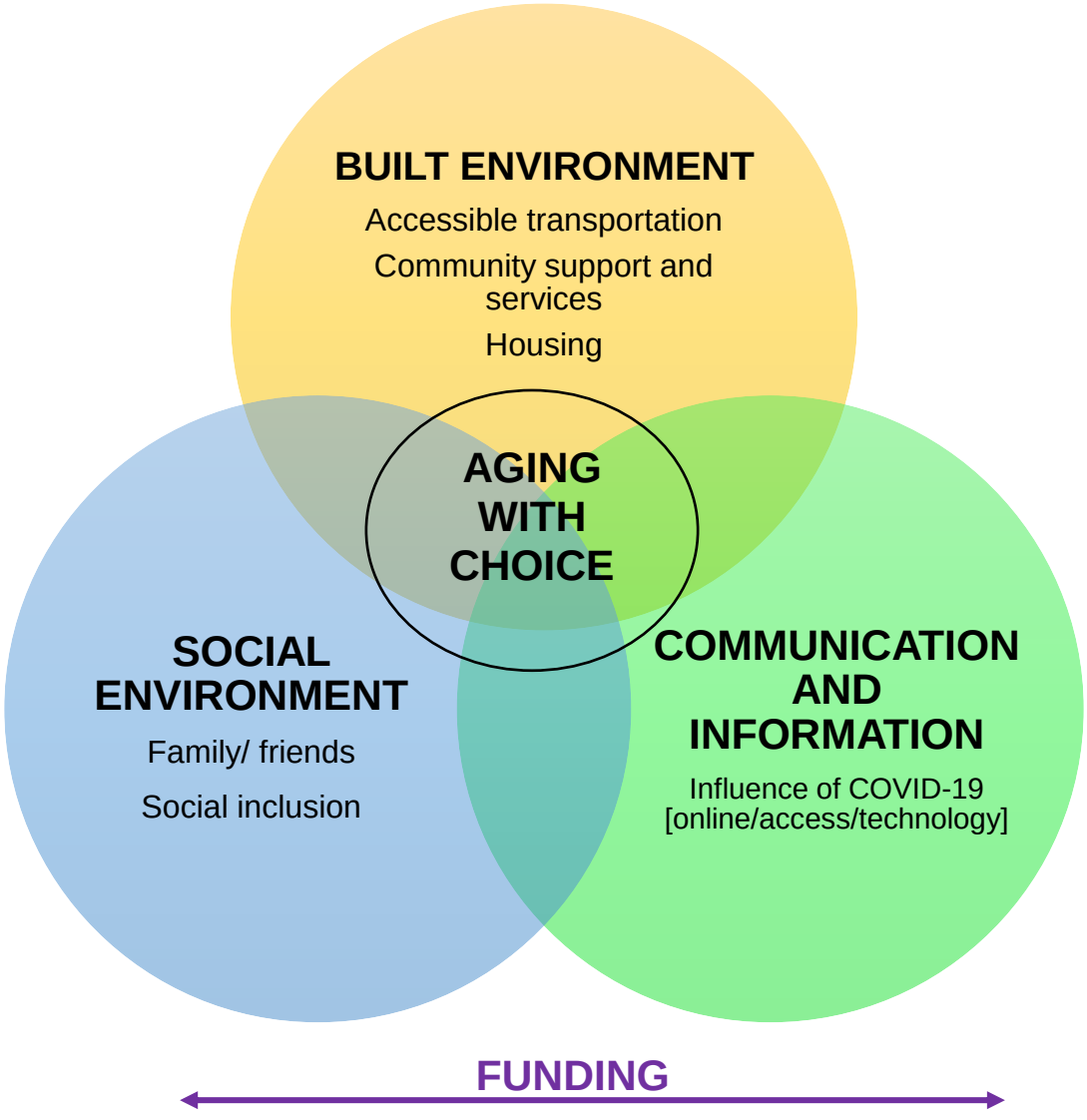
OTHER THEMES

Additional themes identified from question 11 were the social environment (13% of responses) and aging with choice (11% of responses). All themes are integrated and described in detail in the focus group results below.

*Percentages are derived from the number of times a theme appeared in *all* responses (N=278). Many responses referenced more than one theme and therefore the percentages do not add up to 100%.

FOCUS GROUPS

Five men and fourteen women participated in the focus groups. Five central themes* emerged that participants deemed essential for aging in place: aging with choice, built environment, social environment, communication and information, and funding.



* Aging with choice is embedeed and interlinked with all themes and sub-themes. This is represented by the inner circle. The built environment, social environment and communication and information are factors that arose in focus groups and articulate back to the WHO Age Friendly Cities framework – funding crosses all themes.

AGING WITH CHOICE

Similar to other studies[11,12], the overarching message around aging in place was that older people wanted to have choices about their living arrangements. In order to have choices participants recognized the need to begin the decision making process.

Decision making process. When asked what aging in place means to you, participants predominantly focused on the need for anticipation and planning early on in the aging process in order to ensure decisions were made from a place of 'choice' versus 'necessity'. Participants spoke about the importance of having the opportunity to make their own decisions [having a sense of agency] and taking responsibility for their future selves.

> "Yeah, there's also an element about taking responsibility for yourself, and knowing when it's time for you to move. And I think the complaints I hear sometimes in the building, with adult children coming in, is that, you know, the parents aren't making appropriate decisions. They're hanging on too long."

> "I think it's incumbent on people to think ahead a little bit and say, Well, I love my community. But how feasible is it without family members who can take me to appointments? Without a doctor? I mean, we'd all like to stay in our own home, but, that doesn't happen, most people need to go into a hospital or have to go into institutional care, because of different circumstances."

To live where you choose. 'Aging in place' meant living where one chooses, and for many this meant staying in their own homes and communities. Participants spoke about the need to be aware of how their physical and social needs may transition as they age and discussed the types of supports they may require to adapt their environment(s). Having access to viable transportation, housing alterations, community supports and services were essential to support late life transitions. If supports were not available than their choice of wanting to live in their own home and communities would not be satisfied and they would likely have to move for necessity rather than by choice.

> "Aging in place means to me having the support we need at at our fingertips."

> "Even when things change and I need to move, I at least **still have choice."**

"Right now if I didn't get out and get myself walking around, which I do daily, often, I feel like I'd be suffering a sense of isolation from where I am right now. And as I said, I already live on a hill. So mobility wise, there are many stairs in my house. And while I've got a good sized garden with all sorts of raised beds and what have you, it's the kind of thing that **right now** I can do what I want. But as I say, **when my mobility challenges** creep up, when that should that happen. Or when that happens, it's the kind of thing that that's going to **force the situation**."

BUILT ENVIRONMENT

The term 'built environment' (or 'urban form') of the city or neighbourhood refers to aspects of our surroundings that are built by humans, that is, distinguished from the natural environment. It includes buildings and structures (e.g., scale, design), land use patterns (e.g., functions, amenities and services), outdoor spaces and elements (e.g., parks, benches, lighting), as well as infrastructure that supports human activity such as transportation networks (e.g., roads, sidewalks and transportation services)[13,14].

Accessible transportation.

Participants noted the importance of having access to various modes of transportation. The majority of participants had access to a vehicle/drove and many were not aware of alternative options. Those that did speak of alternative options often highlighted the dismal availability and accessability. These individuals often lived outside of the city, where fewer options were available than in more urban areas.

"I actually do not drive [in the city], I just can't cope with the traffic. Plus, I have no sense of direction. So it means you have to book a, there is a service that you can book, which charges a considerable amount of money between $40 and $50 per trip. And you have to book at least three days in in advance, and it's only available between certain hours. So if you say went in for day surgery, it wouldn't be available, if you had to go in for six o'clock in the morning, things like that. And then it stops running at certain hours. So there's transportation issues."

"I understand transportation is a big issue for people, particularly people who live in semi rural areas, we find that there's very little options other than to drive themselves."

Community support and services. Access and availability to community supports and services was influenced by the built environment. Older adults that lived in communities with greater availability of community supports and services felt better suited to age in place.

> "The place I chose is actually within a block of a major Mall. And there's all kinds of services there if I need them. The entertainment services are perhaps a little lacks. But other than that, medical, dental and shopping is all there."

> "When you start to think about aging in place, we have to be realistic, I, I'm surprised by the number of my friends in my same age group, early 60s, that they've chosen to retire from the big city, the busy city and gone to smaller communities on [name of place], which I don't understand. For myself, we've, we're not going to do that. I mean, when you go to a smaller place, like AG is talking about probably [name of place] or something like that in [name of place] then the services are, are not there."

However, many older adults noted that not everyone wants to live in a city, and some older people desire to live in more remote locations, although services may not be available – thus the tug-of-war between access to services and prefered location.

> "I think for people who are reaching their golden years, they're finding out they're not quite as Golden as they had anticipated. And I believe that we need to establish better access to services. For most age groups, once you start to have chronic illness enter your life, you need support, both socially and medically, as well as housing…. My concern is the supports haven't been there for people to do that. And I'm not sure that there'll be there in the future."

Housing. Many recognized the need for alternative housing options and/or adapting their current homes to make them more age-friendly. Fear of falling and the inability to conquer stairs was seen as a prime driver of wanting to move from a multi story house to a single floored condo/apartment.

> "We currently live in a three story house. And I see myself down the road. Moving to perhaps a condo, I'm thinking the patio home style thing with level entry and, and bungalow style. And that would be my preferred place to go."

Managing activities of daily living (ADLs) was also noted by many as influencing their choices when it came to housing options. Older adults felt the need to plan whether or not their current housing situation supported access to services that could assist them with ADLs. ADLs is a term used to collectively describe fundamental skills required to independently care for oneself, such as eating, bathing, and mobility. ADL is used as an indicator of a person's functional status. The inability to perform ADLs results in the dependence of other individuals and/or mechanical devices[15].

SOCIAL ENVIRONMENT

The social environment encompasses “the immediate physical surroundings, social relationships, and cultural milieus where groups of people function and interact”[16]. The WHO defines social support as being both ‘emotional and practical support characterising good social relations’ and a social determinant of health[17].

Family and friends. For many participants, family and friends were repeatedly mentioned as invaluable to the aging in place experience. Not only was aging in place about living in environments where they have access to community services but but also where they have access to their social network. Often access to community services, such as community centres, interchanged with access to social connections, providing a sense of community/social belonging.

“That's our wish to be able to stay here as long as possible. I do have a disability but my house is handicapped equipped. Now, as I've needed more we've looked after that. I'm very active socially, or well, as much as one can be since COVID. And I prefer to stay in an area where all my friends/contacts are etc. are we're well suited to here, my husband's had some medical problems and **I would hate to be stuck in another area where we don't have our friends** and we don't have all the medical staff we're comfortable with.”

Many older adults, however, no longer lived near their family, or their preference was not to ‘burden’ their family with the responsibility of caring for them. Therefore, community services to supplement their needs were seen as critical if family/friend support was not available.

> “I don't expect them to look after me when I'm too old to look after myself. Hopefully, I'm cognitive enough to go the maids route and, and take care of it that way.”

> “I was determined that wouldn't put my kids through making decisions for me. I guess, I guess that's the autonomous part.”

Social inclusion. Social elements, other than family/friends, that emerged when discussing aging in place, was ensuring one felt a sense of inclusion within one's community to stave off isolation and loneliness. The notion of intergenerational communities arose as a potential solution to combat forseeable isolation.

> "People basically just need that social aspect to help them overcome the isolation they felt by living alone."

> "I think isolation is probably our biggest problem for just about all seniors, and the fact that we're treated like we're invisible. So maybe more community interaction of some sort. With seniors and younger people that maybe don't have seniors in their lives."

COMMUNICATION & INFORMATION

Influences of COVID-19 [online access/technology]. Many older adults spoke about the COVID-19 global pandemic and how it brought to light what many have known for a very long time, that **the current situation of placing older adults in long term care/nursing homes is not sustainable, nor desired** by older adults.

> "We've [got] governments and that have been been talking about this for a long time that the boomer generation is getting older and older, and they've chosen to ignore how to deal with the situation of people such as ourselves, such as this group that we're dealing with right now. Want to stay at home, we don't want to be sent off to a nursing home, but how our community is going to deal with that. Governments have chosen to ignore that. And it's gonna catch up with them."

The positives and negatives of the influence of COVID-19 were discussed in terms of access to information/community services. For example, since the pandemic, participants spoke about increased access to community services, such as ordering groceries online for delivery to the home. These 'new' services were perceived as a positive outcome they would like to be continued in the future.

> "One thing that is positive from the pandemic is that just about every grocery store in town now delivers. And if your community doesn't have grocery stores to deliver get people together and and request, it might be as simple as that when they realize there is quite a demand for that kind of service."

On the other hand, the heavy reliance on the internet to access services during the pandemic, left many older adults feeling ‘left-out’ now that they had to be internet-savy to access what previously used to be in-person services.

“There's also the issue of the internet, for example, my doctor when she set up in this little place, you have to book your appointments online. We were asked to sign up to register, by the first of September, and you have to make your appointments online. Even at the post office. If you want to mail something overseas. You're being asked to complete your customs form online, before you get there. Well, you know, I basically play on my age and I walk in there and I say, I didn't do it online. I don't have internet on my phone. Deal with it. You know?”

FUNDING

There was a resounding focus on wanting the government to focus their efforts on home-support rather than long term care. Older adults want to stay in place. They want to have options (e.g., community supports, housing alternatives) available to them in order to do so. This requires a shift in political focus and budgets to meet the needs of our aging Canadian population.

“I'd like to see our health system, more proactive than reactive to get better care and a better future for myself and my wife”

VIGNETTE – ALICE*

I was living on the Seaside and my husband and I were both retired and living on our own in our own home/place and wanted to stay there of course, however we both had health issues. My husband had fallen and broken his hip. I was going through cancer treatments. One day my husband had a fall, and was taken to the nearest hospital (45min away), by ambulance, that was covered by our health care plan. But coming back home again, I needed to use the ambulance again, and had to pay for it because our plan didnt cover going back home. Now because my husband fell, he needed a catheter and could not manage the stairs. So he needed that to be looked after and the doctor prescribed help at home. And, again, it was an issue because I had to have someone come in twice a week to help with his mobility, and then another once a week for bathing. However, the person who was coming in was not a nurse, and we have in our plan coverage for if a nurse goes into the home, and does this kind of thing for it. So I ended up paying $300 a month to have someone come in and look after my husband, and do the things that needed to be done. This was a lot of money we had not planned for. So even though you have the coverage because of the kind of help that was given through the province, it didn't do any good to have the coverage. My husband also now sleeps in in our living room as he can't manage the stairs. So after this experience a friend of mine told me about contacting the United Way group which would help with transportation, access to doctors and shoveling snow or help with small repairs and things like that. In a remote community, health issues can become much bigger of an issue without access to services or support, and well we didn't plan ahead, we just didn't plan ahead and so that's kind of the story of how these things can happen and what can happen to you.

* No real names have been used throughout this report.

5. DISCUSSION

Our findings represent Canadian older adults' preferences/needs to age in place. We worked closely with the NAFR and their members to understand **how Canadian older adults feel about aging in place**. Our survey and focus group findings demonstrate that older adults want to age in place, in their own homes and communities –consistent with the 2016 Canadian census data.

WHAT DOES IT MEAN TO AGE IN PLACE?

To age in place means having **choice.** Choice when it comes to decision making. Choice in where one lives. To age in place, in effect, is talking about **a set of deeply felt values**. For some this may mean a desire to stay in one's familiar neighbourhood, close to friends and amenities that hold meaning. For others to age in place is not necessarily associated with where they have lived most their life, but a place where they so choose.

Eighty-two percent of survey participants stated they felt supported to maintain their independence as they age. However, when we dug a little deeper, with open ended survey questions and focus groups, we discovered many older adults have concerns about the future of aging in place.

Participants spoke about the need for transportation, housing, services, outdoor spaces, social supports, and funding to accommodate aging in place, these findings align with current research[12]. What sets our work apart is that participants acknowledged the critical need for early anticipation and planning to maintain a sense of choice within each of these factors (e.g., transportation, housing etc.) as they age. Proactive decision making was seen as a form of preventative planning in order to avoid being moved to a place deemed less desirable (e.g., nursing home, long term care).

HOW A PLACE SHOULD ACCOMMODATE THE AGING PROCESS.

Older adults are not a homogenous group and some participants spoke about wanting to live in rural/remote locations, but poor access to transportation, amenities and services made this choice difficult. Other partcipants opted to live in cities to be close to amenities, but relied heavily upon personal vehicles as their mode of transportation. Few considered how they would navigate transportation if they lost access to their vehicles. Canadian research has shown that although cities and smaller communities are using the age-friendly concept to engage with older adults to identify local needs and priorities, little progress is being made to upgrade the quality of the built environment (including transportation networks), which obviously affects the ability to age in place[18].

Access to quality transportation has been linked to better health outcomes for older adults by improving not only their physical, but also social health, needs[19]. Age-friendly strategies must focus on the varying transport, support services (e.g., amenities) and housing needs to meet older adults' needs where they choose to live (city/rural/remote)[20].

Housing plays a key role in creating age-friendly environments and influencing health, independence, well-being, and the ability to age in place[4]. Various models of housing for older adults, such as cohousing, natural occuring retirment communities that include supportive service programs (NORC-SSPs,) and villages, have been shown to have their advantages and disadvantages[21]. All these models constitute three key interrelated, age friendly, components: (a) physical accessibility within the home and in the community, (b) services and supports, and (c) social participation and engagement[22].

How we build our neighbourhoods, communities and cities can support older adults to age in place. Of particular importance, and valued by older adults themselves, is building spaces to encourage social interaction rather than breed feelings of displacement and isolation. For example, walkable neighborhoods support independence and mobility while providing access to social networks and meaningful involvement in community networks[23,24]. Lack of access to sidewalks or even street furniture (benches) discourages older adults to get out, be active and socialize in their communities[25]. **Livable environments** that support aging in place are articulated through a strong sense of place, defined as the social, psychological and emotional bonds that people form with their environment[11].

THE IMPORTANCE OF THE SOCIAL ENVIRONMENT

The social environment plays an important role in aging in place. Older adults rely on layers of community, ranging from family, to friends, to community involvement and volunteerism. Each of these components of the social environment plays a different role in the lives of older adults. Overall, family supports were ranked as most important in remaining independent. However, a significant proportion of participants ranked family support as the *least* important factor in maintaining independence (17%). The qualitative data showed that some participants were averse to receiving help from or placing a burden on family, indicating that family support has a highly personal and complicated role in aging in place.

Participants spoke about their desire for intergenerational communities. Not suprisingly research shows that aspects of the social environment, such as diversity of social contacts, high levels of social participation, large social network size, presence of living children, ethnic homogeneity of an area, and high levels of perceived neighbourliness, are associated with improved health and reduced rates of mortality[26].

The age-friendly city's framework domain 'outdoor spaces' also affects older peoples abilities to age in place[4]. Though outdoor spaces did not emerge as a major theme in our analysis nor was it ranked as an important factor in the survey, a few older adults noted the importance of access to green spaces. Green space is a common umbrella term used to describe natural areas in wilderness and urban settings such as parks, gardens, and forests[27]. The quantity and quality of green space in one's neighborhood or community has been shown to have restorative impacts, and has been linked to greater perceived health[28,29]. Therefore, when designing spaces for older adults to age in place, not only is it critical to ensure access to green space, but to also understand the barriers in place that may prevent older people from using green spaces, such as littering, perceived safety issues, inadequate toilet facilities, lack of seating, and shelter from weather conditions[4].

ACCESS TO INFORMATION - WHAT FUTURE ROLE DOES TECHNOLOGY PLAY?

Nearly all survey participants felt they had access to accurate information on science and health-related topics (92%). Participants identified health practitioners as their most important source of science and health-related topics. However, the COVID-19 pandemic was seen as negatively impacting this access. Despite 92% noting they felt they had access, qualitative data revealed that for many access to information is at the heart of their decision making process to age in place and older adults want more efficient and equitable ways to access it.

Participants noted the advantages that emerged from COVID-19 in terms of technology in relation to service delivery, but also mentioned the disadvantages of reliance on access to technology. Many mentioned they were less comfortable with technology and preferred in person services. This phenomenon has been called the 'double burden of exclusion'[30]. Older adults who may not be online, are subjected to **digital exclusion** when services rely on access to the internet, such as taxi or car services. While older adults are often positioned as 'not wanting to engage in newer technology'[31], this notion could be shifting. Trends indicate that healthy older adults are increasing their internet use, though the same trend was not observed for those with functional limitations and multiple co-morbidities or the oldest-old[32]. Future work should look into how technology is becoming an increasingly important domain related to aging and independence and include older adults in the design of future technologies and research studies aimed at supporting technology needs and knowledge for them to age in place.

FUNDING, FUNDING, FUNDING….

Income can affect what services might be available in various communities and availability of medical resources ...this can affect aging in place and determine if a person might choose a place to age in. – Survey respondent

In Canada, single people over 65 years have a median income of $30,400[33], meaning half of single Canadian older adults are living on *less* than $30,400 a year. If you think back to Alice's story (above vignette), having to pay property tax/rent, insurance and private care, on top of daily expenses – these costs are unsustainable. Older adults with lower incomes may have less access to transportation or may travel less for activities such as shopping or socializing[34]. Aging in place requires policy solutions that support the process of aging at the individual level. There is no one size fits all solution to age in place.

No one has been listening. It took a pandemic to expose the long-standing systemic deficiencies that impact our aging population in long term care[35]. These shortcomings have largely been ignored by governments, until now. **Listen up!** What about home and community care? Our findings show that COVID-19 did not change older adults' perspectives on aging in place, if anything, it reinforced their choice to age in place, in their own homes and communities. Governments must pay attention – **OLDER ADULTS WANT TO AGE IN PLACE** -it is time to shift the dial from investment in long term care to investment in home care and support service.

Supports for seniors are widely inconsistent between provinces and even municipalities within provinces. The quality of in-home support can be shockingly poor where workers have long lists of what they don't do and very short lists of what they do. Means testing is so rigorous that often even the social workers quietly recommend 'going private'. Many seniors have savings or assets but live in fear that their money will run out, so they end up in the lowest rung LTC. That's an added stress so people end up living at risk, end up in hospital after falls etc. which equals more cost to the health system.

– Survey respondent

KNOWLEDGE TRANSLATION

Information will be shared from survey results and focus groups on the meaning and action needed to Age in Place in Canada at **Embrace Aging -** a month-long series of events to celebrate and raise awareness about positive aging in the Okanagan valley. The sessions are for everyone – young and old alike and focus on a variety of topics related to healthy aging and ways to enhance quality of life among seniors.

Tuesday, March 15, 2022, 10:00 am – 11:00 am PST

To learn more about the **Aging in Place Research Cluster** please visit: https://aginginplace.ok.ubc.ca

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