



# Older Adults of Leeds, Grenville and Lanark

A Review by Leeds, Grenville and Lanark District Health Unit





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## Special Note of Consideration

We would like to highlight that the majority of the work done to create this document was completed in 2019 and 2020. Due to the COVID-19 pandemic our staff were pulled from regular duties and were not able to finalize this review. This review was close to completion at that time so only final reading, and minimal updating of links, data and formatting were done. As such we would like to acknowledge that, although, we have taken time to finalize this document, it does not reflect for the impacts of the COVID-19 pandemic and how this may have impacted the information provided within.

## Executive Summary

The Leeds, Grenville and Lanark District Health Unit (hereafter referred to as Health Unit) set out to better understand the current services provided for older adults (those aged 65 and over) in the United Counties of Leeds and Grenville (UCLG) and Lanark County (the combination of UCLG and Lanark County hereafter referred to as LGL) and to determine how to make our communities more age-friendly. From 2006-2016, the population of Ontarians aged 65 and over increased by 36% to 2.25 million.<sup>1</sup> The 2016 Canadian census showed that 22% of Lanark County residents<sup>2</sup> and 23.3% of UCLG residents<sup>3</sup> were aged 65 and over. These rates are expected to increase over time. Rural Ontario is aging more quickly than the provincial average. Rural older adults are choosing to age in place (remain living where they are) and are less willing to move to urban areas than they were in the past. Rural communities, such as those in LGL, must be prepared to address the needs of their aging population. While there are many benefits to rural living, it can make certain conditions such as poor health, lower income, and isolation worse by making access to services and supports more challenging.<sup>4</sup>

Using an evidence-informed approach to planning, implementing, and evaluating our work will lead to more effective and efficient use of limited Public Health resources. One such approach is using the World Health Organization's (WHO) [Global Age-Friendly Cities](#) report ([Appendix A](#)) to guide the Health Unit's work on this topic. The Government of Canada used this same WHO document to guide their [Age-Friendly Rural and Remote Communities](#) resource. This document, *Older Adults of Leeds Grenville and Lanark*, is based on the themes of the above noted WHO Global Age-Friendly Cities report, but we have adapted some of those themes to be more relevant to LGL. The themes of this report are as follows:

1. [Outdoor Spaces and Buildings](#)
2. [Transportation](#)
3. [Housing](#)
4. [Social Inclusion, Participation, and Respect](#)
5. [Civic Participation and Employment](#)
6. [Communication and Information](#)
7. [Community Support and Public Health Services](#)
8. [Vulnerability](#)

This report is designed to be used as a tool to support the work of the community. The entire report may be relevant, or you may just need information on specific themes based on the focus of the community work being done.

## Each of the 8 themes listed above contain the following sections:



**Overview** – description of the theme with general evidence-based highlights from the literature.



**Local Data** – the most relevant data that can be found for a specific theme, which may be municipal, county, provincial/territorial and beyond.



**Local Voice** – results from the Health Unit surveys of LGL older adults and service providers.



**Next Steps** – current and future actions to be taken on each theme.



**Supporting Documents** – additional resources to enhance the information provided.

## Take Action

It is important to highlight the *Next Steps* section of each theme as we would like to recognize current strengths and spur action to improve services for, and health and well-being of, older adults in LGL. Taking action to improve population health must be the focus of all of our work with older adults in our communities.

The following list of actions from the Pan-Canadian Age-Friendly Communities Milestones resource is recommended when working towards making your community more age-friendly<sup>5</sup>:

1. Establish an advisory committee that includes the active engagement of older adults.
2. Secure a local municipal council resolution to actively support, promote and work towards becoming age-friendly.
3. Establish a robust and concrete plan of action that responds to the needs identified by older adults in the community.
4. Demonstrate a commitment to action by publicly posting the action plan.
5. Commit to measuring activities, reviewing action plan outcomes, and reporting on them publicly.

This document will serve to guide work with and for older adults in LGL. The Health Unit is looking forward to collaborating with local stakeholders to celebrate current initiatives and implement new initiatives for the betterment of older adults in LGL.



# Introduction

## Age-Friendly Communities

According to the World Health Organization (WHO) there are specific features that create an age-friendly community. “In practical terms, age-friendly environments are free from physical and social barriers and supported by policies, systems, services, products and technologies that promote health and build and maintain physical and mental capacity across the life course; and enable people, even when experiencing capacity loss, to continue to do the things they value.

Age-Friendly practices help build older adult’s abilities to:

- meet their basic needs;
- learn, grow and make decisions;
- be mobile;
- build and maintain relationships; and
- contribute.

In doing so, age-friendly practices:

- recognise the wide range of capacities and resources among older people;
- anticipate and respond flexibly to aging-related needs and preferences;
- respect older people’s decisions and lifestyle choices;
- reduce inequities;
- protect those who are most vulnerable; and
- promote older people’s inclusion in and contribution to all areas of community life.”<sup>6</sup>

For more information on this approach, see [Appendix A](#) for the WHO checklist on Global Age-Friendly Cities.

## Older Adult Perspective

It is important to understand community dynamics, rural health issues, interventions, and policy solutions that influence rural healthy aging from the perspective of rural older adults. A Rural Healthy Aging Framework was developed by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) which highlights the direct perspectives of rural older adults. This framework includes the following domains<sup>7</sup>:

- Independence – decision-making, self-sufficiency, housing, health care, home support
- Social & Community Interaction – friends and family interaction, engagement with community, belonging, self-initiative
- Supportive Environment – social environment, built environment in the home and community
- Mobility – home mobility, functional health, transportation, ability to drive
- Cognitive/Mental Health – mental alertness, mental stimulation, spousal health, caregiving, connectedness.

This framework aligns well with the WHO checklist for [Global Age-Friendly Cities](#) and the Government of Canada’s [Age-Friendly Rural and Remote Communities](#) resource. This Review combines the perspectives of local older adults with grey and peer-reviewed literature regarding what makes a community age-friendly.

The strength of rural communities is their high level of community engagement and cohesion, as well as their ability to be flexible, innovative and able to find solutions. Using these assets to address some of the challenges could be very beneficial in developing effective rural solutions.<sup>4</sup>

## Common Threads

As you read through this document, you will notice two common threads that appear: climate change and health equity. Health equity is created when individuals have a fair opportunity to reach their fullest health potential. Unnecessary and avoidable barriers to health equity are related to social and environmental factors, including, but not limited to: income, social status, race, gender identity and expression, Indigenous status, access to health care services, education, and the physical environment.<sup>8</sup> Health equity and climate change will be addressed in each relevant theme of this report. For example, a community with age-friendly built and natural environment characteristics has positive impacts on population health equity (e.g., having more equitable access to transportation infrastructure and amenities) and climate change mitigation (e.g., decreasing the number of motor vehicle trips). A community with accessible, reliable, and affordable public transit as well as connected active transportation infrastructure can have positive benefits for health equity and climate change. Addressing health equity obstacles for older adults with community-level interventions can make the outcomes more impactful for people of all ages and abilities.

Transportation initiatives offer valuable examples of prioritizing climate change and health equity when striving for a more age-friendly municipality. Dependence on personal motor vehicles and dedication of significant portions of a municipality's budget and land to motor vehicle infrastructure can decrease health equity in a community. For example, those who can afford a motor vehicle will have a disproportionate amount of benefit from access to roads designed for motor vehicle traffic. Increasing the amount of accessible connected active transportation infrastructure and public transit options will improve health equity by providing more transportation options to those who cannot afford a motor vehicle. A quality active transportation network and robust public transit system can also induce more users and decrease the number of motor vehicle trips in a community, which helps lower the amount of greenhouse gases (GHG) being released into the air. Improving public transit, ride sharing, and active transportation systems creates a more equitable distribution of transportation infrastructure and helps to mitigate negative effects of climate change.

# Methodology

For this report we embarked on three information-gathering initiatives: a Public Health environmental scan where we posed questions regarding best practices to Ontario Public Health Units; a literature review of grey and peer-reviewed resources and a review of a similar literature review completed by the Thunder Bay District Health Unit (TBDHU); and a survey of older adults and older adult service providers in LGL.

## Public Health Environmental Scan

A request was sent out to Public Health Units across Ontario to determine the programs that they currently provide to older adults and if there are some strategies that they found to be more effective. They were also asked to share lessons learned from past and present work with older adults. The following is a summary of the results we received from 14 Health Units, including our own.

**Table 1: Summary of Ontario Public Health Unit’s best practices regarding their older adult programs**

Common Strategies
<ul style="list-style-type: none"><li>• Fall prevention</li><li>• Participating on steering committees with community partners</li><li>• PSW training</li><li>• Physician education</li><li>• “Staying Independent” checklist for PSWs</li><li>• Community presentations</li><li>• Fall Prevention Month campaign/media messaging with community partners</li><li>• Health fairs</li><li>• “Stay on Your Feet” strategy with Community partners</li><li>• “Get-A-Grip” program promotion and support (ice grippers are handed out to older adults)</li><li>• Website information, social media, print materials</li><li>• General Age-Friendly work and collaboration (e.g., designations, committees, communication, common messaging and marketing)</li><li>• Support Age-Friendly community initiatives/groups (outdoor spaces, transportation, community health support, social isolation, housing, caregiver health, independence and empowerment)</li><li>• Nutrition - Nutrition and Food Literacy</li><li>• Participation on provincial/regional/local nutrition committees</li><li>• Collaboration/consultation/education/referral with community partners and health care providers</li><li>• Physical Activity /Exercise Programs</li><li>• Presentations</li><li>• Active Transportation promotion</li><li>• Substance/Injury prevention</li><li>• Program review and modifications</li><li>• Research and evaluation</li></ul>



## Effective Strategies to Consider

- Strong partners and relationships to build trust (with older adults and community partners)
- Conduct situational assessments to help inform, understand and plan (including consultations with older adults and community partners)
- Having a plan: age-friendly or otherwise, to pull resources together, prioritize and add structure, and include evidence, data and stats in planning process and to share with public
- Evaluate and update programs based on feedback
- Social aspect is key
- Peer to peer fall prevention champions
- Providing ice grippers for shoes/boots in winter
- Give-aways are helpful
- Go to where the older adults are and to those requesting support
- Advocating for program and service gaps

## Literature Review

We conducted a literature review through the Queen's University library services. The initial search included *"What are effective public health practices that have been shown to improve the health and well-being of older adults/seniors/65+?"* and *"What environmental factors improve the health and well-being of older adults/seniors/65+ living in rural communities?"* These were further refined by year of study in order to yield a more appropriate sample size of literature for review. In addition we also collected literature through further searches to ensure all critical topic areas were covered. Overall, 366 studies, reports, and best practice documents were reviewed, 106 were selected for full review and 87 were relevant and used for this report.

## Local Surveys

In 2019, across LGL, Health Unit staff administered surveys with 133 local older adults where they were asked about their experiences achieving and maintaining health and well-being. Some of these surveys were completed by individuals and other surveys were completed as a group. In addition to these Older Adult Surveys, there were also 29 Older Adult Stakeholder Surveys completed which included information regarding their programs and services and the challenges, successes, and opportunities they have observed while providing services to the local older adult population. Summaries of these survey responses can be found in the *Local Voice* sections of this report.

See [Appendix B](#) for Older Adult Survey Questions and [Appendix C](#) for Stakeholder Survey Questions.

# Guidance Documents

Two documents guided the work of the Health Unit and our *Next Steps* section within this document:

1. [Ontario Public Health Standards \(OPHS\)](#) – legislated standards from the Government of Ontario that guide the work of Public Health Units in the province.
2. [Leeds, Grenville & Lanark District Health Unit: Strategic Plan for Population Health 2019-2022](#) – document outlining the Health Unit's broad goals as legislated by the Health Protection and Promotion Act (HPPA).

## Ontario Public Health Standards (OPHS)

The Health Protection and Promotion Act (HPPA) of Ontario requires the Ministry of Health (MOH) to publish standards for mandatory public health programs and services that each Board of Health must comply with. Each Public Health Unit in Ontario is overseen by a Board of Health. The current Ontario Public Health Standards: Requirements for Programs, Services, and Accountability came into effect June 2021. The OPHS include eight program-specific standards. Of these, the Health Equity, Chronic Disease Prevention and Well-Being, Substance Use and Injury Prevention, and Healthy Environments standards guide the goals, program outcomes, and requirements foundational to this report. The requirements listed in the OPHS program standards articulate the activities that each Board of Health must undertake.

## Leeds, Grenville and Lanark District Health Unit: Strategic Plan for Population Health 2019-2022

The Strategic Plan outlines that the Leeds, Grenville, & Lanark District Health Unit's role is to:

- assess the health of the population, its assets and needs;
- prevent health problems, disease and injury;
- promote health and healthy communities;
- protect the community from infectious diseases and environmental hazards.

The Strategic Plan also outlines some key strategies for Health Equity and Healthy Communities that this report considers.

# Local Community Profile

## Population Characteristics

Like other parts of Ontario and many parts of the world, the LGL area is experiencing a rapid increase in adults over the age of 65. The community population by age group, projected population trends, and percentage of people aged 65+ in each municipality within LGL from 2016 Canadian Census data is presented in the following tables:

The Population distribution from 2021 can be found [here in our dashboards](#) and be adjusted for the different municipalities as needed.

Figure 1:

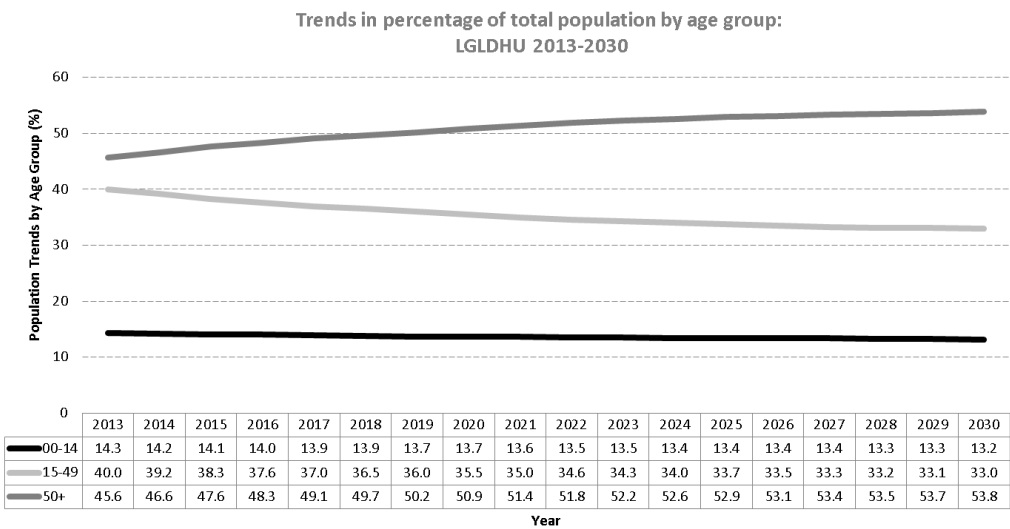
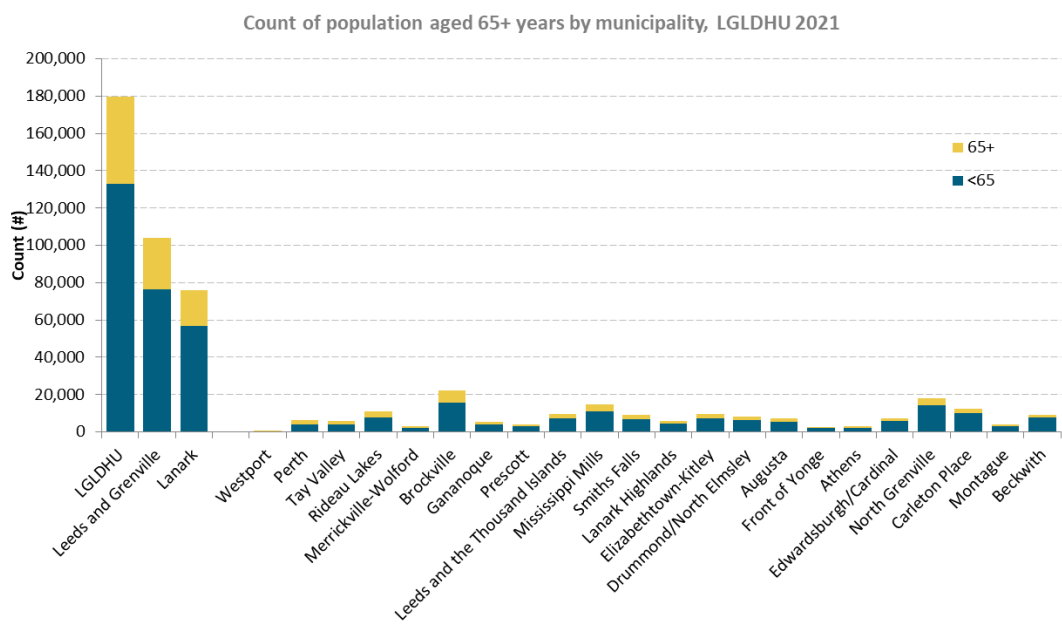


Figure 2:



## Age-Friendly Work in LGL

The following municipalities are actively working towards making their communities more age-friendly, either through initiatives leading to self-designation as an Age-Friendly Community or working on making their communities more age-friendly using the themes of the *WHO Global Age-Friendly Cities* resource as a framework.

- [North Lanark Age Friendly Directory](#)
- Town of Mississippi Mills - Bridging Generations in Pakeham (not designated)
- [Loneliness Report](#)
- [Tay Valley Township](#) (designated)
- [City of Brockville](#) (designated)
- [Township of Leeds and the Thousand Islands](#) (designated)

## Age-Friendly Supporting Documents

The following are links to some key best practice documents for Age-Friendly Communities that have been included in the report for further consideration.

- [World Health Organization \(WHO\): Age-Friendly in Practice](#) – This website highlights age-friendly practices from all over the world.
- [Government of Canada: Age-Friendly Communities](#) – The Government of Canada defines what an age-friendly community can look like and links to numerous Canadian and WHO age-friendly resources.
- [Public Health Agency of Canada \(PHAC\): Age-Friendly Communities in Canada: Community Implementation Guide – Toolbox](#) – A comprehensive guide containing practical tools and resources to help stakeholders make their community more age-friendly.
- [Public Health Agency of Canada \(PHAC\): Age-Friendly Rural and Remote Communities – A Guide](#) – A resource developed to identify the characteristics of an age-friendly rural community in Canada.
- [Public Health Agency of Canada \(PHAC\): Canadian Best Practices Portal – Seniors](#) – A database of best practice resources to guide health promotion programs for older adults.

The following sections explore the 8 main themes and how they relate to improving the health and well-being of older adults in LGL:

1. [Outdoor Spaces and Buildings](#)
2. [Transportation](#)
3. [Housing](#)
4. [Social Inclusion, Participation, and Respect](#)
5. [Civic Participation and Employment](#)
6. [Communication and Information](#)
7. [Community Support and Public Health Services](#)
8. [Vulnerability](#)

# Outdoor Spaces and Buildings



## Overview

Significant research has been completed on the health benefits of age-friendly communities. An aging population creates a particular need for municipalities and businesses to accelerate accessible infrastructure planning to accommodate the rapidly changing population needs.<sup>4</sup> The built (e.g., “Buildings”) and natural (e.g., “Outdoor Spaces”) environments contribute significantly to the physical health and mental well-being of older adults, particularly through the promotion of physical activity and independence.



## Built Environment

Research has identified attributes of the built environment that are associated with increased physical activity levels. These attributes are: walkability, access to destinations and services, recreational facilities, public parks and open space, shops, green space, safety from crime, and easy access to public transit.<sup>9</sup> General characteristics of walkable neighbourhoods include proximity of housing to required amenities (e.g., stores, services, schools, etc.), high street connectivity, easy access to green spaces and parks,<sup>10</sup> diverse land use, high residential density, interesting aesthetics, low street traffic, quality sidewalks, general safety, designated bicycle lanes, and reliable public transit.<sup>11,12</sup> In contrast, people who live in communities designed for vehicle use are generally less active than those who live in more walkable neighbourhoods.<sup>13</sup> For example, suburban areas outside of urban centres are often designed with curvilinear versus gridded street patterns and for automobile dependency. These development patterns are not supportive environments for older adults due to the high cost in these areas, lack of public transportation, minimal green spaces, and reduced access to clinical and other services.<sup>14</sup> Literature on rural communities suggests that built environment features such as community gardens, parks, streetlights, maintained pedestrian paths/sidewalks, benches, and well-connected streets can increase older adult physical activity levels.<sup>15</sup>

In a study of four Canadian communities, physical environments were deemed a priority for age-friendliness. In particular, older adults in these communities acknowledged the connection between the physical environment and social participation, physical activity and well-being. Many older adults saw the value of green spaces, trails, parks, gardens, lakes, forests and planters as providing opportunities for physical activity and a ‘sense of well-being’ and appreciated the beauty of these surroundings.<sup>16</sup> Additional research found that safe sidewalks and roads were seen as vital for the mobility of older adults.<sup>17</sup> Several barriers, such as icy entrances, steep stairs, and heavy doorways were noted in public spaces. Additionally, features such as snow and ice removal, ramps, automatic doors, activation buttons and elevators were highlighted as making spaces more accessible.<sup>16,17</sup>

An accessible built environment can also assist rural older adults in maintaining their independence, allowing them to age in place and exercise personal choice.<sup>18</sup> Businesses and services such as grocery stores, banks, libraries, restaurants and post offices that had accessibility features such as accessible parking, ramps, benches and public washrooms were highlighted by older adults as making a community age-friendly,<sup>16,19</sup> thereby, improving their feeling of independence. Older adult mobility is positively linked to high street connectivity, safe streets and traffic conditions, and close proximity to amenities, parks, and green spaces.<sup>20</sup> The built environment has a significant impact on older adult's physical activity levels, independence, and ability to complete important tasks in their daily lives.

## Natural Environment

The natural environment (e.g., outdoor spaces) also has significant health impacts on older adults. The natural environment regulates air quality, prevents flooding, provides potable water, and maintains healthy soil, among many other health benefits. For example: rural and urban forests can help increase the longevity of older adults, decrease stress levels, and absorb harmful carbon that is produced by burning fossil fuels<sup>21</sup>. Poor outdoor air quality disproportionately affects the health of older adults by affecting numerous lung and heart conditions<sup>22</sup>; and trees (and built structures) can help protect us from harmful cancer-causing ultraviolet (UV) radiation and from heat-related illnesses during extreme heat events. When the built environment impacts the air we breathe (e.g., motor vehicle use), the water we drink (e.g., contaminant run-off into drinking water supply), the food we eat (e.g., areas without easy access to affordable healthy food), and the outdoor spaces we can exercise in (e.g., parking lots consuming valuable leisure space), human health is negatively affected. Importantly, a poorly designed built environment, which directly impacts the natural environment, disproportionately affects the health of vulnerable populations, including older adults.<sup>23</sup> The natural environment must be embraced as a fundamental component of promoting the health of older adults.



## Local Data

Leeds, Grenville and Lanark counties cover a 6,329 square kilometre (km<sup>2</sup>) area in Eastern Ontario, with a population density of 25.7 people per km<sup>2</sup>. The southern part of the area borders the St. Lawrence River between Kingston and Cornwall, extending north into the Ottawa Valley. The population of LGL is 170,205 people, the majority (58%) of whom live in a rural environment.<sup>24</sup> There are 22 municipalities within the area, most of which are largely rural with small urban areas spread throughout. A few of these municipalities are composed of a mainly urban setting. With proper land use planning, this diversity in rural and urban environments offers valuable health-promoting and protecting opportunities for the population of LGL. For example, the County of Lanark owns title to 4,583 hectares of land within its borders<sup>25</sup> and the United Counties of Leeds and Grenville Forestry Department is primarily responsible for the management of [Limerick Forest](#), a 5,800 hectare, County-owned community forest<sup>26</sup>. These natural environment assets are crucial health-promoting and protecting features of LGL. Additionally, the Ottawa Valley Rail Trail (OVRT) is a great example of a health-promoting and protecting built environment asset that spans multiple municipalities. The numerous municipally-owned recreation centres, parks, forests, wetlands, undeveloped land, and other built and natural assets are critical for ensuring that communities are designed to protect and promote the health of older adults.





## Local Voice

The built and natural environments are the setting for everything we do. This includes healthy behaviours such as physical activity, healthy eating, accessing critical amenities, and engaging in social activities. It can be difficult to summarize the complexities of how the built and natural environments affect health, but examples from older adult/older adult group surveys can illustrate, from their perspective, how important health-promoting built and natural environments are for population health. In our surveys, the majority of respondents indicated that they participated in outdoor physical activities (e.g., gardening, hiking, walking), showing the importance of a healthy natural environment that promotes human health. The most popular form of physical activity for local older adults was walking (more than half of respondents). However, approximately one quarter of those surveyed indicated that built environment factors (e.g., unsalted/unplowed sidewalks, insufficient public transit, poor lighting, accessibility issues, specific roads/intersections that are dangerous for pedestrians, etc.) are barriers to living a healthy and active life in their community. Removing built environment barriers and creating welcoming green spaces could increase the percentage of older adults who walk for physical activity and transportation. Providing the community with more health-promoting built and natural environments will allow older adults (and people of all ages and abilities) the chance to live healthier, more independent lives.

The 29 older adult service providers (e.g., libraries, retirement homes, community health centres, home care businesses, etc.) we interviewed offered valuable information on the depth and quality of services they offer and barriers that exist for older adult participation. Some of these organizations offer amenities (e.g., bicycle racks) and services (e.g., warming/cooling centres) that enhance the built environment in their communities. Further, community events held by these organizations are beneficial for improving the conviviality of public spaces and fostering social connections. Some built environment barriers also exist. For example: limited space for wheelchairs and scooters, limited accessible parking spots, and insufficient transportation infrastructure. The mere presence of these organizations and their physical buildings help to improve the built environment and age-friendliness of their communities. Using this as a base, there are things the Health Unit and other local stakeholders can do to help improve the built and natural environments for older adults in LGL.



## Next Steps in LGL

### Current Actions

There are numerous examples of communities in LGL that have health-promoting built and natural environments and/or policies designed to improve these aspects of their communities. A few examples are:

- Tay Valley Township has hired an external consultant to create a local report on how the municipality can address climate change effects in their area.
- Several municipalities, including the Township of Leeds and the Thousand Islands, Town of Gananoque, City of Brockville, Municipality of North Grenville, Town of Smiths Falls, Town of Perth, Township of Drummond/North Elmsley, Township of Lanark Highlands, and Tay Valley

Township have created or are in the process of creating municipal plans (e.g., Recreation Master Plan, Active/Master Transportation Plan) that lay the groundwork for short- and long-term investment in policy and infrastructure that contribute to healthier built and natural environments.

- The Ottawa Valley Rail Trail (OVRT) in Lanark County provides a valuable link between several communities and between useful amenities within communities.
- Hardy Park in Brockville is an age-friendly, convivial gathering place.
- The Beckwith Street Revitalization project in Smiths Falls contains numerous age-friendly improvements.

## Future Actions

The following is a list of next steps that the Health Unit and other local stakeholders should consider to improve built and natural environments for older adults in our area:

- Continue to encourage all municipalities to create and implement recommendations from municipal plans (e.g., Recreation Master Plan, Active Transportation Plan, Climate Change Action Plan, etc.) and enact policies/by-laws that will improve the age-friendliness of their communities.
  - Municipal policy has the potential to play a major role in the development, implementation and evaluation of age-friendly initiatives. Municipal governments are emerging as key drivers in the success level of operationalizing the Age-Friendly Communities' agenda in Canada.<sup>14</sup>
- Encourage older adults to engage with their municipal staff, councils, and local organizations early in the planning process for programming, infrastructure, and community-building initiatives that can improve their community's age-friendliness.
  - Promoting public engagement for age-friendliness at an early stage through deliberate decision-making processes, gathering input through dialogue with older adults, and facilitating formal partnerships between decision-makers and age-friendly stakeholders can improve the health-promoting aspects of a community for older adults.<sup>14</sup>
- Continue to work with and address the limitations of each individual community via the Health Unit Municipal Public Health Nurses.
  - Rural communities are diverse and interventions should be developed based on the characteristics of each unique community.<sup>19</sup>
- Increase focus on older adults who may be the most vulnerable.
  - Advocates should work to address the lack of supportive environments for older adults' physical activity in the more distal or rural areas.<sup>14</sup>
- Encourage municipalities to create 'Walking/Cycling Maps' of their communities that highlight distances and time durations between landmarks and amenities.

## Supporting Documents



- [Federal/Provincial/Territorial Ministers Responsible for Seniors](#) – Age-Friendly Rural and Remote Communities: A Guide - A document prepared by representatives of each Canadian Territory and Province and the Federal government that outlines characteristics of age-friendly rural and remote communities and actions on how to improve the age-friendliness of your community.
- [World Health Organization \(WHO\) – Global Age-Friendly Cities Framework](#) - The World Health Organization (WHO) details eight broad characteristics of what makes a community age-friendly. As this report has done, these characteristics can be applied to rural communities as well as cities.
- [National Collaborating Centre for Environmental Health \(NCCEH\): Healthy Built Environment](#) – A database of detailed information on how a healthy built environment positively impacts population health and how public health (and other) practitioners can collaborate with stakeholders to help foster healthy built environments.
- [The Bicycle Friendly Community \(BFC\) Program](#) – Provides incentives, hands-on assistance, and award recognition for communities that actively support bicycling. The website also contains many other resources that can assist stakeholders in reviewing and improving their local built environments including webinars, reports, videos and data.
- [Canada Walks](#) – A website that contains many resources that can support communities to create a built environment that is more walkable. The site includes data, reports, case studies, toolkits and other promotional materials.
- [Complete Streets for Canada](#) – A “go-to” hub for Complete Streets policy, design, case studies, and research. Complete Streets are streets that are designed to be safe for everyone.
- [Public Health Agency of Canada \(PHAC\): The Chief Public Health Officer’s Report on the State of Public Health in Canada 2017 – Designing Healthy Living](#) – Dr. Teresa Tam’s 2017 report outlining how the built environment influences population health.

# Transportation



## Overview

Access to transportation is a key factor that impacts the health and well-being of older adults as it allows active participation in society. Insufficient access to a variety of transportation options has negative effects on other major themes in this report, including social inclusion and participation and community support and health services.<sup>27</sup> Whether it is public transit or a personal motor vehicle, numerous factors influence the degree to which transportation options are perceived to be age-friendly. Regarding public transit, the factors of availability, affordability, reliability, frequency, travel destinations, accessible vehicles, priority seating, friendly transit staff, information, and the feeling of safety and comfort all help determine older adults' satisfaction. When driving personal motor vehicles, older adults are affected by driving conditions, courtesy of drivers towards older adult drivers, and the availability of parking.<sup>28</sup> This section will explore how these factors can act as facilitators and/or barriers to older adults' travel.



## Facilitators for Transportation

In 2007, the Federal/Provincial/Territorial Ministers Responsible for Seniors (FPTMRS) commissioned focus group research to be completed in 10 rural/remote Canadian communities. This research provided several examples of barriers, facilitators, and recommendations regarding transportation and older adults living in rural Canada. Identified facilitators include: quality, well-maintained roads, light traffic flow, prompt snow removal, adequate parking, and accessible, affordable public transit, including shuttle services.<sup>27</sup>

The majority of older adults indicated they own and drive a personal motor vehicle, which is often necessary for transportation and helps maintain a sense of independence and pride.<sup>27</sup> Due to insufficient public transit in rural communities, older adults feel it is important to maintain good health and the ability to drive in order to live independently in their rural communities.<sup>19</sup> For older adults who are still able to drive, motor vehicle infrastructure is important. Older adults often relinquish their driver's license which contributes to negative effects on physical health and mental well-being. To support this aging population, it is imperative for communities to implement sufficient public transit and active transportation systems. For example, from a health equity lens, public transit is important because female older adults expressed challenges with becoming the primary driver, and were more likely to identify the need for sufficient public transit options.<sup>17</sup> A robust public transit system offers greater opportunity for older adults to maintain independence and lead a full life.

Older adults, as well as other age groups, are affected by safety concerns related to active transportation, although older adults are more vulnerable to injury and death in higher risk areas. As a result, greater effort should be devoted to making active transportation safer and more

connected to destinations that older adults frequent. There is a decline in active transportation among older adults which seems to be associated with fear of crime, falling, the volume and speed of traffic, and changes in their physical and cognitive abilities. Having infrastructure that protects pedestrians and cyclists from motor vehicles, as with a Complete Streets design, allows for a variety of modes of travel for varying ages and abilities and should be a key consideration in municipal planning. Having continuous and accessible sidewalks, crossings, and benches were also found to be helpful to older adults. Public spaces designed for safe travel for older adults will also benefit other residents with mobility and/or cognitive limitations.<sup>29</sup> A variety of transportation options present in a community can help older adults maintain their independence and physical and mental well-being.

## Barriers to Transportation

Research commissioned by the Federal/Provincial/Territorial Ministers Responsible for Seniors also identified barriers to transportation for rural older adults. These barriers include: lack of accessible parking, inconsiderate drivers, poor road signage design, enforcement of traffic and parking laws, rising gas prices, and inadequate access to public transit.<sup>27</sup> As people age, they may relinquish their drivers licence or feel uncomfortable driving in poor weather conditions, poor rural road conditions, or for long distances. This can make older adults delay their travel even if it is for health reasons.<sup>4</sup> Trips to urban centres for medical care are often necessary and especially challenging for older adults with chronic conditions that require frequent trips. The absence of affordable and accessible transportation options can create barriers to health services and contribute to social isolation.<sup>16,30</sup> Additionally, many older adults desire more leisure and recreation trips but view transportation as a limiting factor as inadequate transportation options limit their ability to access these amenities.<sup>19,31</sup> There are numerous factors that limit transportation for older adults who are able to drive. There are even more barriers for those who cannot drive.



**“Lifestyle can change drastically when one lives rurally and doesn’t drive.”**

Limited public transit and poor active transportation infrastructure were seen as barriers to rural healthy aging. Older adults may have forced or self-imposed driving restrictions for a variety of reasons. As such, there is a need for public transit options, especially for medical appointments. Rural public transit options can be absent or very limited in terms of reliability, frequency, and inconvenient duration of the trip. Furthermore, a lack of information regarding how to navigate a public transit system can be intimidating. Providing more information on cost, scheduling, and how to access transportation services can be beneficial.<sup>17</sup> Canadian winters can pose particular challenges for older adults to use active transportation, as many have a fear of falling on icy or snow-filled sidewalks. This could lead to more social isolation in the winter months. Regular maintenance of active transportation paths could remove this barrier as many older adults enjoy walking trails during the winter and spending time outdoors to enjoy the winter environment.<sup>16</sup>





## Local Data

Specific, large sample size data regarding what modes of transportation older adults in LGL use is not available. In the *Local Voice* section below, you will find summary information of survey responses from local older adults on their transportation mode preferences, but no broadly applicable statistics. We can gain some insight on transportation mode preferences from census data of the general population aged 15 and over. In Lanark County, results from the 2016 Canadian census indicate that 91.7% of commuters' main mode of transportation is a personal motor vehicle, either as the driver or passenger. Fewer than 10% of commuters primarily use an active transportation method (e.g., public transit, walking, cycling).<sup>2</sup> In the United Counties of Leeds and Grenville (UCLG), these numbers are very similar, with 91.6% of commuters using a personal motor vehicle for transportation and fewer than 10% using an active transportation method.<sup>3</sup> Although this data represents answers from the employed labour force over the age of 15, due to the rural nature of LGL and the survey local older adults (refer to *Local Voice* section below), it can be reasonably concluded that the majority of older adults in LGL use a personal motor vehicle as their primary mode of transportation. It is also worth considering the potential for increased active transportation if barriers were removed. According to Share the Road, 38% of Ontarians want to cycle more for errands and appointments. If communities implement safe cycling infrastructure this could increase usage by older adults.<sup>32</sup>



## Local Voice

Local older adults/older adult groups were asked: “*What do you use for transportation?*”. Among these respondents, the majority indicated they used a motor vehicle (as the driver or as a passenger) for transportation. A little less than half of the respondents indicated they used some form of active transportation (e.g., walking, cycling, public transit), the most popular form being walking (about one quarter of respondents). Note that some respondents indicated more than one transportation method. As expected in a largely rural area, more respondents indicated they use motor vehicle transportation compared to modes of active transportation. This would indicate the importance of being able to drive or have family/friends available to provide rides in order to live a full life. Additionally, the relatively high number of respondents who use active transportation methods signals that local older adults are able and willing to get around using active methods. It is important to maintain the active transportation routes we have and increase active transportation infrastructure to encourage others to travel this way. The percentage of total trips taken by each method (e.g., motor vehicle versus active transportation) is unknown at this time; however, improved active transportation facilities can increase the transportation modal share for active transportation. Critically, one quarter of all responses indicated that transportation, or lack thereof, is a barrier to living a healthy and active life.

The 29 older adult service providers (e.g., libraries, retirement homes, community health centres, home care businesses, etc.) we interviewed offered valuable information on the depth and quality of services they offer and barriers that exist for older adult participation. About one third of these service providers offer transportation services in some form, however, the majority of organizations polled indicated they view a lack of sufficient transportation as a barrier for older



adults participating in their programs. Furthermore, 1/4 of responses explicitly stated that more transportation services are required to help older adults live healthy and active lifestyles.

Research on best practices and the experiences of local older adults and service providers highlight the importance of having multiple transportation options to ensure older adults can live a full life, especially in rural areas. From interviews with stakeholders, it is clear that transportation infrastructure and services must be improved to allow older adults to thrive in LGL.



## Next Steps in LGL

### Current Actions

There are numerous examples of communities in LGL that have health-promoting transportation systems and/or policies designed to improve transportation options in their communities. Below are a few examples:

- [Lanark Transportation](#), a not-for profit organization, in partnership with Lanark County and the Town of Smiths Falls, provides an affordable bus service in Lanark County.
- Municipalities, including North Grenville, City of Brockville, Township of Leeds and the Thousand Islands, and the Town of Smiths Falls have created or are in the process of creating municipal plans (e.g., Transportation Master Plan, Active Transportation Plan, Commuter Cycling Plan) that lay the groundwork for short- and long-term investment in policy and infrastructure that contribute to a more robust transportation system.
- City of Brockville operates a [bus public transit system](#), including Para Transit options.
- [Carebridge](#) and [Senior Support Services \(CPHC\)](#), charitable organizations that offer on-demand transportation for older adults throughout LGL.
- The [Westport Lions Club](#) offers a free van service that brings older adults to medical appointments.
- Many communities have designated bicycle lanes and quality pedestrian infrastructure.
- Lanark Highlands Transportation Working Group – a community group who are looking at existing transportation options and how to improve the number of existing options as well as promoting the use of these services to residents.
- Health Unit staff have developed and shared resources that promote [Active Transportation for Municipal Staff and Decision Makers](#), for [People with Challenges and Limitations Wanting to use Active Transportation](#), for [Residents Wanting to Use Active Transportation](#), and for [Other Residents Not Using Active Transportation](#) to demonstrate benefits to residents, businesses, and municipalities of having a community that is designed for active transportation.

### Future Actions

The following is a list of next steps that the Health Unit and other local stakeholders should consider to improve transportation options for older adults in our area:

- Support the establishment of an easily accessible public list of organizations that offer transportation services for older adults.

- Having a contact list of drivers willing to take older adults to medical appointments was something respondents felt could be helpful.<sup>17</sup>
- Continue to work with and address limitations of each individual community via the Health Unit Municipal Public Health Nurses, recognizing that transportation priorities and needs vary between LGL communities.
  - Rural communities are diverse and interventions should be developed based on the characteristics of each unique community.<sup>19</sup>
- Continue to encourage all municipalities to establish a committee to help implement recommendations from municipal plans (e.g., Transportation Master Plan, Active Transportation Plan). If a committee exists already, then encourage them to work towards implementing the plans, establishing an active transportation budget, and setting priorities to assist in moving initiatives forward. Encourage policies/by-laws that explicitly consider older adults and will improve the age-friendliness of their communities.
  - Municipal policy has the potential to play a major role in development, implementation and evaluation of age-friendly initiatives. Municipal governments are emerging as key drivers in the success level of operationalizing the Age-Friendly Communities' agenda in Canada.<sup>14</sup>
- Educate the public on general protocol, and consideration for, the needs of older adult drivers and those using public transit and active transportation networks.
- Promote the importance and benefits of robust, connected active transportation systems with key stakeholders and the public and identify opportunities to make improvements.
- Offer expertise, data, literature and guidance to local organizations that already offer or want to offer older adult transportation services, and older adults working to improve what is available to them.
- Support collaboration between partners and residents to establish a coordinated transportation system in LGL.
- Identify safety concerns and support the establishment of solutions with education and awareness strategies.



## Supporting Documents

- [Government of Ontario – Seniors: get around](#) – Information on various modes of transportation, including how an older adult can renew a driver's license or use public transit.
- [Government of Ontario – Municipal Transit Systems in Ontario](#) – A list of municipal public transit services in Ontario.
- [Leeds, Grenville & Lanark District Health Unit: Active Transportation](#) - Information on active transportation, including printable guidance booklets for municipalities, residents, and those with physical limitations.
- [Lanark County and the Town of Smiths Falls: Community Plan for Safety and Well-Being](#) – A plan that examines community assets, identifies gaps, and develops strategies to improve the safety and well-being of residents, including a focus on transportation.

# Housing



## Overview

Housing conditions have been linked to poor health and well-being, as well as increased stress and feelings of vulnerability.<sup>33</sup> COVID-19 has brought a spotlight on the importance of affordable and appropriate housing as many are at risk of losing their housing due to financial constraints caused by the pandemic.

Housing can cause many challenges for older adults, including being unable to stay in their home due to increased need for maintenance and accessibility challenges, or being unable to leave their home due to a lack of affordable housing options. The World Health Organization (WHO) identifies adequate shelter as one of the fundamental conditions/resources for health and improvement in health requires a secure foundation of these basic prerequisites.<sup>34</sup> Housing is directly linked to the health of older adults in LGL. A lack of affordable housing, including large increases in monthly rent fees and a low supply of appropriate housing, poses great risk to older adults living in these communities who wish to access housing that matches their needs.



According to the Canada Mortgage and Housing Corporation (CMHC), a household is living in acceptable housing when it is: adequate (does not need major repairs), suitable (has enough bedrooms for the household), and affordable (costs less than 30% of before-tax income). A household is living below standards when one or more of the conditions listed above are not met. A household is in 'Core Housing Need' when housing is not acceptable and the household does not have enough income to meet the expenses of an acceptable alternative.<sup>35</sup>

For the majority of older adults, many factors seem to delay the decision to move, often until a "crisis", such as an accident or fall forces them to leave. A Canadian report on housing needs for older adults related the delayed decision to move with factors such as strong emotional attachment to their existing home, a desire to sustain social networks within their immediate community, and the potential disruption and costs associated with moving.<sup>35</sup> It was also noted that a fear of the unknown, as well as a lack of available alternative/affordable housing, affected older adults' decision to move, which is a common theme identified within the literature.

Housing and commercial development is happening everywhere, causing large amounts of new infrastructure and suburban areas to be created on the outskirts of big cities. Through the literature it was identified that age-friendly accessibility/infrastructure features were not being implemented within these new developments. The development patterns used in these housing areas are not supportive environments for older adults to live in due to the high cost in these areas, the lack of public transportation, minimal green spaces, and reduced access to clinical and other services. Because older adults in Canada are often living with limited income and mobility they may be

unable to relocate to more age-friendly areas.<sup>14</sup> Municipal policy has the potential to play a major role in development, implementation and evaluation of age-friendly housing options. Municipal governments are emerging as key drivers in the success of operationalizing the Age-Friendly Communities' agenda in Canada.<sup>14</sup>

Gentrification is a disadvantage to older adult housing and communities. Gentrification is the transformation of areas from middle class to affluent neighbourhoods. There is limited evidence and some debate regarding the positive or negative impacts of gentrification on the original residents, particularly those living with low income.<sup>36</sup> In rural communities, particularly those neighbouring larger urban centres, there can be a risk of gentrification with increased housing development. There is concern that this has been associated with declines in quality housing available for less affluent older adults, as well as fewer nursing home and assisted living options.<sup>18</sup> Older adults have also identified their dissatisfaction with "bedroom communities" near larger urban centres, where there have been increased housing developments. This is due to newcomers, a loss of original neighbours, lack of community engagement, and a dwindling number of older adults to socialize with.<sup>19</sup>

## **Housing Options**

Canadian older adults identified housing as an essential feature of an age-friendly community and highlighted the following items as important considerations:

- affordability,
- physical design,
- neighbourhood characteristics,
- proximity to public transportation/services/amenities,
- features such as accessibility, meal options and formal check ins
- social environment, and common social spaces
- having a range of housing options for diverse needs.<sup>16,17</sup>

There are various types of possible [housing options](#) available to meet the integrated housing needs of older adults in Canada including: long-term care homes, retirement homes, rental housing, supportive housing, home and community care housing, other housing (adult lifestyle, cooperative, life lease.)<sup>37</sup>

There is often a need for affordable seniors' housing options, at all levels of care, as well as having these housing options within close proximity to services and downtowns.<sup>17</sup> When asked, older adults were not aware of seniors' housing costs, waitlists, eligibility criteria, and contact information.<sup>17</sup>

## **Staying in the home versus leaving the home: Benefits and Barriers**

Older adults who are able to stay in their homes identify both financial and social benefits, as many older adults have their homes paid off and have family close by for support<sup>19</sup>, allowing them to stay in their own homes. It was found that older adults feel a sense of safety in their home community and feel wary of crime in big cities, a main concern for them when considering moving to an older adult-friendly community. Older adults who remain in their homes/communities also have a

decreased risk of becoming socially isolated and are less likely to be living alone. However, some older adults who do live alone choose to in order to remain active and independent. Those who choose to live alone in hopes of remaining independent do run the risk of increased vulnerability and social isolation.<sup>19</sup>

Mobility issues can lead to the need for accessibility modifications in an existing home, particularly in rural areas where many people have large properties and older homes. Some could benefit from access to a handyperson to help maintain their property and home in good living condition.<sup>17,19</sup> Another option is moving to a new home/living accommodation that support the mobility needs of older adults. This could resolve increased maintenance demands and provide more easily accessible amenities. Older adult-friendly communities are often in suburbanized areas closer to grocery stores/medical offices and provide possible access to public transportation. Higher housing costs in more urban areas and the cost and lack of knowledge/resources to make modifications that are needed to stay in the home were identified barriers. These concerns were a particular worry for women who lived alone.<sup>19,35</sup>

Age-targeted housing options are rarely available in small communities and can result in older adults in poor health staying in houses that are poorly maintained and inadequate, or leaving their community and the social supports they provide.<sup>19</sup> Other concerns expressed by older adults included the challenge of selling their home, as well as a lack of older adult-friendly housing available in their communities.<sup>19</sup>

## **Rural Challenges**

Older adults living in rural communities are faced with specific housing challenges based on their desire to remain in their home and the fact that rural housing is often older.<sup>4</sup>

In rural communities, homelessness is largely hidden due to the absence of shelters and other supports that are available in urban settings.<sup>4</sup> Rural homelessness is often caused by the same issues that exist in urban centres including: poverty, mental illness, addictions, inadequate or precarious housing, and domestic violence.

Rural communities are unique and each one is different from the other. In rural communities, the more supportive communities are those with a smaller population size, further from a larger service center, and with a large number of older adults and long-term residents. There is a level of resilience that is found in these communities where residents have had to adjust to fewer social and service resources.<sup>19</sup>

Rural areas have specific housing challenges that come with increased expenses.<sup>38</sup> These include: water treatment expenses, lack of a water/sewer system and requirements for transportation between communities (owning a personal vehicle is often essential for those living in rural areas to access work, food, shopping, etc.). Additionally, people often leave their rural community to secure affordable/accessible housing, leading to social isolation.<sup>38</sup>

## **Aging in Place**

Aging in place is a common theme identified throughout the research. It refers to the ability of older adults to live in the same home or community safely, independently, and comfortably, as they age.<sup>39</sup> Aging in place includes making sure the environment is functional and meets the changing needs



of older adults, which may include making modifications to the home for accessibility, and may even prevent them from ever having to move.<sup>35</sup> Aging in place allows older adults to maintain social networks with family members, friends, and community members and maintain personal identity. Supporting older adults to age in place with appropriate support services potentially avoids the high costs associated with acute care such as emergency room visits and hospital admissions.<sup>35</sup>

## Long-Term Care

Long-Term Care (LTC) accommodation is a housing option for adults who require 24-hour care. Access to LTC homes requires an assessment through a provincial/territorial health system. An example of an individual who may require long-term care placement is a person living with moderate to severe Alzheimer's disease, whose primary caretaker can no longer effectively manage care demands. Long-term care homes offer more support compared to what is offered in retirement residences or supportive housing. There is generally a co-pay requirement for publicly-funded facilities. LTC homes are subject to government regulation and require an operating license. Accommodation may be shared with more than two residents in a room or a private room. There is a shortage of long-term care beds in Ontario, which can result in older adults being moved away from their community to another area. This could separate them from spouses, family, and friends and increase the risk of social isolation.<sup>17</sup> COVID-19 has also highlighted some concerns with our current Long Term Care system and areas where improvements and changes are needed to care for and protect the older adults living there.

As of July 2019 the accommodation costs for long term care beds in Ontario are as follows:

- a basic room would cost a maximum of \$1,891 per month,
- a semi-private room would cost \$2,280 per month,
- and a private room would cost \$2701 per month.<sup>40</sup>

The Government of Ontario does have subsidy options for those who are unable to afford assisted living arrangements, although there are many qualifications, including your net income, type of accommodation you're seeking, and other government subsidies you are already receiving, such as from the Ontario Disability Support Program.<sup>40</sup> Affordability of long-term care homes can be a large barrier for older adults to access the care they need.



## Local Data

The percentage of people living alone ranges across LGL. For example, in Perth 39.4% of older adults live alone while in Montague the number is lower at 16%.

- According to the 2016 census, 24.9% of Canadian seniors lived below the standards (not needing major repair, affordable and sustainable). Affordability issues were the most common factors for seniors living below the standard.<sup>35</sup>
- Seniors are less likely to move than the general population. In 2016, only 5.5% of seniors aged 65-74 had moved in the past year compared to 13% of the general population.<sup>35</sup>
- The percentage of population growth from 2006-2011 shows a large increase of older adults in Lanark County during that time (increase of 37.5% of people aged 60-64 and 31.6% increase in ages 65-69).



- As of 2006, 16.7% of households in Lanark County are rented by people over the age of 75, and only 10.8% of homes in Lanark County are owned by people over the age of 75. In the population greater than 75 years of age, more people in Lanark County rent than own. Older adults who do not own their own homes are at greater risk of declining mental health.
- As of 2013, over half (59.1%) of housing in Lanark County is over 30 years old, constructed prior to the 1980s, causing increased maintenance costs to home owners.<sup>38</sup>

An individual over the age of 70 who receives Old Age Security/Guaranteed Income Supplement, Ontario Guaranteed Annual Income System, and Ontario Trillium Benefit/GST and HST credit (provided that the previous year's income taxes were filed) would receive \$1,885 per month. With the average cost of a 1 bedroom apartment in Leeds, Grenville, and Lanark being \$994 per month, this takes up 53% of the individual's monthly income.<sup>41</sup> See our [Food Insecurity Infographic 2022](#) for more on this.



## Local Voice

Local stakeholders that were surveyed shared that they felt there was a need for affordable housing for older adults, low income housing, and senior housing facilities in LGL.

During the creation of a ten year housing and homelessness blueprint for Lanark County and the Town of Smiths Falls, community input was gathered. Insufficient choice of housing options for specific groups within the population was discussed, with older adults being one such group.<sup>38</sup> Older adults living within Lanark County and the Town of Smiths Falls identified the following as the most important issues related to housing for older adults:

- Many live alone, unable to afford retirement home level of care but not yet needing a nursing home.
- Baby boomers can no longer take care of their homes, but with support could age in place.
- There are not enough retirement homes in each town (people have to move to other towns to find a space).
- Older adults want to seek housing with other older adults, but some buildings that were previously only for older adults, now allow adults of all ages. This reduces the number of affordable/available units for older adults.
- Few senior's buildings are being built because of the concern they will not be needed after the baby boom generation has passed through.
- A lot of money for seniors' housing is tied up in Community Care Access Centres (CCAC), hospitals, and long-term care homes when it could be spent on more affordable options.<sup>38</sup>

Having home delivery and support services would enable older adults to stay in their home. Some of these services exist and were shared through the stakeholder surveys, but may need to be improved or better promoted. Accommodating the services to the needs identified by the client and being flexible to their changing needs from day to day was also a suggestion made by stakeholders.



## Next Steps in LGL

### Current Actions

#### ***Age-Friendly Communities***

In Age-Friendly Communities (AFC), the physical and social aspects of a community are designed to improve the health and well-being of older adults. Across Canada, many communities have taken part in AFC activities at various levels in order to support active aging and aging in place. Through these activities, participating communities have taken action to improve their level of “age-friendliness”, and learned how to integrate an aging perspective into urban planning, while also creating age-friendly spaces and environments.<sup>35</sup> Many municipalities in LGL are already using the Age Friendly Communities model for planning in their area. The Municipal Public Health Nurse (PHN) share this model with their partners and municipalities to see how these resources can be used to improve housing for older adults. Municipal PHNs can also discuss other information from the Association of Municipalities of Ontario (AMO) and the Home Adaptations for Senior’s Independence (HASI) On-Reserve. AMO calls on the Province to increase capital and operating funding for affordable and supportive housing for older adults within the provincial capacity planning work, especially in rural areas and northern areas where supportive housing has been proven to be particularly effective. These efforts will make it easier to develop additional stock.<sup>42</sup>

HASI on-Reserve provides funding from the Canadian Mortgage and Housing Corporation (CMHC) to help on-reserve older adults adapt their homes so they can keep living independently. Eligibility criteria include:

- must be age 65 or older and have difficulties with daily activities due to age,
- the household income must be at or below the established limit based on where the community is located, and
- the home must be a permanent residence.
- The home adaptations covered by this program include handrails, easy-to-reach work and storage areas in your kitchen, lever handles on doors, walk-in showers with grab bars as well as bathtub grab bars and seats.<sup>39</sup>

***Municipal PHNs are also assisting local groups working on housing as committee members or providing evidence, data, literature that can support their efforts. Local groups include:***

#### **Smiths Falls Housing Task Force**

The Town of Smiths Falls established a Housing Task Force as a way to identify and prioritize short- and long-term objectives. The composition of this Task Force included those with lived experience, private sector officials, elected Municipal officials, health and social service agencies, and the public. The Task Force examined the current housing supply and made recommendations to the Municipality for strategies and opportunities to broaden access for residents. Recommended actions included an increase in access to non-profit and subsidized housing, affordable housing, and affordable home ownership to households with low to moderate incomes.

## North Lanark Age Friendly Mississippi Mills Committee and the Lanark Housing Forum

This group has identified housing as a priority and created a [Directory](#) that includes Housing information.

## Social Housing Table of Leeds & Grenville

This group developed [Housing and Homelessness Plan](#) as well as has a list of [housing supports across Leeds and Grenville](#).

## Home and Community Care Support Services South East Region

Ontario's 14 [Home and Community Care Support Services](#) organizations coordinate in-home and community-based care for thousands of patients across the province every day.

## Eastern Ontario Community Paramedics Program

Another local resource available in our community is the Paramedic home visiting/Wellness checks. The program works by having a patient referred to the paramedic services through a caregiver, hospital, physician, or with self signup [through this website](#).

Community paramedicine programs will help seniors and other patients live independently longer, and reduce emergency room visits and hospital admissions.

A Community Paramedic Program launched by the Leeds Grenville Paramedic Service, in partnership with Kemptville District Hospital (KDH) and the Champlain Local Health Integration Network (LHIN), is helping older adults get the care they need.

Through the program, specially trained paramedics make scheduled house calls to people who have been identified as needing at-home checks following emergency room visits or hospitalization. They provide non-emergency care such as help with medications, wellness checks, and safe home assessments. Additionally, they connect people to other community supports to bridge any gaps in services.<sup>43</sup>

Having resources like this available that reach out to residents in their homes assist older adults to continue to age in place.

## Future Actions

Municipal PHNs can explore plans, engage in community consultations with community partners and municipal staff, and work to identify opportunities to partner and support municipalities. This could include determining specific local needs and priorities and to look at how to support local prevention and promotion strategies that could help mitigate problems and improve the health and well-being of older adults using tools such as [Age Friendly Communities](#) resources.

Currently, the following document exists which highlights an opportunity to improve the housing situation for older adults in Lanark County and the Town of Smiths Falls:

### ***Lanark County Community proposals for action from Lanark County Housing and Homelessness Blueprint***

Ensure there are a range of housing choices for older adults:

- provide more supports for older adults to stay at home and age in place;

- give incentives to people to add secondary suites to their homes (e.g., garden home, mobile home on property, shared housing, etc.);
- advocate for support to provide a range of older adult housing including older adult-only buildings and more supportive housing options;
- integrate fire, paramedic, and police services with housing so older adults feel safer;
- increase the number of subsidized retirement resident spaces to reduce demand on long-term care facilities;
- provide incentives to property owners to make housing more physically accessible.<sup>38</sup>



## Supporting Documents

- [Lanark County and the Town of Smiths Falls: Housing and Homelessness Plan](#) – A framework for improving access to safe and healthy homes for the people of Lanark County and the Town of Smiths Falls.
- [Lanark County Housing and Homelessness Report 2019](#) – The County's 2019 report on their 10-Year Housing and Homelessness Plan.
- [Government of Canada: Report on Housing Needs of Seniors](#) – A 2019 report from the Federal, Provincial and Territorial (FPT) Ministers Responsible for Seniors on what older adults in Canada require in housing.
- [Association of Municipalities Ontario \(AMO\): Strengthening Age-Friendly Communities and Seniors' Services in Ontario-Report Dec 2020](#) – A report outlining how Ontario municipalities can develop age-friendly communities and provide vital services to older adults.
- [Housing Options in Ottawa: A Guide for Older Adults- updated 2021](#) – A report from the Council on Aging of Ottawa (COAO) to help guide older adults to understand their housing options and how to make informed decisions about where to live.
- [Community Home Support Lanark County](#) – This organization provides services for adults with physical disabilities, especially older adults. Services may be delivered by paid professionals or volunteers (e.g., meals on wheels, transportation to medical appointments, day hospice care, etc.).

# Social Inclusion, Participation, and Respect



## Overview

Social participation and social support are strongly connected to good health and well-being throughout the lifespan. Participating in leisure, social, cultural and spiritual activities in the community, as well as with family, allows older adults to continue to exercise their competence, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships. In addition to this, the need to feel respected and included is an integral part of social inclusion.<sup>28</sup>



Social isolation can affect the health of older adults as it has been associated with heart attacks, lack of quality sleep, stress, mental illness, and cognitive decline as well as social issues like crime, substance use, and suicide.<sup>44</sup> The social environment is directly linked to the opportunities that older adults have to participate in social, civic and physical activities influencing their wellness. The social environment also influences the perceived and actual ability of older adults to access housing, health, social, and transportation services. Communities with a higher proportion of older adults are often seen by older adults as safer, more connected, and age-friendly.<sup>18</sup> Rural residents, compared to residents of larger towns, may be more psychologically vulnerable to their dependence on where they live due to their attachment to home and friends.<sup>19</sup>

Canadian older adults emphasized the importance of living in a social environment where they feel safe, enjoy recreational and social activities within their buildings, and have friendships with neighbours that resulted in social interaction and assistance with household tasks. Maintaining relationships with family members was a feature that older adults felt provided social and instrumental support.<sup>16,19</sup> When efforts are being made to decrease loneliness, consideration should be given to enhancing the frequency and quality of social interactions among older adults that are living alone and for those in institutional settings.<sup>19</sup>

The social environment can foster a positive perception of place among older adults. Conversely, negative perceptions of rural places are linked with declining quality of resources and reduced choice of services.<sup>19</sup> It was found that fewer older adults would travel outside their community to attend social functions.<sup>19</sup>

## Facilitators for Social Inclusion, Participation, and Respect

Having strong leadership within a community can maintain a socially active and vibrant community.<sup>19</sup> Municipalities can foster connections that decrease social isolation and contribute to both physical and mental health in the community. Creating communities where people have the opportunity to meet, be included, and feel safe can be important for developing social connections.<sup>44</sup> Each municipality is unique in its culture, organization, and the way it works. Public consultation on social inclusion should be adapted for each community's needs.<sup>30</sup>



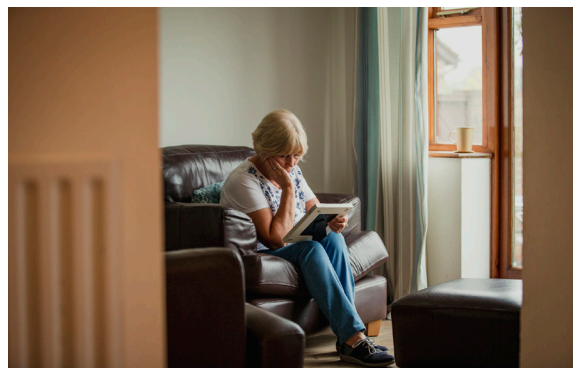
***“Perfect community to be healthy and active.  
It is why I chose to move here on my 60th birthday.”***

Municipalities can address social isolation by planning for inclusive communities which include people who are marginalized and those affected by development (e.g., housing, commercial, transportation networks, etc.). Ensuring health equity is considered during development projects is crucial. Public Health Units should work to build relationships with municipalities, including planners and elected officials, to help them adopt a social isolation lens when developing official plans, or other community/neighbourhood planning documents.<sup>44</sup>

Having attractive natural environments, transportation options, and health and community services can have positive influences on social connectedness and quality of life. At the same time, limitations in the environment such as less seniors housing and social and health services are associated with poor physical and mental health, social isolation, and reduced quality of life.<sup>18</sup> Rural older adults are concerned about the closure of natural gathering spaces, reduction in participants and leaders, and reduced social interaction.<sup>19</sup> Therefore, care must be taken to maintain natural spaces and opportunities for social interaction especially in the more rural and remote areas that are already at higher risk of social isolation.

Activities and volunteering were seen as important aspects of social lives. Older adults highlighted various examples such as being able to attend seniors' centre programs, art galleries, concert halls, museums, community gardens, coffee shops, educational classes, and related volunteer opportunities.

Having regular social activities such as people meeting daily at local restaurants or seniors' centres for coffee and social interaction is seen as valuable. Some newcomers have had difficulty meeting people and being accepted in rural communities while some older adults would like to interact with younger generations but do not know how to meet them.<sup>17</sup> Considering this, providing safe, welcoming, intergenerational programs could provide more social connections among a variety of older adults and other aged members of the rural community. Even simple passive socializing like eye contact, nodding, and listening to others can foster social connection.<sup>44</sup> In bedroom communities it may be plausible to implement intergenerational programming whereas in more remote small towns it may be more helpful to have older adults support each other. The support of rural older adults can be enhanced through technology, outreach, and transportation.<sup>19</sup>



***Regarding where they access personal and community support, one resident wrote “friends, family, service providers, neighbours, volunteers, church”.***



Centres are an important venue for social interaction and entertainment. Some older adults may feel there is a stigma attached to the seniors' center as a place for "old people". Consider this when naming it and opening up participation to a variety of age groups could help reduce the stigma and increase participation. These centres are a great space to hold communal meals, card games, fitness activities, and provide access to information. There can be financial challenges associated with maintaining these resources within a rural community but seeking funding or tax breaks to maintain them is important as they provide valuable supports for the community members who access them.<sup>17</sup>

## **Barriers for Social Inclusion, Participation, and Respect**

Highlighted barriers to participating in activities include physical inaccessibility, and lack of transportation, information and affordability. These barriers could be overcome by offering free programs, organized trips, having accessible spaces, and communicating about these programs effectively.<sup>16</sup> Refer to the [Communication and Information](#) section for ideas for effective communication.

Volunteering opportunities for older adults can be helpful. Some programs have had volunteers working with isolated older adults to assist them in engaging socially within their community. However, volunteer recruitment can be a barrier due to volunteers aging and no longer being able to provide help or because of the work being too demanding.<sup>30</sup> Maintaining sufficient volunteers for some programs was identified as a barrier as there was a lack of younger residents to replace older adult volunteers who were no longer able to participate.<sup>19</sup>

Reaching the socially isolated can also be a challenge as some may not be interested in being contacted. They may have a fear of social pressures from the broader community or of confrontation with legal authorities. Collaboration between people and community partners to locate and assist these socially isolated older adults can be helpful.

A significant number of older adults without children and nearby family will receive important support from friends and neighbours. Older adults who are new to a rural community found it difficult to make friends and most older adults desired to have more contact and interaction with their immediate family.<sup>17</sup>

## **2STLGBQ+**

2STLGBQ+ will be used throughout this portion of the document to identify Two-Spirit, Transgender, Lesbian, Gay, Bisexual, Queer, and Questioning individuals. The plus sign is meant to include any identities that have not been captured by the other letters, and allows space for people to define themselves along the spectrum of sexualities and identities.

2STLGBQ+ older adults are often fearful of disclosing their sexual orientation or gender identity due to a history of 2STLGBQ+ being classified as a criminal offense or having a mental disorder. 2STLGBQ+ older adults are more likely to be single and less likely to have children, which reduces their family support network. There is also a fear of not being accepted in long-term care facilities or community programs that are rooted in faith-based institutions.<sup>4</sup>



Despite legal changes that foster greater openness and acceptance in Canada toward 2STLGBQ+ people, the effects of past discrimination still contribute to the isolation older adults feel in that community.<sup>46</sup> While some 2STLGBQ+ older adults may continue to experience discrimination because of their sexual orientation or gender identity, they may also experience other types of discrimination, such as ageism, sexism, racism or perceptions of HIV/AIDS status. These factors contribute to the risk of social isolation in 2STLGBQ+ older adults, especially within the health and social services network, which can have a direct impact on their health.<sup>46</sup>

### **How Social Isolation Relates to Other Factors**

There may be a need to shift societal values towards age-friendliness by emphasising the importance of promoting intergenerational respect and interaction to foster social inclusion.<sup>14</sup>

Chronic multi-morbidity affects more than 30 percent of Canadians older than age 65, who report one or more of the following diagnoses: arthritis; cancer; respiratory, pulmonary or heart disease; diabetes; and/or dementia. Social isolation further complicates these conditions with the estimated prevalence of loneliness as high as 90 percent.<sup>14</sup> Social isolation can contribute to cognitive decline, depression, and social anxiety, which can all lead to older adults becoming separated from society, friends, and loved ones.<sup>47</sup>

Of the older adult population, women are more likely to be vulnerable than men. There are many reasons for this including having a higher likelihood of being victims of abuse, lower wages, more likely to live alone, longer life expectancy, and being part of a disadvantaged group (e.g., Indigenous, newly immigrated). These factors can increase their vulnerability considerably. In rural communities, family violence can be exacerbated as individuals may have a desire for autonomy and privacy related to family matters and abuse that could lead them to living in a more isolated area. Historically, in rural areas where farms are more prevalent, deeds and titles of land were allocated mostly to males until the late 1970s and division of property due to the dissolution of a marriage contributed to a lower socio-economic status for many older rural women. Unemployment rates are typically much higher among rural women. Many women didn't work as they stayed home to help raise children and work on the farm which makes them ineligible for unemployment benefits. The rate of unemployment is more pronounced for Indigenous women.<sup>4</sup> Mobility for older women living alone who are unable to drive could be improved by maintaining their self-efficacy and cognitive skills through learning programs and expanding their social networks through participation in clubs and community programs.<sup>31</sup>

There are some individuals who are at greater risk of social isolation including people with low income, newcomers to Canada, and the 2STLGBQ+ community, with older adults and Indigenous people being the fastest growing groups and the most at risk.<sup>44</sup> For example, social isolation among transgender older adults appears to be more strongly associated with depression, morbidity, and increased mortality. Some studies indicate that transgender older adults report more suicidal ideation, suicide attempts, and a higher rate of substance abuse than the general population.<sup>46</sup> Risk factors associated with social isolation of 2STLGBQ+ older adults include individual factors as well as environmental and social factors. Not being in a conjugal relationship, which accounts for close to 50% of 2STLGBQ+ older adults, as well as living alone, experiencing loneliness, and not having children or having fewer children than heterosexual older adults are all individual/personal factors

that may lead to social isolation in the 2STLGBQ+ community.<sup>46</sup> Environmental and social factors also play a large role in older adults' risk for social isolation, including concealing sexual orientation, having fewer social interactions, losing a social network, fearing discrimination (due to past or current discrimination), obstacles to service, fearing going into a private seniors residence or long-term care facility, as well as living in a rural setting.<sup>46</sup> 53% of 2STLGBQ+ older adults feel isolated. The effects of loneliness in 2STLGBQ+ older adults are better documented than those of social isolation. Loneliness can be associated with substance abuse (including alcohol or drug abuse), antisocial behaviour, decreased ability to make decisions, various mental health problems including anxiety and depression, various physical health problems such as poor nutrition, cardiovascular disease and strokes, increased stress, cognitive impairment and dementia, memory loss and impaired learning ability, and suicide.<sup>46</sup>



## Local Data

In Canada, mental illness, including depression and anxiety, is the leading cause of disability. Social isolation also appears to be on the rise with only 44% of Canadians seeing friends a few times a week in 2017 versus 56% in 2003 and only 26% seeing family a few times a week in 2017 versus 38% in 2003.<sup>44</sup>

The highest numbers of older adults living alone in Lanark County are found in Perth and Smiths Falls. These areas may require more attention by key stakeholders within the County. Lanark Highlands has many older adults living alone, on low income, and aged 80 years and older. This requires acknowledgement and consideration from stakeholders in this area.<sup>4</sup>

There are other factors that could make people more susceptible to social isolation in LGL, such as members of minority groups feeling a fear of not being accepted within a rural community.

- According to our local 2021 census data, the numbers of residents born outside of Canada for each county are listed below. [See the dashboards](#) for more details as the percentage and number varies from one municipality to the next:

County	# of Residents Born Outside of Canada
Lanark	5,550
Leeds and Grenville	8,440

- 6785 LGL residents identified as part of the Indigenous population (4.4% of population in Lanark and 3.5% in Leeds Grenville)
- [In this 2022 Stats Canada Report for LGBTQ2+ persons](#) – in Leeds Grenville and Lanark 9.2% of Canadians age 55-64 and 7.3 % age 65+ identified as LGBTQ2+.



## Local Voice

Older Adults in LGL were surveyed and shared what they do to stay socially connected and most of the answers were in the following four categories:

- Groups, classes, and clubs
- Special events
- Volunteering
- Church activities

The groups, classes and clubs category appeared to be the most common answer although this could be biased as many of the surveys had been filled out by older adults attending groups, classes, or clubs.

Older Adults in LGL also shared who they would reach out to for support. The two most common answers were friends and family. Much less frequent but still repeated were service providers and churches.



In our stakeholder surveys there were a wide variety of programs and services available throughout the communities that could meet the variety of needs of many of the older adults in LGL. Many libraries offer programs targeting the specific needs of rural older adults. There are different clubs, classes and programs offered through various groups and organizations. Some of the programs are physical activity or fitness-related, while others are more social or hobby focused. There are also special trips and events made available by various community partners. There appears to be many programs and services available, although there were some barriers identified by the partners as well. Many common barriers for older adults participating in programs and services to stay healthy included:

- **Transportation** – this was the barrier cited by stakeholders most often in the surveys. There are some transportation options provided through certain services (e.g., some services are brought directly to clients or provided closer to home in local hamlets) while others can access transportation through buses or volunteer drivers that are arranged by the program. However, for our rural communities, transportation continues to be a significant barrier.
- **Accessibility** – many cited accessibility as a barrier. This could be individual physical limitations being a barrier to participation or the programs, transportation, or facilities not providing the accessibility features needed by participants.
- **Cost** – even though some programs are low or no cost, it was sometimes a barrier to afford to get there and to pay for the additional costs of the trip and social gathering. Some struggle with the cost of basic needs and can't manage additional costs to participate in social programs. The other issue is the cost to provide the programs and services to the public. Sometimes the cost of the halls, cleaning staff, insurance, rental, and other services makes the program cost unaffordable for the program provider.

- **Communication** – challenges making people aware of the programs and services that exist. This could be due to a lack of:
  - internet access
  - use of social media
  - availability of hard copy media
  - general promotion/awareness in the community
  - limited sharing through word of mouth
- **Policies** – some programs have restrictions for who could participate.
- **Inadequate space** – not enough space for more participants, individual/program needs not appropriate for the space, space in need of repair or updating for current needs and accessibility.
- **Stigma** – related to participating in certain programs, some older adults do not feel like a “senior” so they do not want to participate in “senior’s activities”.
- **Lack of services** – this could be related to the location, fewer available services in more rural areas, lack of sustained funding for programs, or lack of volunteers to maintain programs.

Some successful interventions local stakeholders cited include:

- Provision of food (e.g., snacks at group activities or pot luck meals) helped to increase participation and helped foster social connections.
- Bringing programs and services to the clients was beneficial (e.g., delivering books and movies to clients in their homes; fitness classes being brought to older adult residences).



## Next Steps in LGL

### Current Actions

Some communities are already doing work in this area. The Age-Friendly Mississippi Mills Committee has set social isolation and loneliness as one of their top priorities. They have hosted community consultations to explore existing solutions and new ideas and brought the community together to work on reducing social isolation in their local older adult population.

The Health Unit works to foster 2STLGBQ+ safe spaces in public health offices through workplace policy changes and by continuing to shift our organizational culture towards 2STLGBQ+ inclusion.

The Health Unit works with the St. Lawrence-Rideau Immigration Partnership to support immigrants to feel connected to their new community and have the supports they need.

### Future Actions

- Continue to encourage all municipalities to create and implement recommendations from municipal plans (e.g., Recreation Master Plan, Active Transportation Plan, Climate Change Action Plan, etc.) and enact policies/by-laws that will improve the age-friendliness of their communities.
  - Municipal policy has the potential to play a major role in development, implementation and evaluation of age-friendly initiatives. Municipal governments are emerging as key drivers in operationalizing the Age-Friendly Communities’ agenda in Canada.<sup>14</sup>



- Working with municipalities and community partners to reduce barriers such as improving access to affordable and appropriate housing where people live so they can maintain their social connections, and establish safer active transportation routes to provide better access to social opportunities.
- Work with municipalities to increase opportunities to make programs inclusive, interactive, and accessible in order to develop a sense of belonging that is openly identified as multicultural, Indigenous, and 2SLGBQ+ friendly (see <http://sunshinecentres.com/>).
- Support the provision of Indigenous cultural humility and anti-oppression trainings for health care professionals as well as public service staff and municipal leaders.
- Work with community partners to promote programs and social opportunities to older adults in LGL through different media sources (website, social media, newspaper, radio).



## Supporting Documents

- [Social Isolation Toolkit from the Government of Canada](#) – The purpose of this volume is to:
  - raise awareness about social isolation among seniors,
  - introduce some useful concepts related to social innovation,
  - show how social innovation can help to address social isolation in Canadian communities through examples.
  - A complementary document, [Volume II: Ideas Exchange Event Toolkit](#), presents tools to help individuals and organizations develop lasting community partnerships to reduce the social isolation of seniors.
- [Report on Social Isolation of Seniors from the Government of Canada](#) – This resource highlights the impact of social isolation, factors that increase, prevent or reduce risk, accessing support, and barriers.
- [Advancing Inclusion and Quality of Life for Seniors from House of Commons Canada \(March 2018\)](#) – This report includes data, current programs, concerns, social inclusion, Pan-Canadian Strategy, and recommendations.

# Civic Participation and Employment Opportunities



## Overview

Canadian older adults value their community history and identity in the form of local architecture, art, memorials, and community events. They expressed the importance of respect for the past and fostering a sense of community connection. They also felt age-friendly communities promote community pride through public spaces, buildings, and art work.<sup>16</sup>

Many older adults have positive feelings about the land, farming, and the peaceful way of life in rural environments. They accept the deficiencies of their communities. With expanding school districts some older adults have found a new regional sense of community that connects their community to neighbouring communities.<sup>19</sup>



## Civic Participation

There are many benefits to civic participation, especially volunteering opportunities that meet the needs of older adults. These benefits include building relationships, and reducing loneliness and social isolation that can lead to a healthy, active and engaged experience. When working individually or as part of a group, civic participation can help other people to achieve common goals, solve community challenges, or produce a common good.<sup>48</sup> Beyond personal benefits, involvement to address social, environmental, and political issues can influence decision-makers. Action can include participation in public consultation, letter writing, and voting in order to support social or political issues at various levels of government.<sup>49</sup> Promoting public engagement for age-friendliness, specifically, between policy influencers and age-friendly stakeholders, at an early stage through deliberate decision-making processes and gathering input through dialogue with older adults is critical. Having a formal process for continued engagement and dialogue could also be helpful. Prioritizing the needs and aspirations of older adults provides a health equity-focused approach to age-friendliness when considering inequities in health and wellness and proportionate universalism rather than selective interventions. Addressing the obstacles for older adults within community-level interventions can make the outcomes more impactful, and include obstacles such as housing options, transit, pedestrian infrastructure, mixed land use, green spaces, and accessibility to destinations and services.<sup>14</sup>

Civic participation helps others to contribute to society, meet people and to be part of social groups, which are often grounded in their values and interests. Older adults often have better physical and psychological health, as well as greater satisfaction with life, when they participate in community activities and initiatives. Their life experiences usually guide them towards voluntary activities. Among the factors related to how older adults spend their time, note that those who volunteer tend to participate more often in other types of community activities and have more leisure time than those who are not engaged in volunteering activities. Additionally, working part-time or not having a paid job facilitates their engagement.<sup>50</sup>

To enable older adult civic participation make sure they can easily travel (e.g., via active transportation, public transit, carpooling, etc.) to volunteer activities. The presence of a friend in these activities, being relatively financially stable, and being in a relationship are other social environment factors that have a positive impact on their engagement. Several factors help with recruiting and retaining volunteers. Organizations seeking volunteers must let people know about opportunities and give them challenging tasks that will meet their needs, interests, and abilities. Offering a variety of opportunities for older adults and ensuring flexible schedules is helpful. Encouraging your older volunteers to recruit friends or acquaintances, and offering them continuing training and recognition helps foster sustained volunteerism.<sup>50</sup>

## **Employment Opportunities (Health Equity and Barriers)**

### **Income**

Rural places are aging faster than cities due to the outward migration of younger residents and the net in-migration of older adults to rural areas. Households are generally faced with additional costs of living in rural areas. A sense of self-sufficiency and an ability to cope with being alone and with isolation are key features of rural life. Also of concern was the loss of local services and retail facilities, necessitating the need to travel farther away for everyday goods and services.<sup>51</sup> Older adults spend much more time in their local community than other age groups and changes to their neighbourhoods can have a significant impact on their lives. Retraction of everyday services such as food, retail, and post offices can leave these seniors more isolated.<sup>51</sup>

Rural seniors living in poverty appear to have lower expectations which have been associated with coping tactics they have learned in order to survive financially. Basic necessities such as food and heating and reliance on informal social supports such as family, friends, and neighbours are prioritized. They also expressed more of an attachment to place and a higher level of satisfaction with place in rural areas.<sup>51</sup>

Financial barriers were found to be a significant impediment to the age-friendliness of a community.<sup>16</sup> Having a low income is one of the most significant factors pertaining to the vulnerability of older adults. Those with low income may not have enough money for nutritious food, rent/mortgage, and/or repairs or maintenance of their homes. While older adults living with a low income are generally better off than in the past, the income gap between older adults living with a low income and other Canadians has increased since the mid 1990's. Lanark County, Perth and Lanark Highlands have the largest percentage of older adults living in low income situations. Unfortunately, measuring poverty has traditionally been done through an urban lens which makes it difficult to truly reflect rural poverty as it may have its own unique features and characteristics.<sup>4</sup>

Unemployment rates are typically much higher among rural women, and this is more pronounced for Indigenous women.<sup>4</sup> Older adults have less opportunity to escape from situations of low income through paid employment.

The majority of older adults living with low income were living in single person households. Very few of these older adults living with low income were actively engaged with organized activities in their local area, although this is similar for other income levels as well. The highest participation rate was related to religious groups. Older adults living with low income were less likely to get involved in political action than those living with higher incomes.<sup>51</sup>



## Local Data

### Employment

According to Statistics Canada, the employment rate in May 2016 of Canadians aged 65 years of age and older was 13.9%. This is up from 8.4% in 2001.<sup>52</sup> This increase was a result of those working who chose to stay in the labour market and those who must work out of necessity. Older adults were more likely to work if they did not have private retirement income.<sup>53</sup>

### Civic Participation

Seniors are becoming more and more engaged, and it may have something to do with improvements in health. In 2003, 45% of senior respondents said they were members or participants in a group, organization or association. In 2013, that number was up 14 percentage points, with 59% of seniors saying they were involved in a group. The participation rate of seniors aged 75 and older (11%) in service clubs was nearly three times higher than that of people aged 25 to 34 (4%).<sup>54</sup>



## Local Voice

Older adults in LGL shared a number of experiences of civic participation and volunteering. Some examples they shared are:

- Participation on organized community boards (e.g., libraries, schools, and churches).
- Participation in community-focused initiatives.
- Running for local government councils and participating on Committees of Council.



The feedback that was gathered from older adults in LGL showed that because older adults aged 65 and over live on a fixed income, programs and services needed to be free or at a lower cost to allow those whose incomes were lower to participate.

***A large number of older adults in LGL identified volunteering as something they do to stay socially connected and/or as a form of accessing community supports.***

Stakeholders also provided input on volunteering in their programs. They expressed difficulty retaining volunteers as they age and are not able to continue, difficulty providing the training needed for volunteers, difficulty finding management/coordination of volunteers, or for volunteers themselves to have the time to help out.



## Next Steps in LGL

### Current Actions

The Health Unit has been implementing many strategies to raise awareness of health equity in LGL:

- Health equity media campaign for the general population.
- Community presentations on health equity for government and not-for-profit stakeholders (e.g., Leeds Grenville Family Health Care Team, Social Housing Table, etc.).
- Nutritious Food Basket Costing and Food Insecurity infographic development and dissemination through media and community partnerships.
- Calculate and promote the living wage to the LGL community.

There are numerous volunteer opportunities for residents to participate in, within the communities in which they live. Some activities are for specific terms and others are for as long as there is interest in the initiative by the volunteers. There are many examples of these types of volunteer opportunities:

- local municipal councils and committees of council;
- membership on library and hospital boards;
- participation in age-friendly initiatives;
- volunteers who transport residents to polling stations.

### Future Actions

Examples of future actions to address gaps in civic participation and employment opportunities include:

- Increase opportunities for people to move out of poverty by encouraging all levels of governments to change funding models that relate to the large rural service areas. Important topics include transportation, education and training, and access to services that support older adults with special needs.
- Advocate for living wages and basic income for all adults so that when they become older adults they will be more financially secure.
- Explore rural solutions among community partners to increase efficiencies, reduce duplication of services, and make resources more readily available. Increase the number of community volunteers (including older adult volunteers) to assist people in the community to access services and programs (e.g., income tax preparation and filing, accessing extra income supplements and disability payments, etc.)<sup>55</sup> and explore ways to support recruitment, retention and celebration of volunteers.





## Supporting Documents

- [Community Plan for Safety and Well-Being: Lanark County and the Town of Smiths Falls: August 2018](#) – With the direction of the Province, all municipalities in Ontario must have a Community Safety and Well-Being Plan. This plan has been approved by all municipal councils in Lanark County.
- [Volunteer Canada: Engaging Volunteers](#) - The Volunteer Canada website has many resources for organizations who wish to attract and retain volunteers as well as for individuals who may wish to volunteer.
- [Volunteer Centre of St. Lawrence-Rideau](#) – This agency is a partner of Volunteer Canada. It provides information about programs and services for and with volunteers (e.g., income tax preparation assistance).
- [The Table](#) – This Community Food Centre works to foster a community that collaborates and empowers people to access healthy food and improve food literacy and includes many volunteer opportunities.
- [Report: Civic engagement and political participation in Canada](#) – This report provides the most recent findings on the participation of Canadians 15 years and older in groups, organizations and associations and the prevalence of the various forms of political participation by Canadians.

# Communication and Information



## Overview

Staying connected with events and people and getting timely, practical information to manage life and meet personal needs is vital for active aging.<sup>56</sup> Communication can happen in a variety of ways including in person, over the phone, via email, through the internet and social media, or through hard copy platforms such as flyers, posters, displays, newsletters, and newspapers.

Social networks such as friends, family, and local physicians were frequently identified as important sources of information for older adults. Word of mouth, face-to-face, and phone communication are often the most popular methods of communication for older adults. In rural communities, there can be less access to health care professionals which is a key source of health care information for older adults. Social venues and events are an opportunity for people to talk and learn about local activities.<sup>56,57</sup>

Electronic methods of communication can pose challenges for older adults. Significant barriers have been identified for older adults using social media. These platforms are rarely designed or adapted for the needs and capacities of older adults. Development of new and complex social norms with new language, words, acronyms, and abbreviations can be less familiar to older adults. Concerns about online privacy, having limited income, and diminished cognitive and physical capacities associated with aging can be barriers to using social media.<sup>58</sup> Most rural older adults who used the internet did not use it to seek information but rather to connect with family and friends.<sup>56,17</sup> This indicates that there is still value in using social media for some older adults to maintain social connections and reduce their isolation. Having computer classes is of interest to some older adults and having individuals around who could mentor and help them is important (30). Some of our rural communities in LGL have very poor internet connection so this should also be considered when looking at electronic methods of communication.

Written communication is the preferred method and brochures were identified as particularly valuable. It is important for older adults to know who to contact when they are looking for specific information.<sup>56</sup>



***"Pamphlets/cards are best as they can be kept and referred to"***

## More and Better Communication is needed

Older adults must be actively involved in designing more inclusive online environments that are responsive to their specific needs.<sup>58</sup> Having older adults involved in determining the best forms of communication within a specific community can be very helpful in ensuring proper communication and sharing of information.

There is also a need for more information to be shared in different ways on the variety of services available in the community. Some examples of areas where older adults felt more information was needed on services available include mental health supports, podiatry, respite care, and cognitive health.<sup>17</sup>



### Local Data

There are many local media outlets and sources that reach older adults.

1. Radio
  - Lake 88 – Audience is Adults 40+. Potential to reach 66,760 residents. Primary listening areas include Perth, Smiths Falls, Carleton Place, Westport, Lanark Highlands, Rideau Lakes, Portland, Merrickville, Almonte, and regional townships in Lanark County, northern Leeds and Grenville and eastern Frontenac counties.
2. Newspapers: [Inside Ottawa Valley](#), [the HUMM](#), [The Lanark Era](#), [The Recorder & Times](#)
3. Electronic communications: subscriptions to local email updates from municipal council and staff offered in some municipalities, local e-newsletters including the [Millstone](#) and [Senior Support Services CPHC](#).
4. Social Media: more than 800 followers of the [Health Unit Twitter page](#) and 2,681 followers on the [Health Unit Facebook page](#). A single Facebook post can reach tens of thousands of people.
5. [Health Unit website](#): The following are statistics from the sections of our websites that contain information for older adults:

**Table 2: Health Unit Webpage Metrics (January 1, 2019 – December 31, 2019)**

Webpage	Unique Page views	Avg. Time on Page
<a href="#">Healthy Eating for Older Adults</a>	63	00:02:42
<a href="#">Physical Activity for Adults</a>	124	00:01:01
<a href="#">Tips for Older Adults</a>	60	00:04:46
<a href="#">Ontario Seniors Dental Care Program</a>	1,914	00:01:49
Total	2,161	N/A

Clearly some areas of the website receive more traffic than others and this could be considered when looking at how to reach older adults with our messages.



## Local Voice

A variety of methods of communication were identified by older adults in LGL. The most common method identified was verbal communication through conversations over the phone or in person with friends, family, and service providers. Many other methods were also cited including hardcopy communication such as flyers, pamphlets, and posters, email, and the internet through websites and social media. Some older adults cited using a number of methods while others only cited one or two, indicating the need to use many strategies for communicating with older adults, paying particular attention to verbal communication. This also fits with the feedback we received from stakeholders that mentioned the need to form relationships and trust with older adults in order for them to feel comfortable participating in programs and services. When stakeholders were asked about successful interventions they have had, many mentioned various types of technology tutoring programs.



## Next Steps in LGL

### Current Actions

There are numerous community stakeholders that are working on projects to increase access to information for older adults. Some examples include:

- Local Libraries offering technology training for a variety of electronic devices and platforms, either in groups or for individuals. This is very popular with the older adult population.
- Youth Centres planning intergenerational workshops where they will have older adults teaching youth life skills such as cooking and youth will be teaching older adults how to use their electronic devices.
- Some community members are working on an older adult directory of services within their community.
- Community partners and groups working with 211 to increase access to up-to-date local services by phone, internet, and through word of mouth by maintaining a useful and easy-to-navigate directory that can be shared and used by older adults over the phone or online. Additionally, through collaboration and promotion agencies, friends and family can refer to 211, and provide information to older adults verbally or in written format. This allows this directory to be one consistent source of reliable information that can be shared using many different communication strategies.

Public health can play a role in working with stakeholders to promote and inform the public in a variety of ways and to use our resources to spread information and awareness as well as building relationships with municipalities and stakeholders in order to share critical information (data, literature, resources) through word of mouth through presentations, media, in meetings and over phone consultations.

## Future Actions

- Technology tutorial programs may be an initiative to consider making available in communities where they do not currently exist.
- Further promoting the technology tutorial programs that already exist using a variety of word of mouth, paper, and social media/web promotion.
- Exploring ways to share information about programs, clubs, and activities through word of mouth, directories or online where people can call or email to access information.
- Exploring ways to improve access to the older adult information on the Health Unit website. Perhaps by using an older adult portal and linking the different sections that are targeted to older adults so that those looking at the more popular sections can be prompted to look at other information as well. Also promoting this content through a variety of other media platforms.
- Identifying successful local communication strategies and the specific platforms that were used with effective outcomes in order to create a communication plan that incorporates a variety of these strategies to reach out to older adults within specific communities in LGL.



## Supporting Documents

- [Tamarack Institute](#) – many communication strategies and tools can be accessed through the Tamarack Institute website.





# Community Support and Public Health Services



## Overview

Public Health Services may include direct client services (e.g., seniors' dental health program, immunization services, smoking cessation services) or it may be other services that support the health of older adults (e.g., working with community partners to improve access/awareness of programs and services, prevention and promotion strategies for healthy eating, physical activity, and mental well-being, and chronic disease, injury, tobacco and substance use prevention). When it comes to direct client services, rural Canadian older adults often have



to travel longer distances to urban centres for medical care. These trips can be long, costly, and uncomfortable. This is especially challenging for older adults with chronic conditions that require frequent trips. The absence of affordable and accessible transportation options for rural adults can create barriers to accessing the health services they need, and contribute to social isolation.<sup>16,30</sup> Risk of poor health, illness, loneliness, and social isolation has been linked to the remoteness within which a person lives<sup>18</sup>. Older adults feel it is important to maintain good health and the ability to drive in order to live independently in their rural communities<sup>18</sup>. Having a contact list of drivers willing to take older adults to medical appointments was something that was felt could be helpful.<sup>18</sup>

Canadian winters can pose particular challenges to older adults as many have a fear of falling on icy sidewalks. This could lead to more injuries and social isolation in the winter months.<sup>18</sup>

Further information on a variety of topics that relate to Public Health Services is detailed below under the relevant topic heading:

## Nutrition

Similar to other Canadians, LGL residents have low intakes of vegetables, fruit, and whole grains. They also eat large amounts of ultra-processed food and beverages. The more ultra-processed the food consumed, the lower the quality of their diet and higher risk of developing cardiovascular disease, diabetes, cancer, and other chronic conditions.<sup>59</sup> Lack of access to healthy food affects older adults' ability to maintain a healthy diet. Rural residents can experience "food desert" conditions, requiring a long travel distance to access food. They may also experience a "food swamp", which refers to having adequate access to food retailers but with an overabundance of less healthy food and beverages. Older adults may be at a particular risk for consuming unhealthy food found in "food swamps" as they may not have the mental energy to navigate the marketing that is often found in these environments. For older adults experiencing low incomes there is also "food mirage", which refers to local food retail that is available but unaffordable.<sup>59</sup>

***"Love making homemade soup weekly."***

Canadian older adults identified grocery stores as having an essential role in daily life. They also described the value of accessibility features such as grocery delivery services and prepared meal options.<sup>16</sup>

Some older adults find cooking for one person presents challenges and difficulties. Programs such as meals on wheels can help although these programs may not reach all older adults and may not be provided on weekends. Often these programs rely on volunteers so this can affect the sustainability of such programs.<sup>17</sup>



***“I try to purchase organic food. Have had difficulty eating proper meals since my husband died.”***

Sharing meals and baking is a method that older adults use for providing support to others. Taking meals to friends who are sick or going through difficult times can be common practice among older adults.<sup>17</sup>

Older adults may be at risk of poor dietary intake, depending on whether they were exposed to positive or negative influences on their health over time. Older adults can be affected by socio-economic conditions, such as lower income, which may limit their ability to travel, purchase, and transport nutritious foods.<sup>60,61</sup> Changes in functional ability can also influence the food choices and eating behaviour of adults in later life. Some older adults face mobility or dexterity issues that can cause them to increasingly rely on others for food shopping and meal preparation.<sup>61</sup>

Social isolation can lead to depression and a lack of motivation to prepare and consume nutritious meals.<sup>61</sup> While women are more likely to lose a spouse, widowers may have fewer food skills and be less able to prepare nutritious meals for themselves. Older adults' food intake can also be affected by physiological changes, such as poor oral health, diminished appetite, sensory changes, altered digestive processes, chronic health issues, and the effects of medication.<sup>60,61</sup>

- [The National Collaborating Centre for Environmental Health](#) outlines potential interventions and initiatives that are based on collaboration between Public Health, Provincial Ministries/ Governments, Private Industry/Business Operators and Municipalities, to reduce Food Deserts and Food Swamps. These strategies involve:
- Policies and Legislation
- Financial Incentives
- Advocacy
- Supportive Retail Food Environment
- Consumer Education

Income is a primary determinant of diet quality. Using only education to promote healthy eating as a strategy does not consider environmental barriers. Food literacy skills are necessary for individuals to be able to select and prepare healthy food. These skills should be included with other strategies that support healthy food environments and make healthy food choices easier by

removing the need for individuals experiencing stress and emotional challenges to be particularly vulnerable.<sup>59</sup> There is a need for nutrition interventions for older adults that consider transportation and assistance with acquiring and preparing healthy foods, particularly for older adults that are alone (e.g., single, divorce, widowed) and for those in the highest age cohorts. Interventions that not only bring food to older adults but also promote community interaction by providing assistance or motivation to participate in public events that include food were found to be helpful. Other community and family elements such as: safety of neighbourhoods, transportation, and accessibility of formal and informal food assistance programs should be considered in planning nutrition interventions.<sup>62</sup>

***“We need more money to be able to buy good food not on the sale rack”***

Political decisions appear to be more positively received by municipalities when they add services rather than take away personal choice. An example of this could be changing zoning to allow for community gardens rather than restricting convenience stores. This can be challenging when addressing food swamps. Multi-sector collaboration as well as collaboration within the Health Unit between health inspectors, public health nutritionists, and public health nurses can help affect positive change in the food environment.<sup>59</sup>

## Physical Activity

Increasing physical activity levels, walking in particular, can reduce the prevalence of chronic conditions for health and improve social connectedness for the health and security of older adults. Ensuring that supportive environments for physical activity are available and accessible to our growing older adult population may require modifications to the built environment, more opportunities for social connectedness, public buy-in, and municipal governments to have a strong voice to make this happen.<sup>14</sup>



Supportive environments for physical activity include appropriate housing options, improved pedestrian and cycling infrastructure that promotes safe active transportation, increased accessibility to a variety of destinations, and more opportunities for social interaction. This can be a particular challenge in rural areas.<sup>14</sup>

Certain factors, including mixed land use, greater street connectivity, mass transit, street shade, lighting, and furniture, and higher residential densities can make communities more walkable and may increase physical activity levels across generations. It will require greater attention to adequate and affordable housing, easier access to commercial and health services, urban design for walkability, and having other transportation options beyond owning a car.<sup>14</sup>

Even frail and chronically ill older adults can benefit from physical activity that helps improve mobility, functional ability, maintain independence, and reduce the risks of complications in aging. Additionally, physical activity has been shown to reduce depression, anxiety, and stress and is positively associated with mental health and social support. Despite all of these benefits, older adults have high rates of physical inactivity.<sup>14,63</sup>

***“Have to travel more than 10 minutes for any programs. Not physically able to at the moment to take part in many activities.”***

Municipal strategies that aim to create supportive environments for physical activity can have more impact on the population level, including having a positive influence on older adults. However, finding the political will and consensus of municipal policy influencers for health equity-focused initiatives can be difficult at times. Successful age-friendly initiatives that support older adult physical activity will require advocates to help frame health and well-being as an important societal, rather than an individual, issue. Other key factors include seeking public participation, maintaining ongoing two-way communication, including broad representation from various stakeholders, and focusing on intersectoral collaboration around sustainability.<sup>14</sup>

Providing access to recreation spaces, incorporating cultural sensitivity, offering free classes or programs to socio-economically disadvantaged older adults, and adapting physical activity (and equipment) to accommodate varied functional abilities could maximize physical and social opportunities for older adults, enabling them to live more active, independent, and happy lives.<sup>14</sup>

Physical activity is recognized as vital by many older adults for rural healthy aging and maintaining functional abilities. Older adults are often less active in the winter months due to fear of falls from snow and ice. Winter programs that support older adults, such as indoor walking, can be helpful in maintaining their activity level.<sup>17</sup>

The beneficial effects of social support and physical activity on mental health have been identified. Low levels of physical activity and social support increased levels of fatigue among older adults. Low levels of physical activity had a stronger effect on fatigue in later life. This underlines the importance of an easy exercise program for older adults (e.g., gardening, heavy housework).<sup>64</sup>

Social isolation is an important public health issue for older adults in Canada. There is limited research on how our environments can support social interaction and reduce social isolation in older adults. Walkable neighbourhoods and general physical activity are linked to older adults being more social.<sup>36</sup>

The importance of physical activity for older adults is clear, including physiological, psychological, and social benefits. Physical activity helps older adults maintain their mobility and their independence. Given the undisputed importance of physical activity for older adults and the growing older adult population in LGL, significant emphasis should be placed on promoting physical activity through awareness, policy, and program development. There are 5 Steps to physical activity promotion for older adults:

1. Understand and communicate the benefits of physical activity for older adults.
2. Identify and use existing resources.
3. Identify barriers and solutions for physical activity for your target population.
4. Develop and implement action plans.
5. Evaluate successes and identify areas for improvement.<sup>63</sup>



## Falls

Falls are the leading cause of injury-related hospitalization for Canadian older adults.<sup>36,65</sup>

Communities that older adults felt a part of and neighbourhoods that were perceived to be cleaner and safer were linked to fewer falls.<sup>36</sup>

Outdoor hazards such as uneven surfaces, curbs, lack of street, sidewalk and path maintenance, poor lighting, potholes, clutter, unsafe traffic, unclear signs, and unsafe crossings increase the risk of falls.<sup>36</sup>



It has been found that exercise reduces falls in older adults by 23% and reduces the number of people experiencing one or more falls. Evidence suggests this could also reduce the number of fractures and people requiring medical attention. Multiple types of exercise (e.g., balance, functional, resistance) appear to provide the most benefits for reducing the rate of falls by 34%.<sup>66</sup> One of the biggest barriers to being active for older adults is how accessible and safe their neighbourhood is including weather, safety of sidewalks, street curbs, challenging street crossings due to short traffic lights, and wide streets.<sup>36</sup>

Exercise on its own prevents falls. It may be most beneficial however to combine exercise with other strategies including vision test and treatment, environmental checks and treatments, clinical quality improvement, multifactorial assessment and treatment, and calcium and vitamin D supplementation to prevent falls.<sup>67</sup>

Group and home-based exercise programs, and home safety interventions reduced the rate of falls and risk of falling.<sup>68</sup> Exercise programs designed to prevent falls in older adults were effective in reducing falls that would cause injury. Notably, the risk of falling is higher among older adults with mental health problems or impaired mental status due to dementia, depression, mania, or anxiety.<sup>69</sup>

## Substance Use

Alcohol misuse among older adults is gaining attention as one of the most critical health issues impacting quality of life in the later years.<sup>70</sup>

Although prevalence of substance use is lower among older adults, it is far more common than previously thought. Patterns of daily use of prescription drugs and especially alcohol are more common among older adults. Daily drinking and drinking that exceeds the low risk drinking guidelines generally peak at age 55 and older.<sup>71</sup>

Older adults are more often nicotine-dependent than the general population. Although cannabis use is currently low in the older adult population, this could change as the current younger cohort ages and as use has been increasing at a much faster rate among older adults than other age groups. Problematic substance use can develop gradually and become noticeable later in life.<sup>71,72</sup> Older adults are more likely to use cannabis for medical reasons and more likely to obtain it from legal sources.<sup>72</sup>

Older adults are also at elevated risk of harm associated with substance use as it places additional stress on the body's systems and reduces the ability to deal with the consequences of the aging process such as physiological changes to the nervous, gastrointestinal, respiratory, and renal



systems. This also makes older adults more vulnerable to the effects of substance use, increasing the risk of adverse outcomes such as falls, hospitalization, vehicle collisions, depression, cognitive impairment, substance withdrawal, and death. More older adults in Canada are hospitalized each year for alcohol-related issues than for heart attacks.<sup>71</sup>

Symptoms of impairment may be dismissed by health care providers as symptoms of old age. Social isolation can also exacerbate the problem. Many older adults are not comfortable discussing substance use with family and caregivers to avoid damaging these important relationships. Protective factors such as maintaining social contacts, pursuing stimulating activities, and cultivating a sense of purpose can be helpful. Social isolation, sudden lifestyle changes, and declining physical health are some of the main reasons older adults use alcohol, prescription drugs, and other substances. There is a need to properly train health care professionals on the prevention and detection of substance use disorders in older adults.<sup>71</sup>

Older adults with psychiatric disorders may use illicit drugs or misuse prescription drugs which can worsen the severity and prognosis of their mental illness. When they also have medical problems, they can be at a greater risk of developing a substance use disorder. Many psychiatric disorders co-occur with substance use disorders, and lack of treatment can worsen physical health issues such as coronary heart disease, diabetes, insomnia, and chronic pain.<sup>71</sup>

#### **Barriers to receiving help with substance use issues:**

- Wait times to receive services
- Lack of awareness regarding services
- After-hours gaps
- Lack of coordination between service providers
- Chronic underfunding for mental health and addiction counselling
- Cost of fee for service programs

*One resident said they access the following personal and community support services “physicians for care referrals, home support/home care services, friends, people from congregations, discharge planners at hospital [that] link you to services”*

#### **Oral Health**

Lack of access to dental care may lead to reduced quality of life due to oral pain and discomfort, and embarrassment associated with bad breath or bad teeth. Oral health may also be linked to heart disease, stroke, and certain forms of cancer. Without universal dental care in Canada, the costs associated with dental care can be prohibitive for older adults, especially those living on a limited income. Dental problems are strongly correlated with income with a higher proportion of people living with lower income reporting dental pain. Dental care can help both reduce the prevalence of oral health problems and alleviate the pain and loss of quality of life. People with insurance are more likely to visit dental care practitioners.<sup>73</sup> Many older adults require full or partial dentures and cost can be a barrier. There is



funding for dentures through the Ontario Senior Dental Care Program (OSDCP), however, this does not include all older adults.

Older adults face a number of obstacles that prevent adequate oral health care. Barriers can include dentists closing their practices, older adults moving away from their dentists, and the false perception that older adults do not require professional dental care. Having a sore mouth or putting up with discomfort in your mouth is not part of getting older. Various factors can contribute to tooth decay and can be accelerated by a dry mouth, certain kinds of medication, and decreased dexterity or flexibility which hinder an individual’s ability to clean their teeth thoroughly.<sup>74</sup>



Local Data

The following tables and figures illustrate local data regarding chronic disease, falls, dental insurance, and lifestyle choices.

Table 3: Health Indicators by Age Group

Indicator	Age Group	
	45-64 years (%)	65+ years (%)
Dental Insurance		
Does not have dental insurance	32.6	55.5
Personal Stress/Health Status		
Quite a bit or extreme life stress	28.7	11.4
Quite a bit or extreme work stress	33.2	15.2
Fair to poor physical health	14.2	18.9
Chronic Conditions/Disorders		
Diabetes diagnosis in past year	11.0	16.6
Heart disease diagnosis in past year	4.4	18.7
High blood pressure diagnosis in past year	23.1	45.6
Mood disorder diagnosis in past year	15.0	6.6
Lifestyle Choices		
Physical inactivity during leisure time	46.0	49.0
Less 5 servings of fruit & vegetables daily	64.8	51.5
Alcohol consumption above low risk drinking guidelines	7.4	6.8

Figure 3: Percentage of fall-related ambulatory visits for LGL population by age group and place of injury (2014)

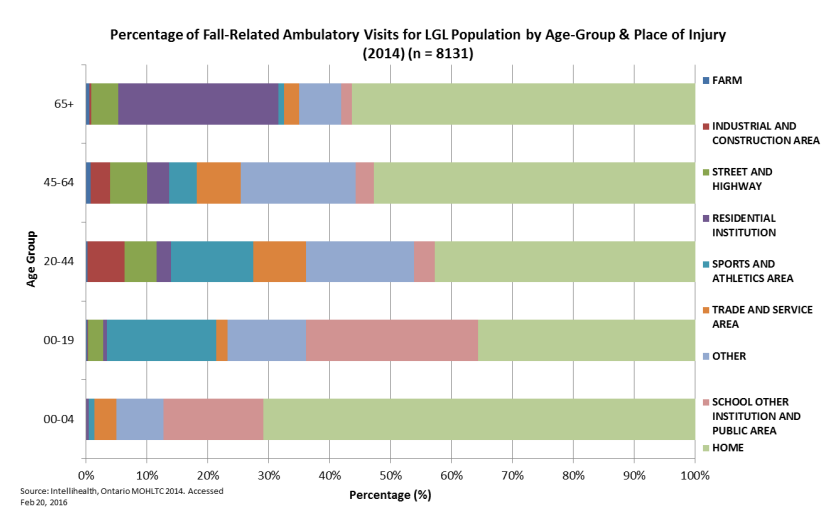
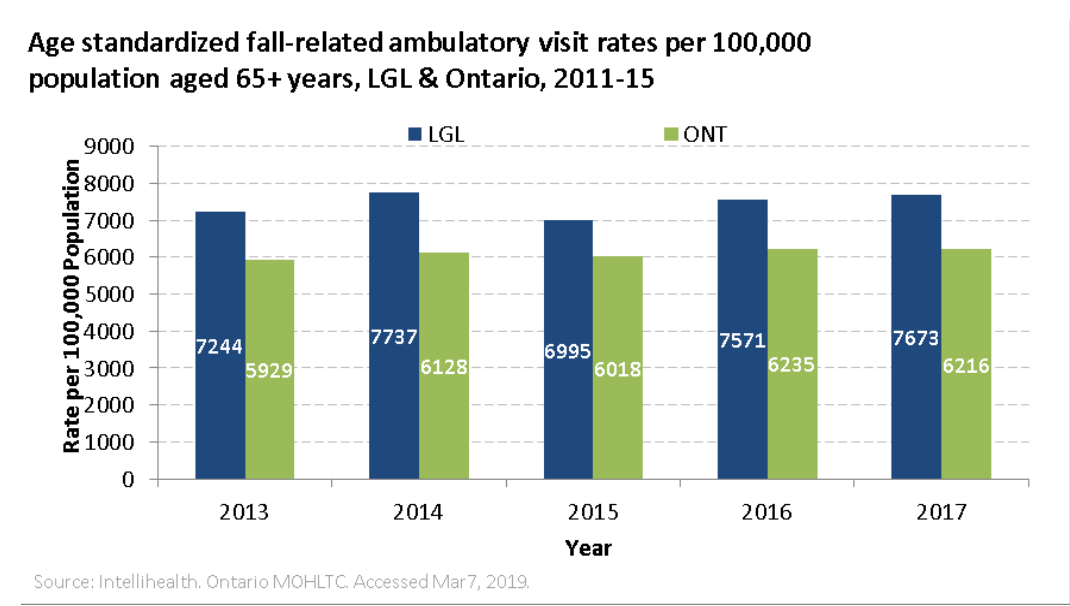


Figure 4: Age standardized fall-related ambulatory visit rates per 100,000 population aged 65+ years in LGL and Ontario (2011-2015)



Substance Use

Of LGL residents who reported using cannabis in the last year, approximately 16% were aged 65 and over (pre-legalization). This is similar to the provincial rate of 14%.<sup>75</sup> Cannabis consumption among older adults (those aged 65+) has been accelerating at a much faster pace than it has among other age groups. For example, in 2012, less than 1% of older adults (about 40,000) reported using, contrasting sharply with estimates from 2019 indicating that more than 400,000 older adults have used cannabis in the past three months.<sup>75</sup>

11.5% of LGL residents who are aged 65 and over report being a current daily or occasional smoker compared to 7.2% of the same age cohort in all of Ontario.<sup>75</sup>

Of LGL residents who drink alcohol, 21.3% of adults aged 65 and over report exceeding Canada's low risk alcohol drinking guidelines. This is above the Ontario rate of 16.1%.<sup>76</sup>

There is a strong association between substance use and falls, accidents, cognitive impairment, depression, and suicide. Older adults are often hospitalized as a result of adverse events related to substances and mortality rates are significantly higher in older adults with substance use disorders.<sup>71</sup> These health harms and associated costs are seen locally. The number of emergency room visits due to alcohol use per municipality can be viewed on the [Leeds Grenville and Lanark District Health Unit website](#).

## Oral Health

In 2019, the Government of Ontario announced a new publicly funded dental care program for low income seniors, Ontario Seniors Dental Care Program (OSDCP). This program aims to increase quality of life for seniors, reduce chronic disease and health inequities, and prevent unnecessary trips to the hospital. In the Ontario Public Health Standards under the Chronic Disease Prevention and Well-Being standard (Requirement 5), the Board of Health shall provide the OSDCP in accordance with the Oral Health Protocol, 2021. The OSDCP is now underway and are currently treating older adults through partnerships with Community Health Services at four OSDCP locations in Leeds, Grenville and Lanark (Brockville, Smiths Falls, Lanark and Westport). To be eligible, an applicant must be aged 65 and over, a resident of Ontario, meet income thresholds (e.g., \$22,200 or less for a single adult or a combined income of \$37,100 or less for a couple), and have no access to any other forms of dental benefits. There is limited transportation funding available to transport older adults to their appointments.

55.5% of our population over age 65 report having no access to dental insurance (Leeds, Grenville and Lanark District Health Unit, 2017).



## Local Voice

Older Adults in LGL were surveyed and asked questions related to public health services. They were asked what they do to eat well. Many participants responded that they participate in community dinners, preparing meals with others and dinner clubs which indicate the importance of the social aspects of meals. Gardening was also shared by many as contributing to them eating well.

Survey participants were also asked what they do to stay fit. The most common activities that were shared include: walking and exercise classes. Other activities mentioned more than once included swimming/aquafit, cycling, curling, shuffleboard, yoga and indoor/outdoor household chores.



## Next Steps in LGL

### Current Actions

#### Oral Health

- Health Unit Oral Health staff are working with the community to implement the Ontario Seniors Dental Care Program.

## Nutrition

- Residents of Ontario can speak with a Registered Dietitian for free by calling 811. Information on Registered Dietitian Services in the community is [available from the Health Unit](#).

## Physical Activity

- Work with community partners to provide more accessible and welcoming physical activity programming for older adults (e.g., The Station Active Living Centre in Carleton Place).
- Promotion of active transportation with municipalities through the review of municipal plans, and membership on committees and community groups.
- The continued sharing of resources and opportunities through consultations and collaboration within our municipalities. Continue to promote resources regarding [physical activity for adults](#), [active transportation for adults](#), and [active transportation for people with challenges and limitations](#) through our website and social media.

## Falls

- Provide falls prevention training for staff working with older adults.
- Support programs like “Get a Grip” that make ground grippers available to older adults at a low cost or free of charge.

## Substance Use

- Promote population health strategies that will reduce access and availability and reduce harms of substances in the community such as supporting municipalities with the adoption or strengthening of Municipal Alcohol Policies and smoking by-laws and the implementation of harm reduction efforts as need is identified<sup>78</sup>.
- Enacting and enforcing restrictions on commercial or public availability of alcohol through laws, policies and programmes are important ways to reduce harmful use of alcohol. Such strategies provide essential measures to prevent easy access to alcohol by young people and other vulnerable and high-risk groups. [Safer - A World Free from Alcohol Related Harms from the WHO](#).
- Promote the adoption of harm reduction education strategies from evidence-based information such as the [Lower Risk Cannabis Use Guidelines](#) and the [Low Risk Drinking Alcohol Guidelines](#).
- Referral and support to [local community substance use addiction and treatment](#).

## Future Actions

- Improving accessibility or providing on-site care to clients who need it (e.g., dentists, denturists, optometrists, physicians, foot care providers, etc.).
- Physician recruitment by municipalities is ongoing and critical.
- Explore and clarify the expectations of different care settings as part of an integrated continuum of care. Examples include Complex Continuing Care, Long-Term Care Homes, hospitals (acute, rehab and tertiary), Residential Hospices and any other setting where individuals live and die – such as an individual’s home, retirement home, group homes, or shelters.<sup>77</sup>

The Canadian Centre on Substance Use and Addiction recommendations aim to mitigate adverse consequences to the health care system that could occur by not addressing the growing issue of substance use in older adults. Public Health Units and agencies who work with older adults might consider partnering to:

- Increase awareness of substance use in older adults among health care providers, caregivers, and older adults through existing communication channels.



- Advocate for more education and training of health care professionals and students on substance use disorders in older adults.
- Advocate for the creation of guidelines and recommendations on substance use in older adults tailored to the unique nature of this demographic.
- Communicate these guidelines and treatments for older adults to health care professionals and the general public through various media channels.<sup>71, 78, 81</sup>



## Supporting Documents

### Oral Health

- The Ontario Seniors Dental Care Program is a government-funded dental care program. It provides free, routine dental services for low-income seniors who are 65 years of age or older.

### Nutrition

- [foodcoreLGL Municipal Toolkit](#) – This toolkit provides specific examples of how municipalities can play a role in helping provide residents with enough healthy food to eat.
- [Food Inventory of Leeds, Grenville and Lanark](#) – This inventory includes information on growing and gathering food, preparing and eating food, buying food, help for getting food, and sustaining our future.

### Physical Activity

- [Canada's Adult Report Card 2019 from ParticipACTION](#) – outlines what behaviours are being seen in adults, intentions, influences, strategies and investments.
- [A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving](#) – A resource from the Government of Canada which is a Canadian vision that includes six areas of focus: Cultural Norms, Spaces and Places, Public Engagement, Partnerships, Leadership and Learning, and Progress.

### Injury Prevention and Falls

- [Falls across the lifespan](#) – The Leeds, Grenville and Lanark District Health Unit prepared a statistical surveillance report on falls that was informed a hospital database. The information in the report helps to inform health practices and health care utilization as well as support community partners and increase public awareness.
- [Public Health Agency of Canada - You Can Prevent Falls](#) – This fact sheet created by the Public Health Agency of Canada is aimed at older adults and care givers. It provides information about the number of falls but, more importantly describes how to protect yourself in your home and includes maintaining or creating healthy habits, e.g. physical activity and healthy eating.

### Substance Use

- Improving Quality of Life: Substance Use and Aging – The Canadian Centre on Substance Use and Addiction prepared this report to outline the best evidence on substance use among older adults. This evidence helps to develop and create more effective prevention and intervention programs.

# Vulnerability



## Overview

There are some general factors that increase vulnerability for older adults mentioned in other sections of the report. Rural populations in Ontario are aging faster than the provincial average. Vulnerable groups in the older adult population include older adults that are:

- Aged 80 years and older
- Living with low income
- Single
- Women
- Indigenous
- Newcomers to Canada
- Physically disabled
- 2SLGBTQ+

For older adults who are particularly vulnerable, there is an increased demand on services and an increased risk of losing independence and dignity. Supports can range from in-home support to transportation and access to social groups. Older adults falling into two or more of the above categories will generally have a greater need for increased supports.<sup>4</sup>



## Aged 80 and Older

Those aged 80 years and older are more likely than younger cohorts to experience declining health. It is also important to note that women account for a higher proportion of those over 85 years of age. For example, in Lanark County, 3.6% of women versus 1.9% men are aged 85 and older.<sup>4</sup>

## Gender

Of the older adult population, women are more likely to be vulnerable than men. There are many reasons for this including having a higher likelihood of being victims of abuse, lower wages, more likely to live alone, having a longer life expectancy, and being part of a disadvantaged group (e.g., Indigenous, newly immigrated, etc.). These factors can increase their vulnerability considerably. In rural communities family violence can be exacerbated as individuals may have a desire for autonomy and privacy related to family matters and abuse could lead them to live in a more isolated area.

Historically, in rural areas where farms are more prevalent, deeds and titles of land were allocated mostly to males until the late 1970s. This male-weighted division of property due to the dissolution of a marriage contributed to a lower socio-economic status for many older rural women.

Unemployment rates are typically much higher among rural women making unemployment benefits inaccessible, and this is more pronounced for Indigenous women.<sup>4</sup> Women living alone and

unable to drive, are substantially less likely to have someone who can drive them, and are more likely to be living in poverty. These women tend to have a lower average income than their male counterparts.

Mobility for these older women could be improved by maintaining their self-efficacy and cognitive skills through learning programs and expanding their social networks through participation in clubs and community programs.<sup>31</sup> Female older adults expressed challenges with becoming the primary driver, and were more likely to identify the need for public transportation.<sup>17</sup>

## Disability

As people age, they are more likely to have some type of disability. One of the leading causes of disability in those aged 65 and older is dementia. Older adults with disabilities are faced with many challenges. Economic insecurity is prevalent if people are affected by disabilities during their working lives. Rural people living with disabilities have less access to accessible housing, transportation, employment, and specialized care compared to their urban counterparts.<sup>4</sup> Having a disability is the most important individual characteristic that impacts travel, mobility, and transportation issues. Older adults with a disability are less likely to drive themselves, more likely to avoid driving, and more likely to see transportation and public transportation as a limiting factor.<sup>31</sup> Accessibility should be considered when reviewing the age-friendliness of a community.<sup>16</sup>

The needs of people living with a disability are not always considered when designing and building communities. Neighbourhoods with good accessibility, high quality and safe streets, lower traffic density, and less crowded open spaces support people with a disability to be more mobile, productive, and social.<sup>36</sup>

## Caregivers

Older adults in rural regions are more likely to rely on informal primary caregivers and family members. These caregivers face costs that are 43.7% higher because of transportation, more expensive medication, and lost hours of work. Caregivers of family members with dementia (including spouses) provide 75% more care than other caregivers and experience 20% more stress. The difficulty coping with caregiving stress and responsibilities increases with the number of hours of care provided. Addressing the health and well-being of caregivers with a community-based approach that considers their needs, challenges, and the assets available is important.<sup>4</sup>

A person's spouse's health was seen to have an impact their own well-being. A number of older adults felt caregivers needed more information and awareness of adult day care, cognitive health services, respite care, in-home day care, transportation, educational speakers on depression and grief counseling, and a need for training on managing their finances.<sup>17</sup>



As the population is shifting towards a larger proportion of older adults, we are also living longer. The scope of older adults' interests, needs, and expectations has expanded and become increasingly complex. In Ontario and around the world, governments, care providers, and researchers have been working to understand the implications of these changes and develop programs and policies to respond to them. For example, the [World Health Organization's Age-Friendly Communities framework](#) is widely recognized as one to follow to ensure municipalities have physical infrastructure, social, civic, and health services, and planning approaches which are appropriate for older adults.

Caregiver support can include paid services and government assistance programs and tax cuts. Social and financial assistance is available to help decrease some of the potentially negative impacts that are associated with caregiving. These impacts can include increased physical and mental stress as well as financial difficulties. Other types of support for caregivers can be found with information and advice from health and medical professionals.<sup>79</sup>

### **Indigenous Status**

While Indigenous people comprise only a small percentage of Canada's older adult population, a significantly higher proportion of Indigenous people live on low incomes, and have more multiple chronic conditions and disabilities. This can be attributed to the ongoing impacts of colonialism, the legacy of residential schools, social isolation, and families that are less able to provide care for older adults. There is also a reluctance of Indigenous older adults to seek assistance, care, and services when needed. Lanark Highlands has the highest percentage of Indigenous older adults in Lanark County, which should be considered when collaborating with Indigenous groups on new and existing initiatives.

As individuals age, and particularly for those who develop dementia, providing good quality service means providing services in their own language, food that they recognize, and programs that are appropriate for them. Providing culturally-appropriate services also increases health outcomes. For example, for individuals who require support services and have challenges expressing themselves, needing to communicate their needs in a foreign language can lead to misdiagnosis and prevent access to appropriate support. Research consistently indicates that a lack of culturally-appropriate care directly contributes to poor patient outcomes, reduced patient compliance, and increased health disparities, regardless of the quality of service.<sup>80</sup>

Post-Traumatic Stress Disorder (PTSD) is beginning to be studied in greater depth relating to the Indigenous population in Canada. Up to this point it has been found that adults of Indigenous status have had greater exposure to environmental risk factors associated to PTSD such as repeated exposure to trauma, family instability, childhood adversities such as separation from parents, and poverty.<sup>81</sup> Consequences of PTSD for Indigenous adults who do not access supportive services in the community include development of secondary problems such as substance use/abuse as well as other mental health illnesses.<sup>81</sup> Individuals with PTSD that are left untreated often become socially isolated and disconnected from people they would normally be close to. This starts to affect their personal as well as family relationships.<sup>81</sup>



## Local Data

### Aged 80 and Older

In Ontario's oldest rural community, the Town of Perth, the population of older adults is already at the projected provincial average rate for 2036, at 28%. For further projection, refer to the Local Community Profile section above.<sup>73</sup>

### Indigenous

- According to the 2006 census, approximately 1,575 people (2%) of Lanark County's population identified themselves as Aboriginal.
- [The Ontario Aboriginal Housing Services](#) assumed responsibility for administration of the province's entire Rural and Native housing portfolio in 2006. Twenty five units are located within Lanark County and priority is given to Aboriginal applicants.
- 6785 LGL residents identified as part of the indigenous population (4.4% of population in Lanark and 3.5% in Leeds Grenville). See the [2021 Demographic Dashboards](#) for more local data.



## Local Voice

Older adults in LGL identified using a number of different community supports including programs and services such as:

- Service Clubs (e.g., Civitan Club, Royal Canadian Legion, Lions Club, Rotary Club, etc.)
- Faith-based groups (e.g., church activities, outreach programs, community support groups)
- Health-focused (e.g., Perth Therapeutic Centre, Community Health Centres, Alzheimer Society)
- Kemptville and District Home Support Incorporated
- Community based program and service providers (e.g., Perth Seniors' Active Living, libraries)
- Informal supports (e.g., families, friends, volunteers)
- Seniors' Centres

The following are some of the programs and services that older adults are currently participating in:

- Local libraries offer sessions to teach older adults how to use computers, e-readers, and cell phones in order to access health related information.
- Seniors' Centres with multiple programs including physical activity, social interaction, and education on health related topics.
- Health Centre Primary Health Outreach
- Volunteer and peer supports
- Transportation to out of community resources

Older Adults recommended the following:

- Reduce or eliminate user fees for programs and services
- Charge a fee that is related to income
- Provide more homecare so that older adults can stay in their homes longer
- Increase affordable transportation options
- Increase amount of affordable housing options





## Next Steps in LGL

### Current Actions

#### Indigenous

- The *Association of Municipalities of Ontario (AMO)* calls on the province to develop a strategy, in consultation with Indigenous people and ethno-cultural groups, to support the long-term care sector to develop culturally appropriate and responsive programming through training and development of resource toolkits.<sup>82</sup>
- Use of Indigenous cultural safety trainings for health care professionals as well as public service staff and municipal leaders.

#### Care Givers

- Work with United Way Successful Aging Advisory Committee to implement Caregiver Strategy in Lanark County.

#### Future Actions

- Municipal PHNs will work to imbed health equity concepts that consider vulnerability of residents in planning our future work with older adults.
- Web content will be developed to include information including the vulnerability of certain people within the older adult population and make recommendations of strategies to improve the health equity of these individuals.
- Provide education to municipalities and community partners of the older adult report and the specific vulnerabilities highlighted within this section.
- Health Equity coordinator will work with Municipal PHNs to ensure there is proper education and training on health equity related topics as it relates to the work being done in the communities.



## Supporting Documents

- [United Way East Ontario Vulnerable Seniors](#) - The information gathered in this report from Ottawa, the United Counties of Prescott Russell, Lanark County, and the County of Renfrew identifies local issues, especially about vulnerable seniors. One of the most important issues is social isolation.

# Appendices

## Appendix A: WHO – 8 Characteristics of Global Age-friendly Cities

*“Age-friendly environments (such as in the home, community) foster healthy and active ageing by building and maintaining intrinsic capacity across the life course and enabling greater functional ability in someone with a given level of capacity”*

### [World report on ageing and health](#)

The World Health Organization (WHO) outlines 8 characteristics of an age-friendly city. These characteristics, below, were used as a guide for our analysis of older adults in LGL.

#### 1. Community and Health Care

Accessible and affordable community and health services are crucial in keeping seniors healthy, independent and active. This involves an appropriate supply of aged care services conveniently located close to where older people live and trained health and social workers to provide these services.

##### **A wide range of accessible and affordable health services**

Seniors have different health care needs and preferences. A range of services along the continuum of aged care, such as preventive care, geriatric clinics, hospitals, adult day centres, respite care, rehabilitation, residential nursing home care, home care and palliative care, would meet these diverse needs. These services should be easily accessible at locations convenient for seniors to reach. Residential care services, such as nursing homes, located within residential areas would allow older residents being cared for there to remain connected to their familiar surroundings. Education on the health system and available health services would raise awareness among seniors of the areas of care available to them. Health services should also be affordable or support available to cover the costs, to provide seniors with peace of mind that they will be able to receive care regardless of the ability to pay.

#### 2. Transportation

Accessible and affordable public transport is key to ensuring a city's elderly population is able to age actively and remain engaged with their community, with access to health and social facilities. Driving conditions and parking facilities in a city should also keep older drivers in mind.

##### **Accessible, affordable and safe public transport**

Older people should ideally be able to navigate their city's transport system with ease. Apart from the affordability of transport services, residents' perceived safety of public transport services would affect their willingness to use them. Transport services should cater to people with a range of mobility needs. In addition, helpful drivers and station staff sensitive to elderly needs would be able to better assist older commuters. Finally, information on safe, age-friendly and affordable transport services must be made available to older people to facilitate their usage.

##### **Age-friendly driving conditions and parking facilities**

Driving can be an essential transportation option for older people, particularly in suburban and more remote residential areas. Heavy traffic, poor road conditions, inadequate street lighting and

poorly positioned signage are some barriers to city driving, particularly as older people may face vision difficulties. Maintaining confidence as drivers age is also important in ensuring a safe driving experience for all. Parking bays close to buildings and drop-off and pick-up bays are welcomed by seniors too.

### 3. Housing

The housing conditions of older people are often linked to their quality of life and whether they are able to age independently and actively in their community. Appropriate housing design and its proximity to community and social services allow older residents to live comfortably and safely, while housing affordability gives them peace of mind.

#### **Affordable, well-designed and safe housing**

The cost of housing and related utilities influences where older people live. High housing costs can discourage older people to move to more appropriate, age-friendly housing.

A home with age-friendly features, such as elevators, wide passages to accommodate wheelchairs, etc, allows older residents to live comfortably. Conversely, a home layout impeding mobility, such as stairs and uneven floors, can be barriers for seniors. In these cases, the ability to modify one's home through affordable and accessible home modification would ensure that seniors are able to continue living well in their current place of residence. It is also important that seniors feel safe and secure in their own homes.

#### **A range of housing options with good connectivity to social services and the community**

Locating social and health facilities close to seniors' homes is crucial in ensuring seniors have access to such services when they need it. Older people also wish to remain close to their family and community. Providing a range of housing options would cater to seniors' diverse needs.

### 4. Social Participation

Participating in leisure, social, cultural and spiritual activities in the community fosters seniors' continued integration with society and helps them stay engaged and informed. Seniors' participation in such activities, however, is affected by access to transport and facilities, their awareness of such activities and their affordability.

#### **A range of accessible and affordable activities**

Older people have a broad range of interests and needs. A variety of social activities would cater to such diverse interests. Such opportunities should also be accessible for people with disabilities and those who live further away. Activities taking place within hours suitable for older people and at convenient and accessible locations served by transport options would encourage greater participation as well. Activities must be affordable for older people to facilitate their participation. Hence, costs should be considered when planning the activities. Lastly, awareness on such activities must be raised among seniors to keep them informed of the opportunities available.

#### **Encouraging participation and intergenerational integration**

Seniors' participation in social activities helps to prevent social isolation. Seniors want to socialize and integrate with other age groups and cultures in their communities. Intergenerational activities are mutually enriching and fulfilling for all ages, with older people passing on knowledge, traditions and experience while the young may help seniors with new technology and practices.

## 5. Outdoor Spaces and Buildings

The external environment has a major impact on the mobility, independence and quality of life of older people as they go about their daily lives beyond the comfort of their homes. A clean city with well-maintained recreational areas, ample rest areas, well-developed and safe pedestrian and building infrastructure, and a secure environment provides an ideal living environment for seniors to age-in-place in.

### **A pleasant and clean environment with green spaces**

Urban environments are not usually thought of as the most conducive place to grow old in, particularly in the face of increasing pollution levels. Cities facing high population growth and overcrowding are difficult places for elderly residents to navigate or feel a strong sense of belonging to. A city's cleanliness, noise levels, odours, and green spaces also affect the age-friendliness of the city. When cities develop a clean and green environment and take age-friendly features into consideration for urban planning, cities can become great places for older residents to live out their golden years.

### **Age-friendly buildings, pavements and walkways, safe pedestrian crossings and adequate rest areas**

Narrow, uneven, cracked and congested pavements are potential hazards for older people, compounded by the weather when it rains or snows. Cars parked on pavements and cyclists also pose safety risks as pedestrians are forced to walk on the roads. Pedestrian crossing lights that change too quickly are another danger for older pedestrians, who may rather not go out in extreme cases. A lack of rest areas makes it even more difficult for seniors to get around when they tire. Public facilities and shops located far away from where seniors live would deter seniors from using these facilities.

### **A secure environment**

A community will not be cohesive and integrated if residents feel unsafe. This, in turns, discourages older people from going about their daily lives independently and affects social integration between generations. Making residents feel safe also involves putting adequate measures in place against natural disasters.

## 6. Respect and Social Inclusion

An inclusive society encourages older people to participate more in their city's social, civic and economic life. This, in turn, promotes active ageing.

### **Respect for seniors**

While respect for seniors is mostly healthy in many cities and communities, negative preconceptions of ageing still exist. There is a need to facilitate intergenerational interactions to dispel such notions. Education about ageing should also begin early to raise awareness on ageing and associated issues, so that people learn to appreciate their elderly.

### **Social and economic inclusion**

Social engagement can contribute to seniors' esteem. Age-friendly initiatives to involve all seniors in activities where they have experience can keep them engaged with the community, and help them feel valued in their community. Older people should always be consulted on decisions concerning them.

## Civic Participation and Employment

Older people are an asset to the community, and they continue contributing to their communities after retirement. An age-friendly city and community provides ample opportunities for older people to do so, be it through voluntary or paid employment, and keeps them engaged in the political process.

### Volunteerism and employment opportunities

Older people can gain fulfilment from active involvement in voluntary activities or work, as it provides satisfaction and keeps them socially engaged. A wide range of volunteer and employment opportunities caters to seniors' diverse preferences, needs and skill sets, and awareness on the vacancies available connects seniors to these opportunities. Age-friendly urban and transport infrastructure removes any physical barriers seniors may face in accessing the volunteer or job opportunity. Continued training for seniors also helps them remain relevant and connected. Entrepreneurial opportunities are another way to support seniors' participation in the workforce and ensure their sustained self-sufficiency.

There have been reports of age discrimination in the workplace. Building up employers' positive attitude towards retaining and recruiting older workers would help to ensure employment opportunities for seniors. The workplace can continue to be made more welcoming for seniors to put their experience and expertise to good use.

### Encouraging civic participation

Older people's participation in the political process must be facilitated. Seniors may be involved through platforms to voice their concerns and views to government officials, or through participating in interest groups. They should also be involved in decision-making on issues that may impact them.

## 7. Communication and Information

Staying connected with events, news and activities with timely, accessible and practical information is a key part of active ageing, especially with the trend of information overload in urbanised cities. Technology can be tapped on to spread information quickly, but also plays a role in social exclusion. Cities must provide access to information to seniors in an accessible format, and bear in mind the wide range of needs and resources older people have.

### Appropriate and age-friendly distribution of information

The media are instrumental in communicating information to the wider community. Older people tend to receive information through traditional print and broadcast media, and through direct personal contact such as telephone calls, service centres in community facilities and clinics, etc. Seniors' access to information must be kept affordable so that cost does not become a prohibitive factor. Governments and organizations must ensure that information on policies and issues affecting the elderly can reach them in a timely, effective and accessible manner, through the communication channels seniors are familiar with. Making information accessible when older people experience vision and hearing loss is also crucial to ensure their full understanding.

The growing conversion of services and documentation to computer technology could be alien to seniors, increasing social exclusion. Older people may also be deterred from picking up computer skills due to the cost of computers and their unfamiliarity with technology. Affordable access to computers for seniors in community facilities can play an important role in building technological literacy in seniors, together with computer training adapted to seniors' needs and pace of learning.



Appendix B: Older Adult Survey Questions

1) What community do you live in?

<input type="checkbox"/> Augusta	<input type="checkbox"/> Front of Yonge	<input type="checkbox"/> Prescott
<input type="checkbox"/> Athens and Rear of Yonge & Escott	<input type="checkbox"/> Gananoque	<input type="checkbox"/> Rideau Lakes
<input type="checkbox"/> Beckwith	<input type="checkbox"/> Lanark Highlands	<input type="checkbox"/> Smiths Falls
<input type="checkbox"/> Brockville	<input type="checkbox"/> Merrickville/Wolford	<input type="checkbox"/> Tay Valley
<input type="checkbox"/> Carleton Place	<input type="checkbox"/> Mississippi Mills	<input type="checkbox"/> Westport
<input type="checkbox"/> Drummond/North Elmsley	<input type="checkbox"/> Montague	<input type="checkbox"/> Other:
<input type="checkbox"/> Edwardsburgh/Cardinal	<input type="checkbox"/> North Grenville	
	<input type="checkbox"/> Perth	

2) Which category describes your age (#):

- ☐ 45-64
- ☐ 65-84
- ☐ 85+

3) What activities/services do you engage in to keep you healthy?

Activities	What supports you to do the activity?
<p><b>What do you do to...</b></p> <p><b>stay fit?</b> (e.g., walking group, exercise class, swimming, sports, yoga, gym):</p> <p><b>eat well?</b> (e.g., gardening, cooking class, dinner club, community dinner, meal programs):</p> <p><b>stay socially connected?</b> (e.g., dinner clubs, religious services, library clubs, volunteering, social events)</p>	

4) Can you tell me about the things in your community that help you to engage in the activities you would like to do. (e.g.,)

Prompts:

- a. **What do you use for Transportation?** (e.g., public transport, walking, cycling, driving, carpooling, transportation programs):

- b. What do you use for *Community Supports*?** (e.g., volunteer centre, seniors community support agencies, clubs):
- c. Who do you reach out to for support?** (e.g., friends, family, service providers):
- d. How do you like to receive health information?** (e.g., pamphlets, email, websites, social media, over the phone, service providers)
- e. Features of the program that are helpful?** (location, time of day, people who help you, ease of use, meets your physical needs, how they let you know what's happening and keep you updated)

**5. Can you tell me about the things in your community that make it harder or more challenging for you to be healthy and active?** These could be things that you feel are missing from your community, or things that you have to travel outside of your community to access....

Potential barriers (please list)	Description:
Lack of activities?	
Lack of supports?	
Other?	

# Appendix C: Stakeholder Survey Questions

## 1. What community do you as an organization serve?

<input type="checkbox"/> Lanark	<input type="checkbox"/> Drummond/North Elmsley	<input type="checkbox"/> Perth
<input type="checkbox"/> Leeds & Grenville	<input type="checkbox"/> Edwardsburgh/Cardinal	<input type="checkbox"/> Prescott
<input type="checkbox"/> Augusta	<input type="checkbox"/> Front of Yonge	<input type="checkbox"/> Rideau Lakes
<input type="checkbox"/> Athens and Rear of Yonge & Escott	<input type="checkbox"/> Gananoque	<input type="checkbox"/> Smiths Falls
<input type="checkbox"/> Beckwith	<input type="checkbox"/> Lanark Highlands	<input type="checkbox"/> Tay Valley
<input type="checkbox"/> Brockville	<input type="checkbox"/> Merrickville/Wolford	<input type="checkbox"/> Westport
<input type="checkbox"/> Carleton Place	<input type="checkbox"/> Mississippi Mills	<input type="checkbox"/> Other:
	<input type="checkbox"/> Montague	
	<input type="checkbox"/> North Grenville	

## 2. Which age group do your programs and services target?(select all that apply)

- ☐ 45-64
- ☐ 65-84
- ☐ 85+

Is there one of these age groups that you service the most? (if yes, any ideas on why?)

## 3. Can you explain to me the services your organization provides or supports in the community to help older adults be healthy and active? These could include activities that you run yourselves and ones that your organization refers older adults to.

Activities:	
Services:	
Other:	

## 4. Do you see any barrier for older adults participating in your programs and services?

Potential Barriers	Example/ Details

5. **Do you see anything missing in programs and services for older adults for them to be healthy and active in your community?** (e.g., restrictive criteria for participation? Programs missing?)

Gaps	Example/ Details

6. **Do you see any opportunities/strengths in your community to improve programming and services for the overall health of older adults?**

Opportunities/ Strengths	Example/ Details

7. **What was a program or intervention with older adults that you were involved in that was a success that you feel made a real impact? What do you think contributed to making it a success?** (Prompts: What are some keys to success that you have found working with this population, what should programs include, times that work better, features that have worked for promoting services, ways to communicate or connect with the group)

8. **How do you provide health information to older adults** (Prompts: are there some ways that are more effective than others)

9. **Do you know of other programs and services locally for older adults? Or contacts that you would suggest we connect with for our interviews?**

10. **Do you know of an opportunity for us to gather information directly from local older adults?**

# References

1. Ministry of Health and Long-Term Care. Public Health:Chronic Disease Prevention Chapter 3. Office of the Auditor General of Ontario. [Online] 2017. [http://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1\\_310en17.pdf](http://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_310en17.pdf).
2. Statistics Canada. Census Profile, 2016 Census - Lanark, County [Census division], Ontario and Ontario [Province]. [Online] November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3509&Geo2=PR&Code2=35&SearchText=Lanark&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=1>.
3. Census Profile, 2016 Census - Leeds and Grenville, United Counties [Census division], Ontario and Ontario [Province]. [Online] November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3507&Geo2=PR&Code2=35&SearchText=Leeds+and+Grenville&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=1>.
4. United Way. A Profile of Vulnerable Seniors in the United Counties of Prescott and Russell, Lanark County and Renfrew County. Prescott-Russell, Lanark, Renfrew Ontario: s.n., 2018.
5. Government of Canada. Age-Friendly Communities. [Online] March 29, 2016. <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html>.
6. World Health Organization. Age-Friendly in Practice. Age Friendly World. [Online] <https://extranet.who.int/agefriendlyworld/age-friendly-practices/>.
7. SPHERU Saskatchewan Population Health and Evaluation Research. Developing a Framework to Support Healthy Aging for Rural Seniors. 2014.
8. Public Health Ontario. Health Equity. [Online] 2020. <https://www.publichealthontario.ca/en/health-topics/health-equity>.
9. Built Environmental Correlates of Older Adults' Total Physical Activity and Walking: A Systemic Review and Meta-Analysis. Barnett, D. W., Barnett, A., Nathan, A., Van Cauwenberg, J., & Cerin, E. 2017, International Journal of Behavioural Nutrition and Physical Activity, pp. 14, 103.
10. Neighborhood Walkability: Differential associations with self-reported transport walking and leisure-time physical activity in Canadian towns and cities of all sizes. Thielman, J., Rosella, L., Copes, R., Lebenbaum, M., & Manson, H. 2015, Preventive Medicine, 77, pp. 174-180 <https://doi.org/10.1016/j.ypmed.2015.05.011>.
11. Public Health Agency of Canada [PHAC]. Fast Facts about Canada's Neighbourhoods and Physical Activity. Public Health Agency of Canada [PHAC]. [Online] 2011. <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/hp-ps/h1-mvs/assets/pdf/fast-facts-faits-rapidesV2-eng.pdf>.
12. Supportive Environments for Physical Activity: How the Built Environment Affects our Health. Public Health Agency of Canada [PHAC]. [Online] 2014. <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/supportive-environments-physical-activity-built-environment-affects-health.html>.
13. Public Health Agency of Canada. Supportive environments for physical activity: how the built environment affects our health. [Online] 2014. <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/supportive-environments-physical-activity-built-environment-affects-health.html>.
14. Canadian Policy perspectives on promoting physical activity across age-friendly communities: lessons for advocacy and action. Candace I.J. Nykiforuk, Deborah Rawson, Jennifer Ann McGetrick, Ana Paula Belon. 2019, Aging & Society, pp. 307-339.
15. Translating urban walkability initiatives for older adults in rural and under-resourced communities. Klann, A., et al., et al. 2019, International Journal of Environmental Research and Public Health, p. 3041.
16. Older adults' perceptions of age-friendly communities in Canada:a photovoice study. Sheila Novek, Verena H Menec. 2014, Aging & Society, pp. 1052-1072.



17. Policy, Community and Kin: Interventions that Support Rural Healthy Aging. Juanita Bacsu, Bonnie Jeffery, Nuelle Novik, Sylvia Abonyi, Sarah Oosman, Shanthi Johnson, Diane Martz. 2014, Activities, Adaptation & Aging, pp. 138-155.
18. Understanding the influence of community characteristics on wellness for rural older adults: A meta-synthesis. Rachel Winterton, Jeni Warburton, Norah Keating, Maree Petersen, Turi Berg, Jill Wilson. 2015, Journal of Rural Studies, pp. 320-327.
19. Perceptions of Changing Communities among Rural Elders: impact on Well-Being. Jane Strommen, Gregory F Sanders. 2018, Activities, Adaptation & Aging, pp. 210-224.
20. The Urban Built Environment and Mobility in Older Adults: A Comprehensive Review. Rosso, A.L., Auchincloss, A. H., & Michael, Y. L. 2011, Journal of Aging Research, 816106.
21. Natural Resources Canada. How do Forests Benefit Canadians? Natural Resources Canada. [Online] 2019. <https://www.nrcan.gc.ca/our-natural-resources/forests-forestry/state-canadas-forests-report/how-do-forests-benefit-canadians/16509>.
22. Health Canada. Health Effects of Air Pollution. Health Canada. [Online] 2019. <https://www.canada.ca/en/health-canada/services/air-quality/health-effects-indoor-air-pollution.html>.
23. United States Environmental Protection Agency [USEPA]. Our built and natural environments: a technical review of the interactions among land use, transportation, and environmental quality, second edition. United States Environmental Protection Agency [USEPA]. [Online] 2013. <https://www.epa.gov/sites/production/files/2014-03/documents/our-built-and-natural-environments.pdf>.
24. Leeds, Grenville & Lanark District Health Unit. Organizational Description. [Online] 2020. <https://healthunit.org/about/organizational-description/>.
25. Streit, Martin and Hamilton, Dorothy. Lanark County Community Forest Management Plan: 2011-2030. [Online] 2011. <http://www.lanarkcounty.ca/AssetFactory.aspx?did=4272>.
26. United Counties of Leeds and Grenville. Forestry. [Online] 2011. <https://www.leedsgrenville.com/en/government/forestry.aspx#>.
27. Federal/Provincial/Territorial Ministers Responsible for Seniors. Age-friendly rural and remote communities: a guide. [Online] 2007. [https://www.health.gov.bc.ca/library/publications/year/2007/AFRRRC\\_en.pdf](https://www.health.gov.bc.ca/library/publications/year/2007/AFRRRC_en.pdf).
28. World Health Organization [WHO]. Global Age-friendly Cities: A Guide. World Health Organization [WHO]. [Online] 2007. [https://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf).
29. National Collaborating Centre for Healthy Public Policy. Aging and Safe Active Transportation: Issues and Courses of Action for Public Roadway Development. Montreal, Quebec: s.n., 2017.
30. Identification and feasibility of social participation initiatives reducing isolation and involving rural older Canadians in the development of their community. Annie-Pier Clement, Dusica Djilas, Tanya Vinet, Ariane Aubin, Karine Dmers, Melanie Levasseur. 2017, Aging Clinical and Experimental Research, pp. 845-859.
31. Aging and Mobility in Rural and Small Urban Areas: A Survey of North Dakota. Mattson, Jeremy W. 2011, Journal of Applied Gerontology, pp. 700-718.
32. Share the Road Cycling Association. Bikes Can Do That. Share the Road. [Online] 2018. [https://www.sharetheroad.ca/files/STR\\_2018\\_Infographics.pdf](https://www.sharetheroad.ca/files/STR_2018_Infographics.pdf).
33. Housing as a socio-economic determinant of health: findings of a national needs, gaps and opportunities assessment. Dunn, Hayes, Hulchanski, Hwang, et al. 2006, Canadian Journal of Health , pp. S11-S15.
34. World Health Organization. The Ottawa Charter for Health Promotion. World Health Organization. [Online] <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.
35. Puxty, et al., et al. Report on Housing Needs of Seniors. 2019.

36. Government of Canada. The Chief Public Health Officer's Report on the State of Public Health in Canada 2017: Designing Healthy Living. Ottawa: Public Health Agency of Canada, 2017.
37. Housing, Ontario Ministry of Municipal Affairs and Life Lease Housing Resource Guide. 2014.
38. Lanark County & Town of Smiths Falls. Housing & Homelessness Blueprint. s.l.: Lanark County, 2014.
39. Canadian Mortgage and Housing. Home Adaptations for Seniors' Independence (HASI). Canadian Mortgage and Housing Corporation. [Online] March 31, 2018. <https://www.cmhc-schl.gc.ca/en/developing-and-renovating/funding-opportunities/on-reserve-renovation-programs/home-adaptations-for-seniors-independence>.
40. Government of Ontario. Long-term care accommodation costs and subsidy. Ontario. [Online] July 2019. <https://www.ontario.ca/page/get-help-paying-long-term-care>.
41. Leeds, Grenville & Lanark District Health Unit. Food Insecurity in Leeds, Grenville & Lanark 2022. Brockville, Ontario, Canada: s.n., October 2022.
42. Association of Municipalities of Ontario. Strengthening Age-Friendly Communities and Senior's Services for 21st Century Ontario: A new Conversation about the Municipal Role. s.l.: Association of Municipalities of Ontario, 2016.
43. Kemptville District Hospital. Community Paramedic Program at KDH helps high risk patients live independently longer. Kemptville District Hospital. [Online] <https://www.kdh.on.ca/news-releases/community-paramedic-program-at-kdh-helps-high-risk-patients-live-independently-longer/>.
44. BC Centre for Disease Control. Is Mitigating Social Isolation a Planning Priority for British Columbia (CANADA) Municipalities? Vancouver: s.n., 2019.
45. Social Capital and Loneliness Among the Very Old Living at Home and in Institutional Settings. Fredrica Nyqvist, Mima Cattan, Lars Andersson, Anna K Forsman, Yngve Gustafson. 2013, Journal of Aging and Health, pp. 25(6) 1013-1035.
46. Beaulieu, M, et al., et al. Social isolation of seniors: A focus on LGBTQ seniors in Canada. 2018.
47. ParticipACTION. Better with Age: Move more today for a healthier tomorrow; ParticipACTION Report Card on Physical Activity for Adults. Ottawa: ParticipACTION, 2019.
48. Bruggencate TT, Luijckx KG, Sturm J. Social needs of older people: A systematic literature review. Ageing and Society. 9 2018, pp. 1745-1770.
49. Trentham B, Sokoloff S, Tsang A, Neysmith S. Social media and the senior citizen advocacy: An inclusive tool to resist ageism? Politics, Groups, and Identities. 3 2015, pp. 558-571.
50. Gauvin, FP. McMaster Optimal Aging. Break in the cycle of isolation and stay healthy get involved in your community. [Online] 01 03, 2018. <https://www.mcmasteroptimalaging.org/blog/detail/blog/2018/01/03/break-the-cycle-of-isolation-and-stay-healthy-get-involved-in-your-community>.
51. Older people and poverty in rural Britain: Material hardships, cultural denials and social inclusions. Paul Milbourne, Shane Doheny. 2012, Journal of Rural Studies, pp. 389-397.
52. Fields, A, Uppal S, LaRochelle-Cote, S. The Impact of Aging on the Labour market and participation rates. Insights on Canadian Society. s.l., Canada: Statistics Canada Catalogue no. 75-006-X, June 2017.
53. Statistics Canada. Census in Brief: Working Seniors in Canada. Statistics Canada. [Online] November 29, 2016. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016027/98-200-x2016027-eng.cfm>.
54. Spotlight on Canadians: Results from the General Social Survey: Civic engagement and political. Ottawa : Government of Canada, 2015.
55. Grey, Stephanie. Community Plan For Safety And Well-Being: Lanark County and The Town of Smiths Falls. Lanark County: Lanark County, 2018.

56. SPHERU, Saskatchewan Population Health and Evaluation Research Unit. Developing a Conceptual Framework for Information Access for Rural Seniors. 2016.
57. SPHERU, Saskatchewan Population Health and Evaluation Research Unit. Supports and Barriers to Participant Recruitment: Lessons from Rural Older Adult Exercise Intervention. Regina: SPHERU, 2015.
58. McMaster University. Social media: Can they be used by older citizens to make their voices heard? January 2, 2019.
59. National Collaborating Centre for Environmental Health. Food Deserts And Food Swamps: A Primer. Vancouver BC: s.n., 2017.
60. Nutritional Considerations for Healthy Aging and Reduction in Age-Related Chronic Disease. Shlisky J, Bloom DE, Beaudreault AR, Tucker KL, Keller HH, Freund-Levi Y. et al. 2017, Adv Nutr., pp. 17-26.
61. Nutritional risk among older Canadians. Ramage-Morin PL, Garriguet D,. 2013, Health Rep, pp. 3-13.
62. Food Insecurity is Associated With Social Capital Perceived Personal Disparity, and Partnership Status Among Older and Senior Adults in Largely Rural Area of Central Texas. Wesley R Dean, Joseph R Sharkey, Cassandra M Johnson. 2011, Journal of Nutrition in Gerontology and Geriatrics, pp. 2155-1197.
63. Physical Activity Resource Centre. Physical Activity Promotion for Older Adults: A Step by Step Guide. 2013.
64. The impact of perceived stress, social support and home-based physical activity on mental health among older adults. Kyung Hwa Kwag, Peter Martin, Daniel Russell, Warren Franke, Marian Kohut. 2011, International Journal of Aging and Human Development, pp. 137-154.
65. Public Health Agency of Canada. Seniors' Falls in Canada. Ottawa: Public Health Agency of Canada, 2014.
66. Exercise for preventing falls in older people living in the community. Catherine Sherrington, Nicola J Fairhall, Geraldine K Wallbank, Anne Tiedemann, Zoe A Michaleff, Kristen Howard, Lindy Clemson, Sally Hopewell, Sarah E Lamb. January 2019, Cochrane Library.
67. Comparisons of interventions for preventing falls in older adults: A systematic review and meta-analysis. Tricco A, Thomas S, Veroniki A et al. 2017, Journal of American Medical Association, pp. 1687-1699.
68. Interventions for preventing falls in older people living in the community. L.D. Gillespie, M.C. Robertson, W.J. Gillespie, C Sherrington, S Gates, L.M. Clemson & S.E. Lamb. 2012, Cochrane Database of Systematic Reviews.
69. Preventing falls among older people with mental health problems: A systematic review. Bunn F, Dickinson A, Simpson C, et al. 2014, BioMed Central Nursing, p. 13(1):4.
70. Ontario Public Health Association. Alcohol and Older Adults. Ontario Public Health Association. [Online] August 10, 2017. <https://opha.on.ca/Events-News-and-Media/News/Alcohol-and-Older-Adults.aspx>.
71. A. Flint, Z. Merali, F. Vaccarino. Improving Quality of Life: Substance Use and Aging. Ottawa: Canadian Centre on Substance Use and Addiction, 2018.
72. Statistics Canada. National Cannabis Survey catalogue no. 11-001-X. Ottawa: Statistics Canada, Oct 30, 2019.
73. Stacey McDonald for the Rural Ontario Institute. Ontario's Aging Population: Challenges & Opportunities. s.l. : Ontario Trillium Foundation, 2011.
74. Ontario Association of Public Health Dentistry. Ontario Association of Public Health Dentistry. [Online] December 23, 2019. <https://www.oaphd.on.ca/index.php/seniors> retrieved Dec. 23, 2019.
75. Leeds, Grenville and Lanark District Health Unit. Leeds, Grenville and Lanark Community Health Profile: Healthy Living, Chronic Diseases and Injury. Brockville: Leeds, Grenville and Lanark District Health Unit, 2017.
76. Ontario, Public Health. alcohol use. Public Health Ontario. [Online] 02 11, 2020. <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/alcohol-use>.

77. Government of Ontario. Advancing High Quality, High Value Palliative Care In Ontario. Toronto : Government of Ontario, 2011.
78. Rates of emergency department visits attributable to alcohol use in Ontario from 2003 to 2016: a retrospective population-level study. Myran DT, Hsu AT, Smith G, Tanuseputro P. 2019, Canadian Medical Association Journal, pp. E804-E810.
79. Statistics Canada. Caregivers in Canada, 2018. Statistics Canada. [Online] January 8, 2018. <https://www150.statcan.gc.ca/n1/en/daily-quotidien/200108/dq200108a-eng.pdf?st=dbirYmG9>.
80. Smedley, B, Stith, A and Nelson, A. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. s.l.: Institute of Medicine, 2002.
81. Bellamy and Hardy. Post-Traumatic Stress Disorder in Aboriginal People in Canada: Review of Risk Factors, the Current State of Knowledge and Directions for Further Research. Prince George, British Columbia : National Collaborating Centre for Indigenous Health, 2015.
82. Ontario, Association of Municipalities. Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario. 2016.
83. Longitudinal Trajectories of Quality of Life and Depression by Housing Tenure Status. Agnes Szabo, Joanne Allen, Fiona Alpass, and Christine Stephens. 2018, The Gerontological Society of America, pp. 165-174.
84. Ake Blomqvist, Frances Woolley. Filling the Cavities: Improving the Efficiency and Equity of Canada's Dental Care System. Ottawa, Ontario, Canada: C.D. Howe Institute, 2018.
85. Miller, Adena. Literature Review-Interventions for the promotion of physical activity and healthy eating in adults around the age of retirement. s.l.: Thunder Bay District Health Unit, 2018.
86. World Health Organization. Age-Friendly in Practice. Age Friendly World. [Online] 2020. <https://extranet.who.int/agefriendlyworld/age-friendly-practices/>.
87. Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. [Online] July 1, 2018. [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Ontario\\_Public\\_Health\\_Standards\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf).
88. Leeds Grenville and Lanark District Health Unit. Demographic Dashboard-Aboriginal Identity. Brockville: LGLDHU, 2016.