

Supporting aging in the right place in Canada with age-friendly community initiatives

Bryan Hong



Executive Summary

By the early 2030s, Canada is projected to become a “super-aged” country, with more than one in five of the population being older than 65 years. The vast majority of older adults express a strong desire to age safely and independently in their own homes and communities, commonly referred to as aging in place. Recent efforts have gone on to expand this concept to **aging in the right place**, to recognize that many older adults may prefer to age in a more appropriate setting that best supports their preferences, circumstances, and care needs. Despite the many benefits aging in the right place can have on health, well-being, and society more broadly, many older adults currently find it difficult to stay in their communities due to a myriad of reasons, including a lack of acceptable housing, core community supports, and social connection.

Here, the development of **age-friendly communities** can help to provide a holistic framework to better facilitate aging in the right place. The age-friendly community initiative was started by the World Health Organization (WHO) in 2007 as a framework to help communities to create policies, programs, innovations, and places that facilitate healthy aging. Here, they identify eight key domains roughly falling under three broad interconnected categories to consider when making a community more age-friendly: **(1) the built environment**, covering housing, transportation, and outdoor spaces and buildings, **(2) the community and health services**, covering community support and health services, and communication and information, and **(3) the social environment**, covering social participation, respect and social inclusion, and civic participation and employment.

This report aims to provide **an overview of current age-friendly community initiatives in Canada and how they can contribute to the ability to age in the right place**. These initiatives span across the age-friendly domains identified by the WHO, including alternative housing models, community and health support programs, AgeTech, and social programming.

Stemming from the findings from this work, this report outlines several key policy recommendations:

1. Create and foster long-term investments and partnerships to improve the availability of acceptable housing for older adults
2. Develop sustainable models to improve the availability of community supports for older adults
3. Further research towards innovative age-friendly initiatives
4. Adopt an intersectional lens into work on age-friendly initiatives

Overall, these recommendations will support promising initiatives that improve the age-friendliness of communities in Canada, ultimately helping older adults to better age in the right place.

Background

Canada is experiencing a rapid shift in its aging population. There are currently 7.5 million Canadians over the age of 65, making up 18.8% of the Canadian population¹, and this percentage is projected to increase to 21% to 29% by 2068². Canada is estimated to become a “super-aged” country by the early 2030s, with more than one in five of the population being aged 65 or over². This shifting population demographic will inevitably come with changes—although typically framed as a problem to solve, population aging presents an opportunity for the implementation of broader systemic and sustainable changes that not only promote healthy aging, but also produce communities, services, and supports that benefit all its citizens³.

One critical aspect of healthy aging to address is the ability to **age in place**. Older adults express a strong desire to age in their own homes and communities—a recent survey showed that this sentiment had increased in light of the COVID-19 pandemic, with 96% of Canadians aged 65 and over indicating a preference to age in place⁴. Ensuring the ability to age in place safely and independently is thought to be beneficial for the health, well-being, and overall quality of life of older adults^{5,6}, with the *World Health Organization (WHO)* recognizing the access to both housing and community as critical social determinants of health⁷. Further, adopting policies to facilitate aging in place can provide broader economic benefits by reducing costs associated with healthcare and long-term care^{8,9}.

However, many older Canadians currently find it difficult to maintain their homes. According to the *Canada Mortgage and Housing Corporation (CMHC)*, **28.2% of all Canadian households in core housing need* were older adult households**—affordability was the most common standard not met, with 85.6% of older adult households being in core housing need because of unaffordability alone¹⁰. This problem is exacerbated for older adults who rent their homes, with renters being over twice as likely to live in unaffordable housing than owners¹¹. In addition to the already rising cost of living¹² and existing financial concerns with aging¹³, older adults may experience unique challenges beyond these core housing needs, stemming from factors such as changes in their health and finances¹⁴. For example, older adults may require modifications to their homes (e.g., steps, ramps, lighting, handles, etc.), or additional support from caregivers and their broader community because of changes in their physical or cognitive health.

Moreover, it is imperative to recognize that not all older adults have the desire to age in place, leading to recent efforts to extend the concept of aging in place to **aging in the**

* The CMHC defines acceptable housing as meeting three standards: (1) Adequate, not needing repairs, (2) Suitable, having enough bedrooms for the household, and (3) Affordable, costing less than 30% of before-tax household income—a household is said to be in *core housing need* if at least one of these standards are not met.

right place^{9,15,16}. The *National Institute on Ageing* refers to aging in the right place as “the process of enabling healthy ageing in the most appropriate setting based on an older person’s personal preferences, circumstances and care needs”, recognizing that aging in place may not be desired, ideal, or feasible to all older adults. This broadens the concept of aging in place to better accommodate the ability to choose where one lives¹⁷.

The Canadian government has committed to ensuring adequate housing to all Canadians, adopting **a human-rights approach to housing** in its *National Housing Strategy (NHS)*¹⁸. Under the NHS, older adults are recognized as a vulnerable population, and thus, any efforts to better support aging in place will necessitate addressing the needs specific to older adults. This includes investment in available home and community care services, requiring collaboration between stakeholders at the federal, provincial/territorial, and local level.

One promising approach to supporting aging in the right place is the development of **age-friendly communities**^{19,20}. The WHO developed the *Global Age-Friendly Guide* in 2007, recognizing the importance of creating physical and social environments that support healthy and active aging for all older adults. Here, they outlined eight interconnected domains where policies, programs, innovations, and places could be developed to become more age friendly, roughly falling under three broad categories²¹: **(1) the built environment**, covering housing, transportation, and outdoor spaces and buildings, **(2) the community and health services**, covering community support and health services, and communication and information, and **(3) the social environment**, covering social participation, respect and social inclusion, and civic participation and employment (Figure 1). Importantly, these categories are not mutually exclusive, and in many instances, are overlapping and synergistic. The goal towards developing more age-friendly communities is also reiterated in the *United Nations Decade of Healthy Aging (2021-2030)* platform²².

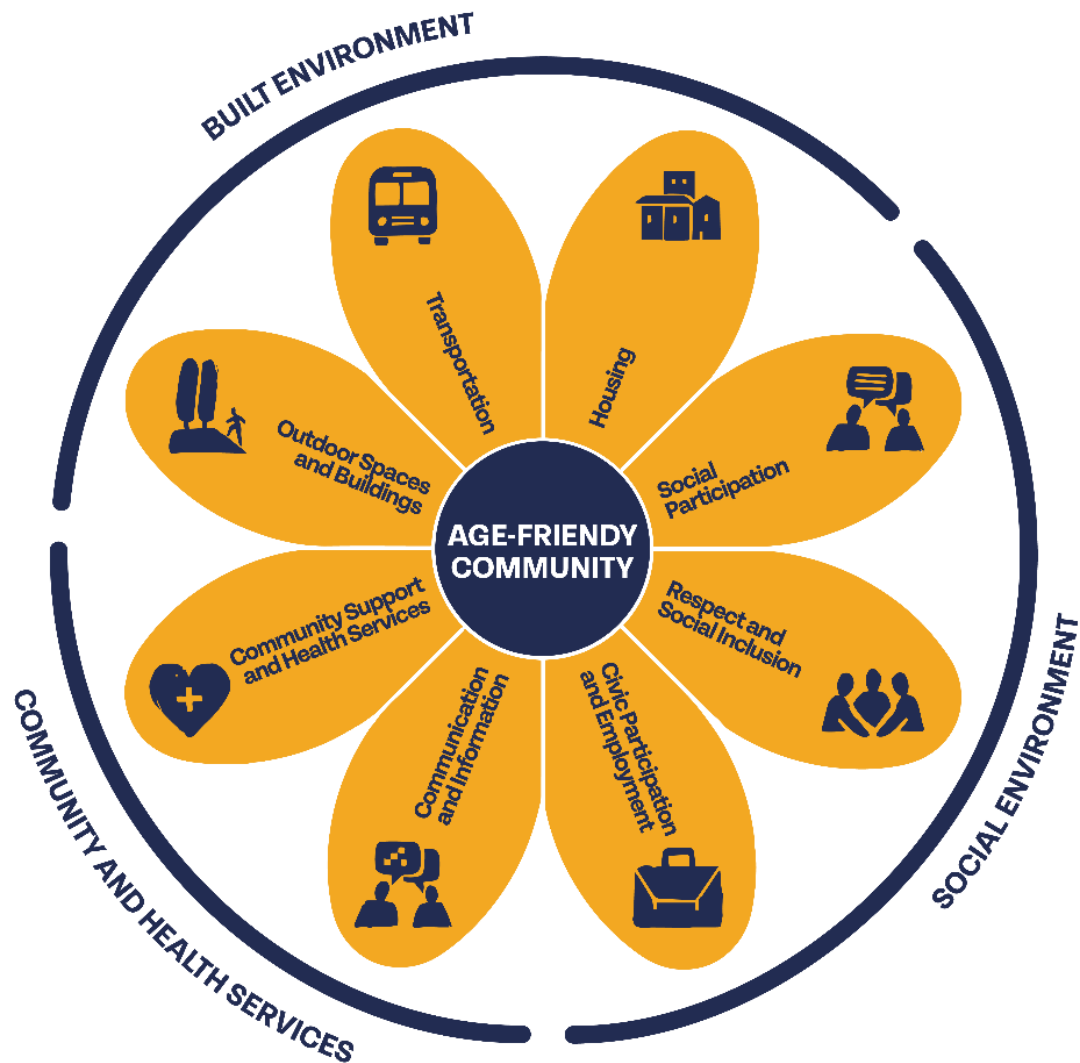


Figure 1. Eight domains identified in the Global Age-Friendly Guide by the WHO to develop age-friendly communities, roughly grouped into (1) the built environment, (2) community and health services, and (3) the social environment. Figure adapted from WHO (2023).

The age-friendly community framework takes a more holistic perspective in addressing aging in the right place. In addition to directly identifying the importance of housing, this framework factors in other aspects that are essential for facilitating aging in the right place, including transportation, public spaces, social inclusion, and community support and health services²³. Accordingly, the development of more age-friendly communities has the potential to significantly improve the ability to age in the right place²⁴. Figure 2 presents a theory of change for age-friendly initiatives and their potential downstream outcomes²⁵. Evidence suggests that the age-friendliness of a community is positively linked with the ability and intention to age in place^{26,27}.

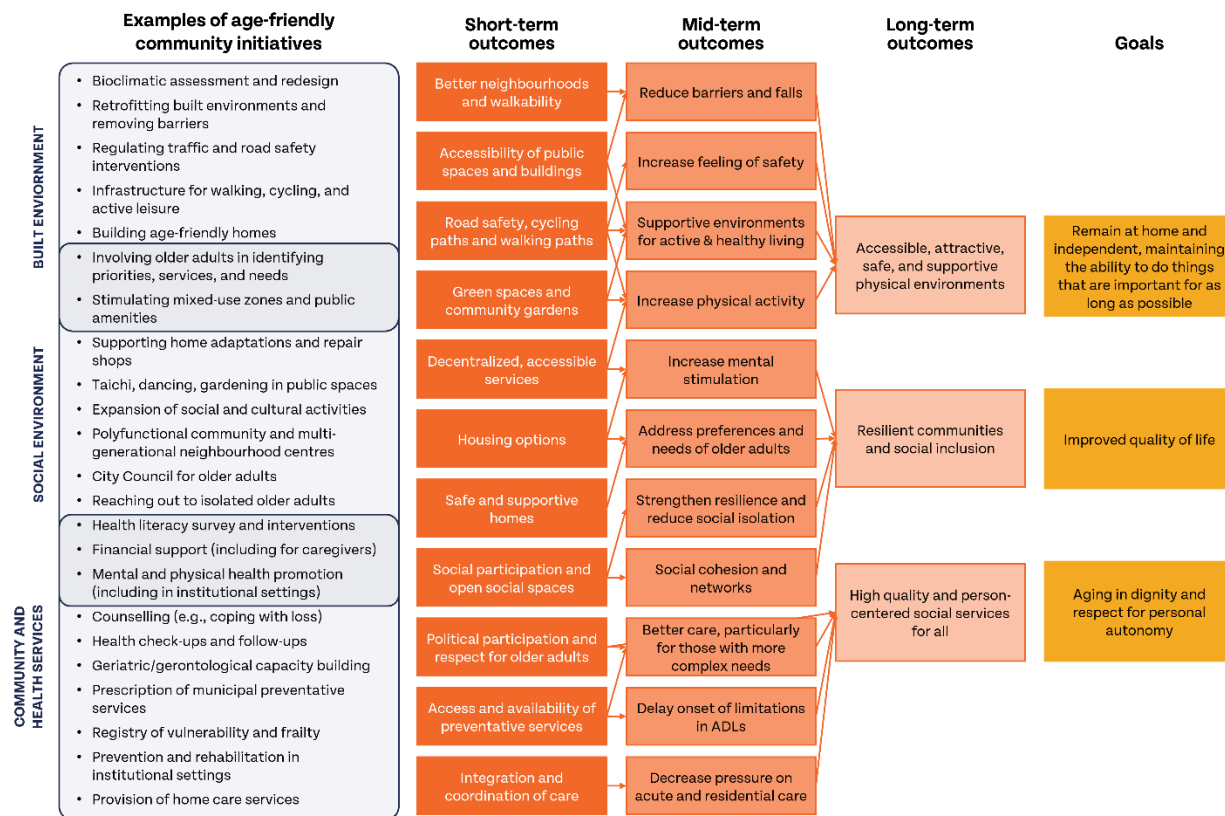


Figure 2. Theory of change model describing examples of age-friendly initiatives and their potential outcomes, which includes ultimately helping older adults stay healthy and engaged in their communities for as long as possible. Figure adapted from Jackisch et al. (2015).

To date, Canada has made significant progress in developing age-friendly communities, with age-friendly community initiatives taking place across all ten provinces and one territory, spanning approximately 800 communities²⁸. Despite this, there remains a wide gap between the promising outcomes of age-friendly communities and the experiences of older Canadians. Many are currently experiencing difficulties in their ability to age in the right place, living with core housing needs¹⁴ and needing support services²⁹. There is a need to better understand and act upon the opportunities and challenges afforded by age-friendly community initiatives to facilitate aging in the right place.

Research Approach

To identify the current state of age-friendly community initiatives that can facilitate aging in the right place in Canada, a rapid scoping review was conducted using the five-stage framework outlined by Arksey & O’Malley³⁰, and further enhanced by recommendations by Levac et al³¹. Due to time constraints, meetings with stakeholders were not conducted. An electronic search was conducted in the MEDLINE, Embase, APA PsycInfo, PubMed, Scopus, and Web of Science databases using the keywords in Table 1, following the population, concept, and context (PCC) framework³². Searches were limited to articles written in English within the last 10 years (i.e., 2013 – present).

Table 1. Keywords for scoping review search, following the PCC framework.

Population	(“aging” OR “older adults” OR “seniors” OR “elderly”)
Concept	(“age friendl*” OR “elder friendl*” OR “aging in place” OR “age in place” OR “aging in the right place” OR “age in the right place” OR “aging in community” OR “age in community”)
	(“intervention” OR “initiative” OR “practice” OR “program” OR “policy” OR “strategy”)
Context	(“Canad*”)

Note: Searches used all keywords above, with each row separated by a Boolean AND operator.

Search results were exported into Covidence, a systematic review management tool, to remove duplicate articles and to facilitate screening at both the title and abstract stage, and the full-text stage. Inclusion criteria included articles that focused on an age-friendly community initiative, broadly defined as one that is related to at least one of the domains described in the WHO Global Age-Friendly Guide¹⁹, that helps older adults to better age in the right place. Initiatives in a Canadian context were the primary focus of this report, although initiatives taking place internationally were also considered if they could potentially be implemented in Canada. Further, only primary research articles with empirical evidence reported were included, with both quantitative and qualitative results being eligible—book chapters, review articles, study protocols, commentaries, letters, conference abstracts without available findings, etc. were excluded. Google searching and reference list searching was conducted to identify any relevant grey literature using similar criteria as described above. In addition, federal, provincial, territorial, and municipal websites outlining age-friendly community practices in their respective regions were reviewed where available. All searches were conducted between December 2023 and February 2024.

Key Findings

The rapid scoping review found numerous age-friendly initiatives across Canada, spanning the eight domains described by the WHO, that facilitate the ability for older adults to age in their communities. A broad overview of the different age-friendly initiatives, along with specific examples, is provided below, along with specific case studies and potential opportunities and challenges. The findings here are not intended to be an exhaustive list of every age-friendly initiative, but rather an overall summary of work taking place in Canada and how it facilitates aging in the right place.

Built environment

Improving the age-friendliness of the built environment is arguably the most important step towards facilitating aging in the right place, with developing and providing acceptable housing options that address the unique needs of older adults being particularly critical. Many NHS-funded projects are working to increase the overall supply and affordability of housing for older adults, encompassing projects that are developing new purpose-built rentals and affordable homes^{16,33-36}, updating existing housing policies³⁷⁻³⁹, exploring novel housing innovations (e.g., modular houses, laneway houses, retrofits, etc.)⁴⁰⁻⁴³ and ownership models (e.g., community land trusts)⁴⁴⁻⁴⁶.

In addition, many age-friendly initiatives are exploring the potential of alternative housing models to improve access to community and core support services. This in turn helps older adults remain in their homes and communities, with estimates suggesting that better access to home and community care could delay or prevent up to 30% of admissions to long-term care⁴⁷. These alternative housing models are particularly promising for older adults who are in the **Missing Middle** of housing options (Figure 3)^{48,49}. This Missing Middle encompasses low to middle income older adults who need low to moderate levels of support to age in their communities and is estimated to make up approximately 65% of older adults⁴⁸. Importantly, these alternative housing models do not need to come at the expense of improvements in long-term care, which is necessary to ensure that older adults who require higher levels of care are able to age in their communities⁵⁰.

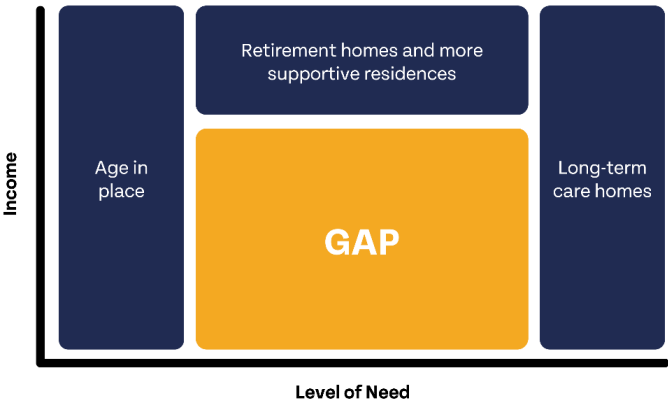


Figure 3. Schematic illustrating the gap for older adults in the Missing Middle of housing options. This includes low to middle income older adults who need low to moderate levels of support to live independently. Figure adapted from Ismail-Teja et al. (2020).

Some promising alternative housing models in Canada include:

- **Cohousing communities**^{51,52}. These are intentionally planned communities characterized by private units (with bedrooms, bathrooms, kitchens, etc.) with accompanying shared spaces (e.g., common house, garden, community kitchen, etc.). This housing model is not exclusive to older adults but can be an effective means for enhancing their quality of life.
- **Naturally Occurring Retirement Communities (NORCs)**⁵³⁻⁵⁵. These are communities not intentionally designed for older adults but come to accommodate a high density of older adults naturally over time. This provides the potential to make home care and community support services more accessible and to enhance social well-being.
- **Homesharing**^{56,57}. This is a shared living arrangement between an older adult, who would typically otherwise be living alone, with another individual seeking affordable housing—this comes with the specific intention of providing support to the older adult with day-to-day tasks (e.g., home maintenance, meal preparation, transportation, etc.). Although homesharing can occur between two older adults, this model can also facilitate intergenerational connections, typically between an older adult and a university student.
- **Dementia villages**^{58,59}. This refers to a residential person-centered care model for individuals with advanced dementia. These involve neighbourhoods that are designed to provide a safe living environment that allow residents to live how they would prior to admission to the village.

Beyond housing, initiatives addressing transportation are needed to improve the age-friendliness of the built environment. Transportation facilitates access to amenities including healthcare, shopping, and social engagements, and age-related driving cessation can be a particular challenge for many older adults, especially those living outside urban cities⁶⁰. Here, age-friendly initiatives such as free public transit programs⁶¹, paratransit systems⁶², and community transportation programs⁶³ can benefit older adults who may otherwise lack many transit options.

Lastly, the age-friendliness of outdoor spaces and buildings in the community can contribute to the quality of life of older adults. Designing outdoor spaces and buildings with older adults in mind can promote mobility and independence, physical activity, and social connection^{43,64-66}. Working directly with older adults is imperative when improving the age-friendliness of outdoor spaces and buildings, with participatory approaches helping to identify opportunities and challenges to address in environmental features such as stairs, sidewalks, doors, benches, parks, and green spaces⁶⁷. Broader policies on the outdoor spaces, such as zoning changes, can also be considered to promote age-friendliness since these can help promote other modes of transportation (e.g., walking, biking, etc.) and create spaces for social activity²⁹.

Community and health services

Access to and awareness of community and health care services are imperative to allowing older adults to age independently in their communities for longer, with many older adults often feeling the need to move due to the occurrence or fear of a crisis in care¹⁴. Specifically, there is a need to improve upon **core community supports**, which provide services beyond primary health care^{24,29}. Core community supports include both **home care services**, which are in-home health-related supports typically delivered by trained professionals, and **home supports**, which are non-health-related services (e.g., housekeeping, meal preparation, transportation assistance, etc.)²⁹. These supports are critical for maintaining the health and independence of older adults, particularly those with additional care needs. Core community supports typically fall outside of the federal jurisdiction of the *Canada Health Act*, and consequently, common challenges to service provision include limited resources (e.g., finances, support providers), and variance in their availability, affordability and eligibility criteria across geographic locations (e.g., rural and remote communities, between provinces)^{24,29}.

In addition to the alternative housing models integrating housing and support services described previously, many age-friendly initiatives are looking at potential ways to improve the access to and delivery of community and health services, including:

- **Seniors' Campus Care Continuums**⁶⁸. Also commonly known as Seniors' Villages, these refer to an organization, or formal combination of organizations, that integrates the supply and delivery of a wide range of support services at a single location.
- **Community paramedicine programs**⁶⁹⁻⁷¹. This involves having community paramedics provide non-emergency services, including health assessments, health education and promotion, and referrals to primary care and community services. These programs can be delivered to communities with a high density of older adults, and have been successfully implemented in urban, suburban, rural, and remote communities.
- **Postal worker-led community support services**⁷². This involves having postal workers provide regular home check-ins with older adults. This serves as a potential point of contact in case further support services are necessary and can be particularly helpful for older adults living in more rural and remote settings.
- **Community health promotion programs**⁷³⁻⁷⁶. Although aging is typically associated with changes in physical and cognitive health, much research has demonstrated a link between healthy aging and lifestyle modifications (e.g., exercise, diet, sleep, etc.)⁷⁷⁻⁷⁹. Community health promotion programs aim to improve knowledge of and encourage behaviour change in these modifiable risk factors as a means to enhance healthy aging—this can also include raising awareness of existing services, supports and resources in the community.

Moreover, innovations in **AgeTech**, or technologies explicitly designed for older adults and/or their caregivers, can provide a significant opportunity to improve the quality of care and support⁸⁰. A recent survey showed that 76% of Canadians felt confident using technology, and that 67% were willing to pay out-of-pocket for technology that would help them age in their homes⁸¹. These solutions can benefit a wide range of potential supports and services, with AgeTech spanning remote monitoring, sensors, wearables, telehealth, medical devices, assistive tools, communication tools, and health information tools⁸². These technologies hold particular promise for supporting informal caregivers of older adults⁸³ and for improving support for older adults living in more rural settings⁸⁴. Importantly, it is critical to view AgeTech as a means of complementing and supporting, rather than replacing, the work of people providing community and health services⁸⁰.

Social environment

Beyond the built environment and provision of support and services, it is also important to consider the social environment of older adults in their communities. Social participation, including with friends, family, and/or the broader community, contributes to the health, well-being, and sense of belonging in older adults by means of increased social support and social cohesion⁸⁵. However, social isolation is a prominent issue for many older adults, with an estimated 30% of older Canadians being at risk of becoming socially isolated⁸⁶. Further, this may be further exacerbated for older adults living in more rural locations, who tend to have lower social participation⁸⁷.

Social connectivity is thought to serve as an underlying benefit of age-friendly initiatives more broadly, with all of the aforementioned initiatives helping to facilitate social connection in some capacity^{88,89}. Age-friendly initiatives can also contribute more directly to the social environment, such as those providing social programming^{90,91} and volunteering roles^{92,93} geared towards older adults.

Critically, meaningful engagement of older adults should underlie any age-friendly initiative at all stages of development, from conception to implementation to evaluation²⁰. The *Public Health Agency of Canada* has outlined the formation of an advisory committee that actively engages with older adults as a key milestone for any community that is aiming to become more age-friendly^{94,95}. Here, active engagement can include proportional committee representation of older adults, participation in decision making, and regular email and direct communication.

Policy Recommendations

This report outlines some of the current opportunities and challenges towards supporting older adults to age in the right place and further, describes how adopting a framework that promotes the development of age-friendly communities can provide a holistic approach towards addressing the needs of older adults. Below are policy recommendations for all levels of government, drawing from common themes in the reviewed literature, to help improve the age-friendliness of their communities.

RECOMMENDATION 1

Create and foster long-term investments and partnerships to improve the availability of acceptable housing for older adults

Despite encouraging progress on the age-friendliness of Canadian communities, there remains a major barrier of access to housing^{14,24}. Although the Government of Canada has taken a major step towards addressing housing by recognizing housing as a fundamental human right and committing almost \$40 billion to date in its 10-year in its National Housing Strategy, **continued and sustained investment is needed to increase and maintain the supply of acceptable housing that address the housing needs of older adults**¹⁸. Importantly, these housing options should span across the spectrum of care needs and income statuses of older adults.

In addition to programs geared specifically towards older adults, there lies an opportunity in **forming and partnering with a diverse set of stakeholders to raise awareness and adoption of an age-friendly approach**. This can produce more transdisciplinary and comprehensive initiatives where age-friendly principles can be embedded within developments that are addressing other priority areas for action, such as sustainable housing and affordable housing development⁹⁶.

RECOMMENDATION 2

Develop sustainable models to improve the availability of community supports for older adults

Additionally, there needs to be further policy change and investment to improve the provision of community supports for older adults^{24,29}. Limited resources (both in terms of finances and care providers) and availability across geographic regions being common issues identified across age-friendly initiatives providing care and services to older adults. Here, governments at all levels can work together alongside key stakeholders (e.g., older adults, healthcare providers, community organizations, non-profit organizations, researchers, etc.) to **establish guidelines and sustainable long-term funding models for delivering core community supports**, including both home care services and home supports.

Recommendations 1 and 2 also have the added benefit of contributing towards the social connectivity of older adults, which can pose a challenge for successfully aging in community^{24,86}. Like other age-friendly initiatives, investing in housing and support services with older adults in mind will help to promote social engagement^{88,89}.

RECOMMENDATION 3

Further research towards innovative age-friendly initiatives

Many of the age-friendly initiatives identified in this report are exploring innovative ways to address aging in the right place. These initiatives span across the eight domains in the WHO Global Age-Friendly Guide, including novel housing models, community care programs, policy changes, and AgeTech solutions. However, the need for continuing research is commonly mentioned to better understand factors such as their long-term outcomes and effective means for scalable implementation.

Ongoing investment to enable research into the development, validation, and implementation of these age-friendly initiatives is needed to generate an evidence-base that informs policy decision-making. In addition to directly funding research projects, research support should also come in the form of capacity building to train new researchers, knowledge translation to improve awareness of current findings, and interdisciplinary collaborations to bring together researchers with diverse sets of perspectives and expertise.

RECOMMENDATION 4

Adopt an intersectional lens into work on age-friendly initiatives

Recognizing the diversity and working to address the needs of all older Canadians was a recurring theme mentioned across many age-friendly initiatives, particularly those who may come from historically marginalized and/or underrepresented groups (e.g., Indigenous⁹⁷, racialized communities¹⁶, sexual orientation and gender identity⁹⁸, older adults experiencing homelessness⁹⁹, etc.). **Adopting an intersectional lens when undertaking research for any age-friendly initiative is imperative** to properly understand and address the different experiences of aging based on other social identities, which may contribute to systemic inequities and discrimination that pose a significant challenge to aging in community.

Governments should consider emphasizing research projects that take a **community-based participatory approach** to age-friendly initiatives, where researchers work together with community stakeholders to co-construct knowledge¹⁶. Although this requires significant effort, commitment, and resources, meaningfully engaging with older adults that are representative of their communities can help to ensure that age-friendly initiatives better address the needs of those they aim to serve.

Additional Resources

Key reports on ageing in the right place in Canada

- [Ageing in the right place: Supporting older Canadians to live where they want - National Institute of Ageing \(2022\)](#)
- [Enabling older adults to age in community - Prepared for the Federal, Provincial and Territorial Forum of Ministers Responsible for Seniors \(2022\)](#)
- [Report on housing needs of seniors - Prepared for the Federal, Provincial and Territorial Forum of Ministers Responsible for Seniors \(2019\)](#)
- [Core community supports to age in community - Prepared for the Federal, Provincial and Territorial Forum of Ministers Responsible for Seniors \(2019\)](#)
- [Social isolation among older adults during the pandemic - Prepared for the Federal, Provincial, and Territorial Forum of Ministers Responsible for Seniors \(2021\)](#)

International initiatives on age-friendly communities

- [Global age-friendly cities: A guide - World Health Organization \(2007\)](#)
- [National programmes for age-friendly cities and communities: A guide - World Health Organization \(2023\)](#)
- [The UN Decade of Healthy Ageing \[2021-2030\] Platform - The United Nations](#)

Resource hub (including toolkits, evaluation guides, etc.) for age-friendly communities in Canada

- [Age-Friendly Communities - Public Health Agency of Canada \(2023\)](#)

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