National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

LEARNING FROM PRACTICE:
PROMOTING WELL-BEING AND HEALTH EQUITY AMONG OLDER ADULTS

BACKGROUND

Healthy aging is a process that occurs throughout the life course.[1] The focus of the United Nations (UN) Decade of Healthy Ageing 2021-2030[2] is to improve the lives of older people, their families and the communities in which they live. Four areas for action are identified: disrupting ageism, creating age-friendly environments, providing integrated care and ensuring access to long-term care when needed. As life expectancy and the proportion of older adults in the population increase, more action is needed on root factors to promote healthy aging.

In 2019, there were approximately 6.6 million people aged 65 years and over in Canada, representing almost one fifth (20%) of the total population in Canada. This number is projected to

increase to about 10.7 million by the year 2040, which will be close to one quarter (25%) of all people in Canada.[3] The social determinants of health influence health outcomes across the life course, starting in early childhood and accumulating throughout education, youth, adulthood, employment and all life stages including age 65 and beyond. However, there is limited attention in research and practice to primary prevention and health promotion programs and services in Canada that promote well-being and address health inequities among older adults, especially in areas outside of densely populated cities.[4] Shifting the focus from individual to structural determinants and moving beyond defining health as the presence or absence of disease, draws attention to the root causes of health inequities experienced by older adults.[5]

This resource is part of the Learning from Practice series. Visit www.nccdh.ca for other case studies in the Learning from Practice series.

BRINGING TOGETHER HEALTH PROMOTION AND HEALTH EQUITY FOR OLDER ADULTS

Recognizing health inequities experienced by older adults in Canada and the need for comprehensive health promotion and public health approaches, the National Collaborating Centre for Determinants of Health (NCCDH), Health Promotion Canada and the editors of *Promoting the health of older adults: The Canadian experience* [6] collaborated to share knowledge and draw on the expertise of practitioners and scholars across Canada who are working to improve the health of older adults. This Learning from Practice document describes these collaborative efforts and learning.

Promoting the Health of Older Adults webinar series

From January to June 2022, the NCCDH and Health Promotion Canada codeveloped a series of webinars based on content from the 2021 book *Promoting the health of older adults: The Canadian experience*.[6] The goals of this webinar series were to:

- bring together the disciplines of public health, health promotion and gerontology to explore the intersections of healthy aging, equity and the social determinants of health;
- highlight research, policy and practice examples that promote equity and healthy aging; and
- explore how public health action to promote health equity for older adults is a fundamental aspect of population health promotion.

In celebration of the 35th anniversary of the Ottawa Charter or Health Promotion, each of the five webinars in this series was based on one of the key strategies for action in the Charter:

Webinar 1: Public policy for equity and healthy aging
(Ottawa Charter strategy – Building Healthy Public Policy)
This webinar explored policies and programs to support the health of older adults, with attention to systems and practices that create health inequities.

Webinar 2: Equity and age-friendly communities
(Ottawa Charter strategy – Creating Supportive Environments)
This webinar explored research, policy and program developments that focus on building age-friendly communities and environments that promote health and quality of life.

Webinar 3: Community engagement for equity and healthy aging
(Ottawa Charter strategy – Strengthening Community Action)
This webinar explored opportunities for — and challenges to — community engagement through strengthening participation by older adults who face challenges related to discrimination and a lack of resources for health.

Webinar 4: Digital literacy as an equity-focused strategy for older adults
(Ottawa Charter strategy – Developing Personal Skills)
This webinar explored how health literacy and digital literacy influence the building of personal health-promoting skills among older adults, and the inequities and barriers faced by many older adults in Canada.

Webinar 5: Reorienting health services for health equity of older adults
(Ottawa Charter strategy – Reorienting Health Services)
This webinar explored the importance of reorienting health services for older adults to promote health equity, address the social determinants of health and shift from an illness to a wellness approach.

The popular webinar series had a total of 1,252 registrations (951 unique registrations) including participants from the sectors of public health, health promotion, gerontology, long-term care, mental health, housing, communities and municipalities, research and academia, government (federal, provincial/territorial), non-profit, primary care, and private citizens.

Canadian Association of Gerontology conference

Following the webinar series, the NCCDH and Health Promotion Canada offered an interactive workshop at the Canadian Association of Gerontology conference held in Regina, Saskatchewan on October 20–22, 2022. The workshop provided an opportunity to validate the equity themes that emerged during the webinar series, enhance the knowledge gained and reveal additional opportunities and challenges to addressing health equity among older adults. The objectives of the workshop were to:

• identify and discuss health equity issues facing older adults;

• highlight research, policies and practices that promote equity and healthy aging;

• explore interdisciplinary approaches and policies to promote health and quality of life of older adults; and

• identify actionable strategies to promote health equity among older adults.

Participants attending the workshop included academics (Canadian and international), federal policy advisors, researchers, community-based organizations, provincial seniors' advocates, public health practitioners and health promotion advocates. Workshop participants were asked three questions about the equity themes presented:

1. How does this theme reflect your experience?

2. What more needs to happen in this area to achieve health equity among older adults?

3. Are there models and examples of action you have seen work in your field?

Notes from the interactive discussion were recorded, summarized and distributed to participants following the workshop.

WHAT WE HEARD: HEALTH INEQUITIES EXPERIENCED BY OLDER ADULTS

Speaker presentations, participant comments during the webinars and evaluation responses revealed key equity themes that emerged across several sessions. These themes were validated and enhanced with additional context at the Canadian Association of Gerontology workshop. The following represents an overview of the themes — more specific details can be found by reviewing the webinar recordings described above (see page 2).

Housing

Housing was a prominent theme, including issues of affordability, adequacy, accessibility, safety and availability. How we develop age-friendly housing policies and practices to meet the unique needs of aging Canadians came up in community, government, organization and individual discussions. Discrimination against older adults related to their housing needs and the lack of government response on affordable housing options for older adults living independently were among most frequently cited concerns. Other housing-related barriers included excessively long waiting lists for affordable housing, lack of quality subsidized housing, low housing availability in proximity to health care and other amenities needed by older adults, and inadequate housing for Indigenous Elders.

Alternative housing models highlighted include intergenerational models, tiered levels of care while living independently, home-sharing and cooperative housing. All of these models were described as having a positive impact on reducing isolation and increasing engagement with community. A foremost consideration was ensuring that all aging people in Canada, regardless of socioeconomic status, identity or location, have a choice of alternative and sustainable forms of housing and the opportunity to engage meaningfully in those decisions. Facilitating intergenerational relationships through multigenerational living was discussed as a way to enhance social connections with loved ones, address loneliness and possibly address broader housing challenges across age and income levels.

Culture and diverse experiences

Older adults in Canada include people who are immigrants and newcomers, Indigenous peoples, racialized communities, and those in the 2SLGBTQI+ community. The diversity of older adults was profiled as having lived expertise of inequities, marginalized by systems of poverty, social isolation, lack of appropriate resources, racism, judgement, ageism and apathy of service providers toward their unique needs. These intersectional identities of older adults also included factors related to geography (e.g., rural and remote communities) that impact access to services; lack of inclusivity in public policies; and cultural congruence needed in service delivery. Stigma based on age (ageism) combined with discrimination associated with diverse identities was seen to compound the cumulative risk for poor health and well-being.

A disconnect between policy and funding to meet the needs of aging community members was described as presenting barriers that minimize opportunity and voice for older adults to participate in processes that shape the conditions of their everyday lives. Supports for newcomer and immigrant older adults that engage and educate people "where they are at" were seen to lessen isolation and support them to feel valued, seen and heard. These included intergenerational programming that connects youth with older adults in their first language; a central gateway (in person and online) for older adults to access government services and health care; and mental health promotion initiatives for older adults with diverse cultural, linguistic, religious, racial and gender/ sexuality identities.

Social exclusion and loneliness

Respect and social inclusion were positioned as fundamental in promoting well-being and health equity, especially for older adults who are experiencing stigma and discrimination, living on a low income, racialized or part of the 2SLGBTQI+ community. Community resources and amenities, geographic location, population size and social capital remind us that one size does not fit all. Suggestions for reorienting health services to reduce social isolation and loneliness highlighted the intersection of mental health, social services and primary care. Social prescribing[7] was noted as an effective strategy for bringing hope and connection through policy change. Social prescribing was described as having the potential to reconnect community and health care services to target the social determinants of health, not only to reduce social exclusion and loneliness but also to counter racism and ageism and to improve conditions for older people living with low income and housing challenges. Other prominent suggestions for reducing exclusion and loneliness included sociopolitical involvement and activism programs encouraging older adults to become agents of change within their community, to influence decision-making or seek social change for a more inclusive society.

Digital health literacy

Digital health literacy and how it intersects with other issues such as income, housing, education and social integration was highlighted as an important issue. Limited digital health literacy skills among some older adults impact access to many social, educational, recreational, occupational and health-related services that are partially or only accessible through online spaces. There was a concern that relying on digital platforms to deliver health and social programs could increase the risk of isolation for older adults because there would be fewer in-person options offered, complicated by requiring online registration and/or payment. Barriers to accessing and using digital services for older adults included lack of digital infrastructure in rural and remote communities as well as the high cost of devices, data plans and tech support. Other barriers mentioned included fear about accessing health services online due to privacy concerns and the risk of exploitative activities, and feeling excluded from online spaces due to limited representation of language and cultural diversity, particularly for racialized communities.

These inequities resulting from the digitization of health services were seen to limit access to health care services, increase the risk of food insecurity and hurt the independence of older adults because they may need to rely on others to facilitate virtual spaces. Stigma related to the ageist belief that older adults are "too old to learn" how to use digital services was also highlighted. As counteraction, suggested promising practices included strengthening the skills of patient and family advisors to support older adult digital technology use; designing intergenerational programs that engage youth as mediators; using teachers and tech assistants to support older adults with learning and applying digital skills; advocating for access to internet and digital devices as assistive technology; and implementing participatory and codevelopment models where older adults with diverse physical and mental abilities are involved in the design of apps and platforms.

Engagement in community and systems change

The importance of engaging older adults in community to increase social inclusion as well as inform health strategies was a common thread throughout the discussions. Many participants suggested that developing and maintaining age-friendly environments requires that top-level policy-makers be informed by what is done at the local level and listen to diverse populations of older adults, especially Indigenous Elders. Gathering the voices of older adults who are continually excluded from public policies pertaining to health later in life, such as people facing structural inequities (e.g., living in poverty and facing homelessness), was positioned as central to creating equitable community health policies. Opportunities for aging activism were also highlighted.

WHERE WE'RE GOING: OPPORTUNITIES FOR INFLUENCING HEALTH AND HEALTH EQUITY

In addition to the equity themes discussed above, several opportunities emerged for influencing and shifting systems to better promote the health and well-being of older adults. The following represents a high-level overview of those opportunities — more specific details can be found by reviewing the webinar recordings outlined on page 2.

Nutcracker effect

Leadership and initiatives from upper levels combined with pressure and capacity at the community or societal level work together to "crack the nut of equity."[8] Participants and presenters reinforced that top-down leadership and the investment of resources are critical, but not the top-down imposition of a plan for how to implement. They also emphasized promoting health among older adults through addressing the root systemic causes of oppression and health inequities, and including older adults in the development, design, implementation and evaluation of strategies. A combination of community organizations and public pressure was positioned as necessary to influence governments to act and fund programs, improve budgets, design service models and create age-friendly policies. Support through a top-down provincial approach to healthy aging in addition to ongoing promotion and support from community foundations, non-governmental organizations and community members represents a "nutcracker" approach.

The example of age-friendly communities was profiled several times as a model for top-down supports combined with bottom-up foundations. While going through the process to become designated as an age-friendly community, municipalities must root their efforts in global policies such as the World Health Organization (WHO) framework for age-friendly cities and communities,[9] which positions consultation with older people and their families as foundational to identifying and addressing barriers to the well-being and participation of older people in eight interconnected domains of daily life. Another essential global policy to support local efforts is the UN Madrid International Plan of Action on Ageing,[10] which involves a participatory bottom-up approach engaging civil society and older persons themselves, designed to assist member states in receiving feedback on the policies and programs they have implemented.

Life course and intergenerational approaches

For older adults, health is the result of a lifetime of influences. Accelerated aging and poor older adult health due to cumulative stress and exposure to health and social inequities over a lifetime require a life-course policy approach. Shifting the focus of older adult health from institutions into the community and addressing social determinants of health at earlier life stages support a life-course perspective. This reinforces the perspective that, in order to have healthier older adults, we need healthier younger adults, healthier families and healthier communities before aging happens. Public policy that focuses on the needs of families (defined in diverse models) through a multigenerational approach was described as an important foundation for considering older adult health as a continuum across the life course. Using person-centred approaches to raise the voices of people living with low income, inadequate housing and lower levels of education at all life stages is necessary to achieve this shift.

Policy and systems change

Policy at a systems level was a central theme in the workshop discussion. Participants emphasized the need for health ministries to collaborate in systematically and consistently collecting sociodemographic data critical to making underlying inequities and their roots causes visible. Other policy priorities included increasing awareness of citizens and policy-makers of the effects of the growing two-tier (public/private) system of health care, and mandating age-friendly communities and age-friendly environments at all levels of government through ongoing support and funds. There was strong support expressed for a policy integrating a healthy aging standard into public health mandates at the provincial/territorial level, as well as requiring cultural competence training in healthy aging and older adult equity for regulated health care providers.

A number of international policy frameworks to support national and local action on health equity among older people were noted. In addition to the WHO framework for age-friendly cities and communities[9] and the UN Madrid International Plan of Action on Ageing[10] (described above in the "Nutcracker effect" section), several other frameworks and supporting materials were identified to promote health among older adults and support their full participation in civic and cultural life. These important frameworks include:

- The WHO active aging policy framework[11] recognizes the importance of physical and social environmental characteristics (e.g., feeling unsafe, barriers to mobility) and recommends that decision-makers and professionals implement supportive strategies (e.g., self-administered community groups and mutual aid groups) to reduce risks of social isolation and loneliness.
- The 5P framework for active aging[12] uses an ecological approach to emphasize relationships between person, process, place, prime (health) and policy-making.
- The WHO's *World report on ageing and health*[13] provides a framework for action centred on the notion of functional ability: the combination of the intrinsic capacity of the individual, relevant environmental characteristics, and the interactions between the individual and these characteristics.
- The WHO's *Framework for countries to achieve an integrated continuum of long-term care*[14] helps guide countries in implementing sustainable and equitable long-term care actions by shaping long-term care systems as part of universal health coverage programs and promoting investment in long-term care and the health workforce, including caregivers.

- The UN briefing paper *Health inequalities in old age*[15] suggests policy approaches for addressing health inequalities among older people due to accumulated multiple barriers.
- *Healthy aging in Canada: A new vision, a vital investment*[16] explores investing in healthy aging through a multifaceted approach built around mutual aid, supportive environments and self-care.
- *Un Québec pour tous les âges: Le plan d'action 2018-2023*[17] focuses on five priority areas for healthy aging: increased municipal action, improved local and regional support for social participation, initiatives that support caregivers, increasing home support services, and consultation across sectors to address the challenges to health among older people.

A poll of webinar participants (Webinar 5: Reorienting health services for health equity of older adults) asked "Where should we focus our efforts to effect (policy) change?" The priority areas indicated in participant responses include:

- Local public health agencies to place greater emphasis on meeting the needs of older adults and leading a cultural shift. (67%)
- Federal/provincial/territorial ministers responsible for health and/or seniors as well as unelected senior officials to develop a collaborative strategy on healthy aging in Canada. (60%)
- Equip health care and public health professionals, including policy-makers, with the needed knowledge and skills to promote healthy aging. (60%)
- Provide national leadership (e.g., Public Health Agency of Canada, National Seniors Council). (48%)
- Non-governmental organizations to share success stories, build awareness and advocate for change. (42%)

Key partnerships across sectors

Government collaboration with non-governmental organizations was a frequently mentioned partnership necessary to promote health among older adults. An integrated approach to enabling access to services was noted as central to addressing inequities for older adults. This would include a cross-sectoral approach to decision-making and governance, and a balance between political leadership and the rights of the older adult community for adequate implementation and investment of resources. Organizations working directly with older people living with low income, housing precarity, food insecurity and medical needs were noted as important partners. Established networks, such as a roundtable advisory group including different government departments (health, education, social services) and community groups and champions, were suggested to coordinate efforts around policy and funding plans for equity in access to health services for older adults. Other partners for older adult health promotion include schools, language services, mental health services, literacy groups, income support programs, housing organizations, immigrant and newcomer initiatives, health care organizations and technology service providers.

RESOURCES TO PROMOTE HEALTH AMONG OLDER ADULTS

Following is a list of some of the many resources and models highlighted throughout the webinar series — more specific details can be found by reviewing the webinar recordings outlined on page 2.

8 80 Cities	880cities.org
Active Aging Canada	activeagingcanada.ca
AGE-WELL	agewell-nce.ca
Aging Activisms	agingactivisms.org
Canadian Cohousing Network	cohousing.ca
Canadian Institute for Social Prescribing	socialprescribing.ca
CanAge	canage.ca
Council of Senior Citizens' Organizations of BC	coscobc.org
Diverse Experiences in Aging Research Collaborative (DEAR)	dearcollab.ca
Grandmothers Advocacy Network	grandmothersadvocacy.org
Healthy Aging CORE Canada	healthyagingcore.ca
HelpAge Canada	helpagecanada.ca
iGen at Saskatoon Public Schools	spsd.sk.ca/Schools/elementaryprograms/igen/Pages/default.aspx
Les Petits Frères	petitsfreres.ca
Municipalités (& Villes) amies des aînés au Québec	madaquebec.com
Men's Sheds Canada	menssheds.ca
National Institute on Ageing	nia-ryerson.ca
National Resource Centre on 2SLGBTQI Aging	https://2slgbtqi-aging.ca/author/webservices
Precarity and Aging Project	precariousaging.com
Qmunity Seniors & Older Adults Services	qmunity.ca/get-support/olderadults
Social isolation of seniors: A focus on LGBTQ seniors in Canada	canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html
Stonewall Gardens	stonewallgardens.com
The Good Companions	thegoodcompanions.ca

CONSIDERATIONS FOR ACTION

What does this mean for promotion of older adult health in Canada?

Health promotion among older adults in Canada requires shared accountability for action at the individual, community and societal levels. For example, the responsibility for making health information more accessible does not fall to the individual to improve their skills to search for and interpret information. Rather, shared accountability rests with health care professionals, organizations and larger societal systems to create optimal conditions for equitable access to health information for older adults. A focus on those with diverse cultural and racial backgrounds, cognitive and physical abilities, learning opportunities, digital skills and living circumstances is essential.

Action to support older adult health equity needs to consider healthy aging as a process instead of an end point, and promote approaches to strengthen resilience.[1] This is opposite to the current tendency, which is to focus on financial costs to the health care system of multiple diagnoses among older adults, reflecting "an ageist position that older adults are depleting the system of its resources."[5(p56)] Investing in health promotion among older adults by increasing access

"The knowledge needed to guide public health system actions, however, cannot come from the system alone. To be both effective and equitable, evidence-informed decision making requires greater focus on the experiences and perspectives of diverse populations.... This includes communities that have been historically excluded in Canada, such as First Nations, Inuit, and Métis Peoples, racialized groups, [22SLGBTQI+], older adults, and people living with disabilities."[18(p58)]

to programs and services that improve health and address inequities will lead to improvements in health outcomes, well-being and quality of life. Research in strategic areas, including differential risks and the socioenvironmental context that supports healthy aging at individual, household and community levels, is important to mitigate the outcomes of persistent inequities among older adults.[19]

Guidelines and standards for community, workplace and home environments need to be developed using a human rights-based approach to address the complex needs of older persons living with inequities in Canada.[20]

Programs that provide practical tools and include cross-sector approaches, multiple disciplines and meaningful involvement of older adult community members are the most effective to support healthy aging.[4] Key areas for action to enhance healthy aging include multisectoral partnerships, strategies to address the diversity of needs and life experiences among older adults, and developing a framework to measure and report on interventions.[21] Cross-sector collaboration between government, non-profit and community organizations, and the health sector, and engaging older adults in leadership, training and implementation of programs show positive results in Canada.[22]

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