McMaster University | HEALTH FORUM

Rapid Evidence Profile #36

(29 September 2022)

Question

What do we know from the best available evidence and experiences about challenges of aging with dignity and options to support aging with dignity in the community?

What we found

To inform guidance and program development related to aging with dignity in the community, we identified evidence, as well as experiences from two countries (Australia and the United Kingdom) and all Canadian provinces and territories (see Box 1 for a description of our approach). We organized our findings using the framework below.

Organizing framework

- Challenges with aging with dignity in the community
  - Limited options and supports for staying in one's preferred home environment
    - For older adults in general
    - For frail older adults
    - For caregivers who provide supports
    - For older adults with one or more conditions
      - Cardiovascular disease
      - COPD
      - Diabetes
      - Alzheimer's
      - Multimorbidity
      - Other
- Options to support aging with dignity in the community
  - Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)
  - Supporting technology-enabled care at home (including digital literacy)
    - Non-invasive and automatic (e.g., wearable devices)
    - Non-invasive and patient-engaged (e.g., websites, smartphones, personal digital assistants)
    - Multi-component

Box 1: Our approach

We identified evidence addressing the question by searching: 1) ACCESSSS; 2) Health Systems Evidence; 3) Social Systems Evidence; 4) Cochrane Library; 5) the COVID-END inventory of best evidence syntheses; and 6) PubMed. All searches were conducted on 12 September 2022. The search strategies used are included in Appendix 1. We identified jurisdictional experiences by hand searching government and stakeholder websites for information relevant to the question.

We searched for guidelines, full systematic reviews (or review-derived products such as overviews of systematic reviews), rapid reviews, protocols for systematic reviews, and titles/questions for systematic reviews or rapid reviews that have been identified as either being conducted or prioritized to be conducted.

We appraised the methodological quality of full systematic reviews and rapid reviews that were deemed to be highly relevant using AMSTAR. Note that quality appraisal scores for rapid reviews are often lower because of the methodological shortcuts that need to be taken to accommodate compressed timeframes. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial or governance arrangements within health systems or to broader social systems. We appraised the quality of the highly relevant guidelines using three domains in AGREE II (stakeholder involvement, rigour of development, and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher on each domain.

This rapid evidence profile was prepared in the equivalent of three days of a 'full-court press' by all involved staff.

- Strengthening health promotion, disease prevention and chronic-disease management (and reducing or preventing the use of unnecessary care) through a primary-care provider, appropriate linkages to acute/specialty care, and post-discharge monitoring to avoid hospital readmission or intervene earlier to mitigate health impacts
- Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings
- Providing financial supports to avoid or delay entry into residential-care settings
- Engaging residents, families, and caregivers in shared decision-making about whether to enter residential-care settings with varying levels of support
- Help with those who are already in residential facilities avoid moving to a more intensive level of care

We identified 39 evidence documents relevant to the question, of which we deemed 26 to be highly relevant. The highly relevant evidence documents include:

- 16 full systematic review; and
- 10 single studies that provide additional insights.

We outline in narrative form below our key findings related to the question from highly relevant evidence documents, and based on experiences from other countries and all Canadian provinces and territories. Additional details about the evidence documents that were identified are provided in Table 1, and the experiences from other countries and Canadian provinces and territories are provided in Table 2 and 3 respectively. A detailed summary of our methods is provided in Appendix 1, the full list of included evidence documents (including those deemed of medium and low relevance) in Appendix 2, and hyperlinks for documents excluded at the final stage of reviewing in Appendix 3.

Key findings from highly relevant evidence sources

The topic of aging with dignity in the community yielded a wide array of evidence documents that examined challenges of and interventions to support community-dwelling older adults age with dignity at home for as long as possible. Below we summarize these findings by the categories of the organizational framework.

Challenges with aging with dignity in the community

We identified two systematic reviews that highlighted a few challenges with older adults aging with dignity in their communities. One low-quality systematic review from early 2020 found that while home-based primary care in the U.S. provides access to high-quality routine and urgent primary care, this model of care does not reach many homebound patients, especially those that need specialized care. Another 2020 systematic review of medium quality found that community-dwelling stroke survivors were primarily concerned about having unmet needs in terms of information support, physical function (e.g., physical issues, fatigue, spasticity), mental health (e.g., cognition, mood and stress), and the ability to return to work. Some stroke survivors and their caregivers reported feeling abandoned and marginalized by healthcare services, while others questioned their healthcare professionals' quality and competence in helping them adjust to the changes of life after stroke. Possible solutions identified from the evidence that may address these challenges are described in the section below.

Options to support aging with dignity in the community

Most of the systematic reviews and single studies that were identified provided key findings related to options for supporting older adults living independently in communities. Several of the studies covered multiple framework categories, but were only reported in one category to avoid repetition. See Appendix 2 for a detailed breakdown of each study's relevance in relation to the framework categories.

Help people manage their care needs at home for as long as possible, and ensuring safety

We identified a total of 11 systematic reviews that provided insights for helping people to manage their care needs at home for as long as possible and ensuring safety. Six that were primarily focused on this topic are reported in this section, while an additional five studies that cut across other framework categories are reported in other sections below.

A recent medium-quality systematic review that examined interventions to improve self-management of medicines for community-dwelling people with dementia and mild cognitive impairment highlighted that the 13 interventions identified mostly targeted adherence by family carers in ensuring frequent visits, supply management, and monitoring effects and side effects with healthcare professionals. The lack of identified medicine self-management interventions for patients and the public is a gap that the lack of evidence suggests should be addressed. A medium-quality scoping review identified community-based housing models as an approach to support older adults aging in place, including retirement communities, congregate housing, and co-housing, sheltered housing, and continuing-care retirement communities. Important themes of relevance to aging in place in the housing models were social relations, sense of self and autonomy, health and well-being, and active participation. We also identified five overarching themes from a broad, low-quality review in terms of access and use of a home-based primary-care model by older adults, namely provision of home-based primary care, the composition of care teams, outcomes, role of telehealth, and emergency-preparedness efforts.

Four of the studies identified focused on mobility and preventing falls in older adults living in the community. A Cochrane review evaluating the impact of interventions that help to reduce falls in community-dwelling older people found that group and home-based exercise programs, and home-safety interventions, reduced the rate of falls and the risk of falling among older adults. The review also highlighted that multifactorial assessment and intervention programs reduced the rate of falls and that tai chi reduced the risk of falling. Additionally, a high-quality systematic review found that gait adaptability training significantly reduced falls and fall-related factures in community-dwelling older adults. Lastly, a low-quality systematic review of evidence on mobility interventions for healthy older adults identified cognitive-training interventions (e.g., driving safety and mobility), educational interventions, and exercise interventions. The review concluded that cognitive training could be an effective method of extending safe mobility among older adults, educational interventions should be tailored to specific participant characteristics, and more research is needed to better understand the effectiveness of exercise interventions.

Supporting technology-enabled care at home (including digital literacy)

Several of the systematic reviews we identified focused on assessing the existing literature on technologies for community-dwelling older adults. A medium-quality systematic review published in late 2021 found that the most reported barrier to older adults living in rural and remote communities who were learning to use eHealth technologies were health-related challenges, such as cognitive

impairment or impaired hearing. The most reported enabler of eHealth technology use was providing social network support (e.g., as face-to-face support) and non-social support (e.g., written or video instructions). Older adults with complex health conditions were the focus of three of the systematic reviews we found. Technologies designed to enhance safe walking indoors and outdoors, independent living, safe living, and entertainment and social communication were identified in a 2017 medium-quality review that focused on technologies for community-dwelling older adults with mild cognitive impairment and dementia (MCI/D). The authors of the review found that the degree to which a technology was accepted by a user depended on their experiences of stability and reliability of the device. In a medium-quality systematic review from 2016, home-based health-monitoring technologies were found to provide some benefits for older adults with daily living, cognitive decline, mental health, and heart conditions. In addition, user-centred design and interdisciplinary/collaborative team approaches were two themes that emerged from a medium-quality systematic review evaluating mHealth technologies for seniors managing chronic conditions. The review concluded that successful implementation of mHealth solutions should consider feasibility in terms of organizational and system readiness and acceptability and usability of the mHealth solution by different end users.

Specific technologies, such as personal emergency response systems (PERS), telepresence robots, smart environments, and robot assistive technologies, were also identified in our evidence search. A 2020 single study that assessed assistive technologies for management of polypharmacy and social and cognitive activity in older adults found that social assistive robot-based systems can be used to stimulate the physical, social, and cognitive conditions of older adults, and can be personalized to make the user experience more social and enjoyable for older adults. A low-cost telepresence robot that assisted seniors and their professional caregivers in everyday activities (e.g., bringing and carrying small objects, measuring vitals, allowing for interpersonal communication) was found to be highly effective and positively viewed by users in a 2019 single study. A low-quality systematic review describing the the use of PERS pointed out that frail older adults found the alarm system useful by giving users the ability to receive urgent help when needed, including help for those living in isolation, those with mobility issues, and those with concern for their personal safety. A study examining sensor-enhanced in-home monitoring concluded that more work is still needed to bridge the gap between user needs and preferences and available approaches, and highlighted the need for more demand-oriented and interdisciplinary approaches.

Finally, a rapid synthesis was conducted by the McMaster Health Forum in July 2022 to provide an overview of the available research evidence as well as initiatives identified through a jurisdictional scan on how remote-monitoring and associated technologies can enable people to stay in their homes or at their existing level of care.

Strengthening health promotion, disease prevention and chronic-disease management (and reducing or preventing the use of unnecessary care) through a primary-care provider, appropriate linkages to acute/specialty care, and post-discharge monitoring to avoid hospital readmission or intervene earlier to mitigate health impacts

We identified one Cochrane review and one single study focusing on avoiding hospital admission in the context of end-of-life care, and creating linkages between older adults living in the community and nutritional counsellors to help manage physical frailty and sarcopenia, respectively. The Cochrane review evaluated whether receiving end-of-life care at home reduced the likelihood of dying in hospital and found that older adults who participated in home-based end-of-life care programs were more likely to die at home. Additional findings on these programs' effects on patients' symptoms, health-service costs, quality of life, and caregiver bereavement and satisfaction were encouraging, but classified as low- or very low-certainty evidence, in large part due to few trails

evaluating these outcomes. A single study evaluating a multicomponent physical activity intervention with technological support and nutritional counselling found a reduction in the incidence of mobility disability in older adults with physical frailty and sarcopenia.

Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings

We identified three systematic reviews and four single studies analyzing initiatives to enhance the breadth and intensity of home- and community-care services. A medium-quality scoping review identified several characteristics important to consider when developing or relocating to a community-based housing model to delay or avoid entry to residential-care settings. These considerations include ways to increase social interactions (e.g., access to the greater community, support from on-site staff to facilitate interactions), safety, inclusivity, and the creation of culture that supports residents having a positive sense of self, privacy, security, and confidence in living independently. A medium-quality systematic review evaluating the effectiveness of interventions to foster respect and social inclusion among older adults living in the community identified that a variety of programs are associated with outcomes related to mood, mental health and well-being, physical health, and subjective health and quality of life. Most studies had high or moderate risk of bias and were heterogenous in terms of the programs and methods, suggesting that higher quality and larger-scale studies are needed to understand the real effects of these programs and their potential to yield population-wide benefits. Finally, a Cochrane review evaluating time-limited home-care re-ablement services for maintaining and improving the independence of older adults compared to usual home care or waitlist identified two low-quality studies suggesting that re-ablement may be slightly more effective than usual care in improving function, quality of life, and living arrangements.

In terms of the single studies identified on home- and community-care services, one study published in January 2022 compared three models of housing and services for older adults in relation to the age-friendly communities framework domains to help expand and diversify choices in the housing and services continuum. Another study found that the "Stay Active at Home" re-ablement training program for home-care staff in the Netherlands did not appear to help reduce sedentary behaviour among older home-care clients. A study assessing a "surveillance nurse" telephone support intervention for community-dwelling older adults found that it was effective in reducing the rate of service utilization by increasing the duration of home-care episodes. Lastly, a qualitative study describing a communal senior housing complex in a town in Finland that was designed with low-maintenance apartments and accessible common spaces, amenities, green spaces, and public transportation, found that the housing provided physical and social environments conducive to keeping older adults physically active and socially engaged. However, residents' interpretations of the main benefits of the housing varied (e.g., primarily a social place versus placing more importance on the outdoor space and maintenance-free apartments).

Providing financial supports to avoid or delay entry into residential-care settings

In terms of programs or initiatives that provide financial support for seniors aging in the community, one single study from 2021 discussed the Caregiver Benefit Program in Nova Scotia which gives eligible unpaid caregivers providing assistance to a family member or friend an allowance of $400 a month. The program aims to recognize the contributions of eligible caregivers in providing assistance, and sustain the support these caregivers provide so that eligible adults can remain in their homes and out of long-term care institutions. While the study found that this program is beneficial for allowing caregivers and recipients to maintain autonomy and for decreasing caregiver burnout, the program has its limitations in that the coverage of lost monthly wages is

inadequate and the eligibility of caregivers to receive the benefit is based on the care recipient's income. Additionally, the program has yet to be critically evaluated for effectiveness or equity.

Engaging residents, families, and caregivers in shared decision-making about whether to enter residential-care settings with varying levels of support

A medium-quality systematic review from 2018 that we identified focused on evidence that informed the development of a conceptual model that would underpin advance-care planning (ACP) interventions for frail community-dwelling elders. The review found that education and training that can support elders and their families to understand ACP and end-of-life trajectories requires adequate time, consistent delivery of targeted materials or routine practices, and early engagement of those affected. Additionally, the review concluded that advance-care planning should occur over time rather than as a single event, and that healthcare professionals should be able to recognize and act on triggers for advance-care planning conversations.

Help with those who are already in residential facilities avoid moving to a more intensive level of care

One single study we found evaluated whether having a Staying at Home (SAH) program implemented in publicly subsidized buildings for low-income older adults in the U.S. resulted in positive health and social outcomes and had an impact on the likelihood of readmission and/or institutionalization. All residents in the SAH program were provided with care coordination, medication management, and advance-planning services provided by an intervention team of healthcare professionals, as well as a healthcare diary. Based on the information gathered from the surveyed residents of several subsidized buildings in Pittsburgh, Penn., the study concluded that residents who participated in the SAH program experienced more positive changes in health improvements, access to preventive services, and cost-savings compared to residents who did not participate in the program, and that SAH participants had fewer nursing-home transfers and inpatient admissions.

Key findings from the jurisdictional scan

While the findings from the jurisdictional scans are presented according to the framework categories, it is worth noting that many initiatives identified from the scans to support aging with dignity in the community involve cross-cutting efforts. Additionally, much of the relevant information from the jurisdictional scans for some categories were not directly reported in the summary because strategies tended to be quite similar across jurisdictions. In these cases, we have focused on broadly describing these initiatives while highlighting the most unique and innovative approaches from those categories.

Beyond the framework categories, we also noted across several jurisdictions that a key issue for older adults and caregivers is not only the lack of services, but also the difficulty navigating the complex systems through which these services are provided. In Nova Scotia, for example, a professor from the St. Thomas University led efforts to create Aging in New Brunswick: A User's Guide after consistently hearing from research participants that services were difficult to navigate and access. Many similar efforts have been undertaken across countries, provinces, and territories to provide community-dwelling older adults with an overview of available services and help them more easily navigate the many services and programs available in their jurisdiction.

Challenges with aging with dignity in the community

The challenges with aging with dignity in the community in Canada are comprised of interlocking, multisectoral issues that prevent older adults from living well in their homes. According to a report released by Employment and Social Development Canada in February 2022, the main barrier to aging in place with dignity in Canada is a lack of appropriate and affordable housing supply, followed by the increasing demand for core home- and community-care services, variations in the quality and availability of services, and the limitations of community supports from voluntary organizations and informal caregivers. Beyond one's home, appropriate physical infrastructure in the community has been identified as a critical barrier to aging at home. In 2009, the Public Health Agency of Canada (PHAC) released a guide called *Age-Friendly Rural and Remote Communities: A Guide* that highlighted barriers for older adults in rural and remote communities such as: 1) a lack of hazard-free, continuous sidewalks; 2) poor accessibility both to and within public buildings; 3) shortage of accessible washrooms along walking routes; 4) lack of options for and accessibility of public transportation and parking; and 5) lack of recreation facilities or program staff.

While some progress has been made since then, similar issues continue to be raised across provinces (e.g., Saskatchewan and Ontario) and territories (e.g., Yukon and Nunavut) for rural and urban areas, as accessibility to the spaces and buildings that older people use to work and live has been highlighted as a limitation to developing age-friendly communities. Additionally, while the National Building Code of Canada outlines some safety and accessibility requirements for private spaces, design standards for the creation of barrier-free or accessible residential spaces vary by province.

A lack of key home and community care services was identified as a key barrier to aging with dignity in communities across the jurisdictions. In Ontario, for example, despite an overwhelming majority (90%) of Ontario seniors (65 years and older) wishing to remain independent during the latter stages of their lives, a growing number are at risk for loss of independence as they require more support than what is currently available. Similarly, a 2018 report by the BC Care Providers Association highlighted a decrease in home-support hours across three of the five health authorities, despite clients in four of the five health authorities having increased. In Nunavut, a needs-based assessment identified better staff recruitment/retention as a key priority to ensure community- and home-care services are available in all communities and at all times during the week. A shortage of home- and community-care workers and inadequate training further complicate the ability to provide appropriate care in the community for those requiring support for chronic disease and other complex conditions (e.g., in Ontario and Nunavut), such as for hypertension, arthritis, diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD), stroke, cancer, and dementia. Finally, as home- and community-care services continue to leverage and scale-up technology to facilitate care, a greater need to implement strategies to improve providers' digital skills has become even more pressing. In the U.K., although there is an emphasis on incorporating technology in the home and community-care sector across the U.K., it is estimated that nearly 23% of staff are not able to access the internet while at work, and 45% of providers indicated concerns about their staff's ability to possess adequate digital skills.

The lack of initiatives to facilitate meaningful engagement in the community, provide social support, and attend to the diverse social needs of older adults are also identified as barriers to aging well in the community. In Manitoba, for example, many older adults live alone (39.9%), do not have weekly contact with relatives (32%) and feel lonely (22.8%), highlighting a need for services and supports that better integrate older adults into communities. A needs-based assessment of programs and services for older adults in Nunavut identified a lack of social-integration initiatives. A need for digital-literacy interventions as a way of staying meaningfully connected has also been highlighted. In

the U.K., an analysis conducted by Age U.K. demonstrated that older adults remain less likely to adopt digital technology. It found that an estimated 40% of those over the age of 75 years did not use the internet during the COVID-19 pandemic, severely limiting their social engagement and support. Another set of initiatives necessary to foster inclusion and meaningful engagement in the community for older adults include those that aim to create more inclusive environments for diverse groups of older adults. In Nova Scotia, for example, key challenges identified for older adults living in the community include ageism and other factors such as racism, sexism, and ableism presenting barriers to participation in paid and unpaid work and social engagement. These challenges highlight the need for services, supports and opportunities for older adults in Nova Scotia to stay mobile, stay socially connected, and address age-related and other forms of discrimination.

Finally, services and programs for caregivers supporting older adults living in the community are inconsistently available across Canada and often insufficient to help caregivers manage care recipients' needs and avoid caregiver burnout. A study published 2 September 2022 highlighted a key lack of caregiver-support interventions across seven provinces (B.C., Alta., Sask., Man., Ont, Que., N.S.). In order from most to fewest provinces not currently implementing these interventions, services identified that would help support caregivers were: 1) caregiver navigator role and facilitator training; 2) webinars and online courses; 3) caregiver workshops; 4) having a central office/physical address, 5) funding from the Ministry of Health; and 6) caregiver advisor services.

Options to support aging with dignity in the community

Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)

To help people manage their care needs at home for as long as possible while ensuring safety, countries have developed cross-cutting strategies to try and provide better support for older adults. The Commonwealth Home Support Programme in Australia aims to provide a small amount of help to a large number of older adults by assisting with daily tasks, home modifications, transport, social support, and nursing care. The program is largely funded by the Australian Government through grant agreements and partially funded through client contributions (10%). In the U.K., a policy paper published by the Department of Health and Social Care reported new investments as part of a 10-year vision, including: 1) 150 million British sterling pounds to support the use and adoption of assistive technology among older adults (an emphasis has been placed on fall-prevention technology, such as acoustic monitoring); 2) 300 million British sterling pounds to support alternative-housing development projects; 3) support services that will allow for minor repairs in individuals' homes so they can live independently; 4) an increase in the Disabilities Facilities Grant to allow for house modifications, including implementing stairlifts, wet rooms, and home technologies within homes; and 5) 70 million British sterling pounds to support the delivery of care and services.

In Canada, a number of communities across all 10 provinces in Canada have participated in the World Health Organization (WHO) Age-Friendly Communities (AFC) initiative that promotes diversity and inclusion amongst older adults in all areas of community life, and anticipates and responds to their needs and preferences. AFC's are multi-sectoral approaches that broadly aim to provide better physical infrastructure, transportation, affordable and appropriate housing, support for care needs, and creating opportunities for meaningful civic and social engagement among older adults living at home. At the national level, AFCs are championed by the Public Health Agency of Canada, which has variously developed the Pan-Canadian Age-Friendly Communities Milestones, Age-Friendly Community Implementation Toolbox, a guide for *Age-Friendly Rural and Remote Communities*, and a guide for evaluating age-friendly communities. Some provinces, in addition to supplementing or adapting guidance from PHAC, have created novel ways to provide incentives for

communities to strive to become more age friendly. In Alberta, communities that have taken the steps to become more age friendly are recognized by the Government of Alberta through the Age-friendly Alberta Recognition Award, which grants recipients an award of $1,000 to support celebration of the community's success and entry into the WHO Global Network of Age-Friendly Cities through PHAC's affiliation. On 31 August 2022, the Government of British Columbia announced that it will be providing age-friendly grants of up to $25,000 for Stream 1 grants (planning) and up to $15,000 for Stream 2 grants (projects) to 25 communities. Similarly, Nova Scotia's Department of Seniors and Long-Term Care provides up to $25,000 per initiative and differentiates between the planning and projects streams.

Building from the age-friendly model, several provinces have adapted dementia-friendly approaches to help better meet the needs of persons living with dementia in the community. In Alberta, a Guide for Developing Dementia Friendly Communities in Alberta was published in 2019 following a pilot project and provides steps for implementation including PowerPoint and e-learning presentations to communities about dementia, dementia-awareness training for local organizations, schools and first responders, intergenerational programs and conversation cafes to minimize loneliness and social isolation of those affected by dementia, and distributing "dementia-friendly" checklists for local organizations to self-assess their level of "dementia-friendliness". Similarly, the New Brunswick Dementia Friendly Initiative, led by the Collaborative for Healthy Aging and Care, supports New Brunswick communities to better support people living with dementia through education and implementation of dementia-friendly approaches in their local context.

To address the key issue of affordable and appropriate housing as a barrier for aging with dignity in the community, a variety of housing programs have been developed to provide support with housing upkeep, adaptations to promote aging in place, and a variety of subsidized public-housing and assisted-living programs. The Canada Mortgage and Housing Corporation, Canada's national housing agency, use self-assessment forms to understand how they can adapt their homes to meet their needs. Many provinces provide services to assist with adaptations, such as the Residential Adaptation Assistance Program in Québec, which provides supports to adapt the homes of older adults with special needs, including assistance with costs of installing ramps or shower grip handles, or the Home Modification Program in Newfoundland and Labrador. There have been many efforts across provinces and territories to increase the affordability and availability of appropriate housing that can meet the needs of older adults living in the community. For example, Manitoba's Aging in Place strategy includes seniors' housing, group living, and supportive housing for older adults who require 24-hour support to help delay or avoid care-home placement. On 20 June 2022, a news release published by the Government of British Columbia announced the development of an affordable-housing program for older adults and patients living with dementia. Other provinces aim to improve the availability of affordable housing for older adults who may or may not require care. In Saskatchewan, over 10,000 government-supported housing units are designated for senior households in almost 300 communities across the province for older adults living independently, with or without supports. The rent is based on 30% of residents' gross household income for low-income older adults. Similar public rental housing based on annual income is offered for seniors in Nova Scotia as part of their selection of housing programs.

Supporting technology-enabled care at home (including digital literacy)

Across Canada, an emphasis has been placed on the need to better leverage and improve the uptake of supportive technologies to facilitate care at home and meet the broader social needs and functional needs of older adults. MedicAlert Safety Home is a partnership program between the Canadian MedicAlert Foundation and the Alzheimer Society of Canada aimed at helping persons

living with dementia who may over time lose a sense of their surroundings and become lost. Many provinces are attempting to scale-up the use of other remote monitoring devices to help monitor patients in the community and coordinate care or self-management of chronic conditions as needed. For example, New Brunswick's Aging Strategy includes efforts to scale up technology-based assistive tools such as home-based care systems to provide remote monitoring.

Most of the non-invasive and patient engaged technology-enabled care at home identified in our jurisdictional scan was focused on improving digital literacy, accessing information online about relevant programs, supports and services, and facilitating social connection and integration to ensure older adults stay connected and meaningfully engaged in their community. New Brunswick's Aging Strategy includes efforts to leverage digital-technology training to improve older adults' technology literacy and better leverage technology to help older adults manage their health needs and stay socially connected. At the national level, Connected Canadians is a non-profit, volunteer-driven organization that provides free technology training and support to older adults to help them engage with loved ones and improve the quality of their life.

Strengthening health promotion, disease prevention and chronic-disease management (and reducing or preventing the use of unnecessary care) through a primary-care provider, appropriate linkages to acute/specialty care, and post-discharge monitoring to avoid hospital readmission or intervene earlier to mitigate health impacts

Older adults' efforts to age with dignity in the community have been aided through initiatives to strengthen health promotion, create connections to primary care to better manage chronic disease, and build capacity in the community to prevent older adults from requiring acute-care services. For example, Supporting Health Aging by Peer Education and Support (SHAPES) was developed at the University of Alberta to deliver sustainable health education and support to older adults living in the community through peers (health coaches) who participated in a pilot 12-week health-promotion program focusing on heart and bone health, nutrition, physical activity, and social engagement. Active Aging in Manitoba provides programs such as exercise classes and walking programs, and provide education through volunteer peer leaders to promote the health and well-being of older Manitobans living in the community. In Saskatchewan, the Connected Care Strategy aims to leverage community-based teams to prevent admissions to hospital, prevent premature admissions into long-term care, help patients discharge from the hospital earlier, and maximize the time patients live independently in their homes. In Australia, the Queensland Community Support Scheme provides home support for older adults with a disability, chronic illness or mental health condition, or other circumstances that have an impact on their abilities to live independently. The support provided through this program includes facilitating doctor visits to connect older adults to primary care to better manage their conditions.

Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings

All jurisdictions provide core home- and community-care services to help older adults delay or avoid entry into residential-care settings (although the availability may vary). Several, however, have or are working towards supplementing these core services by providing additional strategies or programs that expand their scope or intensity. For example, in the U.K., more than 7 billion British sterling pounds has been invested through the Better Care Fund for 2022-2023 to provide integrated health and social care in a manner that promotes independent living and healthy aging. A 2018 report by the BC Care Providers Association recommends increasing the minimum home-care time from 15 to 30 minutes in cluster care settings, and from 30 to 60 minutes in community-care settings (representing an additional $50 million investment per year). In May 2016, a report by the Select

Standing Committee on Health in B.C. recommended adopting a community-based palliative-care service model, with increased home-care supports to meet growing demand. In addition to core home-care services, the Government of Quebec provides psychosocial services at home for older adults at home. In Australia, the Aged Care Diversity Framework action plan aims to address the needs of older Aboriginal and Torres Strait Islander peoples, senior Australians from culturally and linguistically diverse backgrounds, and LGBTI elders. The goal of the framework is to provide a mechanism for the government to ensure that diverse representation is included when developing and implementing policies, including home-care services.

Providing financial supports to avoid or delay entry into residential-care settings

Across Canada, financial supports are variously used to: 1) supplement income; 2) adapt or maintain appropriate housing; and 3) provide older adults with funds to allow them to pick and choose a package of home- and community-care services that best meet their personal needs, or provide financial exemptions or subsidies to help older adults stay mobile, active, and connected in the community. At the national level, the Old Age Security (OAS) pension and the Guaranteed Income Supplement financially assist adults aged 65 and older. As of July 2022, the OAS pension has permanently increased by 10% for seniors 75 years of age and over. Provinces and territories provide additional income supplements for older adults to financially support older adults, including those living in the community. These supplementary financial supports include the Saskatchewan Low-Income Tax Credit supplement, the federal Seniors Tax Credits, and the Seniors Income Plan which help support those with little to no income other than the federal Old Age Security Pension (OAS) and the Guaranteed Income Support (GIS). The Yukon Seniors Income Supplement plays a similar role in financially supporting older adults.

Financial supports to adapt or maintain appropriate housing are generally provided either through property tax programs or direct funding to cover housing upkeep or modification costs. The Seniors Education Property Tax Deferral Program in Saskatchewan, for example, allows older adults with income under $70,000 to defer a portion of their property taxes through a repayable loan to keep their housing costs manageable. In Australia, the National Disability Insurance Scheme includes funding for home modifications and assistive technologies to help older adults maintain independence. Ontario Renovates provides forgivable loans to low- to middle-income homeowners and landlords of affordable rental buildings to make the necessary changes to their homes to improve standards or make them more accessible. In the Yukon, community-dwelling seniors can receive funding to help cover heating costs.

In some jurisdictions, older adults can receive funding to individualize their care plans to meet their needs and preferences. In Saskatchewan, for example, seniors with disabilities and chronic health conditions may be eligible to receive financial support for home care individualized funding through the Saskatchewan Aids to Independent Living (SAIL) program, or the Personal Care Home Benefit to financially assist older adults with the cost of living in a licensed personal-care home. Across several provinces such as Saskatchewan and Ontario, financial exceptions or subsidies may be available for transportation and community programs to help older adults stay mobile, active, and connected to the community.

Engaging residents, families, and caregivers in shared decision-making about whether to enter residential-care settings with varying levels of support

Beyond broader strategies to engage residents, families and caregivers in broader advance-planning activities, we did not identify any specific initiatives to engage them in shared decision-making about

whether to enter residential-care settings specifically (as opposed to long-term care facilities or needs planning more broadly).

Help for those who are already in residential facilities avoid moving to a more intensive level of care

While many of the supports and services described above can help older adults already in residential facilities avoid moving to a more intensive level of care, no setting-specific initiatives with this specific goal were identified in our jurisdictional scan.

Table 1: Overview of type and number of all evidence documents that were identified about aging with dignity in the community

Type of document	Total	Cross-cutting/general focus across the organizing framework*	Challenges with aging with dignity in the community	Options to support aging with dignity in the community
Guidelines developed using a robust process (e.g., GRADE)	0	-	-	-
Full systematic reviews	27	2	3	22
Rapid reviews	1	-	-	1
Guidelines developed using some type of evidence synthesis and/or expert opinion	0	-	-	-
Protocols for reviews that are underway	0	-	-	-
Titles/questions for reviews that are being planned	0	-	-	-
Single studies	11	-	-	11
Total	39	2	3	34

*Studies were considered cross-cutting if they explicitly identified both challenges of and options for supporting aging in place

Table 2: Experiences in other countries with challenges and options to support aging with dignity in the community

Country	Summary of experiences

Australia	*Challenges with aging with dignity in the community*
	• None identified
	
	Options to support aging with dignity in the community
	• The MyAgedCare program run by the Government of Australia is a central delivery platform for care for older adults
	  ○ This program assesses adults aged 65 and older (50 and older for Aboriginal or Torres Strait Islander peoples) to assess the level of care they need
	  ○ Adults who are able to live at home with support are referred to the Commonwealth Home Support Programme
	• The Commonwealth Home Support Programme is managed by the Department of Health and provides entry-level support for older adults to help them maintain their independence
	  ○ Supports provided include help with daily tasks, home modifications, transport, social support, and nursing care

Country	Summary of experiences
	○ This program aims to give a small amount of help to a large number of people and to work with recipients of care instead of doing tasks for them ○ These services help older adults stay independent and safe in their own homes, delay or avoid high-level residential care, and stay socially active and connected within their communities ○ Frail older adults aged 65 and older (50 and older for Aboriginal or Torres Strait Islander peoples) and older adults aged 50 and older (45 and older for Aboriginal and Torres Strait Islander peoples) who have a low income or housing insecurity are eligible for this program ○ Under this program, trained assessors work out what support each person needs during a face-to-face assessment at home ○ There are around 1,400 service providers in Australia, with 68% of them being not-for-profit organizations ○ This program is largely funded by the Australian Government through grant agreements and partially funded through client contributions (10%) • The Queensland Community Support Scheme provides home support for adults aged 65 and older (or 50 and older for Aboriginal or Torres Strait Islander people) with a disability, chronic illness or mental health condition, or other circumstances that have an impact on their abilities to live independently in their communities ○ Support in community activities such as shopping, recreational activities, using the library and visiting the doctor, and home activities such as meal preparation, household chores, personal care and basic home maintenance are provided • The Government of Queensland also runs the Home Assist Secure program, which provides safety-related information, referrals and subsidized assistance to Queenslanders aged 60 years and over, or people of any age with a disability, who are unable to undertake or pay for critical maintenance services to their homes without assistance • The National Disability Insurance Scheme assists participants to live independently by funding support for daily life, home modifications, short-term accommodation, and assistive technologies to help older adults maintain independence • The Aged Care Diversity Framework action plan aims to address the needs of older Aboriginal and Torres Strait Islander peoples, senior Australians from culturally and linguistically diverse backgrounds, and LGBTI elders ○ This framework provides a mechanism for the government to ensure that the diverse characteristics and experiences of older people are included when developing and implementing policies and measures; peak organzsations, representative groups and aged-care service providers to better meet the diversity of older people; and consumers to actively provide feedback to inform continuous improvement ○ The framework includes recommendations for evaluating, reporting and monitoring efforts to assess current action plans and to inform future action plans ○ Aged-care providers are responsible for providing information in user friendly formats, engaging consumers in a culturally safe and supportive environment, collaborating with stakeholders to identify and overcome barriers in accessing the aged-care system, engaging with the local community and stakeholders, developing training and information tools to support the delivery of care, and providing inclusive service models ○ Consumers and their families are responsible for providing feedback, engaging as active partners, articulating the barriers to be overcome, and respecting the diversity of other service users and the aged-care workforce

Country	Summary of experiences

	• The Ageing well in Victoria action plan aims to help Australians living in Victoria to age safely in place, access services, and maintain purpose, independence and autonomy in life with family, community and social connections
	  ○ This action plan includes actions to support older Victorians to achieve and live with eight attributes of aging well, including a positive attitude, the idea that life has purpose and meaning, being respected and respectful, being connected to family, friends and society, staying in touch with a changing world, a safe and secure home and finances, the ability to manage health issues, including mental health, and the ability to get around
	  ○ The main priority areas of this action plan include helping seniors to become more resilient and connected, more familiar with technology, valuing senior Victorians and improving health self-care
	  ○ The government has laid out specific goals for each of these domains, including a time frame and their anticipated impact
	  ○ The Victorian government also aims to support diverse communities by partnering and consulting with a diverse range of older people, including LGBTIQ+ and First Nations peoples
	• The Seniors Connected Program by the Australian Government seeks to address loneliness and social isolation experienced by Australians aged 55 and older (or Indigenous Australians aged 50 and older) living in the community
	  ○ The two activities run by this program are the FriendLine and Village Hubs
	  ○ FriendLine offers older Australians an opportunity to call and have a free, anonymous, friendly chat with a volunteer over the phone
	  ○ Village Hubs provide members with an informal peer support network to help them age well in their communities for as long as possible, by enabling them to realize their potential for physical, social and mental well-being
	  ○ There are currently 12 Village Hubs throughout Australia

United Kingdom (U.K.)	*Challenges with aging with dignity in the community* • The white paper, People at the Heart of Care: adult social care reform, indicated that the number of individuals who are 85 years and older will rise from 1.4 million to 2.4 million by 2040 (which is a 77% increase) • On 5 March 2021, an analysis conducted by Age UK demonstrated that older adults remain less likely to adopt digital technology; an estimated 40% of those over the age of 75 years did not use the internet during the COVID-19 pandemic • Although there is an emphasis on incorporating technology in the home- and community-care sector, it is estimated that nearly 23% of staff are not able to access the internet while at work, and 45% of providers indicated concerns about their staff's ability to possess adequate digital skills *Options to support aging with dignity in the community* • A policy paper published by the United Kingdom's Department of Health and Social Care noted three primary objectives, of which one focused on individuals having the "choice, control, and support to live independent lives" ○ As part of this 10-year vision, the following investments have been announced: 1) 150 million British sterling pounds to support the use and adoption of assistive technology among older adults (an emphasis has been placed on fall prevention technology, such as acoustic monitoring); 2) 300 million British sterling pounds to support alternative-housing development projects; 3) support services that will allow for minor repairs in individuals' homes so they can live independently; 4) an increase in the

Country	Summary of experiences
	Disabilities Facilities Grant to allow for house modifications, including implementing stairlifts, wet rooms, and home technologies within homes; and 5) 70 million British sterling pounds to support the delivery of care and services ○ In 2020-2021, a total of 1.9 million support requests were made by older-age clients in the home-care sector • Over 7 billion British sterling pounds has been invested through the Better Care Fund in 2022-2023 to provide integrated health and social care in a manner that promotes independent living and healthy aging

Table 3: Experiences in Canada with challenges and options to support aging with dignity in the community

Province	Summary of experiences
Pan-Canadian	*Challenges with aging with dignity in the community* • According to a report released by Employment and Social Development Canada in February 2022 on enabling older adults to age in the community, the main barrier to aging in place within Canadian provinces and territories is a lack of housing supply, followed by the demand for core community supports, variations in community supports, and the limitations of community supports from voluntary organizations and informal caregivers • Accessibility to the spaces and buildings that older people use to work and live has been highlighted as a limitation to developing age-friendly communities, and while the National Building Code of Canada outlines some safety and accessibility requirements for private spaces, design standards for the creation of barrier-free or accessible residential spaces vary by province • In 2009, PHAC released a guide called *Age-Friendly Rural and Remote Communities: A Guide* that was developed from focus-group research of older adults and informal caregivers in 10 communities in eight provinces, and identified several barriers for seniors in rural and remote communities ○ A lack of sidewalks (or continuous sidewalks) that are hazard-free ○ Poor accessibility both to and within public buildings ○ Shortage of accessible washrooms along walking routes ○ Lack of options for and accessibility to public transportation and parking difficulties for those who drive ○ Poorly designed housing and a shortage of affordable housing options ○ Health or mobility issues that may cause social isolation ○ A lack of recreation facilities or program staff ○ Lack of awareness of existing programs for seniors *Options to support aging with dignity in the community* • Short-term recommendations from the Employment and Social Development Canada report to address the lack of housing supply included policy reviews to incentivize and facilitate universal design and construction, and involving Indigenous

Province	Summary of experiences
	peoples more in the planning, while long-term recommendations were to change the tax environment or create partnerships to encourage construction in the for-profit and not-for-profit sectors o Short-term recommendations for addressing gaps in access to core community supports included working with community organizations to develop sustainable funding models and improve visitation with families and caregivers, while recommended long-term actions were to focus on ensuring a range of services for small towns, and rural, remote and Indigenous communities o To better connect older adults, the report recommended increasing access to transportation, supporting programs that provide older adults with the skills and resources needed to use smart technologies for health monitoring and social interaction, and making high-speed internet more widely available while protecting users' privacy and security • A number of communities across all 10 provinces in Canada have participated in the World Health Organization (WHO) Age-Friendly Communities (AFC) initiative that promotes diversity and inclusion amongst older adults in all areas of community life, and anticipates and responds to their needs and preferences o To advance the AFC initiative, the Public Health Agency of Canada (PHAC) has provided funding to develop guidelines, the Canadian Mortgage and Housing Corporation has sponsored initiatives to guide the development of physical environment for older adults with age-related limitations, and the Canadian Institutes of Health Research (CIHR) Institute of Aging and the Canadian Association of Gerontology support research and knowledge synthesis activities on age-friendly communities • PHAC developed the Pan-Canadian Age-Friendly Communities Milestones (Milestones) that describe the steps for successfully applying the age-friendly communities model in Canada o Establish an advisory committee that actively engages older adults o Secure a municipal council resolution to actively work towards becoming age-friendly o Establish a robust plan of action that responds to the needs of older adults o Publicly posting the action plan to demonstrate commitment to action o Commit to measuring activities and evaluating the action plan outcomes • PHAC also put together an Age-Friendly Community Implementation Toolbox that includes 22 specific tools and examples from across Canada of work plans, checklists, timelines, potential funders, and guidelines for implementation and assessment of age-friendly communities • The guide released by PHAC in 2009, *Age-Friendly Rural and Remote Communities: A Guide*, provided a checklist of age-friendly features for outdoor spaces and buildings, transportation, housing, social isolation and participation, community support and health services, and civic participation and employment opportunities • PHAC has also released a guide for evaluating age-friendly communities to provide practical information on how to use indicators to measure the progress of initiatives that are underway • The Old Age Security (OAS) pension and the Guaranteed Income Supplement financially assist adults aged 65 and older o As of July 2022, the OAS pension has permanently increased by 10% for seniors 75 years of age and over

Province	Summary of experiences
	• A report by Canada's Drug and Health Technology Agency includes an environmental scan of healthy-aging interventions in Canada, including fall-prevention interventions, health-promotion approaches, home- and community-care services, housing and assisted-living programs, technology-based programs, and culturally informed community-development initiatives • MedicAlert Safety Home is a partnership program between the Canadian MedicAlert Foundation and the Alzheimer Society of Canada aimed at helping persons living with dementia who may over time lose a sense of their surroundings and become lost o Persons with dementia 'at risk' of becoming lost are provided a bracelet engraved with a 24-hour hotline and critical health information to help first responders identify the lost person

British Columbia	*Challenges with aging with dignity in the community*
	• The following challenges were mentioned in a 2018 report by the BC Care Providers Association
	  o The total spending on home and long-term care will rise from $28.3 billion to an estimated $177 billion by 2046
	  o The number of home-support hours has decreased in three of the five health authorities, while the number of clients in four of the five health authorities hase increased
	  o Resource personnel may not possess the adequate training to sustain the rapidly increasing acuity and cognitive decline of older adults
	  o There exists a shortage of workers within the home- and community-care sector
	  o Limited access to home care and supports given the strict eligibility criteria
	
	Options to support aging with dignity in the community
	• A study published 2 September 2022 comparing available caregiver-support interventions and services across seven provinces noted that British Columbia covers all service categories investigated, including caregiver support lines, workshops, webinars and online courses, access to support groups, facilitator training, lists of resources, and caregiver advisor services
	• On 31 August 2022, the Government of British Columbia announced that it will be providing age-friendly grants to 25 communities
	  o A $500,000 investment will help support aging within the community by promoting active, socially engaged, and independent lives (e.g., having walking tours, assisting small businesses, and offering safer home-sharing options)
	  o Stream 1 grants provide communities with up to $25,000 in funding, while Stream 2 grant funding is set at $15,000
	  o Key features of age-friendly communities include: outdoor spaces, transportation, housing, social and community inclusion/engagement, communication, and supports/services
	• On 20 June 2022, a news release published by the Government of British Columbia announced the development of an affordable housing program for older adults and patients living with dementia
	  o This three-story building has 20 rental units and targets low- to mid-tier socio-economic status older adults wishing to live in community housing, while still having the necessary supports to live independently as they age
	  o The building will have a dementia care facility on the ground floor, as well as assistive technologies to support its residents, including circadian rhythm lighting

Province	Summary of experiences

	• British Columbia offers a range of support programs to assist older adults as they strive to age with dignity in the community
	  ○ Home Care Supports are publicly subsidized services and help individuals live within the comfort of their own homes by providing care services, such as bathing, dressing, grooming and toileting
	  ○ The 'Better at Home' program provides older adults with non-medical home support (e.g., grocery shopping visiting, transportation, housekeeping, snow shovelling, and home repairs)
	  ○ The 'Choice in Supports for Independent Living (CSIL)' provides eligible clients with funding to help them hire their own personal assistance for support services
	  ○ 'Choose to Move' is a collaborative initiative that promotes physical well-being among adults aged 65 years and above who are not frequently active; this six-month personal program is tailored towards the individuals' interests and features include consultations, monthly group meetings, and check-ins
	  ○ 'Allies in Aging' is a community outreach initiative that helps to improve social support and connectivity among at-risk older adults; the aim of the program is to support independence and promote active participation within the community
	• The aforementioned 2018 report by the BC Care Providers Association lists the following recommendations regarding home health care for older adults
	  ○ Increasing the minimum home-care time from 15 minutes to 30 minutes in cluster care settings and from 30 minutes to 60 minutes in community-care settings ($50 million investment per year)
	  ○ Adopting preventive home healthcare visits for individuals aged 75 years and older to prevent pre-mature frailty ($8 million investment per year)
	• In May 2016, a report by the Select Standing Committee on Health recommended adopting a community-based palliative-care service model, with increased home-care supports, daycare options within senior's centres, technology use within homes, and better use of evaluations

Alberta	*Challenges with aging with dignity in the community*
	• None identified
	
	Options to support aging with dignity in the community
	• The Government of Alberta provides a variety of seniors financial assistance programs to enable seniors to age with dignity at home, including the Supplementary Accommodation Benefit, Dental and Optical Assistance for Seniors, and the Seniors Home Adaptation and Repair Program
	• In 2012, the Alberta Government developed a guide for local action to build age-friendly communities in the province that is based on the Pan-Canadian Age-Friendly Communities Milestones that includes:
	  ○ Establishing an Age-friendly Committee
	  ○ Having a resolution passed by local government
	  ○ Conducting an age-friendly assessment of the community
	  ○ Developing and implementing an action plan

Province	Summary of experiences
	• A Guide for Developing Dementia Friendly Communities in Alberta was published in 2019 following a pilot project and provides steps for implementation that are very similar to those of the Government of Alberta's Guide for local action ○ Some of the specific initiatives that were implemented as part of the pilot project included PowerPoint and e-learning presentations to communities about dementia, dementia awareness training for local organizations, schools, and first responders, intergenerational programs and conversation cafes to minimize loneliness and social isolation of those affected by dementia, and distributing "dementia-friendly" checklists for local organizations to self-assess their level of "dementia-friendliness" • Communities that have taken the steps to become more age-friendly are recognized by the Government of Alberta through the Age-friendly Alberta Recognition Award, which grants recipients an award of $1,000 to support celebration of the community's success and entry into the WHO Global Network of Age-Friendly Cities through PHAC's affiliation • A study published 2 September 2022 comparing available caregiver-support interventions and services across seven provinces noted that Alberta covers all service categories investigated, including caregiver support lines, workshops, webinars and online courses, access to support groups, facilitator training, lists of resources, and caregiver advisor services • Supporting Healthy Aging by Peer Education and Support (SHAPES) was developed at the University of Alberta to deliver sustainable health education and support to older adults living in the community through peers (health coaches) who participated in a pilot 12-week health promotion program focusing on heart and bone health, nutrition, physical activity, and social engagement • Government of Alberta advisors are available to provide guidance and assistance in identifying and forming strategic partnerships for mobilizing age-friendly community action • Efforts to implement the Age-Friendly Communities Initiative in the city of Edmonton include the development of Seniors Declaration in 2020, a new intergenerational podcast called *Shared Mic: Conversations for the Ages* that brings together Edmontonians of all ages and backgrounds to discuss a variety of topics, and a diverse range of resources, tools and expertise from the Global Network of Age-Friendly Cities and Communities
Saskatchewan	*Challenges with aging with dignity in the community* • According to a report by Saskatchewan Seniors Mechanism, key issues of concern for aging with dignity in the community include poor public transportation and lack of access to transportation, availability and affordability of home- and community-care services, financial constraints of owning a home, adequate housing options, and lack of meaningful involvement in the community • A study published 2 September 2022 highlighted a key lack of caregiver-support interventions offered in Saskatchewan that are offered in other provinces, including webinars and online courses, caregiver navigator role and facilitator training, caregiver advisors, a central office/physical address, and funding by the ministry of health *Options to support aging with dignity in the community* • In response to the broad and often cross-cutting challenges identified above, Age-Friendly Saskatchewan consists of a network of 15 communities across Saskatchewan committed to improving life for community-dwelling older adults

Province	Summary of experiences
	○ Broadly, these initiatives include recommendations to address outdoor spaces and building designs that impede older adults, improve transportation, improve housing, increase social participation, address social participation, create opportunities for civic participation and employment, and improve communication and the availability of information for older adults living in the community ○ Some recommendations have resulted in actionable policies, such as integrating older adults in civic planning processes and a municipal-level property tax deferral option for low-income seniors • Saskatchewan's Connected Care Strategy aims to leverage community-based teams to prevent admissions to hospital, prevent premature admissions into long-term care, help patients discharge from the hospital earlier, and maximize the time patients live independently in their homes • A study published 2 September 2022 highlighted key caregiver support interventions offered in Saskatchewan, including a caregiver support line, providing caregiver workshops, facilitating access to support groups, and providing a list of relevant resources • The Saskatchewan Health Authority provides guidance for preventing falls in older adults • Among Saskatchewan's programs and services designed for older adults, the province offers home- and community-care services for free, paid by recipients according to their personal income and the amount of care required, or when recipients meet eligibility criteria ○ Free services include case management, home nursing and physical and occupational therapy services, and palliative care ○ Paid services include meals, personal care, respite care and homemaking, or licensed personal-care homes ○ Older adults may qualify for home care individualized funding, Saskatchewan Aids to Independent Living (SAIL), or the Personal Care Home Benefit to financially assist older adults with the cost of living in a licensed personal-care home • Financial supports such as the Saskatchewan Low-Income Tax Credit supplement the federal Seniors Tax Credits, and the Seniors Income Plan helps support those with little to no income other than the federal Old Age Security Pension (OAS) and the Guaranteed Income Support (GIS) ○ The Seniors Education Property Tax Deferral Program allows older adults with income under $70,000 to defer a portion of their property taxes through a repayable loan • Saskatchewan provides a variety of financial exemptions and subsidies, and other public services to help improve community-dwelling older adults' mobility and access to public recreation activities • The Saskatchewan Housing Corporation provides over 10,000 government-supported housing units for senior households in almost 300 communities across the province for older adults living independently, with or without supports ○ Rent is based on 30% of gross household income for low-income older adults and set at an affordable rate comparable or below market rents for those with moderate income • The province provides resources to help community-dwelling older adults plan ahead through advance care planning and aging well in the community
Manitoba	*Challenges with aging with dignity in the community*

Province	Summary of experiences
	• Based on data from Statistics Canada, many older adults living in Manitoba live alone (39.9%), do not have weekly contact with relatives (32%) and feel lonely (22.8%), highlighting a need for services and supports that better integrate older adults into communities • A study published 2 September 2022 highlighted a key lack of caregiver support interventions offered in Manitoba that are offered in other provinces, including caregiver workshops, webinars and online courses, caregiver navigator role and facilitator training, a central office/physical address, and funding by the ministry of health *Options to support aging with dignity in the community* • The Winnipeg Regional Health Authority aims to promote healthy living for older adults by supporting community-based services and programs, including those designed to foster social and physical environments that support health and independence, increase health promotion, chronic-disease management, and social connectiveness, prevent and/or postpone disabilities, discomfort and preventable injury, and increase the extent to which older adults have meaningful control over their health and well-being o Services include meal programs, senior centres and other community engagement services, and tenant resource coordinators for those living in assisted-living and residential-care settings • Manitoba's Aging in Place strategy includes seniors' housing, group living, and supportive housing for older adults who require 24-hour support to help delay or avoid care-home placement • Active Aging in Manitoba provides programs such as exercise classes and walking programs, and provides education through volunteer peer leaders to promote the health and well-being of older Manitobans living in the community • The Manitoba Association of Senior Communities aims to foster health promoting, capacity building and community focal points for services and activities that enhance dignity, independence and community engagement among older adults
Ontario	*Challenges with aging with dignity in the community* • Despite an overwhelming majority (90%) of Ontario seniors (65 years and older) wishing to remain independent during the latter stages of their lives, a growing number are at risk for loss of independence as they require more support than what is currently available to age with dignity in the community • With regards to living arrangements, 93% of Ontarians aged 65 years or older live in a private household o 63% live with a partner or spouse, 23.5% live alone, 11% live with relatives, and 1.9% live with non-relatives • Data from 2013-2014 shows that 48.7% of Ontario seniors reported having hypertension, 46.8% arthritis, 18.4% diabetes, 7.4% asthma, 7.3% Chronic Obstructive Pulmonary Disease (COPD), and 7.2% mood disorder • In view of the living arrangements, comorbidities, and number of older adults at risk for loss of independence, Ontario seniors require a wide range of community and home-care services to remain independent at home *Options to support aging with dignity in the community* • Similar to other provinces and jurisdictions, Ontario promotes fall prevention through supporting community programs such as adult exercise and bone density tests to screen for osteoporosis

Province	Summary of experiences
	○ Osteoporosis is related to 80% of cases of seniors with broken bones • Finding Your Way is a partnership program between Alzheimer Society of Ontario and local societies across the province to educate families, providers, and the community about how to effectively support persons with dementia • AGE-WELL (Aging Gracefully across Environments using Technology to Support Wellness, Engagement and Long Life) and the Centre for Aging + Brain Health Innovation are providing funding for the evaluation of innovative technologies such as apps, robotics, online training programs, and devices to support aging in the community • Hearing Care Counselling Program is a free counselling service provided to seniors (55 years and older) with hearing loss ○ The service aims to improve seniors' ability to communicate with family, friends, and their healthcare providers in an effort to support continued socially active, safety, and ability to remain independent at home ○ Counsellors offer home visits, education and recommendations on communication devices • A study published 2 September 2022 comparing available caregiver-support interventions and services across seven provinces noted that Ontario covers all service categories investigated, including caregiver support lines, workshops, webinars and online courses, access to support groups, facilitator training, lists of resources, and caregiver advisor services • Ontario Renovates, a part of the Ontario Priorities Housing Initiative (OPHI), provides forgivable loans to low- to middle-income homeowners and landlords of affordable rental buildings to make the necessary changes to their homes to improve standards or make them more accessible • Ontario points citizens to Canada Mortgage and Housing Corporation, Canada's national housing agency, for self-assessment forms to understand how they can adapt their homes to meet their needs • Ontario also offers other forms of tax incentives and reliefs for seniors, including support in searching for affordable housing
Québec	*Challenges with aging with dignity in the community* • A study published 2 September 2022 highlighted a key lack of caregiver support interventions offered in Québec that are offered in other provinces, including caregiver workshops, webinars and online courses, and caregiver navigator role and facilitator training *Options to support aging with dignity in the community* • The Government of Quebec provides home-care support services for older adults through local community service centres to assist persons with functional limitations who need to receive home-care services based on their condition and needs, and allows them to remain in their own homes for as long as possible, such as psychosocial services, occupational therapy, and home-activity support services • 'Aging and Living Together, At Home, In One's Community, In Québec', a government policy published in May 2012 outlines key initiatives in the implementation of the Age-Friendly Québec (AFQ) program ○ The program provides support for province-wide projects and experimentation for community action, such as initiatives that promote healthy lifestyles and active leisure activities to maintain older adults' overall health and well-being • A guide to implementation of the age-friendly municipality initiative was published in 2013 with objectives to combat ageism, adapt municipal policies, services and structures, adopt a comprehensive and integrated approach, promote older adults' participation, and rely on collaborative partnerships and mobilization of communities

Province	Summary of experiences
	• The Research Centre on Aging at Université de Sherbrooke is developing a model and tools to support municipalities in adapting their policies, services, and structures to the needs of their aging populations as part of the Quebec government's Age-Friendly Cities and Communities Initiative • Montreal's West Island Integrated University Health and Social Services Centre offers services to older adults to support living independently for as long as possible, such as medical services, fall prevention, home adaptation programs, and assistance with visual impairments • Société d'Habitation du Québec's Residential Adaptation Assistance Program provides supports to adapt the homes of older adults with special needs, including assistance with costs of installing ramps or shower grip handles
New Brunswick	*Challenges with aging with dignity in the community* • New Brunswick's Aging Strategy highlights that 15.5% of New Brunswick seniors unpaid care to others and 19.5% of acute care hospital beds per day are used by patients who no longer require acute care but are waiting to be discharged, demonstrating the need for greater community and home care supports for patients and the importance of providing supports for those who provide informal care *Options to support aging with dignity in the community* • New Brunswick's Aging Strategy aims to enable older adults to live independently, increase awareness about financial supports available for older adults, strengthen linkages between home care, community services, and other services across the healthcare system, and improve older adults' technology literacy and leverage technology to help older adults manage their health needs and stay socially connected o Examples of services include scaling up technology-based assistive tools such as home-based care systems to provide remote monitoring, free home consultations and up to $1,500 in financial assistance for home repairs or modifications for eligible seniors, increasing the delivery of essential dementia care services in the community, illness prevention and health-promotion services to reduce social isolation, falls, preventable chronic illness, mental illness and addiction, and establishing a community-based single point of contact to offer information on supports and services available in the community and from government for older adults • St. Thomas University led the development of Aging in New Brunswick: A User's Guide to help older adults more easily navigate resources and services, including for home support services, driving safety, financial and legal matters, functional supports and home modifications, and advance planning • The New Brunswick Dementia Friendly Initiative, led by the Collaborative for Healthy Aging and Care, supports New Brunswick communities to better support people living with dementia through education and implementation of dementia-friendly approaches in their local context
Nova Scotia	*Challenges with aging with dignity in the community* • Some key challenges for older adults living in the community identified by Nova Scotia include ageism and other factors such as racism, sexism, and ableism presenting barriers to participation in paid and unpaid work, cost of living, lack of transportation, and social isolation

Province	Summary of experiences
	○ These challenges highlight the need for services, supports and opportunities for older adults in Nova Scotia to stay mobile, stay socially connected, and address age-related and other discrimination ○ Lack of supportive social networks is linked to a 60% increase in the risk of dementia and cognitive decline, further increasing need for home- and community-care services supporting persons with dementia • A study published 2 September 2022 highlighted a lack of caregiver navigator role and facilitator training done across other provinces *Options to support aging with dignity in the community* • SHIFT: Nova Scotia's Action Plan for an Aging Population focuses on three core goals, including supporting aging in place and connecting older adults to community life ○ The commitments to advance this goal include supporting community transportation, appropriate and affordable housing, and age-friendly community planning efforts • Nova Scotia's Age-friendly communities grant provides funding up to $25,000 per initiative and is administered by the Nova Scotia Department of Seniors and Long-Term Care ○ The grant consists of two streams – planning and projects – to design and implement interventions and services supporting the social participation and inclusion of older adults, addressing social isolation and loneliness, developing community supports for persons with dementia, advancing health promotion and injury prevention, and supporting older adults' adoption of technology to help them stay socially connected and access virtual programming • Nova Scotia's home and community care services connect older adults and caregivers to services such as adult day programs, home care, and equipment necessary to help older adults manage their needs at home ○ Self-managed care and supportive care allow older adults with physical disabilities or cognitive impairments, respectively, to manage their own care by choosing from relevant services such as personal care, respite, meal preparation, and household chores • Housing programs for older adults in Nova Scotia include home adaptations to promote independence, the senior citizens assistance program, which is a grant of up to $6,500 for those unable to afford home repairs, and public housing to provide affordable rental housing for seniors with low incomes (rent determined by annual income)
Prince Edward Island	*Challenges with aging with dignity in the community* • None identified *Options to support aging with dignity in the community* • Prince Edward Island's 2009 Healthy Aging Strategy outlines some key priorities, including enhanced home care to support older adults living independently for as long as possible ○ The Government of Prince Edward Island increased the Home Care budget by $1.5 million in the fiscal year of 2009-10 for the first stage of a focused investment in home care

Province	Summary of experiences
	• Prince Edward Island's 2018 action plan for senior, near seniors, and caregivers outlines four pillars to improve the health and wellness of older adults 1) Age-in-place initiatives, including policies and practices that support older adults to age-in-place in their home and communities by enhancing home and community services (e.g., exploring the development of a Seniors Companion Program to extend home and social support to older adults in the community) 2) Incorporating an age-friendly approach to communities, housing, workforce, and health care facilities 3) A renewed focus on active aging in combination with initiatives aimed to improve ageism and stereotypes 4) Support upstream actions that address the social determinants of health, such as investing in new older-adults housing units • Prince Edward Island's health authority, Health PEI, is collaborating with the Coordinated Accessible National (CAN) Health Network on a program that uses technology developed by the province based on Stepscan Technologies to identify challenges in mobility assessment for older adults • A guide to becoming an age-friendly community in Prince Edward Island was designed for older adults, community leaders, town planners, community groups and organizations, and business owners, and provides a series of five milestones to expand on age-friendly mandates across communities in Prince Edward Island (e.g., establishing an advisory committee, resolution, and action plan, and publicly measure and report on actions) • As part of efforts to implement the Age-Friendly Communities Initiatives, the city of Charlottetown in collaboration with the Seniors' Engagement Committee is launching a programming series to support the city's commitment to becoming an age-friendly community • The project called 'Building an Age-Friendly Charlottetown through Community Engagement and Education' builds on findings and recommendations of the seniors' consultations held in November 2021
Newfoundland and Labrador	*Challenges with aging with dignity in the community* • None identified *Options to support aging with dignity in the community* • Newfoundland and Labrador's four regional health authorities (RHAs) provide many types of supportive programs and services for older adults to live as independently as possible within their community o Respite care o Home support services intended to supplement services provided by the individual's family or support network and prevent, delay, or provide substitute for placement in a long-term care facility o Special assistance program, including medical supplies and equipment o Personal-care home o Coordinate financial and needs assessments to access a variety of services o Supports for neglected adults o Long-term care

Province	Summary of experiences
	• Newfoundland and Labrador Housing Corporation (NHLC) provides a Home Modification Program that assists older adults with funding needed to make accessibility changes to their homes to continue living independently, such as wheelchair ramps, installing accessible showers, and constructing extensions • The 2022-23 Age-Friendly Newfoundland and Labrador Communities Program supports municipality, Indigenous governments, and not-for-profit organizations to implement age-friendly mandates through two funding streams o Stream one provides applicants with an opportunity to provide an age-friendly focus on all aspects of the planning process of Stream two projects, including completing an age-friendly community or regional assessment and development of an action plan or adding an age-friendly focus to existing or new plans to various policies, such as zoning and other bylaws, active transportation planning, and food-security planning • Stream two provides funding to carry out the actions identified in the planning phase of Stream one

Yukon	*Challenges with aging with dignity in the community*
	• According to Brendan Hanley, Yukon's former chief medical officer of health, several challenges faced by seniors to age with dignity at home include:
	  o Limited training for informal caregivers
	  o Lack of financial support for caregivers
	  o Lack of assisted living facilities
	  o Limited tailored mental health services for seniors
	
	Options to support aging with dignity in the community
	• The Government of Yukon provides the following services to enable seniors to age with dignity at home: Yukon Seniors Income Supplement, home-care programs, funding to help cover heating costs for seniors, financial support for specific chronic diseases and disabilities, extended heathcare benefits and Pharmacare for seniors, diabetes wellness series, and blood pressure and heart disease support programs
	• In 2021, the Government of Yukon published the Yukon Aging in place Annual Report, which aims to promote, protect and enhance the well-being of Yukon seniors and Elders
	  o Recommended actions are provided across four pillars, which are: transportation, housing, living a full and meaningful life, and programs, services, and infrastructure
	• The Government of Yukon is enhancing programs and services for Yukon seniors and Elders, with the goal of supporting them to age in place in their own homes and communities
	• The Government of Yukon will continue to invest in Shine a Light on Dementia, a program that provides education and training for caregivers of people with dementia
	• In 2021, a new rural end-of-life support program was established to provide direct funding to Yukoners in rural communities who have a progressive, life-limiting illness and are at end of life
	• The Government of Yukon is working with Yukon First Nations to develop a Yukon-specific Indigenous cultural safety and humility training program to support Yukon seniors

Province	Summary of experiences
	○ This program will be made available to all Yukon Hospital Corporation employees and departments • The Government of Yukon offers the t to maintain/increase the level of independence in seniors and Elders and help prevent or delay the need to move into a facility • Yukon Health Care Insurance Plan for seniors on Pharmacare provides up to $600 for one hearing aid • The Government of Yukon offers Your Health Your Way workshop for chronic conditions to help participants manage their symptoms
Northwest Territories	*Challenges with aging with dignity in the community* • None identified *Options to support aging with dignity in the community* • In 2022-23, N.W.T. introduced Healthy Choices Fund projects aimed at supporting seniors to live well by creating age-friendly communities • The N.W.T. publishes healthy eating guidelines for adults and people over the age of 50 on its website. • Palliative care is available to all residents of the N.W.T., based on need and preference; the location of end-of-life care is based on a person's needs and preferences, and can occur in private homes • The Government of the Northwest Territories sponsors the Extended Health Benefits for Seniors Program to provide eligible residents of the Northwest Territories who are 60 years of age and over access to a range of benefits not covered by hospital and medical care insurance; the program includes coverage for drugs, dental services, medical supplies and equipment, vision care, and benefits related to medical travel • The Department of Health and Social Services' Territorial Admissions Committee reviews applications for Long Term Care and Supported Living placement in facilities that are funded by the Government of the Northwest Territories • The Seniors Aging-In-Place Program provides a forgivable loan (over one year) to lower energy costs or for repairs so that seniors who own their homes can continue to live in their homes safely • The Government of N.W.T. provides Home and Community Care Services (Home Care) with nursing care and support for personal care and daily living activities when they are no longer able to perform these activities on their own • N.W.T. has a Seniors' Information Line that provides information and support about access to services • The Seniors Information Handbook for N.W.T. outlines initiatives and programs available in N.W.T. that support seniors to stay at home and live with dignity • These include community-development programs, residential care, assisted and communal living options, income supplements, disability support services, legal outreach, and a variety of housing and public-transit subsidies
Nunavut	*Challenges with aging with dignity in the community* • A needs-based assessment was conducted with regards to continuing care for older Nunavummiut (citizens of Nunavut) to identify necessary programs and services to support aging with dignity in the community

Province	Summary of experiences
	○ Elders identified the need for seniors' four-plex housing with a good view of land/water, a quiet environment and a room size that permits adequate ventilation to prevent respiratory problems ○ Elders also identified the need for family visits once or twice a year, accessible van visits to get on the land, transportation to gatherings and to get groceries, wheelchair and walker accessible housing, and banking services ○ Healthcare professionals and government stakeholders identified the following chronic diseases as important to consider when providing community care: COPD, Type 2 diabetes, arthritis, hypertension, stroke, lung cancer, and dementia ○ Anecdotal evidence indicates that concerns for safety from elder abuse, financial exploitation, and extreme isolation are driving many referrals for residential long-term care, rather than care need ○ The needs-based assessment identified that the provision of home- and community-care services is inconsistent across the territory, with at least one community in which no home care is available due to the inability to recruit home-care staff ○ Staff identified safety risks as a reason for being unable to provide care in certain homes ○ The current home care program is not configured to provide care in the evenings and on weekends, except for palliative care ○ Recommendations to support aging in place include examining the impact of Nunavut Housing Corporation policies to maintain access to public housing, strengthening the delivery of the Home and Community Care program, investigating the possibility of programming in seniors' four-plexes, providing family-caregiver support, creating a palliative-care framework, and improving data collection to identify the need for services *Options to support aging with dignity in the community* • The Home and Continuing Care program provides Nunavummiut with healthcare and support services in their own home ○ Home care is defined by the Government of Nunavut to support an individual to live at home with the goal of delaying or eliminating the need for placement in a residential long-term care facility, and can be divided into the two broad categories of home care and home nursing ○ Home-care services include homemaking (house cleaning, assistance with meals and groceries), personal care, nursing care, respite care and rehabilitation services ○ Home nursing includes skilled medical care such as wound management, medication management and palliative care ○ Citizens with long-term illness or who need support in their daily lives are eligible to receive services from the Home and Community Care program

DeMaio P, Bain T, Al-Khateeb, S, Bhuiya A, Alam S, Soueidan S, Wang A, Khan Z, El-Kadi A, Evans C, Wilson MG, Lavis JN. Rapid evidence profile #36: What is known from the evidence and experiences about challenges of aging with dignity and options to support aging with dignity in the community? Hamilton: McMaster Health Forum, 26 September 2022.

To help health- and social-system leaders as they respond to pressing challenges, the McMaster Health Forum prepares rapid evidence profiles like this one. This rapid evidence profile was prepared with support received through a gift that was provided by the CMA Foundation. The McMaster Health Forum receives both financial and in-kind support from McMaster University. The authors would like to thank Nujud Al-Jabouri, Lein Charkatli, Anika Garg, Ariana Jaspal, Jaclyn Holdsworth, and Kunika Singh for their support in preparing this profile. The views expressed in the rapid evidence profile are the views of the authors and should not be taken to represent the views of the CMA Foundation or McMaster University.

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Appendix 1: Methodological details

We use a standard protocol for preparing rapid evidence profiles (REP) to ensure that our approach to identifying research evidence as well as experiences from Canadian provinces and territories are as systematic and transparent as possible in the time we were given to prepare the profile.

Identifying research evidence

For this REP, we searched our continually updated inventory of best evidence syntheses and guide to key COVID-19 evidence sources for:

1) guidelines (defined as providing recommendations or other normative statements derived from an explicit process for evidence synthesis);
2) full systematic reviews;
3) rapid reviews;
4) protocols for reviews or rapid reviews that are underway;
5) titles/questions for reviews that are being planned; and
6) single studies (when no guidelines, systematic reviews or rapid reviews are identified).

We also searched:

1) ACCESSSS;
2) Health Systems Evidence;
3) Social Systems Evidence;
4) Cochrane Library;
5) the COVID-END inventory of best evidence syntheses; and
6) PubMed.

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing.

Identifying experiences from Canadian provinces and territories

For each REP we search several sources to identify experiences. For example, we search websites from relevant federal and provincial governments, ministries and agencies (e.g., Public Health Agency of Canada).

While we do not exclude countries based on language, where information is not available through the government-response trackers, we are unable to extract information about countries that do not use English, Chinese, French or Spanish as an official language.

Assessing relevance and quality of evidence

We assess the relevance of each included evidence document as being of high, moderate or low relevance to the question. We then use a colour gradient to reflect high (darkest blue) to low (lightest blue) relevance.

Two reviewers independently appraised the quality of the guidelines we identified as being highly relevant using AGREE II. We used three domains in the tool (stakeholder involvement, rigour of development and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher across each of these domains.

Two reviewers independently appraise the methodological quality of systematic reviews and rapid reviews that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality reviews are those with scores of eight or higher out of a possible 11, medium-quality reviews are those with scores between four and seven, and low-quality reviews are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to health-system arrangements or to economic and social responses. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.

Preparing the profile

Each included document is hyperlinked to its original source to facilitate easy retrieval. For all included guidelines, systematic reviews, rapid reviews and single studies (when included), we prepare a small number of bullet points that provide a brief summary of the key findings, which are used to summarize key messages in the text. Protocols and titles/questions have their titles hyperlinked given that findings are not yet available. We then draft a brief summary that highlights the total number of different types of highly relevant documents identified (organized by document), as well as their key findings, date of last search (or date last updated or published), and methodological quality.

Appendix 2: Key findings from evidence documents that address the question, organized by document type and sorted by relevance to the question

Type of document	Relevance to question	Key findings	Recency or status
Guidelines	• None identified		

Full systematic reviews	• Options to support aging with dignity in the community
	  ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)
	  ○ Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings
		• The scoping review focused on community-based housing models and older adults aging in place such as retirement communities, congregate housing and co-housing, sheltered housing, and continuing-care retirement communities
		• Four key themes emerged:social relations, health and well-being, sense of self and autonomy, and activity participation
		• The authors concluded that built environments should consider ways to increase social relations such as access to the greater community, proximity of living units and shared spaces, social activities, and support from on-site staff that facilitate frequent resident interaction and increased socialization
		• For health and well-being, housing models should include values of safety, inclusivity and socialization (e.g., use of activities and program offerings, cost and availability of comprehensive care)
		• For sense of self and autonomy, housing models should be designed for the needs of older adults and support a positive sense of self, privacy, security, and confidence in living independently
		• For activity participation, the authors recommended proximity to amenities and neighbours, and communal programming that increases activity participation
		Source (5/9 AMSTAR rating)
			Published March 2022

	• Options to support aging with dignity in the community	• The review focused on self-management interventions of medicines for community-dwelling	Literature last searched December 2021

	○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	people with dementia and mild cognitive impairment and their family carers • The authors found 13 interventions, mostly addressing adherence targeted towards family carers (e.g., family carers responsible for ensuring frequent visits, supply management, monitoring effects and side effects with healthcare professionals) • There are few interventions that address core challenges for people with dementia Source (4/9 AMSTAR rating)	
	• Options to support aging with dignity in the community ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention) ○ Supporting technology-enabled care at home (including digital literacy) ▪ Non-invasive and patient-engaged (e.g., websites, smartphones, personal digital assistants)	• This systematic review summarized the literature on older adults' eHealth learning, including barriers and enablers related to the learning, how older adults are supported in their use of eHealth technologies, and what meanings are attached to the technologies for older adults living in rural and remote areas • The results showed that: ○ The most reported barrier related to older adults' learning to use eHealth technologies were health-related difficulties, such as cognitive impairment or impaired hearing ○ The most reported enabler related to learning was providing support, including social network support, such as face-to-face support, and non-social support, such as written or video instructions • The authors concluded that eHealth technology is needed for rural and remote areas to facilitate access and reduce logistical barriers to healthcare services Source (AMSTAR rating 4/9)	Published 2 December 2021
	• Options to support aging with dignity in the community ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• The review focused on the effects of gait adaptability training on falls and fall-related factures with at least six-month follow-up among community-dwelling older adults aged 60 years and older	Literature last searched 18 June 2020

		• Gait adaptability training includes quick and voluntary adjustments of gait patterns when approaching environmental challenges, such as avoiding obstacles • According to the meta-analysis, gait adaptability training reduced falls by 42%, and among those with fall-related factures reduced falls by 81% • This type of training is a promising and feasible exercise activity Source (10/11 AMSTAR rating)	
	• Options to support aging with dignity in the community o Strengthening health promotion, disease prevention and chronic-disease management (and reducing or preventing the use of unnecessary care) through a primary-care provider, appropriate linkages to acute/specialty care, and post-discharge monitoring to avoid hospital readmission or intervene earlier to mitigate health impacts	• This Cochrane review aimed to determine if providing end-of-life care at home reduces the likelihood of dying in hospital, and also the effect this has on patients' symptoms, health-service costs, quality of life, and caregivers compared to inpatient hospital and hospice care • The review found that end-of-life care that is home-based increased the likelihood of dying at home when compared with usual care, and that home-based end-of-life care may improve patient satisfaction at one-month follow-up • The effect on the control of symptoms and patient outcomes as well as on caregivers, staff, and health-service costs was found to be uncertain Source (10/11 AMSTAR rating)	Literature last searched 18 March 2020
	• Challenges with aging with dignity in the community o Limited options and supports for staying in one's preferred home environment ▪ For older adults with one or more conditions • Cardiovascular disease	• In this systematic review, the unmet care needs of stroke survivors living in communities were explored o Unmet needs were defined as 'a need for something or help from someone that is not being met' • A total of 32 studies published from inception to February 2020 were included and 1,980 unmet needs were identified o This included a median range of two to eight unmet needs per patient predominantly at six	Literature last searched February 2020

		months post-stroke (62.14%) and two years post-stroke (81.37%)
		  o The highest rate of unmet needs was reported by the Netherlands and lowest rate was reported in Canada
		• The main concerns of stroke survivors in the included studies were information support, physical function (e.g., physical issues, fatigue, spasticity) and mental health (e.g., cognition, mood and stress); a few studies also reported unmet needs of leisure exercise and the ability to return to work
		  o Stroke survivors and their caregivers reported feeling abandoned and marginalized by healthcare services because of insufficient rehabilitation and unmet information needs (e.g., language being too difficult to understand)
		  o Some stroke survivors also questioned their healthcare professionals' quality and competence in helping them adjust to the changes of life after stroke
		• The study's authors highlighted that age, economic and cultural factors should be considered when developing and implementing interventions for community-dwelling stroke survivors
		Source (5/10 AMSTAR rating)	

	• Challenges with aging with dignity in the community
	  o Limited options and supports for staying in one's preferred home environment
	  ▪ For frail older adults
	• Options to support aging with dignity in the community
	  o Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)
		• The review focused on home-based primary care and found five overarching themes in terms of access and use of this model: provision of home-based primary care, the composition of care teams, outcomes, role of telehealth, and emergency-preparedness efforts
		• The review found that while home-based primary care in the U.S. provides access to high-quality routine and urgent primary care, this model does not reach many homebound patients, especially for specialized care
		• The review found that telehealth in combination with the use of community health navigators and
			Literature last searched January 2020

		in-home nursing may be innovative solutions to expand care and access to home-based primary care Source (4/11 AMSTAR rating)	

	• Options to support aging with dignity in the community
	  ○ Engaging residents, families, and caregivers in shared decision-making about whether to enter residential-care settings with varying levels of support
		• This systematic integrative review was conducted to develop a conceptual model that would inform the development of advance-care planning (ACP) interventions for frail community-dwelling elders
		• The framework draws on COM-B behaviour change framework, which suggests that changing and sustaining behaviour requires capabilities, opportunities, and motivation
		• With respect to capabilities, the study found that:
		  ○ Education and training can support elders and families to understand ACP and end-of-life trajectories, but it requires adequate time and can be delivered through targeted materials or routine practice
		  ○ Education and training for professionals focuses on communication and engaging patients
		  ○ Personal abilities of frail elders can be taken into account through early engagement (i.e., prior to physical or cognitive deterioration)
		• With respect to opportunities, the study found that:
		  ○ Advance-care planning should occur over time rather than as a single event
		  ○ Professionals need to recognize and act on triggers for advance-care planning conversations, (e.g., care transition, poor prognostic indicators, and living in long-term care)
		  ○ Resources for ACP include leadership and staffing, time, finances, and documentation
		• With respect to motivation:
		  ○ Relationships and living well are issues of central importance that should be integrated into advance-care planning
		  ○ Professional responsibilities for advance-care planning should be clarified
			Literature last searched October 2018

		Source (5/9 AMSTAR rating)	

	• Options to support aging with dignity in the community
	  ○ Supporting technology-enabled care at home (including digital literacy)
	  ▪ Non-invasive and automatic (e.g., wearable devices)
	  ▪ Non-invasive and patient-engaged (e.g., websites, smartphones, personal digital assistants)
	  ▪ Multi-component
		• This review provided an overview of the technologies for community-dwelling older adults (65+ years) with mild cognitive impairment and dementia (MCI/D)
		• 29 studies published from 2007 to 2017 were included, from which four domains of technologies were identified: 1) safe walking indoors and outdoors, 2) independent living, 3) safe living, and 4) entertainment and social communication
		• In terms of safe walking (e.g., physical strength/endurance, balance, strategies for wayfinding), technologies used included GPS navigation devices and wearable arm-wrist mobile safety alarms that had GPS and two-way communication; these technologies seemed promising for users when complemented by repeated training sessions
		• Technologies that were identified to support independent living helped to compensate for lost cognitive skills by providing reminders via sound, light, and/or a written or spoken word
		• Several of the included studies explored integrated monitoring systems called AAL that supported safe living by detecting risks/events in the home and sending alerts if accidents occurred, which implicitly decreased the burden of family caregivers and postponed the transition to a nursing home
		• Computer tablets and iPads were used to show photos, music and games to people with MCI/D and provide meaningful engagement and cognitive stimulation; reactions were mixed, and it was recommended that user needs should be considered on a case-by-case basis
		• User participation in the included studies was high, but usability and acceptability of the technologies used appeared difficult to assess
			Literature last searched 17 June 2017

		○ The degree to which a technology was accepted by a user depended on their experiences of stability and reliability of the device Source (5/9 AMSTAR rating)	
	• Options to support aging with dignity in the community ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention) ○ Supporting technology-enabled care at home (including digital literacy) ▪ Non-invasive and automatic (e.g., wearable devices) ▪ Non-invasive and patient-engaged (e.g., websites, smartphones, personal digital assistants) ▪ Multi-component	• This review explored how the literature describes the use of personal emergency response systems (PERS), and how individuals in home-care practices experience, integrate, and relate to the use of PERS in everyday use • Many of the included studies (total of 33 studies) indicated the usefulness of an alarm system for fragile older adults, although the authors note that some studies indicate that the system is not suitable for everyone • The most stated reason for getting a PERS was the possibility of receiving urgent help when needed, including being helpful for those living in isolation, those with mobility issues, and concern for personal safety • Most of the studies indicated that many end users reported being satisfied with the PERS overall • Resistance and non-use of PERS was shown to be due to factors such as the change in caring practices and the way users experience the technology as changing their lives and homes Source (3/9 AMSTAR rating)	Published 14 July 2016
	• Options to support aging with dignity in the community ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention) ○ Supporting technology-enabled care at home (including digital literacy) ▪ Non-invasive and automatic (e.g., wearable devices) ▪ Non-invasive and patient-engaged (e.g., websites, smartphones, personal digital assistants)	• Current practices and recommendations for designing, implementing, and evaluating mHealth technologies were explored for managing chronic conditions in community-dwelling older adults • Out of the 42 included studies, 17 focused on older adults with single chronic conditions, including diabetes, stroke, heart condition, chronic obstructive pulmonary disease (COPD), and dementia or cognitive impairment • A focus on user-centred design and interdisciplinary/collaborative team approaches are	Published 9 June 2016

	▪ Multi-component	two themes that emerged pertaining to the practices and considerations in designing mHealth solutions • Successful implementation of mHealth solutions should consider feasibility in relation to organizational and system readiness, acceptability of the mHealth solution, and usability in relation to the different end users • Evaluation methods of mHealth solutions varied across the literature, including quantitative and qualitative methods and tools o Standardized tools were utilized for targeted outcomes of interest, often tailored to the chronic condition or population in question Source (4/9 AMSTAR rating)	
	• Options to support aging with dignity in the community o Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention) o Supporting technology-enabled care at home (including digital literacy) ▪ Non-invasive and patient-engaged	• The review focused on the level of technology readiness among older adults and the types of home and home-based health-monitoring technologies that support aging in place for older adults with complex needs • The level of technology readiness among older adults was low and there is limited evidence that smart homes and home health monitoring help address disability prediction and health-related quality of life or fall prevention • Home health technology was found to have some benefits for older adults with daily living, cognitive decline, mental health, and heart conditions Source (6/10 AMSTAR rating)	Published 19 April 2016
	• Options to support aging with dignity in the community o Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention) o Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings	• The aim of this Cochrane review was to evaluate time-limited home care reablement services for maintaining and improving the independence of older adults (65+ years) when compared to usual home care or a wait-list control group o The reablement approach offers intensive (i.e., multiple visits), time-limited (typically six to 12 weeks), multidisciplinary, goal-directed, and person-centred home-care services	Literature last searched June 2015

		• Outcome measures from the study included:
		  ○ Functional status: reablement may be slightly more effective than usual care in improving function of older adults at nine to 12 months, according to very low-quality evidence
		  ○ Adverse events: reablement may make little or no difference to mortality after the first 12 months or to rates of unplanned hospital admission at 24 months
		• Due to the limited and very low-quality evidence, the effectiveness of reablement services could not be adopted nor refuted
		• More evidence is needed to assess its effectiveness across different systems
		Source (11/11 AMSTAR rating)	

	• Options to support aging with dignity in the community
	  ○ Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings
		• This systematic review synthesized the evidence published from 1990 to 2015 on the effectiveness of interventions that have been developed to foster respect and social inclusion among older adults (60+ years) residing in communities
		• Forty studies were included, all of which were conducted in high- and middle-income countries and focused on group-based interventions
		• Identified interventions included dancing, music and singing, intergenerational and multi-activity programs, mentoring, art and culture, and information-communication technology
		  ○ Of these interventions, music and singing, art and culture, and intergenerational and multi-activity programs were associated with a positive impact overall on health outcomes of older people
		  ○ Health outcomes considered included depression, well-being, perceived stress and mental health, physical health, subjective health, and quality of life
			Literature last searched January 2015

		○ Mediating factors identified from qualitative studies included improved self-esteem, self-worth, and enjoyment • Further research is needed to assess the cost-effectiveness of these interventions, and more robust evidence is needed to provide certainty about the impact of these interventions Source (7/10 AMSTAR rating)	
	• Options to support aging with dignity in the community ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• In this review, evidence published from 1990 to August 2012 on mobility interventions for healthy community-dwelling older adults was evaluated • A total of 81 articles were included and three types of interventions were identified and discussed: cognitive training interventions (e.g., driving safety and mobility), exercise interventions, and educational interventions ○ Cognitive training interventions included computerized and written training exercises while educational intervention included at-home educational programs and in-person classes or on-road training activities ○ Most of the included studies evaluated exercise interventions (n=65), which were organized into subcategories: "walking", "walking + other", "dance", "balance, flexibility, and strength", "combination", and "vibration" • The results of the cognitive-training interventions were found to be positive and the educational and exercise interventions had mixed results • Overall, research on cognitive training demonstrated transfer of training to several driving mobility functions (e.g., driving cessation and gross motor function), and showed that it could be an effective method of extending safe mobility among older adults • Educational interventions were found to be beneficial under some circumstances, with older	Literature last searched August 2012

		adults with the greatest disability benefiting most from the interventions
		  ○ Research also suggests that in order to maximize benefits, educational interventions should be tailored to specific participant characteristics
		• In terms of exercise interventions, more research is needed to explore the weak research findings on transfer of improved muscle strength and power from resistance training programs to everyday mobility outcomes
		  ○ Additional research that has more robust study design is also needed to measure real-world mobility functioning
		Source (3/11 AMSTAR rating)	

	• Options to support aging with dignity in the community ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• This Cochrane review assessed the impact of interventions that help reduce falls in community-dwelling older people • The most common interventions identified were exercise as a single intervention and multifactorial programs • The study found that group and home-based exercise programs and home-safety interventions significantly reduced the falls rate and the risk of falling • Multifactorial assessments (e.g., individual risk assessment and intervention programs) reduced rate of falls but not the risk of falling • The study also found that vitamin D supplementation did not appear to reduce falls, but it may have been effective in people who have lower vitamin D levels before treatment Source (9/11 AMSTAR rating)	Literature last searched March 2012
	• Options to support aging with dignity in the community ○ Strengthening health promotion, disease prevention and chronic-disease management (and reducing or preventing the use of	• This review assessed the effects of interventions designed to improve verbal interpersonal communication about end-of-life care between healthcare personnel and people affected by end-of-life care	Published 8 July 2022

	unnecessary care) through a primary-care provider, appropriate linkages to acute/specialty care, and post-discharge monitoring to avoid hospital readmission or intervene earlier to mitigate health impacts	• Interventions that aimed to improve knowledge and understanding, such as question prompt lists, may have little to no effect on knowledge of illnesses and prognosis, or information needs • An intervention involving a family conference may increase the length of end-of-life discussions in some situations, and a structured serious illness conversation guide might lead to earlier discussions between patients, caregivers, and healthcare professionals about end-of-life care • The authors concluded that the findings were too inconclusive for practice and that future research, in particular mixed methods and/or qualitative research, may contribute to better understanding the complex dynamics of communication between different involved parties in end-of-life care Source (11/11 AMSTAR rating)	

	• Challenges with aging with dignity in the community
	  ○ Limited options and supports for staying in one's preferred home environment
	  ▪ For older adults with one or more conditions
	  • Cardiovascular disease
		• This study identified the scope of unmet needs from the perspectives of community-dwelling stroke patients
		  ○ A meta-analysis of 24 studies was completed, which included 378 stroke patients
		• Unmet information needs were most commonly reported, including clinical information, practical information, and resources in the community
		• In many cases, survivors discussed unmet physical recovery and activity needs and felt a sense of inadequate activity and a yearning for the 'normal' pre-stroke life they had
		• Many stroke patients wished their homes were more adapted for their disabilities, and that they had more accessible public services
		• Some stroke survivors reported that their physical disability limited social activities and led to greater social isolation
		• The researchers felt that these perceived unmet needs are discoverable and mitigatable
			Published 22 February 2021

		Source (6/9 AMSTAR rating)	

	• Challenges with aging with dignity in the community
	  ○ Limited options and supports for staying in one's preferred home environment
	  ▪ For older adults in general
		• This scoping review described the current knowledge on social isolation and loneliness in Chinese older adults living in urban communities in Western societies
		• Based on the WHO's Age-Friendly Community Dimension framework, studies identified issues related to 1) social participation, 2) housing, 3) community support and health services, 4) community and information, 5) outdoor spaces and public buildings, 6) respect and social inclusion, 7) civic participation and employment, and 8) transportation
		• The results of this review indicate that social isolation and loneliness is a concern in this population in Canada, and that front-line professionals in health and social services play an important role in the elderly's social networks
		• Policy recommendations should focus on achieving long-term sustainability and the ability to address local social issues, such as social isolation and loneliness, and this integrative approach can also be used to promote collaboration across multiple policy domains that may have an impact on age-friendly community planning and interventions
		• There is a need for more research on the applicability of the age-friendly approach in tackling loneliness and social isolation in older adults, and explore possible relationships between social isolation and loneliness and age-friendly initiatives
		Source (5/9 AMSTAR rating)
			Published 17 April 2017

	• Options to support aging with dignity with community
	  ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)
	  ○ Strengthening health promotion, disease prevention and chronic-disease management
		• This study focused on assessing literature on the perceptions of older people on opportunities and challenges regarding their participation in autonomous decisions in their daily care at home
		• The authors identified four core themes: 1) older people's autonomy in their own home; 2) autonomy
			Published 27 March 2016

	(and reducing or preventing the use of unnecessary care) through a primary-care provider, appropriate linkages to acute/specialty care, and post-discharge monitoring to avoid hospital readmission or intervene earlier to mitigate health impacts	and relationship; 3) balancing autonomy and dependency; and 4) older people's autonomy and the organization of their home care • The study found that challenges arise when older adults become increasingly dependent on help, leading to the relationship with caregivers becoming very important for preserving their autonomy • The current organization of the home system was also found to be restrictive when it came to preserving the autonomy of older people • The study concluded that older people are strongly driven to maintain their autonomy in their homes Source (5/9 AMSTAR rating)	
	• Options to support aging with dignity in the community o Strengthening health promotion, disease prevention and chronic-disease management (and reducing or preventing the use of unnecessary care) through a primary-care provider, appropriate linkages to acute/specialty care, and post-discharge monitoring to avoid hospital readmission or intervene earlier to mitigate health impacts	• This Cochrane review evaluated the effectiveness of home palliative-care services for adults with advanced illness and their family caregivers on the odds of these patients dying at home o The review also compared the resource use and costs associated with home palliative-care services • The results of the study showed increased odds of dying at home and significantly beneficial effects of home palliative-care services compared to usual care on reducing symptom burden for patients with cancer, but had no effect on caregiver grief • The evidence on cost-effectiveness of home palliative care was inconclusive Source (10/11 AMSTAR rating)	Literature last searched Nov 2012
	• Options to support aging with dignity in the community o Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention) o Supporting technology-enabled care at home (including digital literacy) ▪ Non-invasive and automatic (e.g., wearable devices)	• This non-systematic review considered whether design guidelines for Advanced Driver Assistance Systems (ADAS) and In-Vehicle Information Systems (IVIS) address age-related needs • Select guidelines provided specific information about addressing age-related physical and sensory needs (e.g., glare sensitivity), while others refer to the need to consider aging without providing specific advice on how to do so	Published September 2017

	▪ Non-invasive and patient-engaged (e.g., websites, smartphones, personal digital assistants) ▪ Multi-component	• No guidelines provided specific advice relating to cognitive needs Source (2/9 AMSTAR rating)	
	• Options to support aging with dignity in the community o Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• This Cochrane review assessed the benefits and harms of multifactorial interventions (where interventions differ based on individual risk) and multiple component interventions (a one-size-fits-all model) for preventing falls in older people living in the community • Sixty-two trials were included, comprising 19,935 older people living in the community • Little or no difference in risk of falls was found between recipients of multifactorial interventions compared with those who received usual care or attention • Compared to usual care or attention, moderate-quality evidence was found that multiple component interventions can reduce the rate of falls and sustaining one or more falls • There is low-quality evidence that multiple component interventions may reduce the risk of one or more fall-related fractures and of sustaining recurrent falls • Overall, multiple component interventions (including exercise) may reduce the rate of falls and risk of falling compared with usual care or attention control Source (11/11 AMSTAR rating)	Literature last searched 12 June 2017
	• Options to support aging with dignity in the community o Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• This review assessed internet interventions aimed at caregivers of people with dementia, with the intent to improve caregivers' quality of life while reducing the incidence of diseases associated with their activities • Seven studies were identified, with varying interventions, including websites providing support for several aspects of care delivery, additional care-	Published May 2017

		delivery strategies, exchanging experiences with other caregivers, and chat or video chat communication • Despite heterogeneity across studies, internet-based psycho-educational interventions showed an improvement in caregivers' well-being, specifically for self-efficacy, anxiety, and depression outcomes Source (5/9 AMSTAR rating)	
	• Options to support aging with dignity in the community o Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• In this systematic review, researchers studied the impact of medication-safety interventions for older adults with chronic conditions that are focused on caregivers • Form the eight included studies, researchers found three strategies among randomized trials o A home-based medication review and an adherence assessment facilitated by a clinical pharmacist o An educational DVD, a one-hour medication education and training o Another medication education and adherence intervention consisting of two or three home visits per patient and caregiver dyad • The findings highlight that most interventions emphasized education and enhanced communication to the patient and caregiver, however, the interventions that showed improved clinical outcomes emphasized communication between both the patient-caregiver dyad and the healthcare team Source (3/9 AMSTAR rating)	Literature last searched 31 January 2017
	• Challenges with aging with dignity in the community o Limited options and supports for staying in one's preferred home environment ▪ For older adults in general ▪ For frail older adults • Options to support aging with dignity in the community	• This Cochrane study aimed to study the effects of an exercise intervention on balance in older people (aged 60+) living in the community or living in institutional care o The authors believed a loss of ability to balance may be linked with a greater risk of falling, leading to increased dependency, illness, or death	Literature last searched February 2011

	○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• Seventy-five studies were included in their meta-analysis that included 9,821 participants • Exercise interventions were categorized into eight distinct categories ○ Gait, balance, coordination, and functional tasks ○ Strengthening exercise ○ 3D (including tai Chi, qi gong, dance, yoga) ○ General physical activity (walking) ○ General physical activity (cycling) ○ Computerized balance training using visual feedback ○ Vibration platform used as intervention ○ Multiple intervention types (combinations of the above) • The authors analyzed balance performance using the following tests: ○ Timed Up and Go Test – the time to stand, walk three metres, and return to a seated position ○ Single legged stance – ability to balance on one leg ○ Gait speed – time to walk a known pre-determined distance ○ Berg Balance scale – 56-point scale with 14 items of activities deemed safe for older people, scored 0-4 for each activity • The authors found most of the effective programs involved running three times weekly for a period of three months and standing dynamic exercise • The review found that some exercise types compared with usual activity are moderately effective in improving balance in older people ○ The tests used to measure balance yielded the greatest results with the following exercise types: gait, balance, co-ordination, and functional exercises; muscle strengthening exercise; 3D exercise types	

		○ Exercise types showed a moderate improvement in balance at least immediately post-intervention, but after cessation of the intervention, no notable change was found • The authors mention many of the studies lacked usable data or comprised methods, hindering the quality of the research Source (7/11 AMSTAR rating)	
	• Options to support aging with dignity in the community ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• This Cochrane review assesses the impact of personal assistance for older adults (65+ years) with impairments and on others • In the four included studies, personal assistance was compared with usual care, nursing homes, and 'cluster care' • In general, personal assistance was preferred over other types of services • The review also found that paid personal assistance most likely substitutes for informal care, but may cost governments more than alternative-care options Source (8/10 AMSTAR rating)	Literature last searched January 2005
Rapid reviews	• Options to support aging with dignity in the community ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)	• This rapid review focused on how regulated and unregulated healthcare professionals can support caregivers to engage in restorative-care processes (i.e., post-acute care focused on regaining function) • Caregivers need information about health conditions, how to provide care, how to communicate with health providers and care recipients, how to navigate health services, how to navigate community and financial supports, how to use relevant technology, and expectations of their role • Programs that train health professionals to engage caregivers in restorative care should be flexible and driven by pre-training learning needs assessment, draw on multiple data sources such as literature and engagement of persons with lived experience, and	Literature last searched April 2019

		include a clear statement of principles and goals of restorative care ○ These programs should also use small groups and a combination of digital and in-person approaches, and they may involve didactic, interactive, experiential, "just-in-time," and mentorship-based approaches • Specific considerations for training unregulated health professionals to engage caregivers in restorative care include: ○ Shifting from task-focused work to self-management support ○ Engaging regulated health professionals in training that exclude managers in training, due to power imbalances ○ Using strengths-based and person- and family-centred approaches Source (4/9 AMSTAR)	
Protocols for reviews that are already underway	• None identified		
Titles and questions for reviews being planned	• None identified		
Single studies	• Options to support aging with dignity in the community ○ Strengthening health promotion, disease prevention and chronic-disease management (and reducing or preventing the use of unnecessary care) through a primary-care provider, appropriate linkages to acute/specialty care, and post-discharge monitoring to avoid hospital readmission or intervene earlier to mitigate health impacts	• This study aimed to determine whether a multicomponent intervention with technological support and nutritional counselling prevents mobility disability in older adults with physical frailty and sarcopenia • This study was performed in 16 clinical sites across 11 European countries, with 1,519 community-dwelling men and women aged 70 years and older with physical frailty and sarcopenia • Participants were randomized to a multicomponent intervention or to receive education on healthy aging ○ Participants in the multicomponent intervention group performed moderate-intensity physical	Published May 2022

		activity twice weekly at a centre, up to four times weekly at home, and also received personalized nutritional counselling • The outcomes measured by this study were mobility disability (inability to independently walk 400m in less than 15 minutes) and persistent mobility disability (inability to walk 400m on two consecutive occasions) o Changes in 24 to 36 months in physical performance, muscular strength and appendicular lean mass were also measured • This study found a reduction in the risk of incident mobility disability during 36 months of follow-up, compared with an intervention comprising lifestyle education • The study also found that participants indicated to be frail at baseline and who were assigned to the multicomponent intervention showed greater improvements in physical performance than participants assigned to lifestyle education o Women with frailty at baseline in the multicomponent intervention group lost less muscle strength and appendicular lean mass than women in the lifestyle education group • If participants indicated to have a low degree of frailty at baseline, the multicomponent intervention did not affect the risk of developing mobility disability, had marginal effects on physical performance, and, in women, attenuated the loss of appendicular lean mass • The multicomponent intervention showed no effect on mortality or other major outcomes, such as risk of severe illnesses and admission to hospital • Although regular physical activity might be beneficial for preventing falls and fall-related fractures in older people, the rates of falls were greater in participants with frailty in the	

		multicomponent intervention group than in participants in the lifestyle education group • Further research is needed to identify the optimal characteristics of physical activity programs that allow the prevention of disability and falls in vulnerable older adults Source	

	• Options to support aging with dignity in the community
	  ○ Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings
		• In this study, three models of housing and services for older adults are compared and linked to domains of the age-friendly communities (AFCs) framework
		  ○ The three models of housing were co-housing, villages, and Naturally Occurring Retirement Community Supportive Services Program (NORC-SSP)
		  ○ The AFC framework domains were services, supports and information, respect, inclusion and diversity, affordability, and social and civic participation
		• Co-housing consists of private or rental units for each resident and shared communal spaces that can be intergenerational or exclusively for seniors
		• Villages are developed, funded and governed by older residents within a neighbourhood and include services like transportation, home maintenance, and healthcare that are provided by paid staff and/or volunteers
		• NORC-SSPs are models of supportive service programs that are formed in neighbourhoods with majority older adults that integrate community-based health, social recreation, and allied health services
		• The review suggests that all three models positively influence physical and mental health, lowers the demand for formal care, and enhances residents' knowledge of health promotion and disease prevention
			Published 14 January 2022

		• While some co-housing projects and NORC-SSPs were found to be inclusive of older adults from different ethnic backgrounds and lower socio-economic status, villages were not found to facilitate the inclusion of residents with diverse backgrounds
		• Designing flexible volunteer positions can improve participation in NORC-SSPs, and having group discussions and sharing activities in co-housing can help to promote spontaneous social interaction
		• In terms of affordability:
		  ○ The savings from self-developing co-housing projects helps to offset the costs of building the common areas and augmenting energy efficiency of the buildings used
		  ○ NORC-SSPs run largely on government funding and grants, which allows them to be staffed by support workers, but limits long-term funding security
		  ○ Villages are paid for primarily by membership dues, which has led to challenges in securing funding and prompted expansions of membership recruitment
		• The study highlighted that wide-scale investment in and implementation of these models can help to expand the range of options available to older adults for housing to age in place
		Source	

	• Options to support aging with dignity in the community
	  ○ Providing financial supports to avoid or delay entry into residential-care settings
		• Nova Scotia is the only province in Canada to implement the Caregiver Benefit Program, which gives eligible unpaid caregivers an allowance of $400 a month
		  ○ This program is aimed at low-income adults with high levels of disability and their caregivers
		  ○ In order to be eligible, both the caregiver and recipient must be over 19 years of age and have a caregiving relationship that is longer than 90
			Published April 2021

		days, with 20 or more hours of unpaid assistance given per week • This program aimed to recognize the contributions of eligible caregivers in providing assistance, sustaining the support these caregivers provide, and keeping eligible adults in their homes and out of long-term care institutions • A continuing-care coordinator from the Nova Scotia Health Authority is responsible for case management, including determining the eligibility of caregivers and care recipients, intake, coordination, and ongoing assessment of eligibility • Approximately 60% of care recipients are women (aged 74 on average at enrolment), and 40% are men (aged 63 on average at enrolment) • The majority of caregivers who receive the benefit are children or children-in-law (41%), followed by spouses (33%), other relatives (24%), and friends or neighbours (3%) • Strengths of this program include allowing caregivers and recipients to maintain autonomy from caregiving relationships, the reduction of caregiver burnout, decreasing long-term care spending due to care recipients being less likely to enter long-term care, and political and stakeholder support • Weaknesses of this program include not considering whether the caregiver must leave work to provide care, inadequate coverage of lost wages on a monthly basis, and the fact that the eligibility of caregivers to receive the benefit is based on the care recipient's income • Additionally, this program has not yet been critically evaluated for effectiveness, equity, or the perspective of caregivers Source	

	• Options to support aging with dignity in the community
	  ○ Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings
		• This study evaluated how effective the "Stay Active at Home" reablement training program for homecare staff in the Netherlands was for older homecare clients' sedentary behaviour
		• This program aimed to provide participants with knowledge, skills, social support, positive attitudes, and organizational support, and consisted of program meetings, assignments, and weekly newsletters over a nine-month period
		• The study consisted of 10 nursing teams comprised of 313 staff members, and 264 clients aged 65 years or older
		  ○ The nursing teams were randomized to the Stay Active at Home program or to a control group
		  ○ The control group received no additional training and delivered care as usual
		• The primary outcome measured was sedentary behaviour of care recipients, and tri-axial wrist-worn accelerometers were used for measurement
		  ○ Secondary outcomes of daily functioning, physical functioning, psychological functioning, and falls were also measured
		  ○ All outcomes were measured at 12 months of follow-up, and data on falls was measured at six months and 12 months of follow-up
		• This study found no statistically significant differences between the study groups for sedentary time expressed as daily minutes and as a proportion of wake/wear time, or for most secondary outcomes
		  ○ A statistically significant difference in favour of the control group was observed in physical function and gait speed
		• The study recommended that future research should focus on examining the effectiveness of combining Stay Active at Home staff training and client intervention on staff and client outcomes as well as on adjustments to the program
			Published June 2021

		Source	

	• Options to support aging with dignity in the community
	  ○ Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings
		• This qualitative study describes a communal senior housing complex in a town in Finland that was designed with low-maintenance apartments and accessible common spaces, amenities, green spaces, and public transportation
		  ○ Residents must be 55 years or older and the complex has a community coordinator working part-time
		• Interviews were conducted with 36 residents from November 2018 to February 2019 and focused on identifying residents' perceptions of their communal environment
		• Residents highlighted the importance of having a choice in terms of relocation and everyday life in the complex, as well as being able to prepare for the future
		  ○ They also felt that the complex was a safe and comfortable environment that is supportive for older people
		• The residents had mixed responses on what the seniors communal housing complex represented, with some saying that it was first and foremost a place that provided opportunities for socializing, while others said that the most important benefit of the complex was maintenance-free apartments and outdoor areas
		Source
			Published 4 February 2021

	• Options to support aging with dignity in the community
	  ○ Supporting technology-enabled care at home
	  ▪ Non-invasive and patient-engaged (e.g., websites, smartphones, personal digital assistants)
		• This study surveyed smart environments, robot assistive technologies, and machine learning that can offer support for older adults living independently and provide age-friendly care services
		• Two examples of integrated care services that use assistive technologies for management of polypharmacy and social and cognitive activity in older adults were assessed
			Published May 2020

		○ The polypharmacy management service combined objective monitoring to assess medication use and to better inform the interventions prescribed to the patient, and the role of a caregiver in supporting the older adult ○ Social assistive robot-based systems can be used to stimulate the physical, social, and cognitive conditions of older adults, and can be personalized to make the user experience more social and enjoyable for older adults • The study found that care functionalities such as monitoring daily activities, behavioural monitoring, medical reminders, and virtual coaching can improve activity, safety, comfort, and social functionality, and can lead to delayed admissions into care institutions • An increase in the time spent living in an older adult's own home was found to diminish the use of professionalized care services and to lower the burden of healthcare services and facilities • The study also found that specific challenges need to be addressed when it comes to technological development and integration with care models, and for acceptance by older adults ○ Older adults preferred personalized target support as opposed to general-purpose information, and factors correlated with the acceptance of technology included costs, usability, and privacy implications • Additional research is needed on matching the available technologies to the specific needs of older adults in their living contexts in order to increase their use among this population Source	
	• Options to support aging in the community ○ Supporting technology-enabled care at home	• The researchers of this study designed and tested a low-cost telepresence robot that can assist seniors and their professional caregivers in everyday	Published 18 February 2019

	▪ Non-invasive and patient-engaged (e.g., websites, smartphones, personal digital assistants)	activities and facilitate caring for the elderly from home to improve their quality of life • Along with its functionality, the robot can interact with the remote environment by navigating the environment, bringing and carrying small objects, measuring vitals, reminders, calendars, and allowing for interpersonal communication • Seniors have the option of manual control or shared control, wherein the robot receives the high-level instructions from the operator and performs the low-level tasks autonomously o Caregivers can also remotely control the robot to aid with certain activities as though they themselves were present • In total, 31 participants from a private elderly-care home were involved in the study: 26 seniors (14 male and 12 female, median age: 64 years) and five professional caregivers who were employed in the home • The study conducted three experiments to assess the effectiveness of the robot: comparison of shared versus manual control, static versus dynamic obstacles, and fetching objects • Shared control was shown to significantly improve the robot's navigation abilities (in view of a shared controller, the senior or operator) • The robot was shown to be highly effective in capturing objects at different locations, and the participants also viewed the robot positively overall and showed willingness to use it in everyday life Source	
	• Options to support aging with dignity in the community o Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention) o Supporting technology-enabled care at home (including digital literacy)	• The study focused on opinions and suggestions from the author on technology-enabled care at home • The authors indicated that while dedicated support is needed for older adults, there is also an importance on the individual's safety and sense of	Published 2018

	▪ Non-invasive and patient-engaged	independence through the growing use of technology • However, they described how technology-enabled care at home is still emerging, and it is not at a place to be widely used in practice due to further evaluations needed for system stability and robustness • Demand-oriented system design and interdisciplinary collaboration are key components for the future of in-home health monitoring and technology-enabled care at home Source	
	• Options to support aging with dignity in the community o Help with those who are already in residential facilities avoid moving to a more intensive level of care	• The study aimed to understand whether service-enriched housing of a Stay at Home (SAH) program for low-income older adults living in publicly subsidized buildings in the U.S. resulted in outcomes such as health improvements, access to preventive services, and likelihood of readmission and/or institutionalization o The SAH program consisted of care coordination, medication management, and advance planning services provided by an intervention team of healthcare professionals, as well as a healthcare diary • Based on 399 of 736 surveys of Pittsburgh, Penn., residents in 11 subsidized buildings, the study found that positive health outcomes and cost-savings were achieved by SAH participants when compared to non-participants • SAH participants were also found to have fewer nursing-home transfers and inpatient admissions Source	Published August 2016
	• Options to support aging with dignity in the community o Enhancing the breadth and intensity of home- and community-care services to delay or avoid entry to residential-care settings	• This study aimed to assess a "surveillance nurse" telephone support intervention for elderly individuals residing in a community-dwelling home-care program	Published 26 December 2014

		• The intervention consisted of scheduled telephone calls from a surveillance nurse who would assess the individual's well-being, care plan status, use of and need for services (e.g., home support, adult day program, physiotherapy), and home environment (e.g., informal caregiver support)
		• Individuals were selected for the study if they had been 65 years or older upon admission to the care program from 2012 to 2015
		  ○ 930 individuals were subjected to the treatment condition, while 4,656 individuals served as controls
		• Treatment and control conditions were compared using four service utilization outcomes: rate of survival in the community before institutionalization in a home facility or death, rate of emergency-room registrations, rate of acute-care hospitalizations, and rate of days in hospital (during home-care enrolment)
		• The study found that individuals in the treatment condition experienced better health outcomes relative to the control group, including the rate of emergency-room registrations, hospital admissions, as well as the number of days in the hospital per 100 days in the home-care program
		  ○ Individuals also experienced a longer duration of care and survival outcome due to the surveillance-nurse intervention
		• The authors acknowledged the length of time an individual had been on the nurse's caseload and that there might be shortcomings in their procedures
		Source	

	• Challenges with aging with dignity in the community
	  ○ Limited options and supports for staying in one's preferred home environment
	  ▪ For caregivers who provide supports
		• The study aimed to examine the impact of home-care workers (HCWs) on community-dwelling adults with heart failure (HF)
		  ○ 46 HCWs took part in eight focus groups rather than one-on-one interviews, and were from 21 unique home-care agencies
			Published 4 December 2018

	• Options to support aging with dignity in the community
	  ○ Help people manage their care needs at home for as long as possible, and ensuring safety (e.g., falls prevention)
		• The study found four general themes associated with being a HCW: being overworked/undervalued, having fragmented communication with other healthcare providers, being dedicated to clients but being caught in the middle of family arguments/discussions, and loving the job
		• Even though 25% of hospitalized adults were discharged home with home care, studies have not typically focused on the role of HCWs
		• The study also found three general themes related to caring for adults with HF: being unpredictable/frightening, being involved in HF self-care without any formal HF training, and feeling that the care plan for HF individuals is problematic
		• The study also found that HF-self-care training may be important as HCWs are heavily involved with self-care maintenance
		• HCWs were found to be largely ignored by other healthcare providers despite the extensive time they spend with patients
		  ○ Improving communication between health providers may enhance the ability of HWC's to care for adults with HF
		• The authors mentioned that results may be limited by the study population being only unionized HCWs and the study being conducted in New York City
		Source	

Appendix 3: Documents excluded at the final stages of reviewing

Type of document	Hyperlinked title
Guidelines	None identified
Full systematic reviews	Review: Nonpharmacologic caregiver interventions improve dementia symptoms and caregiver reactions Delegation of medication administration from registered nurses to non-registered support workers in community care settings: A systematic review with critical interpretive synthesis Comparative efficacy of 11 non-pharmacological interventions on depression, anxiety, quality of life, and caregiver burden for informal caregivers of people with dementia: A systematic review and network meta-analysis The effect of lifestyle interventions on the International Classification of Functioning, Disability and Health participation domain in older adults: A systematic review and meta-analysis Occupational therapy interventions supporting social participation and leisure engagement for community-dwelling older adults: A systematic review Occupational therapy interventions to improve activities of daily living for community-dwelling older adults: A systematic review
Rapid reviews	None identified
Protocols for reviews that are already underway	Effectiveness of a combination of cognitive behavioural therapy and task-oriented balance training in reducing the fear of falling in patients with chronic stroke: Study protocol for a randomized controlled trial Exercise rehabilitation on home-dwelling patients with Alzheimer's disease - A randomized, controlled trial. Study protocol Effects of an exercise program for chronically ill and mobility-restricted elderly with structured support by the general practitioner's practice (HOMEfit) - Study protocol of a randomzsed controlled trial LIVE@Home.Path-innovating the clinical pathway for home-dwelling people with dementia and their caregivers: Study protocol for a mixed-method, stepped-wedge, randomized controlled trial
Titles and questions for reviews being planned	None identified
Single studies	Nutritional, physical, cognitive, and combination interventions and frailty reversal among older adults: A randomized controlled trial Living in the community with dementia: Who receives paid care? Characteristics and circumstances of falls in the community-dwelling older adult population Malnutrition risk, rurality, and falls among community-dwelling older adults Challenges related to safety and independence Community-dwelling adults at nutrition risk: Characteristics in relation to the consumption of oral nutritional supplements Age-friendly cities during a global pandemic Older clients' pathway through the adaptation system for independent living in the U.K. Nursing home eligible, community-dwelling older adults' perceptions and beliefs about sleep: A mixed-methods study Older adults' perspective towards participation in a multicomponent frailty prevention program: A qualitative study Older women's experiences of a community-led walking program using activity trackers Frailty status and increased risk for falls: The role of anticholinergic burden Older adults' motivations for participating in a "tune-up" of their driving skills: A multi-stakeholder analysis

	Caregivers of older adults with dementia and multiple chronic conditions: Exploring their experiences with significant changes Pre-hip fracture falls: A missed opportunity for intervention Transition experiences of caregivers of older adults with dementia and multiple chronic conditions: An interpretive description study Older adults' construal of sedentary behaviour: Implications for reducing sedentary behaviour in older adult populations Health-related problems and drivers of health-related quality of life among community-dwelling older adults Independence and caregiver preferences among community-dwelling older people in Slovenia: A cross-sectional study Pain in community-dwelling elderly African Americans Falls risks and prevention behaviours among community-dwelling homebound and non-homebound older adults Profiles and predictors of smart home technology adoption by older adults Effects of a multicomponent frailty prevention program in prefrail community-dwelling older persons: A randomized controlled trial Wearable sensors and the assessment of frailty among vulnerable older adults: An observational cohort study Increasing older adult involvement in geriatric assessment: A mixed-methods process evaluation Intervention to prevent falls: Community-based clinics Supportive home healthcare technology for older adults: Attitudes and implementation Strategies for aging in place: The experience of language-minority seniors with loss of independence Effects of compliant flooring on dynamic balance and gait characteristics of community-dwelling older persons An integrated primary-care approach for frail community-dwelling older persons: A step forward in improving the quality of care Pilot outcomes of a multicomponent fall risk program integrated into daily lives of community-dwelling older adults Effects of a multicomponent exercise on cognitive performance and fall risk in older women with mild cognitive impairment Relationship between perceived indoor temperature and self-reported risk for frailty among community-dwelling older people Strategies used by older adults to maintain or restore attributed dignity Using video feedback at home in dementia care: A feasibility study The impact of community-based supports and services on quality of life among the elderly in China: A longitudinal study Impact of a nurse-led health-promotion intervention in an aging population: Results from a quasi-experimental study on the 'Community Health Consultation Offices for Seniors' The assisted living project: a process evaluation of implementation of sensor technology in community assisted living: A feasibility study Effects of lunch club attendance on the dietary intake of older adults in the U.K.: A pilot cross-sectional study Using mobile health and the impact on health-related quality of life: Perceptions of older adults with cognitive impairment Disconnected relationships between primary care and community-based health and social services and system navigation for older adults: A qualitative descriptive study Perceived inequalities in care and support for older women from Black and minority ethnic backgrounds in Wales: Findings from a survey exploring dignity from service providers' perspectives Aging in community: Mobilizing a new paradigm of older adults as a core social resource Study of the older adults' motivators and barriers engaging in a nutrition and resistance exercise intervention for Sarcopenia: An embedded qualitative project in the MIlkMAN Pilot study

	An exploration of virtual reality use and application among older adult populations A mixed-methods analysis of care arrangements of older people with limited physical abilities living along in Italy Social support and "playing around": An examination of how older adults acquire digital literacy with tablet computers Barriers, motivations, and preferences for physical activity among female African-American older adults Health TAPESTRY: Exploring the potential of a nursing student placement within a primary-care intervention for community-dwelling older adults Self-management of social well-being in a cross-sectional study among community-dwelling older adults: The added value of digital participation The Otago exercise program with or without motivational interviewing for community-dwelling older adults: A 12-month follow-up of a randomized controlled trial Square-stepping exercise and fall risk factors in older adults: A single-blind, randomized controlled trial Biopsychosocial predictors of fall events among older African-Americans Characteristics of older adults on waiting lists for Meals on Wheels: Identifying areas for intervention Developing a framework and priorities to promote mobility among older adults Effects of an individualized active aging counselling intervention on mobility and physical activity: Secondary analyses of a randomized controlled trial Can neighbourhood social infrastructure modify cognitive function? A mixed-methods study of urban-dwelling aging Americans Factors associated with fear of falling among community-dwelling older adults in the Shih-Pai study in Vietnam 'Doing with …' rather than 'doing for …' older adults: Rationale and content of the 'Stay Active at Home' program Exploring improvement plans of 14 European integrated care sites for older people with complex needs Tai Chi-based exercise for older adults with Parkinson's disease: A pilot-program evaluation A new approach to improve cognition, muscle strength, and postural balance in community-dwelling elderly with a 3D virtual reality Kayak program The impact of a participatory care model on work satisfaction of care workers and the functionality, connectedness, and mental health of community-dwelling older people Effects of exercise intervention on exercise behaviour in community-dwelling elderly subjects: A randomized controlled trial On the prototyping of an ICT-enhanced toilet system for assisting older persons living independently and safely at home Lived experience, stakeholder evaluation and the participatory design of assisted-living technology Implementing an online virtual falls-prevention intervention during a public-health pandemic for older adults with mild cognitive impairment: A feasibility study Factors influencing the decision of older people living in independent units to enter the acute-care system Interactive cognitive-motor step training improves cognitive risk factors of falling in older adults – A randomized controlled trial Effects of progressive resistance training on physical disability among older community-dwelling people with history of hip fracture Effects and feasibility of a standardized orientation and mobility training in using an identification cane for older adults with low vision: Design of a randomized controlled trial Not all elderly people benefit from vitamin D supplementation with respect to physical function: Results from the Osteoporotic Fractures in Men Study, Hong Kong

	A pilot online mindfulness intervention to decrease caregiver burden and improve psychological well-being Fall risk-relevant functional mobility outcomes in dementia following dyadic tai chi exercise "It's like they forget that the word 'health' is in 'home health aide'": Understanding the perspectives of home-care workers who care for adults with heart failure Assessing social support, companionship, and distress: National Institute of Health (NIH) Toolbox Adult Social Relationship Scales Effectiveness of the Functional and Cognitive Occupational Therapy (FaCoT) intervention for improving daily functioning and participation of individuals with mild stroke: A randomized controlled trial Transitions in living arrangements among older Mexican-Americans Aging with telecare: Care of coercion in austerity? The 'Cancer Home-Life Intervention': A randomized controlled trial evaluating the efficacy of an occupational therapy-based intervention in people with advanced cancer Affecting cognition and quality of life via aerobic exercise in Alzheimer's disease Improved balance confidence and stability for elderly after six weeks of a multimodal self-administered balance-enhancing exercise program: A randomized single arm crossover study Demonstrating a technology-mediated intervention to support medication adherence in community-dwelling older adults in primary care: A feasibility study Everyday functioning benefits from an assisted-living platform amongst frail older adults and their caregivers Case managers' and independent living counsellors' perspectives on health-promotion activities for individuals with physical and developmental disabilities Unmet assistance need among older American-Indians: The Native Elder care study Advance planning for technology use in dementia care: Development, design, and feasibility of a novel self-administered decision-making tool Description and functional benefits of meeting frequency, intensity, and time of resistance and cardiovascular exercises: A study of older adults in a community-based, slow-stream rehabilitation, hospital-to-home transition program Predicting the progressive resistance and balance training response of community-dwelling older adults accessing aged care support services: A stepped-wedge randomized controlled trial Adoption of major housing adaptation policy innovation for older adults by provincial governments in China: The case of existing multi-family-dwelling elevator retrofit projects Caring for frail older people living alone in Italy: Future housing solutions and responsibilities of family and public services, a qualitative study A cognitively enhanced online Tai Ji Quan training intervention for community-dwelling older adults with mild cognitive impairment: A feasibility trial House calls: is there an APN in the house? Development of a healthcare information system for community care of older adults and evaluation of its acceptance and usability Do models of care designed for terminally ill 'home alone' people improve their end-of-life experience? A patient perspective Rates of cognitive and functional impairments in older adults residing in a continuing-care senior-housing community Effectiveness of a co-designed technology package on perceptions of safety in community-dwelling older adults

	Quality of life associated with adult day centres Impact of six-month aerobic exercise on Alzheimer's symptoms Formative evaluation of the telecare fall-prevention project for older veterans Technology learning and the adoption of telehealth among community-dwelling older adults during the COVID-19 outbreak Perceived effectiveness of elder abuse interventions in psychological distress and the design of culturally adapted interventions: A qualitative study in the Chinese community in Chicago Unmet home needs in Canada Outpatient comprehensive geriatric assessment: Effects on frailty and mortality in old people with multimorbidity and high healthcare utilization Acceptance of technologies for aging in place: A conceptual model Technology in geriatrics Driver rehabilitation utilization and need among community-dwelling older adults Understanding the unmet needs among community-dwelling disabled older people from a linkage perspective Unmet care needs are common among community-dwelling older people with memory problems in Finland Adverse consequences of unmet needs for care in high-need/high-cost older adults Care recipient concerns about being a burden and unmet needs for care Unmet needs and coping mechanisms among community-dwelling senior citizens in the Philippines: A qualitative study Ambient assisted living: Identifying new challenges and needs for digital technologies and service innovation Assistive technology unmet needs of independent-living older Hispanics with functional limitations Measuring nutrition-related unmet needs in recently hospital-discharged homebound older adults Depression and unmet needs for assistance with daily activities among community-dwelling older adults Unmet needs in community-living persons with dementia are common, often non-medical and related to patient and caregiver characteristics Unmet needs for rehabilitative management in common health-related problems negatively impact the quality of life of community-dwelling stroke survivors Unmet long-term care needs and depression: The double disadvantage of community-dwelling older people in rural China Environmental predictors of unmet home- and community-based service needs of older adults Improving care coordination for community-dwelling older Australians: A longitudinal qualitative study Seniors' use of and unmet needs for home care, 2009 Everyday challenges facing high-risk older people living in the community: A community-based participatory study Unmet home-care needs among community-dwelling elderly people in Spain Understanding long-term unmet needs in Australian survivors of stroke Effects of long-term services and supports on survival of poor, highly vulnerable older adults Does the Meeting Centres Support Programme reduce unmet care needs of community-dwelling older people with dementia? A controlled, six-month follow-up Polish study An examination of perceived healthcare availability and unmet healthcare need in the city of Toronto, Ontario, Canada