

Appendices

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Examining the features and impacts of approaches to extend at-home living for Veterans

27 August 2024

[MHF product code: REP 78]

Appendix 1: Methodological details

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

Identifying research evidence

For this REP, we searched PubMed and Health Systems Evidence for:

- 1) evidence syntheses
- 2) single studies.

We searched [PubMed](#) and [Health Systems Evidence](#) for Veterans, older adults, home care, and community living. Given the large number of sources, we limited the search to the past 10 years. Links provide access to the full search strategy.

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. We excluded documents that did not directly address the research questions and the relevant organizing framework.

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.

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 evidence syntheses 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 an evidence synthesis of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to those 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, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that the evidence synthesis 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.)

Identifying experiences from other countries and from Canadian provinces and territories

For each REP, we work with the requestors to collectively decide on what countries (and/or states or provinces) to examine based on the question posed. For other countries, we search relevant government and stakeholder websites including the websites of departments and offices of Veterans affairs as well as the websites of health insurance companies responsible for the healthcare of Veterans. In Canada, a similar approach was used, searching the website of provincial and territorial ministries of health and relevant health authorities. While we do not exclude content based on language. Where information is not available in English, Chinese, French, or Spanish, we attempt to use site-specific translation functions or Google Translate. A full list of websites and organizations searched is available upon request.

Preparing the profile

Each included document is cited in the reference list at the end of the REP. For all included guidelines, evidence syntheses, and single studies (when included), we prepare a small number of bullet points that provide a 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 summary that highlights the key findings from all highly relevant documents (alongside their date of last search and methodological quality) as well as key findings from the jurisdictional scan.

Appendix 2: Details about each identified evidence synthesis

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status Hospital admission 	Effective interventions targeting physical activity (including nutrition and memory training) and prehabilitation that includes exercise and home modifications demonstrated feasibility (i.e., adherence rates for most interventions around 70%) and significantly reduced frailty levels in community-dwelling older adults (1)	High	No	10/10	2016	No	<ul style="list-style-type: none"> Place of residence Personal characteristics associated with discrimination (e.g., age, disability)
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Providing home-care interventions earlier (i.e., adjusting eligibility to work with Veterans who face rising risk, not just those with already highly elevated risks) Providing Veterans with case managers or care coordinators who can use a population-health management approach that builds services around people with similar levels of need and barriers to accessing care Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status Hospital admission 	Home-based primary care interventions, particularly those with core components like interprofessional care teams and regular care meetings, significantly impact individual, caregiver, and systems outcomes (e.g., significant positive impacts on reducing emergency department visits, hospitalizations, and long-term care admissions) (2)	High	No	8/11	2014	No	<ul style="list-style-type: none"> Place of residence Personal characteristics associated with discrimination (e.g., age, disability)
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered 	Group-based reminiscence therapy was found to successfully reduce both social isolation and depression in older adults living in urban aged care settings; however,	High	No	8/10	2014	No	<ul style="list-style-type: none"> None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> ▪ Providing social integration opportunities for Veterans in their communities • Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Quality of life 	<p>interventions that are transferable to rural areas and other types of aged care settings is lacking (3)</p> <ul style="list-style-type: none"> • No intervention studies conducted in rural areas met the review's inclusion criteria • Other interventions identified included gender-based social clubs, an indoor gardening program, a radio program, and playing Wii • Of the five interventions identified in the included studies, two could not be recommended and the remaining three interventions were found to significantly reduce social isolation; both social isolation and depression were measured in only one successful intervention 						
<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer ▪ Providing 24/7 remote monitoring and rapid coordination with urgent care through community paramedics • Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Quality of life ▪ Functional status 	<p>While the level of technology readiness for smart homes and home health monitoring technologies remains low, there is evidence supporting their efficacy in monitoring activities of daily living, cognitive decline, mental health, and heart conditions in older adults with complex needs (4)</p>	Medium	No	6/10	2014	No	<ul style="list-style-type: none"> • Place of residence • Personal characteristics associated with discrimination (e.g., age, disability)
<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Introducing disease-management approaches specific to Veterans' needs ▪ Providing additional support services, including for caregivers • Outcomes 	<p>The evidence suggests that self-management support programs with a multi-component structure containing disease-specific information, education of knowledge and skills, and individually tailored coaching improve activities of daily living in older adults (5)</p>	Medium	No	7/10	2016	No	<ul style="list-style-type: none"> • None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Functional status 							
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Providing assessments from a broader array of providers Providing 24/7 remote monitoring and rapid coordination with urgent care through community paramedics 	<p>Evidence on internet-based health monitoring systems, known as IoT, was assessed and used to develop a falls management framework (FMF) for older adults living independently that included assessments, real-time monitoring, falls detection and response strategies, and ongoing support (6)</p> <ul style="list-style-type: none"> Assessments involved the initial assessment by a health practitioner to help decide on the equipment to be used and re-assessments at regular intervals to consider any changes in conditions Real-time monitoring incorporated sensor-based systems to monitor the patient's movement and the environmental conditions that can impact fall risk, and ongoing support is provided after detecting a fall risk to prevent users from falling The most common response strategy identified from the evidence involved sending alerts and messages to caregivers or family members when a high probability of an emergency is detected 	Medium	No	4/9	2017	No	<ul style="list-style-type: none"> None identified
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Providing additional support services, including for caregivers Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Hospital admission Long-term care admission Other Care experience 	<p>In-home telehealth delivered through mobile applications, smart technologies, teleconferencing systems, internet-based therapies, and videoconferencing (e.g., Skype) were found to significantly reduce emergency visits, hospital admissions, and depressive symptoms, while improving cognitive functioning (7)</p>	Medium	No	2/9	2017	No	<ul style="list-style-type: none"> None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> ▪ Care satisfaction (including family, friend, or caregiver satisfaction) 							
<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Providing additional support services, including for caregivers • Outcomes <ul style="list-style-type: none"> ○ Care experience <ul style="list-style-type: none"> ▪ Care satisfaction (including family, friend, or caregiver satisfaction) ▪ Other 	<p>Older adults' diverse experiences with the use of telecare in home-care services highlighted that while telecare systems can promote safety and security to support aging in place, there is no one-size-fits-all approach and systems must be tailored to individual needs (8)</p> <ul style="list-style-type: none"> • Qualitative findings revealed that telecare was generally perceived as contributing to safety, security, and aging in place • Privacy was generally not seen as an issue by most older adults • Some older adults note that technology does not fit their needs and therefore do not see a value in using telecare • Strategies to support the use of telecare may be needed to help address lack of understanding 	Medium	No	7/9	2017	No	<ul style="list-style-type: none"> • None identified
<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Providing home-care interventions earlier ▪ Providing assessments from a broader array of providers ○ Innovations in how funds for home care get allocated <ul style="list-style-type: none"> ▪ Introducing new or revised funding approaches to support Veterans to invest in at-home medical devices, medical technologies, and medical supplies • Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Quality of life ▪ Functional status 	<p>Low-intensity occupation-focused and occupation-based intervention therapy employing cognitive, behavioural, and environmental strategies can significantly improve the performance of activities of daily living for home-dwelling older adults (9)</p> <ul style="list-style-type: none"> • Interventions strategies focused on problem solving, energy conservation, fall recovery, home modification, training, goal setting, assistive device use, caregiver education, and mobility • Positive occupational therapy effects were observed across all targeted diagnostic groups, including older adults with stroke, Parkinson's disease, and multiple chronic health conditions • Occupational therapists and researchers should maintain a record of older adults' goals 	Medium	No	7/10	2015	No	<ul style="list-style-type: none"> • None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Providing Veterans with case managers or care coordinators who can use a population-health management approach that builds services around people with similar levels of need and barriers to accessing care Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Hospital admission Other 	Community-based case management intervention did not reduce hospital admissions but may be effective in reducing emergency department presentations for older people (10)	Low	No	7/11	2018	Yes	<ul style="list-style-type: none"> Personal characteristics associated with discrimination (e.g., age, disability)
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Providing assessments from a broader array of providers Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status Hospital admission 	Despite various interventions (e.g., face-to-face assessments of persons living with dementia, caregivers, and the development and implementation of care plans) aimed at reducing hospitalizations among community-dwelling adults with dementia, no significant reduction in hospital admissions were identified	Low	No	5/10	2013	No	<ul style="list-style-type: none"> Place of residence Personal characteristics associated with discrimination (e.g., age, disability)
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Introducing disease-management approaches specific to Veterans' needs Providing additional support services, including for caregivers 	There was reported efficacy and feasibility of virtual interventions for reducing symptoms of depression in community-dwelling older adults; however, there was insufficient evidence to determine whether the interventions led to clinically meaningful outcomes (12) <ul style="list-style-type: none"> Virtual interventions such as the use of internet and telephone cognitive behavioural therapy (with or without involvement of clinicians) demonstrated efficacy and were feasible 	Low	No	8/10	2021	No	None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
	<ul style="list-style-type: none"> The authors concluded that there was insufficient evidence to determine whether the interventions led to clinically meaningful outcomes While virtual care has benefits to reaching wider populations, barriers such as access to internet, the use of technology without caregivers present, and limited literature about their use across different languages or ethnicities posed challenges 						
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Introducing disease-management approaches specific to Veterans' needs Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Other 	<p>There is insufficient evidence to judge whether de-prescribing interventions improves medication adherence in older adults (13)</p> <ul style="list-style-type: none"> Biopsychosocial factors such as health literacy and the presence of multi-disciplinary team interventions influence adherence, highlighting the importance of further study on medicines management interventions in older adults 	Low	No	7/10	2017	No	<ul style="list-style-type: none"> Personal characteristics associated with discrimination (e.g., age, disability)
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Introducing disease-management approaches specific to Veterans' needs 	<p>Centre-based geriatric rehabilitation showed better improvements in health measures for sarcopenia compared to home-based rehabilitation among older adults (14)</p> <ul style="list-style-type: none"> The review reported that centre-based geriatric rehabilitation improved scores in lower limb strength and other tests used to measure sarcopenia (i.e., muscle mass, muscle strength, and physical performance) The authors concluded that centre-based geriatric rehabilitation showed better improvements than home-based rehabilitation among older adults 	Low	No	7/11	2021	No	<ul style="list-style-type: none"> None identified
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered 	<p>The cost-effectiveness of a multifactorial fall prevention intervention could be beneficial for adults older than 85 years if the intervention was less than \$5,000 CAD, and potentially those who were 75 years and</p>	Low	No	N0	2020	No	<ul style="list-style-type: none"> None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> Introducing disease-management approaches specific to Veterans' needs Providing assessments from a broader array of providers Providing Veterans with case managers or care coordinators who can use a population-health management 	<p>older if there was a higher willingness-to-pay threshold (15)</p> <ul style="list-style-type: none"> The review focused on the cost-effectiveness of a multifactorial fall prevention intervention (usual care in addition to monthly in-home visits by an interprofessional team consisting of case manager, registered nurse, occupational therapist, physiotherapist, and registered dietitian with specialized training of fall prevention that provided assessments, support, and education) compared to usual care (i.e., home-care services arranged by care coordinator) 						
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer 	<p>The social and cultural practices of older adults were identified as important factors when developing and implementing eHealth technologies (16)</p> <ul style="list-style-type: none"> Older adults (aged 60 years and older) reported that the use of eHealth could pose challenges, especially if they have cognitive impairment or impaired hearing, lack of internet access, and other technical problems Older adults indicated that they preferred support when it came to learning and using eHealth (e.g., improving their digital competence) 	Low	No	4/9	2020	No	<ul style="list-style-type: none"> None identified
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Introducing disease-management approaches specific to Veterans' needs 	<p>Home health interventions such as case management, education, closed-loop feedback, home telemonitoring devices, motivational interviewing, or coaching can improve outcomes such as decrease admissions, cost per person per year, mortality, and cognitive decline (17)</p>	Low	No	6/10	2016	No	<ul style="list-style-type: none"> None identified
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered 	<p>Preventative care strategies involving nurses, health professionals, and educating community dwelling older adults can help to</p>	Low	No	6/9	2016	No	<ul style="list-style-type: none"> Place of residence

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> ▪ Providing home-care interventions earlier • Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Quality of life ▪ Functional status 	support older adults and their caregivers in managing falls (18)						
<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer ○ Innovations in how funds for home care get allocated • Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Quality of life ▪ Functional status ▪ Hospital admission ○ Costs 	There is very low-quality evidence to suggest that reablement may be slightly more effective than usual care in improving the functional independence and healthcare costs of older adults (19) <ul style="list-style-type: none"> • However, given the very low quality of evidence, it is uncertain whether reablement can influence the quality of life, and hospital readmissions for older adults 	Low	No	11/11	2016	Yes	<ul style="list-style-type: none"> • None identified

Appendix 3: Details about each identified single study

Dimension of organizing framework	Study features	Summary of study sample and intervention	Declarative title and key findings	Relevance rating	Equity considerations
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Providing home-care interventions earlier (i.e., adjusting eligibility to work with Veterans who face rising risk, not just those with already highly elevated risks) Providing assessments from a broader array of providers Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status 	<p><i>Date of publication:</i> 2014</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Randomized controlled trial design</p>	<ul style="list-style-type: none"> Individuals aged 65 and older with significant impairments in activities of daily living (ADL) were recruited from those receiving services from local public agencies in Howard and Montgomery Counties in Maryland The intervention, known as Aging in Place, involved a comprehensive in-home occupational therapy assessment, customized home modifications, and provision and training in the use of assistive devices It also included removal of environmental hazards and education in adaptive and compensatory strategies to improve safety and independence The visits were four visits on average per participant 	Restorative occupational therapy interventions in community settings, including detailed assessments and provision of adaptive equipment and home modifications, were found to improve home safety, health-related quality of life, and reduce fear of falling among older adults aging in place (20)	High	<ul style="list-style-type: none"> Place of residence/ Personal characteristics associated with discrimination (e.g., age, disability)
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Providing assessments from a broader array of providers Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status Care experience <ul style="list-style-type: none"> Wait-time for approval of home-care services 	<p><i>Date of publication:</i> 2015</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Cost-effectiveness analysis</p>	<ul style="list-style-type: none"> Individuals aged 70 or older, cognitively intact, and living at home with functional difficulties recruited through service agencies and media announcements The Advancing Better Living for Elders (ABLE) intervention involved five occupational therapy contacts and one physical therapy home visit over six months, focusing on identifying and addressing functional difficulties and home modifications It also included providing exercises and strategies to improve safety and independence, followed by a maintenance phase (i.e., phone calls and a final home visit) 	The Advancing Better Living for Elders intervention (i.e., therapy sessions and home modifications) highlighted promising outcomes in reducing functional difficulties and mortality among community-dwelling elders (21)	High	<ul style="list-style-type: none"> Place of residence/ Personal characteristics associated with discrimination (e.g., age, disability)

Dimension of organizing framework	Study features	Summary of study sample and intervention	Declarative title and key findings	Relevance rating	Equity considerations
<ul style="list-style-type: none"> ▪ Care satisfaction (including family, friend, or caregiver satisfaction) ○ Cost 					
<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Providing assessments from a broader array of providers ▪ Building connections and/or teams to coordinate care within the home-care sector and other sectors ▪ Providing additional support services, including for caregivers 	<p><i>Date of publication:</i> November 2018</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Qualitative study</p>	<ul style="list-style-type: none"> • The U.S. Department of Veterans Affairs (VA) Home-Based Primary Care (HBPC) program provides in-home interdisciplinary primary care to Veterans with complex conditions, and as of 2007, includes a mental health provider as a core member of the team • This study involved surveying 105 HBPC members about their HBPC programs and conducting eight site visits where multiple focus groups and interviews took place 	<p>By having a psychologist as a core member of the VA's HBPC team, as well as psychiatrists when possible, HBPC teams can provide quality in-home mental health services to Veterans with complex conditions, including assessments, behavioural intervention, medication management and education (22)</p> <ul style="list-style-type: none"> • Roles of psychologists on the HBPC team included education and counselling for both Veterans and their caregivers, crisis/suicide assessments, and educating other HBPC team members about caring for Veterans with complex mental health issues • Team members collaborated daily to coordinate care and check-in with each other, and at some sites, HBPC teams collaborated with VA's Mental Health Intensive Case Management teams that help to provide outpatient community care for Veterans • Challenges in managing care for HBPC Veterans with complex mental health needs include difficulty assessing psychiatry services, management of psychotropic medications, behavioural issues of Veterans, and transportation to access the psychiatrist 	High	<ul style="list-style-type: none"> • None identified
<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Providing assessments from a broader array of providers 	<p><i>Date of publication:</i> September 2023</p> <p><i>Jurisdiction studied:</i> United States</p>	<ul style="list-style-type: none"> • The VA's HBPC program provides interdisciplinary primary care to older Veterans with serious medical conditions, and was evaluated in this descriptive longitudinal study of newly registered patients in fiscal year 2015 	<p>Patients enrolled in the VA's HBPC program were found to experience highly variable trajectories of care, with enrollment time ranging from as little as three months to over two years; on average HBPC patients experienced</p>	High	<ul style="list-style-type: none"> • None identified

Dimension of organizing framework	Study features	Summary of study sample and intervention	Declarative title and key findings	Relevance rating	Equity considerations
<ul style="list-style-type: none"> ▪ Building connections and/or teams to coordinate care within the home-care sector and other ▪ Providing additional support services, including for caregivers • Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Quality of life ▪ Functional status ▪ Hospital admission 	<p><i>Methods:</i> Longitudinal study</p>	<ul style="list-style-type: none"> • A total of 10,571 new HBPC patients (mean age of 77.7) were identified, and all patients were followed until 30 September 2017 	<p>decreased acute care use usually in non-institutional settings (23)</p> <ul style="list-style-type: none"> • HBPC patients have complex needs and significant functional deficits as well as unique caregiving needs, and usually live in deprived settings • Patient trajectories are highly variable and complex with a significant number of HBPC patients being discharged within the first few months; other patients remained enrolled in the program for more than two years and had a high mortality rate • After six months enrollment in the HBPC program, hospitalization rates, nursing home usage, and emergency department usage all decreased 		
<ul style="list-style-type: none"> • Innovations that can help extend-at home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer ▪ Building connections and/or teams to coordinate care within the home-care sector and other sectors ▪ Providing additional support services, including for caregivers ○ Innovations in how decisions are made about home care <ul style="list-style-type: none"> ▪ Improving coordination between provincial and territorial home-care services and Veteran-specific home-care services • Outcomes <ul style="list-style-type: none"> ○ Health outcomes 	<p><i>Date of publication:</i> April 2021</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Qualitative study</p>	<ul style="list-style-type: none"> • A total of 14 home based primary care providers including nurses, physical therapists, pharmacists, and psychologists participated in this study 	<p>Home-based primary care involving flexibility, addressing isolation and complex health needs, and coordination with Veteran-specific supports can improve the quality of life and functional independence of Veterans (24)</p> <ul style="list-style-type: none"> • This study explored home-based primary care providers experience with care delivery • Providers recognized that patients needed to connect with their community and family • In-home assessments are important to accurately understand the supports and safety needs of Veterans <ul style="list-style-type: none"> ○ Flexibility in supports is needed to address individual needs • Providers described reaching out to the VA to receive additional and/or Veteran-specific supports <ul style="list-style-type: none"> ○ Examples of supports include caregiver supports, home aides, and Medicaid office 	High	<ul style="list-style-type: none"> • None identified

Dimension of organizing framework	Study features	Summary of study sample and intervention	Declarative title and key findings	Relevance rating	Equity considerations
<ul style="list-style-type: none"> Quality of life Functional status 			<ul style="list-style-type: none"> Providers often can go beyond their roles as healthcare professionals to meet the varying needs of patients (e.g., isolation) 		
<ul style="list-style-type: none"> Innovations that can help extend-at home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Providing additional support services, including for caregivers Innovations in how funds for home care get allocated <ul style="list-style-type: none"> Introducing new or revised funding approaches to cover a broader range of services Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Long-term care admission 	<p><i>Date of publication:</i> June 2021</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Retrospective matched cohort study</p>	<ul style="list-style-type: none"> A total of 943 individuals who used the Veteran Health Administration services and 6106 individuals who did not use the services were included in this study The Veteran Health Administration offered additional supports for Veterans, on top of civilian community supports 	<p>The United States 2001 efforts to increase home- and community-based services did not increase independence or participation in activities (25)</p> <ul style="list-style-type: none"> This study examined the impacts of home and community-based services expanded by the Veteran Health Administration through the 2001 Millenium Act No significant decrease in long-term care admission was noted or supports to improve participation with daily activities 	High	None identified
<ul style="list-style-type: none"> Innovations that can help extend-at home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Providing additional support services, including for caregivers Innovations in how funds for home care get allocated <ul style="list-style-type: none"> Introducing new or revised funding approaches to cover a broader range of services Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Hospital admission Costs 	<p><i>Date of publication:</i> August 2020</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Cross-sectional study</p>	<ul style="list-style-type: none"> A total of 102,073 participants with dementia, aged 66+, enrolled in Medicare and receiving Bice-Boxerman Continuity of Care participated in this study 	<p>Continuity of care programs facilitate access to alternative healthcare supports and can reduce institutional healthcare costs for community-dwelling Veterans (26)</p> <ul style="list-style-type: none"> This study estimated the cost and impact of continuity of care in community-dwelling older Veterans with dementia The mean total cost of Bice-Boxerman Continuity of Care in 2015 was USD \$35,425 Continuity of care could reduce costs associated with long-term care and hospitalization 	High	None identified
<ul style="list-style-type: none"> Innovations that can help extend-at home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to 	<p><i>Date of publication:</i> March 2018</p> <p><i>Jurisdiction studied:</i> United States</p>	<ul style="list-style-type: none"> A total of 21 Veterans participated in this study The mean age of participants was 66, participants were mostly Caucasian, and participated in the Vietnam conflict 	<p>Home and community care involving individual budgets, access to healthcare services, and additional supports programs can improve Veteran independence and participation with daily activities (27)</p>	High	None identified

Dimension of organizing framework	Study features	Summary of study sample and intervention	Declarative title and key findings	Relevance rating	Equity considerations
<ul style="list-style-type: none"> allow the Veteran and/or their family to stay at home longer <ul style="list-style-type: none"> Providing additional support services, including for caregivers Innovations in how funds for home care get allocated <ul style="list-style-type: none"> Providing Veterans with individualized home-care budgets Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status Care experience <ul style="list-style-type: none"> Care satisfaction (including family, friend, or caregiver satisfaction) 	<p><i>Methods:</i> Qualitative study</p>	<ul style="list-style-type: none"> Participants all completed a home and community service, directed by the VA and the United States Department of Health and Human Services community living 	<ul style="list-style-type: none"> This study explored the impacts of the Veteran-directed home and community-based services program Participants described a greater sense of self-agency, independence, and participation with daily activities from the program Veterans described their physical and mental health to be improved by services including early career, transportation to doctors' office, safety maintenance, and other supports The program offered individual budgets and taught Veterans how to effectively manage these budgets and to address their needs (e.g., home-care improvement and transportation) Limitations with the program included limited ability to move as services do not transfer across regions, managing budgets, and additional supports for caregivers 		
<ul style="list-style-type: none"> Innovations that can help extend-at home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Building connections and/or teams to coordinate care within the home-care sector and other sectors 	<p><i>Date of publication:</i> August 2023</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Cross-sectional study</p>	<ul style="list-style-type: none"> This study included Veterans with dementia A total of 22,139 Veterans were enrolled in home-based primary care, 5,563 in geriatric based primary care, and 2,445 in a dementia clinic Home-care supports included personal care, home respite, and Veteran directed care 	<p>Individuals in home-based primary care were more likely to use home and community-based services, suggesting that primary care team members play an important role in facilitating access to community care services (28)</p> <ul style="list-style-type: none"> This study compared the efficacy of home- and community-based services, comparing the use of 1) both home care and adult day, 2) either home care or adult day, and 3) the use of neither service Social workers a part of primary care can lead to higher rates of community-based services, facilitating access for services 	Medium	None identified
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans 	<p><i>Date of publication:</i> April 2013</p>	<ul style="list-style-type: none"> This retrospective analysis included 89 Veterans (age range 50–96 years) and 89 civilians (age range 51–95 years) 	<p>Veterans were observed to be more functionally independent with activities of daily living as compared with their civilian</p>	Medium	<ul style="list-style-type: none"> Occupation

Dimension of organizing framework	Study features	Summary of study sample and intervention	Declarative title and key findings	Relevance rating	Equity considerations
<ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer ○ Innovations in how funds for home care get allocated ○ Innovations in how decisions are made about home care <ul style="list-style-type: none"> ▪ Engaging with existing provincial and territorial and community services to ensure they are meeting Veterans' needs ● Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Quality of life ▪ Functional status ▪ Hospital admission ○ Costs 	<p><i>Jurisdiction studied:</i> USA</p> <p><i>Methods:</i> Comparative study</p>	utilizing the VA home-based primary care program and the Michigan Waiver Program, respectively	<p>counterparts; governments must take into consideration the needs of their consumers to appropriately allocate home-care services (29)</p> <ul style="list-style-type: none"> ● Veterans utilizing the home-based primary care program faced a higher degree of loneliness, increased burden from chronic diseases, and poorer overall health status (which may be an indication of increased healthcare costs) 		
<ul style="list-style-type: none"> ● Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Introducing disease-management approaches specific to Veterans' needs ● Outcomes <ul style="list-style-type: none"> ○ Health outcomes ○ Quality of life 	<p><i>Date of publication:</i> January 2021</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Pre- and post-intervention study</p>	<ul style="list-style-type: none"> ● This study performed an evaluation of the Veterans Health Administration HBPC by examining depressive symptoms, quality of life, and problem-solving abilities through a six-session problem-solving intervention administered by psychologists and social workers ● A total of 230 Veterans were included between 2014 and 2017 	<p>Veterans completing five of six problem-solving sessions reported lower depressive symptom severity, lower functional difficulties due to depressive symptoms, higher quality of life, and better problem-solving ability from baseline to post-treatment (30)</p>	Medium	None identified
<ul style="list-style-type: none"> ● Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Introducing disease-management approaches specific to Veterans' needs ● Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Hospital admission 	<p><i>Date of publication:</i> August 2017</p> <p><i>Jurisdiction studied:</i> United States</p> <p><i>Methods:</i> Retrospective cohort study</p>	<ul style="list-style-type: none"> ● 364, 972 VA beneficiaries aged 67 and older with diabetes mellitus and enrolled in Medicare were included in the study ● The study assessed how medical complexity modifies the effect of home-based primary care on ambulatory care-sensitive condition hospitalizations 	<p>Home-based primary care is the most effective in individuals with the highest medical complexity and is less effective in preventing hospitalizations in individuals with the lowest medical complexity (31)</p> <ul style="list-style-type: none"> ● Home-based primary care reduces a range of different kinds of hospitalizations, highlighting the effectiveness of comprehensive care 	Low	None identified

Dimension of organizing framework	Study features	Summary of study sample and intervention	Declarative title and key findings	Relevance rating	Equity considerations
			models compared to models focused on a single medical condition		
<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Providing additional support services, including for caregivers 	<p><i>Date of publication:</i> May 2016</p> <p><i>Jurisdiction studied:</i> Norway</p> <p><i>Methods:</i> Economic evaluation and costing study</p>	<ul style="list-style-type: none"> The cost-analysis consisted of 46 participants, with the intervention lasting 10 weeks in length; groups were assessed at baseline, and after three and nine months; activities involved dressing, vacuuming, mobility exercises, and using fine motor skills 	<p>Reablement is a cost-effective intervention when compared with traditional 'usual care'; performance assessments and satisfaction for activities of daily living among older adults were significantly improved upon the implementation of reablement strategies (32)</p> <ul style="list-style-type: none"> Reablement strategies are time-limited and delivered by integrated care teams of occupational therapists, physiotherapists, nurses, auxiliary nurses, and assistants 	Low	<ul style="list-style-type: none"> Place of residence

Appendix 4: Details from the jurisdictional scan about approaches of the features and impacts of approaches to extend at-home living for Veterans

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
British Columbia	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Providing home-care interventions earlier (i.e., adjusting eligibility to work with Veterans who face rising risk, not just those with already highly elevated risks) Providing additional support services, including for caregivers Providing social integration opportunities for Veterans in their communities Innovations in how funds for home care get allocated <ul style="list-style-type: none"> Introducing new or revised funding approaches to cover a broader range of services Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status 	<ul style="list-style-type: none"> The Government of British Columbia provides Home Support Services/Choice in Supports for Independent Living to help older adults live within their own homes as they age <ul style="list-style-type: none"> Community health workers provide personal assistance with activities of daily living, including but not limited to mobility, nutrition, lifts and transfers, bathing and dressing, cueing, and grooming and toileting Veterans receiving these services who fall under the War Veteran's Allowance Act are exempt from paying the daily rate for these services Comfort Keepers is a leading home-care provider that provides at-home living support for individuals <ul style="list-style-type: none"> Comfort Keepers offers the Veterans Programme that helps to provide additional guidance during the initial stages of registration (e.g., paperwork and eligibility assessment) Whole Way House Society serves the residents of Veterans Manor by providing them with housing and supportive services, such as nutrition, mobility, social activities, grooming, and transportation Better at Home is a community-based provincial program that provides non-medical home support services to older adults (e.g., groceries, housekeeping, yard work, snow removal, transport, and home repairs) <ul style="list-style-type: none"> There is a total of 93 programs serving over 260 communities, with an additional two new programs beginning in 2024 Additional community-based programs (Family and Friend Caregiver Support Program, Therapeutic Activation Program for Seniors, and Social Prescribing) will be expanding over the next few years <ul style="list-style-type: none"> Social Prescribing will increase their number of Community Connector positions from 19 to 90 (and will focus on supporting older adults who are frail in developing wellness plans) 	<ul style="list-style-type: none"> In February 2023, the Government of British Columbia announced that 100 new affordable rental homes for Veterans, first responders, legion members, and their families in Surrey Vancouver Resource Services Communities will operate the homes and provide support services to residents to help them integrate into the community On 14 March 2024, the province announced Budget 2024 will be providing \$354 million over three years to help support older adults with living in their homes longer <ul style="list-style-type: none"> A \$227 million investment will be geared towards adding 400+ community-based professional service position and 500+ home support workers A \$127 million investment will target increasing non-medical support services (e.g., day-to-day tasks and delivery programs) New home-care supports focused on improving group activities, social meals, and flexible transportation options will help enable older adults to live more comfortably within their own communities In British Columbia during the 2017/2018 fiscal year: <ul style="list-style-type: none"> 43,000 people received 8.7 million hours of home support (which included personal care, bathing, toileting, meal preparation, nutrition, and laundry) 6,093 residents resided in subsidized assisted living facilities

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
		<ul style="list-style-type: none"> ○ Therapeutic Activation Program for Seniors focuses on proactive fitness outreach through telephone calls, transportation from programs, and nutritious meals • The Care Anywhere: Smart Biosensors to Promote Healthy Aging and Transform Healthcare is focused on treating the healthcare needs of the province's aging population through wearable digital health technologies (e.g., smart phones, beds, sensors, cameras that record and share sleep patterns and falls with clinicians) • In 2019, the Age-Well National Innovation Hub at Simon Fraser University received \$3.5 million in funding to support a digital health circle that will create digital health innovation to enable older adults to age in place 	<ul style="list-style-type: none"> ○ 93,651 individuals received professional home-care services from healthcare professionals
Alberta	<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered 	<ul style="list-style-type: none"> • Alberta Health Services Home Care <ul style="list-style-type: none"> ○ Anyone with Albertan healthcare can receive home and community services ○ A case manager and nurse meet with clients to determine the type of services that they may require such as prevention and screening, education on self-care and for caregivers, medication administration, personal care services (e.g., hygiene, dressing), care after surgery, short-term and long-term care, palliative and end-of-life care, respite services, and equipment for short-term loans ○ Other services may include engaging with dietitians, licensed practical nurses, occupational therapists, healthcare aides, physiotherapists, registered nurses, respiratory therapists, and social workers 	<ul style="list-style-type: none"> • No impacts identified
Saskatchewan	<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Providing home care interventions earlier ▪ Building connections and/or coordinate care within the home-care sector and other sectors ▪ Providing additional support services, including for caregivers ○ Innovations in how funds for home care get allocated <ul style="list-style-type: none"> ▪ Providing Veterans with individualized home-care budgets 	<ul style="list-style-type: none"> • Saskatchewan Home Care <ul style="list-style-type: none"> ○ The Saskatchewan provincial government offers direct services to help individuals maintain functional independence ○ Services include case coordination, personal care, respite care, homemaking, meal services, transportation, and nursing ○ Clients may be billed for some services depending on the type of service and the client's income ○ Clients may receive individualized funding that can be used for services at their discretion <ul style="list-style-type: none"> ▪ This option requires more personal responsibility ▪ Funding is based on individual need and services 	<ul style="list-style-type: none"> • No impacts identified

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
	<ul style="list-style-type: none"> Introducing new or revised funding approaches to support Veterans to invest in at-home medical devices, medical technologies, and medical supplies 	<ul style="list-style-type: none"> Individuals would be responsible for recruiting and hiring their own staff Saskatchewan Aids to Independent Living <ul style="list-style-type: none"> Provides funding for medical devices and equipment to support independent living 	
Manitoba	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Providing additional support services, including for caregivers Providing social integration opportunities for Veterans in their communities Innovations in how funds for home care get allocated <ul style="list-style-type: none"> Introducing new or revised funding approaches to support Veterans to invest in home retrofits Working towards pooled budgets across levels of governments, systems, organizations and teams Innovations in how decisions are made about home care <ul style="list-style-type: none"> Improving coordination between provincial and territorial home-care services and Veteran-specific home-care services (i.e., those funded by Veterans Affairs Canada) Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status Costs 	<ul style="list-style-type: none"> Eligible Veterans residing in Manitoba can utilize the national Veterans Independence Program for at-home living support services, including: <ul style="list-style-type: none"> meal preparation and nutrition housekeeping and personal care professional health and support services grounds maintenance transportation home adaptations Compassionate Care Home & Hospital Health Services is qualified to provide private home support for Veterans and is registered with Veterans Independence Program Manitoba Health established the most comprehensive provincial home-care service in the country in 1974; each regional health authority is responsible for the planning, delivery, and ongoing management of home care The University of Manitoba announced a \$3 million investment in a research hub that aims to support older adults living with disabilities to independently reside in their homes through the aid of artificial intelligence and digital technology 	<ul style="list-style-type: none"> Homes for Heroes Foundation has launched Kinsmen Veterans' Village in Winnipeg to support the integration and living of Veterans <ul style="list-style-type: none"> Each village provides between 5,000 and 9,000 bed-nights per year, with access to a kitchen, bathroom, community gardens, and a resource centre to help them connect with specialty services and healthcare professionals An estimated 39,000 clients receive home-care services in Manitoba each year, with the highest utilization rates for older adults aged 75 years and older On 7 July 2023, the Manitoba Government announced that it will be investing in personal care homes to help older adults age in place; this physical village model will adopt a social interaction, functionality, and intergenerational contact model <ul style="list-style-type: none"> The construction of 42 behavioural beds and the piloting the Community Supportive Living program (with three-tiered support and 24/7 onsite staff for service aid with meals, laundry, housekeeping) will help to support day-to-day activities for older adults
Ontario	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans 	<ul style="list-style-type: none"> Ontario home and community care 	<ul style="list-style-type: none"> During the 2022–23 fiscal year, the Soldier's Aid Commission approved 21 applications and provided \$37,281 in financial assistance

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
	<ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered ○ Innovations in how funds for home care get allocated <ul style="list-style-type: none"> ▪ Introducing new or revised funding approaches to cover a broader range of services ▪ Working towards pooled budgets across levels of governments, systems, organizations and teams ○ Innovations in how decisions are made about home care <ul style="list-style-type: none"> ▪ Improving coordination between provincial and territorial home-care services and Veteran-specific home-care services • Outcomes <ul style="list-style-type: none"> ○ Costs 	<ul style="list-style-type: none"> ○ The Ontario government can provide financial support for home-care and community support services to increase functional independence ○ Case workers can work to create a home-care plan and coordinate local community services to facilitate access to care <ul style="list-style-type: none"> ▪ Examples of home-care services case workers can coordinate including nursing care, physiotherapy, occupational therapy, speech-language pathology, social work, healthy eating, home making, and personal support services ▪ Case workers are responsible to ensure that ethnic, spiritual, linguistic, familial, and cultural factors are addressed ○ Decisions for supports are made on a case-per-case basis ○ No referrals are needed for the program ○ Types of additional supports not covered by the provincial program but may be available in the community include meal services, transportation, caregiver respite, day programs, home repair, security checks, recreational services, independence training, behavioural supports, and education • Ontario's guide to program and services for seniors <ul style="list-style-type: none"> ○ The guide provides suggestions that older adults can look for to seek social activities, financial support, active living, and healthy lifestyle choices 	<ul style="list-style-type: none"> ○ Given the underspend of the program, the Commission took a more active approach to promoting the program and engaging Veterans to increase program awareness
Quebec	<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Building connections and/or teams to coordinate care within the home-care sector and other sectors ▪ Providing social integration opportunities for Veterans in their communities ▪ Providing respite to caregivers 	<ul style="list-style-type: none"> • Quebec private senior residences <ul style="list-style-type: none"> ○ The Government of Quebec can certify private senior residences ○ Residences can offer a call-for-help system, emergency procedures, medication management, health and social services, recreational activities, and more • Quebec home help <ul style="list-style-type: none"> ○ Quebec offers financial assistance for domestic help services ○ Home-care supports might include professional care, respite for caregivers, and technical support • Independent living tax credit 	<ul style="list-style-type: none"> • No impacts identified

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
		<ul style="list-style-type: none"> Older adults aged 70 or older are eligible for an independent living tax credit to relieve financial burden 	
Newfoundland and Labrador	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Providing additional support services, including for caregivers Providing respite to caregivers Innovations in how funds for home care get allocated <ul style="list-style-type: none"> Introducing new or revised funding approaches to cover a broader range of services Introducing new or revised funding approaches to support Veterans to invest in at-home medical devices, medical technologies, and medical supplies Innovations in how decisions are made about home care <ul style="list-style-type: none"> Improving coordination between provincial and territorial home-care services and Veteran-specific home-care services (i.e., those funded by Veterans Affairs Canada) 	<ul style="list-style-type: none"> Helping Hands Home Care <ul style="list-style-type: none"> Provides care for seniors, including Veterans supported through Veterans Affairs Canada Their services include personal care, disability assistance, respite care, and 24-hour care to allow Veterans and other older adults to stay at home and avoid hospitalization The Provincial Home Support Program consists of services purchased privately or subsidized by the province to a maximum financial ceiling, and includes the provision of personal and behavioural supports, household management, and respite to help maintain independence <ul style="list-style-type: none"> The Special Assistance Program also helps provide basic medical equipment and supplies to older adults living in the community 	<ul style="list-style-type: none"> No impacts identified
New Brunswick	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Providing additional support services, including for caregivers Providing culturally appropriate care (including training for health and social service providers) 	<ul style="list-style-type: none"> New Brunswick model of home care <ul style="list-style-type: none"> Leverages interprofessional teams of nurses, respiratory therapists, physiotherapists, occupational therapists, dieticians, and social workers A nurse is assigned as a primary care provider and service coordinator for most new clients and families and provides on-call services 24/7, while other professionals provide services based on assessed needs The model's aim is to help clients remain in their homes Eimeg Tan Tleiaoltieg <ul style="list-style-type: none"> We Are Home Where We Belong: Home for Life was a pilot project that applied a Home for Life Assessment Tool to identify needs among older Elsipogtog First 	<ul style="list-style-type: none"> No impacts identified

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
		<p>Nation residents, informing the development of three key programs:</p> <ul style="list-style-type: none"> ▪ a 'Meals to Go' program ▪ a long-term care education program called 'Eva's Vision' to better manage dementia and end-of-life care ▪ long-term goals for service development that included a culturally appropriate continuum of long-term care programs for First Nations communities <ul style="list-style-type: none"> • Healthy Seniors Pilot Project <ul style="list-style-type: none"> ○ Supported two program assisting older adults living at home: <ul style="list-style-type: none"> ▪ The One Stop Community Support Services for Aging at Home program connects seniors to services supporting their needs and helping them stay living in their home for longer ▪ Connected Communities: Smart Home for Independence, Social Interaction, Safety and Comfort in Aging Individuals aims to improve the uptake of technology use to support aging in place by providing a program of six classes addressing concerns such as social isolation, aging at home, and supports for daily living 	
Nova Scotia	<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Providing 24/7 remote monitoring and rapid coordination with urgent care through community paramedics ▪ Providing additional support services, including for caregivers ▪ Providing social integration opportunities for Veterans in their communities ▪ Providing respite to caregivers ○ Innovations in how decisions are made about home care <ul style="list-style-type: none"> ▪ Improving coordination between provincial and territorial home-care services and Veteran-specific home-care services (i.e., those funded by Veterans Affairs Canada) 	<ul style="list-style-type: none"> • Careforce provides home care for Veterans across the Annapolis Valley in Nova Scotia <ul style="list-style-type: none"> ▪ Their services include post-surgical assistance, physical disability support, care for persons with dementia, transportation, personal care, respite care, rapid response services, and palliative care ▪ They provide care funded by Veterans Affairs Canada such as through the Veterans Independence Program (VIP) • The Senior Citizens Assistance Program provides assistance to older adult homeowners (65+) who cannot afford necessary repairs that threaten health and safety, up to \$6,500 	<ul style="list-style-type: none"> • No impacts identified

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
Prince Edward Island	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Building connections and/or teams to coordinate care within the home-care sector and other sectors Providing Veterans with case managers or care coordinators who can use a population-health management approach that builds services around people with similar levels of need and barriers to accessing care Providing additional support services, including for caregivers Providing respite to caregivers Innovations in how decisions are made about home care <ul style="list-style-type: none"> Improving coordination between provincial and territorial home-care services and Veteran-specific home-care services (i.e., those funded by Veterans Affairs Canada) 	<ul style="list-style-type: none"> A Place for Mom helps connects Veterans to assisted living and home-care services through their Veterans resource guide and Senior Living Advisors The Seniors Independence Initiative provides a suite of services to financially support seniors in daily activities and living who are unable to complete the tasks independently, including home maintenance, housekeeping, snow removal, and transportation <ul style="list-style-type: none"> A Social Supports Coordinator identifies funded supports and works collaboratively with the senior to identify support needs and determine the appropriate funding to meet those needs within the benefit cap The Caring for Older Adults in the Community and at Home (COACH) program involves a specialized team of healthcare professionals (i.e., Geriatric Program Nurse Practitioner, primary care provider, Home Care Coordinator), who conduct home assessments and work with three partner programs: Home Care, Primary Care, and the provincial Geriatric Program 	<ul style="list-style-type: none"> No impacts identified
Yukon	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Providing additional support services, including for caregivers Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life 	<ul style="list-style-type: none"> Strongest Family Institute <ul style="list-style-type: none"> This organization is extending their reach to Veterans and their families in Yukon by offering mental health support over the phone and coaching to help with the transition from active service to civilian life This service is offered free to Yukoners through the Bell Let's Talk and Northwester, funded by the Yukon Government 	<ul style="list-style-type: none"> No impacts identified
Northwest Territories	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life 	<ul style="list-style-type: none"> Veterans Independence Program <ul style="list-style-type: none"> Offers tax-free yearly financial support for tasks such as ground maintenance, housekeeping, meal preparation, personal assistance, and accessing professional health and support programs Government of Northwest Territories Home and Community Care <ul style="list-style-type: none"> Older adults can receive home-care services referred by a healthcare professional or by contacting local home-care programs Home-care services are provided by a team of healthcare providers, and this can include nurses, 	<ul style="list-style-type: none"> No impacts identified

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
		<p>social workers, occupational therapists, and home support workers</p> <ul style="list-style-type: none"> ○ This can include nursing care, loan of equipment, personal care, or help with daily living activities to extend at-home living and provide caregivers a break 	
Nunavut		None identified	<ul style="list-style-type: none"> • No impacts identified
Australia	<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered 	<ul style="list-style-type: none"> • Department of Veterans' Affairs home services <ul style="list-style-type: none"> ○ The department provides a wide range of services for Veterans such as helping with household tasks (e.g., cleaning), personal care, safety-related garden and home maintenance, home nursing visits, aids and equipment, chronic disease management, emergency respite care and caregiver care, and aged care resources ○ Services are available to those who have a Veteran Gold or White Card, with certain co-payments ○ Veterans may receive domestic help as required, 1.5 hours per week of personal care, up to 196 hours of in-home respite care, 28 days of residential respite care, up to 216 hours of emergency short-term home relief, and up to 15 hours of home and garden maintenance 	<ul style="list-style-type: none"> • No impacts identified
Canada	<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how funds for home care get allocated <ul style="list-style-type: none"> ▪ Introducing new or revised funding approaches to cover a broader range of services • Outcomes <ul style="list-style-type: none"> ○ Care experience <ul style="list-style-type: none"> ▪ Care satisfaction (including family, friend, or caregiver satisfaction) ▪ Other ○ Provider experience 	<ul style="list-style-type: none"> • Veterans Independence Program <ul style="list-style-type: none"> ○ Veterans Affairs Canada manages the Veterans Independence Program (VIP), which provides annual tax-free funding for Veterans to help cover the costs of health and support services, including personal care, housekeeping, and meal preparation ○ Eligible Veterans need to have qualified for a disability benefit or the War Veterans Allowance or Prisoner of War Compensation or be eligible for, but cannot access, a Contract Bed 	<ul style="list-style-type: none"> • Several recommendations were made in the most recent evaluation report of the Veterans Independence Program: <ul style="list-style-type: none"> ○ Veterans Affairs piloted several functional guidance documents in 2020 that aimed to improve clarity and ease-of-use for frontline staff, and after seeing success with use of these documents in VIP, they will expand guidance for mental-health-specific issues ○ Reviews will be conducted to determine if there are unintended gender-related impacts in the process for VIP eligibility for primary caregivers ○ Veterans Affairs will collaborate with colleagues to review and enhance the tools to assess clients' needs
New Zealand	<ul style="list-style-type: none"> • Innovations that can help extend at-home living for Veterans 	<ul style="list-style-type: none"> • Levin Home for War Veterans 	<ul style="list-style-type: none"> • No impacts identified

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
	<ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer ▪ Providing home-care interventions earlier (i.e., adjusting eligibility to work with Veterans who face rising risk, not just those with already highly elevated risks) ▪ Providing assessments from a broader array of providers ▪ Building connections and/or teams to coordinate care within the home-care sector and other sectors ▪ Providing 24/7 remote monitoring and rapid coordination with urgent care through community paramedics ▪ Providing additional support services, including for caregivers ▪ Providing social integration opportunities for Veterans in their communities ▪ Providing respite to caregivers ▪ Using trauma-informed approaches ● Outcomes <ul style="list-style-type: none"> ○ Health outcomes <ul style="list-style-type: none"> ▪ Quality of life ▪ Functional status 	<ul style="list-style-type: none"> ○ Levin Home for War Veterans was established in 1959 to support soldiers returning from war, but now welcomes individuals from various backgrounds, maintaining a close relationship with the Defence Force and other armed services ○ Veterans' Affairs offers Social Rehabilitation services that support at-home living for Veterans ● Home Help <ul style="list-style-type: none"> ○ Available for individuals with Qualifying Service whose condition is related to their service ○ Individuals with a non-service-related condition may also qualify if it prevents them from working full time and they receive Weekly Income Compensation ○ The maximum support for household chores is two hours per week, which may be increased in exceptional circumstances ○ Household chores covered include cleaning kitchen surfaces, bathroom and toilet cleaning (including ensuite), mopping floors, tidying, vacuuming and dusting, and interior window washing (up to two meters in height, using a small step ladder or chair) ○ Home Help is provided in partnership with Paramount Services ● Home Modification <ul style="list-style-type: none"> ○ Home Modification assistance is available to individuals with Qualifying Service whose condition is related to their service ○ Individuals with a non-service-related condition may also qualify if it prevents them from working full time and they receive Weekly Income Compensation ○ The support provided includes advice and potentially financial assistance for structurally modifying your home, tailored to your specific circumstances ● Veterans' Independence Programme via Veterans' Affairs <ul style="list-style-type: none"> ○ The Veterans' Independence Programme aims to provide services and support to Veterans who are unable to perform essential activities necessary for independent living in their homes ○ The programme covers activities such as shopping, meal preparation, housework, bill paying, gardening, 	

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
		<p>and transportation, which support independent living but are not essential to health or survival</p> <ul style="list-style-type: none"> ○ Services and support may include short-term attendant care, home help, house and section maintenance, home adaptations, travel assistance, allowance for adaptive clothing and footwear, and medical alarms ○ Eligibility for services under the programme is based on entitlement to impairment compensation, with Veterans entitled to impairment compensation eligible to apply for all types of services and support ○ Veterans not entitled to impairment compensation may also apply, but provision of services is at the discretion of Veterans' Affairs ○ Veterans' Affairs considers various factors in assessing eligibility and level of support, including the Veteran's level of impairment/frailty, employment status, living arrangements, geographical location, access to services, existing support at home, services provided by other agencies, and social rehabilitation coverage 	
United Kingdom	<ul style="list-style-type: none"> ● Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> ○ Innovations in how home care is organized and delivered <ul style="list-style-type: none"> ▪ Supporting changes to the home environment that to allow the Veteran and/or their family to stay at home longer ▪ Providing home-care interventions earlier (i.e., adjusting eligibility to work with Veterans who face rising risk, not just those with already highly elevated risks) ▪ Providing assessments from a broader array of providers ▪ Providing 24/7 remote monitoring and rapid coordination with urgent care through community paramedics ▪ Providing additional support services, including for caregivers ▪ Providing social integration opportunities for Veterans in their communities ▪ Providing respite to caregivers 	<ul style="list-style-type: none"> ● Care homes by the Royal British Legion <ul style="list-style-type: none"> ○ The Royal British Legion (RBL) is dedicated to supporting the Armed Forces community nationally since 1921 ○ RBL operates six care homes across the country, providing a "home from home" atmosphere, including specialist dementia care ○ Applicants must undergo a needs assessment to determine eligibility and care requirements ○ RBL may also support individuals under 65 seeking care or rehabilitation, depending on circumstances ● Care for Veterans <ul style="list-style-type: none"> ○ Established in 1919, Care for Veterans (formerly The Queen Alexandra Hospital Home) was created to support soldiers returning from World War I with significant disabilities ○ Presently, Care for Veterans offers long-term nursing and residential care as well as short-stay respite care for ex-servicemen and women and their families ○ Separate wings cater to individuals with mild dementia symptoms and learning disabilities 	

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
	<ul style="list-style-type: none"> Using trauma-informed approaches Outcomes <ul style="list-style-type: none"> Health outcomes <ul style="list-style-type: none"> Quality of life Functional status 	<ul style="list-style-type: none"> Therapy options provided include physiotherapy, occupational therapy, speech and language therapy, and counselling services Haig Housing <ul style="list-style-type: none"> The charity assists eligible Veterans with housing needs, whether they're transitioning into civilian life or require support Properties vary in size and type, including family-sized houses, flats, and maisonettes, located in well-managed estates across the U.K. 	
United States	<ul style="list-style-type: none"> Innovations that can help extend at-home living for Veterans <ul style="list-style-type: none"> Innovations in how home care is organized and delivered <ul style="list-style-type: none"> Introducing disease-management approaches specific to Veterans' needs Building connections and/or teams to coordinate care within the home-care sector and other sectors Providing Veterans with case managers or care coordinators who can use a population-health management approach that builds services around people with similar levels of need and barriers to accessing care Providing additional support services, including for caregivers Providing social integration opportunities for Veterans in their communities Providing respite to caregivers Innovations in how funds for home care get allocated <ul style="list-style-type: none"> Introducing new or revised funding approaches to cover a broader range of services Innovations in how decisions are made about home care <ul style="list-style-type: none"> Improving coordination between provincial and territorial home-care services and Veteran-specific home-care services (i.e., those funded by Veterans Affairs Canada) Outcomes <ul style="list-style-type: none"> Costs 	<ul style="list-style-type: none"> U.S. Department of Veterans Affairs <ul style="list-style-type: none"> Veteran community care must be first authorized by the U.S. Department of Veterans Affairs (VA) Co-payment may be offered for Veterans with financial difficulty The VA provides supports for caregivers to help support older adults through their Program of Comprehensive Assistance for Family Caregivers <ul style="list-style-type: none"> Up to two caregivers can be included in this application Supports for the primary caregiver include stipend payments calculated by a tier-level rating, access to healthcare insurance, mental health counselling, travel benefits for appointments, and 30 days of respite care per year Supports for the secondary caregiver include mental health counselling and travel benefits for appointment Eligibility for supports is determined by having a service-related disability rating of 70%, inability to perform daily activities, and in need of supervisor or instruction The VA offers subtle funding to provider additional services facilitating independence through their Aid and Attendance fund <ul style="list-style-type: none"> The fund is in the form of a monthly payment The fund is allotted if individuals require assistance with daily activities, are bedridden, in nursing, or have limited eyesight The VA provides home- and community-based services to facilitate independent living 	<ul style="list-style-type: none"> The Veterans Health Administration's spending on community care has increased with long-term services and supports representing 30% of community care costs This amount is for all types of long-term care services, not just those for older adults

Jurisdiction	Dimension of organization framework	Policy features	Policy impacts
		<ul style="list-style-type: none"> ○ Homemaker Home Health Aide care can provide personal care services to help with daily activities or to provide respite to healthcare workers ○ Skilled Home Health Care including nursing, speech therapy, or wound care is delivered for individuals with ongoing needs ○ Home Based Primary Care can be used with a copayment program and may include case management, social work, rehabilitation, nutrition, psychology, and pharmacy ○ Adult Day Health Care services can provide opportunities for social connection ○ Home Respite Care can provide day services to support caregivers ○ Telehealth services can help Veterans receive accessible services ○ Palliative care is used for disease management 	

Appendix 5: Documents excluded at the final stages of reviewing

Document type	Hyperlinked title
Evidence syntheses	Does smart home technology prevent falls in community-dwelling older adults: A literature review
Protocol	Home-care 're-ablement' services for maintaining and improving older adults' functional independence

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