



# **CORE COMMUNITY SUPPORTS TO AGE IN COMMUNITY**

**June 2019**



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\* Québec contributes to the Federal/Provincial/Territorial Seniors Forum by sharing expertise, information and best practices. However, it does not subscribe to, or take part in, integrated federal, provincial, and territorial approaches to seniors. The Government of Québec intends to fully assume its responsibilities for seniors in Québec.

The views expressed in this report may not reflect the official position of a particular jurisdiction.

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In support of work on the topic of Aging in Community, the Federal/Provincial/Territorial (FPT) Forum of Ministers Responsible for Seniors developed two documents:

- A Report on Housing Needs of Seniors;
- A Report on Core Community Supports to Age in Community.

These reports should be reviewed and considered together.

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## Executive Summary

**Aging in place**, or **aging in the community**, refers to a person's ability to continue living independently at home and/or in their community through the provision of necessary supports and services.

Aging in place is often the first choice for older adults. It can prevent the emotional and physical hardships associated with leaving home to live in institutional settings. It can also help older adults be active, engage in social participation and maintain their social networks with family, friends, and community members, thus supporting their mental health and maintaining their personal identity.

In order to meet their care needs, older adults often rely on **home and community care** programs and services, provided by governments and service organizations. "**Home and community care**" services help people receive care at home, rather than in a hospital or long-term care facility, and to live as independently as possible in the community. These services not only allow older Canadians to age in place, but also save governments money, as they are less expensive than providing institutional care in retirement residences or long-term care facilities. Regulated health care professionals (e.g., nurses), non-regulated workers, volunteers, friends and family caregivers deliver home and community care.

The goals of home and community care are to:

- Help people maintain or improve their health status and quality of life,
- Assist people in remaining as independent as possible,
- Encourage people to remain physically and socially active,
- Support families in coping with a family member's need for care,
- Help people stay at or return home and receive needed treatment, rehabilitation or palliative care, and
- Provide informal/family caregivers with the support they need.

**Core Community Supports** include:

- **Home Care Services:** health-related supports that include a wide range of services including personal care, therapy and rehabilitation and nursing care;
- **Home supports:** including meal provision, housekeeping, home maintenance, meal services, transportation, as well as social participation and companionship programs, and physical activity and educational/recreational programs; and
- **Financial supports:** income subsidies, as well as grants and subsidies to defray housing costs and fund home renovations designed to improve accessibility.

The **purpose** of this report is to inform policy reflection by providing information regarding how well older Canadians are served for the purposes of aging in place and

community, by the home and community support services currently available. This will be achieved by:

1. Describing the home care services, home supports and financial supports that help older adults age in place, as well as the roles and responsibilities of the federal, provincial and territorial governments in delivering them.
2. Determining how the needs of Canadians older adults aging in place are being met by identifying gaps, challenges, trends, best practices and innovative approaches in the provision of these supports.
3. Identifying best practices and innovative approaches used in Canada and internationally.

### *Federal Responsibilities*

The *Canada Health Act*, Canada's federal health care insurance legislation, requires provinces and territories to provide coverage for medically necessary hospital and physician, and surgical-dental services (i.e., insured health services) to their eligible residents in order to receive the full federal cash transfer under the Canada Health Transfer. In addition to the insured health services covered under the Act, the provinces and territories also provide a wide range of other services, including home care, at their discretion and on their own terms and conditions.

The federal government plays a role in supporting health care by providing funding, through the Canada Health Transfer and other transfers to provincial and territorial governments for insured health services. However, the provincial and territorial governments have primary jurisdiction in the administration and delivery of health care services. This includes setting their own priorities, administering their health care budgets, and managing their own resources.

The federal government provides community supports to populations for whom it has responsibility (e.g. First Nations and Inuit people, veterans, members of the armed forces and federal inmates). The federal government also provides some financial supports (e.g., the Canada Caregiver Credit) and supports initiatives to increase the availability and delivery of community services across Canada.

### *Provincial Responsibilities*

While most home care and community supports are not insured under the provisions of the *Canada Health Act*, all provinces and territories provide for and pay for certain services. Since provincial and territorial governments are responsible for the administration of their health care systems, the delivery structure of home care and community services varies across the country. This can impact the type and consistency of services offered, but also ensure that systems are responsive to locally-assessed needs. The federal government funds these services through transfer payments to the provinces and territories for health and social services.

Financial supports are usually offered at the provincial level while core home supports are often administered at the regional or local level. Non-medical home supports are often delivered in partnership with community organizations. Many jurisdictions allow individuals to choose their own service provider, usually for non-professional home support services.

## **Key Findings**

1. At every level of government, there is a consistent and ongoing effort to meet the needs of older adults aging in place.
2. In general, older Canadians are well served by health-related community supports. Many core services are offered consistently in each province and territory; however, there are challenges in terms of access within jurisdictions and regional disparities in terms of some of the services offered.
3. Non-medical supports, such as home, social and financial supports are offered less consistently across jurisdictions. There is often no integration of these types of services, which poses challenges in terms of access, especially for older adults living in rural and remote communities. Non-medical services are equally important, especially since older adults often experience social isolation.
4. Addressing gaps in the provision of financial supports is especially important. Many older adults feel physically and emotionally well enough to age in place, but do not have the means to do so. This can result in premature admission to costly seniors' residences or publicly-funded institutional care (e.g., long-term care or nursing homes).
5. Innovative approaches that harness community resources (e.g. volunteers, networks of family and friends), make greater use of technology, and consider alternative ways to deliver services that can offer dynamic and potentially lower cost solutions to gaps in care.
6. Given that the need for and usage of services varies by individual and community, one of the challenges going forward will be to ensure that availability and access to services align with the true demand for services in the community.
7. Going forward, it will also be necessary to consider the challenges related to providing services in rural and remote communities.
8. Finally, more Canadians are living longer lives, which means demand for support services programs will likely increase. It may therefore be necessary to consider finding efficiencies in design and delivery of services to ensure that all older adults are empowered to age in place.

## **Postscript: The Role of Technology**

Advances in technology will spur changes in how core community services are delivered and accessed. Currently only a few programs provide technology-related services to help adults age in place. On the other hand, technology, especially as it relates to remote care, offers distinct possibilities – especially for older adults in rural and remote communities. At the same time, it is important to remember that technology is not a substitute for human contact, which is often required to administer many medical and non-medical services, and alleviate social isolation.

Going forward, it will be important to frequently re-evaluate the use of technology, since rapidly-evolving hardware and software impacts accuracy of the data and the privacy of the user. The latter is especially important because many older adults may feel technological monitoring is intrusive or threatening.



## 1. Introduction

**Aging in place**, or **aging in the community**, refers to a person's ability to continue living independently at home and/or in their community through the provision of necessary supports and services.<sup>1</sup> It is the first choice for most older adults as it can prevent the emotional and physical hardships associated with leaving home to live in institutional settings. Older adults aging in place are more able to be active, engage in social participation and maintain their social networks with family, friends, and community members, thus supporting their mental health and maintaining their personal identity. With the appropriate supports, older adults can stay in their own homes, even if they have complex medical conditions.

In order to meet their care needs, older adults often rely on home and community care programs and services provided by governments and service organizations. These services not only allow older Canadians to age in place, but also save governments money, as they are less expensive than providing institutional care in retirement residences or long-term care facilities.<sup>2</sup> Indeed, home and community care services that facilitate older adults' independence and ability to remain at home – even in currently underserved rural/remote, and/or smaller communities – are fiscally responsible programs that “save taxpayer dollars” (Carver et al., 2018, p.11).

Canadians in the baby boomer generation (individuals that were born from 1946 to 1965) are expected to live longer and enjoy healthier, more active older age lives than those in earlier generations. Today, a Canadian at age 65 – an age many associate with retirement – can expect to live almost six years longer than a person of the same age did fifty years ago.<sup>3</sup> For this reason, it is expected that older adults will comprise a greater proportion of the Canadian population in the years to come,<sup>4</sup> meaning that the demand for programs and services that facilitate aging in place will likely increase.

"Home and community care" services help people to receive care at home, rather than in a hospital or long-term care facility, and to live as independently as possible in the community. Home and community care services are delivered by regulated health care professionals (e.g., nurses), non-regulated workers, volunteers, friends and family caregivers.

The goals of home and community care are to:

- Help people maintain or improve their health status and quality of life,
- Assist people in remaining as independent as possible,

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<sup>1</sup> For ease of reading, the term “aging in place” will be used throughout the report to refer to both concepts.

<sup>2</sup> Carver et al., 2018; Federation of Canadian Municipalities, 2015; Kendig, Gong, Cannon & Browning, 2017; World Health Organization, 2007).

<sup>3</sup> Based on Canada's life expectancy at age 65; source: <https://data.oecd.org/healthstat/life-expectancy-at-65.htm>

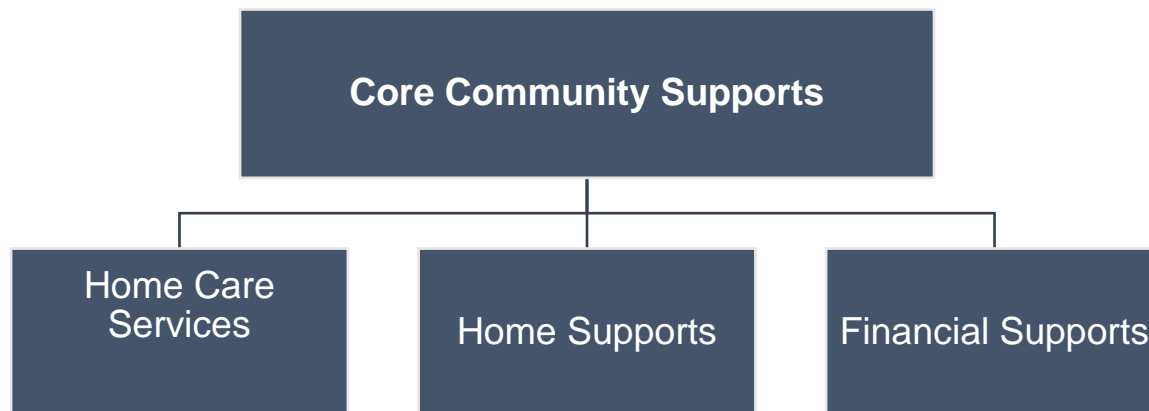
<sup>4</sup> According to the 2016 Canadian Census, it is estimated that older adults will comprise 23 percent of the Canadian population by 2030.

- Encourage people to remain physically and socially active,
- Support families in coping with a family member's need for care,
- Help people stay at or return home and receive needed treatment, rehabilitation or palliative care, and
- Provide informal/family caregivers with the support they need.

This report focuses on the following *core community supports*, identified by the FPT Ministers Responsible for Seniors Forum as critical to aging in place for older adults. Such supports may be delivered by federal, provincial or territorial governments, their agents, and/or other organizations.<sup>5</sup>

- **Home Care Services:** health-related supports that include a wide range of services including personal care, therapy, rehabilitation and nursing care;
- **Home supports:** including meal provision/services, housekeeping, home maintenance, and transportation, as well as social participation and companionship programs, and physical activity and educational/recreational programs; and
- **Financial supports:** income support, as well as grants and subsidies to defray housing costs and fund home renovations designed to improve accessibility.

**Figure 1: Core Community Supports**



While outside the scope of this analysis, technological support services are an emerging community support, and warrant further analysis. These supports are based on wireless and web-based technology that include wearable devices and ambient assisted living and home monitoring systems. Such services can complement the services listed above, and may replace them as technology evolves.

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<sup>5</sup> The information in this report was validated by the FPT Seniors Forum Aging in Community Working Group. Members of the group also provided many of the descriptions of core community supports presented here.

## 2. Purpose

The purpose of this report is to inform policy reflection by providing information regarding how well older Canadians are served for the purposes of aging in place and community, by the home and community support services currently available. This will be achieved by:

1. Describing the home care services, home supports and financial supports that help older adults age in place, as well as the roles and responsibilities of the federal, provincial and territorial governments in delivering them.
2. Determining how the needs of Canadian older adults aging in place are being met by identifying gaps, challenges, trends, best practices and innovative approaches in the provision of these supports.
3. Identifying best practices and innovative approaches used in Canada and internationally.

## 3. Roles and Responsibilities

### *Federal Roles and Responsibilities*

Health care is a shared responsibility between the Government of Canada and the provinces and territories. While the federal government plays a role in supporting health care by providing funding to the provinces and territories, the provincial and territorial governments have primary jurisdiction in the administration and delivery of health care services. This includes setting their own priorities, administering their health care budgets, and managing their own resources.

The *Canada Health Act*, Canada's federal health care insurance legislation, requires provinces and territories to provide coverage for medically necessary hospital, physician and surgical dental services (i.e., insured health services) to their eligible residents in order to receive the full federal cash transfer under the Canada Health Transfer. In addition to the insured health services covered under the Act, the provinces and territories also provide a wide range of other services, including home care, at their discretion and on their own terms and conditions.

The roles of the federal, provincial, and territorial governments are circumscribed by the Canadian Constitution that assigns primary responsibility to the provinces and territories for the management, organization, and delivery of health care services for their residents.

Community supports for the majority of Canada's population are delivered by the provinces and territories; however, the federal government provides home care and home supports for populations for whom it has responsibility, such as First Nations, Inuit and Métis people living on reserve, eligible veterans, members of the armed forces, and

federal inmates.<sup>6</sup> The federal government also provides financial supports, which may help with aging in place (e.g., the Canada Caregiver Credit) and by funding targeted initiatives designed to increase the availability and delivery of community services across Canada.

The **First Nations and Inuit Home and Community Care (FNIHCC) Program** delivers home care services to First Nations on-reserve and Inuit in designated communities. The FNIHCC Program strives to provide home and community care to First Nations and Inuit that is comprehensive, culturally sensitive, accessible and responsive to their unique health and social needs.

The FNIHCC program provides home care services such as client assessments, case management, nursing, personal and supportive care, and in-home respite. Additional home care services and home supports (e.g. meal provision, palliative care, end of life care) may also be provided depending on community needs and funding availability.

While Indigenous Services Canada is responsible for funding arrangements and program implementation, First Nation communities deliver the services themselves in keeping with the principles of health transfer and self-government. Home and Community Care is delivered primarily by home care registered nurses and trained and certified personal care workers. Service delivery is based on assessed need and follows a case management process. According to a recent FNIHCC evaluation, the Program is delivered in 455 First Nations and Inuit Communities.<sup>7</sup>

Contribution funding from the federal government is allocated to First Nations communities by the regional offices of Indigenous Services Canada's First Nations and Inuit Health Branch (FNIHB), with the following exceptions:

- The Governments of the Northwest Territories and Nunavut deliver home care programs to all residents regardless of ethnicity. Indigenous Services Canada's Northern Region, coordinates home care funding between the federal and territorial governments, through FNIHB. This funding is provided as an enhancement to the existing home care programs with the governments of the Northwest Territories and Nunavut. FNIHB provides funding specifically for First Nations and Inuit clients of the respective programs.
- The Nunavik Regional Board of Health and Services delivers the program directly to Inuit in Québec.

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<sup>6</sup> Government of Canada (2016). "Home and Community Care." <https://www.canada.ca/en/health-canada/services/home-continuing-care/home-community-care.html>

<sup>7</sup> Government of Canada. Evaluation of the First nations and Inuit Home and Community Care Program 2008-2019 to 2011-2012. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/accountability-performance-financial-reporting/evaluation-reports/evaluation-first-nations-inuit-home-community-care-program-2008-2009-2011-2012.html>

- The government of Nunatsiavut delivers the program directly to Inuit residing in the region.
- The Yukon's Home Care Program is accessible to all Yukon residents. FNIHCC funds are provided to the Yukon's three First Nations without self-government agreements to fund home making services, such as shopping and cleaning; however, no hands-on medical treatment is provided since this is provided by the territorial government.
- In 2013, the First Nations Health Authority (FNHA) in British Columbia assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations Inuit Health Branch – Pacific Region. The FNHA is an independent body that is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in the province. The FNHA is the first province-wide health authority of its kind in Canada.

**The Veterans Independence Program (VIP)**, administered by Veterans Affairs Canada, is designed to help eligible veterans, their primary caregivers and survivors remain independent in their home and community as long as possible, and reduce waitlists for long-term care (LTC) by providing services to veterans in their homes and communities. The program is not intended to replace other federal, provincial or municipal programs. Rather, it is designed to complement or top-up these services to meet veterans' needs.

Eligible veterans can qualify for financial assistance to obtain a variety of home care, home and financial supports, including personal care, grounds maintenance, meal delivery services, housekeeping, and renovations to improve home accessibility. Eligible veterans receive grants and contributions, up to an allowable maximum amount, for services obtained from a qualified provider of their choice.

The **Caregiver Recognition Benefit (CRB)** is for informal caregivers supporting veterans living with physical and/or mental health conditions who require the continuous provision of care and supervision. The CRB provides caregivers of eligible veterans with a monthly \$1000 tax-free grant. The veteran cannot reside in a nursing home or long-term care facility for the informal caregiver to receive the benefit.

The **Canada Caregiver Credit**<sup>8</sup> is a non-refundable tax credit (financial support) that can be claimed by individuals supporting immediate relatives who regularly depend on them for the basic necessities of life, such as food, shelter and clothing, because of a physical or mental impairment. The amount individuals can claim depends on: the

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<sup>8</sup>Government of Canada (2019). "The New Caregiver Tax Credit." <https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/canada-caregiver-amount.html>

relationship to the person for whom they are claiming the Credit; the person's net income; and whether other credits are being claimed for that person.

The Canada Revenue Agency may ask for a signed statement from a medical practitioner showing them when the impairment began and what the duration of the impairment is expected to be.

Caregiving benefits and leave are also available through the Employment Insurance EI Program. For example, the:

- **EI Family Caregiver Benefit for Adults** gives eligible caregivers up to 15 weeks of benefits while they are temporarily away from work to support or care for a critically ill or injured adult family member, i.e., whose life is at risk as a result of illness or injury and there has been a significant change in their baseline state of health.
- **The Compassionate Care Benefit** also is available to persons who have to be away from work temporarily to provide care or support to a family member who has a serious medical condition with a significant risk of death within 26 weeks. The compassionate care benefit can be paid for a maximum of 26 weeks over a period of up to 52 weeks. The benefit may be shared by EI eligible caregivers.

In addition, the **Disability Tax Credit (DTC)** is a non-refundable tax credit for individuals certified as having a severe and prolonged disability. The DTC amount was \$8,235 in 2018 (indexed annually) and provides tax relief of up to \$1,235 (15% of 8,235). The credit amount can be transferred to a supporting family member.

The **Medical Expense Tax Credit (METC)** is a non-refundable tax credit that recognizes above-average disability-related and medical expenses. The METC is available for qualifying medical expenses in excess of the lesser of \$2,302 in 2018 (indexed annually) and 3% of net income. Caregivers are able to claim qualifying medical expenses that exceed the lesser of 3% of the dependant's (relatives other than minor children) net income and \$2,302 in 2018.

The federal government is committed to working in partnership with provinces and territories to strengthen health care systems to deliver better care and better outcomes. As such, the federal government supports aging in place by funding healthy aging initiatives that seek to prevent injury, reduce the impact of existing health conditions, help people recover from ill health and frailty, increase independence and improve quality of life. This is achieved notably through policy coordination and development with provincial and municipal partners. For example, the federal government promotes the Age-Friendly Communities model, in which all levels of government work together to ensure that "the policies, services and structures related to the physical and social environment are designed to help seniors...live safely, enjoy good health and stay

involved.”<sup>9</sup> This model supports aging in place by advancing accessible public transportation, safe and affordable housing for older adults, and opportunities for older adults to be socially active, among other initiatives.

Other recent investments by the federal government in initiatives that support aging in place include:

- \$75 million for the Healthy Seniors Pilot Project in New Brunswick, to fund a range of applied research initiatives to examine how governments can better support older adults in their homes, communities and care facilities;
- \$20 million over five years and \$4 million per year ongoing to support community-based projects that seek to optimize the wellbeing of people living with dementia and family/friend caregivers (i.e., those family members and friends who provide care to them);
- \$11.5 billion over 10 years to improve home and community care and mental health and addiction services of which \$5 billion over 10 years, starting in 2017-18, targets better home and palliative care; and
- \$250,000 to Parachute Canada for the development of a multi-stakeholder seniors’ falls prevention network including the creation of an online central repository/hub for evidence-based fall prevention information.

### *Provincial Roles and Responsibilities*

In addition to the insured health services covered under the *Canada Health Act*, the provinces and territories also provide a wide range of other services outside the Act, including home care, at their discretion and on their own terms and conditions. The levels of funding and scope of coverage for these services vary from one province or territory to another.

Canada’s health care system has been described “an interlocking set of ten provincial and three territorial health systems.”<sup>10</sup> Since provincial and territorial governments are responsible for the administration of their health care systems, the delivery structure of home care services varies across the country. This can impact the type and consistency of services offered, but also ensures that systems are responsive to locally-assessed needs.

Services can be delivered by provincial or regional health authorities, such as in Saskatchewan, or delegated to the regional or local level, as in British Columbia, where all government-funded home care services are currently arranged by the province’s five Regional Health Authorities, or in Ontario, where they are currently arranged by the province’s 14 Local Health Care Integration Networks (LHIN). In Québec, services are delivered by the province through integrated health and social service centres.

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<sup>9</sup>Government of Canada (2016). “Age Friendly Communities.” <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html>

<sup>10</sup> Government of Canada (2018). “Canada’s Health Care System.” <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html#a6>

Unlike home care services, which are usually health services provided by professionals (and therefore fall under the jurisdiction of provincial health departments), provincially-funded **home supports** are often delivered in partnership with community and service organizations. For example, British Columbia's Better at Home program, which provides non-medical home support services to help older adults live independently in their homes, is funded by the BC Ministry of Health; however, services are administered by the United Way of the Lower Mainland and delivered by community agencies. In Newfoundland and Labrador, the Department of Children, Seniors and Social Development administers the Community Healthy Living Fund (CHLF), which provides grants to municipal governments,<sup>11</sup> schools, recreation and sport facilities, and seniors groups to deliver community healthy eating programs and recreation opportunities. The extent to which an individual may choose their own service provider varies by jurisdiction and service type, but it is more common for older adults to choose their own service providers for non-professional home support services.

The delivery of **financial supports** depends on the type of support offered. Such supports consist of tax measures (e.g., tax credits, rebates or deferrals) or grants to offset the cost of specific services (e.g., the cost of basic dental and optical services). Unlike home care services or home supports, which are often administered regionally or locally, and/or in partnership with intermediaries such as local service organizations, financial supports are usually delivered directly to older adults by the provincial or territorial ministry responsible.

#### 4. Description and analysis of available supports

Health care is often considered a priority for older adults. However, non-medical services are also needed to help older adults engage with their social and physical environments, as well as to maintain and clean their homes (Carver et al., 2018). The types of supports listed below meet both medical and non-medical needs through, for example, nursing care, transportation support, home maintenance support, housekeeping and personal care. They also support social participation and neighbourhood improvements to make them safer for older adults. Taken together, these supports help older adults age successfully in their communities of choice.

Examples of core community services offered by provincial/territorial governments, as of April 10, 2019, can be found in **Annexes A, B and C**.

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<sup>11</sup> Eligibility is restricted to communities with populations under 7,000 residents. ([https://www.cssd.gov.nl.ca/grants/pdf/2018-19\\_CHL\\_Fund\\_Guidelines.pdf](https://www.cssd.gov.nl.ca/grants/pdf/2018-19_CHL_Fund_Guidelines.pdf))



## Home Care Services

### *Description*

As mentioned earlier, **Home Care Services** are health-related supports that include a wide range of services to help older adults remain independent at home. They are generally delivered by publicly-funded home care services and allocated based on assessed need to clients of all ages living either in private residences or other settings (e.g. retirement residences).<sup>12</sup> The needs of older adults receiving home care vary. Some older adults have acute, chronic or palliative health care needs, while others may need rehabilitation, maintenance, or long-term supportive care to remain independent. Generally included in this category are case management and care coordination to ensure efficient and effective service delivery. Many of these services, such as physiotherapy, rehabilitation therapy and speech-language pathology require the services of regulated health-care professionals. Less specialized health-related services (e.g. basic wound and skin-care, infection prevention and control, operation of basic home medical equipment – oxygen, glucometer, blood pressure, pulse oximeter, etc.) are increasingly being provided by unregulated personal support workers (PSWs).

**Personal care services** help older adults age in place by assisting them with the tasks of everyday living, such as personal hygiene (e.g., bathing and grooming), dressing, toileting and incontinence management, mobilization and transferring, dining, oral care, and taking medication. These services may be provided by unregulated care providers, such as PSWs.

Personal care services also include supports ordinarily delivered in the community (e.g. therapeutic recreation or social activities) that may be inaccessible for older adults with mobility or health constraints. In addition, education, skills training and respite care are often available to clients' family caregivers to help them carry out care tasks.

**Therapy and rehabilitation services** are generally health care supports provided to clients who require acute, chronic, palliative or rehabilitative support by a licensed nursing professional, a physical therapist or an occupational therapist.

**Short and long-term nursing care** services are offered by licensed nursing professionals<sup>13</sup> and may include the assessment of health status and/or medical conditions, medical treatment and procedures (e.g. IV therapy, injections, wound care) rehabilitation to maximize function, the administration of medication, and palliative or end-of-life care. There is often a teaching component of these nursing care services whereby nurses will teach older adults and their caregivers how to do certain self-care activities, including PSWs, how to do certain self-care activities.

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<sup>12</sup> Canadian Institute for Health Information report on indicator development, March 2018, p. 33  
<https://www.cihi.ca/sites/default/files/document/shp-interim-progress-rep-en.pdf>

<sup>13</sup> (Registered Nurses [RNs], Registered Practical Nurses [RPNs]\Licensed Practical Nurses [LPNs] and Nurse Practitioners [NPs])

## Comparative Analysis

In general, the range of health-related home care services are fairly consistent across all provinces and territories and include a range of personal care services, therapy and rehabilitation services and nursing care services. The following are offered in all provinces and territories:<sup>14</sup>

- Personal care services
- Physiotherapy
- Occupational Therapy
- Nursing Services
- Palliative Care
- Case Management

Other home care services were less consistently available across the provinces and territories. These services include:<sup>15</sup>

- Rehabilitation Therapy
- Speech-language Therapy
- Respiratory Therapy
- Social Work
- Nutrition Services
- Pharmacy, Diagnostic and Laboratory Services
- Psychosocial Services

Social work and nutrition services are offered in at least 75 per cent of provinces and territories. The remainder of the services listed above are offered in approximately half of the provinces and territories, with the exception of psychosocial services (only offered in Québec).

Provinces and territories with smaller populations, such as Prince Edward Island, Nova Scotia, New Brunswick, Manitoba, Saskatchewan, the Yukon, Northwest Territories and Nunavut tend to offer fewer services than provinces with higher populations.

The following variations were also observed:

- Manitoba, Newfoundland and Labrador, and Saskatchewan each operate flexible, individualized funding programs in which clients (or their guardians) receive funding (based on assessed need) directly from their health authority to arrange, manage and pay for home care. Alberta's Self-Managed Care Program

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<sup>14</sup> Canadian Institute for Health Information (2018), *Selecting Pan-Canadian Indicators for Access to Mental Health and Addiction Services, and to Home and Community Care: Progress Report* (p. 33). <https://www.cihi.ca/sites/default/files/document/shp-interim-progress-rep-en.pdf>

<sup>15</sup> Ibid.

offers a similar alternate method of service provision for eligible home care clients. In Saskatchewan, this option is only available for non-medical home care services (e.g. personal care or home management). Ontario also uses this model; however, unlike the other provinces listed, individualized direct funding is only available to four client cohorts: children with medical complexity; adults with an Acquired Brain Injury; eligible home-schooled children; and individuals determined to be in extraordinary circumstances. In British Columbia the funding program is called Choice in Supports for Independent Living and may be suitable for someone with a significant physical disability.

- Many provinces provide respite for family and friends providing care to recover from the emotional and physical demands of looking after a loved one. Five provinces provide financial supports: Nova Scotia allocates a caregiver allowance of \$400/month to low income adults with disability and impairment. In addition, both Manitoba and Québec operate a caregiver tax credit. Newfoundland and Labrador offers a Paid Family Caregiver Option as part of its delivery of home support services, where persons in need of care have the option to hire and pay a family member to provide the essential service. NWT has also committed to introduce a Paid Family/Community Caregiving Option Pilot as part of its bilateral agreement with the federal government under the Common Statement of Principles for Shared Health Priorities.

### *Challenges and Innovative Approaches*

Given that Canada occupies a large land mass and is relatively sparsely populated, especially outside major urban centres, home care services that are successfully delivered in densely populated regions may not be easily replicated in rural and sparsely populated areas. This is a particularly important consideration in terms of program funding and recruitment of health care personnel to address the needs of rural and remote Canadians, as well as First Nations, Inuit and Métis peoples living on-reserve or in designated communities.

Although some home care services can be performed by PSWs, many require highly trained health care providers such as nurses and physical therapists. The combination of higher wages and scarcity of trained health care practitioners makes the provision of these services difficult, especially in rural or remote regions. While telehealth and e-health services can defray costs and mitigate gaps in service, they cannot replace human contact or accomplish physical tasks such as wound dressing.

In order to address these and other challenges, provinces and territories are adopting innovative approaches to the provision of home care services:

- Paramedicine has been utilized successfully to address service gaps in some regions. For example, Nova Scotia, Saskatchewan, Ontario and Alberta have extended their paramedic services to provide treatment at home beyond emergency response services. Since its launch in Nova Scotia, 77% of calls from

nursing homes have been dealt with in the home and did not result in a trip to the emergency department. In January 2019 it was announced that British Columbia Emergency Health Services would be receiving \$1 million for a program dedicated to training paramedics to provide in-home palliative care to terminally ill patients.

- In Manitoba, the Winnipeg Regional Health Authority Healthy Aging Resource Teams work in the community doing client assessments to promote health, increase awareness about injury and illness prevention, provide primary care and manage chronic diseases for adults age 55+. Teams consist of a range of service workers who can provide comprehensive care in one visit, saving time and money and facilitating holistic treatment.
- Ontario is exploring initiatives to improve recruitment and retention of PSWs in hard to service areas, including recognizing prior learning and experience of individuals working in other home care and personal support service roles to fast-track them to a PSW educational certificate.

## Home Supports

### *Description*

Home supports include non-medical services related to housekeeping, home maintenance, meal assistance and transportation. Many of these programs are designed to complement supports provided to older adults by Home Care or family members to support daily unmet needs.<sup>16</sup> These services do not necessarily require specialized providers and can be delivered using existing community resources. For example, local contractors, existing housekeeping services or local volunteers can deliver home supports to older adults aging in place, as well as general services to the community.

Home supports may include the following types of services:

**Meal and nutrition related services** include the provision of in-home or community meals, assistance with meal preparation and planning, nutrition counselling, grocery shopping, and food security programs. Such services are particularly important for Indigenous populations since higher percentages of Indigenous older adults are part of the low-income population and therefore experience food insecurity.<sup>17</sup>

**Housekeeping and home maintenance** include cleaning, snow removal, gardening and yard maintenance. These services are essential for aging in place since well-

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<sup>16</sup> Some regions provide light house-keeping as a component of home care services.

<sup>17</sup> Statistics Canada, 2012, p. 3; see also Statistics Canada, 2018b.

maintained homes are safer and foster a healthy and positive environment. Many of these programs are income tested.

Many jurisdictions provide **transportation assistance** for general purposes (e.g., to get groceries or go to social events) or to access medical care. Northern, rural/remote regions and smaller communities have unique transportation challenges and may offer transportation or transportation subsidies for medical testing or treatment. Such services include emergency transportation by private air carrier, medical taxi, or road ambulance, as well as non-emergency transportation to medical appointments outside home communities.

**Social supports** include physical, social or recreation activities designed for, or open to, older adults. These include social participation programs, in which older adults engage in recreation, physical activity and leisure activities with co-workers, family, friends, and even pets.<sup>18</sup> Supports may also include health or educational presentations, and meals and snacks delivered in a common area. Such supports are often delivered through adult day programs offered at community centres and long-term care facilities. In addition to the supports listed above, these programs may also offer services that increase individuals' ability to perform the activities of daily living (e.g. assistance with personal care, nutrition guidance, self-help skills, shopping), thus preventing premature admission to long-term institutional care.

Social supports have both medical and social benefits. For example, physical activity contributes to general health and mobility. This contributes to health by preventing falls and falls-related injury, but participation also improves older adults' social connectedness. Importantly, by fostering social participation that encourages well-being and self-reported good health (Winterton, 2016), social supports also reduce social isolation, which affects many older adults, and is often associated with poor health and lower levels of well-being.<sup>19</sup> Social participation activities also encourage an attachment to community, since they provide a space for older adults to engage in activities "with and for others" (Carver, et al., 2018, p. 10). Finally, by supporting individuals' physical and social wellbeing, social supports also provide relief for family and caregivers.

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<sup>18</sup> Social participation activities may be generation specific. Those activities (e.g. Bingo) that appeal to members of the traditional generations may not be of interest to the baby boomers. Note: there are no federally, provincially or territorial community support programs that help people to keep and care for their pets in Canada.

<sup>19</sup> According to the National Seniors Council (2016), 16 percent of older adults were estimated to be socially isolated. Older adults are at most risk of social isolation if they are Indigenous, caregivers, immigrant, LGBTQ, living alone, living in rural areas, have a low income, have mental health issues including dementia and/or have serious health challenges ([FPT Seniors Forum Social Isolation of Seniors Vol I & II: Understanding the Issue and Finding Solutions](#) and [National Seniors Council](#), 2016).

## Comparative Analysis

All provinces and territories offer home supports, but the range of services offered depend on the jurisdiction. In general, these types of services are less consistently offered than health-related home care services.

The delivery of home supports tends to be less regulated than the delivery of health-related home care services, since individuals providing home supports often do not require the same degree of specialized training. There is also greater variety in terms of services offered and service providers. This creates client choice, but also makes it more challenging to ensure a consistent level of service across jurisdictions. Older adults need a range of services to age in place, but their needs vary – both individually, and by jurisdiction. For example, older adults living in urban settings may not require the same kind of transportation assistance as those living in rural and remote communities. It is therefore important to determine whether or not specific needs are being met, rather than simply identifying variations in service. Consistency of service does not necessarily mean uniformity of service.

- In most jurisdictions, home supports such as housekeeping, meal support and home maintenance are delivered as ‘secondary services’ in the context of health-related home care services. They can also be offered as home supports, delivered independently on a paid and/or volunteer basis. This structure could result in duplication of some services.
- It is important to differentiate between transportation supports for medical services and transportation for general needs. For example, Alberta, British Columbia, Manitoba, Ontario, Saskatchewan and the Yukon offer financial supports to help older adults travel for medical services. Public transportation services (public transit), which are partially funded by provincial and territorial governments but generally offered at the municipal level, meaning they were outside the scope of this study.
- While public transport accessible to older adults (e.g. handivan travel) may be offered in larger population centres, smaller and rural jurisdictions may not have the population base to support such services, and it was unclear to what extent other levels of government are filling this gap. Here it is important to note that travel challenges for older adults in smaller or rural communities, especially in Western Canada, are being exacerbated by the recent discontinuation of long-distance bus service by companies such as Greyhound.<sup>20</sup>

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<sup>20</sup> Baxter, D. (2018, July 18). “Sask. Seniors Mechanism hopes new minister can help address health and isolation.” *Global News*.<https://globalnews.ca/news/4339877/sask-seniors-mechanism-hopes-new-minister-can-help-address-health-and-isolation/>

- Social supports that are funded by provincial and territorial governments are often delivered through community-based groups. For example, Newfoundland and Labrador's Community Living Fund offers programs that support physical activity and healthy eating at over 50 community groups throughout the province. Similarly, Ontario's Ministry for Seniors and Accessibility provides funding to Seniors Active Living Centres (SALCs) that offer social, cultural, learning and recreational programs for older adults that promote health and well-being. These services are often complemented by non-profit or not-for profit organizations that may receive some public funds. For example, Active Aging in Manitoba offers exercise classes and education services to older adults on a volunteer basis. Some communities, such as rural or northern communities, may not be able to support such organizations, which depend on the availability of volunteer labour and the capacity of communities to organize.
- Most provinces and territories maintain comprehensive guides outlining the range of supports and services offered to older adults by the federal, provincial/territorial and municipal governments, and by community. In New Brunswick, Ontario and the Northwest Territories, these services are complemented by Seniors' Information Phone Lines. In addition, Nunavut offers an Elders Support Line connects older adults with counsellors.

### *Innovative Approaches*

- Many of the home supports identified in this study are delivered on a volunteer basis, which in addition to reducing public costs, carries other benefits. For example, in Pointe-Claire, Québec, the Aid for Seniors program provides low-income seniors with help to complete household chores and outdoor maintenance carried out free of charge by students, which supports aging in place by promoting intergenerational bonds and reducing social isolation.
- Meal provision services offered by provincial home care services can be complemented by government-funded programs, such as British Columbia's Food Skills for Families, which is a hands-on program that teaches people how to make healthy meals, snack and beverage choices and to gain confidence in the kitchen. Programs are delivered to targeted, at risk populations (including older active adults) in community centres across BC. In addition, Nova Scotia operates a mobile food market to make affordable, high quality fresh fruits and vegetables available in communities with limited access to healthy food. These services provide older adults with choice and encourage agency.
- In order to support aging in place by addressing limited transportation options for older adults, the PEI government operates the Driver Refresher Course/55 Alive, a classroom course in which older adults learn how to compensate for the physical changes of aging in order to provide their own transportation. Courses are offered by the PEI Seniors' Federation in partnership with the PEI government.

- Standard information services for older adults are complemented by supports like Ontario’s 211 Community and Social Services Help Line, a phone line (call 2-1-1) and website that offers information on services available to older adults, as well as referrals to community, social, health-related and government services. BC offers a similar service (BC 211). These services allow older adults to age in place by providing a centralized and accessible way to autonomously arrange for their own care needs.
- Some provinces and territories offer targeted home and community supports for Indigenous older adults. In Winnipeg, Manitoba, the Aboriginal Senior Resource Centre connects Indigenous seniors to community resources, thus providing a safe and accessible way for these individuals to engage with systems of care. In Nunavut, the Inuit Societal Values Project promotes an active role for Inuit elders in identifying gaps and finding solutions to community and social wellness issues. These supports reduce barriers to entry, making it easier for these older adults to access care and more effectively age in place.

## Financial Supports

### *Description*

**Financial Supports** help older adults age in place by providing them with the monetary assistance they need to live at home in their communities. For example, refundable tax credits for low-income older adults with disabilities help with specific renovations designed to improve accessibility. Other home-related financial supports include measures to delay property tax payment, defer education tax, and assist older adults in completing their own home repairs. Older adults who rent can obtain income supplements to reduce rental costs or receive subsidized housing. Financial aid is available to both renters and home owners alike to help pay for the services needed to live at home, such as light housekeeping, meal preparation and snow removal.

Financial supports are important because many Canadian older adults, especially those without an employer pension, experience lower income after retirement and/or do not have enough savings to pay for the costs of living at home (Shillington, 2016). People with low income are more likely to have unmet care needs than other income levels (Hoover & Rotermann, 2012) and are less able to maintain their homes, buy necessities and engage in social participation. This is especially true for First Nation, Inuit and Métis older adults who are more likely to be part of the low-income population, experience food insecurity and live in substandard housing.<sup>21</sup> In some remote regions, the cost of

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<sup>21</sup> Census data show that “higher percentages of Aboriginal older adults in population centres were part of the low-income population and had experienced food insecurity” (Statistics Canada, 2012, p. 3).



food is so high that it can be equivalent to the cost of accommodation. The inability to pay for the services needed to age in place can result in older adults being unable to remain at home, even though they may be physically and mentally capable of caring for themselves.

### *Comparative Analysis*

- In general, there was greater variation in financial supports than for home care services or home supports.
- Most provinces and territories provided monthly, general income supplements to low-income older adults to defray the costs of living at home (Nova Scotia offers a refundable tax credit, which has the same effect); however, eligibility varied by age. For example, in Alberta and Saskatchewan, the supplement is available for older adults aged 65 and over, while older adults in Nunavut can receive a supplement at age 60. In Manitoba benefits are accessible at age 55.
- Financial assistance is also offered to offset transportation costs; however, the delivery mechanisms and scope differ across jurisdictions. Alberta offers subsidies to offset transportation costs for medical services only, as does Manitoba (for northern residents only). Ontario provides subsidies for older adults who wish to modify their vehicle to improve accessibility, and offers a refundable public transit tax credit to offset transit costs. Saskatchewan partially offsets the cost of ambulance and air ambulance services for older adults, while British Columbia waives fees and provides discounts offered by carriers for medical travel through the Travel Assistance Program and provides discounts for seniors using public transit through the health-authority based Health Connections program.
- In Nunavut, the Home and Vehicle Modification Program is available to those with a disability that restricts their mobility to make modifications to their homes and vehicles in order to help them to continue living in their homes, avoid job loss, and participate in their communities.
- Most provinces provide some form of rental assistance for lower income older adults. Alberta, Saskatchewan and the Northwest Territories offer apartments in which rent is fixed at 30% of adjusted household income. Manitoba, Nova Scotia and Ontario offer rental subsidies dependent on household income. Québec's Shelter Allowance Program offers up to \$80 per month to offset housing costs for low income adults over 50 and Yukon offers public housing units at 25% of household income and rent supplements that can be used for private rentals.

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Statistics Canada, 2018b). In addition, twenty-six per cent of Inuit, 24 per cent of First Nations and 11.3 per cent of Métis people live in substandard housing (Statistics Canada, 2018b).

- The Saskatchewan Housing Corporation, Rental Development Program (RDP) provides capital funding to non-profit corporations, cooperative groups, and the private sector to respond to community needs by building affordable rental housing projects for vulnerable and low-income people. The program recognizes that support for people and households not traditionally served by the private housing market is needed. RDP funding was used to develop a new 12-unit affordable rental housing project for Indigenous elders in the Northern Village of Pinehouse Lake. The complex provides elders with safe, affordable and efficient housing, which was identified as a need within the community.
- Many of the provinces and territories offer different forms of financial assistance to help reduce the cost of medications for older adults. For example, in Ontario, British Columbia, Saskatchewan and New Brunswick, individuals pay a portion of prescription costs, up to a cap and based on yearly income and in the case of Ontario and New Brunswick marital status. In Alberta, seniors' co-payment is 30% to a maximum of \$25 for prescription drugs. Ontario also offers the Reduced Ontario Drug Benefit Co-Payment for Lower Income Seniors through which older adults can have the \$100 yearly deductible waived and co-payment reduced to \$2 per prescription.
- Property tax relief is offered inconsistently, with variations in service delivery: Alberta (deferral through home equity loan), BC (deferral through loan assistance), the Northwest Territories (automatic reduction), Nova Scotia (rebate), Ontario (tax credit), PEI (deferral), Saskatchewan (repayable loan), Yukon (deferral).
- Education tax supports for older adults are offered in Manitoba (tax credit), Saskatchewan (repayable loan) and Alberta (repayable loan).
- Home fuel subsidies are only offered in Nunavut, the Northwest Territories, Nova Scotia and the Yukon.

## 5. International Community Support Initiatives

This section provides a snapshot of programs and services to support aging in place for older adults in other countries. Many services and initiatives currently undertaken in Canada are consistent with those in other countries. For example, other countries offer programs supporting social interaction, as well as nutritional programs, general home maintenance and safety and security based programs. For a full listing of the international supports considered in this report, please see **Annex D**.

The range of supports, particularly social supports, offered worldwide is extremely wide, and provides innovative approaches to combatting social isolation, while also providing other types of support in the process. For example:

- “Come and Try” activities (Freemantle, Australia), which include a drop-in space with free refreshment and afternoon tea dances, as well as two free Central Area Transit buses that are free for all passengers.
- Memory Café (Melville, Australia), a specialized social participation program for people living with dementia.
- Kinder World (Russia), a multigenerational program that reduces social isolation by engaging older adults in creative and charitable activities targeted towards orphaned children of pre-school and school age. The program seeks to provide older people opportunities for intergenerational socialization and personal fulfilment, and to contribute to their community. The “Mentorship” component allows older people to tell their stories to orphaned children and encourage them to use their potential.
- Programs in the UK and Ireland facilitate pet adoption for older adults, in recognition of the fact that pet companionship can be a great comfort and support to owners providing health, physical, social and emotional benefits, particularly to those who might not have adequate social interaction. For example, [ISPCA Cara Programme, Ireland](#), facilitates adoptions of animals by older adults as well as vaccinating, worming, spaying or neutering, and micro-chipping the pet free of charge. In the UK, the [PEDIGREE Dog Dates](#) helps older adults across the UK remain more physically and socially active by pairing older adults with dog owners in a bid to alleviate loneliness.
- [Life Long Homes Collaboration](#) (USA) brings together organizations (e.g. Habitat for Humanity, community colleges) to repair, weatherize and modify homes belonging to older adults in the county.

In 2018, the Italian Society of Gerontology and Geriatrics raised the age of seniority from 65 to 75 years to align with the lengthening life spans of Italians who are not only living longer, but staying healthier for longer as well.<sup>22</sup> This designation does not affect the age at which Italians are eligible for old-age pensions. That said, the Italian government has been raising the minimum age for retirement in recent years to keep pace with the aging population.<sup>23</sup>

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<sup>22</sup>Ross-Firoentio, M. (2018, November 30). “Good news for Italians – ‘old age’ now begins at 75. *Euro News*. <https://www.euronews.com/2018/11/30/good-news-for-italians-old-age-now-begins-at-75>

<sup>23</sup> Organization for Economic Cooperation and Development (2017), *Pensions at a Glance 2017: Country Profiles –Italy*. <https://www.oecd.org/els/public-pensions/PAG2017-country-profile-Italy.pdf>

## 6. Considerations

The sparse population base in much of the country can make offering health-related supports challenging. Some remote communities may require fly-in service delivery, drastically increasing the funding required. Further, transportation time between clients' homes might allow some home support workers in densely populated areas to care for multiple clients per day but only one or two older persons in rural, remote or small community areas.

The diversity of needs also impacts the integration and availability of the various types of community supports within each jurisdiction and across Canada. Again, it is important to stress that service consistency does not equal service uniformity. For example, there is a higher proportion of older adults who rent in Québec than in other provinces, increasing the need for rental subsidies, but potentially reducing the need for renovation tax credits for accessibility. To this end, it is useful to note that not all older adults access each type of service.

**Home supports** such as housekeeping, home maintenance, assistance with meals and transportation are the least integrated, since there is significant variation in the way services are delivered. Further, there is often no central point of access for older adults who may require multiple services to have their needs met.

Most regions in Canada do not offer **financial support** to family members providing care to older adults; however, many adults may find themselves in the role of caregiver for their own parents. This means that many caregivers are straining their own finances to subsidize the care of their older loved ones (Avery, 2016).

### *The Role of Technology*

It is expected that the landscape of core community supports will continue to evolve as technology advances in this area. For example, the AGE-WELL's Advancing Policies and Practices in Technology and Aging hub is a network of researchers working to design innovative solutions to specific policy, program and service challenges, and will develop best practices for rapid adoption of technologies across Canada. In some provinces and territories, there are general financial aid programs for personal response services, such as fall-alert systems and virtual monitoring, which can be used to enhance supports in more rural, remote and smaller communities.

Financial support for technology that allows older people to remain at home is a new area and only a few programs exist at this time. Some are general financial aid programs for personal response services; others are for fall-alert systems. British Columbia funds the CanAssist and CanStayHome initiatives focused on the use of technology to improve quality of life and enhance well-being. In Yukon, there is also a focus on developing and enhancing remote health care initiatives to support those with

chronic diseases through virtual monitoring. While there are expected benefits from technological supports, some older Canadians may not have access to or may be reluctant to use technologies for several reasons.

The first issue is with the technology itself. The hardware and software used for the medical assistance and surveillance of older adults is constantly changing, and as a result the technology, needs to be re-evaluated frequently to ensure accuracy of the data and the privacy of the user (Carver & MacKinnon, 2019; Sawchuk & Crow, 2011; Rosenberger et al., 2016). As new technologies become available, it is important to consider them not just for their health monitoring effectiveness, but also through a privacy lens.

The second issue is addressing the stigma attached to dependency and loss of autonomy. Older adults do not, in general, think of themselves as “old”. They know that they are older chronologically than they were before, but most of them still feel young. They may “feel shame and view technology as an admission of dependence” (Kang, 2010, p. 1582). For some older adults and their caregivers, there is an attitude that monitoring systems have value, but not for them (Epstein et al., 2016; Hedman, Lindqvist, & Nygård, 2016; Kang et al., 2010).

Thirdly, older adults are concerned that that an increased reliance on technology to provide the services needed to age in place could result in a loss of human contact, resulting in increased social isolation (Epstein et al. 2016). This is significant because the negative impact of social isolation on health is well documented. For example, Carver, et al. (2018) found that access to social participation is a key determinant for successfully aging in place because it fosters a sense of belonging that helps older adults find meaning in their lives, thus contributing to overall wellbeing. Many older adults are concerned, for example, that they will experience increased social isolation if monitored remotely because family and friends may no longer visit them, reassured that their loved one is being watched over by a reliable surveillance system (Carver & MacKinnon, 2019). Technology is not a substitute for human contact, which not only alleviates social isolation, but is often required to administer many medical and non-medical services. The final and most often mentioned issue regarding the surveillance of older adults is the loss of privacy and self-determination (Berridge, 2016; Carver & MacKinnon, 2019; Epstein et al., 2016; Kang et al., 2010). When offered the option of having a monitoring system installed in their home, the majority of older adults will decline (Berridge, 2016). And many who initially agree to monitoring systems will discontinue because, in their view, “it [is] intrusive and a threat to their privacy” (Berridge, 2016, p. 811). Some older adults “complain... that being monitored was seen as threatening, intrusive, and, at times, insulting” (Epstein et al., 2016, p. 46). While promoting access to technology for older adults is important, protecting privacy and preventing abuse are also important priorities.<sup>24</sup>

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<sup>24</sup> More research on ageing, technology and communication, SSHRC funded [ACT project](#).

## 7. Conclusion

How well are older adults in Canada served by the community supports currently available? With respect to health-related home care services, that are offered fairly consistently across the country, the answer is “fairly well”. Core services such as case management, nursing, physiotherapy and occupational therapy are available in each province and territory. On the other hand, there are regional differences in the provision of other services, such as rehabilitation services and speech-language pathology.

With respect to home supports and financial supports, there is variance in the range of services available and the delivery mechanisms that could result in some older adults being inadequately served. Apart from the provision of health-related supports, other core supports, such as home, social and financial supports, are less consistently offered across jurisdictions. Furthermore, there is often no integration of these types of services, which poses challenges in terms of access to core community services needed to age in community. Since all types of supports are required to help older adults age in place, it is important to ensure that such gaps are addressed, and it is hoped that this analysis contributes to such reflection.

At the same time, the analysis in this report demonstrates that, at every level of government, there is a consistent and ongoing effort to meet the needs of older adults aging in place.

This report focused on government programs and services; however, it should be noted that there are many other programs and services that are offered by the not-for-profit and private sector, which was out of scope for this project, but which may offset the burden placed upon government to provide such services.

As technology advances in this area, it may assist in enhancing access to core community supports, but it is also important to monitor these advances to protect privacy, prevent harm to vulnerable older adults, and maintain social connection. Innovative approaches that harness community resources, such as volunteers, networks of family and friends (as do some of the international examples provided), make greater use of technology, and consider alternative ways to deliver services, can offer dynamic and potentially lower cost solutions to gaps in care; however, it is important to remember that the ability to implement such approaches depend on a community’s location, as well as its socio-economic circumstances.

By presenting a global picture of the services available to help older adults age in place, it may be possible for policy makers to identify supports that are not offered currently, with a view to offering them in the future. In light of the fact that more Canadians are living longer, it will be necessary to reconsider the design of these programs and services to ensure that governments continue to provide and support them in a manner that enables older adults to age in place with dignity and comfort.

It will also be important to consider the following issues:

### *Service provision in rural and remote areas*

One of the challenges going forward will likely be balancing the need for consistency in service with the desire for services that are responsive to individual and local needs. Of particular concern is the provision of services in rural and remote areas. Regional differences in terms of population density and distribution mean that home care services successfully delivered in densely populated areas may be more difficult to implement in rural and sparsely populated areas. This may be particularly difficult in areas where there are shortages in terms of the availability of highly trained health care providers such as doctors and nurses. In addition, inconsistencies in support for transportation could impede access to services, even if they are available.

### *Consistency of Financial Supports*

Another issue which could be considered is the lack of consistency in terms of financial supports, notably the differences between provinces and territories regarding the minimum age at which such services are available to older adults, e.g. 55, 60 or 65).

# Annex A: Home Care Services and Home Supports

Note: Because Home Supports are often provided by or are associated with Home Care Services, this Annex provides both types of service.

<b>JURISDICTION</b>	<b>PROGRAM</b> <i>Home Care Services include personal care, respite/caregiver, rehabilitation/therapy and nursing services. Home Supports include transportation supports and information (i.e., online and PDF guides and handbooks) to help seniors access services and programs and stay connected.</i>	<b>RURAL COVERAGE (Yes/No)</b>
<b>Alberta</b>	<p>Home care is a stream of continuing care designed to support the wellness and independence of clients within their own home, apartment, condominium, or in another independent living option including seniors’ residences and lodges. Services are most often provided in a client’s residence however, they are also provided in schools, clinics, lodges, supportive living facilities, adult day programs and even workplaces. Clients are typically individuals living with acute, chronic, palliative or rehabilitative health care needs.</p> <p><a href="#">Home Care Services</a> vary and include professional health care, personal care and home supports to Albertans of all ages as well as respite for their caregivers. Clients may require services for a short time or on an ongoing basis.</p> <p>To be eligible, clients need to be assessed by a Case Manager, who determines the needs and types of support needed by the client. Individuals can access home care services through self-referral or a referral made by friends, family, health care providers or other community agencies acting on their behalf.</p> <p>Professional health services include:</p> <ul style="list-style-type: none"> <li>• prevention, screening and intake;</li> <li>• assessment of health status and/or medical conditions;</li> <li>• performing treatment and procedures;</li> <li>• rehabilitation to maximize function;</li> <li>• medication administration;</li> <li>• palliative or end-of-life care;</li> <li>• teaching and supervising self-care;</li> <li>• teaching care and procedures to family members and other caregivers; and</li> <li>• teaching and supervising home support service providers providing individual care and performing assigned activities.</li> </ul>	<p>Yes</p>



	<p>Personal care services include:</p> <ul style="list-style-type: none"> <li>• personal hygiene (bathing, grooming and oral care);</li> <li>• dressing;</li> <li>• toileting and incontinence management;</li> <li>• mobilization and transferring;</li> <li>• assisting with dining; and</li> <li>• assisting with medications.</li> </ul> <p>Some home care clients may require and receive home and community support services, including services directed toward meeting therapeutic recreation and social needs, and support with activities to live independently in the community.</p> <p>Some home care clients may require and receive caregiver support and respite services to help the people who support the client to stay well as they carry out care tasks. These services may include information and help to access services, education, skills training and respite care.</p> <p>In addition, clients may be eligible for basic housekeeping services for a fee.</p> <p>Home Care does not provide all services a client may need, but can help arrange other supports provided in the community.</p> <p><a href="#">Self-Managed Care</a> is an alternate method of service provision. It provides resources to directly pay for and manage personal care and home care support services. Services are based on an individual's home care assessment and include:</p> <ul style="list-style-type: none"> <li>• personal care includes assistance with personal hygiene, dressing, toileting, mobilization and transferring, eating, oral care and medication management;</li> <li>• home support services include services, such as assistance with preparing meals, homemaking, and recreation activities; and</li> <li>• respite care includes day, evening or night care to give unpaid caregivers (generally family) a break from caregiving.</li> </ul> <p><a href="#">Community Paramedics</a> provide on-site care to seniors and other Albertans with chronic conditions, with the goal of reducing the use of acute care beds and hospital resources. These specialty trained paramedics work with physicians and community health care providers to deliver on-site, non-emergency care to residents of pre-selected supportive living facilities.</p>	<p>Yes</p> <p>Yes. Eight communities across the province</p>
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	<p><a href="#">The Emergency Medical Services (EMS) Palliative and End of Life Care Assess, Treat and Refer program</a> supports patients and their families who have chosen to receive palliative and end-of-life care at home. This service links primary and palliative care resources in the community to collaboratively manage patients in symptom crisis</p> <p><a href="#">Adult Day Programs</a> are designed for people over the age of 18 who may have physical and/or memory challenges, or are living with a chronic illness. The programs play a key role in allowing people to remain living in the community as long as possible by optimizing their level of physical, spiritual, social and emotional functioning. Adult day programs also provide respite and education for caregivers.</p> <p>Basic adult day programs are appropriate for medically stable individuals and primarily focus on socialization needs and providing the caregiver respite. Comprehensive Adult day programs target medically complex adults and include an additional professional health component. In addition to socialization and respite, the programs provide professional services including rehabilitation, social work, nursing and on-site access to physician services.</p> <p><a href="#">Aids to Daily Living</a> assists individuals with a long-term disability, chronic illness or terminal illness to maintain independence by providing basic medical equipment and supplies to meet clinically assessed needs. Most aids to daily living are cost shared with the client. Respiratory aids are not cost shared and seniors do not cost share on prosthetic, orthotic, breast prosthesis or ocular prosthesis.</p> <p><a href="#">Special Needs Assistance for Seniors Program</a> provides seniors with low income financial assistance toward a range of expenses including appliances and specific health and personal supports. Services eligible for funding include housekeeping and/or yard maintenance, laundry and respite.</p>	<p>Yes</p> <p>Yes. Note: The types of adult day programs offered may vary by zone.</p> <p>Yes</p> <p>Yes</p>
<b>British Columbia</b>	<p><a href="#">Community Paramedicine Program</a>: In BC, community paramedicine serves rural and remote communities that are sometimes underserved and have aging populations living with chronic and complex diseases. The program aims to bridge health service delivery gaps identified in collaboration with local health care teams. A total of 99 BC communities are covered in this program, including rural and remote communities in the Northern, Interior, Island, Vancouver Coastal, and Fraser Health Authorities. Coverage extends to surrounding regions and neighbouring First Nations communities. Rural advanced care community paramedics have been placed in larger communities.</p>	<p>Yes</p>

	<p><a href="#">Home Care Supports</a> are publicly subsidized home and community care services, which provide a range of health care and support services for people who have acute, chronic, palliative or rehabilitative health-care needs.</p> <p>To be eligible, clients need to have been recently discharged from an acute care hospital, require care to prevent or reduce the need for hospital or emergency department services or admission to a residential care facility, and/or have a life-limiting illness; however, there are additional criteria for some supports.</p> <p>Supports include:</p> <ul style="list-style-type: none"> <li>• personal/daily care includes bathing, dressing, mobility, lifts and transfers;</li> <li>• respite/caregiver services provides family/friend caregivers temporary relief from the emotional and physical demands of caring for a friend or family member;</li> <li>• rehabilitative care includes physical occupational therapy on a short-term basis;</li> <li>• nursing supports include wound care, medication management, chronic disease management, care management, post-surgical care and palliative care; and</li> <li>• home supports may also include clean-up, laundry of soiled bedding or clothing, and meal preparation.</li> </ul> <p>Home support services are usually provided over a longer period of time, such as several months or years, but can also be provided on a short-term basis after a discharge from hospital or as part of end-of-life care.</p> <p><a href="#">Choice in Supports for Independent Living (CSIL)</a> is a self-directed option for eligible home support clients. CSIL clients receive funds directly from their local health authority to hire who they would like to provide personal assistance.</p> <p><a href="#">Better at Home</a> is a community-based program funded by the provincial government and managed by the United Way of the Lower Mainland. Support services include grocery shopping friendly visiting, transportation, light housekeeping/yardwork, minor home repairs and snow shoveling.</p> <p><a href="#">HandyDART Transit</a> is an accessible, door-to-door shared transit service for people with permanent or temporary disabilities that prevent them from using fixed-route transit without assistance from another person. HandyDART picks up individuals at their accessible door and drops them off at the accessible door of their destination.</p>	<p>Yes</p>
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	<p><a href="#">BC Palliative Care Benefits</a>: support BC residents of any age who have reached the end stage of a life-threatening disease or illness and who wish to receive palliative care at home. "Home" is defined as wherever the person is living, whether in their own home, with family or friends, in a supportive/assisted living residence, or in a hospice unit at a residential care facility). Eligible patients receive 100% coverage of eligible costs for medications used in palliative care through the PharmaCare BC Palliative Care Drug Plan (Plan P), and medical supplies and equipment through the local health authority.</p>	
<p><b>Manitoba</b></p>	<p><a href="#">Home Care services</a> to eligible individuals, regardless of age, who require health services or assistance with activities of daily living. Home care provides assistance to help individuals stay in their homes for as long as safely possible. Regional health authorities have operational responsibility for home care including planning, delivery and ongoing management of the services.</p> <p>To be eligible, clients need to be a Manitoba resident registered with Manitoba Health, Seniors and Active Living, require health services or assistance with activities of daily living, require services to safely remain in their home and require more assistance than that available from existing/potential supports and community resources. Once eligibility has been determined, the home care client is assessed by case Coordinator under the regional health authority</p> <p>Supports include:</p> <ul style="list-style-type: none"> <li>• assessment, care planning and care coordination;</li> <li>• personal care, such as mobility, bathing, dressing;</li> <li>• respite for short periods in-home and for longer periods in an alternate setting to provide periods of relief to the caregiver. There is a fee for respite in alternative settings;</li> <li>• home supports may also include direct services to help with activities such as meals, light housekeeping and laundry; and</li> <li>• other supports may include: nursing care, physiotherapy, occupational therapy, home oxygen, home nutrition, home ostomy, home dialysis, home IV therapy, equipment and supplies, referrals and paneling for personal care home or supportive housing.</li> </ul> <p>Home care services may also be delivered through self and family managed care (SFMC). In SFMC, funds are provided to the client or family manager to arrange services privately</p>	<p>Yes</p>

	<p>based on the assessment by the case coordinator in lieu of services they would otherwise receive from home care. The client/family manager is responsible for recruiting, hiring, scheduling and managing staff as well as calculating employment deductions and ensuring Workers Compensation Coverage. Some tasks can be transferred to an agency or a payroll company should the client or family choose to do so.</p>	
<p><b>New Brunswick</b></p>	<p><a href="#">The Extra-Mural Program</a> provides home health care services to seniors who have a range of illnesses, injuries, chronic conditions or palliative (end of life) care needs. New Brunswick residents with a valid NB Medicare card are eligible to receive EMP services, as long as health care needs can be met safely in the home.</p> <p>Supports include:</p> <ul style="list-style-type: none"> <li>• personal care includes bathing, dressing, and walking;</li> <li>• respite/caregiver supports relief to caregivers;</li> <li>• Rehabilitation/therapy such as respiratory therapists, occupational therapists and physiotherapists, speech-language pathologists to assist with mobility, speech and other functions; and</li> <li>• Nursing services involving licensed practical and registered nursing services to assist with medications, pain management.</li> </ul> <p>Additional home support services are available through <a href="#">Long-Term Care Services for Seniors</a> to seniors whose functional needs require long-term supports to supplement their abilities and/or the ability of their caregiver to help them carry out activities of daily living.</p> <p>Services include help with the senior’s daily activities such as personal care (e.g., bathing, grooming, feeding), light housekeeping and meal preparation. Clients can choose to receive home support services from approved Home Support Agencies or from private individuals.</p>	
<p><b>Newfoundland and Labrador</b></p>	<p><a href="#">Home Support Program</a> aims to assist clients maintain their independence and complement family and other support network supports. This program is managed by the regional health authorities and services are provided by home care agencies or by individuals hired by clients. Home support services may be either purchased privately by an individual or subsidized from public funds to a maximum financial ceiling.</p> <p>To be eligible, clients must undergo a clinical and financial assessment by professional staff from the regional health authority.</p> <p>Supports include:</p>	

	<ul style="list-style-type: none"> <li>• personal care includes: assistance with self-care activities such as eating, grooming, bathing, dressing, mobility and homemaking;</li> <li>• respite/caregiver services so that primary caregivers can get temporary relief or support;</li> <li>• rehabilitation/therapy supports;</li> <li>• nursing care services, provided by regional health authorities or home support agencies;</li> <li>• homemaking such as light housekeeping, laundry and in-home meal preparation; and</li> <li>• other supports include support for individuals with intellectual disabilities to access activities in community.</li> </ul>	
<b>Northwest Territories</b>	<p><a href="#">Home and Community Care Program</a> helps people stay in their own homes rather than go to a hospital or long-term care facility when they need nursing care or help with daily living activities due to age, disability, injury, or illness.</p> <p>Services are provided through the Department of Health and Social Services. To be eligible, clients need to have a valid NWT Health Care Card, and have been assessed and found to have needs best met by Home Care.</p> <p>Supports include:</p> <ul style="list-style-type: none"> <li>• personal care, including support for bathing and making meals;</li> <li>• respite/caregiver supports help out in the home, so caregivers can get a break;</li> <li>• rehabilitation/therapy is provided through regional rehabilitation teams and includes access to physiotherapy, occupational therapy and speech language pathology services;</li> <li>• nursing supports for wound care and health checks, assistance with medications and palliative care; and</li> <li>• homemaking such as making meals.</li> </ul>	Yes
<b>Nova Scotia</b>	<p><a href="#">Home Care Live Well Program</a> To be eligible, clients need to complete an assessment by a Care Coordinator. Nursing services are free, while the costs for other services are determined during the assessment.</p> <p>Supports include:</p> <ul style="list-style-type: none"> <li>• personal care, such as bathing;</li> <li>• respite/caregiver supports – a monthly allowance of approximately \$400/month may be available to low income adults with disability and impairment. Respite services are available in a long-term facility when the regular caregiver is unavailable;</li> <li>• nursing supports such as dressing changes, catheter care, intravenous therapy and palliative care; and</li> <li>• essential housekeeping.</li> </ul>	

	<p><a href="#">Extended Care Paramedicine</a> program: This program has allowed older adults to be treated in their home by paramedics rather than an emergency department.</p> <p><a href="#">Community transportation</a> provides options for community transportation so that more Nova Scotians can ‘age in place’ as outlined in SHIFT: Nova Scotia’s Action Plan for an Aging Population; this will help ensure more Nova Scotians can grow older in their homes and stay involved and connected to their communities.</p>	
<b>Nunavut</b>	<p><a href="#">Home and Community Care Program</a> To be eligible, clients need to be assessed by a health professional to determine the level of support and the type of home care services needed.</p> <p>Supports include:</p> <ul style="list-style-type: none"> <li>• personal care;</li> <li>• respite care;</li> <li>• nursing care, including palliative care;</li> <li>• rehabilitation/therapy; and</li> <li>• homemaking - house cleaning and assisting with meals and/or groceries.</li> </ul> <p><a href="#">Nunavut’s Home and Community Care Program</a> provides all services free of charge to all Nunavummiut with a Nunavut health care card.</p>	<p>Yes</p> <p>Yes</p>
<b>Ontario</b>	<p><a href="#">Home care services</a> in Ontario address the needs of people of all ages—seniors, frail elderly, persons with physical disabilities and chronic diseases, children and others—who require ongoing health and personal care to live safely and independently in the community. Services are currently provided through Ontario’s 14 Local Health Integration Networks (LHINs) both directly - through LHIN employees - and indirectly - through non-profit and for-profit service provider organizations under contract with the LHIN.</p> <p>LHIN care coordinators determine eligibility for home care services, assess the needs of clients using standardized assessment tools, and develop care plans with clients and families.</p> <p>Home care services include palliative services provided at home and in hospice. Clients are not charged a fee and do not need a referral (although many are referred after a hospital stay or by their family physician). Home care workers can provide ongoing care to people who need support dressing or bathing, or living with complex medical conditions. Home care can also help transition people returning home</p>	<p>Yes</p>

	<p>from a stay in hospital, rehabilitation or another health care setting.</p> <p>In addition, to help maintain a safe and comfortable home, home care includes homemaking services to assist with routine household activities.</p> <p>Supports include: housecleaning, laundry, shopping, banking, paying bills, planning menus, preparing meals and caring for children</p> <p>The Ontario <a href="#">Caregiver Organization</a> is a non-profit entity created to assist caregivers by providing a one-stop resource to seek supports and services.</p> <p>The <a href="#">Family-Managed Home Care</a> is currently a Local Health Integration Network administered home care program through which eligible clients, or their Substitute-Decision Makers, receive funds directly that they can use to purchase the care in their care plan. The program is available to seniors with an Acquired Brain Injury or in extraordinary circumstances as assessed by the Local Health Integration Network.</p> <p>Local Health Integration Networks manage the placement of persons into adult day programs provided under the Home Care and Community Services Act, and have responsibility for community paramedicine programs. Community Paramedicine is a model of community-based health care in which paramedics use their training and expertise in community-based, non-emergency care roles, outside their customary emergency response and ambulance transport roles captured under the Ambulance Act. Community paramedicine programs help people with chronic health conditions live independently at home, where they want to be.</p>	
<p><b>Prince Edward Island</b></p>	<p><a href="#">Home Care Program</a> is delivered by the province. To be eligible, clients need to complete an assessment and may be referred by themselves, their family, their care provider, or their family doctor. Supports include:</p> <ul style="list-style-type: none"> <li>• personal care such as bathing and dressing;</li> <li>• respite/caregiver supports includes respite for caregivers to allow for time for breaks to recharge; and support to provide supervision for adults who are unable to stay home alone safely so that caregivers can go to work or school;</li> <li>• rehabilitative/Therapy supports for daily living, special devices, equipment or modification to home or workplace to maximize independence, function and mobility; and</li> </ul>	<p>Yes</p>



	<ul style="list-style-type: none"> <li>nursing care, such as health monitoring, IV therapy, injections, wound care and patient teaching and palliative care.</li> </ul> <p><a href="#">Seniors Independence Initiative</a> is an income tested program that provides services such as:</p> <ul style="list-style-type: none"> <li>light housing keeping;</li> <li>meal preparation;</li> <li>snow removal;</li> <li>transportation;</li> <li>home maintenance assistance;</li> <li>gardening or yard assistance; and</li> <li>other assistance.</li> </ul> <p><a href="#">Caring for Older Adults in the Community and at Home Program</a> provides frail Island seniors with in-home supports for their complex health needs. The program is led by a specialized team of health care professionals who support frail seniors to live at home longer and return from hospital sooner. The team works with three partner programs – home care, primary care and the provincial geriatric program.</p> <p><a href="#">811- 24-7 telehealth support program</a> for non-emergency health situations.</p> <p><a href="#">Driver Refresher Course/ 55 Alive</a> is a Mature Driver Refresher Course is a classroom course designed for mature drivers. It is offered by the PEI Senior Citizens’ Federation in partnership with provincial government. This is a six-hour course taught in a classroom. There is no testing at the end of the course. Drivers learn how to compensate for the physical changes of aging. The course provides opportunities for participants to identify individual problem areas and improve their behavior as drivers. Courses are being hosted by seniors’ clubs in communities across PEI.</p>	
<b>Québec</b>	<p>The <a href="#">Home Care Support Program</a> is intended to help people who are losing their autonomy or are unable to get around due to health problems or a physical or mental impairment. Supports are delivered by the province through local medical integrated service centres, based on assessment of client need. Supports include:</p> <ul style="list-style-type: none"> <li>personal care, such as help with personal hygiene and eating;</li> <li>respite/caregiver supports include respite services and also through Revenu Québec there are tax benefits for <a href="#">caregivers</a>;</li> </ul>	Yes

	<ul style="list-style-type: none"> <li>• rehabilitation/therapy includes physiotherapy, occupational therapy, speech therapy and audiology services; and</li> <li>• nursing services.</li> </ul> <p>The City of Pointe-Claire created the <a href="#">Aid for Seniors program</a> providing seniors with household chores and outdoor maintenance work carried out free of charge by students. This program enables low-income seniors to remain in their homes longer, helps break their isolation, and promotes involvement in the community, employment for young people, and inter-generational connections.</p>	
<b>Saskatchewan</b>	<p>The Saskatchewan Health Authority provides <a href="#">Home Care</a> to help people who need acute, end-of-life, rehabilitation, maintenance, and long-term supportive care, based on assessed need, to remain independent at home.</p> <p>Supports include:</p> <ul style="list-style-type: none"> <li>• assessment;</li> <li>• case management and care coordination;</li> <li>• nursing;</li> <li>• homemaking (including personal care, respite and home management) and meal services; and</li> <li>• additional services may include home maintenance, volunteer programs and therapies.</li> </ul> <p><a href="#">The Individualized funding program</a> gives flexibility in home care. Clients receive funding to arrange and manage their own support services. Funding is based on assessed need and is used for supportive home care services, such as personal care or home management.</p> <p>Community paramedicine programs: Emergency Medical Service providers will go into an older adult’s home and provide wellness checks (such as blood pressure monitoring, patient assessments), deliver meals on wheels, and assist with medication. Primary care services, preventative care, and post-discharge care and chronic disease management services are provided.</p> <p>The <a href="#">Saskatchewan Aids to Independent Living</a> program provides assistance to people with physical disabilities to live a more active and independent lifestyle. It also helps people in the management of certain chronic health conditions. Benefits may include mobility and assistive devices, compression garments and ostomy supplies.</p>	Yes

	<p><a href="#">Meals on Wheels</a> is provided through the Home Care program, and is available in select communities throughout the province.</p>	
<p><b>Yukon</b></p>	<p>The <a href="#">Home Care Program</a> supports individuals so that they can live independently in their homes. These services are available for people who have difficulty accessing services in the community due to mobility or health constraints. The territory delivers the services through Home Care Offices, Regional Services Offices and Community Health Centres.</p> <p>To be eligible, clients of all ages need to have coverage under the Yukon Health Care Insurance Plan. Individuals may refer themselves for these services, or have someone else call on their behalf.</p> <p>Supports include:</p> <ul style="list-style-type: none"> <li>• long term care provides a variety of services, which help meet both the medical and non-medical needs of people who need support to remain living at home;</li> <li>• acute care provides short-term treatment to assist in recovery from a medical condition or after surgery.</li> <li>• rehabilitative care services are provided for up to 6 months to restore client’s health and allow their return to independent living. Services are based on an individual’s assessed need and considers the amount of family and community support available to them; and</li> <li>• palliative care is offered to a person who has a life-limiting illness.</li> </ul> <p>The <a href="#">Whitehorse Handy Bus</a> service provides safe and secure transportation to persons with mobility difficulties.</p> <p><a href="#">Meals on Wheels</a>: is provided through the Continuing Care division and is available to clients in Whitehorse and Dawson City.</p> <p><a href="#">Community Day Program</a>: Participants in the Community Day Program benefit from daily recreational activities, therapeutic programs, socialization and maintaining their daily routines and independence. The main goal of the program is to maintain or increase the client’s level of independence to prevent or delay the need for residential care in a facility and to provide services that complement those offered by other community service providers.</p> <p><a href="#">Reablement and Respite Program</a>: the Continuing Care division operates 10 beds at one of Whitehorse’s long-term care facilities to support clients to either go home from the</p>	<p>Yes</p> <p>Yes</p> <p>No</p> <p>No</p>

	<p>hospital or to prevent them from entering hospital or long-term care.</p> <p><a href="#">Regional Therapy Services</a>. The Continuing Care division provides regular visits to Yukon communities by the Regional Therapy Services team to provide occupational therapy, physiotherapy and speech language pathology services.</p>	Yes
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## Annex B: Financial Supports

JURISDICTION	PROGRAM <i>Financial Supports include income supplements, as well as grants and subsidies.</i>	RURAL COVERAGE (Yes/No)
Alberta	The <a href="#">Alberta Seniors Benefit</a> provides a monthly benefit to eligible seniors with low-income to assist with monthly living expenses.	Yes
	The <a href="#">Special Needs Assistance for Seniors</a> program provides seniors with low-income financial assistance toward a range of expenses including appliances and specific health and personal supports.	Yes
	Assistance is also provided for medical trips greater than 80 kilometres (round trip) to see a medical specialist or for medical testing/treatment.	
	<a href="#">Dental and Optical Assistance for Seniors</a> . Eligible seniors can get help covering the cost of basic dental and optical services.	Yes
	<a href="#">Seniors Property Tax Deferral Program</a> allows eligible senior homeowners to defer all or part of their annual residential property taxes through a low-interest home equity loan. To be eligible for this program, the citizen must: be 65 years of age or older (only one spouse/partner needs to be at least 65); be an Alberta resident for at least 3 months; own a residential property in Alberta which is the primary residence; and have a minimum of 25% equity in their home to allow the government to secure the loan and ensure repayment when the loan is due.	Yes
	The Government of Alberta provides premium-free <a href="#">Alberta Blue Cross Coverage for Seniors</a> for health services not covered by the Alberta Health Care Insurance Plan. Benefits provided prescription drugs co-payment, diabetic supplies, ambulance services, clinical psychological services, home nursing care and chiropractic services.	Yes
	<a href="#">The Palliative Coverage Program</a> provides subsidized benefits to Albertans who are diagnosed as palliative and remain in their home or in a hospice where access to publicly funded drugs, diabetic supplies and ambulance services are not included.	Yes
<a href="#">Seniors Self-contained Housing</a> Apartment-style accommodations for low and moderate-income seniors who are functionally independent and cannot afford private-sector housing. Eligible applicants are placed on a priority list based	Yes	

	<p>on need and unit availability. A tenant's rent, which includes heat, water and sewer expenses is based on 30 per cent of a household's adjusted income.</p>	
<p><b>British Columbia</b></p>	<p>Pharmacare for BC residents - <a href="#">The Fair PharmaCare plan</a>: provides BC residents with coverage for eligible prescription drugs and designated medical supplies, based on their net income. As of January 1, 2019, Regular Assistance families earning up to \$45,000 per year have lower or no deductibles and/or family maximums. Enhanced Assistance families (those with members born before 1940) earning up to \$14,000 per year have no deductible or family maximum.</p> <p><a href="#">PharmaCare Plan B</a>: covers the full cost of eligible prescription drugs and designated medical supplies for permanent residents of Long Term Care facilities, as long as the facility has asked PharmaCare to add it to the list of Plan B facilities.</p> <p><a href="#">First Nations Health Benefits (Plan W)</a> provides 100% coverage of eligible prescription costs and certain medical supplies and pharmacy services, as well as certain over-the-counter drugs, devices, and some health products. Plan W is funded by the First Nations Health Authority.</p> <p><a href="#">Seniors Supplement</a>. Low-income seniors who receive Old Age Security and Guaranteed Income Supplement may be eligible for the Seniors Supplement, a monthly payment from the B.C. government to top-up federal income. Payment is automatic.</p> <p>The <a href="#">Travel Assistance Program</a> helps alleviate some of the transportation costs for eligible B.C. residents who must travel within the province for non-emergency medical specialist services not available in their own community. This involves a corporate partnership between the Ministry of Health and private transportation carriers. The program is coordinated by the Ministry of Health and the transportation partners, who agree to waive or discount their regular fees.</p> <p><a href="#">Health Connections</a> offers subsidized transportation options to help defray costs for rural residents who must travel to obtain non-emergency, physician-referred medical care outside their home communities.</p> <p><a href="#">Seniors discounts</a> are provided on automobile insurance, driver's license renewal fees, public transit and parking permits. For seniors age 65+, <a href="#">BC Ferries</a> offers the travel cost at half the regular ticket price from Monday through Thursday (except for holidays).</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>

	<p><a href="#">Home Owner Grant for Seniors</a>, which can reduce amount of property taxes paid by adults aged 65 or older. To qualify for the grant, the seniors must be: the registered owner of the residence; a Canadian citizen or permanent resident of Canada; live in B.C.; occupy the residence as the principal residence; and 65 years of age or older in the current year.</p> <p><a href="#">Property Tax Deferment</a> is a low interest loan program that helps qualified B.C. homeowners pay their annual property taxes on their principal residence. Citizen can qualify to the program if they are: 55 or older during the current year; a surviving spouse of any age; or a person with disabilities.</p> <p><a href="#">Shelter Aid for Elderly Renters</a> (SAFER) program helps make rents affordable for BC seniors with low to moderate incomes. SAFER provides monthly cash payments to subsidize rents for eligible BC residents who are age 60 or over and who pay rent for their homes.</p>	
<b>Manitoba</b>	<p><a href="#">Pharmacare</a> is a drug benefit program for eligible Manitobans, regardless of disease or age, to offset the cost of prescription drugs. Coverage is based on family income and the amount being paid for eligible prescription drugs. The total family income is adjusted to include a spouse and the number of dependents, if applicable.</p> <p>The <a href="#">55 PLUS Program</a>, a Manitoba Income Supplement, provides quarterly benefits to lower-income Manitobans who are 55 years of age and over, and whose incomes are within certain levels.</p> <p>The <a href="#">Northern Patient Transportation Program (NPTP)</a> subsidizes medical transportation costs for eligible Manitoba residents in the north to obtain medical or hospital care not available in their home community. Subsidies may include costs for an essential escort (ex: if required for a minor or a person with disabilities). Program eligibility is limited to Manitoba residents who live: north of the 53rd parallel from the Saskatchewan boundary to the west side of Lake Winnipeg; north of the 51st parallel from the east side of Lake Winnipeg to the Ontario boundary; on Matheson Island, when ground travel is not possible by winter road or ferry.</p> <p><a href="#">Education Property Tax Credit</a> - All households (renters and owners) receive up to \$700 rebate. Additional rebates are available for seniors and including low income seniors.</p> <p><a href="#">Rent Assist</a> is a rent subsidy for low-income Manitobans who are renting or paying room and board in unsubsidized housing. The amount paid from Rent Assist will depend on</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>

	<p>the number of people in the household and the total household income.</p> <p><a href="#">Manitoba Housing</a> provides subsidized rental housing in both properties that Manitoba Housing owns and operates and in properties that are owned and operated by private and non-profit housing partners.</p>	
<b>Newfoundland and Labrador</b>	<p><a href="#">NL Income Supplement and the NL Seniors' Benefit</a> are refundable tax credits that may be paid to low income individuals, seniors and families.</p> <p>The <a href="#">NL Prescription Drug Program</a> provides financial assistance for the purchase of eligible prescription medications for those who reside in the province. There are five main plans under the program: The Foundation Plan, The 65Plus Plan, The Access Plan, The Assurance Plan and The Select Needs Plan.</p> <p>The NL Housing Corporation offers a <a href="#">Rental Housing Program</a>, as well as several <a href="#">homeowner support programs</a> including the First-time Homebuyers Program and the Home Purchase Program.</p>	
<b>Northwest Territories</b>	<p>The NWT <a href="#">Senior Citizen Supplementary Benefit</a> (SCSB) provides financial assistance to help low income NWT Seniors to pay for living costs. The program provides a monthly cash payment to low-income Seniors who are receiving the Guaranteed Income Supplement or the Spouse's Allowance from the Federal Government.</p> <p><a href="#">Senior Home Heating Subsidy</a> provides financial assistance to low-to-modest income seniors to help them with the costs of heating their homes.</p> <p>The <a href="#">Senior Citizens' and Disabled Persons' Property Tax Relief</a> is a program that helps seniors and people with disabilities pay less or no property tax. Taxes are lowered depending on the type of property owned or occupied. Seniors must apply for this program every year.</p> <p><a href="#">Seniors Supplementary Health Benefits</a> provide non-Aboriginal and Métis 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. This program provides coverage for eligible prescription drugs, dental services, vision care, medical supplies and equipment, and benefits related to medical travel such as: meals, accommodation, travel and ambulance services.</p>	Yes



	<p><a href="#">Rental Programs</a> offering low-income individuals and families affordable, subsidized housing by charging rent based on income. Seniors may apply for a Public Housing rental unit through their Local Housing Organization. The Northwest Territories Housing Corporation currently operates approximately 2,400 Public Housing units across the NWT. Seniors in Public Housing will have a portion of their income excluded when calculating their rent.</p> <p><a href="#">Rent Subsidies for Renters with Low or Modest Income</a> (TSRP) supporting residents in private market rentals who pay more than 30% of their gross income towards rent. TRSP provides a rent subsidy of up to \$500 per month for a maximum of two years.</p>	
<b>Nova Scotia</b>	<p><a href="#">Property tax rebates</a> for eligible older adults to remain in their homes.</p> <p><a href="#">Seniors Provincial Income Tax Refund</a>. Seniors who receive the Guaranteed Income Supplement get a refund on their provincial income tax.</p> <p><a href="#">Heating Assistance Rebate Program</a>. Helps with the cost of home heating for low-income Nova Scotians.</p> <p><a href="#">Caregiver benefit</a>. Funding to support caregivers who help loved ones and friends live well at home. The person receiving care must: be 19 years of age or older; be a Nova Scotia resident; be in a care relationship with a caregiver; have a net annual income of \$22,125 or less if single, or a total net household income of \$37,209 or less, if married or common-law; and have been assessed by a Nova Scotia Health Authority care coordinator as having a high level or impairment of disability requiring significant care over time. The caregiver must: be 19 years of age or older; be a Nova Scotia resident; be in an ongoing care relationship with the person receiving care, providing 20 or more hours of assistance per week; not already be receiving payment to provide assistance to the person for whom she/he is providing care; and be willing to sign an agreement that defines the terms and conditions for receiving the Caregiver Benefit.</p> <p><a href="#">Age Friendly Communities Grants</a>. Funding for communities to develop social programming, physical and recreational activities, information, home supports, and more.</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>
<b>Nunavut</b>	<p>The <a href="#">Senior Citizen Supplementary Benefit (SCSB)</a> provides a monthly payment of \$200 to low income older adults in Nunavut who are 60 years of age or older and are receiving</p>	<p>Yes</p>

	<p>the Guaranteed Income Supplement (GIS) or the Spouse's Allowance from the federal government.</p> <p><a href="#">Senior Fuel Subsidy (SFS)</a> Homeowners over the age of 60 may be reimbursed full fuel costs, depending on income, up to a maximum. The maximum allowable subsidy is 3,500 liters of fuel per eligible applicant. To be eligible for this subsidy, applicants must: Permanently reside in Nunavut; be 60 years of age or older; own and live in the home for which the subsidy is being requested; meet the allowable established income threshold; not be in receipt of social assistance; and apply each year.</p>	
<p><b>Ontario</b></p>	<p><a href="#">Guaranteed Annual Income System (GAINS)</a> provides a monthly payment of up to \$83 to eligible low-income seniors who receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS) benefits. Together, the total maximum benefits from OAS, GIS and GAINS is the guaranteed income level for seniors in Ontario. The Province guarantees that eligible seniors will have at least this minimum level of income.</p> <p>The Ontario <a href="#">Senior Homeowners' Property Tax Grant</a> helps low to moderate-income seniors with the cost of their property taxes. Eligible seniors must be single, divorced or widowed and earn less than \$50,000; or be married or living common-law and have a combined income of less than \$60,000. They must also reside in their principal residence in Ontario and be 64 years of age or older.</p> <p>Through the <a href="#">Provincial Land Tax Deferral Program for Low-Income Seniors and Low-Income Persons with Disabilities</a>, low-income seniors can get a partial deferral of provincial land tax and education tax. The tax deferral applies to the tax increase in the current year and not to outstanding taxes. Provincial land tax is a property tax on land located in non-municipal areas. Seniors can claim the tax deferral if they owned residential/farm property that was used as a principal residence for at least one year preceding the application, and they are a low-income senior, 65 years of age or older and receive the Guaranteed Income Supplement.</p> <p>Ontario's <a href="#">Assistive Devices Program</a> provides access to personalized assistive devices for Ontarians with long-term disabilities appropriate for the individual's basic needs. Eligibility seniors must be an Ontario resident; have a valid Ontario health card; and have a disability requiring the equipment or supplies for six months or longer.</p> <p><a href="#">Home and Vehicle Modification Program</a> is available to those with a disability that restricts their mobility to make</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>

	<p>modifications to their vehicles in order to help them to continue living in their homes, avoid job loss, and participate in their communities. Applicants must have tried to access all other public or private funding before applying for this program; live in Ontario; qualify financially; and; have a substantial ongoing or reoccurring impairment and is expected to last at least one year. This impairment must impede mobility and result in substantial restriction in the activities of daily living.</p> <p>The <a href="#">Ontario Drug Benefit</a> program provides covers many prescription-drug costs for seniors living in Ontario with a valid Ontario health card. Seniors pay a portion of prescription-drug costs based on their yearly income (after taxes) and marital status. Pharmacists confirm eligibility and submit claims to the Ministry of Health and Long-Term Care. To be covered by the ODB program, the prescription must be filled in a pharmacy in the province. The program will not be cover drugs that are not listed on the official Ontario Drug Benefit Formulary/Comparative Drug Index or are not approved for the Exceptional Access Program. A single senior with income above \$19,300 pays the first \$100 of total prescription costs each year (called the deductible – paid down each time a prescription is filled). After paying the deductible, the senior pays up to \$6.11 for each prescription filled. For a senior couple with combined income above \$32,300, they pay the first \$100 per person of total prescription costs each year and up to \$6.11 for each prescription filled.</p> <p><a href="#">Reduced Ontario Drug Benefit Co-payment for Lower Income Seniors.</a> Seniors may be able to have the Ontario Drug Benefit Program \$100 annual deductible waived and have their co-payment reduced to \$2 per prescription. Seniors might be eligible to enroll in the Seniors Co-Payment Program if they are: 1) A single senior with an income of less than or equal to \$19,300; or 2) A senior couple with a combined income of less than or equal to \$32,300. Seniors enrolled in the Seniors Co-Payment Program pay no annual deductible and a co-payment of up to \$2 for each prescription. As a result, they will save approximately \$130 on average per year in out-of-pocket drug costs.</p> <p>The <a href="#">Ontario Seniors' Public Transit Tax Credit</a> is a refundable tax credit to help seniors with public transit costs. The credit is available to those 65 years old or older on the last day of the previous taxation year that they are claiming the credit who live in Ontario by the end of that year. Seniors can claim up to \$3,000 in eligible public transit expenses and receive up to \$450 each year. The service paid for must be an eligible Ontario or municipally-operated public transit services and</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>
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	<p>other conditions. In addition, seniors can claim expenses for specialized public transit services that are designed to transport people with disabilities. Specialized public transit services must generally meet the same conditions as conventional public transit services.</p>	
<b>Prince Edward Island</b>	<p>The <a href="#">Seniors Independence Initiative</a> provides financial assistance for practical services, such as light housing keeping, meal preparation, or snow removal, making it easier for seniors to remain in their own homes and communities. Eligible seniors must: be 65 years of age or older; live independently or with a spouse; have a net household income of \$22,133 or less for a single person or \$31,300 or less for a couple; and have combined assets not greater than \$100,000 excluding primary residence, land and vehicles.</p> <p><a href="#">Seniors Property Tax Deferral Program</a> is designed to lower the cost of living for qualifying seniors by offering to defer payment of property taxes on their principle residence. Seniors 65 years of age and older who have occupied the principal residence for at least six months in the year preceding the date of application and have an annual household income of less than \$35,000 are eligible.</p>	
<b>Saskatchewan</b>	<p>The <a href="#">Seniors Income Plan</a> (SIP) is intended to provide senior citizens with the financial assistance required to meet their basic living and health needs. It is an income-tested benefit paid to lower income seniors (65+) with little or no income other than Old Age Security and the Guaranteed Income Supplement. Seniors receiving SIP are also eligible to receive additional health care benefits.</p> <p>The <a href="#">Personal Care Home Benefit</a> (PCHB) is designed to provide seniors with monthly financial assistance to help them with the cost of living in a licensed personal care home. The benefit is a monthly supplement that subsidizes the difference between a senior's total monthly income (including federal and provincial benefits and taxable income from outside sources like employment, RRSPs or other pension plans) and the monthly income threshold (currently \$2,000).</p> <p><a href="#">Saskatchewan Aids to Independent Living (SAIL)</a> provides assistance to people with physical disabilities to live a more active and independent lifestyle. It also helps people in the management of certain chronic health conditions. To be eligible, clients must: be a resident of Saskatchewan; possess a valid Saskatchewan Health Services Number; be referred for service by an authorized health care professional; use a service in Saskatchewan, unless pre-authorized by Saskatchewan Health; and not receive benefits from other government agencies such as Saskatchewan Government</p>	<p>Yes</p> <p>Yes</p>

	<p>Insurance (SGI), Worker's Compensation Board, Health Canada (Non-Insured Health Benefits Program), or Department of Veterans Affairs.</p> <p>Ambulance services provide patients with timely access to emergency medical services (EMS) and fast and safe transportation to the care they need. Ambulance trips (ground, plane and helicopter) are not provincially insured in Saskatchewan, but the cost is subsidized. If the individual is 65 years of age or older, the <a href="#">Senior Citizens' Ambulance Assistance Program</a> caps fees at \$275 per ambulance trip within the province.</p> <p>The <a href="#">Northern Medical Transportation Program</a> covers the cost of emergency transportation provided by private air carriers, medical taxi or road ambulance for all northern residents. The program also covers costs of non-emergency transportation to assist social assistance clients with access to medical treatment and appointments outside their community.</p> <p>The <a href="#">Seniors Education Property Tax Deferral Program</a> provides eligible applicants with a repayable loan for the education property taxes for their principal residence. Eligible applicants: are 65 years of age or older; own and occupy their home as their principal residence in Saskatchewan; have a total household income below \$70,000 per year; maintain a minimum of 25% equity in their home; have no writs or liens on the title of their home; have or be able to get all-risk property insurance for their home; and be in good standing with Saskatchewan Housing Corporation and their municipality.</p> <p>The <a href="#">Rental Housing for People with Low Incomes</a> is a Social Housing program that provides safe and adequate housing to families and seniors with low incomes and people with disabilities. This program subsidizes rent according to the degree of financial need and priority is given to seniors (55+), families with children or dependents, and individuals with disabilities who are in greatest housing need.</p> <p>Individuals and families are eligible for the Social Housing Program if they are legally allowed to be in Canada and have gross income and assets below the program limits. Individuals must be able to live independently. This independence may include support from family, the community, or other agencies.</p> <p>The program sets rent at 30 per cent of the household's income (subject to minimum and maximum rents); and provides housing that may be more affordable and suitable</p>	<p>Yes</p>
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	<p>than what is available in the community for those with accessibility needs.</p> <p><a href="#">The Life Lease Housing for Seniors</a> (available in some Saskatchewan communities) program offers moderate-income seniors with the opportunity to live in an affordable apartment-style home, in exchange for a deposit and a monthly occupancy fee. To be eligible clients must: be 55 or older; able to live independently with or without supports from family, the community, or government agencies; have annual gross incomes and assets below the program limits; and be legally allowed to be in Canada and not a foreign visitor.</p> <p>The <a href="#">Saskatchewan Assured Income for Disability (SAID)</a> is an income support program for people with significant and enduring disabilities. It offers individuals the dignity of greater choice of services and participation in their community. SAID benefits include three main components:</p> <ol style="list-style-type: none"> <li>1. <b>The Living Income</b> - a fixed amount of monthly income that allows beneficiaries the opportunity to make decisions and have more control over how to spend their income. Participants make decisions on how much to spend on shelter, food, basic transportation and other items.</li> <li>2. <b>The Disability Income</b> - is designed to help with costs related to the impact of disability.</li> <li>3. <b>The Exceptional Need Income</b> - helps individuals with a number of special circumstances. For example, additional income is available for clothing recommended by a health professional, special food items, food and grooming costs associated with service animals, and homecare.</li> </ol> <p>Eligible individuals must: be a Saskatchewan resident; 18 years of age or older; lack financial resources to provide for their basic needs; and have a significant and enduring disability that is of a permanent nature, that substantially impacts daily living activities, and, which result in a person requiring assistance in the form of an assistive device, assistance of another person, a service animal, and/or another accommodation.</p>	
<p><b>Yukon</b></p>	<p>The <a href="#">Yukon Seniors Income Supplement (YSIS)</a> provides a monthly income supplement to low-income seniors who are also receiving the federal old age security and guaranteed income supplement.</p> <p>The <a href="#">City of Whitehorse’s Senior Utility Rebate</a> is available to Whitehorse citizens aged 65 or older, or to surviving spouses who meet the program’s criteria. The Utility Rebate provides money back to citizens from fees paid under the water, sewer and garbage services up to a maximum of \$500 per year.</p>	<p>Whitehorse</p>

	<p>The <a href="#">City of Whitehorse's Senior Property Tax Deferral Program</a> enables eligible seniors to enter into an agreement with the City to defer payment of their property taxes on eligible properties.</p> <p><a href="#">Yukon Housing Corporation's Social Housing</a> program works to assist community residents, including seniors, most in need of affordable, suitable and accessible housing.</p> <p>The <a href="#">Pioneer Utility Grant (PUG)</a> assists Yukon seniors with the cost of heating their homes. To be eligible, seniors must be at least 65 years old and have lived in Yukon at least six months this year (three of which have to have been winter months).</p> <p>The <a href="#">Home Owners Grant</a> reduces the amount of property tax paid on a principal residence by up to 75%. Eligible seniors must be a Yukon home owner; have paid property taxes in full; and lived in their home for 184 days (6 months) of the tax year.</p> <p>The <a href="#">Rent-Geared-to-Income Social Housing Program</a> provides lower income households, including older adults, with housing units that rent at 25% of household income.</p> <p>The <a href="#">Rent Supplement Program</a> provides lower income households, including older adults, with a rent subsidy that can be used to make private sector rental units more affordable. This program is available Yukon wide but not all communities have a private rental market.</p> <p><a href="#">Yukon's Pharmacare and Extended Health Benefits programs</a> are designed to assist registered senior citizens with the cost of prescription drugs, dental care, eye care, and medical-surgical supplies and equipment.</p>	<p>Whitehorse</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
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## Annex C: Information Services and Supports for Healthy Aging / Age Friendly Communities

JURISDICTION	SERVICES <i>This category includes transportation supports and information to help seniors access services and programs and stay connected.</i>	RURAL COVERAGE (Yes/No)
Alberta	<a href="#">Seniors Programs and Services: Information Guide</a> is designed to help seniors and their families stay informed about the provincial programs and services available for seniors in Alberta. In addition, the Guide includes details on federal and community-based programs and services that support seniors.	Yes
	<a href="#">Alberta Supports</a> helps connect seniors, persons with disabilities, lower income Albertans, and children and youth with benefits and services that can assist with daily living; employment and training; abuse, bullying, homelessness and other emergency situations. Seniors can get information about financial assistance and health benefit programs, housing resources, and much more. There are three ways to access Alberta Supports: (1) provincial toll-free telephone number, (2) online or (3) in-person at one of the many Alberta Support Contact Centres located throughout the province.	Yes
	<a href="#">Family and Community Support Services</a> (FCSS), is an 80/20 funding partnership between the Government of Alberta and participating municipalities or Métis Settlements to develop locally-driven preventive social programming. Within the parameters of the FCSS Act and Regulation, each municipality or Metis Settlement determines how the FCSS funding they receive should be allocated to best meet the needs of their community. In some communities, FCSS assists seniors by offering home support services, information and referral, and outreach programs.	Available in most parts of Alberta
	<a href="#">Special Needs Assistance for Seniors Program</a> provides seniors with low income financial assistance toward a range of expenses including medical trips greater than 80 kilometres (round trip) to see a medical specialist or for medical testing/treatment.	Yes
	<a href="#">Age-Friendly Alberta</a> supports age-friendly efforts through the development and dissemination of information, tools and resources to support and encourage communities to create age-friendly environments. This also includes formal recognition of communities that have developed an age-friendly action plan and supporting the creation of an Alberta Age-Friendly Community of Practice.	Yes



<p><b>British Columbia</b></p>	<p><a href="#">Age-friendly BC</a> includes an age-friendly community recognition program, for communities who meet eligibility criteria, and a grant program (\$500,000 annual funding) for age-friendly planning and projects. Local governments and Indigenous communities are eligible to receive grants.</p> <p><a href="#">BC211</a> is a Vancouver-based non-profit organization (funded by the Province of British Columbia) that specializes in providing information and referral regarding community, government and social services in BC.</p> <p><a href="#">Seniors BC</a> online site – a one-stop source of information about seniors programs, services and benefits for older adults, families and caregivers.</p> <p><a href="#">Aging Well</a> is an online site that provides resources and information to help older adults plan for a healthy future in areas of health and wellness, housing, transportation, finances and social connections.</p> <p>The <a href="#">BC Seniors Guide</a> is a book-style compilation of information and resources to help us all plan for and live a healthy lifestyle as we age. It includes information on provincial and federal programs, with sections on benefits, health, lifestyle, housing, transportation, finances, safety and security, and other services.</p>	
<p><b>Manitoba</b></p>	<p><a href="#">Support Services for Seniors</a> (SSS) includes Senior Centres, Community Resource Councils, Tenant Resource Programs, Congregate Meal Programs, and other senior serving organizations. SSS promotes a range of coordinated, accessible and affordable community-based services that focus on promoting health, independence and the well-being for seniors. Community Resource Councils offer a variety of programs within the community that support the independence of older adults such as:</p> <ul style="list-style-type: none"> <li>• seniors congregate meal programs;</li> <li>• seniors transportation programs;</li> <li>• information and referral;</li> <li>• health and wellness programs;</li> <li>• home maintenance programs; and</li> <li>• emergency response information kits.</li> </ul> <p>Information on Support Services for Seniors is available on regional health authority websites.</p> <ul style="list-style-type: none"> <li>• <b>Winnipeg Regional Health Authority</b> (including Churchill) Website: <a href="http://www.wrha.mb.ca">www.wrha.mb.ca</a></li> <li>• <b>Interlake-Eastern Regional Health Authority</b> Website: <a href="http://www.ierha.ca">www.ierha.ca</a></li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Northern Regional Health Authority</b> Website: <a href="http://www.northernhealthregion.ca">www.northernhealthregion.ca</a></li> <li>• <b>Prairie Mountain Health</b> Website: <a href="http://www.prairiemountainhealth.ca">www.prairiemountainhealth.ca</a></li> <li>• <b>Southern Health-Santé Sud</b> Website: <a href="http://www.southernhealth.ca">www.southernhealth.ca</a></li> </ul> <p><a href="#">Active Aging in Manitoba</a> promotes healthy aging. Volunteer peer leaders lead exercise classes, walking programs and facilitate presentations to education in all walks of life and all age ranges. It includes programs for older adults, and information and resources to start or continue to live an active and healthy lifestyle.</p> <p><a href="#">Age-Friendly Communities:</a> The <a href="#">Manitoba Association of Seniors Centres</a> Age-Friendly Resource Team provides community development support to age-friendly communities throughout the province.</p> <p><a href="#">Manitoba's Seniors Guide</a> contains a comprehensive listing, including brief descriptions and contact information, for the services and programs provided by government and community agencies. It includes information on health and wellness, housing, retirement, lifelong learning, financial counselling, legal matters, caregiving, addictions, emergency services, personal security and transportation.</p>	
<b>New Brunswick</b>	<p><a href="#">Home First</a> a series of innovative approaches and initiatives to support seniors to live in their own homes and continue to be part of their communities. This program is for older adults age 65 years or older and can request a home visit to learn about services and programs available in their community. Eligible seniors also have the opportunity to be provided with financial assistance (up to \$1500) for minor in-home repairs that will improve the safety of their home.</p> <p><a href="#">New Brunswick's Seniors Guide to Services and Programs</a> is a resource for information about services and programs available to New Brunswick seniors. It is produced and distributed by the Department of Social Development, Province of New Brunswick. Information on senior's programs and services may also be obtained by calling the Seniors' Information Line at 1-855-550-0552.</p> <p><a href="#">The Wellness Movement in NB</a> encourages New Brunswickers to work together to create wellness-supporting environments within the province where people have the opportunity to live a life of health and wellbeing in their homes, communities, schools and workplaces. In considering our seniors and the Wellness Movement, the 'Age Friendly</p>	

	<p>Community' is a place where NB seniors can age actively, live in security and enjoy good health, and perhaps most importantly be afforded the opportunity to continue to make positive and valued contributions to our communities.</p>	
<b>Newfoundland and Labrador</b>	<p><a href="#">Community Healthy Living Fund</a> supports a number of programs that promote social participation with a focus on physical activity and healthy eating. These programs occur in community-based groups and 50+ Clubs throughout the province. For example, some community gardens have been funded through this program.</p> <p><a href="#">Seniors Guide to Services and Programs in NL</a> is a popular <a href="#">SeniorsNL</a> publication that contains information frequently sought by seniors. SeniorsNL also offers phone support and community volunteers throughout the province. The NL Government supports and collaborates with SeniorsNL to operate its information and referral services. This includes use of a computerized system to track and trend issues that callers identify.</p> <p><a href="#">Age-Friendly Newfoundland and Labrador Communities Program</a>. An age-friendly community is one where the physical and social environment enable people to live in a secure setting, enjoy health and continue to participate in society regardless of age.</p>	
<b>Northwest Territories</b>	<p><a href="#">Single Window Service Centres</a> are a one-stop shop for the Government of the Northwest Territories programs. These Service Centres are located in 20 communities and employ a Government Service Officer to help residents complete applications, access government programs and services and get appropriate referrals. Government Service Officers make regular home visits to Elders. Some are Commissioners for Oaths or Notary Public Designations, and some can provide direct service in an Aboriginal language.</p> <p><a href="#">Seniors Information Handbook</a> provides a comprehensive list of programs and services that NWT seniors and their caregivers can access towards making informed decisions that can help them remain independent and active in their home communities.</p> <p><a href="#">Seniors' Information Line</a> is delivered by the NWT Seniors' Society on behalf of the Government of the Northwest Territories. It provides seniors with the opportunity to speak with someone about a problem or help with any program or service related to seniors. Seniors can call 867-920-7444 or toll free 1-800-661-0878 during working hours or leave a message.</p>	Yes

	<p><a href="#">Medical Travel</a> benefits are available to eligible persons in the NWT who must travel in order to access necessary and appropriate insured health services. To be eligible for this benefit, travel must originate in the NWT and service must not be available within the resident's home community. Furthermore, the medical referral from the resident's home community must be to the nearest insured centre that offers the required treatment.</p> <p><a href="#">Recreation and Sport Contributions</a> provide financial assistance to eligible community governments and/or territorial-based recreation and sport organizations in the development and delivery of sport and recreation activities in the NWT, including seniors sport and recreation.</p> <p><a href="#">Get Active</a> funds community events that get people more physically active in the NWT. Community organizations are encouraged to apply for \$750, \$850, or \$1000 to organize and deliver community-oriented physical activity events. There is a category specifically for funding Elders Get Active events.</p> <p><a href="#">Generations on the Move</a> is a three-year project (2018-19 to 2020-21) to demonstrate programming that successfully promotes active, healthy aging in smaller NWT communities. The project is designed to encourage intergenerational connections and increase active living opportunities for older adults.</p>	
<b>Nova Scotia</b>	<p><a href="#">Positive Aging Directory</a> is a comprehensive information directory published each year by the Department of Seniors to give Nova Scotians quick and easy access to the many programs and services for seniors.</p>	
<b>Nunavut</b>	<p><a href="#">Inuit Societal Values project</a> is an initiative to help promote Inuit Qaujimagatuqangit and to strengthen the role of Elders in addressing social problems and issues in Nunavut. The project helps provide Inuit with the opportunity to have a say in maintaining order and peace according to their culture and traditions, as well as identify gaps in, and finding possible solutions to, community and social wellness issues.</p> <p><a href="#">Nunavut's Seniors' Information Handbook</a> is a resource that provides a comprehensive overview of federal, territorial and local products and services that are available to seniors and their caregivers. This resource is intended to serve as a one-stop-shop for seniors and their caregivers to find programs and services that will help them in living healthy, safe and productive lives.</p> <p><a href="#">Elder's Support Line</a> connects older adults to a counselor.</p>	

<p><b>Ontario</b></p>	<p><a href="#">Seniors Active Living Centre</a> (SALC) programs address social isolation by providing opportunities for seniors and older adults to gather, receive services, and take part in programs that promote independence, healthy living, and connection to peers. Ontario has over 300 SALC programs in regions across the province.</p> <p><a href="#">Ontario 211 – Community and Social Services Help Line</a> is a phone line (call 2-1-1) and website that provides information on and referrals to Ontario’s community, social, health-related and government services. Seniors and older adults can call or view the website to learn about what services, such as local transportation assistance, and benefits exist and explain how to obtain them. 211 is answered 24 hours a day, every day of the year. The service has information about over 60,000 community and government programs and services, and provides an interpreter in over 150 languages.</p> <p><a href="#">A Guide for Programs and Services for Seniors</a> is a print and online resource providing information about programs and services available to seniors in Ontario. The Guide is available in 16 languages and contains background and contact information on a wide range of programs and services of interest to seniors and older adults, including tax credits and pensions, health and wellness, caregiving, housing and long-term care, transportation and driving, staying safe from elder abuse and financial scams, and government ID.</p> <p><a href="#">Seniors Active Living Fairs</a> are offered throughout the province to bring together seniors and their caregivers to connect with others in their community and learn about key issues that affect their health and well-being. Fairs are delivered by the Older Adult Centres’ Association of Ontario with support from the Province. They raise awareness about available supports and information. Key topics include falls prevention, reducing social isolation, and healthy living. Information on issues affecting seniors’ fraud prevention and driving may also be offered.</p> <p><a href="#">Finding the Right Fit: Age-Friendly Community Planning</a> is a guide which offers step-by-step processes and tools to help municipalities and communities develop more socially and physically accessible and inclusive environments for seniors.</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
<p><b>Prince Edward Island</b></p>	<p><a href="#">PEI Seniors Guide</a> provides a comprehensive list of programs and services and the relevant contact information about active living, seniors organizations, healthcare, transportation, housing and finance.</p>	

<b>Québec</b>	Le guide « <a href="#">Programmes et services pour aînés, édition 2018</a> » présente les renseignements sur les différents programmes et services offerts aux aînés par les ministères et organismes gouvernementaux.	
<b>Saskatchewan</b>	<p>The Ministry of Health provides global funding to the Saskatchewan Health Authority (SHA), which allocates funding to support health services based on local needs.</p> <p>The SHA may support health promotion/recreation programs, which may be attended by seniors; recreational activities in Long Term Care facilities; adult day programs in Long Term Care facilities designed to increase the individuals' ability to perform activities of daily living; other basic services include social and recreational activities, rest and exercise, snacks and a meal, personal care, and in some cases nutrition guidance, self-help skills and periodic shopping services.</p> <p>Through <a href="#">Saskatchewan Assisted Living Services</a>, optional community-based services are coordinated in select housing projects. Services depend on the community, and may include recreational activities, health and other educational presentations and up to one meal per day served in a common area.</p> <p><a href="#">The Programs and Services of Interest to Seniors</a> booklet provides detailed information about a variety of beneficial programs and services available to seniors. From finances and housing to health and recreation, these programs and services are aimed at enhancing the well-being of Saskatchewan seniors.</p> <p>The <a href="#">'It's for your Benefit'</a> brochure provides additional information on health programs and services available to Saskatchewan residents. Saskatchewan residents are eligible to receive hospital, medical, public health, mental health and addiction services as insured health services, provided by funding from the provincial government, and administered through the Saskatchewan Health Authority.</p>	
<b>Yukon</b>	<p>The <a href="#">Golden Age Society</a> provides a drop-in centre in Whitehorse for seniors, including organized activities such as line dancing, bingo, yoga, quilting.</p> <p>The <a href="#">ElderActive</a> Recreation Association seeks to enhance the lives of Yukoners 55 years of age and over through events, programs and education that are intended to develop and maintain health and wellness in body, mind and spirit.</p> <p>The <a href="#">Yukon Council on Aging (YCOA)</a> operates the Seniors Information Centre in Whitehorse to support seniors and</p>	

	family members with the information they may need or are looking for regarding a number of topics i.e. health, recreation, housing, social assistance referrals. The YCOA publishes a guide to seniors and elders programs and services in Yukon: <a href="http://www.hss.gov.yk.ca/pdf/place.pdf">http://www.hss.gov.yk.ca/pdf/place.pdf</a>	
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## Annex D: Examples of International Community Supports

Internationally there are many initiatives designed to address the evolving realities of aging. A literature search for best practices and gold standards in community supports did not reveal systematic attempts to classify global programs according to objective standards (e.g. best practice). The examples listed below are found in many countries and jurisdictions so they are considered “promising practices” (e.g. Age-Friendly Communities) or they are examples of supports that are not available in Canada but could help to address the concerns/challenges identified earlier in the report. Some of the examples are listed on the [World Health Organization’s database of age-friendly initiatives](#). They are provided here to give a snapshot of community support initiatives being delivered by countries around the world and are examples of innovation in community support services. It is beyond the scope of this report to provide a full analysis as to whether they could be adaptable to Canadian context.

### 1. Australia - City of Fremantle

As a diverse and cultural community the Fremantle is committed to continuous improvement in its [age friendly practices](#) and realises seniors’ participation in community life as critical to the well-being of the communities. Importantly, older adults are considered an intrinsic part of Fremantle’s future prosperity. Initiatives include programming called ‘Come and Try’ activities, supporting a drop in space with free refreshment and afternoon tea dances, as well as two Central Area Transit buses that are free for all passengers.

[The Wanjoo](#) lounge enables older adults engage in social activities, provides free refreshments, customised activities and access to computer, including various courses developed in response to seniors’ social and computer literacy learning needs, as well as providing support. The Wanjoo lounge is open Monday to Friday, 9am to 3pm, inviting people to experience a greater connectivity with their community, while engaging in a healthier lifestyle.

### 2. Australia - Melville

The [Memory Café](#) aims to provide a safe, supportive and inclusive environment for people living with dementia and their carers where they can socialise over a nice cuppa and connect through sharing their experiences and rediscovering memories. The café is located in a large shopping centre, where the staff have undertaken training to make clients feel welcome and at ease. A nurturing network such as this is vital for the ongoing wellbeing of those living with dementia, as the task of communicating becomes more difficult and further symptoms progress. Since the first Memory Café opened in September 2016, there have been 13 other Memory Cafés set up by various cafés and shopping centres within Western Australia.



### 3. Australia - Clarence City

[Food Connections Clarence](#) programs are supported by local communities, schools, organisations and businesses. The aim of this project is to provide increased access and supply of nutritious food by providing healthy nutritious packaged meals at low or no cost to older isolated people. Older adults facilitate, design, collaborate, engage and help to evaluate the programs. Over 140 packaged meals per month are produced and distributed across the City, mostly by local high school students in collaboration with donated food from Second Bite Tasmania. Currently there are seven social eating programs operating.

### 4. India - Sangam Vihar, South Delhi

[Contact Program with Local Police](#) aims to connect older adults in the community with local police. Older adults were provided with contact cards, with names and phone numbers of all street-patrol police officers, and introductions to these officers. They were also given the opportunity to practice talking with these officers. Follow-up four months later found that 50% of older adults still had their contact cards.

### 5. Longford, Ireland

Irish Society for the Prevention of Cruelty to Animals [Cara Programme](#) is a community scheme that provides pet companionship and support for senior citizens, acknowledging that pet companionship can be a great comfort and support to owners providing physical, social and emotional benefits; particularly to those who might not have adequate social interaction or live isolated lives. The Irish Society for the Prevention of Cruelty to Animals facilitates adoptions of animals by older adults as well as pet vaccinating, worming, spaying or neutering, and micro-chipping free of charge.

### 6. Russian Federation – Volgograd

[A Kinder World](#) aims at strengthening the connection between generations by means of engaging older people in creative and charitable activities targeted towards orphaned children of pre-school and school age. The main goals of the program are to provide older people opportunities for intergenerational socialization and personal fulfilment, and to contribute to their community. “Gifted with creativity” enables older people to teach orphans crafts (stitching, knitting, origami, etc.) as well as the basics of cooking and housekeeping. To participate in the “Charity” subproject means to become a patron of an abandoned child in an orphanage. Older people hand-knit baby-shoes, scarfs, socks and other pieces, and give them to baby orphans. The “Mentorship” component allows older people to tell their stories to orphaned children and encourage them to use their potential. “Precious moments” subproject brings together older people from among war veterans and the younger generation to preserve memories and share them with the new generations along with the knowledge of the history of our country.

#### 7. United Kingdom - Melton Mowbray

After a successful pilot project showing that pets help older adults remain more physically and socially active, this initiative pairs seniors with dog owners. The [PEDIGREE Dog Dates](#) initiative is now offered nationally, in a bid to alleviate the loneliness experienced by 9 million people across the UK.

#### 8. USA - Boulder County, Colorado

[Cultivate](#) provides direct services for low income older adults, providing them with free access to: 1) health care, through escorted rides to and from medical appointments; 2) nutrition, through the shopping and delivery of grocery orders; and 3) safety, through grab bar installation, simple home repairs, and seasonal yard and snow cleanup services. In 2017, 85% of clients reported feeling a greater sense of independence and social support as a result of the Cultivate programs and volunteers.

#### 9. USA - Montgomery County, Maryland

Recognizing that most people want to remain in their home and community, [The Life Long Homes Collaboration](#) brought together organizations (e.g. Habitat for Humanity, community college) to repair, weatherize and modify homes belonging to older adults in the county. This program also provided social support to home owners. This project also served to develop intergenerational bonds between young adults and low income older adults.

#### 10. USA - Bergen County, New Jersey

[CHORE Volunteer Handyman](#) Service helps Bergen County, New Jersey residents 60 years and older, and/or adults with permanent disabilities, remain safe in their own homes by performing minor repairs for only the cost of parts. The program enables seniors with financial challenges and individuals with disabilities live more safely and independently, while avoiding costly and often unwanted institutionalization. As CHORE volunteers are all retirees, the program is dual purpose as it provides truly rewarding and meaningful volunteer experiences. There are currently 44 CHORE volunteers, average age of 70. CHORE serves about 1,400 clients each year and in the past 41 years, CHORE has helped approximately 50,000 older residents.

[CHEER](#) enables isolated, frail elderly people retain their independence through weekly visits by trained CHEER aides and volunteers to help with tasks such as shopping, errands, laundry, and light housekeeping. They forge lasting relationships with the elders, offering companionship and, whenever possible, creating opportunities for the elders to be engaged in their communities. Very often, this type of minimal service is all that is needed to enable an elderly person to continue to remain safely in the comfort of home.

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