



## Strategies that Support Aging in Place: A Global Perspective on Models for Veterans' Health and Well-being



### Prepared by:

Annie Robitaille (PhD), Kimberly Carla Campbell (PhD), Alexandra Chiarelli, Emma Starr, Sarah Visintini, Georgia Ann Stewart, Katelyn Adey & Saleh Alkelani

### For more information contact:

Annie Robitaille, PhD  
Commissionaires Ottawa Research Chair  
Centre of Excellence in Frailty-Informed Care™  
Perley Health  
arobitai@uottawa.ca

### Funded by:

This project has received financial support from the VAC Joint Federal Research Funding for Military Personnel and Veterans and the Perley Health Foundation.

## Table of Contents

<b>Acknowledgements</b> .....	<b>3</b>
<b>Executive Summary</b> .....	<b>3</b>
<b>1. Introduction</b> .....	<b>6</b>
<b>2. Methodology</b> .....	<b>8</b>
<b>2.1 Environmental Scan Methodology – Papers, Reports and other Grey Literature on Aging in Place in General (not specific to Veterans)</b> .....	<b>8</b>
<b>2.2 Scoping Review Methodology – Examining the Literature on Aging in Place for Veterans Specifically</b> .....	<b>9</b>
2.2.1 Search Methods .....	9
2.2.2 Study Selection: Inclusion/Exclusion .....	9
2.2.3 Study Selection: Screening .....	9
2.2.4 Data Abstraction: .....	10
<b>2.3 Environmental Scan Methodology – Services and Programs to Support Aging in Place Across Canada for Veterans</b> .....	<b>10</b>
2.3.1 Search Strategy.....	10
2.3.1.1 Using a Gender Analysis Plus Lens:.....	11
2.3.1.2 Inclusion/Exclusion Criteria for Google Search .....	11
2.3.1.3 Data Extraction.....	12
<b>3. Findings/Discussion</b> .....	<b>12</b>
<b>3.1 Environmental Scan – Literature and Reports on Aging in Place in General (not specific to Veterans)</b> .....	<b>12</b>
<b>Factors Predicting Ability to Age in Place</b> .....	<b>14</b>
<b>3.2 Scoping Review – Examining the Literature on Aging in Place for Veterans Specifically</b> .....	<b>24</b>
<b>3.3 Environmental Scan – Services and Programs to Support Aging in Place Across Canada for Veterans</b> .....	<b>25</b>
<b>4. Conclusion (Recommendations/Policy Implications):</b> .....	<b>26</b>
<b>5. References</b> .....	<b>34</b>
<b>6. Appendices</b> .....	<b>48</b>
<b>Table 1: List of Included Articles and Reports – Environmental Scan of Papers, Reports and Grey Literature on Aging in Place in General (not Specific to Veterans)</b> .....	<b>48</b>
<b>Table 2: List of Included Articles – Scoping Review of articles about aging in place for Veterans specifically.</b> .....	<b>52</b>
<b>Table 3: Results of Environmental Scan of Services and Programs for Veterans Across Canada by Province</b> .....	<b>59</b>
<b>Figure 1: Sources of Information for the Environmental Scan</b> .....	<b>95</b>

## Acknowledgements

We would like to thank all the members of the Veterans advisory committee.

- Andrée Paige, Commissionaires Ottawa
- Lisa Garland Baird, Veterans Affairs Canada
- Bonnie Schroeder, The Council on Aging of Ottawa
- Carolyn Hughes, The Royal Canadian Legion - National Headquarters
- Janet Ellis, University of Toronto
- Alan Mulawyshyn, Veterans' House Canada
- Joan Olinik, Perley Health
- Ken Holmes, The Council on Aging of Ottawa
- Kimberly Ritchie, Trent University
- Claire Checkland, Canadian Coalition for Seniors' Mental Health
- Jacinthe Savard, University of Ottawa
- Rebecca Theal, Queen's University
- Valerie Ranger, University of Ottawa
- Amy Hsu, Perley Health; University of Ottawa
- Benoit Robert, Perley Health
- Danielle Sinden, Perley Health
- Michaela Adams, Perley Health
- Sina Pourfarzaneh, Perley Health
- Atul Jaiswal, Perley Health

## Executive Summary

This report addresses the critical issue of aging in place with a special focus on Veterans who may face unique challenges as a result of their military service, and who may need more tailored solutions. Given that approximately 42.0% of Canada's 461,240 Veterans are over the age of 65, timely attention is required to ensure they can age with dignity and maintain a high quality of life.

The report consists of three primary components: (1) an environmental scan of academic literature and published reports which focuses on aging in place in general (not specific to Veteran populations) highlighting best practices for aging in place, and factors indicating when it may no longer be safe to remain at home, (2) a scoping review of the literature focused on home care models for aging Veterans, and highlighting best practices and challenges including but not limited to personal care, respite care, and palliative care, and factors related to aging in place (3) an environmental scan which provides an overview of current programs and services supporting Veterans' aging in place across Canada specifically targeting healthcare, social support, housing, financial, mental health, and other relevant resources. Here, we also utilize a gender-based analysis plus lens to assess whether specialised services/resources are available to support aging in place for minority groups (e.g. minority language speakers, women, gender diverse persons, those who live in rural areas, Indigenous persons, and persons from low socio-economic groups). In Canada, older adults refer to individuals who are generally considered to be in their later stages of adulthood, usually aged 65 years and older.<sup>1</sup> However, this report also includes literature, reports, and resources (e.g., programs and services) related to older adults that are younger than 65 years of age (e.g. 55 years and older); and acknowledges that individual differences exist in the aging process and in aging at home needs.

The results of our environmental scan of the literature on aging in place stresses the need for ongoing research to better inform policies and interventions. Our findings indicate that understanding successful aging in place is complex and is influenced by a variety of factors including technology integration and acceptance, community

accessibility, housing challenges, home care services, healthcare services, education, and disparities in resources.

For the scoping review on aging in place for Veterans, 4781 studies were screened, and 71 studies ultimately included. While some articles focused on specific programs and how they promote aging in place, others focused on how programs in general could be improved. Other studies examined factors related to aging in place for Veterans. More research is needed that explore equity in services for minority Veteran groups and the scaling of programs and home care models to different contexts. Collaborations between Veteran and non-Veteran organizations was also mentioned, emphasizing trust and flexibility, with a call for more studies in Canada (as opposed to the US where the majority of studies were conducted) due to country-specific differences.

Based on data available on organization webpages, the environmental scan of services and programs to support Veterans aging in place, found that homecare services were the most common. This however does not indicate whether these services and programs meet the needs of Veterans and their families as a detailed analysis of regional disparities and consultation with stakeholders to see where gaps lie would be required to assess this. We found a scarcity of resources catering specifically to population sub-groups who are known to be especially vulnerable such as gender diverse persons and those in rural areas.

Based on the findings of our environmental scans and scoping review, we suggest that promoting socially active neighbourhoods which emphasize the balance between walkability and social factors is important to support aging in place. In addition, differentiating staying at home from the concept of successful aging is critical as the latter takes into account independence, availability of resources, and safety. The report recommends multicomponent home modifications, addressing trauma in housing policies, the need for effective home visits, multidisciplinary approaches, and research on community-based housing models. The report also recommends improving collaborations between Veteran and non-Veteran organizations so that the needs of Veterans can be better met. There is a need to better understand how individuals adapt

and respond to changing needs and capabilities, with a particular focus on being with people and environments that are familiar. Finally, we stress the importance of acknowledging and responding to the needs of minority social groups.

## 1. Introduction

Aging in place is a concept that has gained significant attention over the last few years. It has been defined as the ability to continue living at home in the community as you age.<sup>2</sup> With regards to the care of Veterans, aging in place has also emerged as a critical consideration. As Veterans age and express the desire to continue residing in their own homes, they may encounter unique challenges linked to their military service that require more tailored and individualized support. Therefore, attention is required to ensure that Veterans can age with dignity and maintain a high quality of life. The significance of this issue is underscored by the fact that according to the 2021 Census, Canada is home to 461,240 Veterans, with approximately 42.0% of them being over the age of 65.<sup>3</sup> Additionally, 3.6% of Veterans reside in collective dwellings and among these, 93.6% live in healthcare or related facilities such as retirement homes.<sup>3</sup>

In this report, we delve into the factors to be considered when examining aging in place for Veterans by exploring best practices and guidelines that aim to address their specific needs and circumstances and promote their well-being and quality of life. More specifically, this report examines services, supports, community programming, and approaches that exist to support Veterans and their families to live at home. It also explores the best practices to support aging at home with the goal of reducing or delaying admission to long-term care homes for Veterans and their families, and how best practices for aging at home (not specific to Veterans and their families) can be tailored to Veterans and their families. Further, it introduces how several factors (e.g., social support, chronic conditions, age, gender, living in a rural vs. urban area) impact being able to age at home, how best practices can be adapted and scaled to different contexts (e.g. rural, female, LGBTQ2+, low-income, and visible minority Veterans), and which factors may indicate that living at home may no longer be safe.

The report consists of three primary components. Firstly, an environmental scan of academic literature and published reports which focuses on aging in place in general (not specific to Veteran populations). This scan aims to identify best practices for aging in place, potential factors that hinder the application and success of home care and identifies factors that indicate when it may no longer be safe to remain at home. Secondly, a scoping review of the literature which focuses on home care models for aging Veterans and factors that are associated with aging in place. Our analysis extends beyond the Canadian Veteran population and highlights best practices and challenges in models of home care including, but not limited to, personal care, respite care, and palliative care. Finally, we present an environmental scan which provides an overview of current programs and services supporting Veterans' aging in place across Canada within the national context, including provincial and territorial supports. Our environmental scan delves into various dimensions of home care, specifically targeting healthcare services, caregiver support, social support, housing options, financial assistance, mental health services, and other relevant resources. It is essential to note that, although homelessness of Veterans is an important area and deserves more attention, it was beyond the scope of this project and was therefore excluded from this report.

In our research, we found that understanding what contributes to successfully aging in place is complex. Everything from an individual's childhood environment to current mental health support and social activities can play a role. Because of this wide range of factors, it was important for us to set clear boundaries on what we could focus on for our report. This was done through consultation with a Veterans advisory committee and Veterans Affairs Canada (VAC).

## 2. Methodology

This section outlines the methodology for the three components of the report:

- (1) An environmental scan of academic literature and published reports that focuses on aging in place in general (not specific to Veteran populations);
- (2) A scoping review examining the literature on aging in place for Veterans specifically (including home care models for aging Veterans and factors related to aging in place) and;
- (3) An environmental scan which investigates, characterizes, and summarizes services supporting Veterans aging in place in Canada by province and territory.

### 2.1 Environmental Scan Methodology – Papers, Reports and other Grey Literature on Aging in Place in General (not specific to Veterans)

A scan of the academic and grey literature was conducted to identify recent review papers and reports that address the concept of aging in place within the general population. Given the vast array of literature on aging in place, the academic search of the literature was limited to review papers (e.g. scoping, and systematic reviews) over the last two (2) years. The search was done using Medline and Scopus and the main search concepts comprised of terms related to aging in place, home care, respite, palliative care, and independent living. We also utilised Google Scholar to further identify reviews that examined factors that influence aging in place and best practices. We used uOttawa Catalogue to search for books and book chapters and limited our search to the last 10 years. For the search of the grey literature, we searched for reports or guidelines related to aging in place using Google (i.e., allintitle: "aging in place" filetype:pdf). We also perused provincial and national websites (e.g. the Government of Canada publications website) and the Ombudsman reports webpage (Ombudsman National Defence Forces Reports and News Statistics) to ascertain relevant reports and publications focused on aging in place.



## 2.2 Scoping Review Methodology – Examining the Literature on Aging in Place for Veterans Specifically

### 2.2.1 Search Methods

A peer reviewed McGowan et al. (2016)<sup>4</sup> search was conducted on November 10, 2023, from inception in MEDLINE, Embase and APA PsycInfo via Ovid, as well as Ageline and CINAHL via EBSCO. No limits to language or publication date were applied. The main search concepts comprised of terms related to Veterans (e.g., veteran\* or militar\* or ex-militar\*), older adults (e.g., elder\* or old\* or ageing or aging or senior?), and home-based care (e.g., homecare or home-care). The search was informed by several systematic searches such as: Sheppard et al. (2023)<sup>5</sup>, Cochrane et al. (2016)<sup>6</sup>, Nguyen et al. (2022)<sup>7</sup>, and ELDAC (2023)<sup>8</sup>. The full search strategy is available upon request.

### 2.2.2 Study Selection: Inclusion/Exclusion

For our study selection criteria, we included both quantitative and qualitative articles, spanning various publication types such as published articles, conference proceedings, editorials, and textbook chapters. The inclusion criteria involved a focus on older Veterans and their families or caregivers. We opted not to restrict the language to English or French. As for interventions or exposures, none were specified, and there were no defined comparators or controls. The outcomes of interest included aging in place, the needs of older Veterans and their families, and the overall quality of life in later years. It is noteworthy that we did not conduct risk of bias assessments in our study.

### 2.2.3 Study Selection: Screening

Search results were exported to Covidence (Melbourne, Australia) and duplicates were eliminated using the platform's duplicate identification feature. Screening occurred in two (2) stages by two (2) members of the research team (abstract and title screening followed by full-text screening). When in doubt about inclusion of the search results, abstracts and articles were discussed amongst the appropriate members and reassessed by a third researcher until a consensus was reached.

#### 2.2.4 Data Abstraction:

Data was extracted from selected studies by an investigator and a research assistant independently. Examples of extracted characteristics included country of study, study design, reporting of age, sex, gender, ethnicity, setting, type of program/service, sample size, results, and recommendations.

### 2.3 Environmental Scan Methodology – Services and Programs to Support Aging in Place Across Canada for Veterans

The environmental scan, conducted from November 3, 2023, to January 30, 2024, aimed to comprehensively identify and catalogue services supporting Veterans' aging in place across Canadian provinces and territories. The environmental scan also examined whether services and supports exist for those who may be in minority groups (e.g. gender-diverse individuals, minority language speakers, francophones, women, Indigenous communities, those from a visible minority group, rural residents, and those with low socio-economic status).

#### 2.3.1 Search Strategy

To gather comprehensive information on services supporting Veterans aging in place in Canada, we utilized multiple strategies (see Figure 1 in the appendix):

1. Contacting known service providers - A list of organizations and experts associated with Veterans' support generated for another project was then refined in collaboration with the project advisory committee. While these entities primarily focused on aging-related support services, it is worth noting that their services were not exclusively tailored for Veterans aging in place. The organizations from this list were contacted via email with requests for detailed service information.
2. Google Search - Our method to identify potential organizations and their services involved the screening of Google searches to the point of exhausting the relevant results.<sup>9</sup> We initiated our scope with an advanced Google search using broad search terms (e.g., "Aging Veterans Services" OR "Veteran Support Programs" AND "Veteran\*" OR "militar\*" AND "home"). For this search, we limited it to those results in Canada.

Following the Google search methodology outlined by previous studies,<sup>9</sup> we scanned the initial 20 Google search results for relevance. Selections for further investigation were based on our pre-defined inclusion/exclusion criteria. This process continued iteratively: if the first 20 results provided entries that met our criteria, we scanned the next 20, repeating this process until we reached a page with no relevant results. Finally, three (3) research assistants also conducted province-specific Google searches utilizing similar key search terms.

3. Webpage search box - To ensure thoroughness/inclusiveness, we entered specific terms into the search boxes of identified organization websites such as francophone, minority language, LGBTQ+, Indigenous, visible minority, low socio-economic status, women, and rural.

4. PDF document search - We expanded our search by scanning PDF documents using the broad search terms, aiming to capture comprehensive details on available services.

5. Government white papers and reports - Lastly, using the broad search terms, we combed through government white papers and reports using the uOttawa Library Government Information Search Engine, which streamlines the retrieval of federal, provincial, and municipal governmental data.

#### *2.3.1.1 Using a Gender-Based Analysis Plus Lens:*

Our strategy aimed for a comprehensive understanding, utilizing a gender-based analysis plus lens. Search terms extended beyond gender, addressing urban vs. rural dynamics, minority languages, Francophone services, support for low socio-economic groups, and women's specific needs. Refined keywords ensured inclusivity, incorporating factors such as minority languages, LGBTQ+ support, Indigenous resources, and considerations for rural areas.

#### *2.3.1.2 Inclusion/Exclusion Criteria for Google Search*

We included all resources that provided services to support aging in place for Veterans including healthcare services, caregiver support, social support, housing options,

financial assistance, and mental health services. We excluded resources related to homelessness.

#### *2.3.1.3 Data Extraction*

We extracted the following information from the included resources: Name of program (if applicable) and name of organization (if relevant), website link, description of resources (e.g., healthcare services, caregiver support, social support, housing options, financial assistance, mental health services), type of service, and specific services tailored for vulnerable groups (like gender-diverse individuals, minority language speakers, francophones, women, Indigenous communities, rural residents, and those with low socio-economic status).

## **3. Findings/Discussion**

### **3.1 Environmental Scan – Literature and Reports on Aging in Place in General (not specific to Veterans)**

The findings/discussion around aging in place in general (not specific to Veterans) are based on review papers, reports, and other grey literature identified through our search strategy. See Table 1 in the appendix for a list papers, reports and other grey literature identified.

Aging in place has emerged as a significant concept over the last few decades.<sup>10</sup> However, despite its importance, comprehensively defining it has been challenging stemming from the dynamic context of aging, lack of consensus between academics and professionals about its essential elements and criteria, and the interdisciplinary nature of the concept. For instance Ratnayake et al. (2022)<sup>2</sup> defines aging in place as the ability to live and remain in the community as you age. In contrast, Barati et al. (2022)<sup>10</sup> present a nuanced perspective through a comprehensive three-phase qualitative study, including a systematic review of 30 articles, interviews with seven (7) older adults aged 65 years or older, and a final analysis. According to their findings, aging in place encompasses not only the physical aspects but also the social dimension

and is considered the preferred choice for older individuals to spend their aging years in their own homes, ensuring safety, independence, and comfort while maintaining life routines, relationships with family and friends, and a sense of community.<sup>10</sup> Forsyth and Molinsky (2021)<sup>11</sup>, summarise the many definitions of aging in place in the scholarly and grey literature indicating that it can be descriptive (i.e. denoting never moving or remaining in the same community), related to care (staying out of a nursing home) or an exercise of choice.<sup>11</sup> The term therefore can be used to denote an individual's preference for sustaining a relatively independent lifestyle within the community, either in their current home, or in an appropriate housing setting.<sup>12</sup>

Research highlights that aging in place became more topical in the post-World War II period when there was a greater emphasis placed on home ownership, the need for affordable healthcare for older adults, and global shifts in favour of deinstitutionalization. This, coupled with the challenges of a shortage in formal caregiving and changing demographics with fewer children per family, has further underscored the importance of aging in place programs.<sup>12</sup> Taking into account the evolving body of published research, there has been a noticeable increase in the recognition of the topic's significance in relation to the well-being of older populations.<sup>13–18</sup> Researchers have explored diverse topics, ranging from the needs and motives of an individual's decision to age in place, residential and care arrangement preferences in later life, the association between frailty and aging in place, and the impact of community and social support structures to the significance of healthcare services, assistive technology and housing modifications in facilitating successful aging in place.<sup>19–29</sup> A growing consensus acknowledges that there are several reasons that affect whether or not a person prefers to age in place – familiarity with neighbourhood/neighbours/residence, fond memories tied to the present house/neighbourhood, home ownership status, proximity to family, friends and other social connections, neighbourhood convenience, fear of change in environment, resignation, and access to sufficient and appropriate community and social support services.<sup>30–32</sup> Increasing recognition is emerging regarding the broader impact of aging in place, extending beyond psychological and social benefits to encompass positive economic outcomes. Studies, such as those by Fogel (2019)<sup>33</sup>, Gardner (2011)<sup>34</sup>, and Kenner (2008)<sup>35</sup>, reveal that aging in place contributes to the overall sustainability of the

healthcare system by alleviating the strain on human and financial resources associated with hospitalization and institutional care.

While the widespread belief in the literature implies that aging in place enhances the quality of life of older adults and is the ideal scenario, it is important to note that living in a home or neighbourhood not suited to one's needs can lead to worse physical, psychological, and social outcomes. As the concept of aging in place becomes increasingly popular, ongoing research strives to enhance our comprehension of the associated challenges. The goal is to inform policies and interventions that support and address the diverse needs of individuals in their chosen living environments.

### **Factors Predicting Ability to Age in Place**

It is critical to understand the factors predicting the ability to age in place, as having a grasp of these factors is essential for creating focused interventions that improve the feasibility of aging in place and facilitate a smooth transition to long-term care if needed.

1. Availability of Coordinated Healthcare Services: An estimated 8.6% of Canadians over the age of 65 receive care in their own home – a combination of both home and community-based care providers.<sup>36</sup> Accessible and diverse healthcare services, including primary care, specialty care, and preventive services, contribute to comprehensive health management and an individual's ability to age in place. Among caregivers and healthcare stakeholders, the following have been identified as pressing issues to be addressed for aging in place to be successful: coordinated care across formal healthcare providers, including physicians, home care workers, and social workers; availability of house-calls and home visits by physicians; regular monitoring of medications by medical professionals such as nurse practitioners and pharmacists; effective communication between informal and formal caregivers; and ensuring adequate access to essential allied and medical services, such as vision and dental care, affordable medications, and physiotherapy.<sup>37</sup>

A 2023 umbrella review, which systematically synthesized findings from multiple systematic reviews examining the effectiveness of home visit nursing on outcomes such as mortality, hospitalization, institutionalization, patient satisfaction, and quality of life among older adults showed a positive impact on reducing hospital admissions but not on other outcomes.<sup>38</sup> While there was a lack of detailed information on home visit components, compliance, and usual care received, the review suggests that factors such as the content of the intervention, nurse qualifications, and follow-up intervals did not significantly affect effectiveness.<sup>38</sup> A systematic review and meta-analysis by Ho et al. (2023),<sup>39</sup> examining the impact of complex interventions on improving independent living and quality of life, highlighted that nurses were the most frequent care coordinators and found that complex interventions increase the chance of living at home, but not of the quality of life among community-dwelling older adults. Unlike Eltaybani et al. (2023),<sup>38</sup> they reported that complex interventions (usually coordinated by nurses) reduced mortality, enhanced cognitive function, and improved some activities of daily living.<sup>39</sup>

2. Housing Challenges: Housing challenges encompass a variety of issues, spanning from the design to the condition of living spaces. Key considerations involve ensuring that residences are both accessible and adaptable, with features like ramps, grab bars, adequate lighting, and wider doorways. These elements are crucial for accommodating age-related physical changes and fostering a secure home environment.<sup>12</sup> Such housing inadequacies pose risks to physical health and safety, contributing to a challenging living environment that may not support aging in place effectively. When considering interventions that support home modification, it is important to examine key features of home modification models. In a systematic review study, Sheth and Cogle (2023)<sup>40</sup> became the first to systematically examine home improvement programs for older adults, classifying them into two (2) types: single-component and multicomponent interventions. Single-component interventions focus on environmental modification as the only aging in place intervention, while multicomponent interventions were defined as interventions that included home modifications with at least one (1) other aging in place intervention such as clinical, physical activity, behavioural, and social. The research

found that multicomponent interventions are more successful in promoting healthy aging compared to those concentrating on just one (1) area achieving at least half of their goals, demonstrating their effectiveness.

3. Community Accessibility, Walkability and Safety: Accessibility plays a crucial role in aging in place, influencing an older adult's (age 70-93) ability to engage with the community, access services, and maintain social connections.<sup>41</sup> Factors such as the presence of sidewalks, public transportation options, safety, and age-friendly infrastructure directly impact an individual's ability to be mobile, engage in community activities, access healthcare services, and maintain social connections. Improved accessibility and safety therefore contribute to a more vibrant social life and allows for the continuation of daily activities, supporting successful aging in place. In a narrative review including 32 articles conducted by Asiamah et al. (2023)<sup>42</sup>, the authors discuss the evolution of measuring neighbourhood walkability from the year 2003 up to the time of publication. They highlight that existing models may not fully consider the role of personal and psychological factors such as safety and disability friendliness in aging in place for older adults. They posit that for older persons, the friendliness of a neighbourhood is a construct of both its physical design and the way people interact socially. Physical features like walkable paths while helpful only promote social engagement if the neighbourhood is safe and supportive. Older adults who may be more aware of their physical limitations, are unlikely to go to places with crime, violence, age-related biases (e.g. ageism and judgement), or health risks. The authors suggest that a neighbourhood's value for healthy aging depends largely on its sociability, with walkability being a necessary but complementary factor.<sup>42</sup>

4. Disparities in Healthcare Service Availability: Disparities in healthcare service availability highlight inequalities in access to healthcare resources based on factors such as socio-economic status, geographic location, or cultural background.<sup>43</sup> Older adults facing such disparities may encounter barriers in obtaining timely and quality healthcare, impacting their health outcomes, and potentially hindering successful aging in place.<sup>43</sup>



5. Financial Situation: For many, the perceived financial advantages of aging in place are a motivator to delay or avoid institution-level care. Research suggests that providing care at home to those aging in place may be a more cost-effective option.<sup>2,36,43</sup>

6. Closeness to Family and Social Network: Individuals are more likely to want to stay in their homes/communities if they have close relationships in proximity. This refers not only to contact with family but also with friends, neighbours, and the broader community. Meaningful relationships and even casual interactions with strangers, all contribute to overall well-being and a sense of purpose for older adults who opt to remain at home.<sup>2,18,34,36,41,42,44,45</sup>

7. Home Ownership: Research conducted in Melbourne, Australia comparing public and private renters to homeowners, has revealed differences in preferences for aging in place.<sup>32</sup> Individuals who rent publicly (i.e. from government or social housing) were found to be less likely than homeowners to state a preference for aging in place. However, when looking at the actual numbers or proportions of people who end up aging in place, there was no significant difference between the two (2) groups. This divergence may be attributed to public renters having secure yet potentially unsupportive living environments, and financial constraints limiting their mobility.<sup>32</sup> Individuals who rent privately (from private landlords or property management companies) might have less secure housing arrangements and weaker emotional connections to their homes.<sup>32</sup> As a result, these private renters show a lower tendency to age in place. These findings align with international research, indicating a positive association between homeownership, the ability to make home modifications, and the expectation to age in place.<sup>46</sup>

8. Social Housing: Social housing, a component of affordable housing, commonly known as subsidized or public housing, offers financial aid to tenants by adjusting rents according to income levels and/or providing additional subsidies.<sup>5</sup> Older adults in social housing are a particularly vulnerable population – they often live alone, have low

education levels, and experience higher rates of disability, chronic health conditions, psychiatric issues, depression, loneliness, cognitive impairment, and food insecurity compared to older renters and homeowners.<sup>5</sup> In a scoping review of social housing for older adults, Sheppard et al. (2023)<sup>5</sup> found that on-site staff, especially those dedicated to building relationships with older tenants, play a crucial role in promoting aging in place along with other trained personnel such as resident services or tenant resource coordinators. They also identified that co-locating community support services in social housing is critical to promote access and successful aging in place as these can address pervasive issues such as declining mental health and poor physical functioning.<sup>5</sup>

9. Community-Based Housing Model: Chum et al. (2022)<sup>47</sup> conducted a scoping review exploring various community-based housing models, such as villages, retirement communities, and cohousing, to understand their impact on aging in place for older adults. Their results highlight that characteristics of the various housing models such as the availability and access to services or programs, social support, attitudes of inclusion and exclusion among other residents, secure living environment, cost, and proximity to amenities and neighbours, can either hinder or facilitate aging in place.<sup>47</sup> A systematic review conducted by Shepperd et al. (2021)<sup>48</sup> found that individuals receiving home-based end-of-life care were more likely to die at home than those receiving usual care.

10. Education and Employment Opportunities: Access to education and employment opportunities can significantly influence the financial resources and social engagement of older adults. Lifelong learning opportunities and part-time employment options contribute to ongoing mental stimulation, social connections, and financial stability.<sup>49</sup> In contrast, limited access to educational and employment opportunities can have cascading effects on the overall well-being of older adults. Without access to these opportunities, older adults may face challenges in maintaining mental and social well-being, affecting their ability to age in place successfully.

11. Access to Technology: Technology stands out as a transformative force to elevate the quality of life for older adults and their caregivers.<sup>19,50</sup> Central to this technological shift are telehealth services and smart home technologies which can facilitate remote health monitoring, virtual consultations, management of chronic conditions, detecting falls and monitoring daily activities thereby providing valuable information for aging in place.<sup>51,52</sup> The integration of virtual communication platforms and social networking applications are also a powerful resource to help combat social isolation by fostering meaningful connections with family, friends, and healthcare providers. Recently, technologies such as Ambient/Active Assisted Living robots and other artificial intelligence (AI) have come to the forefront.<sup>50</sup> Passive remote monitoring (PRM) is another technology, still in its infancy, that can be used to support aging in place. PRM technologies involve placing sensors unobtrusively within the home and sending information to health care providers and/or family and friends who can use this information to intervene when necessary. A scoping review on this topic found that despite limited research, findings indicate older adults' acceptance of PRM systems, and that successful implementation is hinged on familiarizing persons with the technology through client-centered approaches.<sup>53</sup>

The advent of the COVID-19 pandemic further underscored the importance of technology in the context of aging in place.<sup>54,55</sup> The vulnerabilities found in communal living for older adults were continuously highlighted as long-term care facilities grappled with unprecedented challenges, including heightened health risks and social isolation during widespread lockdowns.<sup>56,57</sup> In response, there has been a notable paradigm shift, emphasizing the empowerment of older individuals to remain in their homes with the use of technology playing a vital role in offering solutions.

12. Acceptance of Technology: The literature highlights both factors supporting and hindering older adults in utilizing available technologies for aging support. Acceptance of technology for aging in place has been categorized into six broad themes in the literature: concerns about technology (e.g., cost, privacy, and usability), anticipated benefits (e.g., enhanced safety and perceived usefulness), necessity for technology

(e.g., perceived need and subjective health status), alternatives to technology (e.g., assistance from family or spouse), social influence (e.g., impact of family, friends, and caregivers), and individual characteristics (e.g., the desire to age in place).<sup>19,50</sup> A significant number of reviews have been conducted to further clarify the influence of technology on aging in place with researchers highlighting the existence of potential redundancies and unexploited synergies between bodies of evidence.<sup>58</sup> A review mapping the existing literature on the use of technology in home palliative care, identifying the technology systems in use and exploring how these technologies influence communication between palliative care professionals and patients, found that most older adults are comfortable and satisfied with the various technology tools employed in clinical practice.<sup>59</sup> Despite physical distance from clinicians, patients feel cared for, highlighting the potential of technology in enhancing the palliative care experience. The study concludes that older adults in palliative care at home perceive technology as an efficient means of receiving care.<sup>59</sup> Hechinger et al. (2022)<sup>60</sup> conducted a systematic review and qualitative meta-analysis to explore how older adults, especially those dealing with chronic illnesses, use digital technology to stay in their homes as they age. They highlight that older persons go through a process when they use digital devices – they start by trying out the device, get more familiar with it, and then decide if it is helpful. The authors suggest that understanding this process can help in the creation of better technology and serve as a guide for healthcare professionals to provide more tailored counselling.<sup>60</sup>

13. Gender: Research highlights that gender differences play a significant role in both caregiving and institutionalization – although much more research is needed to understand its association with the latter.<sup>16</sup> Women are 40% more likely than men to reside in an institution – likely attributable to longer life expectancy and widowhood. Women are also likely to be admitted to a nursing home regardless of their living situation. Female baby boomers have also been found to be more likely to expect to live in long-term care facilities.<sup>16</sup> A study conducted by Carvalho et al. (2019)<sup>61</sup> exploring gender differences surrounding opinions on long-term care arrangements found that women were more likely to seek support from nursing homes in comparison to men.

Worth noting is that women move to long-term care institutions earlier in the disability stage, have a higher probability of staying in a hospital, and a lower probability of receiving informal care. Conversely, men express a preference for care from relatives, transitioning from formal to informal care earlier than women. For men, the presence of a spouse is crucial in reducing the risk of nursing home placement. Being a man decreases the probability of receiving various types of professional long-term care services.<sup>16</sup>

14. Populations with a History of Trauma: Danielson and Ray-Degges (2022)<sup>62</sup> conducted a scoping review, including 32 articles, to determine whether there is literature that connects older adults with a history of trauma to successfully aging in place. The authors highlight that traumatic experiences, including adverse childhood experiences and post-traumatic stress disorder, have lasting effects on mental, physical, social, emotional, and spiritual well-being.<sup>62</sup> Combat exposure has been shown to increase the risk of PTSD for Veterans, which can heighten sensitivity to aging processes and hinder successful aging, impacting emotional well-being.<sup>63</sup> Danielson and Ray-Degges (2022)<sup>62</sup> highlight that existing support for persons with histories of trauma tends to be crisis-oriented, lacking preventive measures against homelessness or institutionalization, and suggest trauma-informed approaches. These include universal design adoption, addressing environmental sensitivities, promoting affordable housing with a focus on safety and privacy, ensuring access to trauma-trained mental health providers, and implementing community supports.<sup>62</sup>

15. Minority Populations (e.g. Indigenous Older Adults): Park and Ko (2020)<sup>64</sup> state that aging in place is dynamic and ought to take into consideration the particularities (experiences and needs) of minority social groups. Indigenous older adults have been found to have more precarious living conditions when compared to the general public and to experience challenges accessing basic services such as fuel for heat and cooking.<sup>65</sup> Gallardo-Peralta et al. (2023)<sup>66</sup> conducted a systematic review analyzing aging in place among Indigenous older adults and found that scientific research has seemingly overlooked Indigenous older adults, making it difficult to access information about their life trajectories and aging experiences.

16. Ability of the Individual to Adapt to Changing Needs and Capabilities: Grave et al. (2023)<sup>45</sup> conducted a scoping review aimed at enhancing our understanding of how older adults experience psychological restoration (e.g. how an individual's cognitive and emotional resources recover after stress, fatigue, or other negative influences). Restorative theory establishes a comprehensive framework that illustrates the resources involved, their depletion, and the subsequent need for restoration. This framework highlights the crucial role of person-environment transactions in facilitating and promoting the restoration process, along with its outcomes.<sup>41</sup> While the existing restorative theory emphasizes the role of environmental factors, they expanded on this by adding two (2) crucial components: absence of threat and compatibility. The authors posit that as an individual ages, their changing capabilities make them more susceptible to mismatches between themselves and their environment, leading to stress and attention deficits and suggest that minimizing threats and enhancing compatibility can significantly contribute to the restoration process for older adults.<sup>45</sup>

17. Geographic Location (urban vs rural): Whalen (2021)<sup>67</sup> examined how rural municipalities in Canada were preparing for an aging population and found that small rural municipalities were not as prepared. The study which examined 100 rural municipalities across Canada highlighted the multi-faceted challenges rural areas face. These include difficulty in accessing essential services, such as a lack of public transportation and snow removal (particularly for seniors with mobility limitations), which makes it challenging for older adults to access recreational activities.<sup>67</sup> In addition, the lack of proper road networks and the considerable distance between residences means that neighbours are often far apart, which can lead to an increased risk of loneliness and reduced community involvement.<sup>67</sup> The combined impact of these geographical issues emphasizes the importance of addressing the unique needs of older adults in rural areas to promote healthy aging in place.

18. Differences in How Home Care is Defined, Governed, and Funded: An environmental scan conducted in 2017 found that there were inconsistent definitions of

home care and even complex care across Canada.<sup>68</sup> In addition, there is considerable variability in who has the primary responsibility of providing resources and services to promote the health and well-being of older adults and who is responsible for provision of home care.<sup>68</sup> Such ambiguity leads to disparities in the provision of services and supports across provinces and affects the ability to devise a coordinated approach to promoting aging in place. This is further supported by the fact that in 2022, a report including older adults, highlighted disapproval with government supports available to support aging in place stating, specifically, that they felt unsupported by the government.<sup>27</sup>

19. Personal Preferences: The National Institute on Ageing (2022)<sup>36</sup> reports that Canada spends the majority of its long-term care expenditures on care in institutions versus home and community-based care which is the preference of most persons.<sup>36</sup> They report estimates of between 11-30% of Canadians being admitted to long-term care where home and community-based care would be sufficient if they were available.<sup>36</sup> Further, as it relates to preferences, an online survey conducted in 2022, including 489 older adults across Canada, found that 88.0% of respondents prefer to age in a single-family home or a condo/apartment.<sup>27</sup> Despite experiences with the Covid-19 pandemic, 68.0% of older adults still preferred to age in place. Further, participants ranked services to support personal health needs as the most important area for aging in place research followed by examining ethical approaches to support aging in place.<sup>27</sup> These all tie into the concept of “aging in the right place” which as defined by the NIA takes into account the most appropriate setting to support healthy aging considering factors such as personal preferences, available resources, individual circumstances and, levels of support and care required (NIA, 2022).<sup>36</sup>

Whereas the past decade has seen an increase in literature around aging in place, more limited research has focused specifically on Veterans. The next section of this report summarizes some of the research about aging in place for Veterans.

### 3.2 Scoping Review – Examining the Literature on Aging in Place for Veterans Specifically

In total, the database searches resulted in 4781 studies. Of these, 2081 duplicates were identified and eliminated, and another 2629 studies were found to be irrelevant after screening. This report is based on the 71 remaining studies that met eligibility criteria (See Table 2 for a list of included studies).

The majority of studies were conducted in the United States (86%), with the rest in Australia (9%), Canada (4%), and the UK (1%), demonstrating a need for additional studies in Canada. This is especially important given context- and system-specific differences for Veterans between these countries. Out of these 71 articles, 24% were either opinion pieces, editorials, or articles describing existing programs, 18% were qualitative studies, 14% were cross-sectional studies, and 11% were cohort studies. Only one randomized controlled trial was found. The remaining articles included other research designs (e.g., 1 systematic review, 3 case reports). There is a need for more high-quality studies about the best practices to support aging at home and the strategies to reduce and/or delay admission to long-term care for Veterans and their families, predictors to Veterans being able to age at home, and how best practices can be adapted and scaled to different contexts (e.g. rural, female, LGBTQ2+, low-income, and other visible minority Veterans).

The majority of the articles from the United States focused on the United States Department of Veterans Affairs Home Based Primary Care program (HBPC).<sup>69–75</sup>

Additional articles from the United States discuss other programs such as the VAs Medical Foster Home (MFH) program,<sup>76,77</sup> Aid & Attendance which is a supplemental allowance provided to Veterans in need,<sup>78</sup> Community Living Centers (CLCs),<sup>79</sup> the COACH program which is a home-based program serving Veterans with dementia and their caregivers,<sup>80</sup> adult day programs and respite care,<sup>81–83</sup> home-telehealth and in-home technology-based programs,<sup>84–87</sup> and home hospice services.<sup>88</sup> Articles from Canada discussed the overseas service veteran at home pilot project which was implemented to reduce issues related to



significant waiting lists at priority access nursing homes,<sup>89</sup> and the Veterans Independence Program (VIP).<sup>90,91</sup>

While many of the included articles describe specific programs and how they promote aging in place, other articles focus on how programs in general can be improved. Erickson-Hurt et al. (2017)<sup>92</sup> discuss the challenges faced by Veterans and their families in accessing and enrolling in some of the existing programs. They highlight how healthcare providers should better facilitate access to these programs by gaining a better understanding of Veteran benefits and services and by building relationships with Veteran organizations. Hale-Gallardo et al. (2017)<sup>93</sup> discuss the importance of partnerships between Veteran and non-Veteran organizations, and how these collaborations are important to promote aging in place for older Veterans. While few studies focus on the equity of services for Veterans in minority groups and how programs for aging in place can be scaled to various contexts, Kramer et al. (2017)<sup>73</sup> discuss how the HBPC program was implemented in rural Indigenous communities. They highlight its feasibility and the importance of building partnerships based on trust, openness, and flexibility when implementing the program.<sup>73</sup>

### **3.3 Environmental Scan – Services and Programs to Support Aging in Place Across Canada for Veterans**

Table 3 (see Appendix) presents the array of programs and services available to Veterans by province encompassing healthcare, services, social support, housing options, financial assistance, mental health services, and others. Based on data available on organization webpages, to the best of our knowledge, we found that homecare services were the most prevalent with both government and non-government agencies providing opportunities to obtain assistance with activities of daily living. This, however, does not suggest that these are sufficient to meet the needs of those who require these services. To better understand the breadth of services, a detailed analysis of regional disparities and consultation with stakeholders to see where gaps lie would be required. Addressing specific needs such as mental health, social support, and housing options seems to warrant increased attention and resources. This includes

renovations/retrofitting to improve accessibility and independence, which may help to improve the unique challenges faced by Veterans (see Table 3 in the appendix which shows the results of the environmental scan of services and programs for Veterans across Canada by Province).

In Table 3 in the Appendix, we further explored the programs/services identified to see if there were specialized resources and/or considerations for segments of the population who are often marginalized. These include women, Indigenous persons, minority language speakers, those who live in rural areas, those in low socio-economic groups, and gender-diverse persons. We found that resources catering specifically to these sub-groups were seldom available. While organizations' webpages could often be translated, typically only into French, the actual services and application forms were predominantly only available in English.

#### **4. Conclusion (Recommendations/Policy Implications):**

This concluding section was developed considering all the evidence gathered from the scoping review and environmental scans conducted as part of this report. We focus here on the recommendations and best practices to support an environment where Veterans can age in place successfully, acknowledging the nuanced and diverse factors that influence their well-being.

- i. Promotion of Socially Active Neighbourhoods – Asiamah et al. (2023)<sup>42</sup> propose that a neighbourhood's value for healthy aging depends largely on its sociability, with walkability being a necessary and complementary factor. Therefore, an ideal place for aging well is a friendly neighbourhood that combines walkability with social attributes. This proposal of socially active neighbourhoods as the ideal environment for aging in older populations introduces additional dimensions to age-friendly neighbourhoods. The creation of socially active neighbourhoods entails addressing safety, trust, social cohesion, and disability friendliness. Health promotion efforts should balance sociability and walkability, recognizing the influence of personal factors and addressing inequalities in the context of aging neighbourhoods.<sup>2,42</sup>

- ii. Staying at Home vs. Successful Aging in Place – Barati et al. (2022)<sup>10</sup> highlight that the idea of aging in place (AIP) mainly revolves around keeping older people in their homes instead of moving them to long-term care homes. This is built on the premise that they have a safe and comfortable home and can get the care they need while staying in their community e.g. health care and social support. Thea Franke Consulting (2022)<sup>27</sup> highlights that a home is not just a space that provides basic needs, rather it is a sanctuary that serves as a central hub facilitating access to community and social engagement while simultaneously providing safety, security, and a sense of belonging. However, it is crucial to note that (1) homes may not always be safe, (2) there may not be sufficient access to health care and social support and, (3) bringing long-term care services to people's homes might not always be cost-effective. As such, staying at home does not always equate to successful aging in place which must take into consideration factors such as independence, a strong connection to the place, maintaining relationships, safety, comfort, and personal preference. It is therefore essential to carefully consider these factors to make sure staying at home aligns with the principles of AIP and does not result in older persons facing challenges due to a lack of support for institutional care.<sup>10</sup> A study conducted by Adel (2021)<sup>44</sup> explored older adults' housing needs and recommended further research be conducted to create adaptable housing solutions that either integrate adaptable features into new construction or allow for modifications. The author further suggests that a useful tool to assist older adults in their goal to age in their own homes is the creation of a web-based housing counsellor.<sup>44</sup> This tool would aim to not only link older adults with funding sources but also to service providers with expertise in home modifications.<sup>44</sup>

To support aging in the right place, the National Institute on Ageing highlights four pillars: promoting preventive health and chronic disease management, strengthening supports for both paid and unpaid caregivers, creating accessible and more secure living environments, and creating an environment that supports social connectivity.<sup>36</sup>

- iii. Home Modification Models – In the context of home modification interventions for older adults, a "single-component" intervention refers to a program that focuses on addressing a specific aspect or area, such as modifying physical structures in the home environment. On the other hand, a "multicomponent" intervention involves addressing multiple factors concurrently, which may include clinical support, physical activity plans, behavioural strategies, and social aspects.<sup>40</sup> Research suggests that multicomponent interventions are more effective at supporting aging in place. In addition, involving clients in the decision-making process is crucial to enhance the overall impact of home modifications for older adults.<sup>40</sup> As it relates to new home construction, the inclusion of adaptable home designs that make modification easier and more cost-effective is recommended. This consideration can cost less than \$500.00 per home if a proactive approach is taken.<sup>94</sup> Education and support are recommended given that in Canada there is no central platform to access experts and there is little information about the home modification options available and the role of health providers e.g. occupational therapists in considering home adaptations.<sup>94,95</sup>
- iv. Promoting Aging in Place in Social Housing – Sheppard et al. (2023)<sup>5</sup> highlight several considerations for promoting aging in place in social housing settings. Firstly, on-site staff, especially those dedicated to building relationships with older tenants, play a crucial role in engaging older adults and promoting aging in place.<sup>5</sup> Housing staff, though frequently engaged in tenant support, may lack proper training, emphasizing the importance of trained personnel such as resident services or tenant resource coordinators. Secondly, co-locating community support services in social housing is crucial for facilitating access and promoting aging in place, addressing issues such as declining mental health and poor physical functioning. Meaningful tenant engagement is therefore necessary for identifying needs and creating community, with on-site staff and tenant associations playing key roles.<sup>5</sup> Lastly, housing eligibility and retention policies are complex, highlighting the need for updated research to reflect current practices and understand social housing providers' role in supporting at-risk tenants (typically older women, those who face

food insecurity and who have low education and income levels) and transitions to alternative housing.

- v. Meeting the Needs of Populations with a History of Trauma – Based on a scoping review aimed to explore aging in place among older adults with histories of traumatic experiences Danielson and Ray-Degges (2022)<sup>62</sup> suggest that (1) policies should focus on prevention to avoid crises like homelessness and institutionalization among older adults with traumatic experiences, (2) housing policies should include intentional design modifications to support individuals with trauma histories such as safety measures and environmental considerations, and (3) incorporating trauma-informed approaches in community supports, mental health services, and affordable housing solutions are supportive of both aging and aging in place.<sup>62</sup> They also advocate for a “Housing First” model where housing is viewed as a fundamental human right to provide a foundation for successful aging.
- vi. Choice of Community-based Housing Model – Further research is required to clarify the strengths and limitations of community-based housing models.<sup>47</sup> Chum et al. (2022)<sup>47</sup> suggest that there is no “best” housing model as there is great diversity in the needs for aging in place making this a highly individualized decision.
- vii. Effectiveness of Home Visit Nursing including Complex Interventions in Community-dwelling Adults – A 2023 umbrella review examined the effectiveness of home visit nursing for older adults on outcomes such as mortality, hospitalization, institutionalization, patient satisfaction, and quality of life. It showed a positive impact on reducing hospital admissions but not on other outcomes.<sup>38</sup> Ho et al. (2023)<sup>39</sup> highlight that nurses are the most frequent complex care coordinators. They also found that administration of complex interventions increased the chance of living at home but not of the quality of life among community-dwelling older adults. Unlike Eltaybani et al. (2023)<sup>38</sup>, they reported that complex interventions (usually coordinated by nurses) also reduced mortality, enhanced cognitive function and improved some activities of daily living.<sup>39</sup> Eltaybani et al. (2023)<sup>38</sup> state that there is a need for further research to be conducted that includes detailed information on

home visit components, compliance, and usual care. The authors suggest (1) that future studies should focus on the optimal intensity of home visits, populations benefiting the most, and the impact on patient satisfaction, hospital admissions, and quality of life, (2) the reporting of clear descriptions of intervention components and contexts in the literature as these have clinical implications and, (3) multidisciplinary, client-centred approaches and nurse training in gerontology are a pre-requisite for effective home visit nursing.<sup>38</sup>

- viii. Use of Technology to Support Healthy Aging – Genge et al. (2023)<sup>96</sup> discuss important considerations for policymakers when examining the utilization of technology to aid healthy aging and enhance the quality of life of older adults, drawing on Canadian experiences. These messages stress the importance of adopting a life course perspective (emphasizing individual experiences along with unique life trajectories and social factors), addressing real problems (aligned with the day-to-day challenges older adults and caregivers face), empowering existing healthcare services without aiming to replace highly skilled personnel, valuing human interactions, fostering authentic partnerships between designers and end-users, and facilitating accelerated design and testing to meet current and future needs.<sup>96</sup>
  
- ix. Engaging Older Adults in the Technology Development Process – Wegener et al. (2023)<sup>97</sup>, conducted a scoping review to explore how older adults with frailty and impairment are involved in various parts of the design processes of digital health technologies.<sup>97</sup> They found that, firstly, there is a lack of knowledge about effective outreach approaches to recruit older adults with frailty, with early involvement crucial for broad representation. Secondly, many studies did not explicitly describe the value and specific contributions of participants, hindering understanding of the impact of their involvement. Lastly, there is a gap in knowledge regarding methods to involve participants throughout the entire design process. The study emphasizes the importance of diverse recruitment strategies, reflection on participant outcomes,

and comprehensive involvement methods to ensure successful and inclusive technology development for older adults with frailty.<sup>97</sup>

- x. Meeting the Needs of Minority Social Groups – Gallardo-Peralta et al. (2023)<sup>66</sup> conducted a systematic review of aging in place among Indigenous persons. They highlight that their experiences have often been overlooked, making information difficult to access. However, they were able to highlight three (3) recommendations as it relates to aging in place among this demographic. Firstly, improvements in housing conditions are required, including safety, accessibility, and adaptability. This is necessary as they often reside in volatile and precarious conditions without access to basic necessities such as drinking water and fuel for heating or for food preparation. Secondly, consideration should be given to the opportunity to live with or close to family. There should be a special emphasis on the importance of intergenerational relationships. Thirdly, they highlight the significance of being connected to the land. This includes having the chance to grow old on ancestral lands and stay linked to sacred places that support the ongoing connection to one's life story and cultural heritage for Indigenous individuals.<sup>66</sup>
  
- xi. Individual Adaptability to Changing Needs and Capabilities – Grave et al. (2023)<sup>45</sup> conducted a scoping review to enhance our understanding of how older adults experience psychological restoration (e.g. how an individual's mental and emotional well-being are restored after stress, fatigue, or other negative experiences). As individuals age, their changing capabilities make them more susceptible to incongruities between themselves and their environment, leading to stress and attention deficits. The authors suggest elements that capture an individual's interest and encourage exploration of their living environment, but a delicate balance is required to avoid overstimulation, discomfort, or feelings of unsafety, which can negatively impact restoration. The concept of familiarity is introduced as another important feature. Familiar environments provide a sense of safety and comfort and experiencing them in new ways can still encourage curiosity and exploration, thereby supporting the restoration process. In addition, the study proposes the inclusion of the "being with" feature in the restorative theory framework. Older adults

experiencing stress or attention deficits tend to isolate themselves, which negatively impacts their mental health. Being with people who are familiar is suggested as essential to reduce loneliness and promote restoration.<sup>45</sup>

- xii. Predicting Future Care Needs – Benefield and Holtzclaw (2014)<sup>98</sup> highlight that for aging in place to be successful, older adults must be able to consider both their present and future functional abilities. This is challenging due to limited resources and must be considered in tandem with additional supports available such as financial resources and family support.<sup>98,99</sup> The Canada Mortgage and Housing Corporation reports that older adults often do not consider their future housing needs until a health crisis forces them to make quick home modifications. This has the potential to lead to possible delays or an inability to return home.<sup>94</sup>
  
- xiii. Education – Ratnayake et al. (2022)<sup>2</sup> posits that for aging in place to be successful, educational initiatives focused on support services and how to use and access them are important. More specifically, a unified approach across states/provinces along with promoting the conduct of research aimed to determine the effectiveness of existing programs and gaps is needed.<sup>2</sup>
  
- xiv. Addressing Funding and Choice Issues – Community Living Ontario (2021)<sup>100</sup> asserts that admission to long-term care homes is often the result of a lack of home and community-based care options. Further, they state that an overly bureaucratic system, where only 0.2% of GDP is spent on home care, has made redundant any notion of choice when it comes to aging in place.





## References

1. Statistics Canada. Older adults and population aging statistics. February 8, 2019. Accessed October 9, 2024. [https://www.statcan.gc.ca/en/subjects-start/older\\_adults\\_and\\_population\\_aging](https://www.statcan.gc.ca/en/subjects-start/older_adults_and_population_aging)
2. Ratnayake M, Lukas S, Brathwaite S, Neave J, Henry H. Aging in Place: Are We Prepared? *Delaware Journal of Public Health*. 2022;8(3):28. doi:10.32481/djph.2022.08.007
3. Statistics Canada. Our Veterans' stories told in numbers. November 10, 2022. Accessed October 9, 2024. <https://www.statcan.gc.ca/o1/en/plus/2233-our-veterans-stories-told-numbers>
4. McGowan J, Sampson M, Salzwedel DM, Cogo E, Foerster V, Lefebvre C. PRESS Peer Review of Electronic Search Strategies: 2015 Guideline Statement. *J Clin Epidemiol*. 2016;75:40-46. doi:10.1016/j.jclinepi.2016.01.021
5. Sheppard CL, Kwon C, Yau M, Rios J, Austen A, Hitzig SL. Aging in Place in Social Housing: A Scoping Review of Social Housing for Older Adults. *Canadian Journal on Aging / La Revue canadienne du vieillissement*. 2023;42(1):69-79. doi:10.1017/S0714980822000125
6. Cochrane A, Furlong M, McGilloway S, Molloy DW, Stevenson M, Donnelly M. Time-limited home-care reablement services for maintaining and improving the functional independence of older adults. *Cochrane Database of Systematic Reviews*. 2016;(10). doi:<https://doi-org.proxy.bib.uottawa.ca/10.1002/14651858.CD010825.pub2>
7. Nguyen MV, Hackman DE, Truitt AR. Vocational Outcomes of Service Members and Veterans After Traumatic Brain Injury: A Scoping Review. *Journal of Head Trauma Rehabilitation*. 2022;37(6):E467-E487. doi:10.1097/HTR.0000000000000747
8. End of Life Directions for Aged Care (ELDAC). Technology and Innovation - Home Care Search Filter. 2023. Accessed November 20, 2023. <https://www.eldac.com.au/Technology-and-Innovation/Home-care-search-filter>
9. Parker RMN, Boulos L, Visintini S, Ritchie K, Hayden J. Environmental scan and evaluation of best practices for online systematic review resources. *Journal of the Medical Library Association*. 2018;106(2):208-240. doi:10.5195/jmla.2018.241
10. Barati F, Khoddam H, Modanloo M. Concept development of "Aging in place": Application of hybrid model. *Journal of Family Medicine and Primary Care*. 2022;11(11):6646-6646.
11. Forsyth A, Molinsky J. What Is Aging in Place? Confusions and Contradictions. *Housing Policy Debate*. 2021;31(2):181-196. doi:10.1080/10511482.2020.1793795

12. Bigonnesse C, Chaudhury H. The Landscape of “Aging in Place” in Gerontology Literature: Emergence, Theoretical Perspectives, and Influencing Factors. *Journal of Aging and Environment*. 2020;34(3):233-251. doi:10.1080/02763893.2019.1638875
13. Vanleerberghe P, De Witte N, Claes C, Schalock RL, Verté D. The quality of life of older people aging in place: a literature review. *Qual Life Res*. 2017;26(11):2899-2907. doi:10.1007/s11136-017-1651-0
14. Stones D, Gullifer J. ‘At home it’s just so much easier to be yourself’: older adults’ perceptions of ageing in place. *Ageing & Society*. 2016;36(3):449-481. doi:10.1017/S0144686X14001214
15. Bosch-Farré C, Malagón-Aguilera MC, Ballester-Ferrando D, et al. Healthy Ageing in Place: Enablers and Barriers from the Perspective of the Elderly. A Qualitative Study. *Int J Environ Res Public Health*. 2020;17(18):6451. doi:10.3390/ijerph17186451
16. Matsumoto H, Naruse T, Sakai M, Nagata S. Who prefers to age in place? Cross-sectional survey of middle-aged people in Japan. *Geriatrics & Gerontology International*. 2016;16(5):631-637. doi:10.1111/ggi.12503
17. Boldy D, Grenade L, Lewin G, Karol E, Burton E. Older people’s decisions regarding ‘ageing in place’: A Western Australian case study. *Australasian Journal on Ageing*. 2011;30(3):136-142. doi:10.1111/j.1741-6612.2010.00469.x
18. Van Dijk HM, Cramm JM, Van Exel J, Nieboer AP. The ideal neighbourhood for ageing in place as perceived by frail and non-frail community-dwelling older people. *Ageing & Society*. 2015;35(8):1771-1795. doi:10.1017/S0144686X14000622
19. Peek STM, Wouters EJM, van Hoof J, Luijkx KG, Boeije HR, Vrijhoef HJM. Factors influencing acceptance of technology for aging in place: A systematic review. *International Journal of Medical Informatics*. 2014;83(4):235-248. doi:10.1016/j.ijmedinf.2014.01.004
20. Peek STM, Luijkx KG, Vrijhoef HJM, et al. Origins and consequences of technology acquirement by independent-living seniors: towards an integrative model. *BMC Geriatrics*. 2017;17. doi:10.1186/s12877-017-0582-5
21. Han JH, Kim JH. Variations in Ageing in Home and Ageing in Neighbourhood. *Australian Geographer*. 2017;48(2):255-272. doi:10.1080/00049182.2016.1240021
22. John DH, Gunter K. engAGE in Community : Using Mixed Methods to Mobilize Older People to Elucidate the Age-Friendly Attributes of Urban and Rural Places. *Journal of Applied Gerontology*. 2016;35(10):1095-1120. doi:10.1177/0733464814566679

23. van Hoof J, Kort HSM, Rutten PGS, Duijnste MSH. Ageing-in-place with the use of ambient intelligence technology: Perspectives of older users. *International Journal of Medical Informatics*. 2011;80(5):310-331. doi:10.1016/j.ijmedinf.2011.02.010
24. Fernández-Carro C. Ageing at home, co-residence or institutionalisation? Preferred care and residential arrangements of older adults in Spain. *Ageing & Society*. 2016;36(3):586-612. doi:10.1017/S0144686X1400138X
25. Cramm JM, Van Dijk HM, Nieboer AP. The creation of age-friendly environments is especially important to frail older people. *Ageing and Society*. 2018;38(4):700-720. doi:10.1017/S0144686X16001240
26. Hillcoat-Nallétamby S, Ogg J. Moving beyond 'ageing in place': older people's dislikes about their home and neighbourhood environments as a motive for wishing to move. *Ageing & Society*. 2014;34(10):1771-1796. doi:10.1017/S0144686X13000482
27. Thea Franke Consulting. Aging in Place Reflections from Canadians. 2022. [https://aginginplace.ok.ubc.ca/wp-content/uploads/Aging-in-Place-reflections-from-Canadians.-STAKEHOLDERREPORT\\_final.pdf](https://aginginplace.ok.ubc.ca/wp-content/uploads/Aging-in-Place-reflections-from-Canadians.-STAKEHOLDERREPORT_final.pdf)
28. Grimmer K, Kay D, Foot J, Pastakia K. Consumer views about aging-in-place. *Clinical Interventions in Aging*. 2015;10:1803-1811. doi:10.2147/CIA.S90672
29. van Hees S, Horstman K, Jansen M, Ruwaard D. Photovoicing the neighbourhood: Understanding the situated meaning of intangible places for ageing-in-place. *Health & Place*. 2017;48:11-19. doi:10.1016/j.healthplace.2017.08.007
30. Kwon OJ, Lee YM, Ha HH, Kim JY, Yeom HS. Reasons for Seniors' Aging in Place within Their Community. *Human Ecology Research*. 2014;52(3):285-299. doi:10.6115/fer.2014.025
31. Pinazo-Hernandis S, Blanco-Molina M, Ortega-Moreno R. Aging in Place: Connections, Relationships, Social Participation and Social Support in the Face of Crisis Situations. *Int J Environ Res Public Health*. 2022;19(24):16623. doi:10.3390/ijerph192416623
32. Kendig H, Gong CH, Cannon L, Browning C. Preferences and Predictors of Aging in Place: Longitudinal Evidence from Melbourne, Australia. *Journal of Housing For the Elderly*. 2017;31(3):259-271. doi:10.1080/02763893.2017.1280582
33. Fogel BS. Psychological Aspects of Staying at Home. In: Callahan JJ, ed. *Aging in Place*. Routledge; 2019. doi:10.4324/9781315227603
34. Gardner PJ. Natural neighborhood networks — Important social networks in the lives of older adults aging in place. *Journal of Aging Studies*. 2011;25(3):263-271. doi:10.1016/j.jaging.2011.03.007

35. Kenner AM. Securing the Elderly Body: Dementia, Surveillance, and the Politics of “Aging in Place.” *Surveillance & Society*. 2008;5(3):102.
36. National Institute on Ageing (NIA). Ageing in the Right Place: Supporting Older Canadians to Live Where They Want. National Institute on Ageing. 2022. Accessed October 10, 2024. <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/638e0857c959d1546d9f6f3a/1670252637242/AIRP+Report+Final2022-.pdf>
37. Campbell M, Stewart T, Brunkert T, et al. Prioritizing supports and services to help older adults age in place: A Delphi study comparing the perspectives of family/friend care partners and healthcare stakeholders. *PLoS ONE*. 2021;16(11). doi:10.1371/journal.pone.0259387
38. Eltaybani S, Kawase K, Kato R, et al. Effectiveness of home visit nursing on improving mortality, hospitalization, institutionalization, satisfaction, and quality of life among older people: Umbrella review. *Geriatric Nursing*. 2023;51:330-345. doi:10.1016/j.gerinurse.2023.03.018
39. Ho L, Malden S, McGill K, et al. Complex interventions for improving independent living and quality of life amongst community-dwelling older adults: a systematic review and meta-analysis. *Age and Ageing*. 2023;52(7). doi:10.1093/ageing/afad132
40. Sheth S, Cogle CR. Home Modifications for Older Adults: A Systematic Review. *J Appl Gerontol*. 2023;42(5):1151-1164. doi:10.1177/07334648231151669
41. Nieboer AP, Cramm JM. Age-Friendly Communities Matter for Older People’s Well-Being. *Journal of Happiness Studies*. 2018;19(8):2405-2420. doi:10.1007/s10902-017-9923-5
42. Asiamah N, Bateman A, Hjorth P, Khan HTA, Danquah E. Socially active neighborhoods: construct operationalization for aging in place, health promotion and psychometric testing. *Health Promotion International*. 2023;38(1):daac191. doi:10.1093/heapro/daac191
43. McMaughan DJ, Oloruntoba O, Smith ML. Socioeconomic Status and Access to Healthcare: Interrelated Drivers for Healthy Aging. *Front Public Health*. 2020;8:231. doi:10.3389/fpubh.2020.00231
44. Adel A. Supporting aging-in-place: Exploring older adults’ housing needs and preferences, age-friendly principles, and adaptable housing options. Published online 2021. <https://obrieniph.ucalgary.ca/sites/default/files/teams/8/Supporting%20Aging-in-Place.pdf>
45. Grave AJJ, Neven L, Mohammadi M. Elucidating and Expanding the Restorative Theory Framework to Comprehend Influential Factors Supporting Ageing-in-Place: A Scoping Review. *Int J Environ Res Public Health*. 2023;20(18). doi:10.3390/ijerph20186801

46. Hwang E, Cummings L, Sixsmith A, Sixsmith J. Impacts of Home Modifications on Aging-in-Place. *Journal of Housing For the Elderly*. 2011;25(3):246-257. doi:10.1080/02763893.2011.595611
47. Chum K, Fitzhenry G, Robinson K, et al. Examining Community-Based Housing Models to Support Aging in Place: A Scoping Review. *The Gerontologist*. 2022;62(3):e178-e192. doi:10.1093/geront/gnaa142
48. Shepperd S, Gonçalves-Bradley DC, Straus SE, Wee B. Hospital at home: home-based end-of-life care. *Cochrane Database Syst Rev*. 2021;3(3):CD009231. doi:10.1002/14651858.CD009231.pub3
49. Narushima M, Liu J, Diestelkamp N. Lifelong learning in active ageing discourse: its conserving effect on wellbeing, health and vulnerability. *Ageing and Society*. 2018;38(4):651-675. doi:10.1017/S0144686X16001136
50. Wang S, Bolling K, Mao W, et al. Technology to Support Aging in Place: Older Adults' Perspectives. *Healthcare*. 2019;7(2):60. doi:10.3390/healthcare7020060
51. Kim K il, Gollamudi SS, Steinhubl S. Digital technology to enable aging in place. *Experimental Gerontology*. 2017;88:25-31. doi:10.1016/j.exger.2016.11.013
52. Kim D, Bian H, Chang CK, Dong L, Margrett J. In-Home Monitoring Technology for Aging in Place: Scoping Review. *Interact J Med Res*. 2022;11(2):e39005. doi:10.2196/39005
53. Read E, Woolsey C, Donelle L, Weeks L, Chinho N. Passive Remote Monitoring and Aging in Place: A Scoping Review. *Canadian Journal on Aging / La Revue canadienne du vieillissement*. 2023;42(1):20-32. doi:10.1017/S0714980822000198
54. Sixsmith A. COVID-19 and AgeTech. *Quality in Ageing and Older Adults*. 2020;21(4):247-252. doi:10.1108/QAOA-07-2020-0029
55. Xie B, Charness N, Fingerman K, Kaye J, Kim MT, Khurshid A. When Going Digital Becomes a Necessity: Ensuring Older Adults' Needs for Information, Services, and Social Inclusion During COVID-19. *Journal of Aging & Social Policy*. 2020;32(4-5):460-470. doi:10.1080/08959420.2020.1771237
56. Thompson DC, Barbu MG, Beiu C, et al. The Impact of COVID-19 Pandemic on Long-Term Care Facilities Worldwide: An Overview on International Issues. *Biomed Res Int*. 2020;2020:8870249. doi:10.1155/2020/8870249
57. Béland D, Marier P. COVID-19 and Long-Term Care Policy for Older People in Canada. *Journal of Aging & Social Policy*. 2020;32(4-5):358-364. doi:10.1080/08959420.2020.1764319

58. Bergschöld JM, Gunnes M, Eide AH, Lassemo E. Characteristics and Range of Reviews About Technologies for Aging in Place: Scoping Review of Reviews. *JMIR Aging*. 2024;7:e50286. doi:10.2196/50286
59. Basile I, Consolo L, Colombo S, Rusconi D, Rampichini F, Lusignani M. Technology to Support Older Adults in Home Palliative Care: A Scoping Review. *American Journal of Hospice and Palliative Medicine*®. 2024;41(6):673-690. doi:10.1177/10499091231189502
60. Hechinger M, Hentschel D, Aumer C, Rester C. A Conceptual Model of Experiences With Digital Technologies in Aging in Place: Qualitative Systematic Review and Meta-synthesis. *JMIR Aging*. 2022;5(3):e34872. doi:10.2196/34872
61. Carvalho N, Meylan L, Blanco JM, Fustinoni S, Abolhassani N, Santos-Eggimann B. Gender differences regarding opinions on long-term care arrangements: A study of community-dwelling older adults. *Archives of Gerontology and Geriatrics*. 2019;83:195-203. doi:10.1016/j.archger.2019.03.018
62. Danielson RA, Ray-Degges S. Aging in Place Among Older Adults With Histories of Traumatic Experiences: A Scoping Review. *The Gerontologist*. 2022;62(1):e1-e16. doi:10.1093/geront/gnab127
63. Bodner E, Hoffman Y, Palgi Y, Shrira A. A light in a sea of darkness: the moderating role of emotional complexity in the PTSD symptoms-successful aging association. *Aging & Mental Health*. 2018;22(6):826-833. doi:10.1080/13607863.2017.1317332
64. Park S, Ko Y. The Sociocultural Meaning of “My Place”: Rural Korean Elderly People’s Perspective of Aging in Place. *Asian Nursing Research*. 2020;14(2):97-104. doi:10.1016/j.anr.2020.04.001
65. Cooper EJ, Sanguins J, Menec V, Chartrand AF, Carter S, Driedger SM. Culturally Responsive Supports for Metis Elders and Metis Family Caregivers—ERRATUM. *Canadian Journal on Aging*. 2020;39(2):328-328. doi:10.1017/S0714980819000485
66. Gallardo-Peralta LP, Rodríguez-Rodríguez V, Valencia Galvez L, Tereucan Angulo J, Soto Higuera A, Sánchez-Moreno E. A systematic review of ageing in place among Indigenous People in Canada, USA, México, Chile and New Zealand. *Health Psychology and Behavioral Medicine*. 2023;11(1). doi:10.1080/21642850.2023.2252883
67. Whalen A. Aging in Place in Rural Canada: A Policy Analysis of Aging in Place Across Canada. *MPA Major Research Papers*. Published online July 1, 2021. <https://ir.lib.uwo.ca/lgp-mrps/223>

68. Johnson S, Bacsu J, McIntosh T, Jeffery B, Novik N. Home Care in Canada: An Environmental Scan. *Saskatchewan Population Health and Evaluation Research Unit*. Published online 2017.
69. Cooper DF, Granadillo OR, Stacey CM. Home-based primary care: the care of the veteran at home. *Home Healthc Nurse*. 2007;25(5):315-322. doi:10.1097/01.NHH.0000269965.16119.e5
70. Edwards ST, O'Neill A, Niederhausen M, et al. Trajectories of care and outcomes of Veterans receiving home-based primary care. *J Am Geriatr Soc*. 2024;72(1):80-90. doi:10.1111/jgs.18607
71. Haverhals LM, Manheim C, Gilman C, et al. Dedicated to the Mission: Strategies US Department of Veterans Affairs Home-Based Primary Care Teams Apply to Keep Veterans at Home. *Journal of the American Geriatrics Society*. 2019;67(12):2511-2518. doi:10.1111/jgs.16171
72. Beales JL, Edes T. Veteran's Affairs Home Based Primary Care. *Clinics in Geriatric Medicine*. 2009;25(1):149-154. doi:10.1016/j.cger.2008.11.002
73. Kramer BJ, Cote SD, Lee DI, Creekmur B, Saliba D. Barriers and facilitators to implementation of VA home-based primary care on American Indian reservations: a qualitative multi-case study. *Implementation Science*. 2017;12(1):109. doi:10.1186/s13012-017-0632-6
74. Weaver FM, Hughes SL, Kubal JD, Ulasevich A, Bonarigo FM, Cummings J. A Profile of Department of Veterans Affairs Hospital Based Home Care Programs. *Home Health Care Services Quarterly*. 1996;15(4):83-96. doi:10.1300/J027v15n04\_06
75. Brown M. Home- & Community Based Services. 2023. [https://regroup-production.s3.amazonaws.com/documents/ReviewReference/833299034/Home\\_\\_CommunityBased\\_Services.PDF?response-content-type=application%2Fpdf&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAYSFKAWYQ4D5IUHG%2F20241029%2Fus-east-1%2Fs3%2Faws4\\_request&X-Amz-Date=20241029T163421Z&X-Amz-Expires=604800&X-Amz-SignedHeaders=host&X-Amz-Signature=ed3f939e95feadc53dbe982e29dcef2d3129d6c3aafc9c1d913603c177cc8576](https://regroup-production.s3.amazonaws.com/documents/ReviewReference/833299034/Home__CommunityBased_Services.PDF?response-content-type=application%2Fpdf&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAYSFKAWYQ4D5IUHG%2F20241029%2Fus-east-1%2Fs3%2Faws4_request&X-Amz-Date=20241029T163421Z&X-Amz-Expires=604800&X-Amz-SignedHeaders=host&X-Amz-Signature=ed3f939e95feadc53dbe982e29dcef2d3129d6c3aafc9c1d913603c177cc8576)
76. Edes T. The VA's Medical Foster Home Program. *Generations Journal*. 2010;34(2):99-101.
77. Jones J, Haverhals LM, Manheim CE, Levy C. Fostering Excellence: An Examination of High-Enrollment VHA Medical Foster Home Programs. *Home Health Care Management & Practice*. 2018;30(1):16-22. doi:10.1177/1084822317736795



78. Adamek ME. Caregivers' Views of Disability Allowances as a Support for In-Home Care. *Journal of Gerontological Social Work*. 1991;17(1-2):121-137. doi:10.1300/J083v17n01\_10
79. Thomas KS, Cote D, Makinen R, et al. Change in VA Community Living Centers 2004–2011: Shifting Long-Term Care to the Community. *Journal of Aging & Social Policy*. 2018;30(2):93-108. doi:10.1080/08959420.2017.1414538
80. Champaneria A, Holsinger T, Davagnino J. COACH: Caring for Older Adults and Caregivers at Home. *The American Journal of Geriatric Psychiatry*. 2022;30(4, Supplement):S17-S18. doi:10.1016/j.jagp.2022.01.278
81. Berman S, Delaney N, Gallagher D, Atkins P, Graeber MP. Respite care: a partnership between a Veterans Administration nursing home and families to care for frail elders at home. *Gerontologist*. 1987;27(5):581-584. doi:10.1093/geront/27.5.581
82. Ellis V, Wilson D. Respite care in the nursing home unit of a veterans hospital. *Am J Nurs*. 1983;83(10):1433-1434.
83. Hoff S. The Occupational Therapist as Case Manager in an Adult Day Health Care Setting. *Physical & Occupational Therapy In Geriatrics*. 1988;6(1):21-32. doi:10.1080/J148V06N01\_03
84. Bendixen RM, Levy C, Lutz BJ, Horn KR, Chronister K, Mann WC. A Telerehabilitation Model for Victims of Polytrauma. *Rehabilitation Nursing*. 2008;33(5):215-220. doi:10.1002/j.2048-7940.2008.tb00230.x
85. Chumbler NR, Mann WC, Wu S, Schmid A, Kobb R. The Association of Home-Telehealth Use and Care Coordination with Improvement of Functional and Cognitive Functioning in Frail Elderly Men. *Telemedicine Journal and e-Health*. 2004;10(2):129-137. doi:10.1089/tmj.2004.10.129
86. Darkins A, Ryan P, Kobb R, et al. Care coordination/home telehealth: the systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic conditions. *Telemedicine and e-Health*. 2008;14(10):1118-1127. doi:10.1089/tmj.2008.0021
87. Huddleston M, Kobb R. Emerging technology for at-risk chronically ill veterans. *J Healthc Qual*. 2004;26(6):12-15, 24. doi:10.1111/j.1945-1474.2004.tb00528.x
88. Bailey FA, Williams BR, Goode PS, et al. Impact of a Hospice Emergency Kit for Veterans and Their Caregivers: A Prospective Cohort Study. *Journal of Palliative Medicine*. 2014;17(8):931-938. doi:10.1089/jpm.2013.0395
89. Pedlar D, Walker J. The Overseas Service Veteran At Home Pilot: How Choice of Care May Affect Use of Nursing Home Beds and Waiting Lists. *Canadian Journal on Aging / La Revue canadienne du vieillissement*. 2004;23(4):367-369. doi:10.1353/cja.2005.0025

90. Pedlar D, Lockhart W, Macintosh S. Canada's Veterans independence program: a pioneer of "aging at home." *Healthc Pap.* 2009;10(1):72-77; discussion 79-83. doi:10.12927/hcpap.2009.21226
91. Sloan J, Caron-Boulet N, Pedlar D, Thompson JM. Overgrown lawn: Military Veteran no longer able to maintain the yard. *Can Fam Physician.* 2009;55(5):483-485.
92. Erickson-Hurt C, McGuirk D, Long CO. Healthcare Benefits for Veterans: What Home Care Clinicians Need to Know. *Home Healthc Now.* 2017;35(5):248-257. doi:10.1097/NHH.0000000000000538
93. Hale-Gallardo J, Jia H, Delisle T, et al. Enhancing health and independent living for veterans with disabilities by leveraging community-based resources. *J Multidiscip Healthc.* 2017;10:41-47. doi:10.2147/JMDH.S118706
94. Lantz S, Fenn D. Re-Shaping the Housing Market for Aging in Place and Home Modifications. *Home Modification Canada.* Published online 2017. [https://caregiveromnimedia.com/wp-content/uploads/2017/11/re-shaping\\_housing\\_market\\_aging\\_in\\_place\\_home\\_modifications.pdf](https://caregiveromnimedia.com/wp-content/uploads/2017/11/re-shaping_housing_market_aging_in_place_home_modifications.pdf)
95. Canadian Association of Occupational Therapists. CAOT Position Statement: Aging in Place (August 2019). Published online 2019. [https://caot.in1touch.org/uploaded/web/Advocacy/PS\\_Aging%20In%20Place\\_2019.pdf](https://caot.in1touch.org/uploaded/web/Advocacy/PS_Aging%20In%20Place_2019.pdf)
96. Genge C, McNeil H, Debergue P, Freeman S. Technology to support aging in place: key messages for policymakers and funders. *Front Psychol.* 2023;14. doi:10.3389/fpsyg.2023.1287486
97. Wegener EK, Bergschöld JM, Whitmore C, Winters M, Kayser L. Involving Older People With Frailty or Impairment in the Design Process of Digital Health Technologies to Enable Aging in Place: Scoping Review. *JMIR Human Factors.* 2023;10. doi:10.2196/37785
98. Benefield LE, Holtzclaw BJ. Aging in place: merging desire with reality. *Nurs Clin North Am.* 2014;49(2):123-131. doi:10.1016/j.cnur.2014.02.001
99. Janes J. Mapping Aging in Place in a Changing Neighbourhood. 2008. <http://neighbourhoodchange.ca/wp-content/uploads/2011/06/McDonald-2008-Aging-in-Place-neighbourhoods.pdf>
100. Community Living Ontario. Essays on Aging in Place: A guide for developing good policy practices, especially for people who have an intellectual/developmental disability. Published online 2021. <https://communitylivingontario.ca/wp-content/uploads/2021/11/AgingInPlace.pdf>

101. Manis DR, Bronskill SE, Rochon PA, et al. Defining the Assisted Living Sector in Canada: An Environmental Scan. *Journal of the American Medical Directors Association*. 2022;23(11):1871-1877.e1. doi:10.1016/j.jamda.2022.07.018
102. Hoben M, Keefe J, McGrail K, Lacey A, Taylor D, Maxwell CJ. Letter to the Editor Re: Manis DR, Bronskill SE, Rochon PA, et al. Defining the Assisted Living Sector in Canada: An Environmental Scan. *J Am Med Dir Assoc*. 2022;23(11):1871-1877.e1. *Journal of the American Medical Directors Association*. 2023;24(7):1094-1096. doi:10.1016/j.jamda.2023.03.042
103. Callahan JJ, ed. *Aging in Place*. 1st ed. Routledge; 2019. doi:10.4324/9781315227603
104. Taira ED, Carlson J. *Aging in Place: Designing, Adapting, and Enhancing the Home Environment*. 1st ed. Routledge; 2014. doi:10.4324/9781315821528
105. Golant SM. *Aging in the Right Place*. Baltimore:HPP, Health Professions Press; 2015. Accessed October 29, 2024. <https://www.healthpropress.com/product/aging-in-the-right-place>
106. Galiana J, William HA. *Aging Well: Solutions to the Most Pressing Global Challenges of Aging*. 1st ed. Singapore: Springer Nature; 2019. Accessed October 29, 2024. <https://books-scholarsportal-info.proxy.bib.uottawa.ca/en/read?id=/ebooks/ebooks4/springer4/2019-07-02/2/9789811321641>
107. Bass DM, Judge KS, Snow AL, et al. Negative Caregiving Effects Among Caregivers of Veterans With Dementia. *The American Journal of Geriatric Psychiatry*. 2012;20(3):239-247. doi:10.1097/JGP.0b013e31824108ca
108. Brenner RJ, Hansen J, Brintz BJ, et al. Association between specific unmet functional needs and desire to institutionalize among caregivers of older veterans. *Journal of the American Geriatrics Society*. 2023;71(7):2264-2270. doi:10.1111/jgs.18307
109. Byles JE, Tavener M, Higginbotham NH, et al. Randomised controlled trial of health assessments for older Australian veterans and war widows. *Medical Journal of Australia*. 2004;181(4):186-190. doi:10.5694/j.1326-5377.2004.tb06233.x
110. Cai S, Grubbs A, Makineni R, Kinosian B, Phibbs CS, Intrator O. Evaluation of the Cincinnati Veterans Affairs Medical Center Hospital-in-Home Program. *Journal of the American Geriatrics Society*. 2018;66(7):1392-1398. doi:10.1111/jgs.15382
111. Culjis MJ. *The Experience of Older Men with Heart Failure Who Are Receiving Palliative Care*. Ph.D. University of California, San Francisco ProQuest Dissertations & Theses; 2013. Accessed October 28, 2024. <https://www.proquest.com/docview/1461803643/abstract/AE6529AA43314C40PQ/1>

112. Dang S, Garcia-Davis S, Noël PH, et al. Measuring the unmet needs of American military Veterans and their caregivers: Survey protocol of the HERO CARE survey. *Journal of the American Geriatrics Society*. 2023;71(12):3814-3825. doi:10.1111/jgs.18577
113. Dorfman LT, Berlin KL, Holmes CA. Attitudes Toward Service Use Among Wife Caregivers of Frail Older Veterans. *Social Work in Health Care*. 1998;27(4):39-64. doi:10.1300/J010v27n04\_04
114. Feldman S, Dickins ML, Browning CJ, DeSoysa TS. The health and service needs of older veterans: a qualitative analysis. *Health Expectations*. 2015;18(6):2202-2212. doi:10.1111/hex.12190
115. Garcia-Davis S, Palacio A, Bast E, et al. Peer-to–Patient-Aligned Care Team (Peer-to-PACT; P2P), a Peer-Led Home Visit Intervention Program for Targeting and Improving Long-term Care Services and Support for Veterans With High Needs and High Risk: Protocol for a Mixed Methods Feasibility Study. *JMIR Research Protocols*. 2023;12:e46156. doi:10.2196/46156
116. Hebert CA, Trudeau SA, Sprinkle W, Moo LR, McConnell ES. Directed content analysis of Veterans Affairs policy documents: A strategy to guide implementation of a dementia home safety toolkit for Veterans to promote ageing in place. *Health & Social Care in the Community*. 2020;28(1):182-194. doi:10.1111/hsc.12852
117. Intrator O, Li J, Gillespie SM, et al. Benchmarking Site of Death and Hospice Use: A Case Study of Veterans Cared by Department of Veterans Affairs Home-based Primary Care. *Med Care*. 2020;58(9):805-814. doi:10.1097/MLR.0000000000001361
118. Jeon YH, Simpson JM, Comans T, et al. Investigating community-based care service factors delaying residential care home admission of community dwelling older adults and cost consequence. *Age and Ageing*. 2023;52(10). doi:10.1093/ageing/afad195
119. Kaiser RM. A Day in the Life of a Home Care Physician. *Journal of the American Medical Directors Association*. 2007;8(9):617. doi:10.1016/j.jamda.2007.08.004
120. Kalisch Ellett LM, Pratt NL, Nguyen TA, Roughead EE. Use of health and support services by people living with dementia in the community setting. *Australasian Journal on Ageing*. 2020;39(4):341-349. doi:10.1111/ajag.12801
121. Kopera-Frye K, Harrison MT, Iribarne J, et al. Veterans aging in place behind bars: A structured living program that works. *Psychological Services*. 2013;10(1):79-86. doi:10.1037/a0031269
122. Kramer BJ, Creekmur B, Mitchell MN, Saliba D. Expanding Home-Based Primary Care to American Indian Reservations and Other Rural Communities: An

- Observational Study. *Journal of the American Geriatrics Society*. 2018;66(4):818-824. doi:10.1111/jgs.15193
123. Kramer BJ (Josea), Creekmur B, Cote S, Saliba D. Improving Access to Noninstitutional Long-Term Care for American Indian Veterans. *Journal of the American Geriatrics Society*. 2015;63(4):789-796. doi:10.1111/jgs.13344
124. LaVela SL, Johnson BW, Miskevics S, Weaver FM. Impact of a Multicomponent Support Services Program on Informal Caregivers of Adults Aging With Disabilities. *Journal of Gerontological Social Work*. 2012;55(2):160-174. doi:10.1080/01634372.2011.642472
125. Levy C, Haverhals L, Gilman C, Manheim C. The Veterans Health Administration's Medical Foster Home Program: Where Heroes Meet (Older) Angels. *Generations*. 2018;42(3):47-50.
126. Lindeman D. Interview: Lessons from a Leader in Telehealth Diffusion: A Conversation with Adam Darkins of the Veterans Health Administration. *Ageing International*. 2011;36(1):146-154. doi:10.1007/s12126-010-9079-7
127. Madrigal C, Halladay CW, McConeghy K, et al. Derivation and Validation of a Predictive Algorithm for Long-Term Care Admission or Death. *Journal of the American Medical Directors Association*. 2021;22(8):1658-1663.e6. doi:10.1016/j.jamda.2021.03.034
128. Madrigal C, Radlicz C, Hayes B, et al. Nurse-led supportive Coordinated Transitional Care (CTraC) program improves care for veterans with serious illness. *Journal of the American Geriatrics Society*. 2023;71(11):3445-3456. doi:10.1111/jgs.18501
129. Mahoney EK, Milliken A, Mahoney KJ, Edwards-Orr M, Willis DG. "It's Changed Everything": Voices of Veterans in the Veteran-Directed Home and Community Based Services Program. *Journal of Gerontological Social Work*. 2019;62(2):129-148. doi:10.1080/01634372.2018.1458054
130. McConnell ES, Xue T (Michelle), Levy CR. Veterans Health Administration Models of Community-Based Long-Term Care: State of the Science. *Journal of the American Medical Directors Association*. 2022;23(12):1900-1908.e7. doi:10.1016/j.jamda.2022.10.012
131. Meyer M, Kobb R, Ryan P. Virtually Healthy: Chronic Disease Management in the Home. *Disease Management*. 2002;5(2):87-94. doi:10.1089/109350702320229186
132. Miller EA, Intrator O, Gadbois E, Gidmark S, Rudolph JL. VA Staff Perceptions of Barriers and Facilitators to Home-and Community-Based Placement Post-Hospital Discharge. *Journal of Aging & Social Policy*. 2019;31(1):1-29. doi:10.1080/08959420.2018.1444889

133. Miller ET, Canada N. Linking employed caregivers' perceptions of long-term community services with health care legislation. *Fam Community Health*. 2012;35(4):345-357. doi:10.1097/FCH.0b013e3182666793
134. Milliken A, Mahoney EK, Mahoney KJ. "It just took the pressure off": The voices of Veterans' family caregivers in a participant-directed program. *Home Health Care Services Quarterly*. 2016;35(3-4):123-136. doi:10.1080/01621424.2016.1227010
135. Muncert ES, Bickford SA, Guzic BL, Demuth BR, Bapat AR, Roberts JB. Enhancing the Quality of Life and Preserving Independence for Target Needs Populations Through Integration of Assistive Technology Devices. *Telemedicine and e-Health*. 2011;17(6):478-483. doi:10.1089/tmj.2010.0206
136. O'Connor M, Brennan B, Bloomer M, Shimoinaba K. Vulnerability at the End of Life: Australian Veterans Requiring Home-Based Palliative Care. *Home Health Care Management & Practice*. 2014;26(3):134-140. doi:10.1177/1084822313514978
137. Piazza KM, Ashcraft LE, Rose L, et al. Study protocol: Type III hybrid effectiveness-implementation study implementing Age-Friendly evidence-based practices in the VA to improve outcomes in older adults. *Implementation Science Communications*. 2023;4(1):57. doi:10.1186/s43058-023-00431-5
138. Reder S, Hedrick S, Guihan M, Miller S. Barriers to Home and Community-Based Service Referrals: The Physician's Role. *Gerontology & Geriatrics Education*. 2009;30(1):21-33. doi:10.1080/02701960802690241
139. Reed DM, Weicherding M. Factors of Caregiver Isolation in a Rural Midwest Area. *Home Health Care Services Quarterly*. 1999;17(4):13-24. doi:10.1300/J027v17n04\_02
140. Rodell DE, Jameson JH. Similarities and Differences Between an Urban and a Rural Hospital Based Home Care Program. *Home Health Care Services Quarterly*. 1982;2(4):29-37. doi:10.1300/J027v02n04\_03
141. Rubenstein LZ, Kane RL. Geriatric Assessment Programs Their Time Has Come. *Journal of the American Geriatrics Society*. 1985;33(9):646-647. doi:10.1111/j.1532-5415.1985.tb06323.x
142. Scharlach A, Frenzel C. An Evaluation of Institution-Based Respite Care. *The Gerontologist*. 1986;26(1):77-82. doi:10.1093/geront/26.1.77
143. Schwabenbauer AK, Knight CM, Downing N, Morreale-Karl M, Mlinac ME. Adapting a whole health model to home-based primary care: Bridging person-driven priorities with veteran and family-centered geriatric care. *Families, Systems, & Health*. 2021;39(2):374-393. doi:10.1037/fsh0000613

144. Semeah LM, Orozco T, Wang X, et al. Rural and Urban Home Modification Program Users: A Comparative Study. *HERD: Health Environments Research & Design Journal*. 2023;16(2):223-235. doi:10.1177/19375867221142627
145. Song W, Intrator O, Twersky J, Davagnino J, Kinosian B, Wieland D. Utilization and Cost Effects of the VHA Caring for Older Adults and Caregivers at Home (COACH) Program. *Med Care Res Rev*. 2021;78(6):736-746. doi:10.1177/1077558720929592
146. Stall N, Nowaczynski M, Sinha SK. Systematic Review of Outcomes from Home-Based Primary Care Programs for Homebound Older Adults. *Journal of the American Geriatrics Society*. 2014;62(12):2243-2251. doi:10.1111/jgs.13088
147. Tasseff TL, Tavernier SS, Neill KS, Watkins PR. Exploring Perceptions of Palliative Care Among Rural Dwelling Veterans. *Online Journal of Rural Nursing and Health Care*. Published online April 29, 2019:159-178. doi:10.14574/ojrnhc.v19i1.528
148. Taylor GJ, Lee DM, Baicu CF, Zile MR. Palliative Care for Advanced Heart Failure in a Department of Veterans Affairs Regional Hospice Program: Patient Selection, a Treatment Protocol, and Clinical Course. *J Palliat Med*. 2017;20(10):1068-1073. doi:10.1089/jpm.2017.0035
149. Wetherell JL, Steiner ARW, Sisco S. Implementing Evidence-Based Psychotherapy in the Home. In: Terry DL, Mlinac ME, Steadman-Wood PL, eds. *Providing Home Care for Older Adults. A Professional Guide for Mental Health Practitioners*. New York, NY : Routledge; 2021.
150. Wilson G, McGill G, Osborne A, Kiernan MD. Housing Needs of Ageing Veterans Who Have Experienced Limb Loss. *International Journal of Environmental Research and Public Health*. 2020;17(5). doi:10.3390/ijerph17051791
151. Wyte-Lake T, Der-Martirosian C, Chu K, Johnson-Koenke R, Dobalian A. Preparedness and response activities of the US Department of Veterans Affairs (VA) home-based primary care program around the fall 2017 hurricane season. *BMC Public Health*. 2020;20(1):1796. doi:10.1186/s12889-020-09888-8
152. Yuan Y, Thomas KS, Van Houtven CH, et al. Fewer potentially avoidable health care events in rural veterans with self-directed care versus other personal care services. *Journal of the American Geriatrics Society*. 2022;70(5):1418-1428. doi:10.1111/jgs.17656

## 6. Appendices

**Table 1: List of Included Articles and Reports – Environmental Scan of Papers, Reports and Grey Literature on Aging in Place in General (not Specific to Veterans)**

Reference Number	Article Reference
42	Asiamah N, Bateman A, Hjorth P, Khan HTA, Danquah E. Socially active neighborhoods: construct operationalization for aging in place, health promotion and psychometric testing. <i>Health Promotion International</i> . 2023;38(1):daac191. doi:10.1093/heapro/daac191
10	Barati F, Khoddam H, Modanloo M. Concept development of “Aging in place”: Application of hybrid model. <i>Journal of Family Medicine and Primary Care</i> . 2022;11(11):6646-6646.
59	Basile I, Consolo L, Colombo S, Rusconi D, Rampichini F, Lusignani M. Technology to Support Older Adults in Home Palliative Care: A Scoping Review. <i>American Journal of Hospice and Palliative Medicine®</i> . 2024;41(6):673-690. doi:10.1177/10499091231189502
58	Bergschöld JM, Gunnes M, Eide AH, Lassemo E. Characteristics and Range of Reviews About Technologies for Aging in Place: Scoping Review of Reviews. <i>JMIR Aging</i> . 2024;7:e50286. doi:10.2196/50286
47	Chum K, Fitzhenry G, Robinson K, et al. Examining Community-Based Housing Models to Support Aging in Place: A Scoping Review. <i>The Gerontologist</i> . 2022;62(3):e178-e192. doi:10.1093/geront/gnaa142
62	Danielson RA, Ray-Degges S. Aging in Place Among Older Adults With Histories of Traumatic Experiences: A Scoping Review. <i>The Gerontologist</i> . 2022;62(1):e1-e16. doi:10.1093/geront/gnab127
38	Eltaybani S, Kawase K, Kato R, et al. Effectiveness of home visit nursing on improving mortality, hospitalization, institutionalization, satisfaction, and quality of life among older people: Umbrella review. <i>Geriatric Nursing</i> . 2023;51:330-345. doi:10.1016/j.gerinurse.2023.03.018
66	Gallardo-Peralta LP, Rodríguez-Rodríguez V, Valencia Galvez L, Tereucan Angulo J, Soto Higuera A, Sánchez-Moreno E. A systematic review of ageing in place among Indigenous People in Canada, USA, México, Chile and New Zealand. <i>Health Psychology and Behavioral Medicine</i> . 2023;11(1). doi:10.1080/21642850.2023.2252883



96	Genge C, McNeil H, Debergue P, Freeman S. Technology to support aging in place: key messages for policymakers and funders. <i>Front Psychol.</i> 2023;14. doi:10.3389/fpsyg.2023.1287486
45	Grave AJJ, Neven L, Mohammadi M. Elucidating and Expanding the Restorative Theory Framework to Comprehend Influential Factors Supporting Ageing-in-Place: A Scoping Review. <i>Int J Environ Res Public Health.</i> 2023;20(18). doi:10.3390/ijerph20186801
60	Hechinger M, Hentschel D, Aumer C, Rester C. A Conceptual Model of Experiences With Digital Technologies in Aging in Place: Qualitative Systematic Review and Meta-synthesis. <i>JMIR Aging.</i> 2022;5(3):e34872. doi:10.2196/34872
39	Ho L, Malden S, McGill K, et al. Complex interventions for improving independent living and quality of life amongst community-dwelling older adults: a systematic review and meta-analysis. <i>Age and Ageing.</i> 2023;52(7). doi:10.1093/ageing/afad132
52	Kim D, Bian H, Chang CK, Dong L, Margrett J. In-Home Monitoring Technology for Aging in Place: Scoping Review. <i>Interact J Med Res.</i> 2022;11(2):e39005. doi:10.2196/39005
53	Read E, Woolsey C, Donelle L, Weeks L, Chinho N. Passive Remote Monitoring and Aging in Place: A Scoping Review. <i>Canadian Journal on Aging / La Revue canadienne du vieillissement.</i> 2023;42(1):20-32. doi:10.1017/S0714980822000198
5	Sheppard CL, Kwon C, Yau M, Rios J, Austen A, Hitzig SL. Aging in Place in Social Housing: A Scoping Review of Social Housing for Older Adults. <i>Canadian Journal on Aging / La Revue canadienne du vieillissement.</i> 2023;42(1):69-79. doi:10.1017/S0714980822000125
40	Sheth S, Cogle CR. Home Modifications for Older Adults: A Systematic Review. <i>J Appl Gerontol.</i> 2023;42(5):1151-1164. doi:10.1177/07334648231151669
97	Wegener EK, Bergschöld JM, Whitmore C, Winters M, Kayser L. Involving Older People With Frailty or Impairment in the Design Process of Digital Health Technologies to Enable Aging in Place: Scoping Review. <i>JMIR Human Factors.</i> 2023;10. doi:10.2196/37785
<b>Guidelines or White Papers</b>	
100	Community Living Ontario. Essays on Aging in Place: A guide for developing good policy practices, especially for people who have an intellectual/developmental disability. Published online 2021. <a href="https://communitylivingontario.ca/wp-content/uploads/2021/11/AgingInPlace.pdf">https://communitylivingontario.ca/wp-content/uploads/2021/11/AgingInPlace.pdf</a>

94	Lantz S, Fenn D. Re-Shaping the Housing Market for Aging in Place and Home Modifications. <i>Home Modification Canada</i> . Published online 2017. <a href="https://caregiveromnimedia.com/wp-content/uploads/2017/11/re-shaping_housing_market_aging_in_place_home_modifications.pdf">https://caregiveromnimedia.com/wp-content/uploads/2017/11/re-shaping_housing_market_aging_in_place_home_modifications.pdf</a>
99	Janes J. Mapping Aging in Place in a Changing Neighbourhood. 2008. <a href="http://neighbourhoodchange.ca/wp-content/uploads/2011/06/McDonald-2008-Aging-in-Place-neighbourhoods.pdf">http://neighbourhoodchange.ca/wp-content/uploads/2011/06/McDonald-2008-Aging-in-Place-neighbourhoods.pdf</a>
95	Canadian Association of Occupational Therapists. CAOT Position Statement: Aging in Place (August 2019). Published online 2019. <a href="https://caot.in1touch.org/uploaded/web/Advocacy/PS_Aging%20In%20Place_2019.pdf">https://caot.in1touch.org/uploaded/web/Advocacy/PS_Aging%20In%20Place_2019.pdf</a>
<b>Reports and Key Articles</b>	
67	Whalen A. Aging in Place in Rural Canada: A Policy Analysis of Aging in Place Across Canada. <i>MPA Major Research Papers</i> . Published online July 1, 2021. <a href="https://ir.lib.uwo.ca/lgp-mrps/223">https://ir.lib.uwo.ca/lgp-mrps/223</a>
27	Thea Franke Consulting. Aging in Place Reflections from Canadians. 2022. <a href="https://aginginplace.ok.ubc.ca/wp-content/uploads/Aging-in-Place-reflections-from-Canadians.-STAKEHOLDERREPORT_final.pdf">https://aginginplace.ok.ubc.ca/wp-content/uploads/Aging-in-Place-reflections-from-Canadians.-STAKEHOLDERREPORT_final.pdf</a>
68	Johnson S, Bacsu J, McIntosh T, Jeffery B, Novik N. Home Care in Canada: An Environmental Scan. <i>Saskatchewan Population Health and Evaluation Research Unit</i> . Published online 2017.
44	Adel A. Supporting aging-in-place: Exploring older adults' housing needs and preferences, age-friendly principles, and adaptable housing options. Published online 2021. <a href="https://obrieniph.ucalgary.ca/sites/default/files/teams/8/Supporting%20Aging-in-Place.pdf">https://obrieniph.ucalgary.ca/sites/default/files/teams/8/Supporting%20Aging-in-Place.pdf</a>
11	Forsyth A, Molinsky J. What Is Aging in Place? Confusions and Contradictions. <i>Housing Policy Debate</i> . 2021;31(2):181-196. doi:10.1080/10511482.2020.1793795
101	Manis DR, Bronskill SE, Rochon PA, et al. Defining the Assisted Living Sector in Canada: An Environmental Scan. <i>Journal of the American Medical Directors Association</i> . 2022;23(11):1871-1877.e1. doi:10.1016/j.jamda.2022.07.018
102	Hoben M, Keefe J, McGrail K, Lacey A, Taylor D, Maxwell CJ. Letter to the Editor Re: Manis DR, Bronskill SE, Rochon PA, et al. Defining the Assisted Living Sector in Canada: An Environmental Scan. <i>J Am Med Dir Assoc</i> . 2022;23(11):1871-1877.e1. <i>Journal of the American Medical Directors Association</i> . 2023;24(7):1094-1096. doi:10.1016/j.jamda.2023.03.042

36	National Institute on Ageing (NIA). Ageing in the Right Place: Supporting Older Canadians to Live Where They Want. National Institute on Ageing. 2022. Accessed October 10, 2024. <a href="https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/638e0857c959d1546d9f6f3a/1670252637242/AIRP+Report+Final2022-.pdf">https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/638e0857c959d1546d9f6f3a/1670252637242/AIRP+Report+Final2022-.pdf</a>
98	Benefield LE, Holtzclaw BJ. Aging in place: merging desire with reality. <i>Nurs Clin North Am.</i> 2014;49(2):123-131. doi:10.1016/j.cnur.2014.02.001
2	Ratnayake M, Lukas S, Brathwaite S, Neave J, Henry H. Aging in Place: Are We Prepared? <i>Delaware Journal of Public Health.</i> 2022;8(3):28. doi:10.32481/djph.2022.08.007
<b>Books</b>	
103	Callahan JJ, ed. <i>Aging in Place.</i> 1st ed. Routledge; 2019. doi:10.4324/9781315227603
104	Taira ED, Carlson J. <i>Aging in Place: Designing, Adapting, and Enhancing the Home Environment.</i> 1st ed. Routledge; 2014. doi:10.4324/9781315821528
105	Golant SM. <i>Aging in the Right Place.</i> Baltimore:HPP, Health Professions Press; 2015. Accessed October 29, 2024. <a href="https://www.healthpropress.com/product/aging-in-the-right-place">https://www.healthpropress.com/product/aging-in-the-right-place</a>
106	Galiana J, William HA. <i>Aging Well: Solutions to the Most Pressing Global Challenges of Aging.</i> 1st ed. Singapore: Springer Nature; 2019. Accessed October 29, 2024. <a href="https://books-scholarsportal-info.proxy.bib.uottawa.ca/en/read?id=/ebooks/ebooks4/springer4/2019-07-02/2/9789811321641">https://books-scholarsportal-info.proxy.bib.uottawa.ca/en/read?id=/ebooks/ebooks4/springer4/2019-07-02/2/9789811321641</a>

**Table 2: List of Included Articles – Scoping Review of articles about aging in place for Veterans specifically.**

Reference Number	Reference
78	Adamek ME. Caregivers' Views of Disability Allowances as a Support for In-Home Care. <i>Journal of Gerontological Social Work</i> . 1991;17(1-2):121-137. doi:10.1300/J083v17n01_10
88	Bailey FA, Williams BR, Goode PS, et al. Impact of a Hospice Emergency Kit for Veterans and Their Caregivers: A Prospective Cohort Study. <i>Journal of Palliative Medicine</i> . 2014;17(8):931-938. doi:10.1089/jpm.2013.0395
107	Bass DM, Judge KS, Snow AL, et al. Negative Caregiving Effects Among Caregivers of Veterans With Dementia. <i>The American Journal of Geriatric Psychiatry</i> . 2012;20(3):239-247. doi:10.1097/JGP.0b013e31824108ca
72	Beales JL, Edes T. Veteran's Affairs Home Based Primary Care. <i>Clinics in Geriatric Medicine</i> . 2009;25(1):149-154. doi:10.1016/j.cger.2008.11.002
84	Bendixen RM, Levy C, Lutz BJ, Horn KR, Chronister K, Mann WC. A Telerehabilitation Model for Victims of Polytrauma. <i>Rehabilitation Nursing</i> . 2008;33(5):215-220. doi:10.1002/j.2048-7940.2008.tb00230.x
81	Berman S, Delaney N, Gallagher D, Atkins P, Graeber MP. Respite care: a partnership between a Veterans Administration nursing home and families to care for frail elders at home. <i>Gerontologist</i> . 1987;27(5):581-584. doi:10.1093/geront/27.5.581
108	Brenner RJ, Hansen J, Brintz BJ, et al. Association between specific unmet functional needs and desire to institutionalize among caregivers of older veterans. <i>Journal of the American Geriatrics Society</i> . 2023;71(7):2264-2270. doi:10.1111/jgs.18307
75	Brown M. Home- & Community Based Services. 2023. <a href="https://regroup-production.s3.amazonaws.com/documents/ReviewReference/833299034/Home__CommunityBased_Services.PDF?response-content-type=application%2Fpdf&amp;X-Amz-Algorithm=AWS4-HMAC-SHA256&amp;X-Amz-Credential=AKIAYSFKCAWYQ4D5IUHG%2F20241029%2Fus-east-1%2Fs3%2Faws4_request&amp;X-Amz-Date=20241029T163421Z&amp;X-Amz-Expires=604800&amp;X-Amz-SignedHeaders=host&amp;X-Amz-Signature=ed3f939e95feadc53dbe982e29dcef2d3129d6c3aafc9c1d913603c177cc8576">https://regroup-production.s3.amazonaws.com/documents/ReviewReference/833299034/Home__CommunityBased_Services.PDF?response-content-type=application%2Fpdf&amp;X-Amz-Algorithm=AWS4-HMAC-SHA256&amp;X-Amz-Credential=AKIAYSFKCAWYQ4D5IUHG%2F20241029%2Fus-east-1%2Fs3%2Faws4_request&amp;X-Amz-Date=20241029T163421Z&amp;X-Amz-Expires=604800&amp;X-Amz-SignedHeaders=host&amp;X-Amz-Signature=ed3f939e95feadc53dbe982e29dcef2d3129d6c3aafc9c1d913603c177cc8576</a>
109	Byles JE, Tavener M, Higginbotham NH, et al. Randomised controlled trial of health assessments for older Australian veterans and war widows. <i>Medical Journal of Australia</i> . 2004;181(4):186-190. doi:10.5694/j.1326-5377.2004.tb06233.x

110	Cai S, Grubbs A, Makineni R, Kinosian B, Phibbs CS, Intrator O. Evaluation of the Cincinnati Veterans Affairs Medical Center Hospital-in-Home Program. <i>Journal of the American Geriatrics Society</i> . 2018;66(7):1392-1398. doi:10.1111/jgs.15382
80	Champaneria A, Holsinger T, Davagnino J. COACH: Caring for Older Adults and Caregivers at Home. <i>The American Journal of Geriatric Psychiatry</i> . 2022;30(4, Supplement):S17-S18. doi:10.1016/j.jagp.2022.01.278
85	Chumbler NR, Mann WC, Wu S, Schmid A, Kobb R. The Association of Home-Telehealth Use and Care Coordination with Improvement of Functional and Cognitive Functioning in Frail Elderly Men. <i>Telemedicine Journal and e-Health</i> . 2004;10(2):129-137. doi:10.1089/tmj.2004.10.129
69	Cooper DF, Granadillo OR, Stacey CM. Home-based primary care: the care of the veteran at home. <i>Home Healthc Nurse</i> . 2007;25(5):315-322. doi:10.1097/01.NHH.0000269965.16119.e5
111	Culjis MJ. <i>The Experience of Older Men with Heart Failure Who Are Receiving Palliative Care</i> . Ph.D. University of California, San Francisco ProQuest Dissertations & Theses; 2013. Accessed October 28, 2024. <a href="https://www.proquest.com/docview/1461803643/abstract/AE6529AA43314C40PQ/1">https://www.proquest.com/docview/1461803643/abstract/AE6529AA43314C40PQ/1</a>
112	Dang S, Garcia-Davis S, Noël PH, et al. Measuring the unmet needs of American military Veterans and their caregivers: Survey protocol of the HERO CARE survey. <i>Journal of the American Geriatrics Society</i> . 2023;71(12):3814-3825. doi:10.1111/jgs.18577
86	Darkins A, Ryan P, Kobb R, et al. Care coordination/home telehealth: the systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic conditions. <i>Telemedicine and e-Health</i> . 2008;14(10):1118-1127. doi:10.1089/tmj.2008.0021
113	Dorfman LT, Berlin KL, Holmes CA. Attitudes Toward Service Use Among Wife Caregivers of Frail Older Veterans. <i>Social Work in Health Care</i> . 1998;27(4):39-64. doi:10.1300/J010v27n04_04
76	Edes T. The VA's Medical Foster Home Program. <i>Generations Journal</i> . 2010;34(2):99-101.
70	Edwards ST, O'Neill A, Niederhausen M, et al. Trajectories of care and outcomes of Veterans receiving home-based primary care. <i>J Am Geriatr Soc</i> . 2024;72(1):80-90. doi:10.1111/jgs.18607
82	Ellis V, Wilson D. Respite care in the nursing home unit of a veterans hospital. <i>Am J Nurs</i> . 1983;83(10):1433-1434.
92	Erickson-Hurt C, McGuirk D, Long CO. Healthcare Benefits for Veterans: What Home Care Clinicians Need to Know. <i>Home Healthc Now</i> . 2017;35(5):248-257. doi:10.1097/NHH.0000000000000538
114	Feldman S, Dickins ML, Browning CJ, DeSoysa TS. The health and service needs of older veterans: a qualitative analysis. <i>Health Expectations</i> . 2015;18(6):2202-2212. doi:10.1111/hex.12190
115	Garcia-Davis S, Palacio A, Bast E, et al. Peer-to-Patient-Aligned Care Team (Peer-to-PACT; P2P), a Peer-Led Home Visit Intervention Program for Targeting and Improving Long-term Care Services and

	Support for Veterans With High Needs and High Risk: Protocol for a Mixed Methods Feasibility Study. <i>JMIR Research Protocols</i> . 2023;12:e46156. doi:10.2196/46156
93	Hale-Gallardo J, Jia H, Delisle T, et al. Enhancing health and independent living for veterans with disabilities by leveraging community-based resources. <i>J Multidiscip Healthc</i> . 2017;10:41-47. doi:10.2147/JMDH.S118706
71	Haverhals LM, Manheim C, Gilman C, et al. Dedicated to the Mission: Strategies US Department of Veterans Affairs Home-Based Primary Care Teams Apply to Keep Veterans at Home. <i>Journal of the American Geriatrics Society</i> . 2019;67(12):2511-2518. doi:10.1111/jgs.16171
116	Hebert CA, Trudeau SA, Sprinkle W, Moo LR, McConnell ES. Directed content analysis of Veterans Affairs policy documents: A strategy to guide implementation of a dementia home safety toolkit for Veterans to promote ageing in place. <i>Health &amp; Social Care in the Community</i> . 2020;28(1):182-194. doi:10.1111/hsc.12852
83	Hoff S. The Occupational Therapist as Case Manager in an Adult Day Health Care Setting. <i>Physical &amp; Occupational Therapy In Geriatrics</i> . 1988;6(1):21-32. doi:10.1080/J148V06N01_03
87	Huddleston M, Kobb R. Emerging technology for at-risk chronically ill veterans. <i>J Healthc Qual</i> . 2004;26(6):12-15, 24. doi:10.1111/j.1945-1474.2004.tb00528.x
117	Intrator O, Li J, Gillespie SM, et al. Benchmarking Site of Death and Hospice Use: A Case Study of Veterans Cared by Department of Veterans Affairs Home-based Primary Care. <i>Med Care</i> . 2020;58(9):805-814. doi:10.1097/MLR.0000000000001361
118	Jeon YH, Simpson JM, Comans T, et al. Investigating community-based care service factors delaying residential care home admission of community dwelling older adults and cost consequence. <i>Age and Ageing</i> . 2023;52(10). doi:10.1093/ageing/afad195
77	Jones J, Haverhals LM, Manheim CE, Levy C. Fostering Excellence: An Examination of High-Enrollment VHA Medical Foster Home Programs. <i>Home Health Care Management &amp; Practice</i> . 2018;30(1):16-22. doi:10.1177/1084822317736795
119	Kaiser RM. A Day in the Life of a Home Care Physician. <i>Journal of the American Medical Directors Association</i> . 2007;8(9):617. doi:10.1016/j.jamda.2007.08.004
120	Kalisch Ellett LM, Pratt NL, Nguyen TA, Roughead EE. Use of health and support services by people living with dementia in the community setting. <i>Australasian Journal on Ageing</i> . 2020;39(4):341-349. doi:10.1111/ajag.12801
121	Kopera-Frye K, Harrison MT, Iribarne J, et al. Veterans aging in place behind bars: A structured living program that works. <i>Psychological Services</i> . 2013;10(1):79-86. doi:10.1037/a0031269

73	Kramer BJ, Cote SD, Lee DI, Creekmur B, Saliba D. Barriers and facilitators to implementation of VA home-based primary care on American Indian reservations: a qualitative multi-case study. <i>Implementation Science</i> . 2017;12(1):109. doi:10.1186/s13012-017-0632-6
122	Kramer BJ, Creekmur B, Mitchell MN, Saliba D. Expanding Home-Based Primary Care to American Indian Reservations and Other Rural Communities: An Observational Study. <i>Journal of the American Geriatrics Society</i> . 2018;66(4):818-824. doi:10.1111/jgs.15193
123	Kramer BJ (Josea), Creekmur B, Cote S, Saliba D. Improving Access to Noninstitutional Long-Term Care for American Indian Veterans. <i>Journal of the American Geriatrics Society</i> . 2015;63(4):789-796. doi:10.1111/jgs.13344
124	LaVela SL, Johnson BW, Miskevics S, Weaver FM. Impact of a Multicomponent Support Services Program on Informal Caregivers of Adults Aging With Disabilities. <i>Journal of Gerontological Social Work</i> . 2012;55(2):160-174. doi:10.1080/01634372.2011.642472
125	Levy C, Haverhals L, Gilman C, Manheim C. The Veterans Health Administration's Medical Foster Home Program: Where Heroes Meet (Older) Angels. <i>Generations</i> . 2018;42(3):47-50.
126	Lindeman D. Interview: Lessons from a Leader in Telehealth Diffusion: A Conversation with Adam Darkins of the Veterans Health Administration. <i>Ageing International</i> . 2011;36(1):146-154. doi:10.1007/s12126-010-9079-7
127	Madrigal C, Halladay CW, McConeghy K, et al. Derivation and Validation of a Predictive Algorithm for Long-Term Care Admission or Death. <i>Journal of the American Medical Directors Association</i> . 2021;22(8):1658-1663.e6. doi:10.1016/j.jamda.2021.03.034
128	Madrigal C, Radlicz C, Hayes B, et al. Nurse-led supportive Coordinated Transitional Care (CTraC) program improves care for veterans with serious illness. <i>Journal of the American Geriatrics Society</i> . 2023;71(11):3445-3456. doi:10.1111/jgs.18501
129	Mahoney EK, Milliken A, Mahoney KJ, Edwards-Orr M, Willis DG. "It's Changed Everything": Voices of Veterans in the Veteran-Directed Home and Community Based Services Program. <i>Journal of Gerontological Social Work</i> . 2019;62(2):129-148. doi:10.1080/01634372.2018.1458054
130	McConnell ES, Xue T (Michelle), Levy CR. Veterans Health Administration Models of Community-Based Long-Term Care: State of the Science. <i>Journal of the American Medical Directors Association</i> . 2022;23(12):1900-1908.e7. doi:10.1016/j.jamda.2022.10.012
131	Meyer M, Kobb R, Ryan P. Virtually Healthy: Chronic Disease Management in the Home. <i>Disease Management</i> . 2002;5(2):87-94. doi:10.1089/109350702320229186

132	Miller EA, Intrator O, Gadbois E, Gidmark S, Rudolph JL. VA Staff Perceptions of Barriers and Facilitators to Home-and Community-Based Placement Post–Hospital Discharge. <i>Journal of Aging &amp; Social Policy</i> . 2019;31(1):1-29. doi:10.1080/08959420.2018.1444889
133	Miller ET, Canada N. Linking employed caregivers’ perceptions of long-term community services with health care legislation. <i>Fam Community Health</i> . 2012;35(4):345-357. doi:10.1097/FCH.0b013e3182666793
134	Milliken A, Mahoney EK, Mahoney KJ. “It just took the pressure off”: The voices of Veterans’ family caregivers in a participant-directed program. <i>Home Health Care Services Quarterly</i> . 2016;35(3-4):123-136. doi:10.1080/01621424.2016.1227010
135	Muncert ES, Bickford SA, Guzic BL, Demuth BR, Bapat AR, Roberts JB. Enhancing the Quality of Life and Preserving Independence for Target Needs Populations Through Integration of Assistive Technology Devices. <i>Telemedicine and e-Health</i> . 2011;17(6):478-483. doi:10.1089/tmj.2010.0206
136	O’Connor M, Brennan B, Bloomer M, Shimoinaba K. Vulnerability at the End of Life: Australian Veterans Requiring Home-Based Palliative Care. <i>Home Health Care Management &amp; Practice</i> . 2014;26(3):134-140. doi:10.1177/1084822313514978
90	Pedlar D, Lockhart W, Macintosh S. Canada’s Veterans independence program: a pioneer of “aging at home.” <i>Healthc Pap</i> . 2009;10(1):72-77; discussion 79-83. doi:10.12927/hcpap.2009.21226
89	Pedlar D, Walker J. The Overseas Service Veteran At Home Pilot: How Choice of Care May Affect Use of Nursing Home Beds and Waiting Lists. <i>Canadian Journal on Aging / La Revue canadienne du vieillissement</i> . 2004;23(4):367-369. doi:10.1353/cja.2005.0025
137	Piazza KM, Ashcraft LE, Rose L, et al. Study protocol: Type III hybrid effectiveness-implementation study implementing Age-Friendly evidence-based practices in the VA to improve outcomes in older adults. <i>Implementation Science Communications</i> . 2023;4(1):57. doi:10.1186/s43058-023-00431-5
138	Reder S, Hedrick S, Guihan M, Miller S. Barriers to Home and Community-Based Service Referrals: The Physician’s Role. <i>Gerontology &amp; Geriatrics Education</i> . 2009;30(1):21-33. doi:10.1080/02701960802690241
139	Reed DM, Weicherding M. Factors of Caregiver Isolation in a Rural Midwest Area. <i>Home Health Care Services Quarterly</i> . 1999;17(4):13-24. doi:10.1300/J027v17n04_02
140	Rodell DE, Jameson JH. Similarities and Differences Between an Urban and a Rural Hospital Based Home Care Program. <i>Home Health Care Services Quarterly</i> . 1982;2(4):29-37. doi:10.1300/J027v02n04_03
141	Rubenstein LZ, Kane RL. Geriatric Assessment Programs Their Time Has Come. <i>Journal of the American Geriatrics Society</i> . 1985;33(9):646-647. doi:10.1111/j.1532-5415.1985.tb06323.x



142	Scharlach A, Frenzel C. An Evaluation of Institution-Based Respite Care. <i>The Gerontologist</i> . 1986;26(1):77-82. doi:10.1093/geront/26.1.77
143	Schwabenbauer AK, Knight CM, Downing N, Morreale-Karl M, Mlinac ME. Adapting a whole health model to home-based primary care: Bridging person-driven priorities with veteran and family-centered geriatric care. <i>Families, Systems, &amp; Health</i> . 2021;39(2):374-393. doi:10.1037/fsh0000613
144	Semeah LM, Orozco T, Wang X, et al. Rural and Urban Home Modification Program Users: A Comparative Study. <i>HERD: Health Environments Research &amp; Design Journal</i> . 2023;16(2):223-235. doi:10.1177/19375867221142627
91	Sloan J, Caron-Boulet N, Pedlar D, Thompson JM. Overgrown lawn: Military Veteran no longer able to maintain the yard. <i>Can Fam Physician</i> . 2009;55(5):483-485.
145	Song W, Intrator O, Twersky J, Davagnino J, Kinosian B, Wieland D. Utilization and Cost Effects of the VHA Caring for Older Adults and Caregivers at Home (COACH) Program. <i>Med Care Res Rev</i> . 2021;78(6):736-746. doi:10.1177/1077558720929592
146	Stall N, Nowaczynski M, Sinha SK. Systematic Review of Outcomes from Home-Based Primary Care Programs for Homebound Older Adults. <i>Journal of the American Geriatrics Society</i> . 2014;62(12):2243-2251. doi:10.1111/jgs.13088
147	Tasseff TL, Tavernier SS, Neill KS, Watkins PR. Exploring Perceptions of Palliative Care Among Rural Dwelling Veterans. <i>Online Journal of Rural Nursing and Health Care</i> . Published online April 29, 2019:159-178. doi:10.14574/ojrnhc.v19i1.528
148	Taylor GJ, Lee DM, Baicu CF, Zile MR. Palliative Care for Advanced Heart Failure in a Department of Veterans Affairs Regional Hospice Program: Patient Selection, a Treatment Protocol, and Clinical Course. <i>J Palliat Med</i> . 2017;20(10):1068-1073. doi:10.1089/jpm.2017.0035
79	Thomas KS, Cote D, Makineni R, et al. Change in VA Community Living Centers 2004–2011: Shifting Long-Term Care to the Community. <i>Journal of Aging &amp; Social Policy</i> . 2018;30(2):93-108. doi:10.1080/08959420.2017.1414538
74	Weaver FM, Hughes SL, Kubal JD, Ulasevich A, Bonarigo FM, Cummings J. A Profile of Department of Veterans Affairs Hospital Based Home Care Programs. <i>Home Health Care Services Quarterly</i> . 1996;15(4):83-96. doi:10.1300/J027v15n04_06
149	Wetherell JL, Steiner ARW, Sisco S. Implementing Evidence-Based Psychotherapy in the Home. In: Terry DL, Mlinac ME, Steadman-Wood PL, eds. <i>Providing Home Care for Older Adults. A Professional Guide for Mental Health Practitioners</i> . New York, NY : Routledge; 2021.

150	Wilson G, McGill G, Osborne A, Kiernan MD. Housing Needs of Ageing Veterans Who Have Experienced Limb Loss. <i>International Journal of Environmental Research and Public Health</i> . 2020;17(5). doi:10.3390/ijerph17051791
151	Wyte-Lake T, Der-Martirosian C, Chu K, Johnson-Koenke R, Dobalian A. Preparedness and response activities of the US Department of Veterans Affairs (VA) home-based primary care program around the fall 2017 hurricane season. <i>BMC Public Health</i> . 2020;20(1):1796. doi:10.1186/s12889-020-09888-8
152	Yuan Y, Thomas KS, Van Houtven CH, et al. Fewer potentially avoidable health care events in rural veterans with self-directed care versus other personal care services. <i>Journal of the American Geriatrics Society</i> . 2022;70(5):1418-1428. doi:10.1111/jgs.17656

**Table 3: Results of Environmental Scan of Services and Programs for Veterans Across Canada by Province**



**Healthcare**



**Social Support**



**Housing Options/  
Remodelling**



**Financial  
/Funding**



**Mental Health**



**Other**



**Services in  
French /  
Webpage can be  
translated to  
French**



**Other Minority  
Language(s)**



**Gender Diverse  
Persons**












**Women**


















**Rural Areas**

















**Low SES**

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Services Available in All Provinces</b>				
<b>Veterans Independence Program / Government of Canada</b>	<a href="https://www.veterans.gc.ca/eng/housing-and-home-life/help-at-home/veterans-independence-program">https://www.veterans.gc.ca/eng/housing-and-home-life/help-at-home/veterans-independence-program</a>	Transportation to and from social activities  Funding for a range of services such as home adaptations and at home personal care	 	
<b>Veterans Independence Program for Primary Caregiver / Government of Canada</b>	<a href="https://www.veterans.gc.ca/eng/housing-and-home-life/help-at-home/veterans-independence-program-caregivers">https://www.veterans.gc.ca/eng/housing-and-home-life/help-at-home/veterans-independence-program-caregivers</a>	Provides tax-free funding to cover grounds maintenance and housekeeping		
<b>Attendance Allowance/ Government of Canada</b>	<a href="https://www.veterans.gc.ca/eng/financial-support/compensation-illness-injury/attendance-allowance">https://www.veterans.gc.ca/eng/financial-support/compensation-illness-injury/attendance-allowance</a>	Funding for personal care costs and hiring a caregiver		
<b>Veteran Family Telemedicine Service/</b>	<a href="https://cfmws.ca/support-services/health-wellness/health-care/veteran-family-telemedicine-service">https://cfmws.ca/support-services/health-wellness/health-care/veteran-family-telemedicine-service</a>	Provides Veterans with connections to Canadian health professionals		








Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Government of Canada</b>				
<b>Treatment benefits/ Government of Canada</b>	<a href="https://www.veterans.gc.ca/eng/financial-support/medical-costs/treatment-benefits">https://www.veterans.gc.ca/eng/financial-support/medical-costs/treatment-benefits</a>	Provides a health card that covers a range of health services		
<b>MODC's Home &amp; Vehicle Modification Program / March of Dimes Canada</b>	<a href="https://www.marchofdimes.ca/en-ca/programs/am/hvmp">https://www.marchofdimes.ca/en-ca/programs/am/hvmp</a> Rural: <a href="https://www.marchofdimes.ca/en-ca/programs/Pages/ProgramResults.aspx?k=rural">https://www.marchofdimes.ca/en-ca/programs/Pages/ProgramResults.aspx?k=rural</a> Low SES: <a href="https://www.marchofdimes.ca/en-ca/programs/am/hvmp/Documents/Low-cost-no-cost-home-modifications_MODC.pdf">https://www.marchofdimes.ca/en-ca/programs/am/hvmp/Documents/Low-cost-no-cost-home-modifications_MODC.pdf</a>	Home and vehicle modification program that supports large-scale renovations and retrofits		  
<b>Wheels for the Wise (available in Ontario, Nova Scotia, New Brunswick, PEI)</b>	<a href="https://wheelsforthewise.com/">https://wheelsforthewise.com/</a>	Free transportation for Veterans for pension related medical appointments		







Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Canadian Legacy Project</b>	<a href="https://www.canadianlegacy.org/">https://www.canadianlegacy.org/</a>	<p>Women-specific program, Foodbank/ Mobile Canteen</p> <p>Homes for Heroes program</p>	 	
<b>Canadian Forces Morale and Welfare Services</b>	<a href="https://cfmws.ca/support-services">https://cfmws.ca/support-services</a>	<p>Operational Stress Injury Social Support</p> <p>Family support services; education programs and services</p> <p>Military housing; relocation benefits</p> <p>Health and wellness resources</p>	   	








Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Warriorress program</b>	<a href="https://www.canadianlegacy.org/warriorress/">https://www.canadianlegacy.org/warriorress/</a>	Aim of program is to build programming and raise awareness for female Veterans	 	
<b>Military and Veteran Family Service Program</b>	<a href="https://cfmws.ca/support-services">https://cfmws.ca/support-services</a> Gender Diverse Persons: <a href="https://cfmws.ca/support-services">https://cfmws.ca/support-services</a> Women: <a href="https://cfmws.ca/support-services">https://cfmws.ca/support-services</a>	Support services for Veterans and their families  Physical Fitness and Wellness Program	 	  









Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>DRIVESAFE Adult Prosthetics Program Operation Legacy / War Amps</b>	<a href="https://www.waramps.ca/home/">https://www.waramps.ca/home/</a>	<p>Provides opportunities for intergenerational connections among Veterans</p> <p>Financial assistance towards the purchase of artificial limbs</p> <p>Provides safe driving to prevent injuries due to accidents</p>	  	
<b>Home Care Services / Homewatch Caregivers</b>	<a href="https://www.homeinstead.com/">https://www.homeinstead.com/</a>	<p>Personal care; nurse-directed care; hospice support</p> <p>Meal preparation, help at home, transportation; companionship</p>	 	












Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Veterans Wellness Program / Mood Disorders Society of Canada</b>	<a href="https://mdsc.ca/supporting-veterans-and-family-members/">https://mdsc.ca/supporting-veterans-and-family-members/</a>	Provides opportunities for social engagement  Mental health resources	 	
<b>Atlas Institute for Veterans and Families</b>	<a href="https://atlasveterans.ca/">https://atlasveterans.ca/</a>  Women: <a href="https://atlasveterans.ca/blog/a-force-for-women/">https://atlasveterans.ca/blog/a-force-for-women/</a>  Low SES: <a href="https://www.supportourtroops.ca/Get-Support/Emergency-financial-assistance">https://www.supportourtroops.ca/Get-Support/Emergency-financial-assistance</a>	Provides a space for Veterans, families and researchers to share knowledge on Veteran and family mental health		  
<b>Housing Renovations / BuildABLE</b>	<a href="https://www.buildable.ca/">https://www.buildable.ca/</a>	Nurse-managed construction company specializing in wheelchair accessibility and		







Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
		renovations for simple solutions		
<b>Veteran and family health research / Canadian Institute for Military and Veteran Health Research (CIMVHR)</b>	<a href="https://cimvhr.ca/">https://cimvhr.ca/</a> Women: <a href="https://www.queensu.ca/gazette/stories/connecting-women-veterans-through-mentorship?utm_source=e-queens-gazette_staff">https://www.queensu.ca/gazette/stories/connecting-women-veterans-through-mentorship?utm_source=e-queens-gazette_staff</a>	Provides infrastructure to enhance the accessibility of Veteran and family health research  There is a gender dimension the Veteran reintegration Workshop		 
<b>Multiple Programs offered but the Meals on Wheels is the focus here / Canadian Legacy Project</b>	<a href="https://www.canadianlegacy.org/">https://www.canadianlegacy.org/</a>  Low SES: <a href="https://www.canadianlegacy.org/mobile-canteen/">https://www.canadianlegacy.org/mobile-canteen/</a>	Physical and emotional rehabilitation  Provides housing and resources to Veterans unable to support their basic need for shelter  Collaboration with Mount Royal University in Calgary to offer an annual bursary to Veterans	 	




Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
		<p>and /or their immediate family members</p> <p>Veterans Business Boot Camp – A free interactive distance education program</p> <p>Meals on Wheels - Partnership with select food trucks across Canada to provide meals to Veterans</p>	 	
<p><b>Support Our Troops / Canadian Moral and Welfare Services</b></p>	<p><a href="https://www.supportourtroops.ca/">https://www.supportourtroops.ca/</a></p> <p>Low SES : <a href="https://www.supportourtroops.ca/Get-Support/Emergency-Financial-Assistance/Minor-Grant">https://www.supportourtroops.ca/Get-Support/Emergency-Financial-Assistance/Minor-Grant</a></p>	<p>Health promotion service program</p> <p>Financial assistance to ease curriculum transitions in the first year of a new posting</p> <p>Mental health programs and services</p>	  	 

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Provision of home care for seniors and adults who need assistance at home. / Comfort Keepers</b>	<a href="https://www.comfortkeepers.ca/veterans-care-programme/">https://www.comfortkeepers.ca/veterans-care-programme/</a>	Provides home care services  Respite care	 	
<b>Provision of service dogs to Veterans / Courageous Companions</b>	<a href="http://Courageouscompanions.ca">Courageouscompanions.ca</a>	Provides service dogs to assist with operational stress injuries		
<b>Home care services / Home Instead Senior Care</b>	<a href="http://Homeinstead.ca">Homeinstead.ca</a>  Rural areas: <a href="https://www.homeinstead.ca/locations">https://www.homeinstead.ca/locations</a>	Home care services		
<b>The Royal Canadian Legion</b>	<a href="https://legion.ca/support-for-veterans/support-for-seniors">https://legion.ca/support-for-veterans/support-for-seniors</a>	Financial assistance  Home care services e.g., meals on wheels, housekeeping, home adaptations  Health care services	 	

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
				
<b>Veterans Transition Network</b>	<a href="https://vtncanada.org/">https://vtncanada.org/</a>	Mental health services for Veterans		
<b>Métis Veterans Legacy Program</b>	<a href="https://metisveterans.ca/">https://metisveterans.ca/</a>	Financial support and recognition for Métis Veterans		
<b>Services available in Alberta</b>				
<b>Assured Income for the Severely Handicapped/</b>	<a href="https://www.alberta.ca/aish">https://www.alberta.ca/aish</a>	Provides funding for living and health-related expenses to adults with a disability		




Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Alberta Health Services</b>		or ongoing health condition		
<b>Home Care / Alberta Health Services</b>	<a href="https://www.albertahealthservices.ca/cc/page15488.aspx">https://www.albertahealthservices.ca/cc/page15488.aspx</a> French: <a href="https://www.albertahealthservices.ca/languages/languages.aspx">https://www.albertahealthservices.ca/languages/languages.aspx</a> Other Minority Language(s): <a href="https://www.albertahealthservices.ca/languages/languages.aspx">https://www.albertahealthservices.ca/languages/languages.aspx</a>	Provides home care to help people with disabilities or health conditions		 
<b>Income Support Alberta/ Alberta Health Services</b>	<a href="https://www.alberta.ca/alberta-income-support">https://www.alberta.ca/alberta-income-support</a>	Provides financial support for people who are physically able to work but are not working right now or not earning enough money to pay for their basic needs		








Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Home Care for Veterans / The Key</b>	<a href="https://homecareassistancecalgary.ca/veteran-care/">https://homecareassistancecalgary.ca/veteran-care/</a>	Provides lifelong benefits to Veterans such as financial support for transition to civilian life, disability, mental health, well-being support and more	 	
<b>The Drive Happiness Project / The Drive Happiness Seniors Association</b>	<a href="https://drivehappiness.ca/">https://drivehappiness.ca/</a>	Transportation services for seniors		 
<b>Customised home-based health care / Paramed Home Health Care (Edmonton)</b>	<a href="https://www.paramed.com/">https://www.paramed.com/</a>	Palliative and respite care  Nursing and personal support		








Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<p><b>Community of support; Veterans Food Bank, connection to mental health support / Veterans Association</b></p>	<p><a href="http://www.Veteransassociation.ca">www.Veteransassociation.ca</a></p>	<p>Provision of emergency funding for Veterans e.g. to cover rent, mortgage, utilities, insurance, car payments, dental and medications.</p> <p>Fund raising for Veterans to care for their pets.</p> <p>Veteran advocacy services – assistance with medical claims, screening for operational stress injuries, disability tax credit etc.</p> <p>Operation of a thrift store to create employment for Veterans</p>	 	















Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Can Praxis</b>	<a href="https://canpraxis.com/">https://canpraxis.com/</a>	Mental health support for Veterans	 	
<b>The Homes for Heroes Foundation</b>	<a href="https://homesforheroesfoundation.ca/">https://homesforheroesfoundation.ca/</a>	Housing, resources, services, and training for Veterans transitioning to civilian life	 	





Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Veterans Food Bank of Alberta</b>	<a href="https://veteransfoodbankalberta.ca/">https://veteransfoodbankalberta.ca/</a>	Food security, financial support, and mental health services		
<b>Services available in Ontario</b>				
<b>Assistive Device Program / Government of Ontario</b>	<a href="https://www.ontario.ca/page/assistive-devices-program">https://www.ontario.ca/page/assistive-devices-program</a> French: <a href="https://forms.mgcs.gov.on.ca/en/dataset/014-2196-67">https://forms.mgcs.gov.on.ca/en/dataset/014-2196-67</a>	Funding for those with physical disabilities to obtain customized equipment, such as wheelchairs and hearing aids		






Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Home health services for seniors, family and friends / iCare: Home Health Care</b>	<a href="https://www.icarehomehealth.ca/">https://www.icarehomehealth.ca/</a>	Provides home care services  Friend at Home program is a companion care service  Therapeutic recreation	 	
<b>Customised home-based health care / Paramed Home Health Care (Ontario)</b>	<a href="https://www.paramed.com/">https://www.paramed.com/</a>	Palliative care, respite care, caregiver relief, nursing services, and personal support		
<b>Home-based health care / At-home hospice</b>	<a href="https://athomehospice.com/">https://athomehospice.com/</a> French: <a href="https://athomehospice.com/#home">https://athomehospice.com/#home</a>	Palliative and respite care; pain and symptom management; meal preparation  Health and care education	 	

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Veteran in Home Program / Senior Veterans Care Network</b>	<a href="https://www.seniorveterans.care/HomeCare">https://www.seniorveterans.care/HomeCare</a>	Aid and attendance benefit (provided while waiting for Veterans Affairs benefits to be awarded) to support activities of daily living e.g. bathing, dressing, toileting, shopping, housekeeping etc.		
<b>Home Care Services / VHA Home HealthCare</b>	<a href="https://www.vha.ca/blog/understanding-home-care-services-in-ontario/">https://www.vha.ca/blog/understanding-home-care-services-in-ontario/</a>	<p>Provides a wide array of home care services e.g. speech therapy, physiotherapy etc.</p> <p>Homeless prevention and housing stability</p> <p>Hoarding and clutter support</p>	  	  






Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Home Care Services (Ontario) / Home and Community Care Support Services</b>	<a href="https://healthcareathome.ca/find-my-hccss/">https://healthcareathome.ca/find-my-hccss/</a> (all home care locations in Ontario)  French: <a href="https://healthcareathome.ca/wp-content/uploads/2023/01/HCCSS-FLS-Policy-EN.pdf">https://healthcareathome.ca/wp-content/uploads/2023/01/HCCSS-FLS-Policy-EN.pdf</a>	Home care for seniors with complex medical conditions  If eligible, the Ontario Government pays for home care	 	
<b>Homecare and lifestyle services / Neighbourhood Care</b>	<a href="http://Neighbourhoodcare.ca">Neighbourhoodcare.ca</a>	Provides a wide range of services e.g., nursing, companionship, home maintenance and transportation	 	
<b>The Homes for Heroes Foundation</b>	<a href="https://homesforheroesfoundation.ca/">https://homesforheroesfoundation.ca/</a>	Housing, resources, services, and training for Veterans transitioning to civilian life	 	









Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Halton Naval Veterans Association</b>	<a href="https://haltonnavalveteransassociation.ca/">https://haltonnavalveteransassociation.ca/</a>	Social support for Veterans		
<b>Services Available in Manitoba</b>				
<b>A &amp; O: Support Service for Older Adults' Core Programs</b>	<a href="https://www.aosupportservices.ca">https://www.aosupportservices.ca</a>	<p>Provides programs that promote social engagement</p> <p>Provides a wide range of counselling, legal, and referral services</p> <p>Elder abuse prevention and falls prevention services</p>	  	






Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<p><b>Provides programs and services to Manitobans with disabilities and their families and communities / Manitoba Possible</b></p>	<p><a href="https://www.manitobapossible.ca/">https://www.manitobapossible.ca/</a></p>	<p>Provides social and sport programs such as power wheelchair hockey and wheelchair curling</p> <p>Provides the “Access 2 Benefits” program which offers free income tax filing services for people with disabilities living on low income and assists in applying for benefits programs</p> <p>Manitoba Wheelchair Program loans manual and motorized wheelchairs to those living independently in the community</p> <p>Parking Permit Program ensures that when a person has difficulty walking more</p>	  	





Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
		than 50 meters, they can park in one of the specially designated parking spots across the province		
<b>Services available in Quebec</b>				
<b>Women Veterans Program / Fondation Québécoise des Vétérans</b>	<a href="https://fqv-qvf.ca/en/the-programs/">https://fqv-qvf.ca/en/the-programs/</a>	Reduce the rate of isolation and suicide among women Veterans by encouraging organizations to provide resources that are tailored to their unique needs		 
<b>Home Support Services / Montreal West Island Integrated University Health and Social Services Centre</b>	<a href="https://www.ciusss-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-andor-those-experiencing-a-loss-of-independence/home-support-services/">https://www.ciusss-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-andor-those-experiencing-a-loss-of-independence/home-support-services/</a>	Provides a wide range of home care services including nursing care and nutrition therapy		


















Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Domestic Help/ Montreal West Island Integrated University Health and Social Services Centre</b>	<a href="https://www.ciusss-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-andor-those-experiencing-a-loss-of-independence/domestic-help/">https://www.ciusss-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-andor-those-experiencing-a-loss-of-independence/domestic-help/</a>	Provides housekeeping, meal preparation, and laundry services		
<b>Services for those experiencing a loss of independence / Montreal West Island Integrated University Health and Social Services Centre</b>	<a href="https://www.ciusss-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-andor-those-experiencing-a-loss-of-independence/services-for-those-experiencing-a-loss-of-independence/">https://www.ciusss-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-andor-those-experiencing-a-loss-of-independence/services-for-those-experiencing-a-loss-of-independence/</a>	Provision of assessment and referral services  Home support services  Home modification services	  	







Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Financial Assistance Program for Domestic Help Services/ Régie de l'assurance maladie</b>	<a href="https://www.ramq.gouv.qc.ca/en/citizens/aid-programs/domestic-help">https://www.ramq.gouv.qc.ca/en/citizens/aid-programs/domestic-help</a>	Funding provided to those in need (must meet criteria)		 
<b>Programme d'adaptation de domicile (French only) / Société d'habitation du Québec</b>	<a href="http://www.habitation.gouv.qc.ca/programme/programme_dadaptation_de_domicile.html">http://www.habitation.gouv.qc.ca/programme/programme_dadaptation_de_domicile.html</a>	Provision of remodelling to support aging in place  Funding for remodelling services	 	
<b>Tax credit for home-support services for seniors / Revenu Québec</b>	<a href="https://www.revenuquebec.ca/en/citizens/tax-credits/tax-credit-for-home-support-services-for-seniors/">https://www.revenuquebec.ca/en/citizens/tax-credits/tax-credit-for-home-support-services-for-seniors/</a>	Refundable tax credit to seniors aged 70 and over who incur expenses to remain in their homes		








Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Veteran family telemedicine service / Canadian Forces Morale and Welfare Services</b>	<a href="https://cfmws.ca/support-services/health-wellness/health-care/veteran-family-telemedicine-service">https://cfmws.ca/support-services/health-wellness/health-care/veteran-family-telemedicine-service</a>	Connects medically released Veterans to a network of Canadian-licensed service providers		
<b>Services Available in British Columbia</b>				
<b>Multiple programs offered / Veteran Health Centre</b>	<a href="https://www.broadmeadcare.com/adult-day-programs/veterans-programs-and-services/">https://www.broadmeadcare.com/adult-day-programs/veterans-programs-and-services/</a>	A wide array of group health programs e.g. Geriatric Assessment Program, Monthly Care Partner Support Group and Respite  Leisure and social services	 	
<b>Provision of counselling services, training, and educational opportunities to</b>	lvet.educ.ubc.ca	Veterans' transition and trauma counselling research and programming		

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Veterans / University of British Columbia - Institute of Veterans Education and Transition (IVET)</b>				
<b>Services Available in Saskatchewan</b>				
<b>Saskatchewan Veterans Service Club Support Program / Government of Saskatchewan</b>	<p><a href="https://www.saskatchewan.ca/government/news-and-media/2023/may/03/application-period-open-for-saskatchewan-veterans-service-club-support-program">https://www.saskatchewan.ca/government/news-and-media/2023/may/03/application-period-open-for-saskatchewan-veterans-service-club-support-program</a></p> <p>French: <a href="https://www.saskatchewan.ca/government/news-and-media/2023/may/03/application-period-open-for-saskatchewan-veterans-service-club-support-program">https://www.saskatchewan.ca/government/news-and-media/2023/may/03/application-period-open-for-saskatchewan-veterans-service-club-support-program</a></p> <p>Other minority languages: <a href="https://www.saskatchewan.ca/government/news-and-media/2023/may/03/application-period-open-for-saskatchewan-veterans-service-club-support-program">https://www.saskatchewan.ca/government/news-and-media/2023/may/03/application-period-open-for-saskatchewan-veterans-service-club-support-program</a></p>	Grants provided for home improvement projects	 	 







Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>2SLGBTQ+ Seniors Group / UR Pride Centre for Sexuality and Gender Diversity</b>	<a href="https://www.urpride.ca/community">https://www.urpride.ca/community</a>	A 2SLGBTQ+ group for seniors that meets via Zoom twice a month		
<b>Virtual Care – Remote patient monitoring, telehealth / Government of Saskatchewan – Health</b>	<a href="https://www.ehealthsask.ca/residents/virtualcare">https://www.ehealthsask.ca/residents/virtualcare</a> French and other minority languages: <a href="https://www.ehealthsask.ca/registrationguide">https://www.ehealthsask.ca/registrationguide</a>	Provides eHealth services for Saskatchewan residents (remote patient monitoring, telehealth)		 
<b>Home Care / Government of Saskatchewan</b>	<a href="https://www.saskatchewan.ca/residents/health/accessing-health-care-services/care-at-home-and-outside-the-hospital/home-care">https://www.saskatchewan.ca/residents/health/accessing-health-care-services/care-at-home-and-outside-the-hospital/home-care</a> French: <a href="https://www.saskatchewan.ca/bonjour/health-and-healthy-living/accessing-health-care-services/care-at-home-and-outside-the-hospital/home-care">https://www.saskatchewan.ca/bonjour/health-and-healthy-living/accessing-health-care-services/care-at-home-and-outside-the-hospital/home-care</a>	Audiology and hearing services; Care at home and outside of the hospital  Benefits for government prescription drug plan and extended health coverage	 	







Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
		Mental health and addiction services		
<b>Wellbeing and wellness support – home and community care, mental health services, home and community care / Saskatoon Tribal Council</b>	<a href="https://sktc.sk.ca/wellness/stc-health-centre/">https://sktc.sk.ca/wellness/stc-health-centre/</a>	Healthcare navigation Affordable housing Housing and technical services Well-being services; wellness support services Education and work services	   	
<b>Service Dogs / Courageous Companions</b>	<a href="https://courageouscompanions.ca/">https://courageouscompanions.ca/</a>	Provides certified dogs to military, Veterans, and first responders		
<b>Services available in Nova Scotia</b>				




Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Customised home-based health care / Paramed Home Health Care (Halifax)</b>	<a href="https://www.paramed.com/">https://www.paramed.com/</a>	Palliative care, respite care, nursing services, and personal support	 	
<b>CAPABLE (Community Aging in Place, Advancing Better Living for Elders)</b>	<a href="https://von.ca/en/capable#:~:text=Community%20Aging%20in%20Place%2C%20Advancing%20Better%20Living%20for,can%20remain%20independent%20in%20their%20own%20homes%20longer.">https://von.ca/en/capable#:~:text=Community%20Aging%20in%20Place%2C%20Advancing%20Better%20Living%20for,can%20remain%20independent%20in%20their%20own%20homes%20longer.</a>	At home modifications that can be made to improve safety. The CAPABLE team consists of a registered nurse, an occupational therapist, and a handy worker		
<b>Centre of Rural Aging and Health (CORAH) / Nova Scotia Community College</b>	<a href="https://www.nsc.ca/landing/corah/index.asp">https://www.nsc.ca/landing/corah/index.asp</a>	Community hub and active living centre that promotes health and wellbeing for people 55 years of age plus through social, cultural, learning, and recreational programs		





Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Variety of programs to support caregivers of older adults / Caregivers Nova Scotia</b>	<a href="https://caregiversns.org/resources/">https://caregiversns.org/resources/</a>	Home care and other services such as meal provision, grocery delivery, etc  Adult day programs	 	
<b>Services available in New Brunswick</b>				
<b>Meal provision / Operation Feed</b>	<a href="https://ofsj.ca/">https://ofsj.ca/</a>	Provision of meals to Veterans and emergency workers		
<b>Extra-Mural Program (EMP) / Medavie Health Services New Brunswick</b>	<a href="https://extramuralnb.ca/en/">https://extramuralnb.ca/en/</a>	Home health care services like physiotherapy and nursing care		











Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Home Support Services (HSS) / Department of Social Development</b>	<a href="https://socialsupportsnb.ca/en/program/home-support-services">https://socialsupportsnb.ca/en/program/home-support-services</a>	Personal care services, such as housekeeping or meal preparation, provided by home support workers	 	
<b>Adult Day Centres / Social Supports New Brunswick</b>	<a href="https://socialsupportsnb.ca/en/program/adult-day-centres">https://socialsupportsnb.ca/en/program/adult-day-centres</a>	Provides the opportunities for social engagement in a safe and supervised setting. Adult Day Centres can also be a source of relief for families and caregivers during the daytime hours		
<b>Aging in New Brunswick: A User's Guide / St. Thomas University</b>	<a href="https://www.stu.ca/aging-in-nb-en/">https://www.stu.ca/aging-in-nb-en/</a>	User guide developed by a group of researchers and practitioners in New Brunswick who work with older adults. Their aim is to help older adults in New	 	

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
		Brunswick navigate the different services, forms, and resources	 	
<b>Services available in Newfoundland</b>				
<b>Home Support Services Program / NL Heath Services (Central Health, Eastern Health, Western Health, and Labrador-Grenfell Health)</b>	<a href="https://www.centralhealth.nl.ca/home-support-services-program">https://www.centralhealth.nl.ca/home-support-services-program</a>	Offers support to eligible individuals, who require assistance with Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs) to reside independently in their own home		
<b>Services available in Nunavut</b>				
<b>Home and Community Care (HCC) / Funded by the</b>	<a href="https://assembly.nu.ca/sites/default/files/TD%20078-4(3)%20EN%20Continuing%20Care%20in%200Nunavut,%202015%20to%202035_0.pdf">https://assembly.nu.ca/sites/default/files/TD%20078-4(3)%20EN%20Continuing%20Care%20in%200Nunavut,%202015%20to%202035_0.pdf</a>	Acute care replacement, chronic disease management, post-hospital care, palliative care		

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>Nunavut Government</b>				
<b>Services available in NWT</b>				
<b>Seniors aging in place-funding / Housing North West Territories</b>	<a href="https://www.nwthc.gov.nt.ca/en/services/seniors-aging-place">https://www.nwthc.gov.nt.ca/en/services/seniors-aging-place</a>	Financial support provided for home repairs and alterations		
<b>Home and Community Care services / Available in multiple communities in the NWT</b>	chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/ <a href="https://www.hss.gov.nt.ca/sites/hss/files/our-elders-our-communities.pdf">https://www.hss.gov.nt.ca/sites/hss/files/our-elders-our-communities.pdf</a> (on page 14 of this report)	Home management, personal care, nursing care, meal preparation, supportive services, case assessment and coordination, medication delivery/administration, health promotion, care for acute post-hospital clients, translation services, foot care, elder social programs, in-home respite care and palliative care		
<b>Services available in PEI</b>				

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>COACH (Caring for Older Adults in the Community and at Home)</b>	<a href="https://www.princeedwardisland.ca/en/information/health-pei/caring-for-older-adults-in-the-community-and-at-home-coach-program">https://www.princeedwardisland.ca/en/information/health-pei/caring-for-older-adults-in-the-community-and-at-home-coach-program</a>	Support to promote health and make decisions that positively impact quality of care and life including transition to and from hospital (acute care) and to long-term care (nursing home/manor), if needed		
<b>Paramedics providing care at home program / The Provincial Integrated Palliative Care Program and Island EMS are working together</b>	<a href="https://www.princeedwardisland.ca/en/information/health-pei/paramedics-providing-palliative-care-at-home-program">https://www.princeedwardisland.ca/en/information/health-pei/paramedics-providing-palliative-care-at-home-program</a>	Individuals registered in the Provincial Integrated Palliative Care Program can access in-home support from Island EMS when they have a palliative emergency or an unexpected health event while at home		

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>PEI Home Renovation Programs / Provided through the PEI Government</b>	<a href="https://www.princeedwardisland.ca/en/service/pei-home-renovation-programs">https://www.princeedwardisland.ca/en/service/pei-home-renovation-programs</a>	Provides financial assistance to homeowners		 
<b>Seniors Independence Initiative / Provided through the PEI Government</b>	<a href="https://www.princeedwardisland.ca/en/service/seniors-independence-initiative">https://www.princeedwardisland.ca/en/service/seniors-independence-initiative</a>	Provides financial assistance for practical services making it easier for seniors to remain in their own homes and communities		
<b>Seniors' navigator / Provided through the PEI Government</b>	<a href="https://www.princeedwardisland.ca/en/information/social-development-and-seniors/seniors-navigator">https://www.princeedwardisland.ca/en/information/social-development-and-seniors/seniors-navigator</a>	Provides resources / information to improve the navigational experiences of seniors, their family members, and their caregivers		

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
<b>PEI's Home Care Program</b>	<a href="https://www.princeedwardisland.ca/en/information/health-pei/home-care-program">https://www.princeedwardisland.ca/en/information/health-pei/home-care-program</a>	Nursing care, home support, palliative care, social work, dietitian services, physiotherapy, occupational therapy, adult day program		

Note: Some programs and services are available to Veterans only whereas some programs are also available to non-Veterans.

Figure 1: Sources of Information for the Environmental Scan

