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



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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.¹ 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.² 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 65.³ Additionally, 3.6% of Veterans reside in collective dwellings and among these, 93.6% live in healthcare or related facilities such as retirement homes.³

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)⁴ 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)⁵, Cochrane et al. (2016)⁶, Nguyen et al. (2022)⁷, and ELDAC (2023)⁸. 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.⁹ 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,⁹ 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.¹⁰ 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)² defines aging in place as the ability to live and remain in the community as you age. In contrast, Barati et al. (2022)¹⁰ 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.¹⁰ Forsyth and Molinsky (2021)¹¹, 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.¹¹ 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.¹²

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.¹² 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.^{13–18} 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.^{19–29} 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.^{30–32} 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)³³, Gardner (2011)³⁴, and Kenner (2008)³⁵, 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.³⁶ 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.³⁷

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.³⁸ 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.³⁸ A systematic review and meta-analysis by Ho et al. (2023),³⁹ 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),³⁸ they reported that complex interventions (usually coordinated by nurses) reduced mortality, enhanced cognitive function, and improved some activities of daily living.³⁹

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.¹² 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)⁴⁰ 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.⁴¹ 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)⁴², 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.⁴²

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.⁴³ 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.⁴³

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.^{2,36,43}

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.^{2,18,34,36,41,42,44,45}

7. Home Ownership: Research conducted in Melbourne, Australia comparing public and private renters to homeowners, has revealed differences in preferences for aging in place.³² 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.³² Individuals who rent privately (from private landlords or property management companies) might have less secure housing arrangements and weaker emotional connections to their homes.³² 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.⁴⁶

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.⁵ 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.⁵ In a scoping review of social housing for older adults, Sheppard et al. (2023)⁵ 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.⁵

9. Community-Based Housing Model: Chum et al. (2022)⁴⁷ 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.⁴⁷ A systematic review conducted by Shepperd et al. (2021)⁴⁸ 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.⁴⁹ 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.^{19,50} 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.^{51,52} 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.⁵⁰ 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.⁵³

The advent of the COVID-19 pandemic further underscored the importance of technology in the context of aging in place.^{54,55} 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.^{56,57} 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).^{19,50} 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.⁵⁸ 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.⁵⁹ 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.⁵⁹ Hechinger et al. (2022)⁶⁰ 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.⁶⁰

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.¹⁶ 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.¹⁶ A study conducted by Carvalho et al. (2019)⁶¹ 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.¹⁶

14. Populations with a History of Trauma: Danielson and Ray-Degges (2022)⁶² 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.⁶² 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.⁶³ Danielson and Ray-Degges (2022)⁶² 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.⁶²

15. Minority Populations (e.g. Indigenous Older Adults): Park and Ko (2020)⁶⁴ 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.⁶⁵ Gallardo-Peralta et al. (2023)⁶⁶ 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)⁴⁵ 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.⁴¹ 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.⁴⁵

17. Geographic Location (urban vs rural): Whalen (2021)⁶⁷ 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.⁶⁷ 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.⁶⁷ 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.⁶⁸ 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.⁶⁸ 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.²⁷

19. Personal Preferences: The National Institute on Ageing (2022)³⁶ 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.³⁶ 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.³⁶ 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.²⁷ 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.²⁷ 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).³⁶

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).^{69–75}

Additional articles from the United States discuss other programs such as the VAs Medical Foster Home (MFH) program,^{76,77} Aid & Attendance which is a supplemental allowance provided to Veterans in need,⁷⁸ Community Living Centers (CLCs),⁷⁹ the COACH program which is a home-based program serving Veterans with dementia and their caregivers,⁸⁰ adult day programs and respite care,^{81–83} home-telehealth and in-home technology-based programs,^{84–87} and home hospice services.⁸⁸ 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,⁸⁹ and the Veterans Independence Program (VIP).^{90,91}

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)⁹² 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)⁹³ 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)⁷³ 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.⁷³

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)⁴² 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.^{2,42}

- ii. Staying at Home vs. Successful Aging in Place – Barati et al. (2022)¹⁰ 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)²⁷ 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.¹⁰ A study conducted by Adel (2021)⁴⁴ 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.⁴⁴ This tool would aim to not only link older adults with funding sources but also to service providers with expertise in home modifications.⁴⁴

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.³⁶

- 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.⁴⁰ 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.⁴⁰ 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.⁹⁴ 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.^{94,95}
- iv. Promoting Aging in Place in Social Housing – Sheppard et al. (2023)⁵ 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.⁵ 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.⁵ 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)⁶² 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.⁶² 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.⁴⁷ Chum et al. (2022)⁴⁷ 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.³⁸ Ho et al. (2023)³⁹ 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)³⁸, they reported that complex interventions (usually coordinated by nurses) also reduced mortality, enhanced cognitive function and improved some activities of daily living.³⁹ Eltaybani et al. (2023)³⁸ 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.³⁸

- viii. Use of Technology to Support Healthy Aging – Genge et al. (2023)⁹⁶ 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.⁹⁶
- ix. Engaging Older Adults in the Technology Development Process – Wegener et al. (2023)⁹⁷, 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.⁹⁷ 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.⁹⁷

- x. Meeting the Needs of Minority Social Groups – Gallardo-Peralta et al. (2023)⁶⁶ 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.⁶⁶
- xi. Individual Adaptability to Changing Needs and Capabilities – Grave et al. (2023)⁴⁵ 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.⁴⁵

- xii. Predicting Future Care Needs – Benefield and Holtzclaw (2014)⁹⁸ 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.^{98,99} 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.⁹⁴
- xiii. Education – Ratnayake et al. (2022)² 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.²
- xiv. Addressing Funding and Choice Issues – Community Living Ontario (2021)¹⁰⁰ 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.

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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, Lassemø 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
Guidelines or White Papers	
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

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. https://caregiveromnimedia.com/wp-content/uploads/2017/11/re-shaping_housing_market_aging_in_place_home_modifications.pdf
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
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
Reports and Key Articles	
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. https://ir.lib.uwo.ca/lgp-mrps/223
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
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. https://obrieniph.ualgary.ca/sites/default/files/teams/8/Supporting%20Aging-in-Place.pdf
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

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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
Books	
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. https://www.healthpropress.com/product/aging-in-the-right-place
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. https://books-scholarsportal-info.proxy.bib.uottawa.ca/en/read?id=/ebooks/ebooks4/springer4/2019-07-02/2/9789811321641

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

Reference Number	Reference
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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. 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=AKIAYSFKCAWYQ4D5IUHG%2F20241029%2Fus-east-1%2Fs3%2Faws4_request&X-Amz-Date=20241029T163421Z&X-Amz-Expires=604800&X-Amz-SignedHeaders=host&X-Amz-Signature=ed3f939e95feadc53dbe982e29dcef2d3129d6c3aafc9c1d913603c177cc8576
109	Bytes 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. 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. <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.
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114	Feldman S, Dickens 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 & 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 & Occupational Therapy In Geriatrics</i> . 1988;6(1):21-32. doi:10.1080/J148V06N01_03
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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, Roughhead 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

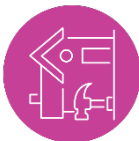
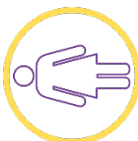
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123	Kramer BJ (Josea), Creekmur B, Cote S, Saliba D. Improving Access to Noninstitutional Long-Term Care for American Indian Veterans. <i>Journal of the American Geriatrics Society</i> . 2015;63(4):789-796. doi:10.1111/jgs.13344
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130	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

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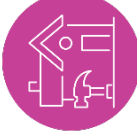
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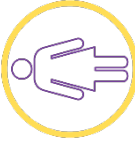
Table 3: Results of Environmental Scan of Services and Programs for Veterans Across Canada by Province

	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
Services Available in All Provinces				
Veterans Independence Program / Government of Canada	https://veterans.gc.ca/en/housing-and-home-life/help-home/veterans-independence-program	Transportation to and from social activities Funding for a range of services such as home adaptations and at home personal care	 	
Veterans Independence Program for Primary Caregiver / Government of Canada	https://veterans.gc.ca/en/housing-and-home-life/help-home/veterans-independence-program-primary-caregivers	Provides tax-free funding to cover grounds maintenance and housekeeping		
Attendance Allowance/ Government of Canada	https://veterans.gc.ca/en/mental-and-physical-health/mental-health-and-wellness/compensation-illness-or-injury/attendance-allowance	Funding for personal care costs and hiring a caregiver		
Veteran Family Telemedicine Service/	https://cfmws.ca/support-services/health-wellness/health-care/veteran-family-telemedicine-service	Provides Veterans with connections to Canadian health professionals		

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Government of Canada				
Treatment benefits/ Government of Canada	https://www.veterans.gc.ca/en/financial-programs-and-services/medical-costs/coverage-services-prescriptions-and-devices	Provides a health card that covers a range of health services		
MODC's Home & Vehicle Modification Program / March of Dimes Canada	https://www.marchofdimes.ca/en-ca/programs/am/hvmp Rural: https://www.marchofdimes.ca/en-ca/programs/Pages/ProgramResults.aspx?k=rural Low SES: https://www.marchofdimes.ca/en-ca/programs/am/hvmp/Documents/Low-cost-no-cost-home-modifications_MODC.pdf	Home and vehicle modification program that supports large-scale renovations and retrofits		  
Wheels for the Wise (available in Ontario, Nova Scotia, New Brunswick, PEI)	https://wheelsforthewise.com/	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
Canadian Legacy Project	https://www.canadianlegacy.org/	Women-specific program, Foodbank/ Mobile Canteen Homes for Heroes program	 	
Canadian Forces Morale and Welfare Services	https://cfmws.ca/support-services	Operational Stress Injury Social Support Family support services; education programs and services Military housing; relocation benefits Health and wellness resources	   	

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Warriorress program	https://www.canadianlegacy.org/warriorress/	Aim of program is to build programming and raise awareness for female Veterans	 	
Military and Veteran Family Service Program	https://cfmws.ca/support-services Gender Diverse Persons: https://cfmws.ca/support-services Women: https://cfmws.ca/support-services	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
DRIVESAFE Adult Prosthetics Program Operation Legacy / War Amps	https://www.waramps.ca/home/	Provides opportunities for intergenerational connections among Veterans Financial assistance towards the purchase of artificial limbs Provides safe driving to prevent injuries due to accidents	  	
Home Care Services / Homewatch Caregivers	https://www.homewatchcaregivers.com/home-care-services/	Personal care; nurse-directed care; hospice support Meal preparation, help at home, transportation; companionship	 	

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Veterans Wellness Program / Mood Disorders Society of Canada	https://mdsc.ca/supporting-veterans-and-family-members/	Provides opportunities for social engagement Mental health resources	 	
Atlas Institute for Veterans and Families	https://atlasveterans.ca/ Women: https://atlasveterans.ca/knowledge-hub/women-veterans-health/ Low SES: https://www.supportourtroops.ca/Get-Support/Emergency-financial-assistance	Provides a space for Veterans, families and researchers to share knowledge on Veteran and family mental health		  
Housing Renovations / BuildABLE	https://www.buildable.ca/	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		
Veteran and family health research / Canadian Institute for Military and Veteran Health Research (CIMVHR)	https://cimvhr.ca/ Women: https://www.queensu.ca/gazette/stories/connecting-women-veterans-through-mentorship?utm_source=e-queens-gazette_staff	Provides infrastructure to enhance the accessibility of Veteran and family health research There is a gender dimension the Veteran reintegration Workshop		 
Multiple Programs offered but the Meals on Wheels is the focus here / Canadian Legacy Project	https://www.canadianlegacy.org/ Low SES: https://www.canadianlegacy.org/mobile-canteen/	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
		and /or their immediate family members Veterans Business Boot Camp – A free interactive distance education program Meals on Wheels - Partnership with select food trucks across Canada to provide meals to Veterans	 	
Support Our Troops / Canadian Moral and Welfare Services	https://www.supportourtroops.ca/ Low SES : https://www.supportourtroops.ca/Get-Support/Emergency-financial-assistance/SUBVENTION-MINEURE	Health promotion service program Financial assistance to ease curriculum transitions in the first year of a new posting Mental health programs and services	  	 

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Provision of home care for seniors and adults who need assistance at home. / Comfort Keepers	https://www.comfortkeepers.ca/veterans-care-programme/	Provides home care services Respite care	 	
Provision of service dogs to Veterans / Courageous Companions	Courageouscompanions.ca	Provides service dogs to assist with operational stress injuries		
Home care services / Home Instead Senior Care	Homeinstead.ca Rural areas: https://www.homeinstead.ca/locations	Home care services		
The Royal Canadian Legion	https://legion.ca/support-for-veterans/support-for-seniors	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
			  	
Veterans Transition Network	https://vtncanada.org/	Mental health services for Veterans		
Métis Veterans Legacy Program	https://metisveterans.ca/	Financial support and recognition for Métis Veterans		
Services available in Alberta				
Assured Income for the Severely Handicapped/	https://www.alberta.ca/aish	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
Alberta Health Services		or ongoing health condition		
Home Care / Alberta Health Services	https://www.albertahealthservices.ca/cc/page15488.aspx French: https://www.albertahealthservices.ca/language/s/languages.aspx Other Minority Language(s): https://www.albertahealthservices.ca/language/s/languages.aspx	Provides home care to help people with disabilities or health conditions		 
Income Support Alberta/ Alberta Health Services	https://www.alberta.ca/alberta-income-support	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
Home Care for Veterans / The Key	https://thekey.ca/locations/calgary	Provides lifelong benefits to Veterans such as financial support for transition to civilian life, disability, mental health, well-being support and more	 	
The Drive Happiness Project / The Drive Happiness Seniors Association	https://drivehappiness.ca/	Transportation services for seniors		 
Customised home-based health care / Paramed Home Health Care (Edmonton)	https://www.paramed.com/	Palliative and respite care Nursing and personal support		

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

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Can Praxis	https://canpraxis.com/	Mental health support for Veterans	 	
The Homes for Heroes Foundation	https://homesforheroesfoundation.ca/	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
Canadian Veterans Services Society (CAVSS)	https://cavss.ca/services	Food security, financial support, and mental health services	  	
Services available in Ontario				
Assistive Device Program / Government of Ontario	https://www.ontario.ca/page/assistive-devices-program French: https://forms.mgcs.gov.on.ca/en/dataset/014-2196-67	Funding for those with physical disabilities to obtain customized equipment, such as wheelchairs and hearing aids		

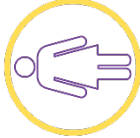
Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Home health services for seniors, family and friends / iCare: Home Health Care	https://www.icarehomehealth.ca/	Provides home care services Friend at Home program is a companion care service Therapeutic recreation	 	
Customised home-based health care / Paramed Home Health Care (Ontario)	https://www.paramed.com/	Palliative care, respite care, caregiver relief, nursing services, and personal support		
Home-based health care / At-home hospice	https://athomehospice.com/ French: https://athomehospice.com/#home	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
Veteran in Home Program / Senior Veterans Care Network	https://www.seniorveterans.care/HomeCare	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.		
Home Care Services / VHA Home HealthCare	https://www.vha.ca/blog/understanding-home-care-services-in-ontario/	Provides a wide array of home care services e.g. speech therapy, physiotherapy etc. Homeless prevention and housing stability Hoarding and clutter support	  	  

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Home Care Services (Ontario) / Home and Community Care Support Services	https://ontariohealthathome.ca/?da_image=find-my-hccss (all home care locations in Ontario) French: https://www.ontariohealthathome.ca/document/french-language-services-policy/	Home care for seniors with complex medical conditions If eligible, the Ontario Government pays for home care	 	
Homecare and lifestyle services	https://www.ontario.ca/document/guide-programs-and-services-seniors/support-services-home-and-community	Provides a wide range of services e.g., nursing care, home maintenance, meal delivery and transportation	 	
The Homes for Heroes Foundation	https://homesforheroesfoundation.ca/	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
Halton Naval Veterans Association	https://haltonnavalveteransassociation.ca/	Social support for Veterans		
Services Available in Manitoba				
A & O: Support Service for Older Adults' Core Programs	https://www.aosupportservices.ca	Provides programs that promote social engagement Provides a wide range of counselling, legal, and referral services Elder abuse prevention and falls prevention services	  	

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Provides programs and services to Manitobans with disabilities and their families and communities / Manitoba Possible	https://www.manitobapossible.ca/	Provides social and sport programs such as power wheelchair hockey and wheelchair curling 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 Manitoba Wheelchair Program loans manual and motorized wheelchairs to those living independently in the community Parking Permit Program ensures that when a person has difficulty walking more	  	

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		
Services available in Quebec				
Women Veterans Program / Foundation Québécoise des Vétérans	https://fqv-qvf.ca/en	Reduce the rate of isolation and suicide among women Veterans by encouraging organizations to provide resources that are tailored to their unique needs		 
Home Support Services / Montreal West Island Integrated University Health and Social Services Centre	https://www.ciusses-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-residents-and/or-those-experiencing-a-loss-of-independence/home-support-services	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
Domestic Help/ Montreal West Island Integrated University Health and Social Services Centre	https://www.ciussss-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-andor-those-experiencing-a-loss-of-independence/domestic-help/	Provides housekeeping, meal preparation, and laundry services		
Services for those experiencing a loss of independence / Montreal West Island Integrated University Health and Social Services Centre	https://www.ciussss-ouestmtl.gouv.qc.ca/en/care-and-services/seniors-residents-and/or-those-experiencing-a-loss-of-independence/domestic-help	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
Financial Assistance Program for Domestic Help Services/ Régie de l'assurance maladie	https://www.ramq.gouv.qc.ca/en/citizens/aid-programs/domestic-help	Funding provided to those in need (must meet criteria)		 
Programme d'adaptation de domicile (French only) / Société d'habitation du Québec	https://www.quebec.ca/habitation-territoire/construction-renovation/adapter-etablissement-domicile-personnes-handicapees/programme-adaptation-domicile/a-propos-programme-adaptation-domicile	Provision of remodelling to support aging in place Funding for remodelling services	 	
Tax credit for home-support services for seniors / Revenu Québec	https://www.revenuquebec.ca/en/citizens/tax-credits/tax-credit-for-home-support-services-for-seniors/	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
Veteran family telemedicine service / Canadian Forces Morale and Welfare Services	https://cfmws.ca/support-services/health-wellness/health-care/veteran-family-telemedicine-service	Connects medically released Veterans to a network of Canadian-licensed service providers		
Services Available in British Columbia				
Multiple programs offered / Veteran Health Centre	https://www.broadmeadcare.com/adult-day-programs/veterans-programs-and-services/	A wide array of group health programs e.g. Geriatric Assessment Program, Monthly Care Partner Support Group and Respite Leisure and social services	 	
Provision of training, and educational opportunities to Veterans/ University of	https://opl.educ.ubc.ca/certificate-veterans-transition/	15 credit part-time certificate for individuals transitioning from military to civilian careers		

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
British Columbia - Office of Professional Learning				
Services Available in Saskatchewan				
Saskatchewan Veterans Service Club Support Program / Government of Saskatchewan	https://www.saskatchewan.ca/Government/News-and-Media/2026/april/08/applications-being-accepted-for-the-2026-27-saskatchewan-veterans-service-club-support-program	Grants provided for home improvement projects	 	 

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
2SLGBTQ+ Seniors Group / UR Pride Centre for Sexuality and Gender Diversity	https://www.urpride.ca/community	A 2SLGBTQ+ group for seniors that meets via Zoom twice a month		
Virtual Care – Remote patient monitoring, telehealth / Government of Saskatchewan – Health	https://www.ehealthsask.ca/residents/virtualcare French and other minority: https://cdn-ca.agilitycms.com/ehealthsaskatchewan/residents/mysaskhealthrecord/mshr_step-by-step-registration-guide_french.pdf	Provides eHealth services for Saskatchewan residents (remote patient monitoring, telehealth)		 
Home Care / Government of Saskatchewan	https://www.saskatchewan.ca/residents/health/accessing-health-care-services/care-at-home-and-outside-the-hospital/home-care French: https://www.saskatchewan.ca/bonjour/health-and-healthy-living/accessing-health-care-services/care-at-home-and-outside-the-hospital/home-care	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		
Wellbeing and wellness support – home support and community care, mental health services, home and community care / Saskatoon Tribal Council	https://sktc.sk.ca/wellness/stc-health-centre/	Healthcare navigation Affordable housing Housing and technical services Well-being services; wellness support services Education and work services	   	
Service Dogs / Courageous Companions	https://courageouscompanions.ca/	Provides certified dogs to military, Veterans, and first responders		
Services available in Nova Scotia				

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
Customised home-based health care / Paramed Home Health Care (Halifax)	https://www.paramed.com/	Palliative care, respite care, nursing services, and personal support	 	
CAPABLE (Community Aging in Place, Advancing Better Living for Elders)	https://von.ca/en/capable	Variety of programs that offer clinical, personal and social support to older adults and Caregivers	 	
Centre of Rural Aging and Health (CORAH) / Nova Scotia Community College	https://www.nsmcc.ca/landing/corah/index.asp	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
Variety of programs to support caregivers of older adults / Caregivers Nova Scotia	https://caregiversns.org/resources/	Home care and other services such as meal provision, grocery delivery, etc Adult day programs	 	
Services available in New Brunswick				
Meal provision / Operation Feed	https://ofsj.ca/	Provision of meals to Veterans and emergency workers		
Extra-Mural Program (EMP) / Medavie Health Services New Brunswick	https://extramuralnb.ca/en/	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
Home Support Services (HSS) / Department of Social Development	https://socialsupportsnb.ca/en/program/home-support-services	Personal care services, such as housekeeping or meal preparation, provided by home support workers	 	
Adult Day Centres / Social Supports New Brunswick	https://socialsupportsnb.ca/en/program/adult-day-centres	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		
Aging in New Brunswick: A User's Guide / St. Thomas University	https://www.stu.ca/aging-in-nb-en/	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		
Services available in Newfoundland				
Home Support Services Program / NL Heath Services (Central Health, Eastern Health, Western Health, and Labrador-Grenfell Health)	https://nlhealthservices.ca/about/lines-of-business/	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		
Services available in Nunavut				
Home and Community Care (HCC) / Funded by the	https://assembly.nu.ca/sites/default/files/TD%2078-4(3)%20EN%20Continuing%20Care%20in%20Nunavut,%202015%20to%202035_0.pdf	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
Nunavut Government				
Services available in NWT				
Seniors aging in place-funding / Housing North West Territories	https://www.nwthc.gov.nt.ca/en/services/seniors-aging-place	Financial support provided for home repairs and alterations		
Home and Community Care services / Available in multiple communities in the NWT	https://www.ntlegislativeassembly.ca/sites/default/files/legacy/td90-175.pdf	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		
Services available in PEI				

Name of Program (if applicable)/ Name of Organization	Website	Description	Type of service	Specialized Services available
COACH (Caring for Older Adults in the Community and at Home)	https://www.princeedwardisland.ca/en/information/health-pe/caring-for-older-adults-in-the-community-and-at-home-coach-program	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		
Paramedics providing care at home / The program / The Provincial Integrated Palliative Care Program and Island EMS are working together	https://www.princeedwardisland.ca/en/information/health-pe/palliative-care	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
PEI Home Renovation Programs / Provided through the PEI Government	https://www.princeedwardisland.ca/en/service/pei-home-renovation-programs	Provides financial assistance to homeowners		 
Seniors Independence Initiative / Provided through the PEI Government	https://www.princeedwardisland.ca/en/service/seniors-independence-initiative	Provides financial assistance for practical services making it easier for seniors to remain in their own homes and communities		
Seniors' navigator / Provided through the PEI Government	https://www.princeedwardisland.ca/en/information/social-development-and-seniors/seniors-navigators	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
PEI's Home Care Program	https://www.princeedwardisland.ca/en/information/health-pe/health-pe/home-care-program	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

