



## CAOT Position Statement: Aging in Place (August 2019)

*"I don't want seniors to be recognized because they are contributors to community. I want it to be understood that seniors have been citizens all their lives, and as such they have to be supported with services they need as they age. They have a right to be supported."*

(Quote from a 95-year-old senior citizen advocate as reported in Trentham, B. L., & Neysmith, S. M. 2017)

*The Canadian Association of Occupational Therapists recognizes the impact of a person's environment - the physical, social, and attitudinal environments in which people live and conduct their lives (WHO 2001:8,10) on participation in valued activities, and that occupational therapists have a distinct role in seniors' care and facilitating aging in place in a setting of their choice. CAOT acknowledges the diversity amongst seniors and considers the full spectrum of client needs and capabilities, thus negating a "one size fits all" approach to aging in place. A client-centred approach is taken whereby clients are understood as individuals as well as being part of families, organizations, community groups and other groups, and as such recognizes the importance of both the home and community aspects of aging in place. Occupational justice underpins this position statement, where all people have the opportunities, resources, and rights to engage in meaningful occupations to meet both intrinsic needs and societal expectations (Townsend & Wilcox, 2004; Wilcox & Townsend, 2000). The World Health Organization's Age-Friendly Communities model is used to guide this holistic approach to aging in place and this Position Statement provides guidance for occupational therapists looking to expand their practice in the areas identified in the framework.*

### INTRODUCTION

Canada's rapidly changing demographics, the rise of co-morbidities and chronic conditions, and a strained health care system requires a new approach to care that includes supports for healthy living and healthy behaviours through changes to social and built environments (PHAC, 2019). Occupational therapists play a key role in age-friendly communities, using their unique skills to keep people out of hospitals and allow them to age in a setting of their choice (herein defined as aging in place). Oftentimes, the environments in which seniors live are not designed to accommodate

age-related changes that include cognitive decline, decreased function and mobility, increased falls risk, and hearing or vision loss, or changes in caregiver situations, leading to entry into residential or hospital care. This is despite 80% of seniors desiring to age in their homes and communities (RBC, 2014). Occupational therapists help eliminate barriers, whether physical, social or attitudinal, to help seniors age in place safely, and to participate in meaningful activities that bring joy, meaning, and belonging to their lives.

This Position Statement will view the term "aging in place" first and foremost from an occupational lens, which views the aging process as one of changing patterns of purposeful "doings" (i.e., everyday activities), including how these everyday activities develop and evolve and how their meanings subjectively transform throughout the life course (Trentham, 2014). While this perspective conveys a holistic understanding of aging with its concern for the body, mind, and spiritual aspects of individuals, it goes beyond 'the individual' and recognizes how social, physical, temporal and historical places and spaces can shape the aging process (ibid).

### KEY CONTRIBUTIONS OF OCCUPATIONAL THERAPY TO AGING IN PLACE

#### Homes

Occupational therapists are involved in multiple areas to address housing needs. Primarily, occupational therapists evaluate individual client needs for housing that matches their abilities and resources. They might also facilitate transitions to suitable housing, whether they may be private houses or apartments, seniors' residences or other supportive housing. In situations where a senior is dependent on friends and family for their activities of daily living, aging-in-place may only

be a viable option if caregivers have adequate supports themselves. In this case, the OT role includes caregiver capacity-building through education or collaborative problem-solving, for example. They also enable housing accessibility and safety through structural modifications or services, and on a broader systemic level, they advocate for or contribute their expertise as consultants in related programs and services. Housing accessibility refers to the design of homes and living spaces, for example physical layouts and functional features, such that they are readily and safely usable by residents in their everyday activities. While newly constructed housing may be accessible by design, accessibility and safety of existing housing may be enhanced by major or minor exterior or interior modifications (e.g. changing the layout of bathrooms and bedrooms so that they are on the ground level, adding an entryway ramp external to the home, installing handrails in bathrooms, installing door alarms, removing scatter rugs). Studies show a positive relationship between home modifications and living longer in their current housing (aging in place) (Hwang et. al. 2011) and that such modifications, when part of a comprehensive home evaluation and intervention program can delay functional decline among other health-related outcomes (Chase et. al. 2012). Use of universal design approaches enable the creation of housing and environments for diverse groups that accommodate individuals of various physical, sensory or cognitive abilities, are easy and comfortable to use, and adaptable for varying needs (Steinfeld and Maisel, 2012). The Canadian Mortgage and Housing Corporation reported that over half of the accessibility design features, when individually included in new homes, cost between \$0-99, and an additional 18% of individual features cost from \$100-\$499 (Canadian Mortgage and Housing Corporation, 2016). Personalized assessment and interventions for home access, safety and the performance of valued activities are major areas of occupational therapy practice and increasingly occupational therapists are engaged as consultants in the design of new and existing housing and communities.

### **Assistive Technology**

Assistive technology devices and services when used in the home (such as wheelchairs, bathroom transfer aids, medication or appointment reminders, or personal emergency response systems) can improve accessibility, safety, and valued activity performance of seniors experiencing physical, sensory, or cognitive changes. Consumer products may be highly assistive, such as

smart home hubs and embedded sensor systems for communication and home automation and control (e.g. for lighting, temperature, door locks, safety and security, appliances and entertainment). Many devices and services can enable seniors' independent activity performance, may reduce reliance on caregivers or support caregivers in their caregiving activities. The provision of these devices and services are major means of intervention for occupational therapists.

### **Strategic Direction and Role of Occupational Therapists**

- Advance occupational therapy practice through capacity building in areas of accessibility, universal design, home modifications, and assistive technology.
- Develop further research evidence on the impact of home modifications and assistive technology on seniors' occupational performance as well as on home and community participation.
- Develop economic analyses of home modifications and assistive technology use, benefits of use, and costs to health and social services.
- Participate in the design, delivery, evaluation and research of home modifications and assistive technology.
- Promote awareness of and advocate for housing programs and services for accessible and affordable housing options, home modifications and maintenance.
- Advocate for OTs role in primary care and home/ community care to support aging in place (refer to CAOT's Position Statement on Home and Community Care).

### **Communities**

Beyond the home, neighborhoods and communities are also crucial in seniors' ability to age in place. Age-friendly communities can provide both formal and informal support networks to facilitate the process of aging in place, such as opportunities for participation in recreational, cultural, and other social activities. Key events associated with late life such as retirement or loss of friends or spouse to illness and death can sharply reduce daily social contacts and social stimulation, resulting in social exclusion; age discrimination and ageism can intensify the marginalization of older people. Further, the incremental impact of systemic and structural discrimination experienced by historically marginalized social groups over a lifetime (e.g., racialized groups, Indigenous Peoples, disabled individuals, LGBTQ+) creates greater inequities that magnify the

effects of social exclusion experienced by many older people. Scholars have also identified neighborhood characteristics and location as major causes of social exclusion for older people (Phillipson and Scharf, 2004; Scharf, Phillipson and Smith 2005). Neighbourhood social cohesion can be a key facilitator of social participation in older adults (Vaughan et al., 2015); this sense of cohesion stems from all the relationships and interactions that take place between community members, service providers and staff of local establishments. Occupational therapists promote understanding of the relationship between social inclusion, occupational engagement and health and well-being (CAOT, 2016) and help to facilitate socially inclusive environments.

### **Strategic Direction and Role of Occupational Therapists**

- Create awareness and educational opportunities on the rights and dignity of older adults in order to combat ageism.
- With a focus on equity, advance collaborative roles with marginalized older people including those from ethnic and racialized minorities or low-income populations, Indigenous older adults, those experiencing or at risk of homelessness or members of sexual minorities and provide culturally safe services (Turcotte, 2018).
- Broaden practice to include group-based interventions to foster social participation, rather than individual home visits, in a community setting (Turcotte, 2018).
- Collaborate with stakeholders at national and regional levels, professional associations, health and human service organizations and communities to promote seniors' social inclusion in programs and services.

### **Public Spaces**

Public spaces and the services and amenities within them can promote social participation in older adults, a key aspect of well-being across the lifespan. Public spaces may include parks, retail outlets, a range of health or social services, and other amenities. Accessibility, including equitable access to and use, of such spaces, services and amenities are critical to aging in place. Proximity to resources, access to public transportation, neighborhood security, and user-friendliness of the walking environment all contribute to increased social participation in older adults (Levasseur et al., 2015). Older adults living in rural and remote areas indicate that walkability, meaning accessible and easy to navigate sidewalks, pathways, and trails, as well as proximity of services, are important features in their communities. However, walkability is

often underdeveloped in these areas (i.e. less continuous sidewalks), thereby limiting seniors' physical activity and ability to attend to services in their community and affecting their ability to participate in valued activities (Sinha et al., 2016). The built environment must support access to public spaces.

Perceived safety is a primary factor in older adults' decisions to be mobile in the community, and these perceptions can be impacted by physical features, such as neighbourhood aesthetics (Yen, 2014). Beyond physical impediments, occupational therapists help clients overcome any barriers, whether it be difficulty accessing public services, overcoming altitudinal limitations, anything that would prevent senior's full participation in society.

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### **Transportation**

For older adults, access to and use of a car is not only a convenience but is also the most viable means to maintain independence and social engagement, particularly if walking is difficult. Unfortunately, when distance driven is considered, older drivers are more likely to be involved in collisions that result in serious injury and death, beginning at age 70 and escalating thereafter. Losing the license to drive whether voluntary or otherwise, reduces out-of-home activity levels, decreases health status, increases chances of experiencing depression, and can even begin the move to a long-term care facility; all of which have enormous societal and individual costs. For those who no longer drive,

accessible and affordable public transportation remains a key issue, particularly in rural areas, which can limit social involvement and access to community services, such as fall prevention clinics and exercise programs. Such services are important for supporting seniors to age in place (Sinha et al., 2016).

### **Workplaces/Productive Occupations**

Ensuring community opportunities for productive occupations, such as paid employment, exercising citizenship rights and responsibilities and meaningful voluntary pursuits, is an important part of supporting older adults to age in place.

Paid employment can bring older adults health, social and financial benefits (Hinterlong et al., 2007; Patacchini & Engelhardt, 2016) and, for many, it is a financial necessity. Statistics Canada figures show recent increases in the employment rates of older adults (age 55+) with expected working life three years longer than in 1997 (Galarneau & Yves, 2011). Despite these increases, ageism in the workforce is prevalent: twenty percent of Canadian workers over 65 report age discrimination from their employer (Revera, 2012) while fifteen percent of workers aged 50 - 75 who have lost their job cite their age as preventing re-employment (Pignal, Arrowsmith & Ness, 2008). With Canadian employers reporting a lack of policies and programs to recruit and retain older workers (HRSDC, 2011), organizational change to create more age-friendly workplaces is needed.

### **Strategic Direction & Role of Occupational Therapists**

- Broaden the scope of the OT role in mobility planning across practice settings (e.g., primary care, acute care, inpatient rehabilitation, outpatient services and community care).
- Advocate for the OT role within strategic planning regarding accessible transportation and mobility at the community, organizational, and government levels.
- Develop the knowledge and skills to deliver driver evaluation and rehabilitation services (CAOT, 2009, p.4) including driver screening, assessment and readiness to return to driving, including access to primary prevention programs like 'CarFit'.
- Advocate to include conversations about mobility planning prior to discharge from hospital settings.
- Support communities in developing ridesharing and volunteer driving services, and disseminating awareness of these resources to older adults and caregivers.

- Engage in educational initiatives to prompt early conversations about advanced planning related to mobility (i.e., after an older adult is no longer able to drive).

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Supporting both the retirement transition and civic participation after retirement are also necessary for the well-being of older adults' aging-in-place. Retirement is a complex occupational transition that affects a person's roles and identities (Pettican & Prior, 2011). For some individuals, it is associated with loss of meaning or productivity and for others the lack of structure may be challenging (Van den Hoonard, 2015). Engagement in valued activities has been found to promote health, well-being and satisfaction with life post-retirement (Jonsson et al., 2001). For many older adults, meaningful volunteer opportunities including participation in citizenship activities (e.g., voting, advocacy) are an avenue to this engagement yet ageist barriers to participation increase with age (Trentham & Neysmith, 2017). Health and physical limitations, however, are cited by over half of all Canadian seniors as barriers to volunteering (Government of Canada, 2010). Increasing the diversity and flexibility of volunteer options available to older adults within their communities needs to be a part of aging-in-place initiatives. Retirement planning, both financial and in

terms of finding new routines and activities, has also been identified by retirees as important in easing the retirement transition (Hewitt, Howie & Feldman, 2011).

Engaging older adults approaching retirement in occupation-based retirement planning can promote the well-being of this population as they age in place.

## **Strategic Direction and Role of Occupational Therapists**

- Expand the OT role in work-based rehabilitation to include a specific focus on supporting older adults to remain in the workforce (e.g. by conducting job-demands analyses, recommending workplace accommodations and teaching job search skills)
- Serve as consultants to employers on developing programs and policies to attract and retain older workers (e.g. accommodations like flexible scheduling, universal design, work-retraining programs, and shifts in workplace culture)
- Advocate for an increased role for occupational therapy in retirement planning and the retirement transition (e.g. in the workplace and community care)
- Support older adults through the retirement transition by engaging in pre- and postretirement planning on topics such as financial management, changes in routine, shifting roles and meaningful occupation
- Work at a community level to develop more opportunities for older adults to engage in and advise on voluntary pursuits

## **CAOT Initiatives**

CAOT has been actively engaged on the Aging in Place front through a number of initiatives such as: the Home Modification Task Force; the development of a Role Paper and Position Statement; support for an active Practice Network of Retired Occupational Therapists whose members serve as mentors to young occupational therapists entering the profession; sponsorship of CAOT Conference sessions, plenaries and Professional Issue Forums.

## **Annex**

The annex provides supplementary information that may be of assistance to occupational therapists in the research, academic and practice arenas.

### **1.0 The Laidlaw Foundation (2000) cornerstones of social inclusion**

1.) conferring recognition and respect; 2.) nurturing one's skills, capacities and choices to live a life they value and find worthwhile; 3.) having the rights and the necessary

supports to make decisions affecting oneself, family and community and be engaged in community life; 4.) sharing physical and social spaces for interactions and reducing social distances between people; and 5.) having the material resources to participate fully in community life. Thus, conferring recognition and respect to older adults as they age, ensuring resources and autonomy to age in dignity, ensuring rights and supports to make personal healthcare and housing decisions, eliminating the social and physical distances between older adults and their community, and ensuring availability of financial assistance and housing to participate fully in society are critical to ensuring the social inclusion of older adults.

## **2.0 Social Determinants of Healthy Aging: Beyond Lifestyle**

Health promotion is the process of enabling people to increase control over and to improve their health (WHO, 1986). This statement views health as not the mere absence of disease but the ability to identify and to "realize aspirations, to satisfy needs, and to change or cope with the environment."

## **3.0 Disease and Injury Prevention**

Occupational therapists recognize the inherent health-promoting effects of engaging in the personally meaningful activities within valued social contexts. That is, continuing to do the things that are important to you with the people you enjoy doing them with is good for your health (Glass 1999, Hsu 2007, Klumb 2007, Morita 2010). When injury or chronic illness make these activities more challenging, occupational therapists can help seniors find ways to build on their strengths and problem-solve new ways to do these important activities.

By taking an occupation-focused, strengths-based approach to health promotion and injury prevention, occupational therapists work in partnership with seniors to wisely weigh the risks of certain activities and determine how best to confront these risks. Occupational therapists are recognized as injury prevention specialists and can help to modify the physical environment to lower the risk of falls, burns and other injuries (Cumming 1999, Elliott 2018, Gagnon-Roy 2018). In addition to working with individual seniors, occupational therapists may be consulted by community centres, businesses, and governments to help them determine how to build, maintain and staff facilities to make them manageable and welcoming for seniors.

## **4.0 End of Life Care**

Majority of Canadians would like to live at home for end

of life and pass away in their own home environment (Canadian Hospice Palliative Care Association, 2013). However, for many Canadians, this is not possible due to a variety of practical and systemic concerns. For example, only 16-30% of Canadians requiring palliative care services receive palliative care, despite the Canadian government stating that palliative care is a right for all Canadians (Canadian Institute for Health Information, 2007). Implementing the Pan Canadian Framework for Palliative Care will make it possible for more Canadians to access palliative care in Canada. The goal of palliative care is to improve the quality of life of people who are palliative and their support networks, through the alleviation of suffering (including physical, emotional, spiritual, and social domains) (Canadian Hospice Palliative Care Association, 2015; World Health Organization, 2016). In order to meet the aim for improved quality of life, it is crucial that occupational therapists are involved in the health care of people who have a palliative diagnosis, as the issue of aging in place is often not addressed prior to the palliative diagnosis.

## 5.0 Canadian Policy Context for Aging in Place

Supporting seniors to age in place has been a broad theme in Canadian federal policy and investments have been made in programs for age-friendly communities, affordable housing, assisting with homelessness, and caregiver support (Government of Canada, 2014). Implementing the World Health Organization (WHO)'s Age-Friendly Communities initiative through the Public Health Agency of Canada has been a key area in federal policy for over a decade (Government of Canada, 2014; World Health Organization, 2007; Public Health Agency of Canada, 2012). Making communities age-friendly through programs, structures, and services can be a means to enable seniors to have good health and to be safe, active, and socially included (age-friendly implementation).

## 6.0 International Instruments

The WHO outlines eight broad age-friendly feature domains of the physical and social environment: 1. outdoor spaces and buildings, 2. transportation, 3. housing, 4. social participation, 5. respect and social inclusion, 6. civic participation and employment, 7. communication and information, and 8. community support and health services (World Health Organization, 2007). Occupational therapy can significantly impact all eight domains, and it is through the Age-Friendly Communities Framework that current and future practice areas that are relevant to occupational therapy and aging in place are discussed. The WHO has endorsed a resolution

that requests greater access to assistive technology with the goal of building capacity of member states to improve access to assistive technology.

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