A Case-Example on Developing an Age-Friendly Action Plan for Addressing Social Isolation in Older Chinese Adults

November 30, 2017

Presenters:

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A Case-Example on Developing an Age-Friendly Action Plan for Addressing Social Isolation in Older Chinese Adults

Age-Friendly Outreach Program Webinar
Thursday Nov. 30, 2017

Sander L. Hitzig, PhD & Raza M. Mirza, PhD

National Initiative for the Care of the Elderly
Initiative nationale pour le soin des personnes âgées
OVERVIEW

• An Action Plan for Making the Toronto-Kensington Chinatown Neighborhood (KCN) More Age-Friendly (Neighborhood specific)
  – Community Portrait & Action Plan Development
  – Development of the KCN Action Plan

• Key Lessons Learned for Age-Friendly Community Planning
Action Plan for the KCN
THE PROBLEM

Social isolation is a serious issue that has been shown to negatively affect the health & wellbeing of older adults

- Social disconnectedness (lack of contact with others; lack of participation; small social network);
Social isolation is a serious issue that has been shown to negatively affect the health & wellbeing of older adults

- Social disconnectedness (lack of contact with others; lack of participation; small social network);
- Perceived social isolation (feelings of loneliness & not belonging);
- Issue may be magnified due to a variety of factors (living alone; immigrant seniors; disability; income, etc.).
SOCIAL ISOLATION & ETHNICITY

Being from a minority culture has been shown to be a determinant for social isolation (De Jong Gierveld et al., 2015)

- Social isolation has not been systematically studied in older immigrant adults. (Dong et al., 2012)
- Issue not well-explored in the Chinese population
- Western belief of filial piety has ‘masked’ the issue. (Ip et al., 2007)
- Displacement have changed practices over time. (Chow, 2004)
The number of older adults is forecasted to grow by up to 60% in the next 20 years.

The City must be ready to address the growing number of diverse older adults.

**Population Growth Forecast**

- **Current (2011)**: 680,945 people
  - 2% 85+ years
  - 5% 75-84 years
  - 7% 65-74 years
  - 12% 55-64 years

- **Population Forecast (Hemson Consulting)**
  - 2011: 680,945 people
    - 2% 85+ years
    - 5% 75-84 years
    - 7% 65-74 years
    - 12% 55-64 years
  - 2021: 900,610 people
    - 3% 85+ years
    - 9% 75-84 years
    - 13% 65-74 years
    - 12% 55-64 years
  - 2031: 1.1 million people
    - 3% 85+ years
    - 7% 75-84 years
    - 11% 65-74 years
    - 12% 55-64 years
  - 2041: 1.2 million people
    - 5% 85+ years
    - 9% 75-84 years
    - 10% 65-74 years
    - 12% 55-64 years

*Source: Hemson Consulting Ltd. 2012*
The Toronto Seniors Strategy
Towards an Age-Friendly City
New employment event for older Torontonians seeking employment during Workforce Development Month in 2015 (7a)
Community Support and Health Services

- Independence at Home Initiative with Toronto Community Housing

- Sought and received funding from the Ministry of Health for two Community Paramedics (11h)
Transportation

- More time to cross the street at intersections with traffic lights (19a)
- Installed accessible pedestrian signals (19c)
- Changed ‘courtesy seating’ to the new blue ‘priority seating’ in all TTC subway cars, streetcars and buses
Outdoor Spaces

• 500+ new park benches
• 500+ new benches around residences for older Torontonians (21a)
• Larger print signs at intersections (21e)
How many of you are aware of the Toronto Seniors Strategy?

1) I am aware of it.
2) I was not aware of it.
SELECTION OF THE KCN

City of Toronto identified the top 10 ‘Aging Improvement Areas’, with the KCN ranking #6.

- High rate of older adults (65+ years; 2,561 ~ 14% of the community) who live alone (~ 40%).
- High rates of poverty.
- High proportion of persons of Chinese descent with Chinese n.o.s, Cantonese & Mandarin being the top 3 mother & home languages.
OBJECTIVE

1. Conduct a needs assessment of the Kensington-Chinatown Neighborhood (KCN) – Ward 20 / Trinity Spadina East – to identify the physical, social, cultural & environmental factors contributing to social isolation in Chinese seniors living in the KCN.

2. Develop an action plan detailing strategies that promote the principles of age-friendliness in the KCN.
ACTION PLAN PROCESS

• Literature Review
  • Identification of key potential issues
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• Environmental Scan
  • Identification of resources in the community
  • Obtaining a ‘community portrait’ of the issue of social isolation in the KCN
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• Consensus Meeting
  • Structured processes with key stakeholders to finalize, select & develop plans to address priorities
ACTION PLAN PROCESS

• Literature Review
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  • Obtaining a ‘community portrait’ of the issue of social isolation in the KCN

• Consensus Meeting
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A world that is age-friendly allows people of all ages to be active participants in their community & provides respect, regardless of their age.

An age-friendly environment makes it easy for older people to stay connected to those who are important to them & to help them stay healthy and active – even at the oldest ages.

In cases where people cannot look after themselves, there are appropriate supports in place to ensure that they can stay a part of their community.
KCN Environmental Scan
SURVEY & FOCUS GROUPS

Surveyed 100 Asian older adults in the KCN

Survey to provide insight on physical, mental & social health in older Chinese KCN residents.
SURVEY & FOCUS GROUPS

SURVEYED 100 ASIAN OLDER ADULTS IN THE KCN

FOCUS GROUPS WITH OLDER ADULTS (N=24) & KCN Practitioners (N=8)

Survey to provide insight on physical, mental & social health in older Chinese KCN residents.

Focus groups with older adults & practitioners to expand on survey findings.

Funding provided by the Government of Ontario
OLDER CHINESE ADULTS (N=100)

Key Variables

- Top five community resources used
  - Perceived importance / Frequency of use / Ease of access
- Instrumental activities of daily living (shopping, banking, etc.)
- Social connectedness & social participation
- Psychological & physical health
- Socio-demographics

Funding provided by the Government of Ontario
OLDER CHINESE ADULTS (N=100)

• 29 men / 71 women.
• Mean age of 75.9 years (59 to 89).
• Years living in Canada – 18.7 years (1 to 61 years).
• 55 single / widowed / divorced; 45 married.
• 39 had an education level of secondary or less; 61 post-secondary.
• 87 retired / 2 working / 11 volunteer or other.
STATUS, LANGUAGE & INCOME

STATUS

• None born in Canada;

• Majority (90%) originally from Mainland China; 5% Hong Kong; 5% other east Asian countries.

LANGUAGE

• Mandarin speaking (75%); Cantonese (25%);

• English Fluency: 9% fully / 25% somewhat / 40% low / 26% none.
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INCOME

• 65% made less than 20k per year (gross);
• 17% - 20 to less than 50K;
• 5% - 50 to less than 100K; 1 person made more than 100K;
• 12% No response
LIVING STATUS

- 50% lived alone;
- 36% lived with a spouse;
- 10% with a spouse &/or other family members;
- 3% living with their children (no spouse);
- 1% lived with a roommate;
- 17% were informal caregivers.
PHYSICAL & MENTAL HEALTH

MENTAL HEALTH

• Moderately good levels of mental health (WHO-5).

PHYSICAL INDEPENDENCE

• High levels of physical independence (IADL).
• 26% had a mobility impairment.

<table>
<thead>
<tr>
<th>Scale &amp; Domain</th>
<th>Lowest &amp; Highest Possible Score</th>
<th>Mean (SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO 5 – Mental Health</td>
<td>0 - 25</td>
<td>17.9 (4.2)</td>
<td>4 - 25</td>
</tr>
<tr>
<td>Lawton IADL – Physical Independence</td>
<td>0 - 8</td>
<td>7.6 (0.8)</td>
<td>4 - 8</td>
</tr>
</tbody>
</table>
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PHYSICAL INDEPENDENCE

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- 26% had a mobility impairment.

SELF-REPORTED HEALTH

- 38% - Excellent or very good health.
- 19% - Good health.
- 35% - Fair health.
- 7% - Poor health.
SOCIAL HEALTH

- Moderate levels of social wellbeing – community integration (Social Wellbeing Scale).
- Moderate social engagement (Lubben Social Network Scale).
- Low levels of loneliness (DeJong Loneliness Scale).

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<tr>
<td>Social Wellbeing Scale – Community Integration</td>
<td>3 -21</td>
<td>13.8 (2.6)</td>
<td>5 - 19</td>
</tr>
<tr>
<td>Lubben Social Network Scale – Social Engagement</td>
<td>0 – 30</td>
<td>13.5 (5.8)</td>
<td>0 -24</td>
</tr>
<tr>
<td>DeJong Loneliness Scale – Loneliness</td>
<td>0 - 6</td>
<td>2.2 (1.7)</td>
<td>0 - 6</td>
</tr>
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FACTORS INFLUENCING SOCIAL HEALTH

• Living in Canada longer was associated with lower levels of social engagement.

• Mandarin-speaking persons had stronger levels of social engagement than Cantonese-speaking individuals.

• Persons with internet had home had stronger levels of social engagement than those who did not.
FACTORS INFLUENCING SOCIAL HEALTH

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• Mandarin-speaking persons had stronger levels of social engagement than Cantonese-speaking individuals.

• Persons with internet had home had stronger levels of social engagement than those who did not.

• Informal caregivers had better social health than non-informal caregivers.

• Persons with a mobility impairment were lonelier.

• Persons with lower levels of education had poorer mental health.
SOCIAL PARTICIPATION

• Most commonly cited resources used to maintain health & wellbeing were: a) community centres/services; b) medical services; c) regular outings; & religious services.

• 67% reported having easy access to services needed to maintain health & wellbeing in the community.

• When asked about barriers to social participation, the most frequent barriers were distance/transportation & cost.
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• When asked about barriers to social participation, the most frequent barriers were distance/transportation & cost.

• When asked if they would like to participate in more social, recreational or group activities, 47% said ‘Yes’.
KEY FINDINGS

• Participants were representative of the community [compared to 2011 Census Data] & to other reports on Canadian Chinatowns.
• Approx. 40% have issues with their self-reported health.
• Participants had moderate levels of good mental health.
• Although 50% of the sample lived alone, there were low reports of ‘feeling’ lonely & moderate levels of social engagement (social networks) & moderate feelings of social wellbeing.
  — Over 1/3 (39%) were at risk for social isolation.
• 29% reported challenges of accessing services they need for maintaining health & wellbeing.
KEY FINDINGS

• Group had low levels of social participation – especially with regard to recreational & civic activities.

• Key barriers were distance, transportation & cost (approx. 20% citing these as the more common reasons).

• Approximately half of the sample (47%) reported wanting to participate in more social, recreational or group activities.
FOCUS GROUPS

Focus groups with older Chinese adults
• 19 Mandarin speaking older adults.
• 6 Cantonese speaking older adults.

Focus group with 8 KCN front-line practitioners to obtain their insights on the needs of older Chinese adults living in the KCN

Funding provided by the Government of Ontario
FOCUS GROUPS – OLDER ADULTS

• Need for more affordable **public transit**.

• Addressing ways to minimize **language barriers** to better navigate the community (esp. outside KCN), access services & obtain information (e.g., routes of communication need to be improved).

• **Housing** issues include long wait periods to get access to senior housing, & a need for more homecare services (e.g., access to hot meals).

• Need to improve **housing** standards (cleanliness; having staff that speak Chinese to facilitate communication of information) & issues associated with rising **costs** (e.g., afraid to turn on heat).
FOCUS GROUPS – OLDER ADULTS

• Need to improve the cleanliness of the community & to beautify it.
• Wait times & accessibility (including cost) to medical / health services were noted (e.g., access to dental services; obtaining prescription medication). Impaired mobility makes it more difficult.
• Need more accessible & low-cost recreational & social activities.
FOCUS GROUPS – KCN PRACTITIONERS

- **Language barriers** – access/navigating healthcare, transportation, social participation, information.
- **Housing** - Financial exploitation / inter-generational conflict.
- **Social isolation** – adverse outcomes, neglect.
FOCUS GROUPS – KCN PRACTITIONERS

- Language barriers – access/navigating healthcare, transportation, social participation, information.
- Housing - Financial exploitation / inter-generational conflict.
- Social isolation – adverse outcomes, neglect.
- Need for a coordination of services – exchange of knowledge.
- Stigma – dementia, requiring help.
CONSENSUS MEETING

Funding provided by the Government of Ontario
CONSENSUS MEETING

One-day consensus meeting to develop an age-friendly city action plan for the KCN

- 44 key stakeholders (10 older KCN older adults; front-line practitioners, municipal & provincial representatives, researchers, etc.) attended a one-day meeting (March 2, 2017) to identify top priorities for promoting age-friendly principles in the KCN & develop an action plan.

- 25 priorities were generated from the scoping review, survey data, focus groups & meeting invitees.

Funding provided by the Government of Ontario
How many of you have participated in a Consensus Meeting before?

1) I have participated.
2) I have never participated.
3) Unsure/don’t know
CONSENSUS MEETING PROCESS

PRE-MEETING

Invitees provided report based on review + enviro scan & asked to rank top priorities for the KCN
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**PRIORITY SETTING**
Attendees re-voted on priorities to confirm top 5 priorities (*consensus pre-defined at 80%*)
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**ACTION PLAN**
Develop short-term & long-term action strategies (following S.M.A.R.T. principles) to make the KCN more age-friendly

S = Specific; M = Measurable; A = Achievable; R = Realistic; T = Time bound

Funding provided by the Government of Ontario
## TOP 5 PRIORITIES

<table>
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<tr>
<th>PRIORITY</th>
<th>#</th>
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<tbody>
<tr>
<td><strong>COMMUNICATION &amp; INFORMATION</strong> - Identify optimal ways for sharing information with older Chinese adults in the community about important events, services, programs etc. (e.g. Chinese TV Channel, word of mouth).</td>
<td>26</td>
</tr>
<tr>
<td><strong>HEALTH &amp; COMMUNITY</strong> - Ensure the availability of linguistic &amp; dialect-diverse front-line professionals in community agencies who can communicate with diverse older adults.</td>
<td>21</td>
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<tr>
<td><strong>TRANSPORTATION</strong> - Identify ways older adults can be more independent to travel around the cities. This encompasses more accessible, frequent, affordable and efficient public transit service. This includes distributing information about common and accessible routes in Chinese language</td>
<td>19</td>
</tr>
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<td><strong>HOUSING</strong> - Reduce waiting times for senior housing and improve housing standards (e.g. cleanliness, management etc.).</td>
<td>18</td>
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<td><strong>HEALTH &amp; COMMUNITY</strong> - Mechanisms for identifying high risk socially isolated older adults. Foster outreach and provide relevant information about community programs and services to subgroups of vulnerable older adults (e.g., live alone, widowed, intergenerational conflict, low-income, language barriers, refugee status, etc.).</td>
<td>14</td>
</tr>
</tbody>
</table>
How many of these priorities are relevant towards making your community more age-friendly?

1) None
2) One
3) Two
4) Three
5) Four
6) All of them
Identify optimal ways for sharing information with older Chinese adults in the community about important events, services & programs.

**PROBLEM:** There is too much available information – which can be confusing & overwhelming and not always tailored for the older adult population. There is a need to find a way to focus this information for the community to promote better uptake.
Identify optimal ways for sharing information with older Chinese adults in the community about important events, services & programs.

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**IMPLEMENTATION**
For successful implementation, consultations with the community should be held to determine the ‘branding’ of the information, what format(s) should be developed to help deliver it (e.g., app, information package, community representatives with ‘ask me’ buttons, etc.) & who / where to deliver it.

Need to identify community ‘hubs’ or ‘hotspots’ (e.g., libraries, community centres, doctor offices, etc.) & engage local leaders / faith leaders as they have already garnered trust from the community. Doing this type of activity in the ‘right’ places & with the ‘right’ people will help to create a meaningful connections for moving this idea forward.
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**SOLUTION**
Develop a ‘brand’ (e.g., Chinese symbol) that denotes the information source is specific for older Chinese adults & well-recognized by the community.

**POSSIBLE FORMATS**
Build an App and/or website that can be accessed on a phone or other portable device (e.g., tablet).

**SUSTAINABILITY CONSIDERATIONS**
There is a need to identify sources of funding to initiate this work & to develop a plan for sustaining it over time since it will require regular updates to keep the information current.

Possible sources of funding include government / foundation grants & leveraging connections with the academic community (e.g., computer science community at the University of Toronto) & with the private sector.
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**OUT-OF-THE BOX IDEA**
Organize a communication technology hack-a-thon competition where students work to create easily accessible technology that provides information about services, programs & events for the older Chinese adult community living in the KCN.
Ensure the availability of linguistic & dialect-diverse front-line professionals in community agencies who can communicate with diverse older adults.

**PROBLEM:** There is a need for more signage in Chinese to help older adults better navigate various health and community services. Translation support is especially needed in primary care / community settings. Some outreach to learn about the different types of languages spoke by the Chinese community should be explored as English is not always the second language (e.g., some adults speak Russian because of Soviet occupation during Manchuria). Similarly, there is a need for cultural sensitivity training since even among same-language speakers, there might be different cultural nuances that should be taken into account.
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**IDEA #1**

**CREATION OF A TRANSLATION SERVICE**

Similar to translation services provided in most major hospitals, there should be a central hotline that people can call into to receive translation support when attending appointments. This might alleviate anxiety of pre-arranging translation services or relying on family members who may omit information to protect their relative.

Some proposed models for this service include a governmental department-sponsored service or a creating a private sector service (e.g., an UBER for translation services).

**IDEA #2**

**SOCIAL WORK HOME VISITS**

Typically, social workers typically wait for people to come to them at their agencies for support. Employing culturally-sensitive & Chinese fluent social workers to visit seniors in their homes can provide support in booking appointments, ensuring that adequate translation can be arranged before going to various appointments & can provide a ‘navigator’ support role by conveying information about community services & other important information.

**IDEA #3**

**A LANGUAGE MAP OF HEALTHCARE SPECIALISTS**

Compile a list of healthcare specialists & their designated languages.
Ensure the availability of linguistic & dialect-diverse front-line professionals in community agencies who can communicate with diverse older adults.

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**OUT-OF-THE-BOX IDEA**

Find a mechanism for students to carry out translation support (i.e., internships / employment, mapping Chinese supported services, etc.).
Identify affordable ways older adults can be more independent in getting around the city.

**PROBLEM:**

Public transit is too expensive & it is difficult to identify stops on the bus, maps are difficult to read & there is a need for more details on bus schedules.

For those who rely on Wheel-Trans, some noted issues are that you need to call in English to book trips, & getting in touch with drivers about lateness or changes in pick-up locations is problematic since drivers do not take the person’s cellphone number.
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**ACTION #1**

Need for continued political lobbying to reduce senior fares or create a free transit option for low income seniors. There has been some initial lobbying done with other senior groups (e.g., petition submitted) but further work is needed to continue this process.

**ACTION #2**

Need to improve processes related to Wheel-Trans use (e.g., providing drivers with client phone numbers to improve coordination), translation support.
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**OUT-OF-THE BOX IDEAS**

To improve social participation in various activities, planners of events should work to secure funding to cover transit costs of older adults.

Develop a community shuttle service by engaging school buses that could provide transit between school hours.

Explore how ‘Presto’ might be able to serve as a tool for supporting introduction for special rates for low-income or other vulnerable groups.
Reduce waiting times for senior housing & improve housing standards (e.g., cleanliness, management, etc.).

LANDSCAPE
At the City of Toronto, there is the ‘Toronto Strong Neighborhoods Strategy’ to help Toronto’s neighborhoods thrive. There currently are no senior representatives on this strategy.
Reduce waiting times for senior housing & improve housing standards (e.g., cleanliness, management, etc.).

**LANDSCAPE**
At the City of Toronto, there is the ‘Toronto Strong Neighborhoods Strategy’ to help Toronto’s neighborhoods thrive. There currently are no senior representatives on this strategy.

**IDEA #1**
**KCN SPECIFIC STRONG NEIGHBORHOOD STRATEGY**
Have a community specific ‘Strong Neighborhood Strategy’ that links with the larger Toronto strategy & that has senior representatives. Ideal members should be seniors who are community residents, who can effectively communicate in both Chinese & English, & have some relevant background experience (e.g., administrative).

**IDEA #2**
**KCN HOUSING INVENTORY**
An inventory of the housing situations of older Chinese adults should be assessed to see state of housing (e.g., empty rooms that could be rented, etc.) across all housing types (private, public, etc.). A by-product of this door-to-door inventory would be the identification of socially isolated seniors. This work could be done by students (e.g., placements for University of Toronto Social Work students).

**IDEA #3**
**CREATE HOUSING INCENTIVES**
Work with the municipal government & private sector to find ways to fund or create incentives for senior housing (e.g., Offer developers of buildings extra floors if they agree to fill a senior quota).
Reduce waiting times for senior housing & improve housing standards (e.g., cleanliness, management, etc.).

LANDSCAPE
At the City of Toronto, there is the ‘Toronto Strong Neighborhoods Strategy’ to help Toronto’s neighborhoods thrive. There currently are no senior representatives on this strategy.

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MODEL FOR CHANGE
The Parkdale Neighborhood Land Trust is engaging in several activities & projects similar to the ideas listed above. (http://www.pnlrt.ca/
Identify mechanisms for identifying high risk socially isolated older adults. Foster outreach and provide relevant information about community programs & services to subgroups of vulnerable older adults.

**PROBLEM:** Understanding what it means to be socially isolated in the KCN is a complex issue. Some people may not know they are or see themselves as being high-risk or vulnerable. Even if it is recognized, individuals may be hesitant to self-identify because they are afraid of being stigmatized.
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**IDEA #1 – INFORMAL CHAMPIONS FOR TACKLING ISOLATION**
Recruit & train community members as ‘community champions’ (e.g., faith leaders, others seniors, etc.) who can work to identify persons who are (or who are at-risk for being) socially isolated. Using persons from the community will help to foster a greater sense of trust from residents. Provide champions with a list of resources to help share information & training on how to engage persons who may be home-bound. As well, work to find unusual points of contact to assess for socially isolated persons (e.g., postal worker, hairdressers, etc.) on how to help refer champions to socially-isolated individuals.

**IDEA #2 – INFORMAL HUBS FOR SOCIAL ENGAGEMENT**
Identify existing informal hubs or create hubs where seniors can congregate, socialize & exchange ideas. This may include party rooms in buildings where seminars & other events can be hosted on issues relevant to senior care. Explore possibilities for community dining. Provide attendees with take away items (e.g., pamphlets, buttons with information on them, etc.) to help exchange knowledge.

**IDEA #3 – MAP OUT FORMAL SUPPORTS**
Services within & across sectors that provide help to seniors often work in silos. There is a need to map out available services & the pathways in which seniors access them. Understanding pathways to access can provide insights how to find more effective & efficient ways for seniors to use them.
KCN ACTION PLAN

• KCN action plan was disseminated publicly in June 2017. The plan includes a full list of:
  • available resources in the KCN & other relevant organizations (*KCN was mapped using the Toronto Wellbeing App & from our community outreach*)
  • all identified 25 priorities initially identified
  • potential sources of funding that community groups can apply for to pursue one or more of the priorities for the KCN.
  • Scoping review & community portrait data (survey & focus groups).
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KCN ACTION PLAN

Action plan is evidence-based & tailored for the KCN by taking in key perspectives of all relevant stakeholders.

- Help further the City of Toronto’s age-friendly strategy.
- Serve as a template for future age-friendly initiatives.

Funding provided by the Government of Ontario
Need to standardize conversations about “age-friendliness” so we are able to move from homes, to neighbourhoods, to communities, to cities, to societies that are age-friendly.

Lessons Learned (so far!)
Need to standardize conversations about “age-friendliness” so we are able to move from homes, to neighbourhoods, to communities, to cities, to societies that are age-friendly.

The various lenses of vulnerability & inequity are difficult to capture in the current “age-friendly” framework.
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Need to promote reciprocal relationships: older adults engaged & participating → opportunities

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Lessons Learned (so far!)

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2. The various lenses of vulnerability & inequity are difficult to capture in the current “age-friendly” framework.

3. Focus on intersection of built & social environments: congregate dining

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The various lenses of vulnerability & inequity are difficult to capture in the current “age-friendly” framework.

Lessons Learned (so far!)

Difficult to assess, measure & evaluate ‘age-friendliness’: sets up dichotomy of age-friendly & age-unfriendly.

Need to promote reciprocal relationships: older adults engaged & participating → opportunities.

Focus on intersection of built & social environments: congregate dining.
TEAM

Andrea Austen; Glenn Miller; Adina Lebo; Lillian Wells; Heath Priston; Helen Leung; Mabel Ho
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Manaal Fahim; Frances Woo; Anna Liu; Haosen Sun; Aurora Zhu; Karen Lau; Sarah Chaffey; Madeline Lamanna.
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• We thank all of our participants for their time and insights towards the development of the plan.
Questions?

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THANK YOU!
Additional AFC Resources

• AFC Ontario Website – For how-to summaries, additional resources and information on past and future webinar opportunities
  – www.agefriendlyontario.ca
  – www.collectivitesamiesdesainesontario.ca
• Provincial AFC distribution list
  – http://bit.ly/1N7v8rw
• Sarah Webster, Ontario AFC Knowledge Broker
  – swebster@seniorshealthknowledge-network.com