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CANADIANS' PERSPECTIVES ON HEALTHY AGING AT THE START OF THE DECADE OF HEALTHY AGING 2021-2030

Executive Summary

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Canadians' Perspectives on Healthy Aging at the Start of the Decade of Healthy Aging 2021-2030

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Prepared for: The Public Health Agency of Canada

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May 2023

This public opinion research report presents the results of a two-phased study including a hybrid telephone and online survey and a round of focus groups conducted by The Strategic Counsel on behalf of Health Canada and the Public Health Agency of Canada.

Cette publication est aussi disponible en français sous le titre: **Points de vue des canadiens sur le vieillissement en santé à l'aube de la décennie pour le vieillissement en bonne santé 2021-2030**

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I. Executive Summary

Executive Summary

A. Background & Objectives

In recent years, Canada has experienced a significant demographic shift – the year 2016 marked the first time in Canadian history in which the number of seniors surpassed the number of children (14 and younger). It is estimated that by 2038 approximately 21% to 25% of Canadians will be over the age of 65. As greater numbers of the population live longer, it is vital that individuals understand the importance of healthy aging and that they are supported in their efforts to age well.

In 2020, Canada endorsed the *United Nations Decade of Healthy Ageing (2021-2030)*, a coordinated global effort led by the World Health Organization (WHO), which outlines a vision of a world in which all people can live long and healthy lives. Four action areas were identified which focus on changing how we think, feel and act towards aging, cultivating age-friendly environments, creating integrated and responsive health care systems and services, and ensuring long-term care for people who need it.

The Decade of Healthy Ageing (2021-2030) provides a new opportunity for the Government of Canada and the Public Health Agency of Canada (PHAC) to champion healthy aging in Canada.

The goal of this public opinion research was to gather information on the factors that foster well-being in older age by exploring the perspectives of older Canadians on enablers and barriers that affect their quality of life in older age. More specifically, the research was designed to address the following overarching objectives:

- Establish baseline metrics in terms of knowledge, awareness, feelings, attitudes, concerns, and needs related to aging and healthy aging in particular.
- Provide an understanding of what Canadians believe about healthy aging, what factors they feel are important for healthy aging, and what Canadian's value in older age.
- Establish how older adults feel they are experiencing their own aging, and what they believe are the barriers and enablers to healthy aging.
- Enable the Public Health Agency of Canada (PHAC) and the Government of Canada to obtain a clear snapshot of Canadians' beliefs about aging to inform and benefit future work and provide baseline data at the outset of the Decade of Healthy Aging.

Additionally, the insights from this study will inform reporting to the WHO on Canada's progress on healthy aging.

This research study was conducted in two phases: Phase 1: Quantitative Telephone and Online Survey; and Phase 2: Qualitative Post-Survey In-Depth Focus Groups. A hybrid approach was deployed in order to yield a more comprehensive and holistic perspective. Each phase of the research was conducted among Canadians aged 50 years or older.

It should be noted that for purposes of this research, an abbreviated definition of healthy aging was employed and shared with respondents which emphasized developing and maintaining the physical and cognitive abilities that enable wellbeing as one ages via supportive environment that allow people to do what they value as they age. The more formal and complete definition can be found on the World Health Organization website: <https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability>.

B. Methodology in Brief

To address the above-noted program objectives, the study was carried out across two phases:

- Phase 1 – Quantitative Survey:
 - A nationwide telephone survey, about 20 minutes in length, was administered to a random, representative sample of n=2000 Canadians, aged 50 and older, between February 8th and March 5th, 2023. Additionally, a sample of n=500 Canadians (aged 50 and older) were surveyed via a nationwide online panel between February 8th-15th, 2023. Online the median length of the survey was 11 minutes.
 - Quotas were set by gender, age, and region to ensure the survey was reflective of a proportionate sample of older Canadians based on the 2021 Census. Accompanying weights were applied to age/gender to ensure the final data set closely reflected the distribution of the population.
 - The survey explored older Canadians' general outlook on aging, specific views related to healthy aging, their ratings of the age friendliness of their own communities, as well as key information needs and information sources/trusted spokespeople on the topic of healthy aging.
- Phase 2 – Qualitative Focus Groups:
 - Following completion of the survey, a total of 19 focus groups were conducted online between March 13th and 23rd, 2023 with Canadians aged 50 and older. All interviews were conducted via Zoom and lasted approximately 90 minutes in length. In total, 152 participants were recruited, and 136 individuals participated.
 - Just over half (10) of the focus groups were segmented by province/territory to ensure good coverage across the 5 regions of Canada (Atlantic, Ontario, Quebec, Prairies, British Columbia/North) and location with respect to urban and rural areas. The remaining nine focus groups were conducted nationwide with diverse sub-groups of the population including by gender (men/women), socio-economic status (higher SES/lower SES), racialized Canadians, Newcomers, Indigenous peoples, those who identified with a disability and those who identified as LGBTQ2S+.
 - In these groups, insights from the survey were further probed as a way to explore and better understand diverse views on what constitutes healthy aging.

More detail on the methodology, including the demographic characteristics of the survey sample and composition of the focus groups, can be found in Section IV – Detailed Methodology.

C. Key Insights

Key insights from both phases of the study are highlighted below, focusing on overarching themes with supporting data and findings from both the quantitative and qualitative phases. The structure of this section generally adheres to the six main topic areas covered to varying degrees in both the survey and the focus groups: Outlook and Perspectives on Aging, The Concept of Healthy Aging, Enablers and Barriers to Healthy Aging, Developing Age-Friendly Communities, Awareness and Role of PHAC in Healthy Aging, and Communications and Outreach to Older Canadians.

The survey results (shown as percentages) provide the foundation for the discussion of the key findings. Additional commentary from the focus groups is reported on as relevant and where it helps to shed more light on results from the survey and draw out further important nuances. Note also that those who participated in the survey are referred to as *survey respondents* or *respondents*, while those who took part in the focus groups are referred to as *participants*. This distinction is helpful in identifying from which of the two phases a particular finding has been drawn.

1. Outlook and Perspectives on Aging

1.1 General Outlook

Canadians aged 50+ are mostly positive in terms of their general outlook on aging (overall 73% are *very/somewhat positive*). Those aged 80+ (80%), are in fact the most positive although the vast majority of those aged 50-64 are also positively disposed (70%). This suggests that older adults looking back on the experience of aging tend to view their situation somewhat more favourably relative to younger adults who are facing the prospect of aging and the accompanying adjustments or transition to this next phase in their lives. Respondents' attitudes towards aging also correlate strongly with their perceptions regarding their quality of life specifically in relation to social networks, mental well-being and financial status. Again, we found that the older cohort (aged 80+) offer more positive ratings in each of these areas.

Focus group participants provided a more nuanced perspective on aging than survey participants. Those who tended to be more positive or optimistic explained that they were looking forward to having more time to focus on hobbies, interests, family and friends. Some remarked on being more confident and "*settled*" at this stage in their lives, expressed gratitude or felt a sense of privilege at reaching this milestone in their lives. Others were more stoic, accepting aging as impending and unavoidable while also suggesting that maintaining a positive attitude requires individuals to personally "*invest more in your happiness as you get older.*" Those participants who reported one or more of the following generally tended to be more positive in their outlook on aging: being financially secure, employed and/or volunteering, in reasonably good health, and leading a more active social life.

Others who espoused more negative attitudes about aging pointed to a range of issues as impacting their views, such as low or declining levels of energy, chronic aches and pains or other health issues, the experience of losing loved ones and/or the responsibility of caring for another elderly person or a partner, as well as having to give up activities and pursuits they had previously enjoyed.

Results from the survey closely align with the views expressed by participants in focus groups. While attitudes towards aging are fairly consistent across all regions of Canada and most demographic groups, those respondents who have never been married are less positive about aging relative to others who are married or cohabiting with a partner (66% vs. 75%, respectively). This finding underscores the negative impact of isolation and the importance of companionship and engagement to maintaining a positive outlook on aging. Survey results also revealed health status as a driver of attitudes. Those who self-report as having a disability and/or medical condition are less likely to rate their quality of life as *good or excellent* compared to those who do not (60% vs. 89%, respectively). Similarly, the former group are less inclined to feel *somewhat/very positive* about aging, compared to the latter (64% vs. 79%, respectively).

1.2 Concerns about Aging

The predominant concerns Canadians aged 50+ have about aging are twofold: the prospect of declining health for themselves or for their partners (58% of survey respondents raised this as a key concern on an

unprompted basis), and having the financial resources required to sustain them throughout their senior years (30%). With respect to the issue of financial resources, it should be noted that just over half (52%) of all respondents to the survey are retired, although retirement status varies across age groups – 24% among those aged 50-64, 80% among those aged 65-79, and 88% of those aged 80+. Notably, almost one in five of survey respondents (17%) indicate they are holding off or uncertain about retirement: until sometime after they reach age 70 (4%), are not likely to retire at any point (4%) or are uncertain about the age at which they will or can retire (9%).

Results from the survey indicate an elevated level of concern about declining health and financial security as they age among those residing in multi-generational households and, in particular, those with responsibility for children either over or under the age of 18. The issue of financial security is also a higher preoccupation for renters, relative to homeowners, and for those with lower household incomes, specifically under \$60,000 annually. Those in lower income households are less likely to anticipate being able to retire at age 65 or earlier.

Focus group participants expressed similar concerns about aging with a primary focus on their health, both cognitive and physical, and their personal financial situation. Some expressed anxiety about how quickly one's health status can change (e.g., due to falls). Others who have witnessed the decline of a parent with Alzheimer's or dementia were concerned about the prospect of experiencing a similar fate. Many worried about the state of Canada's health care system, specifically wait lists, access to care, and the prospect of privatization. Other challenges which focus group participants associated with aging included: maintaining social relationships, meeting new people, social isolation (a particular issue for those in rural areas), loneliness, age discrimination (especially in the workplace and mentioned more often by female participants), home maintenance and housing affordability, and being a burden on others.

The younger segment of focus groups participants aged 50 and older was also concerned about the dual challenge of simultaneously taking care of aging parents as well as children. Those in the LGBTQ2S+ community worried they may face isolation as they age, fearing the prospect of discrimination, exclusion, and prejudice along with the accompanying negative mental health impacts particularly in the event they are required to move into an institutional setting. Older immigrants observed that seniors in their country of origin would typically be able to rely on extensive family support systems while, in their view, these systems were far more limited in Canada forcing them to be more self-reliant.

2. The Concept of Healthy Aging

The term 'healthy aging' had a wide range of associations based on a list of select aspects of healthy aging shown or read to survey respondents. In addition to cognitive and brain health, as well as mental and physical well-being, healthy aging was also strongly associated with maintaining independence, aging in place, being active and mobile and having opportunities to do the things one feels are important.

In focus groups, the concept of and term 'healthy aging' resonated with participants. Without prompting, participants top-of-mind descriptions of healthy aging aligned with the WHO's definition. Healthy aging was strongly associated with the goal of maintaining an active and engaged lifestyle as one ages. Participants viewed healthy aging as encompassing the notions of physical, spiritual, emotional and mental health. Healthy aging held several connotations for focus group participants: staying active, learning/staying informed about aging, a healthy mind and a positive mindset, good nutrition, and a strong support system and social network. Some participants felt that the term healthy aging assumed one would also have or require the financial means to age in a healthy way. Others associated it with an ability to gain more personal control and agency over the aging process.

Key associations with the term ‘healthy aging’ and how it is interpreted vary to some extent by gender, age and health status. This was evident both in focus group discussions and in responses to the survey. In the survey, women are more likely than men to interpret the term quite broadly and, in particular, to associate it with being socially connected and being valued. The younger cohort, aged 50 to 64, tended to associate healthy aging more strongly with mental and physical well-being, being able to do what they feel is important, and being a contributor to society. By contrast, those aged 80 or older are more likely to associate healthy aging with being able to age at home. Those with a medical condition and/or a disability are less likely to associate healthy aging with many of the attributes assessed, compared to those who do not have a medical condition and/or a disability, although the strongest associations among both groups are with being able to age at home, being independent, and maintaining mental, cognitive and physical health. In focus groups, those with disabilities also stressed a strong desire to remain in their homes. This group were of the view that institutionalization as an older person would result in a further loss of independence.

3. Enablers and Barriers to Healthy Aging

Survey respondents and focus group participants alike point to the importance of access to the health care system and services as a key determinant for healthy aging (51% identified this as one of the most important factors contributing to healthy aging). Family and social connections were also noted as important (44% and 25%, respectively).

In focus groups the discussion regarding the factors which support or enable healthy aging allowed for a more wide-ranging conversation. Conversations surfaced additional facilitators such as a basic level of income, allowing for the financial resources to support a healthy diet and exercise, opportunities for continuous learning, access to seniors’ centres, transportation, and affordable housing.

Although there was no strong consensus among focus group participants that being valued and contributing to society is vital to being able to age in a healthy way, some firmly believed that being respected, as distinct from being valued, as an elder in society is paramount. Participants commented that older Canadians’ experience through the pandemic has affected their views about how society treats the aged and their perceptions regarding age discrimination. They underscored the need for a much more compassionate view of aging among society at large and generally more respect for older people among health care practitioners.

A commonly held view among focus group participants was that planning for healthy aging should begin much earlier in life and should include activities to ensure one’s financial security in addition to exercises and activities to maintain physical and cognitive health as one ages.

Technology was seen as a double-edged sword. Some focus group participants felt that technological advances offered opportunities to support people as they age by connecting them to health care resources and social networks. Participants also appreciated devices which would assist them in meeting their personal fitness goals, monitoring their health status and improving their overall quality of life. The downsides, however, related to the rate of technological change which participants felt presented a challenge for older Canadians in terms of staying apace with new developments, affordability and the impersonal nature of technology. Others commented on the issues of misinformation online which they felt created confusion for older Canadians and undermined confidence on advice and information they might receive related to healthy aging.

As noted above, access to the health care system and financial resources were often mentioned as concerns or challenges for those aged 50 and older and were viewed as the main barriers to healthy aging.

Participants, particularly those in lower income groups and those without a pension or a robust personal savings plan, frequently mentioned their worries about having a financially sustainable future.

4. Features of Age-Friendly Communities

Most survey respondents (84%) describe the communities in which they currently reside as ‘age-friendly’ and rate them favourably in terms of having safe, easy to access buildings and public spaces (64% rate their community as *excellent or good*), accessible and affordable high-speed internet (60%), social and recreational activities (58%), opportunities for lifelong learning (57%), and exercise programs for older adults (50%). Ratings drop off significantly when it comes to assessments of their communities regarding the availability of in-home services that support independent living (38%) and affordable housing (21%). Focus group participants also prioritized the latter two areas when discussing the key features of an ‘age-friendly’ community in addition to access to health services, including healthcare, mental health and dental care, although many nevertheless described their community as being ‘age-friendly.’

More in-depth discussions in the focus groups revealed the difficulties that some participants faced in finding a family doctor. Additionally, participants emphasized their view that affordable housing is a basic human right, regardless of age or financial ability. Focus group discussions also illuminated the strong desire of those aged 50+ to age in place, viewing this as key to maintaining older Canadians’ positive mental health.

The extent to which each of the features of an age-friendly community was prioritized varied across the focus groups, although access to health services, affordable housing and in-home services were commonly identified as key priorities across most groups:

- Women were more vocal about affordable housing (and also expressed more concern about their financial circumstances as they age) whereas older men tended to emphasize the importance of social networks and friends more so than structured social and recreational activities; and
- Racialized participants prioritized affordable housing above access to health services;
- Newcomers, racialized participants, those who identified as LGBTQ2S+, women and those with a higher SES put more emphasis on community-based social and recreational activities;
- Racialized participants and those with lower SES also prioritized exercise programs for older people to a greater extent relative to those in other groups;
- Indigenous participants focused less on in-home services that support independent living.

5. Perceptions of PHAC’s Role in Healthy Aging

Awareness of and the role of PHAC in healthy aging was explored in more depth within the focus groups. Many participants were not highly familiar with PHAC or its mandate to prevent disease and injury and promote good physical and mental health. Regardless, they felt the Agency had some credibility in promoting healthy aging and addressing unmet needs, most particularly in the area of awareness raising and information on the topic. Participants identified several areas where PHAC could play a role:

- Awareness-raising;
- Education about healthy aging;
- Funding of community-based programs;
- Advocacy on behalf of older Canadians; and

- Working with other levels of government to ensure sufficient funding, better coordination and targeting of programs and services to older Canadians.

6. Communications and Outreach to Older Canadians

Across the board results from the survey indicate that there is an interest in obtaining more information on maintaining physical and cognitive health (88% are *somewhat or very interested*), aging at home (86%), healthy aging (86%) and healthy nutrition (80%). Health professionals, specifically doctors and nurses, are viewed as trusted sources of information on healthy aging (mentioned by 70% of survey respondents as being among the two sources they trust most). While few survey respondents (25%) recall seeing anything from the Government of Canada or PHAC on this topic, as noted above, PHAC has some credibility to lead or partners in awareness-raising and educational initiatives.

In focus groups, participants also indicated they would rely primarily on their family doctor for tips, information, and advice on healthy aging, but also on a range of other sources, including:

- Other medical professionals – pharmacists
- Allied health professionals – naturopaths, dieticians, chiropractors, physiotherapists, and massage therapists
- Online resources and social media – Google searches, Facebook, YouTube videos, Tik Tok, social media health groups
- Health Institutes and/or experts in the field of seniors' issues and aging – University Health Network, Harvard medical website, Johns Hopkins, the World Health Organization (WHO)
- Seniors' organizations/clubs
- Seniors themselves

Comments from focus group participants suggested that any information coming from PHAC should also provide links to other reputable resources. In terms of receiving information a combination 'push and pull' approaches were recommended, encompassing both traditional and social media as well as government websites.

D. Conclusions and Recommendations

Older Canadians are relatively positive and optimistic about aging even though concerns and worries about the prospect of growing older in Canadian society were expressed. In particular, concerns about declining health in later life, the state of the health care system in Canada and the ability to access health care services, along with having adequate financial resources to remain comfortable, healthy, housed and independent for as long as possible were commonly noted. Participants felt they have a reasonable quality of life and want to continue to maintain this as they age. What this means for older persons as they move through this stage of their lives tends to vary based on their present circumstances and life situation. However, virtually all segments of the older population feel that being respected, more so than being valued for their past and/or current contribution to society, is important.

Many are confident in their ability to age in a healthy way and generally understand the concept of healthy aging as well as the facilitators and enablers of healthy aging. They also believe that their communities are age-friendly and can accommodate their changing needs as they age. Affordable housing is, however, a significant issue for older Canadians across the board. Similarly, a substantial proportion of older

Canadians offer lower ratings of their community on services that support independent living and affordable public transit, which are key to their goal of aging in place.

Older Canadians are interested in the topic of healthy aging – both generally and in terms of specific areas such as maintaining cognitive and physical health, as well as aging at home. PHAC and Health Canada are viewed by some as credible sources of information, although additional work to enhance name recognition and brand awareness for PHAC may be required in advance of or in parallel to any educational outreach and awareness-raising initiatives on the topic of healthy aging. This would also help to improve PHAC’s credibility among those audiences which may have less trust in and question information coming from health agencies as a result of the divisive experience through the pandemic and the influence of misinformation campaigns.

The senior population in Canada is diverse and changing. Connecting with the 50+ audience is challenging as it is not homogenous – age-friendly tailored communications should consider the wide variability in views, needs and expectations by gender, age, ethnicity and cultural background, socio-economic status and across equity-seeking groups. While various sub-groups of the 50+ population present unique challenges with respect to their general attitudes, expectations, priorities and interests regarding healthy aging, views tend to vary primarily and more consistently on the basis of socio-economic and health status.

A short summary highlighting key distinctions for specific sub-groups is included below:

By gender identity and sexual orientation – Gender differences are apparent across many aspects of healthy aging explored in this study, although the differences are most striking in a few areas. While declining health status (for themselves or their partner) is a top concern for both men and women in terms of aging, it is a more prominent issue for men compared to women. In focus groups, women were more vocal about the effects of aging on their appearance, the prospect of losing their independence and their ability to remain in their home. In contrast to men, women appear to have a more expansive view of healthy aging, tending to associate it more strongly with opportunities for continuous learning, staying socially connected, being valued and being seen as a contributor to society. They also view being close to family as an enabler to healthy aging to a greater extent than do men. While both women and men are generally of the view that their communities are age-friendly, men are more inclined to rate their communities highly on the various features that contribute to age-friendly communities. Slightly more men than women rate their community positively with respect to safety, accessibility in general and to key services such as health care, mental health and dental services, as well as in-home services to support independent living. Overall, women exhibit more interest than men in various topics related to healthy aging, particularly aging at home, maintaining cognitive and physical health, general information on the topic, and healthy nutrition. While medical professionals are key to delivering information and messaging about healthy aging to both women and men, women appear to be somewhat more open to hearing from others (e.g., family or friends and pharmacists).

Given the small number of those who identified as non-binary in the survey, most of the findings for this group are drawn from the feedback provided in the one focus group which was held with individuals aged 50+ who self-identified as 2SLGBTQI+. While additional research is recommended with this community on the topic of healthy aging, this group did offer many useful insights specific to their unique perspectives and challenges. Several participants mentioned the need for alternatives to long-term care and/or more supportive care systems offering queer positive spaces for aging members of the community. Some mentioned that many organizations serving older people are not queer-friendly and that more training of staff is required particularly focused on improving interactions with and care for the trans community as they age. Issues of safety within their community and within institutions for the elderly, including retirement homes and long-term care facilities, were a common concern for this group with several

commenting that some members of their community may be driven “*back into the closet.*” The ability to age in a way that offers choice was important and some took issue with what they felt was an overly restrictive WHO definition of healthy aging which may not allow everyone to see themselves. Otherwise, many of their concerns, interests and issues about healthy aging were similar to other older Canadians, focusing on financial security, social connection, and affordable housing.

By socio-economic status – Results show that older Canadians believe a basic level of income is one of the main enablers of healthy aging and concerns were expressed about the additional challenges faced by those with fewer financial resources as they age. Financial insecurity was an even greater concern among older Canadians with lower household incomes. These individuals were also more likely to focus on basic needs and fundamentals such as access to housing, buildings and transit as important factors contributing to healthy aging. Improved access to information on healthy aging is also of greater interest to this group, specifically on topics such as aging at home, preventing elder abuse, and oral health.

In general, older Canadians with higher household incomes are more positive in terms of their outlook on aging and tend to prioritize access to health services, social networks and physical/cognitive supports as key enablers to be able to age in a healthy way. This group also puts more emphasis on community-based social and recreational activities and safe neighbourhoods as important facets of age-friendly communities.

Among visible minority and racialized groups – Visible minority groups and/or racialized Canadians have a similar perspective and outlook on aging as others with a few notable differences. Compared to others a smaller share of those who classify as a visible minority rate their quality of life, in terms of their financial well-being, as excellent/good. Family is extremely important to this group as they age, and they are more likely to place a great priority on being close to family as an enabler of healthy aging. In focus groups, racialized participants mentioned the need for more cultural supports for seniors, creating opportunities for individuals to connect regularly with their cultural community. In certain cultural communities the process of aging and elderly people is celebrated, and a desire was expressed by some to be able to share in these events with their peers. This was viewed as critical to their being able to maintain an optimistic outlook and positive mental health as they age. As with other older Canadians, racialized participants expressed concerns about their ability to support themselves financially as they age and to access affordable shelter – this group specifically mentioned the need for more subsidized housing for seniors. Several also noted concerns with the health care system based on previous negative experiences and interactions. Visible minorities express strong interest in information on the subject of healthy aging in general, as well as specific topic areas including healthy nutrition, oral health and preventing elder abuse, to a greater extent as compared to other Canadians, aged 50 and older. They also tend to invest more trust in Health Canada/PHAC as a source of information on these issues, while placing somewhat less confidence in medical professionals compared to others.

Among newcomers – In focus groups, newcomers to Canada were particularly concerned about being disconnected from family and support systems that would have been available to them in their senior years in their country of origin. For this group, limited support systems in Canada particularly from other family members was a concern especially for those with chronic health conditions. There was a sense that Canadians do not place the same value on community and supporting each other in the aging process. Language was also raised as a challenge for newcomers aging in Canada who are not fluent in either English or French. This group also emphasized the importance of maintaining cultural connections as one ages.

Among Indigenous people – Although being an Indigenous elder is viewed as conferring a certain degree of status, Indigenous focus group participants emphasized their interest in staying connected with or reconnecting with their community and their culture as they age. Many were concerned about the prospect of being isolated, either from their community or their family. With respect to PHAC’s role in

healthy aging, this group emphasized the need to implement programs and services directed at older Indigenous people and assistance in helping them navigate the system of care and supports available. Many felt that information was available but that it was challenging to know where to find it or how to access services. There was also a desire for Indigenous people to have more control over their own healthcare, viewing this as essential to ensuring better access to the health care system and in-home services. They also identified a need for more employment/volunteer opportunities and exercise programs for older Indigenous people. When considering the needs of Indigenous people as they age in terms of services and information on the topic of healthy aging, this group stressed that consideration should be given to variability in access to financial resources and the needs of those living in rural, remote and Northern areas. There was little enthusiasm expressed for more information without the corresponding resources to be able to access services for those who are aging. And, in terms of communications, this group was more likely to mention radio as an important channel.

By health status – Respondents to the survey who self-report a poorer health status or who identify as having a disability and/or a medical condition which adversely affects their immune response system have a distinct perspective both on the quality their life at present and they outlook on aging. In particular, those who rate their health status as fair or poor/very poor are much less likely than those whose health is good/excellent to also rate their perceived quality of life highly across many areas and most particularly in terms of their financial well-being and social engagement. This perspective is foundational to their attitudes and concerns about aging. This group tends to be more pessimistic across the board and more concerned about their finances and the prospect of more privatization within the health care system as well as having to pay out of pocket for assistive devices (e.g., hearing aids). They are also less inclined to associate a broad range of features with the idea of healthy aging, specifically being active and mobile, and offer lower ratings of their communities on many features associated with being age-friendly. In focus groups, some disabled participants anticipated their world “*shrinking*” as they age and felt that their disability would exacerbate a sense of isolation. They value their autonomy and express a desire for healthy aging programming and services to focus more in bolstering their ability to be independent to the extent possible.

By urban vs rural living – Perhaps not surprisingly social isolation as one ages is a challenge raised more frequently by those residing in rural communities. Qualitative discussions uncovered that a lack of access to public transportation in these communities is seen as further “*isolating*” for many. Similarly, access to healthcare services (in the context of acceptable distances to a healthcare facility, the time it would take to receive emergency care if needed, and reasonable wait times for health services) is mentioned as an important feature of age-friendly communities for those residing in rural areas. By comparison, urban dwellers are more likely prioritize safe neighbourhoods.

E. Notes to Readers

Results from the two phases of the study are reported separately in the Detailed Findings (Sections II and III).

Phase 1 reporting, which highlights the findings from the online and telephone surveys, is structured to provide the reader with an initial overview of the results by theme or question, and typically includes a graphical or tabular representation of these results. The tables which have been included throughout this section show the total results on a question by question basis, as well as the break-out by gender and age across three cohorts – respondents between the ages of 50 to 64, 65 to 74 and 80+. As a standard, results are also broken out for those who identified as having a disability and/or medical condition which would

affect their body's ability to ward off infection (i.e., diabetes, heart disease, HIV, asthma) and these are compared to others and the overall totals. These tables offer an 'at a glance' perspective on how results may vary by gender, age and disability/medical status.

Immediately following the table, key demographic and regional differences of interest are more fully described, as relevant or applicable. These are shown under specific headings (gender, age, education, household income, household composition, employment status, language, region, community type, etc.) and include other statistically significant variations based on self-reported health and caregiver status, and perceptions of their overall quality of life. In some cases, due to the absence of any statistically significant differences or as a result of small sample sizes, no additional sub-group reporting has been included. The final sample for the combined telephone and online survey results included a small percentage who identified as non-binary, Indigenous or of a particular ethnic background and, as a result, sub-group analysis on these variables was limited.

Phase 2 reporting covers the findings from the focus groups. While generally adhering to the structure of the moderator's guide used to facilitate each discussion, the results are presented more thematically. Given the nature of focus groups discussions, which allow for issues to be explored in-depth and in a less filtered and structured fashion relative to surveys, findings are more open to interpretation. Moreover, given the relatively few individuals who participated in the focus groups as compared to the survey, the findings cannot be quantified or generalized to the broader population of Canadians aged 50 and older. That said, feedback from qualitative exercises such as this do offer valuable insights which help to contextualize or illuminate results from the survey and add to our overall understanding of older Canadians' views on various aspects of healthy aging.

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For more information, please contact Health Canada at hc.cpab.por-rop.dgcap.sc@canada.ca

Statement of Political Neutrality

I hereby certify as Senior Officer of *The Strategic Counsel* that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Government of Canada's Policy on Communications and Federal Identity and Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed:



Donna Nixon, Partner