



# Fraser Health's Wellness Promotion Program Healthy Aging strategy

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2026-2031

## **Territorial acknowledgement**

We recognize that Fraser Health provides care on the traditional, ancestral and unceded lands of the Coast Salish and Nlaka'pamux Nations and is home to 32 First Nations within the Fraser Salish region.

## **Partnership statement**

Fraser Health is dedicated to serving all Indigenous people, and honours the unique cultures of the First Nations, Métis and Inuit living within the Fraser Salish region. We would also like to acknowledge that the Fraser Salish region is home to six Métis Chartered Communities.

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## Executive summary

While we tend to experience changes to our health status and independence as we age, healthy aging does not begin at a specific age. The ability to maintain our health and well-being and independence in later life is influenced by experiences and conditions throughout our lives. The World Health Organization (WHO) defines healthy aging as a “continuous process of optimizing opportunities to maintain and improve physical and mental health, independence and quality of life”.<sup>1</sup> By taking a holistic view of healthy aging, even older adults with chronic diseases can still experience good health and quality of life.

Fraser Health’s population of adults aged 50 years and over is growing. As of 2024, there were an estimated 760,775 adults aged 50 and older in the Fraser Health region. Adults aged 50 to 69 years make up the largest age category among those aged 50 and older. While people aged 70 and older currently account for only 12 per cent of the population, this is expected to increase as people live longer.<sup>2</sup>

As the largest regional health authority in B.C. in terms of population size, Fraser Health provides health care from Burnaby to Boston Bar and serves over 2 million people in both rural and urban areas. The people we serve come from diverse backgrounds, including languages spoken, cultures, ethnicities, religions and other intersecting identities, experiences and backgrounds. Fraser Health’s Population and Public Health Program aims to improve the health and well-being of Fraser Health’s population by preventing disease and injury and creating the conditions for people to attain physical, mental and social well-being. Situated within Population and Public Health, the Wellness Promotion Program works with partners to create conditions and experiences that enable health, well-being and equity in the settings we live, work and play.

In response to these changing demographics, the Wellness Promotion Program strategy 2024-2029 has identified the development, implementation and evaluation of a Wellness Promotion Healthy Aging strategy as one of its five strategic priorities. By implementing a strategy specific to healthy aging in Fraser Health, we aim to enhance the health and well-being of older adults as we continue to navigate the demographic shifts of an aging population in the years to come.

Since there is not a universal definition for ‘older adults’, our work will focus on adults 50 years and older in alignment with Age Forward: British Columbia’s 50+ Health strategy.<sup>3</sup> Our work will focus on four priority building blocks, which include healthy eating, active living, substance use health and prevention and mental wellness and social inclusion. These focus areas will guide the scope of our work in each of our four strategic priorities.

The Healthy Aging strategy’s strategic priorities will build on our existing strengths, while also extending beyond the current state, to address the health status and changing demographics of an aging population and to more effectively facilitate healthy aging in our region:

**1.** Coordinate partnerships and intersectoral action to create social and built environments that support the diverse needs of older adults.

**3.** Implement strategies to create an age-positive culture shift by embracing healthy aging as a valued part of the life course.

**2.** Support community programs and initiatives that promote meaningful social and cultural connection among older adults.

**4.** Improve the accessibility of evidence-informed health promotion messaging for older adults and caregivers to support their personal health skills.

# Introduction

As in the rest of Canada, Fraser Health’s population of adults over the age of 50 continues to grow. As of 2024, there were an estimated 760,775 adults aged 50 and older in the Fraser Health region, accounting for 35 per cent of the overall population.<sup>2</sup> Although the number of older adults is expected to increase, their proportion compared to other age groups in the region is projected to increase slightly to 37 per cent by 2034. **Figure 1** shows adults between 50 to 69 years represent the largest age category among those aged 50 and older in the region. While people aged 70 and older currently account for 12 per cent of the population, this is expected to increase to 15 per cent by 2034 as individuals, especially women, continue to live longer.

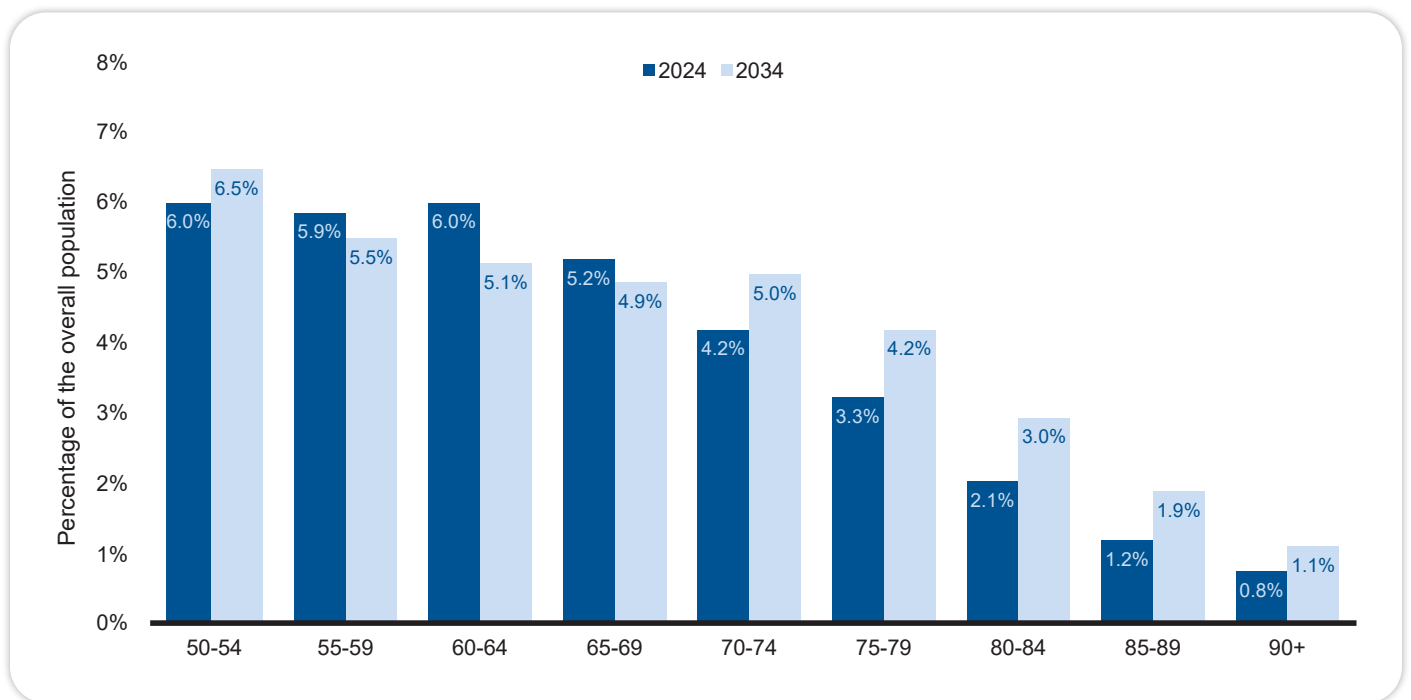


Figure 1. Fraser Health population projections by age group, 2024 and 2034

The Fraser Health region is recognized as the most linguistically and culturally diverse health authority in the province, a diversity also reflected in our older adult population. In 2021, 38 per cent of older adults over the age of 50 identified as racialized, with South Asian and Chinese representing the largest groups.<sup>4</sup> Additionally, approximately two per cent of older adults identified as Indigenous, with First Nations and Métis representing the two most common Indigenous identities in the region.

Adults over the age of 50 represent a highly diverse group, differing widely in their abilities, health status and needs for social support and care as they age. While we tend to experience changes to our health and independence as we age, healthy aging does not begin at 65, or at any one age. The World Health Organization (WHO) defines healthy aging as a “continuous process of optimizing opportunities to maintain and improve physical and mental health, independence and quality of life”.<sup>1</sup> Since healthy aging is multi-dimensional, older adults living with chronic diseases can still experience good health and quality of life.

The ability to maintain our health and well-being in later life, including preventing the progression of frailty, is influenced by experiences and conditions across our lives. A large proportion of the increase in average life expectancy in B.C. can be linked to key advances in public health, such as increasing immunization coverage, safer food and water, infection prevention and control and improved maternal and infant health.<sup>5,6</sup> The determinants of health also impact our health and well-being as we age. Some determinants that impact healthy aging in particular are physical activity, healthy eating, self-awareness, positive outlook and attitude towards the future, lifelong learning, social support, financial security, community engagement and independence.<sup>7</sup>

## Background

As the largest regional health authority in B.C., Fraser Health provides health care from Burnaby to Boston Bar and serves over 2 million people in both rural and urban areas. The people we serve come from diverse backgrounds, including languages spoken, cultures, ethnicities, religions and other intersecting identities, experiences, and backgrounds. Fraser Health's Population and Public Health Program aims to improve the health and well-being of Fraser Health's population by preventing disease and injury and creating the conditions for people to attain physical, mental and social well-being. By keeping people healthy in their communities and reducing the risk of poor health, this lessens the demand for health care services.

Situated within Population and Public Health, the Wellness Promotion Program is an interdisciplinary team that works with partners to create conditions and experiences that enable health, well-being and equity in the settings in which we live, work and play.

### Wellness Promotion Program mandate

To work with partners to create conditions and experiences that enable health, well-being and equity in the settings in which we live, work, learn and play by:

1. Building healthy public policies
2. Using and sharing knowledge, evidence and data to inform actions
3. Strengthening community action and community development
4. Enabling and coordinating partnerships and intersectoral action
5. Promoting resources and translating knowledge on healthier behaviours and skills

The Wellness Promotion Program strategy 2024-2029 has identified the development, implementation and evaluation of a Wellness Promotion Healthy Aging strategy as one of its five strategic priorities. By dedicating a specific strategy for healthy aging in Fraser Health, the program aims to improve the health and well-being of older adults across our population as we continue to undergo a demographic shift in the years to come.

# The Healthy Aging strategy at a glance

## Vision

Everyone across the lifespan in Fraser Health region is supported to achieve healthy aging and older adults are able to work, live, play and engage in socially connected communities with respect and dignity.

## Purpose

To promote healthy aging across the Fraser Health region through meaningful engagement with older adults, groups and communities with respect, safety and humility.

## Wellness Promotion Program mandate

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## Focus areas

### Population

#### Older adults

Balancing a life course approach with a focus on an age group, our strategy will focus on adults aged 50 and older.

### Building blocks



Healthy Eating



Active Living



Substance Use Health and Prevention



Mental Wellness and Social Inclusion

## Strategic priorities

1. Coordinate partnerships and intersectoral action to create social and built environments that support the diverse needs of older adults.
2. Support community programs and initiatives that promote meaningful social and cultural connection among older adults.
3. Implement strategies to create an age-positive culture shift by embracing healthy aging as a valued part of the life course.
4. Improve the accessibility of evidence-informed health promotion messaging for older adults and caregivers to support their personal health skills.

## Principles

Across the lifespan | Asset-based | Collaborative | Diverse, inclusive and anti-discriminatory | Equity oriented | Evidence-informed | Holistic view of health and wellness | Indigenous cultural safety and anti-racism | Population-based | Trauma and resilience informed

## Our approach

The Wellness Promotion Program is well-positioned to support healthy aging throughout the life course, as it focuses its efforts on improving health and well-being across the lifespan. We will use a multifaceted and comprehensive approach to address the **determinants of health** to promote healthy, resilient older populations, support older adults to be connected and engaged in their communities and encourage a positive conception of aging by recognizing and valuing the unique contributions of older adults.

Using the analogy of a river, where interventions to promote healthy aging are considered “upstream” or “downstream” from each other, we will implement approaches across this continuum, as shown in **Figure 2**. We recognize upstream approaches that focus on the **structural determinants of health** to address the root causes of **health inequities** that are an impediment to healthy aging tend to have a greater impact at the population level.

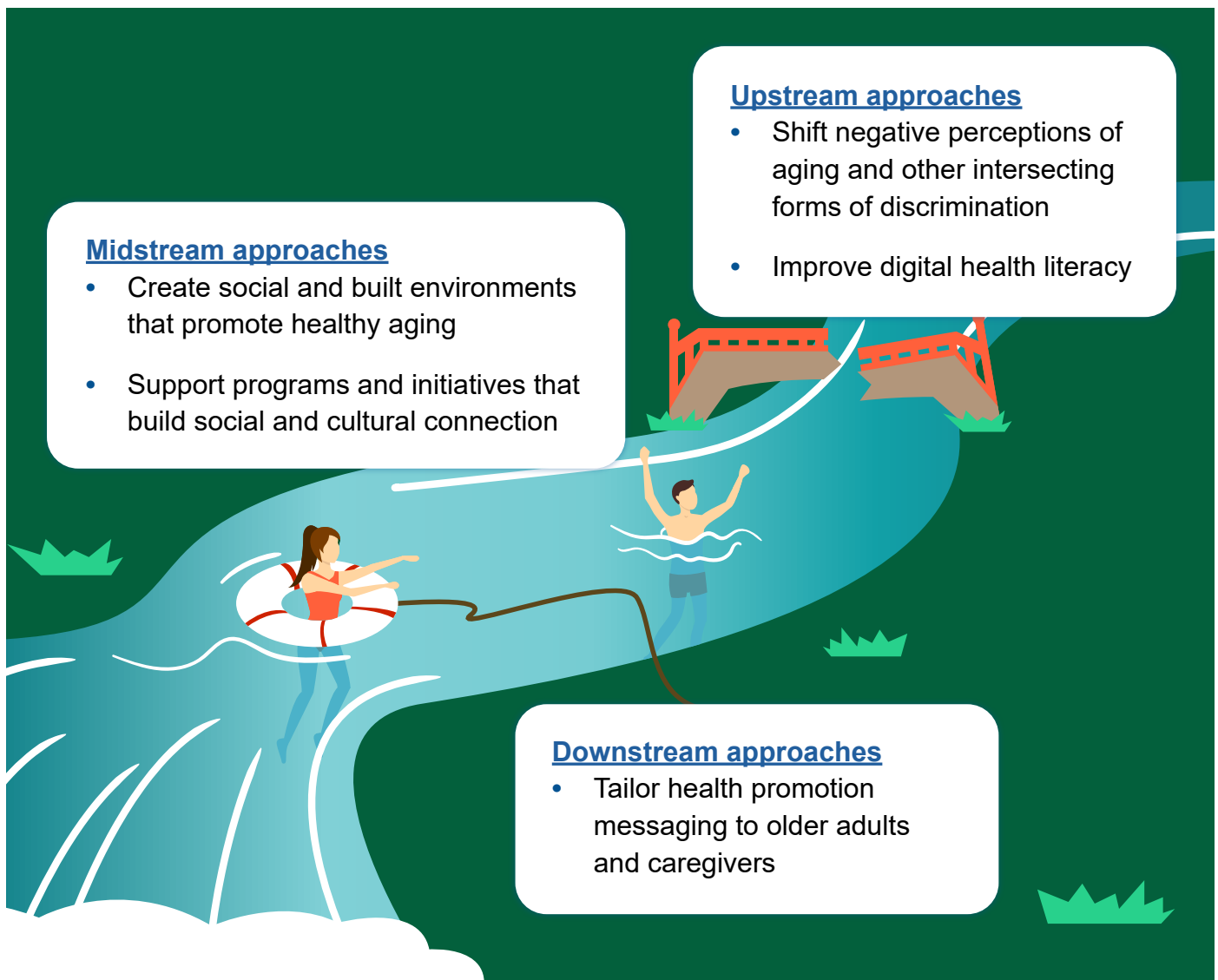


Figure 2. Continuum of upstream and downstream approaches to promote healthy aging

### Key terms

**Determinants of health:** The broad range of factors and conditions that determine the health of people, communities and populations.<sup>7</sup> They include individual, social, economic, ecological, environmental and structural factors.

**Structural determinants of health:** The upstream systems, structures and policies that create inequities in power, wealth, and other resources within society.<sup>8</sup> They can include the social, economic and political systems, public policies, societal values, colonialism and racism.

**Health inequity:** Differences in the health status of individuals that are unfair or unjust and modifiable.<sup>9</sup> For example, older adults who live in rural or remote areas do not have the same access to public transportation compared to older adults living in urban areas.

We will collaborate with other teams in Population and Public Health and Fraser Health departments, as well as community partners to support the implementation of the strategy. We will continue to collaborate with Fraser Health teams and departments we engaged with in the development of this strategy including, Healthy Environments, Injury Prevention, Equity, Diversity and Inclusion, South Asian Health Institute, Toxic Drug Response and Priority Populations, Indigenous Health, Primary Health Care and Chronic Disease Management and Mental Health and Substance Use. We will collaborate and align our work with Regional Home and Community Care Services initiatives that support healthy aging, such as the Frailty Pathway and Social Prescribing.

We will also seek ongoing collaboration with external key partners we engaged with during the strategy's development, such as Métis Nation B.C. and First Nations Health Authority. Additionally, we will prioritize actions that support the engagement of older adults in policy and program planning. Through these partnerships and collective action, we will address the complexities and find innovative solutions to promote healthy aging in our communities.

# Our guiding principles

The planning, implementation and evaluation of our Healthy Aging strategy will be guided by ten core principles.

## **1. Across the lifespan**

The determinants of health have a significant impact on our health and well-being as we age and lead to increasing differences in health status among older adults. We will support the diverse needs of older adults at all ages, while also prioritizing early, proactive efforts in older adulthood that will lead to improved health outcomes in later life. We will support intergenerational relationship building among older adults and younger generations to connect, support and learn from each other to facilitate healthy aging.

## **2. Asset-based**

We acknowledge the ongoing efforts at Fraser Health and in our communities to support the aging population, and we aim to build on these existing strengths.

## **3. Collaborative**

Multi-sectoral partnerships are essential to create communities that support the diverse needs of an aging population. We will work across sectors with internal and external key partners, including older adults, to identify shared values and priorities.

## **4. Diverse, inclusive and anti-discriminatory**

We will celebrate older adults' unique skills and knowledge and work to shift ageist views that frame aging as being vulnerable and in a state of decline. We will intentionally strive to ensure our work is culturally safe and responsive, and informed around the experiences of older adults. We will work with the shared value of “nothing about us without us” as key to program and systems change.

## **5. Equity oriented**

The older adult population is a diverse group, and intersecting identities contribute to their unique experiences and needs. We recognize our efforts should intentionally plan to reduce inequities experienced by different groups of older adults who may experience barriers to healthy aging, such as First Nations, Métis and Inuit people, people who are racialized, 2SLGBTQIA+, newcomers, women, people experiencing poverty or low income, people who are socially isolated and people with disabilities or language barriers.

## **6. Evidence-informed**

Evidence-informed actions involve employing the best available evidence and incorporating multiple forms of knowledge, including local knowledge, Indigenous ways of knowing, lived and living experience of older adults and research.

## **7. Holistic view of health and wellness**

We are committed to supporting older adults across the full spectrum of health conditions and levels of independence. Healthy aging is not merely the absence of chronic disease and is a multidimensional concept. We will promote a holistic approach to healthy aging that recognizes the interconnectedness of the physical, emotional, mental and spiritual aspects of the self and emphasizes balance across these are essential to aging well. This approach will also acknowledge the ways that human health is linked to the health of the natural world.

## **8. Indigenous cultural safety and anti-racism**

We will uphold Fraser Health's commitment to the Fraser Partnership Accord to establish a culturally safe health system that is free of Indigenous-specific racism. This includes integrating cultural safety and humility in our healthy aging work by routinely engaging in self-reflection to understand how our personal and systematic biases and privileges influence this work. We will meaningfully collaborate with Indigenous partners to incorporate First Nations and Métis ways of knowing in our work. We will promote cultural wellness, including ceremonies, land-based health and language revitalization, as essential to healthy aging. We will also take an active stance against Indigenous-specific racism, recognizing its ongoing impact on the health and well-being of Indigenous Elders.

### **The vital role of First Nations and Métis Elders in health and wellness**

Elders play an essential role in supporting health and wellness in their communities by providing guidance and support to the next generation. They connect First Nations and Métis to their language, culture, ceremony, land and ancestors. Elders should be supported to live long and healthy lives to continue to provide this guidance and support for generations to come.

## **9. Population-based**

Using a population health approach, we will assess the health and well-being of the older adult population 50 years and over as a whole, as well as groups within it. We will prioritize activities and interventions that have the greatest impact at the population level.

## **10. Trauma and resilience informed**

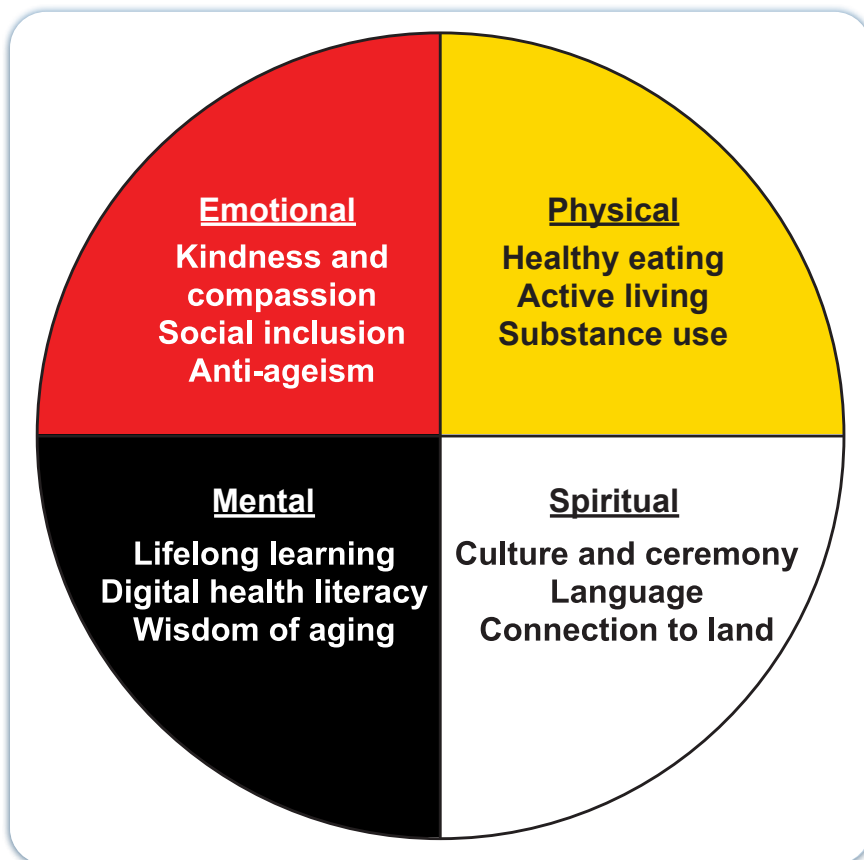
We will consider and raise awareness of the intersecting impacts of past and ongoing adversity and trauma on older adults. This includes experiences of older adult abuse and neglect, past adverse childhood experiences and other trauma. We recognize the ongoing impacts of colonization on Indigenous Elders, including the intergenerational trauma resulting from experiences in residential schools and the Sixties Scoop.

# Embedding Indigenous teachings: The Medicine Wheel

The Healthy Aging strategy recognizes that Indigenous worldviews provide essential guidance for understanding well-being across the lifespan. One of the most widely shared Indigenous teachings is the Medicine Wheel, which speaks to the interconnectedness of the physical, emotional, mental and spiritual aspects of health.

The Medicine Wheel teaches that true wellness is found in balance, and that healthy aging is not simply the absence of illness, but the ability to live with purpose, connection and dignity. As shown in **Figure 3**, each quadrant of the Wheel can help frame our priorities for healthy aging:

- **Physical:** Nourishing the body through healthy eating, active living and preventing and decreasing substance-use related harms.
- **Emotional:** Fostering kindness, compassion, social inclusion, and addressing social isolation, loneliness and ageism.
- **Mental:** Supporting ongoing learning, digital health literacy and reframing aging as wisdom and strength.
- **Spiritual:** Honouring culture, ceremony, language and connection to the land as sources of resilience and meaning.



By weaving the Medicine Wheel into our Healthy Aging strategy, Fraser Health acknowledges the sacred role of Elders and Indigenous knowledge keepers, and commits to approaches that respect balance, wholeness, and the wisdom of living in harmony with all our relations.

Figure 3. The Healthy Aging strategy's Medicine Wheel



## Our focus areas

### Focus population

There is not a universal definition for ‘older adults,’ as this term can vary based on cultural, social and individual perspectives. To balance a life course approach with a focus on a specific age group, our strategic priorities will focus on adults 50 years and older in alignment with Age Forward: British Columbia’s 50+ Health strategy.<sup>3</sup>

### Priority building blocks

Our work will focus on four content priority building blocks in alignment with the Wellness Promotion Program’s content expertise, including healthy eating, active living, substance use health and prevention and mental wellness and social inclusion. These priority building blocks are both important across the life course and to older adults specifically to promote health and manage chronic diseases. Our team will leverage our content expertise by focusing on these priority building blocks to implement the strategic priorities.



## Healthy eating

Overarching goal:

- Increase healthy eating among older adults

Nutrition plays a crucial role in healthy aging, helping prevent the development of chronic disease and frailty, as well as supporting cultural, social, mental, and spiritual well-being of older adults.<sup>3</sup> As the body ages, it undergoes physiological and psychological changes that affect older adult's nutritional needs and overall health, such as decreased sense of taste and smell, loss of thirst, poor oral health, reduced appetite, difficulties digesting and absorbing food and having chronic health conditions. Older adults often also experience social changes, such as living alone, which can increase their risk of poor nutrition.

Access to affordable, culturally appropriate and responsive, nutritious and safe food is also essential to promote the health and well-being of older adults. Eating patterns that are rich in fruit, vegetables, whole grains, protein foods, along with adequate hydration, help to prevent and reduce frailty and falls among older adults, especially when combined with physical activity.<sup>10</sup> Eating a nutritious diet can also reduce the risk of cancer, cardiovascular diseases, diabetes and hypertension among older adults.<sup>11</sup> However, most older adults have low intake of fruit and vegetables. In Fraser Health, one-third (31 per cent) of adults between 55 and 74 years old reported consuming five or more servings of fruits and vegetables per day in 2023.<sup>12</sup>

Chronic disease can also impact older adults' nutrition by changing their metabolism, appetite and nutrient absorption.<sup>13</sup> Additionally, poor oral health may also contribute to malnutrition by affecting older adult's ability to chew and swallow food, impacting appetite, altering food choices and reducing the intake of essential nutrients.<sup>14</sup> In later life, nutritional deficiencies can significantly affect older adult's health if left unaddressed, especially if they have heightened nutritional needs.<sup>15</sup>





## Active living

Overarching goal:

- Increase physical activity among older adults

Engaging in an active lifestyle throughout the lifespan, and specifically in older adulthood, is an essential component of healthy aging. Engaging in regular physical activity prevents and reduces frailty among older adults and has been shown to help prevent some chronic diseases, including cardiovascular disease, diabetes and some types of cancer.<sup>16,17</sup> Promoting physical activity is also important for reducing falls among older adults, in addition to supporting positive health behaviours throughout the life course, such as good nutrition and limiting the use of alcohol and tobacco.<sup>9</sup> In particular, exercise programs that focus on strength and balance are effective at reducing fall and injury risk.<sup>16</sup>

Being physically active has many benefits for older adults that span beyond physical health, to incorporate mental and social well-being.<sup>18</sup> Physical activity has positive impacts on cognitive function and mental health and often provides an opportunity for social connection among older adults.<sup>9</sup>

In 2023, around 39 per cent of adults aged 55 to 74 in Fraser Health and around 43 per cent of those 75 and older did not meet Canada's 24-Hour Movement Guidelines of at least 150 minutes of weekly physical activity.<sup>11</sup> Unfortunately, not all older adults have equitable opportunities for active living, and barriers to physical activity often increase with age. Factors such as income, experiences of discrimination based on race, gender and sexual identity, age, weight, and other social and structural barriers all determine the experiences of access and inclusion in the environments that enable active living.<sup>19</sup> Additionally, older adults are a diverse group, made up of individuals with varying physical abilities. It is important to enable active living for people of all ages, bodies, abilities, cultures and identities.



## Substance use health and prevention

Overarching goal:

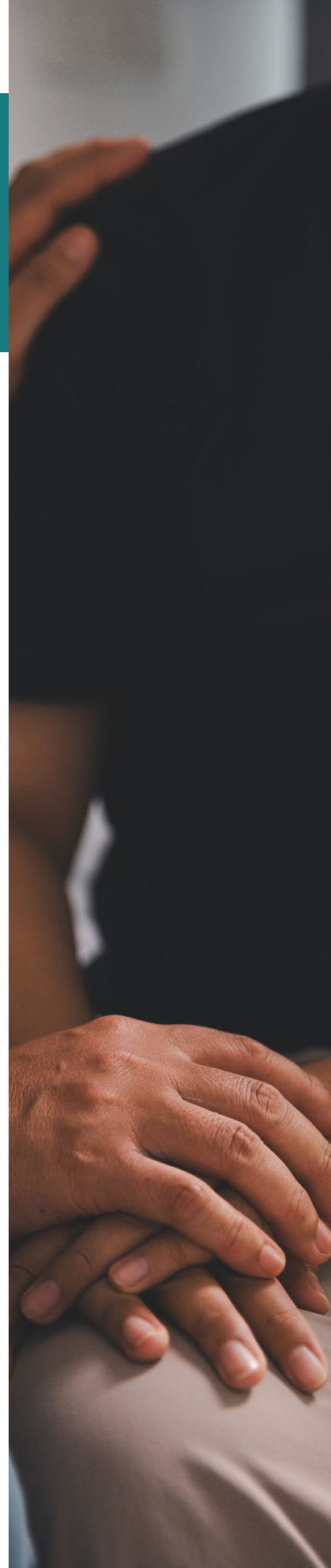
- **Prevent and decrease substance-use related harms among older adults**

As the population continues to age, the number of older adults using psychoactive substances and experiencing substance-use related harms is expected to increase.<sup>20</sup> Compared to previous generations, adults born between 1946 and 1965 have consistently reported higher rates of substance use throughout their life course and this trend continues into their older age.<sup>21</sup> While alcohol remains the most used substance among older adults, there is an increasing use of cannabis, tobacco, unregulated drugs and misuse of prescription drugs in adults aged 65 and older.<sup>22</sup>

Particular concern relates to patterns of alcohol consumption and toxic drug poisoning risk among older adults. Between 2019 and 2020, the prevalence of heavy drinking (defined as 5 or more drinks for males and 4 or more for females on one occasion) among adults aged 50 to 64 years ranged from 12 to 19 per cent across the Fraser Health region—more than double that of adults aged 65 and older.<sup>23</sup> In 2023, adults aged 50 to 59 experienced the second-highest rate of toxic drug poisonings in the province.<sup>24</sup>

Older adults are more likely to experience harms related to substance use compared to younger age groups as a result of age-related changes.<sup>27</sup> These changes can significantly impact how substances are processed in the body, affecting drug absorption, distribution, metabolism and excretion. Additionally, older adults have a reduced ability to adapt to the physiological effects of substances as neurotransmitter systems change with age. They are therefore more vulnerable to the effects of substances.<sup>27</sup> Even small amounts of alcohol can increase the risk of falls and fractures in this population, adding to the overall burden of harm.<sup>25</sup> Polypharmacy, the use of multiple medications at the same time, increases older adults' risk of adverse drug events, drug-related emergency department visits and falls.<sup>26</sup>

Many risk factors for higher risk substance use among older adults stem from psychosocial challenges, such as major lifestyle changes and social isolation.<sup>27</sup> Retirement, the loss of a lifelong partner and disconnection from family and social networks can all contribute to higher risk substance use.





## Mental wellness and social inclusion

Overarching goal:

- **Decrease social isolation and loneliness among older adults and caregivers**

Mental wellness and social inclusion directly impact mental and physical health outcomes of older adults. Mental wellness supports brain health by helping prevent and slow cognitive decline. It helps to develop resilience, which can support older adults to cope with challenges such as retirement, grief and health issues and encourages social interaction, building a sense of belonging and support.<sup>28-30</sup> In Fraser Health, while the majority (69 per cent) of adults aged 50 and older report very good or excellent mental health, 5 per cent report experiencing a mental health related long-term disability.<sup>11</sup>

Older adults often experience social isolation and loneliness, due to experiences of ageism and changes that lead them to be less socially active, such as low income, chronic health conditions, loss of family members and living alone.<sup>31</sup> The likelihood of living alone increases with age and is higher among women over the age of 75 (35 per cent). In 2022, a Canadian survey of adults over age 50 found that up to 58 per cent have experienced some degree of loneliness and that 41 per cent are at risk of social isolation.<sup>32</sup> Social isolation and loneliness have been linked to increased risk of developing dementia, earlier death, stroke, heart disease, cancer, depression and anxiety.<sup>33</sup>

Older adults at greater risk of social isolation and loneliness include people who live alone, people who live in rural and remote areas, people who are low-income and those living in poverty and people who are racialized.<sup>34-36</sup> Caregivers for older adults, who are often older adults themselves, are also at risk of loneliness and mental health concerns. A 2021 survey found 87 per cent of caregivers experienced loneliness, 73 per cent reported anxiety, and 69 per cent reported a decline in their mental health.<sup>37</sup>

Older adults who are isolated and lack social contacts or support are at a greater risk of experiencing abuse and neglect.<sup>38</sup> The true extent of abuse and neglect in older adults is difficult to accurately capture as it is often under-reported. In 2023, there were 2,310 reported cases of suspected abuse, neglect, and self-neglect involving adults aged 65 and older in B.C., a 21 per cent increase from the number of cases reported in 2019.<sup>39</sup>



## Strategic priorities

The Wellness Promotion Program is committed to advancing the following four strategic priorities to promote healthy aging in our communities within our focus areas, and across our program as a whole:

**1.** Coordinate partnerships and intersectoral action to create social and built environments that support the diverse needs of older adults.

**3.** Implement strategies to create an age-positive culture shift by embracing healthy aging as a valued part of the life course.

**2.** Support community programs and initiatives that promote meaningful social and cultural connection among older adults.

**4.** Improve the accessibility of evidence-informed health promotion messaging for older adults and caregivers to support their personal health skills.

While these priorities build on our strengths, they also expand our efforts to address the health needs and changing demographics of an aging population and support healthy aging in our region.



## Priority 1

Coordinate partnerships and intersectoral action to create social and built environments that support the diverse needs of older adults.

### Why it matters

Thoughtfully designed social and built environments—from housing, transport, active transportation, outdoor spaces, health and social care and other aspects of the broader community—play a crucial role in promoting healthy aging. Communities that are designed to account for the wide diversity of older adults promotes their autonomy, inclusion and contributions in their community, respects their decisions and lifestyle choices and respond to their age-related needs and preferences. Elements such as well-maintained sidewalks, traffic calming measures and pedestrian-friendly signal timing are important to reduce the risk of falls and encourage physical activity among older adults. Furthermore, adapting the built environment to climate change is increasingly important, as physiological changes in temperature regulation and mobility, chronic health conditions, along with life circumstances, such as living alone, make older adults more vulnerable to its impacts.

In recent years, nearly all Fraser Health communities have initiated planning efforts to develop age-friendly cities and communities (AFCC), primarily by utilizing Age-Friendly grants. Since 2005, B.C. Healthy Communities grants have been available to support dedicated projects and initiatives that aim to improve the built and social environments for aging populations.

**Objective 1:** Facilitate collaboration among older adults, municipalities, non-profits, schools and community organizations to promote environments that support healthy aging and the prevention of frailty.

To support the development of healthy aging environments in our communities, we will facilitate multi-sectoral collaboration across various key partners in our communities. We will leverage our current partnerships with local Healthier Community Partnerships (HCPs) who engage a broad group of key partners to work collectively to address the determinants of health.

**Objective 2:** Support municipalities to develop guiding policy and planning design documents that ensure the built and social environment support older adults to age-in-place.

We will support municipalities to develop guiding policy and planning documents to ensure the social environment supports older adults to age in their homes and communities. In collaboration with Population and Public Health's Healthy Environments team, we will also identify opportunities to enhance the built environment in our communities to better support healthy aging.

**Objective 3:** Support municipalities to use a health equity lens to develop communities that promote healthy aging.

We will provide expertise in applying a health equity lens in the planning of policies and programs that support healthy aging environments. This includes assessing how they impact health equity and population health to ensure healthy aging can be achieved by all older adults, including those that have been historically excluded from this planning.

### What does an age-friendly community look like?

The World Health Organization's (WHO) Age-Friendly Cities framework identifies eight domains of an age-friendly community:<sup>40</sup>

1. Outdoor spaces and public buildings should be well-maintained, safe and accessible. Neighbourhoods should be designed with green spaces, walkability and infrastructure that supports active transportation.<sup>41</sup>
2. Public transportation should be affordable, reliable, frequent and easy to navigate with accommodation for individuals with diverse mobility needs.<sup>57</sup>
3. Housing must be sufficient, safe, affordable and accessible with rental housing availability that is clean, well maintained and safe.<sup>57</sup>
4. Social participation in leisure, social, cultural and spiritual activities are supported by offering diverse social activities and programs that cater to various interests and backgrounds.
5. Older adults are treated with respect and are included in civic life.
6. Providing opportunities for older adults to stay engaged in volunteer and employment opportunities.
7. Programs and initiatives should assess the communication needs of older adults to ensure information is accessible, clear and user-friendly.<sup>56</sup>
8. Community and support services are tailored to the needs of older adults.



## Priority 2

Support community programs and initiatives that promote meaningful social and cultural connection among older adults.

### Why it matters

While most older adults remain engaged in social networks and involved in their communities as they transition to later life, some older adults are less resilient to these changes depending on their economic, personal, material and social resources. Social and cultural connection are important protective factors to prevent social isolation and loneliness among older adults. Enhancing social connectedness among older adults significantly lowers their risk of chronic illness, depression, and premature death.<sup>60</sup> Social connection also plays an important role in protecting older adults from the adverse impacts of extreme heat related events.<sup>42</sup>

**Objective 1:** Promote the development of initiatives to increase social connections and cultural wellness among older adults living with disabilities and mobility needs, experiencing poverty or low income and who are racialized and stigmatized.

We will explore strategies to engage older adults who typically do not access programs and initiatives that build social connection and promote cultural wellness. We will ensure these initiatives promote health equity by avoiding a focus that prioritizes the needs of healthy, active older adults over those from equity deserving groups.

### Cultural wellness from a Métis perspective

Cultural wellness is a sense of belonging and pride Métis people feel when they are connected to their Métis families, communities, traditions and the land.

It can be expressed by honouring the strength, determination and tradition of ancestors through telling stories, using Michif language, being on the land and practicing and passing on traditions, such as music, jigging and art.<sup>43</sup>

**Objective 2:** Support opportunities for intergenerational programming in communities to promote social connection, mentorship, and knowledge sharing between generations.

We will support opportunities for intergenerational programming, such as cooking and meal preparation, to allow older adults to share their knowledge, skills and life experiences which promote social engagement and mutual learning between generations. Circle teachings from the Medicine Wheel remind us that every stage of life is connected, and Elders hold a sacred role in guiding balance and resilience. Intergenerational programming has a positive impact on older adults' physical and mental health, cognitive function, social relationships and quality of life.<sup>44</sup> These programs can also effectively challenge ageism by promoting positive interactions between generations, helping to counter inaccurate and negative attitudes about older adults.<sup>45</sup>

**Objective 3:** Strengthen partnerships between health care and community organizations to advance social prescribing among socially isolated older adults.

We will work in collaboration with Regional Home and Community Care Services to leverage our existing partnerships with community organizations to connect socially isolated older adults with social prescribing services. Social prescribing involves referring individuals to a range of non-medical community supports and services to improve their health and well-being. In Fraser Health, health professionals can refer older adults to a Seniors Community Connector to link them to social activities and programs, physical activity and exercise programs, meal delivery and nutrition programs, family and caregiver supports, transportation support and other supports.



## Priority 3

Implement strategies to create an age-positive culture shift by embracing healthy aging as a valued part of the life course.

### Why it matters

The negative perceptions of age and aging are a significant barrier to healthy aging. Our health care system and how it positions older adults is so deeply ingrained in Western culture and colonized ways of thinking that it often goes unrecognized. A survey conducted in 2022 by the Forum of Federal, Provincial and Territorial Ministers Responsible for Seniors indicated under half (48 per cent) of people aged 55 and over who responded to the survey experienced ageism, most commonly in public, workplace and health care settings.<sup>46</sup>

Ageism experienced by older adults is often implicit and can occur at both institutional and interpersonal levels in our communities. These types of ageism can lead to self-directed and internalized ageism among older adults.<sup>61</sup>

Ageism can have profound consequences on older adults' health and well-being. Ageism contributes to worsening cognitive impairment, decreased ability to recover from illness or disability, increased social isolation, and overall, leading to a shortened lifespan.<sup>47</sup> Ageism can also interact with other forms of bias, such as sexism and ableism, to exacerbate these health impacts.

“It is very difficult for any senior’s group to find adequate space (including office space) for seniors’ activities. Community centres are mostly built with younger people in mind, and in their running, are reluctant to share that space with seniors.”<sup>48</sup>

“My colleagues make jokes about old women and then tell me how extraordinary I am because I am still able to work. I have one colleague who tells me that I should be sitting at home because that’s what her grandmother does.”<sup>48</sup>

**Objective 1:** Offer learning opportunities to Population and Public Health staff to shift their implicit ageism biases.

To address ageism within the Population and Public Health Program, we will offer learning opportunities to define, examine and unpack implicit ageism bias and how it interacts with other forms of discrimination. Aging is viewed as a valued and respected process in some cultures. In Indigenous communities, Elders play an essential role as knowledge keepers. We will explore opportunities to include Indigenous ways of knowing into this education. Education on ageism can enhance empathy, dispel misconceptions about different age groups and reduce prejudice by providing accurate information and counter-stereotypical examples.<sup>61</sup> By taking this step, we aim to champion an age-positive culture shift across our organization and in our communities.

**Objective 2:** Identify opportunities to increase public awareness of ageism and to challenge negative stereotypes and misconceptions about aging in collaboration with internal and external partners.

To address ageism on a population level, we will collaborate with internal and external partners to raise awareness and build understanding within our communities about what ageism is. We will strive to create an age-positive culture shift by challenging negative stereotypes and misconceptions about aging.



## Priority 4

Improve the accessibility of evidence-informed health promotion messaging for older adults and caregivers to support their personal health skills.

### Why it matters

Access to credible, evidence-informed health promotion messaging empowers older adults to build on their existing personal health skills to make informed decisions about their health and well-being. Additionally, providing caregivers with health promotion messaging can help them manage their own health while supporting the well-being of older adults they care for.

Advancements in the digital age have significantly shifted the way we access health promotion information. These advancements include the widespread adoption of smartphones and the rapid growth of digital technologies prompted by the COVID-19 pandemic. Digital technologies, such as artificial intelligence, virtual reality and machine learning, are further changing the way we seek and share health information.<sup>49,50</sup> Lower levels of digital health literacy among some older adults, compared to younger age groups, can present challenges in accessing, understanding, and using health information to support their well-being.<sup>51</sup>

**Objective 1:** Provide evidence-informed health promotion messaging focusing on older adults and caregivers.

We will provide health promotion messaging to older adults and caregivers across our focus areas—healthy eating, active living, substance use health and prevention and mental wellness and social inclusion. In addition, we will provide messaging to older adults to encourage vaccinations and screening tests to prevent illness and promote healthy aging. We will ensure these messages take into consideration the diversity among the older adult age group, in terms of age, gender, functional ability, language and culture, to ensure they are accurate, relevant and appropriate. We will engage with older adults to develop this messaging to ensure it is inclusive and free of age-bias and collaborate with internal and external partners to ensure our messages are aligned.

**Objective 2:** Promote digital health literacy initiatives that empower older adults to access, navigate and apply online health information.

We will promote and support digital health literacy education to help older adults effectively navigate and apply health information. Digital health literacy education and training are effective at increasing older adults' digital health efficacy, knowledge and self-efficacy.<sup>52</sup> Recognizing some older adults also experience barriers to accessing information online, such as the high cost of devices, data plans, limited tech support, language barriers and inadequate infrastructure in rural and remote areas<sup>53</sup>, we will also support community efforts that improve the availability and accessibility of digital health infrastructure. At the same time, acknowledging that some older adults may continue to prefer non-digital methods of communication, we will also continue to support access to non-digital health promotion messaging where appropriate.

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