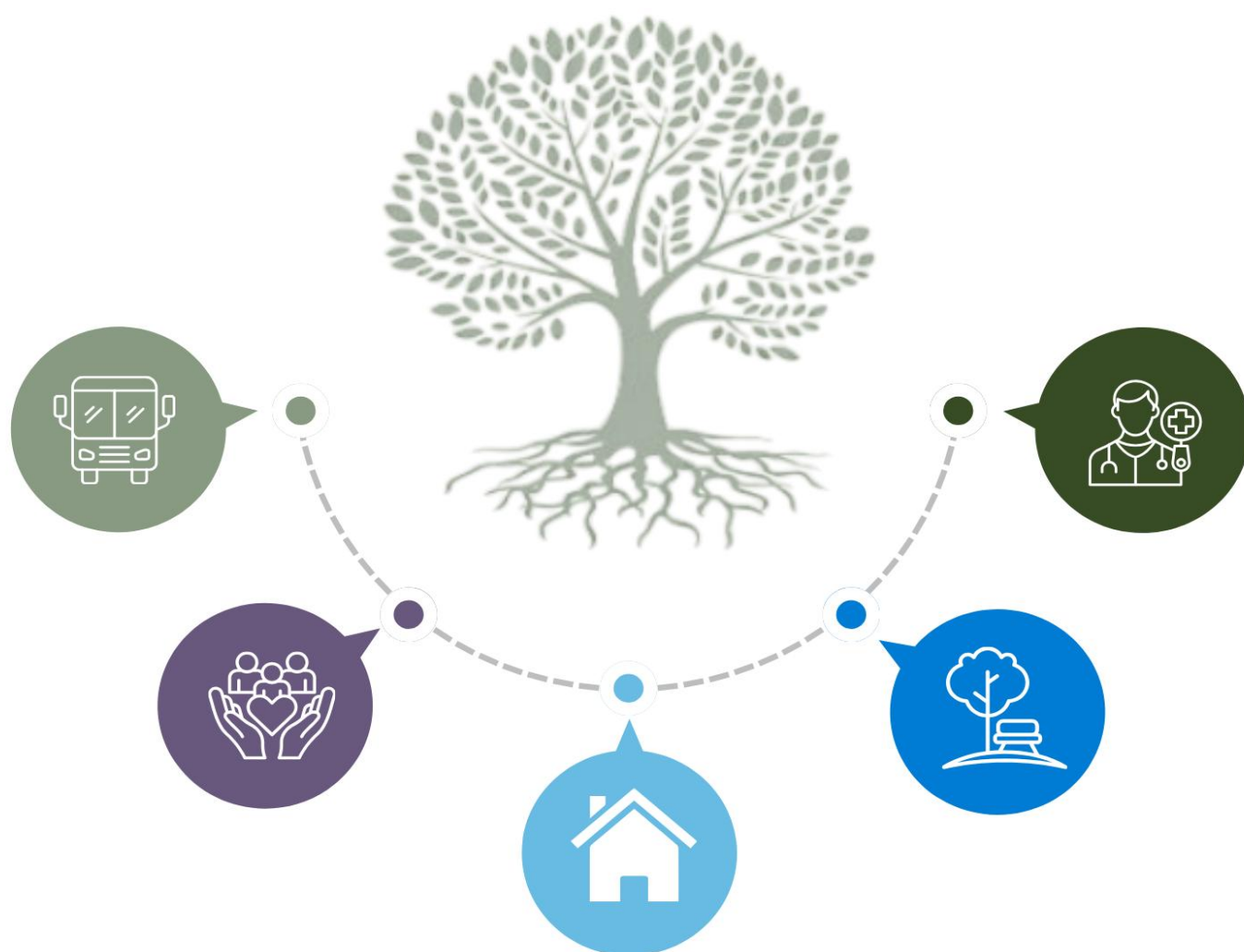


Oxford Age Friendly Strategy



Background

Partners working with older adults across Oxford County recognized the need for a coordinated and community wide approach to support healthy aging and aging in place in our community. This led to the formation of a steering committee and the sharing of local data to deepen understanding of the experiences, strengths, and challenges faced by local older adults. Together partners committed to developing a comprehensive and collaborative Age Friendly Strategy to guide local planning, strengthen partnerships, and ensure that policies, programs, and community spaces reflect the diverse needs and abilities of Oxford County’s aging population.

Steering Committee Members

We gratefully acknowledge the contributions, commitment, and expertise of all steering committee members, whose collective effort was essential to the development of this strategy.

Meagan Lichti (chair) Rebecca Wallace Malaysia Sandhu	Southwestern Public Health
Kelly Gilson Lindsay Wilson	United Way Oxford
Kristy Van Kooten-Bossence	Ingersoll Services for Seniors
Diana Handsaeme	Tillsonburg and District Multi Service Centre
Emily Porchak	Oxford Ontario Health Team
Maureen Ross Karen Devolin	Community Members
Rebekah Lindsay	Alzheimer Society Southwest Partners
Robin Kish	VON
Cheryl McDonald	Regional Geriatric Program of Southwestern Ontario
Chris Cunningham	Southgate Centre
Jamie Walter	Oxford County Paramedic Services – Community Paramedicine
Doug Ellis	City of Woodstock
Jillian Stephenson	Woodstock Hospital
Jeffrey Davis	Ontario Health at Home

About our Community

- The population in **Oxford County is growing and aging:**
 - According to the 2021 Census, Oxford County’s population reached 121,781 in 2021, growing 9.9% compared to Ontario’s 5.8%.
 - Adults 65+ in Southwestern Public Health (SWPH) region (which includes Oxford County as well as Elgin County and St Thomas) rose from 16.1% to 20.2% between 2011 and 2021. Tillsonburg has the highest proportion of seniors in the region at 29.3% (1).
 - The working age population in SWPH of 15 to 64 years has also never been older. In 2021, the baby boomer generation included people aged 57 to 75 and by 2029 this whole generation will be of retirement age (1).
- In 2021, **12% of the population in Oxford County are immigrants** with 7.41% being new immigrants in the last 4 years (2). In SWPH’s region, almost half of recent immigrants (44%) lived in Woodstock with most newcomers coming from India (1).
- The proportion of seniors living with low income is increasing. **In Oxford County, 25% of the 65+ population are living with a low income.**
 - The highest proportion of seniors living with a low income in Oxford County is in Tillsonburg at 37%, followed by East Zorra Tavistock at 28%, and Woodstock with 25% (3).
- **One in five seniors lives alone**, with women more likely to be widowed (4).
- Climate change poses emerging risks, as extreme heat days are expected to rise and **older adults are more susceptible to health harms related to heat** (5).
- **Falls among seniors are a major concern.** SWPH is significantly higher than Ontario for emergency department visits and hospitalizations for injuries related to falls (6).

Table 1. 2023 Data on Emergency Department Visits and Hospital Admissions Related to Falls in Seniors in Southwestern Public Health Region vs Ontario

2024 Data	Emergency department visits for injuries related to falls (rate per 100,000)		Admissions to hospital for injuries related to falls (rate per 100,000)	
	SWPH	ON	SWPH	ON
Ages 65-74	4729.8	3611.5	818.5	581.1
Ages 75+	11,144.4*	8898.3	3205.2	2588.6

*highest region in Ontario

Aging in Place and Equity Considerations

Aging in place was a key priority identified by our partners. Most seniors want to remain in their homes for as long as possible. Aging in place is the ability for older adults to access services and the health and social supports they need to live safely, independently, and comfortably in their home or community of choice for as long as they wish or are able, regardless of age, income, or capacity (7). Anyone can experience barriers to aging in place, but they can be more prevalent in some groups. These groups experience disproportionate risks and structural barriers, and must be intentionally considered to ensure our strategies promote health equity:

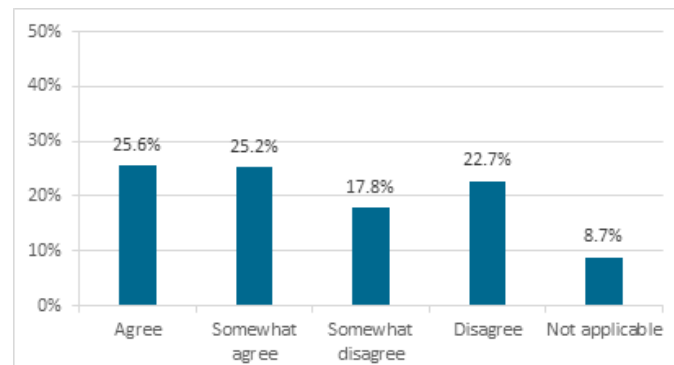


Figure 1: Proportion of adults 50+ who can afford to make changes to their home to continue living in their home if needed (12)

Senior women face greater financial vulnerability than senior men because they are more likely to have spent their careers in part-time or lower-paid work, had fewer opportunities to contribute to pensions, and experienced interruptions in employment due to caregiving responsibilities (8). They are also more likely to live alone at older ages (4).

Older adults living in rural communities are over 50% more likely to be admitted to long-term care when they could have been cared for at home compared to older adults in urban areas (9). Our local needs assessment highlights the challenges rural communities face such as fewer home and healthcare services being offered, and transportation service gaps which can increase social isolation.

Low-income older adults are less likely to report having a higher level of social support than their high-income counterparts. Lack of social support is a key barrier to aging in place and low-income older adults are more likely to be lonely and isolated (10, 11).

Older adults experiencing mental illness are at increased risk of disability, poor physical health, dementia, and reduced quality of life and are more likely to be placed in long-term care facilities (7). They are also vulnerable to low social support, with 1 in 10 reporting a low level of social support compared to 1 in 20 without mental health conditions (10).

Systemic inequities also affect people including:

Indigenous older adults are more likely to experience poorer health, social isolation, and low income. Indigenous older adults in Canada have higher rates of chronic disease and other health conditions compared to non-Indigenous older adults. The rate of dementia is 34% higher among First Nations populations, with the age of onset being approximately 10 years younger than the general population (8). Due to historical experiences, ongoing discrimination, and lack of culturally safe services, mistrust of mainstream institutions may prevent Indigenous older adults from seeking support (8, 13).

Newcomer older adults face greater challenges because language barriers, cultural differences, discrimination, and lower income make it harder to access services and supports. Limited eligibility for government benefits often results in financial insecurity and dependence on family. These factors, along with language barriers, also increase the risk of social isolation (8, 14).

Older adults living with a disability face challenges due to financial insecurity, lack of accessible housing and transportation, inadequate social or family support, and lack of specialized healthcare. Older adults living with a disability, especially those who have lived with a disability most of their lives, are more likely to experience low income and financial insecurity as they age than those without a disability (8).

Older adults who are members of the 2SLGBTQIA+ community face increased barriers due to higher rates of social isolation, the long-term impacts of historical discrimination and internalized stigma, and a greater likelihood of living alone with limited informal caregiving supports (15, 16). They also experience disproportionately higher rates of physical and mental health challenges (17).

Some older adults experience overlapping identities that compound barriers to aging in place. When these factors intersect, challenges like financial insecurity, limited access to services, discrimination, and social isolation are amplified, resulting in greater health and social impacts. To advance health equity, we must consider how systemic factors affect these groups and ensure that our policies and programs respond to their unique needs and experiences.

“The immigrant population has a different perspective of aging and housing. The language issues and how do you find them a place that is comfortable for them. It is hard enough for people who can speak the language.”

Quote from the 2025 needs assessment (12)

Age Friendly Communities

An age friendly community (AFC) supports older adults to live safely in their community, enjoy good health, and stay involved. It recognizes both the strengths and needs related to the older adult population and works towards creating a safe and healthy environment where everyone can thrive. The AFC framework includes eight key domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services (18). Creating a local age friendly strategy, informed by our community with local considerations and health equity embedded throughout, can allow all of Oxford County’s older adults to live in supportive communities that ensure healthy aging is possible for everyone.

Creating our Local Age Friendly Strategy

The steering committee followed the guidance document and supporting toolkits from the Ontario Government (19) with the support of the Ontario Age Friendly Outreach Program. A project plan (20) and ethics approval was completed with the support of SWPH. The steering committee members participated in a workshop to develop a vision and guiding principles for the strategy. The needs assessment was themed using five domain areas our steering committee members felt were most relevant to the region to keep the size of the assessment and strategy recommendations feasible.

The data used in this report is based on the 65+ age group which is defined as seniors for this work. The age 50+ aligns with the funding and programs that many of the partners follow and this age group was used for the needs assessment and is defined as older adults. Although age-based thresholds were needed for the assessment, it is acknowledged that age is only a number and does not place people into fixed categories or reflect the diverse strengths and experiences of older adults. Age Friendly Communities support the diverse skills and abilities of older adults to create environments that ultimately make the community more inclusive, accessible, and supportive for people of all ages.



The Local Needs Assessment

A local needs assessment was completed in 2025. The data collection included a community survey, focus groups, and one on one interviews. Details around eligibility requirements, recruitment strategies, and the questions used can be found in the project plan (20) which is available from SWPH or by contacting the Oxford Age Friendly committee chair at mlichti@swpublichealth.ca.

The needs assessment included data from 402 survey responses, ten focus groups, and eight one-on-one interviews. It was analyzed with support from SWPH and provided a comprehensive understanding of the experiences, challenges, and priorities of adults 50+ in the community. Participants highlight both strengths and critical gaps across the five domains of Healthcare, Housing, Social Participation & Inclusion, Transportation, and Outdoor Spaces & Buildings. Gaps in one domain often create barriers in others. The full report *Age Friendly Needs Assessment Qualitative and Quantitative Findings - Oxford County* (12) is available from SWPH or by contacting the Oxford Age Friendly committee chair at mlichti@swpublichealth.ca.

While the needs assessment provided valuable insights from a broad range of older adults, findings should be interpreted with consideration of potential limitations. Participation was voluntary and may underrepresent individuals experiencing the highest levels of isolation, digital exclusion, language barriers, or cognitive impairment although efforts were made to communicate the availability of a translator to support our newcomer population. Quantitative data was primarily drawn from self-reported survey responses, and not all municipalities or demographic groups were equally represented. Despite these limitations, the consistency of themes across data sources strengthens confidence in the findings.

Priority Setting and Action Planning:

The steering committee participated in two workshops to review the needs and strengths of our region and create local recommendations. Using the Ontario Age Friendly toolkit, three questions were asked to support which initiatives should be explored for prioritization.

1. What is already being addressed in our community?
2. What priorities (needs) do we still think need attention?
3. What can we address with our resources, time, and budget?

The group then looked at the ideas and potential interventions and used an impact effort grid to support the group with prioritization.

The Vision for Oxford County:

A community where you can live with ease and thrive through connection and dignity.

Guiding Principles:

Inclusivity- Creating a community where everyone feels welcomed, represented, and able to take part in programs, services, and daily life.

Respect- Honouring the wisdom, dignity, and experiences of older adults, and ensuring their voices and choices are valued in decision-making.

Accessibility- Designing safe spaces, affordable services, and easy-to-use information so people can participate and move through the community without barriers.

Equity- Recognizing that different people have different needs, and removing financial, geographic, and systemic barriers so supports are distributed fairly.

Connection- Fostering belonging through relationships, intergenerational opportunities, and community spaces where people look out for and support one another.

Ageism

Ageism was discussed by the steering committee as a mental model and a root cause that needs attention across all domains. Ageism is a form of discrimination and stereotyping based on age, which predominantly affects older individuals. While age-based prejudice can affect anyone, research shows that older adults are the age group that endures its most harmful effects (21).

Discriminatory policies, at all levels, create avoidable barriers that compromise older adults' mental, physical, and social well-being. Ageism has been linked to poorer health outcomes, including depression, increased chronic disease, reduced life expectancy, and disengagement from health-promoting behaviours (22). Through policy change, education, and intergenerational initiatives, it is possible to reduce the prevalence of ageism and its harmful effects on older adults (22, 23). Utilizing these strategies will be prioritized throughout these recommendations as they work towards reducing the underlying issue of ageism.

Healthcare



- Access to healthcare remains one of the greatest challenges.
- While 77.9% of survey respondents reported having a local family doctor or nurse practitioner, only 35.4% felt they could easily access them when ill.
- Wait times, inconsistent home care, and staffing shortages were major concerns.
- Caregivers highlighted the fragmentation of services, poor communication, and limited follow-up, which added to their burden.
- Transportation, affordability, and knowledge gaps further restricted access.
- Programs such as community paramedicine and the Geriatric Emergency Management program initiative were praised and can make a significant difference.

The steering committee recognized local efforts and initiatives but also acknowledged the system level issues that all have a great impact.

- Research indicates home care services are 40-75% less costly than providing the same care in a long-term care home (24) and preferred by older adults
- Local services such as [Central Intake through VON](#) and [211](#) were seen as great assets that could be promoted more locally.
- Navigator roles were seen as fragmented and do not follow through on family needs.
- Caregiver strain and burnout was a concern.
- Dementia care and assessment was also highlighted as an area for improvement as access to a memory clinic in Oxford County has declined which has created delays in diagnosis and increased pressure on specialists while the number of people being diagnosed with dementia continues to grow (25).

Recommendations

Increase awareness for community supports and services with a focus on rural areas, low-income older adults, and caregivers.

Explore ways to reinstate local memory clinics and cognitive assessment services to strengthen early identification and support cognitive health.

Create coordinated access for specialized intra-collaborative geriatric services.

Share our needs assessment and relevant evidence to support advocacy.

Housing



- Appropriate and affordable housing options are scarce, especially in rural areas.
- Only 24.9% of survey respondents agreed that their community offered smaller or alternative housing options.
- Caregivers reinforced these concerns, highlighting high retirement home costs, long waitlists for long-term care, and gaps in communication and leadership within facilities.
- Many emphasized the value of safe, supportive housing that enables independence and keeps families engaged in care.

The steering committee discussed the importance of housing. Approximately 65% of older adults in Canada are part of the missing middle which includes low to middle income older adults who need low to moderate levels of support to age in their communities, but who have few or no housing options that meet their financial, medical, functional, or personal preferences and needs (24, 26). The design of homes influences how likely people are to feel lonely or isolated. Socially connected neighbours are healthier, more resilient, and are often able to stay in their home and community longer as they age. The [Building Social Connections: Toolbox of design actions to nurture wellbeing in multi-unit housing - Hey Neighbour Collective](#) resource was highlighted as a great toolkit to support age friendly senior buildings.

- Important local initiatives such as Indwell and the Housing Stability Program were discussed as a strength.
- Improvements around building more senior friendly affordable housing options that include one floor living and accessible community spaces in buildings are needed.
- Programs such as [Canada HomeShare](#) could be promoted locally to support intergenerational living.
- Educating younger older adults about housing considerations as they age so people start to think about aging in place at an earlier age was also highlighted.

Recommendations

Increase awareness and education for aging in place considerations and financial literacy.

Explore and promote alternative living arrangements such as intergenerational housing and home-share opportunities using inclusive approaches.

Share our local needs assessment to support advocacy for more seniors focused housing, with particular attention to rural housing gaps.

Social Inclusion and Participation



- Participants highlighted the importance of social gatherings, volunteer opportunities, and programs offered through churches, community centres, and local organizations.
- Older adults expressed both a desire for and barriers to participation in community activities.
- Survey results indicated that 33.2% of respondents agreed that they attend local social gatherings and another 35.2% stated they somewhat agreed.
- Technology, transportation, and cost often limited access.

Loneliness and social isolation are associated with an increased risk of death and higher rates of depression, dementia, stroke, coronary artery disease, disability from chronic diseases, reduced quality of life, and an increased number of falls (24, 27). Members noted that seniors remain the backbone of volunteerism in Oxford County, yet this aging volunteer base is at risk of burnout, highlighting the need to encourage younger volunteers and support employer-supported volunteerism.

- Discussions emphasized the importance of culturally inclusive programming and municipal policies that reflect the diversity of the community,
- Need for reducing stigma around dementia and ageism.
- Opportunities included developing policies that promote inclusive participation across cultures, ages, and abilities.
- Offering education and awareness events on ageism, dementia, and inclusion.
- Leading public campaigns that elevate the contributions of older adults.
- Expanding programming grounded in DEI and cultural humility.
- Advocating for stronger social and recreational supports that reduce isolation and strengthen community connectedness.

Recommendations

Reduce ageism through education, policy recommendations, and promoting intergenerational opportunities (22).

Raise public and health provider awareness about the risks of social isolation and loneliness (24).

Prioritize equity, accessibility and inclusion-based approaches to addressing social isolation and loneliness with particular attention to rural communities, low-income older adults.

Reduce isolation through thoughtful technology solutions that are paired with digital literacy training and affordable access to devices and internet services.

Transportation



- Transportation emerged as a significant barrier to participation in community life and healthcare access.
- Only 25.3% of respondents agreed that community transportation services were available to them and cost was frequently cited as a barrier.
- Rural inaccessibility, limited scheduling, and lack of inter-community transit reinforced dependence on personal vehicles or family support.

A lack of transportation options can limit social participation, leading to social isolation and loneliness which negatively impacts health and well-being. Research has shown that lack of transportation services plays a critical role in older adults having to move into long term care (24). Our rural areas are specifically impacted by this due to the longer distances and no organized transit in most rural municipalities.

- Steering committee members all agreed that transportation is the largest barrier for older adults to age in place.
- Accessible and affordable options, especially for return trips from hospital were highlighted as a local concern.
- Sustainable and affordable options are needed as fixed route bus service in rural areas does not meet the needs of many residents and it is expensive.
- Volunteer driver programs were seen as potentially sustainable options that could be enhanced and supported
- Discussed exploring an app-based booking system where multiple providers could be connected.
- Steering committee members learned of neighbouring transportation services such as [St Marys & Area Mobility Service](#) that provides some accessible transportation options in the north area of Oxford, that many committee members were not aware of.

Recommendations

Explore innovative transportation solutions while prioritizing affordability and accessibility in transportation systems, particularly in rural areas.

Increase awareness and education about existing transportation options.

Expand and support volunteer driver programs.

Strengthen coordination between local transportation providers.

Outdoor Spaces and Buildings



- Participants described a strong interest in ensuring outdoor spaces were planned with accessibility at the forefront.
- The role of the Accessibility Committees was emphasized for this work.
- Only 15.6% of survey respondents agreed that snow and ice removal considered the needs of older adults.
- Sidewalk maintenance, accessible washrooms, and safe pedestrian crossings were recurring concerns in focus groups.
- Trails were perceived as being poorly maintained which leads to restricted use due to discomfort.
- Crosswalks cause anxiety due to insufficient crossing times, confusing processes and angled parking that reduces visibility.

Improving the age-friendliness of the built environment is a very important step towards facilitating aging in the right place (8). The steering committee discussions centred around the idea of collaboration and partnerships with existing committees and local work for this domain.

- It was acknowledged that the accessibility committee will be an important group to support and collaborate with as they have the expertise and experience with the accessibility legislation.
- Public Health is building stronger partnerships with planning departments which can be used to ensure that age and dementia-friendly considerations are incorporated into community planning and municipal policy documents, including official and master plans.
- The [Age- and dementia-inclusive neighbourhood design guidelines — Happy Cities](#) have already been shared and used as a reference when commenting on municipal documents.

Recommendations

Increase awareness of the benefits of age and dementia friendly design principles.

Increase collaboration with community partners to align recommendations for community design.

Identify opportunities to improve maintenance and accessibility of sidewalks and walkways with particular attention to neighbourhoods with higher proportions of low-income older adults.

Explore the possibility of local developer incentive programs to promote age and dementia friendly housing and community design.

Next Steps

The Oxford County Age-Friendly Strategy is intended to be a living document that evolves alongside community needs, emerging evidence, and local opportunities. The Steering Committee will continue to support implementation by identifying lead partners, strengthening collaboration across sectors, and aligning actions with existing municipal, public health, and community planning processes.

A process will be developed to monitor progress, evaluate impact, and share key milestones with the community. Sustaining this work will require ongoing engagement with older adults, caregivers, municipalities, community organizations, and decision-makers to ensure Oxford County remains a place where people can age with dignity, connection, and support.

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