Nurses & Nurse Practitioners of BC

Aging in Place

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Key messages

- 2021-2030 has been declared the decade of healthy aging.
- BC has an aging population, with more than a quarter of the population expected to be over the age of 65 by 2031.
- Existing health and social service models for older adults will be unable to accommodate this changing demographic and are largely insufficient in meeting the needs of older adults and facilitating healthy aging.
- *Aging in place*, a model that allows older adults to live safely and independently in their homes and communities, embodies the values of autonomy, dignity, equity, and independence and holds the potential to facilitate meaningful, healthy aging.
- Advocacy efforts are underway internationally, nationally, and provincially to promote *aging in place* initiatives by advancing policy agendas related to affordable housing, improved income security, and expanded social programs for older adults.
- Nurses are uniquely positioned to advocate for change. We can promote preventive care, education, and coordination of health and social services.

Background

The United Nations has declared 2021-2030 as the decade of healthy aging.[1] In British Columbia, the senior population is growing exponentially. From 2014 to 2019, the senior population increased by 22%, and by 2031, nearly a quarter of British Columbians will be over 65 years old.[2,3] As the aging population continues to expand, continuing care services will face an unprecedented demand. Consequently, current systems will be unable to support and promote healthy aging.

The current model of care for the aging population relies heavily on residential services such as long-term care facilities. Long-term care represents the most intensive and expensive form of continuing care services.[4] Provincially, the cost of a publicly funded long-term care bed is estimated to be $57,600 annually, in contrast to the estimated cost of $27,740 annually for two hours of daily home support services.[3] Despite high costs, long-term care services frequently overlook the individualized care needs and preferences of older adults.

It is estimated that up to 30% of older adults admitted to institutional services such as long-term care have care needs that could have been effectively managed in the community, pending the availability of appropriate health and social service supports.[3,4] Factors that impact the ability of older adults to remain in their homes often correlate with an older adult's capacity to engage in activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Activities of daily living refer to personal care activities that are required on a daily basis, such as getting dressed, managing medication, and nutritional intake.[3] Instrumental activities of daily living often encompass additional activities required to maintain a level of independence, but do not include personal activities, and occur on a more intermittent basis, such as managing finances.[3] Currently, home and community service programs offered in BC focus on ADLs without proportionate attention to IADLs. This focus, along with additional service gaps related to limited hours of service availability, personal costs associated with home care, and rigid care plans, results in earlier admissions to long-term care services.[3]

Premature admissions to long-term care pose multiple challenges. First, the anticipated trajectory of the aging population exceeds the current availability of existing health and social services and requires health system transformation to better meet the changing and diverse needs of BC's aging population. Second, health systems must consider the values and preferences of older adults – "If there is one issue where seniors hold a near-unanimous opinion, it is in their desire to live independently, in their own home, for as long as possible".[3 p.2] Up to 80% of the aging population in Canada indicates their preference to stay at home.[5] A third and related consideration pertains to provincial spending and the implications associated with priority investments in long-term care services, when these services do not always meet the needs of older adults or align with their values and preferences.

Despite home and community-based care being a more cost-effective and person-centred approach to gerontological care, governments continue to spend proportionately more on institutional models such as long-term care facilities.[6,7]

Considering impending demographic changes and implications for health system sustainability, it is critical to focus efforts on transformative approaches to caring for older adults in BC. Nurses are strategically positioned to advocate for these required changes and to contribute to alleviating the pressure on health and social service infrastructure.

Aging in place

Aging in place is an approach to care that enables older adults to choose to live safely and independently in their own homes and communities, rather than being displaced to health facilities such as long-term care homes.[5,8,9] With a focus on autonomy, *aging in place* is supported by the physical environment (transportation, community supports, health care services, and housing), social environment (family, friends, and social inclusion), and the availability and accessibility of health information (online access and technology). Resultingly, *aging in place* initiatives directly intersect with other health and social dimensions of well-being such as affordable housing to ensure older adults can remain in their homes, reduced challenges associated with system navigation such as improved access to technology and digital literacy, as well as physical environments that enable IADLs, including transportation and socialization.[10,11]

With access to wrap-around home support services, *aging in place*, has been shown to be an effective strategy for meeting the needs of older adults. Furthermore, this approach can improve health care spending, prevent the use of long-term care services, and reduce hospital admissions.[3]

Nurses, as professionals who ground their care provision in the values of autonomy and person-centred care, are ideally positioned to mobilize *aging in place* as a philosophy of care. Furthermore, the disciplinary orientations of nursing, which focus on equity, justice, and the social determinants of health, further exemplify the capacity of the profession to transform current systems in a way that meets the needs of aging British Columbians.

Evidence and data

Current action

Multiple provincial and national initiatives have highlighted pressing care gaps for seniors and provided key policy recommendations for moving forward. The Office of the Seniors Advocate of British Columbia has released numerous reports related to the current landscape, acknowledging that long-term care admissions for individuals with low care needs are nearly twice as high as in Alberta and Ontario.[12] Increases in admissions are occurring in tandem with increasing expenditures on institutional supports. Yet, one hour of support per day for seniors with low care needs costs governments approximately $14,000 annually, in contrast to the $60,000 annual cost associated with long-term care beds.[12] Lastly, to address factors that underpin challenges such as unnecessary admissions, as well as homelessness and poverty, the office has issued calls to action that support affordable housing, improved income security, and expanded social services programs.[8]

At the national level, the National Seniors Council (2024) has advanced policy recommendations that align with the domains of the Quality of Life Framework: prosperity (income assistance), health (addressing the health human resource crisis and focusing on disease prevention and health promotion), society (affordable housing and caregiver support), environment (technology and transportation), and good governance (legislation on home and long-term care).[13] The National Institute on Ageing has also released reports that outline key recommendations, including calling for better preventive and chronic disease management, strengthening home and community-based care, providing supports for unpaid caregivers, expanding accessible and safer living environments, and promoting social inclusion.[7] Across Canada, teams from health and social service organizations are working to develop programs that improve the safety, health, and quality of life of older adults, to enable *aging in place* and delay entry to long-term care.[10] Some organizations have created tangible resources that provide guidance to older adults in developing plans to support *aging in place*.[14]

The values of the nursing profession align with these policy directions. Nursing is committed to advocating for and striving towards the elimination of social inequities.[15] The CNA advocates for creating affordable housing that promotes *aging in place*, improving income security for seniors, and expanding programs to promote social inclusion.

Key considerations

The role of nursing

HEALTH AND COMMUNITY SERVICE CARE COORDINATION

The top five causes of death for seniors include chronic conditions that can be mitigated: cancer (24%); heart disease (19%); cerebrovascular diseases (6%); COVID-19 (6%), and respiratory diseases (4%).[9] As nurses, advocating for improved preventive and chronic disease management funding and educating patients at all touchpoints of the health care journey are essential. This is particularly relevant as many community programs remain operationally siloed, highlighting the need to develop integrated and coordinated models of care that connect health services with community resources. Such models include intentional discharge planning in collaboration with home and community services, ensuring that the needs of seniors are considered and addressed before going home.

Nurses are ideally positioned to promote the widespread implementation of coordinated care models that enable older adults to age in place. With knowledge of disease and injury prevention, health promotion, and chronic disease management and a consistent presence in both acute-care and community-based practice settings, nurses serve as patient advocates, multidisciplinary care coordinators, and clinical care experts.

SUPPORTING CAREGIVERS

Over 95% of individuals receiving long-term home care have an unpaid caregiver,[16] with 34% of family caregivers in BC reporting distress.[12] Informal caregivers are often unpaid family members or friends.[6] In 2018, nearly one quarter of Canadians were caregivers, with nearly half assuming responsibility for care for parents or in-laws (Kaur, 2022). In Canada, more than half (56%) of all unpaid caregivers report exhaustion, with more than 40% expressing feelings of worry or anxiety.[17] The Canadian Centre for Caregiving Excellence (2025) recently released a National Caregiving Strategy calling for better services and financial support for unpaid caregivers, including those who are employed. It also emphasizes the need to strengthen the paid care provider workforce, recognizing that unpaid caregivers alone cannot meet the growing demand for *aging in place*.[18]

Screening and assessing the risk of caregiver burden or distress can facilitate the timely implementation of target interventions that yield improved outcomes for both family caregivers and care recipients.[19] As noted previously, nurses are instrumental in connecting individuals to the support services they need. This includes working with family members to identify appropriate resources and initiating referrals to community supports, such as respite care and family support groups, to help mitigate the negative

impacts associated with caregiver burden and burnout.[20]

SUPPORTING DIGITAL LITERACY

Digital literacy refers to the "skills and knowledge needed to use and understand information from various digital devices and sources".[21p.3] Digital literacy holds the potential to improve the quality of life of older adults and facilitate *aging in place* initiatives by ensuring individuals can access virtual health care services, promote independence with IADLs, such as banking, while also enhancing social connections.[21] However, seniors have been left out of conversations regarding digital inclusion, creating what has been termed a digital divide.[22] In the absence of digital technology knowledge and skill, the increased digitization of essential services such as health care has placed seniors at an increased risk of poor health outcomes.[22] Resultingly, early admission to residential services may be a consequence of this digital divide.

With the growing field of clinical nurse informatics, nurses have the opportunity to leverage their expertise as clinicians when it comes to delivering and using new technologies in health care. Many older adults may not have the knowledge or skills to access virtual health care or access their health information via technology, such as through apps or virtual care. Nurses can harness their expertise, knowledge, and skills to provide targeted education interventions that foster digital literacy, including how to use technology, evaluate health information, and combat disinformation among older adults.

INFLUENCING HEALTH AND SOCIAL POLICY

Nurses are well-positioned to advance pan-Canadian approaches that advocate for the successful implementation of *aging in place* initiatives. Attributed to professional ethics, commitment to advocacy, and expansive knowledge related to health and well-being, nurses can influence health policy in a way that protects and upholds patient safety, improves quality of life, and enhances quality care.[23] The profession has established global, national and provincial-level professional associations that work to strengthen nurses' policy influence. Nursing organizations working with community partners, health system organizations, and governments can influence macro-level policies that support coordinated care efforts and improve accessibility to health and social services in community settings. Furthermore, individual nurses are able to influence micro-level policies within working environments that uphold social determinants of health for Canada's aging population.

Challenges to aging in place

Although *aging in place* provides many benefits for older adults and represents a cost-effective way to support diverse care needs, the philosophy of care encompasses tensions that warrant consideration.

RISKS TO AGING IN PLACE

Aging in the right place is essential to upholding the health and well-being of older adults.[7] High-complexity chronic conditions affect 19% of seniors in BC, with 5% being diagnosed with dementia.[9] These conditions are strong predictors of transitioning to institutional long-term care.[7] Other strong predictors include being a woman and living alone, frequent falls, and hip fractures leading to functional decline.

Every person has a human right to autonomy, dignity, equity, and privacy.[24] However, when the key to *aging in place* is autonomy, it can't always be assumed that quality of life, dignity, equity, privacy, and well-being are improved by aging at home. If the home or neighbourhood aren't adapted to the older adult's needs, this can negatively affect their well-being and independence.[25] Additionally, if the home becomes a place of care where privacy and autonomy are overridden, then the essence of *aging in place* is lost. Having the required systems and services in place while maintaining dignity and independence means aging in the *right* place must be held in tandem with other approaches to comprehensive and individualized care.

CULTURAL SAFETY

Policies and programs implemented to support *aging in place* need to be culturally sensitive and inclusive of the needs of diverse populations of older adults. Including different voices at the table when designing programs, such as including a patient and family partner, helps to ensure that supports are sufficiently tailored to promote and respect cultural differences. *Aging in place*, as a philosophy of care, holds both practical and culturally respectful significance for Indigenous older adults, such as improvements in housing conditions, social inclusion through living with or close to family, and being connected to the land.[26] Without culturally safe practices, *aging in place* may perpetuate the ongoing harms experienced by Indigenous older adults. Barriers such as limited access to care in rural communities, a lack of culturally appropriate home care, restricted access to traditional healing practices, and the absence of Indigenous languages and values in mainstream aging services will need to be addressed to ensure culturally safe care.

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