Creating a More Inclusive Ontario:

Diverse Populations Addendum

Ontario

This Diverse Populations Addendum is one of two companion documents to the Creating a More Inclusive Ontario: Age-Friendly Community Planning Guide for Municipalities and Community Organizations (https://files.ontario.ca/msaa-age-friendly-community-planning-guide-municipalities-community-organizations-en-2021-01-01.pdf).

The other companion document is Creating a More Inclusive Ontario: Age-Friendly Community Planning Toolkit (https://files.ontario.ca/msaa-age-friendly-community-planning-toolkit-en-2021-01-01.pdf).

These are Government of Ontario documents produced by the Age-Friendly Communities Outreach Program with funding from the Ministry for Seniors and Accessibility.

The Age-Friendly Community Remote Events Planning Resource (https://files.ontario.ca/msaa-age-friendly-communities-remote-events-planning-resource-en-2021-01-01.pdf) is a guide to planning and delivering virtual events as a safe, effective and low-cost way to bring your project team and stakeholders together while COVID-19 remains active in Ontario.

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Important Considerations During the COVID-19 Outbreak

This Diverse Populations Addendum is intended to provide municipalities and organizations with information and approaches to support Age-Friendly Community planning that meets the needs of Ontario's diverse population. Many of the strategies recommend community consultation, such as town meetings and planning discussions with local leaders, stake-holders and members of the public.

However, it is important to note that this kind of in person activity may not be appropriate while COVID-19 remains active in Ontario.

All planning, implementation and evaluation activities and actions must follow local public health advice to prevent and stop the spread of COVID-19.

This includes, but is not limited to:

- holding virtual meetings and events
- maintaining physical distance of 2 metres or 6 feet
- wearing masks
- handwashing
- staying at home when feeling unwell
- following public health guidelines to limit participants at indoor and outdoor events and meetings.

Read the Remote Events Planning Resource (https://files.ontario.ca/msaa-age-friendly-communities-remote-events-planning-resource-en-2021-01-01.pdf) for information and tips on hosting safe and accessible virtual meetings.

Find resources to prevent the spread of COVID-19 (https://www.ontario.ca/page/resources-prevent-covid-19-workplace).

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Considerations for Small Urban/ Rural Communities

Background

Ontario's population is aging faster in the many rural and small urban communities across the province. One third of Canada's population over the age of 65 live in rural and remote communities.[1] Rural communities are in an era of transition and may already be challenged by unsustainability and precariousness.[2] In implementing Age-friendly Community (AFC) initiatives, rural communities may be confronted by limits in their funding base, demographic composition, the distances involved to access services and events, gaps in infrastructure, reduced access to planning and policy expertise and fewer potential partnerships.[3] By supporting older people to age in place through more inclusive participation, AFC initiatives can contribute to the resilience and sustainability of rural communities.

There are many definitions of "rural", most of which are based on either population density or geography/spatiality.[4] Different definitions result in different numbers of "rural" people who may also have diverse characteristics.[5] The choice of definition should match the scale of geography of the question or issue, which may be at the local, community, or regional level.

For the purpose of this addendum, a population-based definition of rurality from Statistics Canada is used that accounts for proximity to urban areas is "Metropolitan-Influenced Zone" (MIZ), which distinguishes between urban and four kinds of rural areas based on population size and adjacency to metropolitan areas. "Rural and small town" is that part of the population that lives outside the commuting zone of large urban centres with a population of 100,000 or more, and with a population density of lower than 400 people per square kilometer.[4]

A rapid scoping review was conducted to identify key findings and gaps in knowledge relevant to the implementation of AFC initiatives in rural Ontario communities. The Ontario Age-Friendly Communities Outreach Program also conducted a multi-phase consultation process that included a review of the factors that impact small urban/rural communities in Ontario and the unique ways in which communities engage and support older adults who live in these communities. In 2017, interviews were conducted with AFC leads in 53 Ontario communities. Key findings from those interviews were further validated at a series of 5 regional roundtables with a total of 120 participants from 65 different communities. Findings were further refined via online surveys completed by 83 AFC community leads (Fall 2017 – Spring 2018), as well as during a breakout session at the provincial AFC Symposium in March 2018, and a province-wide survey of 68 Ontario communities (Fall 2018).

Factors That Impact Older Adults Living in Small Urban/Rural Communities in Ontario

Based on the scoping review and above outlined consultation process, the following factors were identified as being impactful on aging in small urban/rural Ontario: geography; shifting demographics; a strong sense of community; limited infrastructure, resources, and services; and communication.

Geography

The literature identifies level of remoteness, low population density and large geographic distances as factors that can impact the wellness of rural older adults.[6-7] In Ontario, consultations with AFC leads in small urban/rural communities highlighted that geography and distance present challenges for community engagement. The impact of geography and related issues varies within regions. There may also be historical and cultural barriers between communities within a region.

Shifting demographics: A rapidly aging population

Ontario's population is aging rapidly, and this trend is even more pronounced in the province's rural areas and small towns because of migration by younger people to urban areas in search of education and employment.[8] A senior dependency ratio is the number of older people (65 years and above) per 100 persons of working age (between the ages of 25 and 64). Using 2011 Census data, researchers made 5-year age cohort projections out to 2036 for 159 Ontario municipalities with a population over 10,000 and found that all municipalities are predicted to have 100% increases in senior dependency ratios by 2036.[9] It is expected that there will be a much smaller proportion of working-age adults to support older people at home, therefore the impact of which will be greater in rural and small urban communities that are already challenged by distance, isolation, and lack of services. AFC leads from small urban/rural communities echoed these concerns by sharing that there may be a breakdown of the extended family as limited employment options push younger members to move away.

Assets and capacities: A strong sense of community

Strong local leadership plays a particularly important role in the development of local AFCs.[10] In small communities, there is a perception that people can work together more easily because networks are already in place.[11] Active involvement by older people in rural and remote communities is often identified as an asset in the literature for AFC development.[11] Also, access to local leaders and existing partnerships may be easier than in larger urban communities.[8]

In the Ontario AFC consultations, rural AFC leads emphasized a strong sense of community as an asset to their work stating that the "*rural way is to help each other.*" It is important to identify and engage people who are "*connectors*" in the community. Rural communities often

find creative ways to address local issues and volunteering is an important part of the sense of community. However, a strong sense of community is not always present for newcomers in rural communities. New retirees may feel disconnected and often have different expectations than longstanding local residents. Additionally, within municipalities that span over a large geographic area, there is usually a diversity of smaller villages that have their own unique sense of community on a smaller scale.

Limited infrastructure, resources, and services

Older adults in rural communities face unique barriers to staying in their homes and staying engaged in their communities. For instance, the barriers that were identified include the following: lack of choice in housing and transportation options, limited availability of health and social services, and the need to travel out for many health services.[7,12] Providing health and social services is more expensive in rural areas than in urban centres because of the increased time required for travel to deliver services to dispersed populations, high levels of need, and difficulty in recruiting and retaining qualified staff.[4]

Many rural areas and small towns have undergone economic decline.[13-14] This in turn can reduce social inclusion, participation, and availability of support services. Furthermore, harsh winter conditions can also hinder social participation and ability to engage in the community. Many residents lack adequate pensions and/or face a high cost of living and there are often resource gaps created when urban funding formulas and standards are applied to Northern or small urban/rural communities. Furthermore, pay-for-use programs, services, resources, and supports may not be sustainable due to distances.

AFC leads from small urban/rural communities provided additional context regarding limited resources. For instance, common infrastructure, resource and service barriers were highlighted by small urban/rural AFC community leads. Furthermore, other barriers identified include a lack of affordable or suitable housing options, limited access to services or gaps in services and support available, a high risk of isolation due to illness, abuse, poverty, geography, limited transportation, and income disparities in the community.

Small urban and rural communities often see early success with AFC planning, due to a strong sense of community and established community champions. However, when these same champions are called upon to champion new priorities, or when funding resources to support implementation are sparse, these same communities can find it difficult to sustain momentum.

Communication issues

Over four decades ago, Childers noted that "*… probably one of the most serious problems facing elderly people today is the lack of information and knowledge about existing programs and the availability of community resources which could meet some of their needs*".[15 (p.84)] Despite the advent of the information age, the availability of information in print and now through on-line formats has

not addressed this central issue for rural communities in particular.

The AFC consultations found that access to information can be impacted by limited or no internet connections, therefore, leveraging multiple communication strategies that include more traditional methods is best. These include direct contact (word of mouth), existing social networks (e.g., clubs, organizations, and community events), newsletters, newspaper and radio, and social media.[7]

In parts of rural Ontario where mobile data services and broadband networks are available, adopting more technologies such as online social media and apps that provide updates to mobile devices may have some merit. However, truly innovative thinking does not necessarily mean adopting the latest technology. It could also mean finding the means and resources to draw on local social capital and rely on word-of-mouth communication because it is the original and most trusted form of social media in those communities.[16]

Engaging Older Adults in AFC Planning and Implementation in Small Urban/Rural Communities

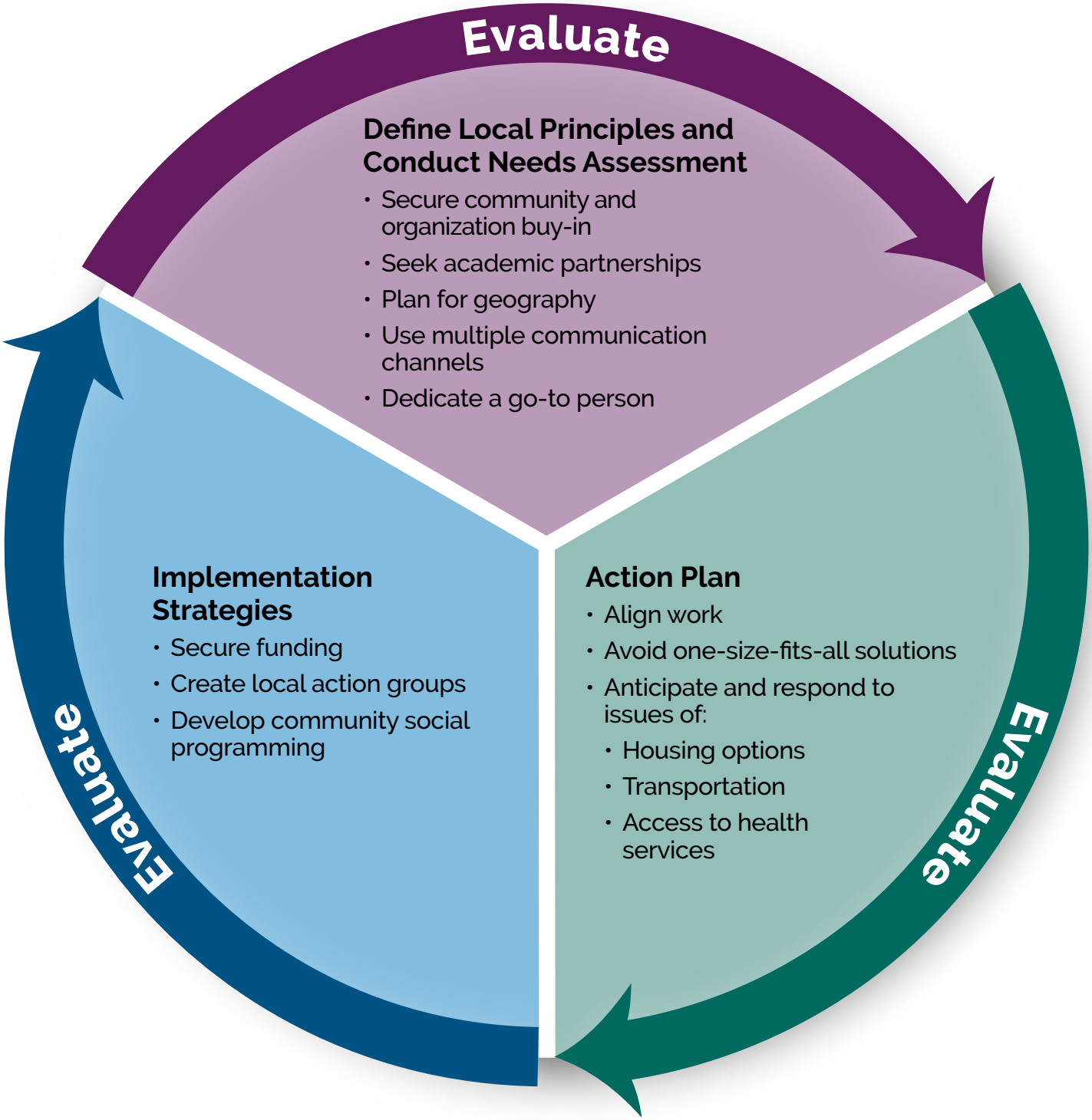
Given these factors, the following framework and checklist linked to the stages of the AFC Planning Cycle are offered to help meaningfully engage older adults in small communities, and plan initiatives that will best meet the needs of rural and small urban populations in Ontario.

COVID-19 Advisory:

In-person activity may not be appropriate in your community while COVID-19 remains active in Ontario. All planning, implementation and evaluation activities and actions must follow local public health advice to prevent and stop the spread of COVID-19.

Read the Remote Events Planning Resource (https://files.ontario.ca/msaa-age-friendly-communities-remote-events-planning-resource-en-2021-01-01.pdf) for information and tips on hosting safe and accessible virtual meetings.

Framework for Engaging Older Adults in Small Urban/ Rural Communities in AFC Planning and Implementation



Define Local Principles and Conduct Needs Assessment

Secure community and organization buy in

Engage community organizations and area municipalities early to get buy-in, recruit committee members, and catalyze additional age-friendly planning efforts. Active municipal involvement is key to Age-Friendly (AF) initiative sustainability, especially after the implementation stage.[17] Note that there may be differences in lifestyle and living patterns (e.g., during harvest or cottage/camp seasons), which may make engagement difficult at certain times. Institutional partnerships with high schools, libraries and/or colleges/universities can also be beneficial for use of space or computer labs, for example.

Seek academic partnerships

Reach out to local academic institutions and partners who may be able to support the planning, implementation and/or evaluation processes, or who may have practicum or thesis students who can be involved. Academic partners are often more durable than time-limited consultant support.

Plan for geography

Plan ahead to be able to conduct focus groups/collect surveys in multiple small villages and communities to reduce travel-time for participants and ensure representation and input across broad geography.

Leverage multiple communication channels

An increasing number of older adults are now online and becoming more comfortable with technology. However, many rural and remote communities still face significant connectivity issues. It is recommended that communities consider using multiple communication channels to solicit feedback from community members, and raise awareness about local issues and events including: websites and online surveys, flyers in community centres, hard-copy documents, radio segments, and word of mouth within the community.

Dedicate a go-to person

Dedicate someone to act as the point-person for the community and lead the initiative. This could be a paid position dedicated to age-friendly initiatives, a blended position, or added to a complementary portfolio. If needed, consider seeking funding for this person. By investing in someone locally, the community will benefit long-term from the skills developed as part of this work. In addition, having a dedicated person will provide a consistent 'touch-point' through the project, alleviate pressure on volunteers (and subsequent burnout), and keep the work progressing.

Action Plan

Align work

Stay 'in the know' about the priorities of local organizations, the municipality (including the work of the local Accessibility Advisory Committee (AAC), if established) and the province to be able to link AFC to these other priorities. This is particularly helpful in small urban and rural communities to help avoid competition for time and resources.

Avoid one-sizes-fits-all solutions

Urban approaches don't always work in rural settings. Culture and service availability between small communities can differ

greatly and impact the success of strategies.

Anticipate the need to respond to issues of:

- Housing options (See Petawawa case study)
- Transportation needs
- Access to health services.

Implementation Strategies

Secure funding

Often, implementation in small communities is largely dependent on funding. Stay apprised of funding opportunities (join mailing lists/networks that share this type of information) so that the community can quickly respond to requests for proposals (RFPs).

Create local action groups

Support implementation in smaller sub-communities with their own culture by creating smaller, more localized action groups.

Develop community social programming

Leverage the strong sense of community and develop programming that can address social isolation and make newcomers feel welcome. (See Temiskaming Shores SipNLearn case study)

Partner with other initiatives

Identify actions that may align with or complement other established, larger initiatives that are addressing big-picture issues (e.g. housing or transportation) and partner as appropriate. Keep both community and municipal partners up-to-date on priorities and the progress of your action plan, as naturally opportunities to collaborate may emerge.

Case Example: Hanover, Ontario

Steps 1 and 2: Define local principles and needs assessment

In 2015, the Town of Hanover was awarded an age-friendly community planning grant by the Ontario Seniors' Secretariat to undertake a needs assessment of the Town's built environment and social programs and services. To support the development and analysis of their needs assessment, Hanover staff worked with researchers from the University of Waterloo's School of Planning on a mixed methods research design. Though the needs assessment used conventional surveys to gather quantitative data broadly from the Hanover community, greater emphasis was placed on the collection of in-depth qualitative data through focus groups and one-on-one interviews with older Hanover residents. Guided by a set of questions that allowed participants to address each of the WHO's eight age-friendly community domains, the focus groups and interviews were 'semi-structured' and allowed for some latitude in the conversations with Hanover participants. In other words, older adults were prompted to respond to the questions but were also free to identify and explore issues of particular concern in order to build depth around the aging experience in Hanover.

Two broad themes emerged from Hanover's needs assessment process. The first is the importance of the Town's physical and social environments for the quality of life of older residents. Participants spoke about the importance of the home and

neighbourhood environment and the need for affordable housing, access to commercial services within reasonable travel time, and accessible pedestrian infrastructure to enhance the community's walkability.

"Sometimes you miss out on the social things during mid-wintertime especially. There may be an event happening at church but unless you can get a ride you're pretty much on your own."

The latter concern is unsurprising as communities throughout rural Ontario confront the challenge of providing physical assets (e.g. benches) and services (e.g. transportation options) to older adults that will allow them to age independently. Underlying this challenge is access to the requisite financial resources that will help communities build and address many of the active transportation challenges that participants identified as limiting their ability to travel independently to community services and events and medical appointments.

The second theme relates to the importance of effective communication to maintain important social bonds with other community members. Several Hanover participants indicated that they rely on trusted and established sources in order to stay informed about community events and services. For the most part, this means relying on word-of-mouth communication or social networks to stay in touch about programmed as well as informal community social activities:

"If I want to know about what's going on in Town, I have a lot of people in my circle that I can get information from. Talking with the librarians is also a good way to stay connected."

However, the main challenge for older adults is keeping informed about the local and provincial government programs and services that are intended for them. This was clear from the large number of participants who indicated a lack of awareness about specific programs or services, despite their long-term availability from the Hanover and Grey County, and provincial governments.

In Hanover, as well as in other regions of rural Ontario, there are several disparate channels (e.g. websites, telephone help lines, social media, etc.) and providers (e.g. public agencies and businesses) of information for older adults on a wide range of topics. This leads to information and communication gaps. Programs and services are offered to older adults by several agencies in multiple levels of government, each with their own complex set of regulatory frameworks and eligibility criteria. This makes it a challenge to provide integrated services that focus on clients' overall needs. For older adults, this can result in a confusing information maze.

A key lesson from Hanover's needs assessment is that many of the resources needed to support a community's older adults may already be in place. The larger challenge is finding novel solutions to efficiently and effectively connect residents to those resources. In some instances, solutions may also be rooted in established, low-tech modes of communication.

Step 3: Action Plan

Ultimately, data from the needs assessment was used to inform the development of an age-friendly action plan that highlights Hanover's strengths and, more importantly, underscores community

assets and services that ought to be addressed for the benefit of its older residents. Key to the development of Hanover's action plan was the appointment of Town staff to guide the transition from data collection to the discussion of action item priorities.

In addition, a committee of older adult residents and representatives of community organizations with an interest in AFC planning has been appointed to work through the needs assessment. Using a 'bottom-up' approach to action plan development, they refined the recommendations from the needs assessment as well as identified key partners and timelines for implementation.

The immediate priority that Hanover is pursuing through their action plan is to rethink how information is delivered to older adults – including providing information in print as well as digital formats. One approach is to develop a 'one-stop-shop' information source (e.g. the City of Waterloo's Ageing Well directory) typically in the form of a printed guide, which consolidates information that is pertinent to older adults in a topic-based rather than agency-based format. Through the development of their action plan, Hanover's staff and AFC committee have worked closely with other governments (e.g. Grey County) and agencies (e.g. The Alzheimer's Society of Grey-Bruce) to ensure alignment with related programs and priorities.

Step 4: Implementation and Evaluation

Hanover is presently moving into the Implementation phase of their Action Plan.

Meeting the Needs of Older Adults in Small Urban/Rural Communities Checklist

Steps 1 and 2: Define local principles and needs assessment

- Secure community and organization buy in
- Seek academic partnerships
- Plan for geography
- Plan for AFC accessibility needs in the community
- Leverage multiple communication channels
- Dedicate a go-to person.

Step 3: Action Plan

- Align work
- Avoid one-sizes-fits-all solutions
- Anticipate the need to respond to issues of:
  - Access to housing options
  - Access to transportation
  - Access to health services.

Step 4: Implementation Strategies

- Secure funding
- Create local action groups
- Develop community social programming.

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Considerations for Older Immigrants

Background

Ontario is a multicultural province with diverse health, policy, funding and service delivery needs. In 2016, immigrants represented 29.1% of Ontario's population, the highest share the province has seen in almost a century[1]. The majority of immigrants to Ontario in the last three decades are non-European, with 43.7% coming from China or South Asia.[2]

A growing body of evidence suggests that ethno-racial and cultural differences need to be accounted for with regards to how older immigrants (i.e. people who immigrated to Canada as older adults [65+]), access and utilize health and community care and in turn, how this may affect health status. Factors such as low fluency in the official languages, low income, and living alone can be associated with health vulnerability[3]. Other issues may include a lack of cultural sensitivity by healthcare workers and different conceptualizations and understandings of illness.[4-5]

With this increasing diversity in the province, these population trends and issues contribute to a heightened awareness about the needs of the older immigrant populations in planning Ontario's communities. To begin to address this, the Ontario Age-Friendly Communities Outreach Program conducted a comprehensive narrative literature review, and a multi-phase consultation process to better understand the factors that may impact older immigrants in Ontario, and the unique ways in which communities are engaging and supporting this population.

Factors That Impact Older Immigrants in Ontario

Based on the literature review and consultation process, the following factors were identified as having an important impact on older immigrant's well-being within their community: language and transportation barriers; acculturation, changing family support structure, and social isolation; mental health; the issue of mistrust; celebrating cultural diversity; religious affiliations; and civic engagement.

Language and Transportation Barriers

Language proficiency is a major determinant of health among older immigrants as it relates to every aspect of daily living including reading the newspaper, participating in recreational activities, accessing the healthcare system,[3-10] and grocery shopping. Language barriers can also make it difficult for older immigrants to clearly articulate their symptoms, ask medical questions, and follow proper medication and treatment regimens.[4,6,11] This can impede older immigrants from seeking out adequate medical care.

Language barriers can also lead older immigrants to be reluctant to navigate the public transportation system or ask for directions.[5,6,8,10] The compounding effect of language and transportation barriers can restrict older immigrants' independence, making them more hesitant to venture out on their own or participate in social activities.[3-10,11-14]

Acculturation, Changing Family Support Structure, and Social Isolation

Transitioning to a new country with different lifestyles, norms, and values makes the aging process particularly challenging and more stressful for older immigrants. The differences in values and beliefs around social networks, religious practices, and health and illness can contribute to social isolation.[3,7-10,11-14] Social isolation can also occur in the immediate home environment as younger generations adapt to Western values of individualism and independence that may not be shared by older members of the family.[3,8-9,12]

Mental Health

The combination of these cultural, linguistic and transportation barriers along with the stresses of aging and migration may affect the mental well-being of older immigrants.[5] In many cultures, mental illness is heavily stigmatized.[8,14] This cultural stigma towards mental illness leads to a lack of understanding of issues faced by older immigrants, delayed access to appropriate supports or healthcare, and creates a vicious cycle of impaired mental well-being, often only addressed as a crisis. This can lead to older immigrants not only hiding mental health concerns from their children, but also avoiding seeking help due to fear and shame.

The Issue of Mistrust

Older immigrants can be distrustful and skeptical of many services offered to promote their health and wellbeing, resulting in lower healthcare service utilization.[10-12] Certain cultural norms and traditions emphasize the central role of family networks for caretaking, so seeking external sources for healthcare can create a sense of shame.[10,12] Many community initiatives lack sufficient cultural competence, making it harder for older immigrants to receive adequate services for healthy aging.[10]

Celebrating Cultural Diversity

Opportunities to celebrate cultural norms and traditions have been widely appreciated by older immigrants and help them feel welcomed, valued, and accepted in their host country. Engaging in culturally meaningful activities is an effective way to cultivate intercultural contact, as it provides older immigrants with a safe environment to share their culture with people of other ethnic backgrounds.[8]

Religious Affiliations

Places of worship and spiritual places of congregation are central sources of support, not just for fulfilling spiritual, religious, and social needs,[3,5,6,8-9,12,13] but also for providing a sense of community and belonging by offering a safe and comfortable environment.[3,6,8] Religious and spiritual places of worship also

offer older immigrants ways to become involved, to gain a sense of purpose and to feel included and valued through official positions including deacons and committee chairs.[8-9,12-13] A place of worship helps with acculturation by providing resources such as business advice, financial advice, and political and legal services regarding citizenship and life in Canada.[8]

Civic Engagement

Many older immigrants express a strong desire to contribute to the community through participation in civic activities like volunteering, applying their skills and experiences towards community projects, and engaging in political processes through voting and advocacy. The ability to actively influence and contribute to their communities re-instills a sense of worth and belonging.[9] One of the biggest facilitators of positive mental health and wellbeing is the ability to contribute one's skills and influence in the community.[8]

Engaging Older Immigrants in AFC Planning and Implementation

Given these factors, the following framework and checklist linked to the stages of the AFC Planning Cycle is offered to provide guidance for meaningfully engaging older immigrants and planning initiatives that will best meet the needs of this population.

When embarking on AFC development, visit the Statistics Canada demographic profile for your community to understand the specific ethno-cultural composition of your area.

COVID-19 Advisory:

In-person activity may not be appropriate in your community while COVID-19 remains active in Ontario. All planning, implementation and evaluation activities and actions must follow local public health advice to prevent and stop the spread of COVID-19.

Read the Remote Events Planning Resource (https://files.ontario.ca/msaa-age-friendly-communities-remote-events-planning-resource-en-2021-01-01.pdf) for information and tips on hosting safe and accessible virtual meetings.

Framework for Engaging Older Immigrants in AFC Planning and Implementation

Define Local Principles and Conduct Needs Assessment

Conduct Background Research and Environmental Scan

It is important to realize that within any given ethnic group, there is considerable cultural, geographic, linguistic and religious heterogeneity. For example, although immigrants who originate from India and Pakistan are grouped under the "South Asian" ethnicity profile, their cultural customs, religious beliefs and norms may vary significantly. Therefore, it is important to recognize these ethnic and cultural differences when defining a group in order to effectively conduct background research, tailor engagement processes, resources and services to each group.[3-4]

Integrate Community-Based Participatory Research (CBPR) Principles

Community-based participatory research (CBPR) has been identified as an effective approach for conducting culturally sensitive research among minority populations.[5,7-11] CBPR has multi-directional benefits as it allows for the exploration of cultural values, practices, and beliefs specific to each community and may be effective for simultaneously building trust and rapport among participants. It is also in line with the values of many older immigrants who aspire to actively participate in community initiatives and not just be treated as research subjects.[7] Involve older immigrants in the research and planning process to demonstrate to them that the service providers sincerely care about their concerns and are not just there to meet personal agendas. This will give older immigrants a sense of control in their lives and helps restore the loss of social status experienced by many.[11]

Engage Cultural Community Leaders and Champions

Engaging cultural leaders and champions helps to bridge the gap between service providers and older immigrants. The position of cultural leader or champion can be volunteer or paid, and these individuals can be recruited from leaders of faith communities, educators, clan leaders, or healthcare providers, and should be respected members in their cultural communities.[4] Engage these cultural community leaders as they have thorough knowledge of the older immigrants' cultural beliefs and values and can become a resource to facilitate communication and assist with cultural dilemmas and misunderstandings.[4,10]

Ensure Representative Stakeholder Engagement

Successful outreach and service delivery to older immigrants requires the cooperation of a wide range of sectors including educational institutions, governments, religious institutions, healthcare facilities, and private businesses. Partner with organizations at various levels of the planning and implementation process to build organizational capacity by maximizing resources and facilitating the sharing of information and ideas.[10]

Religious and spiritual places of worship are often a central source of social support for older immigrants and provide an excellent network of trust. Places of worship such as mosques, temples and churches often have elderly religious leaders who are highly respected in the community.[6]

Approaching older immigrants through religious and spiritual places of worship can feel less threatening since these places are well trusted and provide them with refuge from daily struggles and hardships.[6,8-9,12-13]

Action Plan

The approach to developing an AFC Action Plan is like that described in the Age-Friendly Community Planning Guide for Municipalities and Community Organizations. (https://files.ontario.ca/msaa-age-friendly-community-planning-guide-municipalities-community-organizations-en-2021-01-01.pdf) There is a special need to:

- Anticipate and respond to common issues of:
  - Language and Transportation Barriers
  - Changing family roles and expectations
  - Mistrust and gaps in awareness of programs and services
  - Need for cultural tailoring of health promotion strategies and services
- Consider the potential for improved accessibility throughout the Action Plan life cycle.

Implementation Strategies

Provide Cultural Sensitivity Training

Providing ongoing cultural sensitivity training to all service providers is the cornerstone of any intervention targeted towards diverse racial and ethno-cultural populations. Ongoing cultural sensitivity training is crucial for all service providers to communicate effectively with older immigrants and deliver effective care and services considering the lifestyle, values and belief systems of each distinct cultural group. Provide cultural sensitivity training that goes beyond educating service providers about the cultural characteristics of each culture. It should consist of self-awareness of service providers' own personal cultural background, attitudes, and beliefs to help surface some of the biases, and cultural stereotypes that could to be projected towards immigrant groups.[3,7]

Develop Language and Transportation Skills

Service providers should partner with immigrant organizations and translation agencies to provide effective translation services for each cultural group in the community and translate resources such as print, Internet, audio, and video to language(s) that older immigrants can read and comprehend.[6] It is crucial to not only increase effective translation services in the area, but to also effectively guide older immigrants on how to access these translation services.[3-7]

Formal travel training workshops have been recommended to help older immigrants understand the public transportation system, use maps and travel to common places in the community such as shopping malls, banks, libraries and hospitals.[9]

Culturally-tailor Health Services and Support

To help reduce health disparities among older immigrants, partner with universities and the healthcare sector to provide cultural sensitivity training to healthcare

providers, increase translation services and use cultural leaders. These strategies have been shown to be effective in enabling healthcare providers to deliver culturally and linguistically appropriate healthcare services.[3,6]

Offer Educational Workshops

In addition to specific language and transportation initiatives and workshops, further educational workshops, training sessions, and events should be offered to older immigrants to provide them with resources and information to help them settle in their host country. Some examples of workshop topics are: understanding the political and legal system, information on senior benefits, using the library, environmental safety, understanding the banking system and the healthcare system.[7]

Celebrate Cultural Traditions and Diversity

Celebrate cultural events and holidays, such as Diwali for Hindu immigrants or the Chinese New Year for Chinese immigrants, as it is significantly appreciated by older immigrants.[3,5,7,8]

Create Leadership Opportunities

Create culturally appropriate volunteer opportunities to help older immigrants replenish the loss of social status and respect that many tend to experience. Integrate opportunities to mentor the younger generation and share experiences with them to help bridge the intercultural and generational gap that often exists between older immigrants and children/youth.[13]

Case Example: Toronto Kensington-Chinatown Neighbourhood (KCN)

Steps 1 and 2: Define local principles and needs assessment

In 2016-2017, the National Initiative for Care of the Elderly (https://www.nicenet.ca/) received an Age-Friendly Planning Grant from the Ministry for Seniors and Accessibility (formerly the Ontario Seniors Secretariat) to develop an evidence-based action plan for addressing social isolation in older Chinese adults living in the Toronto Kensington-Chinatown Neighborhood (KCN). A series of activities were undertaken to build an evidence-base for the proposed action plan and to foster a strong working relationship with the people living in the KCN, as well as the professionals serving that community.

First, the researchers conducted a scoping review of the literature to synthesize and describe the current state of knowledge on social isolation and loneliness in urban dwelling Chinese older adults living in Western societies.

The second phase was to understand issues of social isolation in older Chinese adults living in the KCN, and to obtain their perspectives on what priorities needed to be addressed to make their community more age-friendly. This included doing a telephone survey with older Chinese adults (N=100) living in the KCN who were asked questions about their physical, mental and social health, which were done in Mandarin or Cantonese. Focus groups

with Mandarin (N=19) and Cantonese (N=5) speaking older adults were also conducted to get an in-depth understanding of their experiences of living in the KCN, and what was needed to make them feel more included in their community. An additional focus group was conducted with clinicians and service providers (N=9) from health and social agencies providing support to older Chinese adults living in the KCN.

Finally, a mapping of community resources (e.g., health, social, legal, etc.) was undertaken to provide interested parties with knowledge about what organizations/ services are available in the KCN.

Step 3: Action Plan

Using the information collected from the scoping review, interviews and focus groups, and mapping activity, the researchers in consultation with a set of representative stakeholder groups identified a preliminary list of 25 potential priorities. These items were taken to a consensus meeting of older Chinese residents (N=10), stakeholders (N=3), researchers (N=7) and planners from the municipal and provincial levels of government (N=7). Student research assistants working with the project leads simultaneously translated all meeting materials and discussions in English, Mandarin and Cantonese.

The goal of the one-day consensus meeting was to identify the top five priorities for making the KCN more age-friendly and to develop an initial action plan on strategies to implement them. The first part of the morning session was organized to facilitate knowledge about each other and to provide attendees with an overview of the pre-meeting materials (e.g., scoping review, survey and focus group data) by the project lead. The second part of the morning was focused on the selection of the top five priorities and the afternoon was spent on developing specific strategies and plans for moving the identified priorities forward.

The groups were successful in prioritizing five areas for action, with at least 80% agreement to each (Table 1). For the development of the action plan, meeting attendees were asked to select a priority of interest and to work in small groups to develop strategies for their implementation. As with the priority selection process, the S.M.A.R.T. approach (**S**pecific, **M**easurable, **A**ctionable, **R**ealistic, **T**imely) was highlighted as a potential model to help fill in specifics on the implementation of a specific priority. Following the small group discussions, the neutral facilitator guided a large group report back to maximize the input of the collective expertise of the attendees.

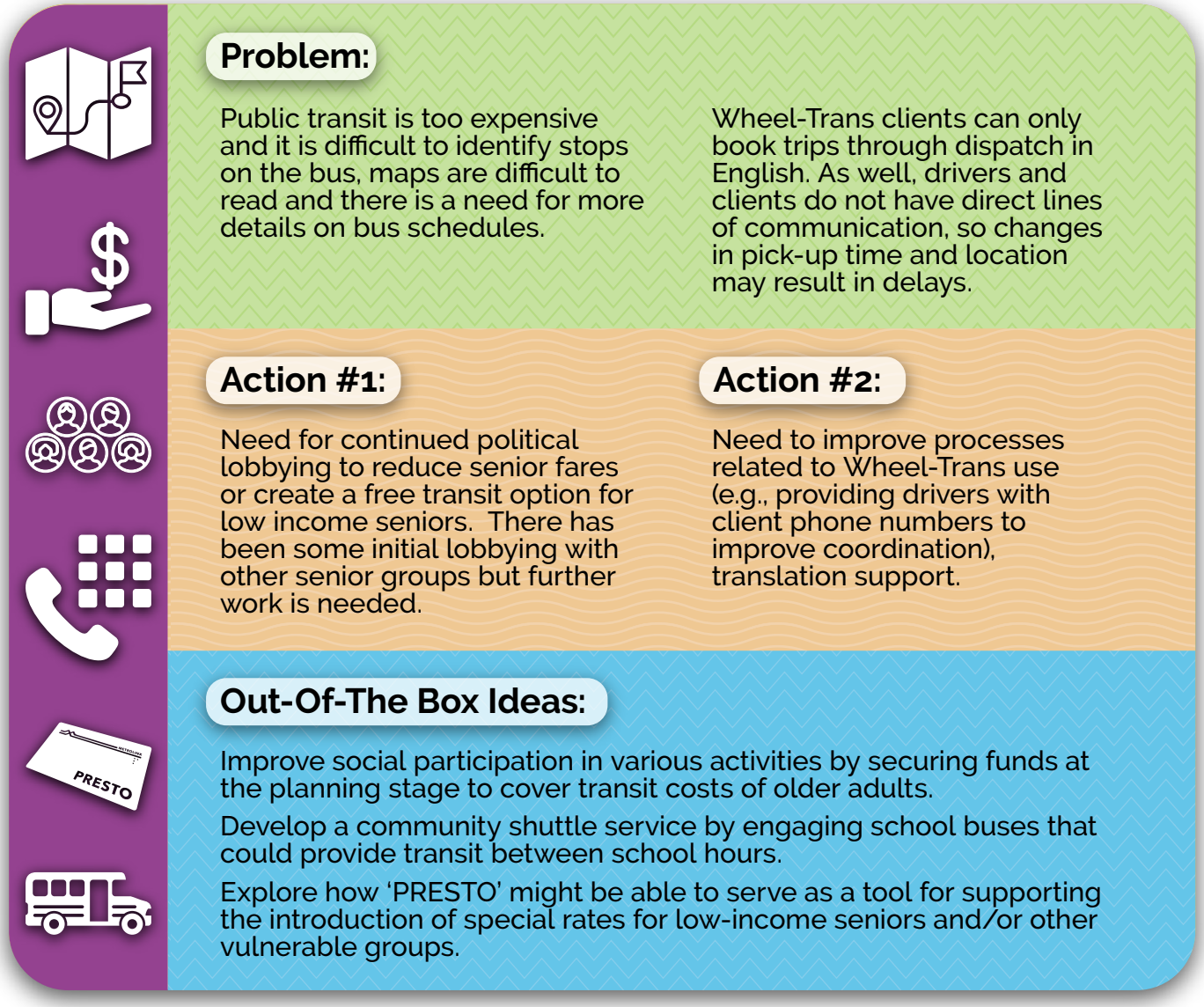
Table 1

Age-Friendly Dimension	Specific Priority
Communication and Information	Identify optimal ways for sharing information with older Chinese adults in the community about important events, services, and programs.
Community Support and Health Services	Ensure the availability of linguistic and dialect-diverse front-line professionals in community agencies who can communicate with diverse older adults.
Transportation	Identify affordable ways older adults can be more independent in getting around the city.
Housing	Reduce waiting times for senior housing and improve housing standards (e.g., cleanliness, management, etc.).
Community Support and Health Services	Identify mechanisms for identifying high risk socially isolated older adults. Foster outreach and provide relevant information about community programs and services to subgroups of vulnerable older adults

An example of the resulting components of the proposed action plan for one of the dimensions is listed below and the full report that includes activities that span all of the implementation strategies listed above can be found on the Resource Page.

This work aligns with and informs the broader work of the Toronto Seniors Strategy.

PRIORITY #3 (Transportation) – Identify affordable ways older adults can be more independent in getting around the city.



Meeting the Needs of Older Immigrant Populations Checklist

Steps 1 and 2: Define local principles and needs assessment

- Conduct background Research and Environmental Scan
- Integrate CBPR Principles
- Engage Cultural Community Leaders and Champions
- Ensure Representative Stakeholder Engagement

Step 3: Action Plan

Respond to issues of:

- Language and Transportation Barriers
- Changing family roles and expectations
- Mistrust and gaps in awareness of programs and services
- Need for cultural tailoring of health promotion and strategies and services
- Potential increase need for accessibility as AFC participants continue to age

Step 4: Implementation Strategies

- Provide Cultural Sensitivity Training
- Develop Language and Transportation Skills
- Culturally-tailor Health Services and Support
- Offer Educational Workshops
- Celebrating cultural traditions and diversity
- Leadership opportunities
- Providing cultural sensitivity training

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Considerations for Indigenous Peoples

Background

The aging of Canada's population in general has been extensively documented and researched, however, the challenges of aging within First Nations, Métis and Inuit (Indigenous) communities are less researched. Although recent federal and provincial initiatives are seeking to address the social and physical dimensions of aging in urban and rural communities, age-friendly community research with Indigenous communities and by Indigenous researchers is relatively scarce. The demographic and policy significance of AFC planning is no less significant for Indigenous communities than it is for the larger Canadian population, and may in fact be a more urgent policy issue. Although Indigenous people represent a relatively young (i.e. median age – 27) and small proportion (i.e. 4%) of the Canadian population, the Indigenous population has grown 25 percent since the 2001 census, relative to a 5 percent increase in the non-Indigenous population over the same period. Similarly, the number of people over the age of 65 that identified as Indigenous more than doubled between 2006 and 2016.[1]

In addition to changing demographics, the social and economic circumstances of elders living on reserve, in urban centres or in remote communities underscores the need to address and develop an AFC framework to address the needs of Indigenous older adults. For instance:

- Rates of chronic illness such as arthritis, cancer and cardiovascular disease are increasing among elders and are more prevalent than among the non-Indigenous older adult population. Research has documented that cardiovascular disease is 77 percent more prevalent among Ontario's Métis population than the rest of the province's population.[2]
- For Indigenous older adults living in geographically isolated northern and reserve communities, preventive and treatment health services are undersupplied in terms of both organizational and human resources.[3] Indigenous seniors in larger rural and small urban communities do not face these challenges to the same extent. When considering the accessibility of health and social services it is important to consider available transportation options.
- Moreover, the lack of infrastructure (e.g. roads, broadband) in rural and remote regions of the province affects the ability of Indigenous older adults to access programs and services that improve their quality of life. This increases the likelihood of social isolation, poor health and employment outcomes.

- The challenge of access to health and social services is exacerbated with the out-migration of youth and middle-aged women seeking economic opportunities in larger communities. As a result, intergenerational traditions of caregiving (both for elders and by elders for small children), cultural knowledge exchange and respect have broken down and often cannot be replaced by external, non-Indigenous programs.[4]
- Many First Nations, Inuit, and Métis older adults are in poorer physical and mental health due to the disruption of their way of life caused by colonization, particularly the intergenerational effects and trauma of the residential school experience.
- The health needs of Indigenous seniors are magnified by determinants of health such as poverty, poor housing, racism, language barriers, and cultural differences.[5]
- The prevalence of low income for First Nations older adults in Ontario living off-reserve is 18.2% (15.1% for men, 20.7% for women), which is higher than the rate for non-Indigenous seniors at 12.0% (10.0% for men, 13.8% for women).[6]
- Non-Indigenous health care providers fail to appreciate how or the extent to which culture and health are inextricably linked. Frustration and dissatisfaction with social and health care services compels many Indigenous elders to avoid using the services that are available.[7]

Consistent with non-Indigenous older adults, Indigenous older adults largely seek to age-at-home among the family and community relationships that provide self-worth, an on-going capacity to function and contribute to one's community.[8] The significance of AFC planning for Indigenous communities is growing. As the proportion of Indigenous older adults is projected to increase in the next five to ten years, geographic isolation and capacity issues for providing culturally relevant and safe care challenges the ability of Indigenous older adults to age well and age-in-place.

Engaging Indigenous Communities, Organizations or Nations in AFC Planning and Implementation

COVID-19 Advisory:

In-person activity may not be appropriate in your community while COVID-19 remains active in Ontario. All planning, implementation and evaluation activities and actions must follow local public health advice to prevent and stop the spread of COVID-19.

Read the Remote Events Planning Resource (https://files.ontario.ca/msaa-age-friendly-communities-remote-events-planning-resource-en-2021-01-01.pdf) for information and tips on hosting safe and accessible virtual meetings.

Indigenous communities are not homogenous and have not been affected in the same ways by their environmental, social and economic circumstances. Ontario's Indigenous peoples are exceptionally diverse in many respects including culture, language, governance and history. The recognition and acceptance of such diversity is essential for meaningful and effective engagement with Indigenous communities, which can only be acquired through direct dialogue and communication. Beyond social and cultural diversity, Indigenous communities have differing conceptions of meaningful engagement and degrees of commitment to research and policy making processes. Results from the 2018 AFC Outreach Program annual survey show that 27 AFCs in Ontario have engaged Indigenous communities, organizations, or nations in their local AFC planning and implementation. Their strategies for successful engagement include: focusing on relationship building, conducting an engagement process, directly engaging with Indigenous communities, organizations or nations, and participating in information sharing.

Focus on Relationship Building

Relationship building takes time; trust is an important factor in building authentic relationships. Begin early to reach out to local Indigenous communities, organizations or nations and focus on establishing long-term relationships. A first step to building effective relationships involves developing an understanding of Indigenous communities' priorities and their expectations for relationship building with federal, provincial and municipal governments. Explicitly build your relationship on the basis of mutually respectful dialogue and collaboration, and recognize that Indigenous communities, organization and nations wish to lead or directly influence decisions that will impact the well-being of their community members/citizens.

Conduct an Engagement Process

Share your AFC initiatives/activities with Indigenous communities, organization, or nations and request feedback or comments. Work collaboratively with Indigenous partners to find ways to identify and deliberately and authentically hear from Indigenous elders and older adults. Work closely with key knowledge holders and community leaders to identify appropriate methods – in addition to interviews, focus groups and surveys – and settings for obtaining information, as well as protocols for compensating Indigenous older adults and elders for the information that they share. It is also useful to have a document that explicitly outlines the objectives and scope of your engagement process (i.e. a memorandum of understanding). In addition to clearly articulating the principles that will guide your engagement process, such documents recognize that governments change (both Indigenous and municipal) and can limit disruption of your process.

Directly Engage with Indigenous Communities, Organizations or Nations

Establish processes to ensure continued feedback and input from Indigenous communities, organizations or nations by inviting Indigenous partners to sit on your local AFC committee or task force. Mean-

ingful engagement will establish long-term partnerships to help move forward age-friendly solutions. Recognize that engagement takes time, and that building meaningful relationship and trust may not occur within the defined scope of your project schedule. Engagement with a community will be impacted by prior experiences with researchers and government agencies seeking data or reactions to new policies, and will be affected by seasonal activities, events and ceremonies. For many communities, the willingness to invest time, demonstrate flexibility and be respectful of culturally-based protocols can be the litmus test for demonstrating sincerity and integrity.

Participate in Information Sharing

Participate in information sharing with your local Indigenous communities, organization, or nations by communicating the AFC initiatives or activities that are happening. Extend invitations to Indigenous communities, organization, or nations to participate in events, or consider partnering with your local Indigenous communities, organization, or nations to host a joint workshop or event. Effective communication is based on the expectation that there will be clear, transparent and regular information exchange at all stages of your engagement process.

Provide Opportunities to Communicate in Traditional Languages

In many regions of the province, effective information sharing may require producing engagement materials in the traditional languages of Indigenous communities. Language plays a central role in everything that we do and in all our interactions. In addition to conveying information to Indigenous older adults who are less comfortable communicating in either English or French, language is the heart of any culture. Empowering Indigenous older adults to communicate in traditional languages is not only a respectful approach to community engagement, it is also the most effective way for older adults and elders to convey cultural values, worldviews and experiences that cannot be expressed through either settler language.

In addition to these principles, provincial agencies and municipal governments undertaking research or engagement with Indigenous communities are encouraged to consider the **Ownership, Control, Access and Possession (OCAP) principles for conducting research with First Nations**. (https://fnigc.ca/ocap-training/). Developed to support the work of the First Nations Regional Longitudinal Health Survey, the OCAP principles were a response to culturally inappropriate research and engagement strategies by non-Indigenous scholars and governments. Developed to address research in First Nations communities, the principles that are embodied by OCAP are relevant to engagement and research conducted with any Indigenous community or organization – i.e. First Nations, Métis or Inuit. The fundamental concept of OCAP is the collective ownership and control of, access to and possession of information that is generated through either academic or government research. In effect, OCAP empowers Indigenous communities and peoples to make decisions about how, why and

by whom information collected through research or community engagement is collected, used and disseminated. Some researchers may see the OCAP principles as an impediment to the timely collection of data and publication of research findings. Similarly, government agencies may be uncomfortable with the degree of collaborative effort and shared decision making represented by the OCAP principles. However, both academic institutions and government agencies ought to recognize that the time and effort invested in building meaningful engagement will ultimately impact the quality and sustainability of engagement with Indigenous communities.

Factors That Impact Métis Elders and Older Adults in Ontario

A Note on Engagement to Date

There is a clear need to address what it means to age well for Indigenous older adults and elders. To begin addressing this need, the Ministry for Seniors and Accessibility conducted engagement meetings with citizens and representatives of the Métis Nation of Ontario (MNO) in 2017 and 2018. There are noteworthy examples of age-friendly community planning processes where there has been explicit consideration and inclusion of Indigenous voices in municipal action planning processes. Those voices are largely represented by First Nations people and organizations, based on the assumption that Indigenous (i.e. First Nations, Métis and Inuit) perspectives are homogeneous. Although the challenges of aging for First Nations older adults are relatively well researched and documented, the needs of Ontario's Métis older adults are less understood.

The following case study documents what has been learned through the engagement meetings with the MNO. It is not intended to represent the viewpoints of all Métis people in Ontario, or all Indigenous people, on these topics. It is intended in part to inform communities that are engaged in AFC action planning, as well as to motivate those communities to reach out and engage local Métis, First Nations and Inuit people and organizations that would benefit from their work.

Who Are Ontario's Métis People?

For 25 years, the Métis Nation of Ontario (MNO) has represented over 20,000 Métis people (citizens) throughout Ontario who are recognized as one of the three "Aboriginal peoples of Canada" under section 35 of the Constitution Act, 1982. There are many and often incorrect conceptions of what/who a Métis person is in popular culture and among settler residents. Since 2004, the MNO has defined Métis people as:

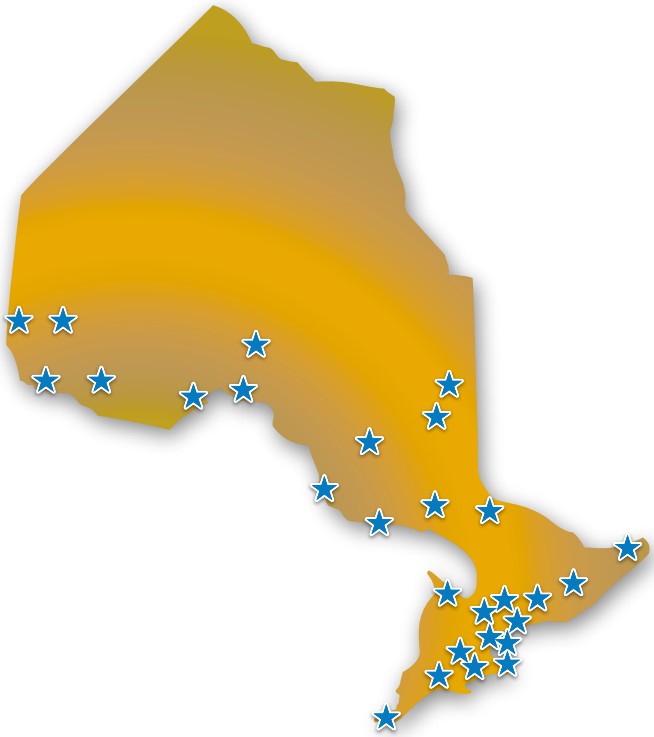
*"... a **distinct** Aboriginal people with a **unique** history, culture, language and **territory** that includes the waterways of Ontario, surrounds the Great Lakes and spans what was known as the historic Northwest"*[9].

Ontario's Métis are descended from people who were born from mixed marriages between European men and First Nations women during the height of the Fur Trade era of the late 18th and 19th centuries. These first generations of mixed-race

people did not self-identify as Métis and were not considered as such by settler society. A distinctive culture that was neither European nor First Nations did not appear until after successive generations of marriage between mixed ancestry people. Over time, the hallmarks of a culture emerged that were characterized by a unique language (i.e. Michif), spirituality, seasonal rounds, distinctive settlements (referred to as the Métis Nation "homeland") and economic relationships, which became a shared collective history and identity.

*"The MNO also emphasizes that the mere identification of a mixed Aboriginal ancestry individual in the historic record does **not** make that individual a Métis…"*[10]

Figure 1: Métis Nation of Ontario Community Councils



Ontario's contemporary Métis citizens (i.e. those who are registered as Métis by the MNO) refers to any individual who demonstrates through valid genealogical documentation that they are descended from Métis "root ancestors" who resided within the historic Métis Nation homeland. Métis people continue to live in the homeland, which extends from the Ottawa valley around the Great Lakes and into the western Prairie provinces. However, Métis people also live and are active participants in communities that are outside the traditional homeland – i.e. throughout much of southern Ontario. Today, Métis citizens are represented by the MNO across Ontario through 30 community councils and nine regional councils (Figure 1). Through the MNO, or in collaboration between the MNO and federal/provincial agencies, citizens can access programs and services in areas including housing, education, economic development and health and wellness that recognize and are attuned to the distinctive cultural, spiritual and social needs of Ontario's Métis people.

Engagement Process

The Ministry for Seniors and Accessibility (MSAA) began an engagement process with the Métis Nation of Ontario in the fall of 2017 to address two related objectives. The first was to convene an initial 'scoping' meeting of MSAA and MNO staff, facilitated by Dr. John Lewis (an MNO citizen and University of Waterloo professor), to discuss and establish the need for a Métis perspective in the Province's AFC framework and municipal AFC action plans. From this meeting, it was agreed that the MNO would like to see greater recognition of the distinctive needs of Métis

elders, and a consideration of those needs in municipal age-friendly action plans. In addition, participants in the scoping meeting agreed that a follow-up meeting with a panel of Métis elders and representatives of the MNO would be warranted to begin to articulate Métis elders' needs (i.e. objective 2).

The second objective was addressed in January 2018 where 30 elders and representatives of the MNO attended an engagement meeting to review:

- the Province of Ontario's definition of and purposes for age-friendly community planning,
- the Province's seniors' strategy and the policy case for a Métis focused AFC planning framework,
- research conducted by MNO that broadly addresses the health and well-being needs of MNO citizens across the life spectrum.

From the discussion with engagement participants, five broad themes emerged that reflected the challenges of ageing well for Ontario's Métis people: transportation, mental health, 'we are not First Nations', trust, and community capacity and self-governance.

Transportation

"We have small outlying areas that don't have access to transportation and that is one of the biggest problems, to get people to the services needed such as doctors' appointments."

Access to medical services, particularly specialized medical services in particular, can be a significant issue for any older adult living in rural or remote areas of Ontario. A significant proportion of the MNO's citizens reside in Ontario's north and near north where diminished access to local and regional transportation networks can not only challenge elders' capacity to reach medical services, but also their ability to travel to community events and participate in the social fabric of the Métis community. Social engagement is a critical factor for maintaining/enhancing the quality of life of older adults. Whenever possible, MNO citizens will step into the rural transportation services gap, either informally as friends, or more formally through voluntary service arrangements.

Mental Health

"There is a legacy to the abuse and mistreatment that has not only been inflicted on the present generation, but through our parents and grandparents. What was done to them has been passed down and still affects people today."

The MNO participants expressed that, along with First Nations and Inuit peoples, the history of Métis people with settler Canadians includes a legacy of forced assimilation and near cultural erasure, which can be attributed to racist conceptions of Indigenous peoples, their cultures and ways of life. Government funded and church-led residential schools were the clearest expression of a systematic assault on Indigenous cultures as children were separated from families to be stripped of culture, language and traditions. In addition to the cultural, emotional and physical trauma associated with residential schools, generations of Métis people have suppressed their identity due to the shame and social isolation that has been associated with being neither First Nations nor European. In effect, to be Métis has historically meant to be something less than or inferior to other Indigenous peoples, and settler Europeans in particular, and has often been expressed through forms of economic and social exclusion, or physical aggression. The consequences of cultural repression and violence have had profound impacts on the mental health of Métis elders who have lived through the worst expressions of cultural violence. That legacy has been passed to younger and future generations of Métis (i.e. intergenerational trauma). The depression, anxiety and aggression that manifests from experiencing and attempting to cope with cultural repression can have profound and negative consequences for the children and grandchildren of Métis elders.

'We are not First Nations'

"We need to have our own healing circles, we need to have our own elders, we need to have that as a part of age-friendly communities and it's not there."

There is a deep misunderstanding within settler society about who Métis people are, particularly in relation to other Indigenous peoples. This misunderstanding can be commonly expressed in a service setting in one of two ways. First, when a Métis older adult presents themselves to a health or social services provider and is asked if they are "Aboriginal." From the engagement sessions, there were participants who recounted experiences where, upon informing the provider that they are Métis, they were told that "that doesn't count." On other occasions, where the provider's intentions are to provide culturally appropriate support, a First Nations elder is contacted and introduced to a Métis older adult. There is a widespread conception that Métis people, as people of mixed-race Indigenous origins, ought to understand and relate to the traditions and world views of First Nations peoples. However, to be Métis is to belong to a unique culture. The expectation of Métis people is that they will be respected and recognized for being an Indigenous people, but not a people whose culture is synonymous with another.

Trust

"*It's a challenge to have faith in institutions and governments that have either not recognized who you are or, when they do, try their utmost to erase it and turn you into something else.*"

A legacy of cultural repression and, more recently, cultural misapprehension, affects the relationship between Métis people and the non-Indigenous institutions and service providers that seek to address their needs. Communicating and engaging with Métis people or community councils to address the needs of the older citizens is an essential means of building cultural understanding and developing age-friendly plans that reflect what it means to be a Métis older adult/elder.

Community Capacity and Self-Governance

"We take care of our own, that has always been a Métis tradition."

Recognizing the presence of Métis communities throughout Ontario and building meaningful communication is a first step. The hope and expectation is that Métis councils and service providers will work with their counterparts in provincial and federal agencies to deliver and evaluate the programs that are provided to older citizens. Building cultural understanding and a better appreciation of the needs of Métis older adults is a gradual process, one that ought to proceed in collaboration with those who best appreciate the needs of older citizens.

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10. Métis Nation of Ontario. Ontario Métis Root Ancestors (http://www.metisnation.org/registry/citizenship/ontario-métis-root-ancestors/)

Resource Summary

Hyperlink descriptive text	URL
Age-Friendly Community Remote Events Planning Resource	https://files.ontario.ca/msaa-age-friendly-communities-remote-events-planning-resource-en-2021-01-01.pdf
Creating a More Inclusive Ontario: Age-Friendly Community Planning Guide for Municipalities and Community Organizations	https://files.ontario.ca/msaa-age-friendly-community-planning-guide-municipalities-community-organizations-en-2021-01-01.pdf
Creating a More Inclusive Ontario: Age-Friendly Community Planning Toolkit	https://files.ontario.ca/msaa-age-friendly-community-planning-toolkit-en-2021-01-01.pdf
Find resources to prevent the spread of COVID-19	https://www.ontario.ca/page/resources-prevent-covid-19-workplace
National Initiative for Care of the Elderly	https://www.nicenet.ca/
Ownership, Control, Access and Possession (OCAP) principles for conducting research with First Nations	https://fnigc.ca/ocap-training/

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