

## Appendix D: Research on Determinants of Healthy Aging for the CBSS Sector

### Background

The CBSS sector plays an important role in supporting seniors to stay well, connected, and active in their communities. In 2017, the *Raising the Profile Project* highlighted this value through a literature review that showed how community programs improve health and wellbeing for seniors.

Building on this foundation, United Way BC developed the Healthy Aging Framework and TOC. We reviewed research, looked at national and international frameworks,<sup>1-5</sup> and worked closely with the CBSS sector to identify the most relevant **Determinants of Healthy Aging**. These determinants focus on the areas where community programs can make the biggest difference such as social connection, mental wellness, physical activity, and access to supports, rather than broad systemic factors that are harder for local programs to influence.

This approach makes the research evidence more practical and meaningful for the CBSS sector, while still connecting to larger health system priorities: improving seniors' wellbeing, preventing frailty (see box below), and helping people age in place at home and in their communities.



Frailty is defined by the Canadian Frailty Network<sup>6</sup> as “a medical condition of reduced function and health in older individuals.” It is **not** an inevitable part of aging. Evidence shows that frailty can be **prevented, delayed, or even reversed** through strategies such as: Activity, Vaccinations, Optimizing medications, Interacting socially, and Diet and nutrition (A.V.O.I.D.).<sup>6</sup>

The CBSS sector plays a key role in this work by promoting social connection, healthy eating, and physical activity, all of which help prevent frailty and strengthen resilience. This strength-based approach focuses not only on reducing risks, but also on enhancing the conditions that allow seniors to thrive, even in the face of challenges like illness, loss, or chronic conditions.

## Social Connection

Social connection is now widely recognized as a key determinant of health—so much so that a lack of social connections has been found to have health effects equivalent to smoking 15 cigarettes a day.<sup>7</sup> Social connection is highlighted in the World Health Organization's (WHO) *Decade of Healthy Ageing Report*<sup>2</sup> and *Active Ageing Policy Framework*.<sup>1</sup>

The extent to which a person feels socially connected depends on their relationships with others, the actual and perceived support available, and the quality of these relationships.<sup>8</sup> In contrast, social isolation occurs when someone lacks meaningful social relationships, while loneliness is the subjective feeling that one's social needs are unmet.<sup>8</sup>

According to the Canadian Social Survey, nearly 39% of older Canadians reported feeling lonely at least some of the time (30% "some of the time" and 9% "always or often").<sup>9</sup> Research clearly shows the negative health consequences of loneliness and social isolation:

- **Mortality:** Social isolation increases mortality risk by 29% and loneliness increases the risk by 26%, while strong social relationships increase survival likelihood by 50%.<sup>7,10</sup>
- **Chronic Disease:** Social isolation/loneliness are linked to cardiovascular disease, dementia, depression, and other chronic conditions.<sup>11</sup>
- **Frailty:** Social isolation and loneliness are associated with the development of frailty and higher mortality risk.<sup>12</sup>
- **Health Care Utilization:** Loneliness is linked to more health care visits, longer hospital stays, and increased re-hospitalizations.<sup>11</sup>

There are three main mechanisms for reducing social isolation and loneliness for seniors:<sup>13</sup>

1. **Promoting social contact:** Creating opportunities for interaction (e.g., intergenerational programs, social activities, building friendships).
2. **Building knowledge and skills:** Supporting seniors to access resources and overcome barriers (e.g., digital literacy, awareness of community supports).
3. **Addressing social cognition:** Fostering confidence, self-efficacy, and emotional wellbeing (e.g., reducing social anxiety, increasing happiness).

Examples of CBSS programs that have been shown to reduce isolation and loneliness include exercise programs, digital literacy supports, counselling and peer groups, social interventions, and music programs.<sup>14</sup>

## Healthy Eating

Healthy eating refers to food choices and patterns that support overall health, shaped not only by individual decisions but also by environmental factors such as food availability, cost, and opportunities for social meals. It is recognized as a key determinant of healthy aging in the WHO's *Active Ageing Policy Framework*.<sup>1</sup>

Data from the Canadian Longitudinal Study on Aging shows that about one-third (32%) of older Canadians are at nutritional risk, often due to poor appetite, eating alone, or difficulty preparing meals.<sup>15</sup> Poor nutrition has serious implications: the Canadian Malnutrition Task Force found that malnourished patients stay in hospital longer and cost an additional \$1,500–\$2,000 per admission, adding an estimated \$1.56–\$2.1 billion annually to the health care system.<sup>16</sup>

CBSS help address these risks. Programs such as congregate meals and meal delivery services have been shown to improve dietary intake and quality.<sup>17-19</sup> Evidence from the U.S. also shows that nutrition interventions reduce health care use and costs:

- Congregate meal programs reduced the likelihood of nursing home admission, especially for lower-income seniors.<sup>20</sup>
- Meal delivery programs were linked to fewer emergency department visits and lower medical costs compared to control groups.<sup>21</sup>

Nutrition is also strongly tied to social environments. Canadian studies consistently show that social risk factors (e.g., low social support, limited community participation) increase nutritional risk.<sup>15,22</sup> In contrast, congregate meals—and, to a lesser extent, meal delivery programs—can strengthen social networks and improve social outcomes.<sup>20,21,23</sup> The 2025 World Happiness Report even found that sharing meals, or conversely eating alone, is as significant a predictor of wellbeing as income and employment.<sup>24</sup>

## Physical Activity

The WHO<sup>1,2</sup> has identified physical activity and mobility as critical determinants of healthy aging and emphasizes the need to expand opportunities for seniors in its *Global Action Plan on Physical Activity*.<sup>25</sup> In Canada, guidelines recommend that seniors engage in at least 150 minutes of moderate to vigorous aerobic activity per week. However, only 44% of older men and 37% of older women report meeting these recommendations.<sup>26</sup>

The health benefits of physical activity for seniors are well established.<sup>27,28</sup> Regular physical activity is linked to:

- Lower mortality risk.
- Reduced risk of cognitive decline, dementia, and Alzheimer's disease.
- Reduced risk of cardiovascular disease.
- Prevention of falls.
- Improved mobility, balance, and overall physical functioning.

Physical activity also reduces health care use. Physically inactive seniors in Canada incur more than 2.5 times the health care costs of active seniors, adding an estimated \$5.6 billion annually to the health care system.<sup>29</sup>

CBSS can play a vital role in promoting physical activity by providing accessible programs and helping seniors overcome barriers such as transportation or referrals. Studies of community-based physical activity programs—including recreation, exercise, and activity promotion—show benefits such as:<sup>30,31</sup>

- Increased activity levels.
- Improved mobility, balance, strength, fitness, and quality of life.
- Fewer falls.
- Positive social, emotional, and cognitive outcomes.

There is also strong evidence that physical activity is the most effective intervention for preventing or reducing frailty.<sup>32-34</sup>

## Mental Wellness

Mental wellness is recognized as an essential component of healthy aging, influencing overall wellbeing, quality of life, and the ability to remain independent. The WHO highlights key components of mental wellness in its *Decade of Healthy Ageing* framework.<sup>2</sup>

Poor mental health is common among seniors – 10–15% experience mild depressive symptoms and 7% experience depression.<sup>35</sup> Depression in late life is associated with increased risk of dementia, functional decline, frailty, and suicide.<sup>35-37</sup> Mental illness also contributes to higher health care use, including emergency visits, physician consultations, and hospitalizations.<sup>35,38</sup>

At the same time, positive mental wellness—including resilience, coping skills, and sense of purpose—has been shown to protect against cognitive decline, enhance recovery from illness, and improve social participation.<sup>39</sup>

CBSS programs can play a vital role in supporting mental wellness by:

- *Reducing isolation and loneliness* through social connection opportunities.
- *Providing counselling and peer support* to normalize experiences and build coping skills.
- *Encouraging physical activity and healthy eating*, both linked to improved mood and cognition.
- *Promoting meaningful roles* through volunteering and intergenerational activities.

Evidence shows that community-based interventions such as peer support, group-based activities, friendly visiting, exercise, and arts programming can benefit seniors and/or caregivers by reducing symptoms of depression and anxiety, improving quality of life, and strengthening coping skills and resilience.<sup>30,35,39-43</sup>

### Transportation

Transportation is a critical determinant of healthy aging because it enables seniors to access health care, social and recreational opportunities, and essential services. When transportation is limited, seniors may miss medical appointments, face challenges in obtaining groceries or medications, and experience reduced participation in community life—all of which can contribute to isolation and declining health.<sup>44-47</sup>

Research shows the profound impact of transportation loss. Older adults who stop driving are almost twice as likely to experience depression, and their risk of mortality and entering long-term care increases significantly.<sup>48</sup> Transportation challenges are especially acute in rural and remote areas, where limited options can make even routine trips difficult.<sup>46,47</sup>

The CBSS sector addresses these needs through a variety of community-based transportation supports, including:

- *Volunteer driver programs* that provide rides to appointments, shopping, and community events.
- *Shuttle or bus services* tailored to seniors' schedules and mobility needs.
- *Transportation subsidies or vouchers* to offset the costs of taxis, ride-hailing, or community transit.

- *Coordination and referrals* to ensure seniors are aware of, and able to access, available options.

These programs do more than provide rides—they help seniors to maintain independence and stay engaged in their communities, reduce reliance on family caregivers, and provide access to health care services.<sup>49,50</sup>

### Navigation & Access to Supports

Navigation and access to supports are critical for helping seniors connect to the wide range of health, social, and community resources available to them. Without support, many seniors face challenges due to complex systems, fragmented services, digital barriers, language barriers, or simply not knowing where to turn. These challenges can lead to unmet needs, reduced independence, and avoidable use of costly health care services.

Research shows that programs like social prescribing may improve service uptake, reduce unnecessary health care system use, and reduce health care and societal costs.<sup>51-54</sup> Social prescribing models, in particular, have proven effective in linking seniors to both clinical and community resources, improving mental health, increasing social participation, reducing frailty, and promoting physical activity and other positive health behaviours.<sup>51,54</sup>

Through roles such as Community Connectors, Navigators, and Peer Support, CBSS programs provide guidance, information, and referrals tailored to seniors' needs. These supports help seniors and caregivers:

- Identify and access relevant community services.
- Coordinate health, housing, transportation, and social supports.
- Apply for government programs, subsidies, and income benefits.
- Overcome barriers to care, including digital and language challenges.
- Foster independence and reduce reliance on emergency or institutional care.

CBSS navigators also act as trusted points of connection, building relationships that reduce isolation while ensuring seniors can more confidently navigate the systems around them. This role is particularly valuable in rural, remote, and underserved communities, where access to formal health services may be limited and community-based support plays an even greater role.

## Safety & Security

Safety and security are vital determinants of healthy aging, including both physical safety (e.g., fall prevention, safety and maintenance of the home environment, elder abuse prevention) and psychological or perceived safety (e.g., feeling secure and supported in one's home, freedom from financial exploitation and elder abuse). A sense of safety is tied to seniors' confidence, independence, and ability to remain engaged in their communities.

Safety in the home environment is particularly important, as most seniors wish to age in place and to do so they need a supportive home environment. Common barriers to aging in place in the home environment that seniors identify include cleaning, outdoor tasks, fall risks (e.g., clutter in the home), and home maintenance.<sup>55,56</sup> Research shows that the safety and ability of seniors to age in place can be enhanced by addressing physical safety (e.g., home modifications or repairs), as well as psychological safety factors (e.g., having trusted people to assist you within the home).<sup>57,58</sup> Research also suggests that the availability of services like housekeeping can reduce the burden on family and friend caregivers.<sup>57,59</sup>

Beyond the home environment, there is the need to address aspects of safety and security that more broadly impact seniors and their communities. Risks such as elder abuse, neglect, and financial exploitation undermine wellbeing and create significant physical, emotional, and social harm.<sup>59</sup> Seniors are also particularly vulnerable to disasters and extreme weather events, and research shows that seniors with connections to community organizations are more likely to be prepared for emergencies.<sup>60</sup>

The CBSS sector is well positioned to support seniors' safety and security through programs and initiatives such as:

- *Housekeeping and home maintenance services* that improve the safety of the home environment and increase the ability of seniors to age in place.
- *Emergency preparedness initiatives* that can help prepare seniors and their communities for extreme weather events and other types of emergencies.
- *Fall prevention programs* that improve balance, mobility, and home safety.
- *Elder abuse prevention and awareness campaigns* that provide education and support.
- *Safe and inclusive community spaces* where seniors feel welcomed and supported.

Research shows that interventions to enhance safety and security not only reduce harm but also strengthen seniors' ability to age in place.<sup>57,58</sup> Importantly, safety is not just the absence of risk—it is also about building trust, resilience, and supportive environments that help seniors thrive.



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