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CANADIANS' PERSPECTIVES ON HEALTHY AGING AT THE START OF THE DECADE OF HEALTHY AGING 2021-2030

Final Report

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Canada

THE STRATEGIC COUNSEL

Canadians' Perspectives on Healthy Aging at the Start of the Decade of Healthy Aging 2021-2030

Final Report

Prepared for: The Public Health Agency of Canada
Supplier: The Strategic Counsel
May 2023

This public opinion research report presents the results of a two-phased study including a hybrid telephone and online survey and a round of focus groups conducted by The Strategic Counsel on behalf of Health Canada and the Public Health Agency of Canada.

Cette publication est aussi disponible en français sous le titre: **Points de vue des canadiens sur le vieillissement en santé à l'aube de la décennie pour le vieillissement en bonne santé 2021-2030**

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Executive Summary

A. Background & Objectives

In recent years, Canada has experienced a significant demographic shift – the year 2016 marked the first time in Canadian history in which the number of seniors surpassed the number of children (14 and younger). It is estimated that by 2038 approximately 21% to 25% of Canadians will be over the age of 65. As greater numbers of the population live longer, it is vital that individuals understand the importance of healthy aging and that they are supported in their efforts to age well.

In 2020, Canada endorsed the *United Nations Decade of Healthy Ageing (2021-2030)*, a coordinated global effort led by the World Health Organization (WHO), which outlines a vision of a world in which all people can live long and healthy lives. Four action areas were identified which focus on changing how we think, feel and act towards aging, cultivating age-friendly environments, creating integrated and responsive health care systems and services, and ensuring long-term care for people who need it.

The Decade of Healthy Ageing (2021-2030) provides a new opportunity for the Government of Canada and the Public Health Agency of Canada (PHAC) to champion healthy aging in Canada.

The goal of this public opinion research was to gather information on the factors that foster well-being in older age by exploring the perspectives of older Canadians on enablers and barriers that affect their quality of life in older age. More specifically, the research was designed to address the following overarching objectives:

- Establish baseline metrics in terms of knowledge, awareness, feelings, attitudes, concerns, and needs related to aging and healthy aging in particular.
- Provide an understanding of what Canadians believe about healthy aging, what factors they feel are important for healthy aging, and what Canadian's value in older age.
- Establish how older adults feel they are experiencing their own aging, and what they believe are the barriers and enablers to healthy aging.
- Enable the Public Health Agency of Canada (PHAC) and the Government of Canada to obtain a clear snapshot of Canadians' beliefs about aging to inform and benefit future work and provide baseline data at the outset of the Decade of Healthy Aging.

Additionally, the insights from this study will inform reporting to the WHO on Canada's progress on healthy aging.

This research study was conducted in two phases: Phase 1: Quantitative Telephone and Online Survey; and Phase 2: Qualitative Post-Survey In-Depth Focus Groups. A hybrid approach was deployed in order to yield a more comprehensive and holistic perspective. Each phase of the research was conducted among Canadians aged 50 years or older.

It should be noted that for purposes of this research, an abbreviated definition of healthy aging was employed and shared with respondents which emphasized developing and maintaining the physical and cognitive abilities that enable wellbeing as one ages via supportive environment that allow people to do what they value as they age. The more formal and complete definition can be found on the World Health Organization website: https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability.

B. Methodology in Brief

To address the above-noted program objectives, the study was carried out across two phases:

- Phase 1 – Quantitative Survey:
    - A nationwide telephone survey, about 20 minutes in length, was administered to a random, representative sample of n=2000 Canadians, aged 50 and older, between February 8th and March 5th, 2023. Additionally, a sample of n=500 Canadians (aged 50 and older) were surveyed via a nationwide online panel between February 8th-15th, 2023. Online the median length of the survey was 11 minutes.
    - Quotas were set by gender, age, and region to ensure the survey was reflective of a proportionate sample of older Canadians based on the 2021 Census. Accompanying weights were applied to age/gender to ensure the final data set closely reflected the distribution of the population.
    - The survey explored older Canadians' general outlook on aging, specific views related to healthy aging, their ratings of the age friendliness of their own communities, as well as key information needs and information sources/trusted spokespeople on the topic of healthy aging.

- Phase 2 – Qualitative Focus Groups:
    - Following completion of the survey, a total of 19 focus groups were conducted online between March 13th and 23rd, 2023 with Canadians aged 50 and older. All interviews were conducted via Zoom and lasted approximately 90 minutes in length. In total, 152 participants were recruited, and 136 individuals participated.
    - Just over half (10) of the focus groups were segmented by province/territory to ensure good coverage across the 5 regions of Canada (Atlantic, Ontario, Quebec, Prairies, British Columbia/North) and location with respect to urban and rural areas. The remaining nine focus groups were conducted nationwide with diverse sub-groups of the population including by gender (men/women), socio-economic status (higher SES/lower SES), racialized Canadians, Newcomers, Indigenous peoples, those who identified with a disability and those who identified as LGBTQ2S+.
    - In these groups, insights from the survey were further probed as a way to explore and better understand diverse views on what constitutes healthy aging.

More detail on the methodology, including the demographic characteristics of the survey sample and composition of the focus groups, can be found in Section IV – Detailed Methodology.

C. Key Insights

Key insights from both phases of the study are highlighted below, focusing on overarching themes with supporting data and findings from both the quantitative and qualitative phases. The structure of this section generally adheres to the six main topic areas covered to varying degrees in both the survey and the focus groups: Outlook and Perspectives on Aging, The Concept of Healthy Aging, Enablers and Barriers to Healthy Aging, Developing Age-Friendly Communities, Awareness and Role of PHAC in Healthy Aging, and Communications and Outreach to Older Canadians.

The survey results (shown as percentages) provide the foundation for the discussion of the key findings. Additional commentary from the focus groups is reported on as relevant and where it helps to shed more light on results from the survey and draw out further important nuances. Note also that those who participated in the survey are referred to as *survey respondents* or *respondents*, while those who took part in the focus groups are referred to as *participants*. This distinction is helpful in identifying from which of the two phases a particular finding has been drawn.

1. Outlook and Perspectives on Aging

1.1 General Outlook

Canadians aged 50+ are mostly positive in terms of their general outlook on aging (overall 73% are *very/somewhat positive*). Those aged 80+ (80%), are in fact the most positive although the vast majority of those aged 50-64 are also positively disposed (70%). This suggests that older adults looking back on the experience of aging tend to view their situation somewhat more favourably relative to younger adults who are facing the prospect of aging and the accompanying adjustments or transition to this next phase in their lives. Respondents' attitudes towards aging also correlate strongly with their perceptions regarding their quality of life specifically in relation to social networks, mental well-being and financial status. Again, we found that the older cohort (aged 80+) offer more positive ratings in each of these areas.

Focus group participants provided a more nuanced perspective on aging than survey participants. Those who tended to be more positive or optimistic explained that they were looking forward to having more time to focus on hobbies, interests, family and friends. Some remarked on being more confident and *"settled"* at this stage in their lives, expressed gratitude or felt a sense of privilege at reaching this milestone in their lives. Others were more stoic, accepting aging as impending and unavoidable while also suggesting that maintaining a positive attitude requires individuals to personally *"invest more in your happiness as you get older."* Those participants who reported one or more of the following generally tended to be more positive in their outlook on aging: being financially secure, employed and/or volunteering, in reasonably good health, and leading a more active social life.

Others who espoused more negative attitudes about aging pointed to a range of issues as impacting their views, such as low or declining levels of energy, chronic aches and pains or other health issues, the experience of losing loved ones and/or the responsibility of caring for another elderly person or a partner, as well as having to give up activities and pursuits they had previously enjoyed.

Results from the survey closely align with the views expressed by participants in focus groups. While attitudes towards aging are fairly consistent across all regions of Canada and most demographic groups, those respondents who have never been married are less positive about aging relative to others who are married or cohabiting with a partner (66% vs. 75%, respectively). This finding underscores the negative impact of isolation and the importance of companionship and engagement to maintaining a positive outlook on aging. Survey results also revealed health status as a driver of attitudes. Those who self-report as having a disability and/or medical condition are less likely to rate their quality of life as *good or excellent* compared to those who do not (60% vs. 89%, respectively). Similarly, the former group are less inclined to feel *somewhat/very positive* about aging, compared to the latter (64% vs. 79%, respectively).

1.2 Concerns about Aging

The predominant concerns Canadians aged 50+ have about aging are twofold: the prospect of declining health for themselves or for their partners (58% of survey respondents raised this as a key concern on an

unprompted basis), and having the financial resources required to sustain them throughout their senior years (30%). With respect to the issue of financial resources, it should be noted that just over half (52%) of all respondents to the survey are retired, although retirement status varies across age groups – 24% among those aged 50-64, 80% among those aged 65-79, and 88% of those aged 80+. Notably, almost one in five of survey respondents (17%) indicate they are holding off or uncertain about retirement: until sometime after they reach age 70 (4%), are not likely to retire at any point (4%) or are uncertain about the age at which they will or can retire (9%).

Results from the survey indicate an elevated level of concern about declining health and financial security as they age among those residing in multi-generational households and, in particular, those with responsibility for children either over or under the age of 18. The issue of financial security is also a higher preoccupation for renters, relative to homeowners, and for those with lower household incomes, specifically under $60,000 annually. Those in lower income households are less likely to anticipate being able to retire at age 65 or earlier.

Focus group participants expressed similar concerns about aging with a primary focus on their health, both cognitive and physical, and their personal financial situation. Some expressed anxiety about how quickly one's health status can change (e.g., due to falls). Others who have witnessed the decline of a parent with Alzheimer's or dementia were concerned about the prospect of experiencing a similar fate. Many worried about the state of Canada's health care system, specifically wait lists, access to care, and the prospect of privatization. Other challenges which focus group participants associated with aging included: maintaining social relationships, meeting new people, social isolation (a particular issue for those in rural areas), loneliness, age discrimination (especially in the workplace and mentioned more often by female participants), home maintenance and housing affordability, and being a burden on others.

The younger segment of focus groups participants aged 50 and older was also concerned about the dual challenge of simultaneously taking care of aging parents as well as children. Those in the LGBTQ2S+ community worried they may face isolation as they age, fearing the prospect of discrimination, exclusion, and prejudice along with the accompanying negative mental health impacts particularly in the event they are required to move into an institutional setting. Older immigrants observed that seniors in their country of origin would typically be able to rely on extensive family support systems while, in their view, these systems were far more limited in Canada forcing them to be more self-reliant.

2. The Concept of Healthy Aging

The term 'healthy aging' had a wide range of associations based on a list of select aspects of healthy aging shown or read to survey respondents. In addition to cognitive and brain health, as well as mental and physical well-being, healthy aging was also strongly associated with maintaining independence, aging in place, being active and mobile and having opportunities to do the things one feels are important.

In focus groups, the concept of and term 'healthy aging' resonated with participants. Without prompting, participants top-of-mind descriptions of healthy aging aligned with the WHO's definition. Healthy aging was strongly associated with the goal of maintaining an active and engaged lifestyle as one ages. Participants viewed healthy aging as encompassing the notions of physical, spiritual, emotional and mental health. Healthy aging held several connotations for focus group participants: staying active, learning/staying informed about aging, a healthy mind and a positive mindset, good nutrition, and a strong support system and social network. Some participants felt that the term healthy aging assumed one would also have or require the financial means to age in a healthy way. Others associated it with an ability to gain more personal control and agency over the aging process.

Key associations with the term 'healthy aging' and how it is interpreted vary to some extent by gender, age and health status. This was evident both in focus group discussions and in responses to the survey. In the survey, women are more likely than men to interpret the term quite broadly and, in particular, to associate it with being socially connected and being valued. The younger cohort, aged 50 to 64, tended to associate healthy aging more strongly with mental and physical well-being, being able to do what they feel is important, and being a contributor to society. By contrast, those aged 80 or older are more likely to associate healthy aging with being able to age at home. Those with a medical condition and/or a disability are less likely to associate healthy aging with many of the attributes assessed, compared to those who do not have a medical condition and/or a disability, although the strongest associations among both groups are with being able to age at home, being independent, and maintaining mental, cognitive and physical health. In focus groups, those with disabilities also stressed a strong desire to remain in their homes. This group were of the view that institutionalization as an older person would result in a further loss of independence.

3. Enablers and Barriers to Healthy Aging

Survey respondents and focus group participants alike point to the importance of access to the health care system and services as a key determinant for healthy aging (51% identified this as one of the most important factors contributing to healthy aging). Family and social connections were also noted as important (44% and 25%, respectively).

In focus groups the discussion regarding the factors which support or enable healthy aging allowed for a more wide-ranging conversation. Conversations surfaced additional facilitators such as a basic level of income, allowing for the financial resources to support a healthy diet and exercise, opportunities for continuous learning, access to seniors' centres, transportation, and affordable housing.

Although there was no strong consensus among focus group participants that being valued and contributing to society is vital to being able to age in a healthy way, some firmly believed that being respected, as distinct from being valued, as an elder in society is paramount. Participants commented that older Canadians' experience through the pandemic has affected their views about how society treats the aged and their perceptions regarding age discrimination. They underscored the need for a much more compassionate view of aging among society at large and generally more respect for older people among health care practitioners.

A commonly held view among focus group participants was that planning for healthy aging should begin much earlier in life and should include activities to ensure one's financial security in addition to exercises and activities to maintain physical and cognitive health as one ages.

Technology was seen as a double-edged sword. Some focus group participants felt that technological advances offered opportunities to support people as they age by connecting them to health care resources and social networks. Participants also appreciated devices which would assist them in meeting their personal fitness goals, monitoring their health status and improving their overall quality of life. The downsides, however, related to the rate of technological change which participants felt presented a challenge for older Canadians in terms of staying apace with new developments, affordability and the impersonal nature of technology. Others commented on the issues of misinformation online which they felt created confusion for older Canadians and undermined confidence on advice and information they might receive related to healthy aging.

As noted above, access to the health care system and financial resources were often mentioned as concerns or challenges for those aged 50 and older and were viewed as the main barriers to healthy aging.

Participants, particularly those in lower income groups and those without a pension or a robust personal savings plan, frequently mentioned their worries about having a financially sustainable future.

4. Features of Age-Friendly Communities

Most survey respondents (84%) describe the communities in which they currently reside as 'age-friendly' and rate them favourably in terms of having safe, easy to access buildings and public spaces (64% rate their community as *excellent or good*), accessible and affordable high-speed internet (60%), social and recreational activities (58%), opportunities for lifelong learning (57%), and exercise programs for older adults (50%). Ratings drop off significantly when it comes to assessments of their communities regarding the availability of in-home services that support independent living (38%) and affordable housing (21%). Focus group participants also prioritized the latter two areas when discussing the key features of an 'age-friendly' community in addition to access to health services, including healthcare, mental health and dental care, although many nevertheless described their community as being 'age-friendly.'

More in-depth discussions in the focus groups revealed the difficulties that some participants faced in finding a family doctor. Additionally, participants emphasized their view that affordable housing is a basic human right, regardless of age or financial ability. Focus group discussions also illuminated the strong desire of those aged 50+ to age in place, viewing this as key to maintaining older Canadians' positive mental health.

The extent to which each of the features of an age-friendly community was prioritized varied across the focus groups, although access to health services, affordable housing and in-home services were commonly identified as key priorities across most groups:

- Women were more vocal about affordable housing (and also expressed more concern about their financial circumstances as they age) whereas older men tended to emphasize the importance of social networks and friends more so than structured social and recreational activities; and
- Racialized participants prioritized affordable housing above access to health services;
- Newcomers, racialized participants, those who identified as LGBTQ2S+, women and those with a higher SES put more emphasis on community-based social and recreational activities;
- Racialized participants and those with lower SES also prioritized exercise programs for older people to a greater extent relative to those in other groups;
- Indigenous participants focused less on in-home services that support independent living.

5. Perceptions of PHAC's Role in Healthy Aging

Awareness of and the role of PHAC in healthy aging was explored in more depth within the focus groups. Many participants were not highly familiar with PHAC or its mandate to prevent disease and injury and promote good physical and mental health. Regardless, they felt the Agency had some credibility in promoting healthy aging and addressing unmet needs, most particularly in the area of awareness raising and information on the topic. Participants identified several areas where PHAC could play a role:

- Awareness-raising;
- Education about healthy aging;
- Funding of community-based programs;
- Advocacy on behalf of older Canadians; and

- Working with other levels of government to ensure sufficient funding, better coordination and targeting of programs and services to older Canadians.

6. Communications and Outreach to Older Canadians

Across the board results from the survey indicate that there is an interest in obtaining more information on maintaining physical and cognitive health (88% are *somewhat or very interested*), aging at home (86%), healthy aging (86%) and healthy nutrition (80%). Health professionals, specifically doctors and nurses, are viewed as trusted sources of information on healthy aging (mentioned by 70% of survey respondents as being among the two sources they trust most). While few survey respondents (25%) recall seeing anything from the Government of Canada or PHAC on this topic, as noted above, PHAC has some credibility to lead or partners in awareness-raising and educational initiatives.

In focus groups, participants also indicated they would rely primarily on their family doctor for tips, information, and advice on healthy aging, but also on a range of other sources, including:

- Other medical professionals – pharmacists
- Allied health professionals – naturopaths, dieticians, chiropractors, physiotherapists, and massage therapists
- Online resources and social media – Google searches, Facebook, YouTube videos, Tik Tok, social media health groups
- Health Institutes and/or experts in the field of seniors' issues and aging – University Health Network, Harvard medical website, Johns Hopkins, the World Health Organization (WHO)
- Seniors' organizations/clubs
- Seniors themselves

Comments from focus group participants suggested that any information coming from PHAC should also provide links to other reputable resources. In terms of receiving information a combination 'push and pull' approaches were recommended, encompassing both traditional and social media as well as government websites.

D. Conclusions and Recommendations

Older Canadians are relatively positive and optimistic about aging even though concerns and worries about the prospect of growing older in Canadian society were expressed. In particular, concerns about declining health in later life, the state of the health care system in Canada and the ability to access health care services, along with having adequate financial resources to remain comfortable, healthy, housed and independent for as long as possible were commonly noted. Participants felt they have a reasonable quality of life and want to continue to maintain this as they age. What this means for older persons as they move through this stage of their lives tends to vary based on their present circumstances and life situation. However, virtually all segments of the older population feel that being respected, more so than being valued for their past and/or current contribution to society, is important.

Many are confident in their ability to age in a healthy way and generally understand the concept of healthy aging as well as the facilitators and enablers of healthy aging. They also believe that their communities are age-friendly and can accommodate their changing needs as they age. Affordable housing is, however, a significant issue for older Canadians across the board. Similarly, a substantial proportion of older

Canadians offer lower ratings of their community on services that support independent living and affordable public transit, which are key to their goal of aging in place.

Older Canadians are interested in the topic of healthy aging – both generally and in terms of specific areas such as maintaining cognitive and physical health, as well as aging at home. PHAC and Health Canada are viewed by some as credible sources of information, although additional work to enhance name recognition and brand awareness for PHAC may be required in advance of or in parallel to any educational outreach and awareness-raising initiatives on the topic of healthy aging. This would also help to improve PHAC's credibility among those audiences which may have less trust in and question information coming from health agencies as a result of the divisive experience through the pandemic and the influence of misinformation campaigns.

The senior population in Canada is diverse and changing. Connecting with the 50+ audience is challenging as it is not homogenous – age-friendly tailored communications should consider the wide variability in views, needs and expectations by gender, age, ethnicity and cultural background, socio-economic status and across equity-seeking groups. While various sub-groups of the 50+ population present unique challenges with respect to their general attitudes, expectations, priorities and interests regarding healthy aging, views tend to vary primarily and more consistently on the basis of socio-economic and health status.

A short summary highlighting key distinctions for specific sub-groups is included below:

By gender identity and sexual orientation – Gender differences are apparent across many aspects of healthy aging explored in this study, although the differences are most striking in a few areas. While declining health status (for themselves or their partner) is a top concern for both men and women in terms of aging, it is a more prominent issue for men compared to women. In focus groups, women were more vocal about the effects of aging on their appearance, the prospect of losing their independence and their ability to remain in their home. In contrast to men, women appear to have a more expansive view of healthy aging, tending to associate it more strongly with opportunities for continuous learning, staying socially connected, being valued and being seen as a contributor to society. They also view being close to family as an enabler to healthy aging to a greater extent than do men. While both women and men are generally of the view that their communities are age-friendly, men are more inclined to rate their communities highly on the various features that contribute to age-friendly communities. Slightly more men than women rate their community positively with respect to safety, accessibility in general and to key services such as health care, mental health and dental services, as well as in-home services to support independent living. Overall, women exhibit more interest than men in various topics related to healthy aging, particularly aging at home, maintaining cognitive and physical health, general information on the topic, and healthy nutrition. While medical professionals are key to delivering information and messaging about healthy aging to both women and men, women appear to be somewhat more open to hearing from others (e.g., family or friends and pharmacists).

Given the small number of those who identified as non-binary in the survey, most of the findings for this group are drawn from the feedback provided in the one focus group which was held with individuals aged 50+ who self-identified as 2SLGBTQI+. While additional research is recommended with this community on the topic of healthy aging, this group did offer many useful insights specific to their unique perspectives and challenges. Several participants mentioned the need for alternatives to long-term care and/or more supportive care systems offering queer positive spaces for aging members of the community. Some mentioned that many organizations serving older people are not queer-friendly and that more training of staff is required particularly focused on improving interactions with and care for the trans community as they age. Issues of safety within their community and within institutions for the elderly, including retirement homes and long-term care facilities, were a common concern for this group with several

commenting that some members of their community may be driven *"back into the closet."* The ability to age in a way that offers choice was important and some took issue with what they felt was an overly restrictive WHO definition of healthy aging which may not allow everyone to see themselves. Otherwise, many of their concerns, interests and issues about healthy aging were similar to other older Canadians, focusing on financial security, social connection, and affordable housing.

By socio-economic status – Results show that older Canadians believe a basic level of income is one of the main enablers of healthy aging and concerns were expressed about the additional challenges faced by those with fewer financial resources as they age. Financial insecurity was an even greater concern among older Canadians with lower household incomes. These individuals were also more likely to focus on basic needs and fundamentals such as access to housing, buildings and transit as important factors contributing to healthy aging. Improved access to information on healthy aging is also of greater interest to this group, specifically on topics such as aging at home, preventing elder abuse, and oral health.

In general, older Canadians with higher household incomes are more positive in terms of their outlook on aging and tend to prioritize access to health services, social networks and physical/cognitive supports as key enablers to be able to age in a healthy way. This group also puts more emphasis on community-based social and recreational activities and safe neighbourhoods as important facets of age-friendly communities.

Among visible minority and racialized groups – Visible minority groups and/or racialized Canadians have a similar perspective and outlook on aging as others with a few notable differences. Compared to others a smaller share of those who classify as a visible minority rate their quality of life, in terms of their financial well-being, as excellent/good. Family is extremely important to this group as they age, and they are more likely to place a great priority on being close to family as an enabler of healthy aging. In focus groups, racialized participants mentioned the need for more cultural supports for seniors, creating opportunities for individuals to connect regularly with their cultural community. In certain cultural communities the process of aging and elderly people is celebrated, and a desire was expressed by some to be able to share in these events with their peers. This was viewed as critical to their being able to maintain an optimistic outlook and positive mental health as they age. As with other older Canadians, racialized participants expressed concerns about their ability to support themselves financially as they age and to access affordable shelter – this group specifically mentioned the need for more subsidized housing for seniors. Several also noted concerns with the health care system based on previous negative experiences and interactions. Visible minorities express strong interest in information on the subject of healthy aging in general, as well as specific topic areas including healthy nutrition, oral health and preventing elder abuse, to a greater extent as compared to other Canadians, aged 50 and older. They also tend to invest more trust in Health Canada/PHAC as a source of information on these issues, while placing somewhat less confidence in medical professionals compared to others.

Among newcomers – In focus groups, newcomers to Canada were particularly concerned about being disconnected from family and support systems that would have been available to them in their senior years in their country of origin. For this group, limited support systems in Canada particularly from other family members was a concern especially for those with chronic health conditions. There was a sense that Canadians do not place the same value on community and supporting each other in the aging process. Language was also raised as a challenge for newcomers aging in Canada who are not fluent in either English or French. This group also emphasized the importance of maintaining cultural connections as one ages.

Among Indigenous people – Although being an Indigenous elder is viewed as conferring a certain degree of status, Indigenous focus group participants emphasized their interest in staying connected with or reconnecting with their community and their culture as they age. Many were concerned about the prospect of being isolated, either from their community or their family. With respect to PHAC's role in

healthy aging, this group emphasized the need to implement programs and services directed at older Indigenous people and assistance in helping them navigate the system of care and supports available. Many felt that information was available but that it was challenging to know where to find it or how to access services. There was also a desire for Indigenous people to have more control over their own healthcare, viewing this as essential to ensuring better access to the health care system and in-home services. They also identified a need for more employment/volunteer opportunities and exercise programs for older Indigenous people. When considering the needs of Indigenous people as they age in terms of services and information on the topic of healthy aging, this group stressed that consideration should be given to variability in access to financial resources and the needs of those living in rural, remote and Northern areas. There was little enthusiasm expressed for more information without the corresponding resources to be able to access services for those who are aging. And, in terms of communications, this group was more likely to mention radio as an important channel.

By health status – Respondents to the survey who self-report a poorer health status or who identify as having a disability and/or a medical condition which adversely affects their immune response system have a distinct perspective both on the quality their life at present and they outlook on aging. In particular, those who rate their health status as fair or poor/very poor are much less likely than those whose health is good/excellent to also rate their perceived quality of life highly across many areas and most particularly in terms of their financial well-being and social engagement. This perspective is foundational to their attitudes and concerns about aging. This group tends to be more pessimistic across the board and more concerned about their finances and the prospect of more privatization within the health care system as well as having to pay out of pocket for assistive devices (e.g., hearing aids). They are also less inclined to associate a broad range of features with the idea of healthy aging, specifically being active and mobile, and offer lower ratings of their communities on many features associated with being age-friendly. In focus groups, some disabled participants anticipated their world *"shrinking"* as they age and felt that their disability would exacerbate a sense of isolation. They value their autonomy and express a desire for healthy aging programming and services to focus more in bolstering their ability to be independent to the extent possible.

By urban vs rural living – Perhaps not surprisingly social isolation as one ages is a challenge raised more frequently by those residing in rural communities. Qualitative discussions uncovered that a lack of access to public transportation in these communities is seen as further *"isolating"* for many. Similarly, access to healthcare services (in the context of acceptable distances to a healthcare facility, the time it would take to receive emergency care if needed, and reasonable wait times for health services) is mentioned as an important feature of age-friendly communities for those residing in rural areas. By comparison, urban dwellers are more likely prioritize safe neighbourhoods.

E. Notes to Readers

Results from the two phases of the study are reported separately in the Detailed Findings (Sections II and III).

Phase 1 reporting, which highlights the findings from the online and telephone surveys, is structured to provide the reader with an initial overview of the results by theme or question, and typically includes a graphical or tabular representation of these results. The tables which have been included throughout this section show the total results on a question by question basis, as well as the break-out by gender and age across three cohorts – respondents between the ages of 50 to 64, 65 to74 and 80+. As a standard, results are also broken out for those who identified as having a disability and/or medical condition which would

affect their body's ability to ward off infection (i.e., diabetes, heart disease, HIV, asthma) and these are compared to others and the overall totals. These tables offer an 'at a glance' perspective on how results may vary by gender, age and disability/medical status.

Immediately following the table, key demographic and regional differences of interest are more fully described, as relevant or applicable. These are shown under specific headings (gender, age, education, household income, household composition, employment status, language, region, community type, etc.) and include other statistically significant variations based on self-reported health and caregiver status, and perceptions of their overall quality of life. In some cases, due to the absence of any statistically significant differences or as a result of small sample sizes, no additional sub-group reporting has been included. The final sample for the combined telephone and online survey results included a small percentage who identified as non-binary, Indigenous or of a particular ethnic background and, as a result, sub-group analysis on these variables was limited.

Phase 2 reporting covers the findings from the focus groups. While generally adhering to the structure of the moderator's guide used to facilitate each discussion, the results are presented more thematically. Given the nature of focus groups discussions, which allow for issues to be explored in-depth and in a less filtered and structured fashion relative to surveys, findings are more open to interpretation. Moreover, given the relatively few individuals who participated in the focus groups as compared to the survey, the findings cannot be quantified or generalized to the broader population of Canadians aged 50 and older. That said, feedback from qualitative exercises such as this do offer valuable insights which help to contextualize or illuminate results from the survey and add to our overall understanding of older Canadians' views on various aspects of healthy aging.

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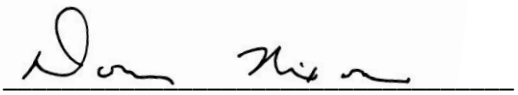
For more information, please contact Health Canada at hc.cpab.por-rop.dgcap.sc@canada.ca

Statement of Political Neutrality

I hereby certify as Senior Officer of *The Strategic Counsel* that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Government of Canada's Policy on Communications and Federal Identity and Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed: 

Donna Nixon, Partner

THE STRATEGIC COUNSEL

II. Detailed Findings – Phase 1: Findings from the Telephone and Online Surveys

Detailed Findings – Phase 1: Quantitative Surveys

Phase 1 of this study involved the administration of a 20-minute survey among 2,500 Canadians, aged 50 and older. The primary methodology was a telephone-based interview (n=2000) supplemented by an online survey (n=500). The dual-mode approach was undertaken in order to assess any modal differences in attitudes for this target population and to ascertain whether future surveys could be shifted to a fully online methodology.

The totals referred to below and throughout this part of the report reflect the merged results from both the telephone and online surveys. The sample design for each mode was configured to ensure that the final results reflected a cross-section of Canadians in the 50+ age group by gender, age and region.

As noted in the Executive Summary a detailed methodology, including a full demographic profile of respondents and a discussion of any variations in the findings across the two modes, can be found in Section IV of this report.

A high-level profile of respondents to the survey is outlined below and includes self-reported information about the respondents' health and caregiver status along with their perceived quality of life and level of engagement in various activities. This overview, along with the demographic profile included in the Methodology, offers important context when interpreting findings from the survey given that respondents' own health and circumstances may impact their views on and interest in the topic of healthy aging.

A. Health and Caregiver Status of Respondents

Respondents report being in generally good health. About one in five identify as having a disability and slightly more – one-quarter – indicate having a chronic health condition which affects their body's ability to fight off infections. The age of respondents does not appear to have a particularly strong bearing on health status, however there is a slight shift to those reporting their health as good, rather than excellent, as one ages.

Respondents with disabilities are typically at greater risk for other health problems and the results from the survey underscore the presence of comorbidity – a higher proportion of this group are also immunocompromised. Although a smaller percentage than people without disabilities and/or those who are immunocompromised, many respondents with a disability and/or a chronic medical condition nevertheless report their health to be good.

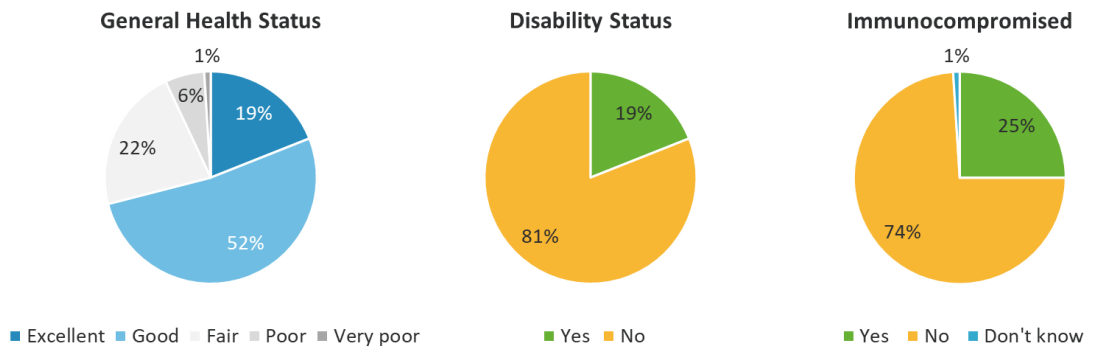
The vast majority of respondents also report having access to a family doctor. Access does vary depending on where one lives in Canada. It is lowest in Quebec and highest in Ontario.

One in five respondents are caregivers, providing primary care for someone else with a health condition, physical or mental disability or who is experiencing problems related to aging. There is a slight gender and age skew – a higher proportion of women and respondents in the youngest age cohort (50-64 years of age) are more likely to say they are a caregiver.

1. Health Status

Most respondents to the survey claim to be in generally good health (see Figure 1) – the majority say their health is either good or excellent. Similarly, most indicate they do not have a disability or some type of medical condition that would weaken their body's ability to ward off disease or infection.

Figure 1. RESPONDENTS' SELF-REPORTED HEALTH STATUS



As shown in the following table, while most respondents rate their general health as *good* (52%) or *excellent* (19%), just over one in five rate their health as *fair* (22%), and a small percentage report being in *poor* (6%) or *very poor* (1%) health.

Table 1. PERSONAL HEALTH STATUS

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
NET - EXCELLENT/GOOD	**70**	**69**	**72**	**71**	**70**	**70**	**44**	**85**
Excellent	19	19	19	20	18	14	4	27
Good	52	50	53	50	52	56	40	59
Fair	22	24	21	21	24	23	39	13
Poor	6	6	6	6	5	6	14	1
Very Poor	1	1	1	1	1	1	3	<1
NET – POOR	**7**	**7**	**7**	**8**	**6**	**7**	**17**	**2**
Prefer not to answer	<1	<1	<1	<1	<1	<1	1	<1

Q5. Would you say your health in general is …?
Base: Total sample

Self-reported health status varies minimally, as noted below.

Age

- The proportion of respondents claiming to be in *excellent* health declines with age, from 20% among those aged 50-64 to 14% among those 80 years of age or older.

Health Status

- A larger share of those with a disability and/or a medical condition rate their health as either *fair* (39%) or *poor* (14%) compared to others (13% rate their health as *fair*; 1% say *poor*).

Among respondents who completed the survey, about one in five (19%) identify as a person with a disability. This proportion is relatively consistent across demographic groups and regions, with a few exceptions.

Table 2. DISABILITY

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+
n=	2500	1175	1325	1300	900	300
	%	%	%	%	%	%
Yes	19	18	20	20	17	22
No	81	82	79	80	83	78
Don't know	<1	-	<1	<1	<1	-
Prefer not to answer	<1	-	<1	-	<1	-

Q6a. Do you identify as a person with a disability?
Base: Total sample

Household Income

- Studies have shown that disability causes poverty because those with disabilities may be excluded from the workforce, have limited educational opportunities or face institutional barriers which restrict their earning power. Results of the survey support this. The proportion of disabled persons who report having a very low annual household income is about five times higher than those who report being in the highest category for annual household income (45% for those in households with a yearly income of less than $20,000 vs. 9% among those residing in households making $100,000 or more on an annual basis).

Marital Status

- Those who have never been married or are separated, widowed or divorced are more likely to report having a disability compared to those who are married or living in a common law relationship (29%; 26%; 14%, respectively).

Language

- Anglophones are almost twice as likely to report having a disability as compared to Francophones (22% vs. 12%).

Region

- In line with the above, the proportion of those who report having a disability is lower in Quebec (12%) relative to Manitoba/Saskatchewan (25%), Ontario (23%), Alberta (21%) and British Columbia (20%). It is not significantly different from the rate reported in Atlantic Canada (16%).

Compared to the percentage of respondents who identify as having a disability, a slightly higher proportion of respondents say they have a medical condition (such as heart disease, diabetes, HIV or asthma) that weakens the body's ability to fight off infections (25%).

Table 3. IMMUNOCOMPROMISED

	TOTAL	Tele-phone	Online	Male	Female	Age 50-64	Age 65-79	Age 80+
n=	2500	2000	500	1175	1325	1300	900	300
	%	%	%	%	%	%	%	%
Yes	25	25	25	24	26	24	25	29
No	74	74	75	75	74	76	74	70
Don't know	1	1	-	1	1	<1	1	1
Prefer not to answer	<1	<1	-	<1	<1	<1	<1	-

Q6b. Do you identify as someone with a medical condition that weakens your body's ability to fight off infections (such as heart disease, diabetes, HIV, asthma)?
Base: Total sample

Sexual Orientation

- A larger proportion of respondents who identify as 2SLGBTQI+ report being immunocompromised (35%) compared to those who identify as heterosexual (24%).

Age

- A higher number of those aged 80+ indicate being immunocompromised relative to those aged 50-64 (29% vs 24%, respectively).

Marital Status

- Those who are separated, widowed or divorced, or who have never been married are more likely to report having a medical condition which weakens their ability to fight off infections compared to those who are married or living in a common law relationship (30%; 28%; 22%, respectively).

Language

- Anglophones are more likely to report have a medical condition which results in an impaired immune system as compared to Francophones (27% vs. 19%).

Disability Status

- Those with a disability are also more likely to also report having a medical condition which weakens their body's immune response system relative to those who do not have a disability (45% vs. 20%, respectively).

2. Access to a Family Doctor

To obtain a better understanding of respondents' ability to access medical care on a regular or as needed basis, they were asked whether or not they have a family doctor or physician – 86% do, 14% do not (see Table 4). This variable was also examined in terms of the extent to which it correlates with certain perspectives on healthy aging and is reported on in later sections, as relevant.

Table 4. ACCESS TO A FAMILY DOCTOR

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Yes	86	85	87	83	89	92	91	83
No	14	15	13	17	11	8	9	16
Prefer not to answer	<1	<1	<1	<1	-	1	<1	<1

Q22. Do you have a family doctor/physician?
Base: Total sample

Age

- The proportion having a family doctor increases with age (50-64 (83%); 65-79 (89%); 80+ (92%)).

Language

- Anglophones (89%) are more likely to report having access to a family physician, relative to Francophones (77%).

Region

- While at least three-quarters of Canadians aged 50 and older say they have access to a family doctor, access does vary across the regions. A higher proportion of those in Ontario (93%) say they have access to a family doctor, compared to those in the Prairies, Alberta and B.C. (88% in each of these regions), the Atlantic (79%) and Quebec (76%).

3. Caregiver Status

One in five respondents (20%) report being a caregiver, specifically having responsibility for the primary care of someone with a long-term health condition, physical or mental disability or problems related to aging.

Table 5. CAREGIVER STATUS

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Yes	20	17	22	23	16	16	20	20
No	80	82	78	76	84	83	80	80
Prefer not to answer	<1	<1	<1	<1	1	<1	<1	<1

Q23. Are you responsible for the primary care of someone with a long-term health condition, physical or mental disability, or problems related to aging?
Base: Total sample

Gender

- Women are more likely than men to report being a caregiver (22% vs. 17%, respectively).

Age

- Respondents aged 50-64 are more likely, as compared to those aged 65+, to say they are a primary caregiver (23% vs. 16%, respectively).

Household Composition

- Those residing with their parents (79%) are more likely to report being a caregiver, relative to others living with a partner or spouse (23%) or on their own (12%).

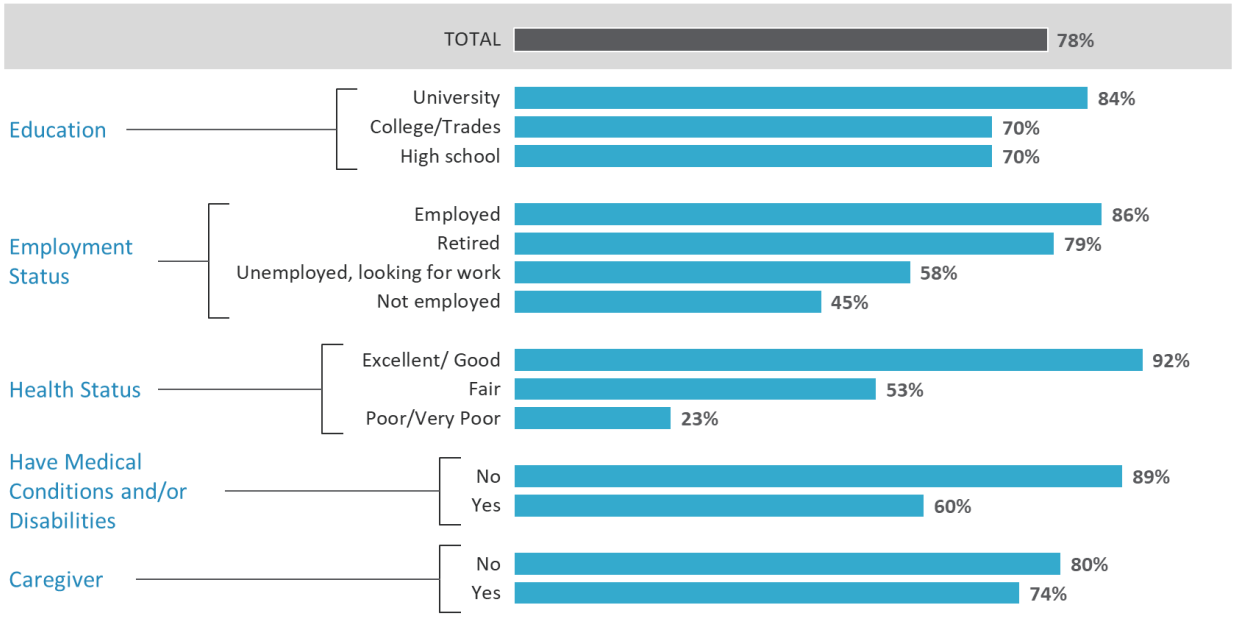
Language

- A higher percentage of Anglophones indicate they are a caregiver (83%) compared to Francophones (79%).

B. Quality of Life and Engagement in Activities

Combined, almost four in five respondents rate their overall quality of life quite positively and this is consistent by gender, across age groups, and most other demographics. Perceptions of one's quality of life vary primarily based on one's health and socio-economic status. Ratings are not as positive among those whose health status is poorer or compromised and respondents with lower incomes or who are unemployed/not in the workforce (rather than working or retired).

Figure 2. PERCEIVED OVERALL QUALITY OF LIFE (% EXCELLENT/GOOD)



1. Overall Quality of Life

Respondents offer generally favourable ratings when it comes to their current quality of life, with over half rating it as *good* (53%) and another quarter as *excellent* (25%). Just under one in five (17%) offer a more neutral rating, describing their quality of life as *fair*. Very few older Canadians (3%) feel they have a *poor* (4%) or *very poor* (1%) quality of life at present.

Table 6. PERCEIVED OVERALL QUALITY OF LIFE

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
NET - EXCELLENT/GOOD	**78**	**77**	**79**	**77**	**81**	**78**	**60**	**89**
Excellent	25	25	25	26	26	20	12	33
Good	53	53	54	51	55	58	47	56
Fair	17	18	17	18	16	19	31	10
Poor	3	3	3	4	3	3	7	1
Very Poor	1	1	1	1	<1	<1	2	<1
NET – POOR	**4**	**4**	**4**	**5**	**3**	**3**	**9**	**2**
Prefer not to answer	<1	-	<1	-	-	<1	-	<1

Q7. Overall, how would you rate your quality of life? Would you say it is ...?
Base: Total sample

Age

- Respondents who fall into the middle age category (65-79) rate their quality of life higher (81% say *good* or *excellent*) compared to those who are younger (77%).

Education

- Those who are university educated or who have been to college, or a trades program are more likely to rate their quality of life more positively compared those who highest level of educational attainment is high school (84%; 77%; 70%, respectively across the 3 groups).

Household Income

- Those with higher annual household incomes (91% - $100,000+; 83% - $60,000 to $99,999) compared to those with household incomes of less than $60,000 per year (68%).

Employment Status

- Ratings of one's overall quality of life are higher among those who are employed (86%) or retired (79%), compared to those who are unemployed and looking for work (58%) or not employed/in the workforce (45%).

Visible Minority

- A somewhat smaller proportion of those who classify as a visible minority rate their overall quality of life as *excellent/good* (72%) relative to others (79%).

Health Status

- The overall quality of life rating jumps to 92% among those who also rate their personal health status as *excellent* or *good*, compared to those whose health is fair (53%) or *poor* or *very poor* (23%).
- A higher rating of one's quality of life (i.e., *excellent/good*) is more common among those who do not have any medical conditions and/or disabilities (89%), compared to those who do (60%).
- Ratings of overall quality of life are higher for those without the responsibility of caring for someone else with a medical condition or disability (80%) versus those who are caregivers (74%).

Type of Community

- While there are no regional differences to report, respondents living in rural communities are more likely to rate their quality of life as *excellent/good* (83%) compared to those living in the city, a town/village or in remote communities (78%).

2. Quality of Life in Specific Areas

To further evaluate older Canadians' perceptions of their quality of life, respondents were asked to provide ratings in six different areas. Positive ratings (of *excellent* or *good*) are provided by over four in five respondents in regard to their relationships (87%), mental well-being (82%) and/or sense of purpose in life (80%). Fewer, but still a significant proportion, rate their physical or financial well-being as *excellent/good* (68% and 67%, respectively). Ratings drop back to with respect to perceptions of their quality of life related to participating in social/community activities (55%).

Figure 3. PERCEIVED QUALITY OF LIFE IN SPECIFIC AREAS (% EXCELLENT/GOOD)

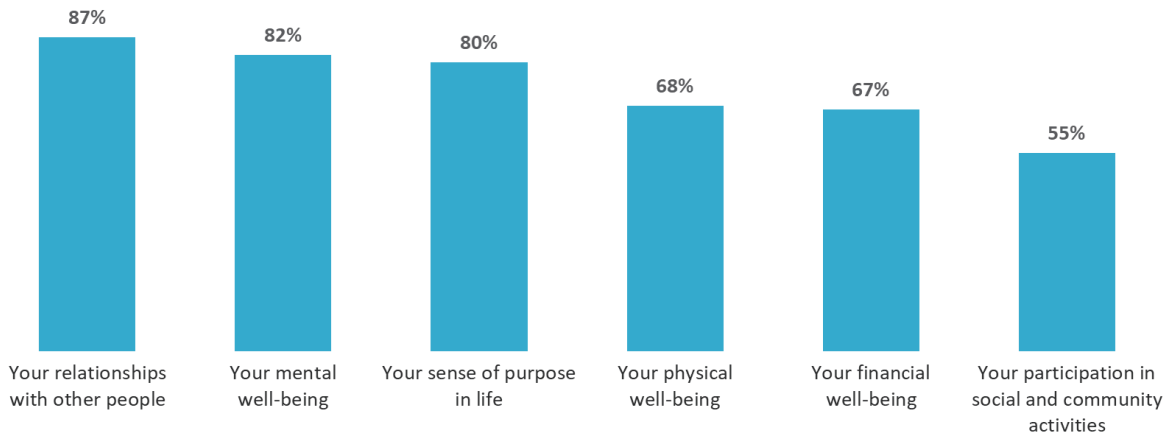


Table 7 shows the ratings for quality of life in these same areas broken out by gender, age and for those with/without a disability and/or medical condition. More detail on the demographic and regional variations are also provided below the table. Some patterns are evident, specifically that those with a medical condition or disability generally tend to rate their quality of life in each area lower compared to those without – ratings for the former group range from 41% to 79%, while ratings for the latter group range from 63% to 92%. More positive ratings also tend to be offered by respondents with a higher socio-economic status (i.e., higher annual household income, higher educational attainment, employed, and homeowners).

Table 7. PERCEIVED QUALITY OF LIFE IN SPECIFIC AREAS (% EXCELLENT/GOOD)

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Your relationships with other people	87	84	90	86	88	91	79	92
Your mental well being	82	82	81	79	84	86	71	88
Your sense of purpose in life	80	80	81	80	81	81	69	87
Your physical well being	68	69	68	68	69	69	43	82
Your financial well-being	67	67	66	65	66	72	53	74
Your participation in social and community activities	55	54	56	54	57	55	41	63

Q8A. How, would you rate your quality of life in each of the following areas ...?
Base: Total sample

Statistically significant variations in quality of life ratings across the six areas are highlighted below:

Gender

- Women (90%) rate their quality of life related to *relationships* higher than men (84%).

Age

- Those aged 65 and older are more likely to say their *mental well-being* is positive (86% - 80+; 84% - 65 to 79), relative to those aged 50 to 64 (79%). Compared to those aged 50-64, respondents aged 80+ also provide higher quality of life ratings for their *relationships with other people* (91% for 80+; 86% for 50-64). The oldest cohort rates their quality of life in the area of *financial well-being* higher compared to those aged 65-79 and 50-64 (72%; 66%; 65%, respectively).

Education

- Perceptions regarding quality of life in each of the six areas correlate positively with educational attainment. University educated respondents offer ratings ranging from 61% (participation in social/community activities) to 90% (relationships with other people), while ratings offered by those with a high school education are consistently lower and range from 47% to 85% in these same areas.

Household Income

- Those with annual household incomes of $100,000+ are more likely to provide more positive ratings in terms of their quality of life in each area (69% saying *excellent/good* for participation in social/community activities increasing to 93% for relationships with other people) compared to those with lower household incomes, specifically those with annual incomes of less than $60,000 (ranging from 44% to 81% with the lowest and highest ratings in the same areas as mentioned).

Home Ownership

- Homeowners versus those who rent are more likely to offer higher ratings for quality of life in each of the six areas evaluated. Ratings are lowest for participation in social/community activities (60% homeowners; 40% renters) and are highest for relationships with other people (90% homeowners; 79% renters).

Household Composition and Marital Status

- Those residing with a partner or spouse generally tend to offer more positive ratings of their quality of life in each area (62% to 93%) compared to those who are living alone (46% to 79%).
- The same pattern holds true for those who are married or residing in a common law relationship, compared to those who have never been married or are separated, widowed or divorced.

Visible Minority

- Those who classify as a visible minority are less likely to rate their quality of life in terms of their *financial well-being* as excellent/good (58%), compared to others (68%).

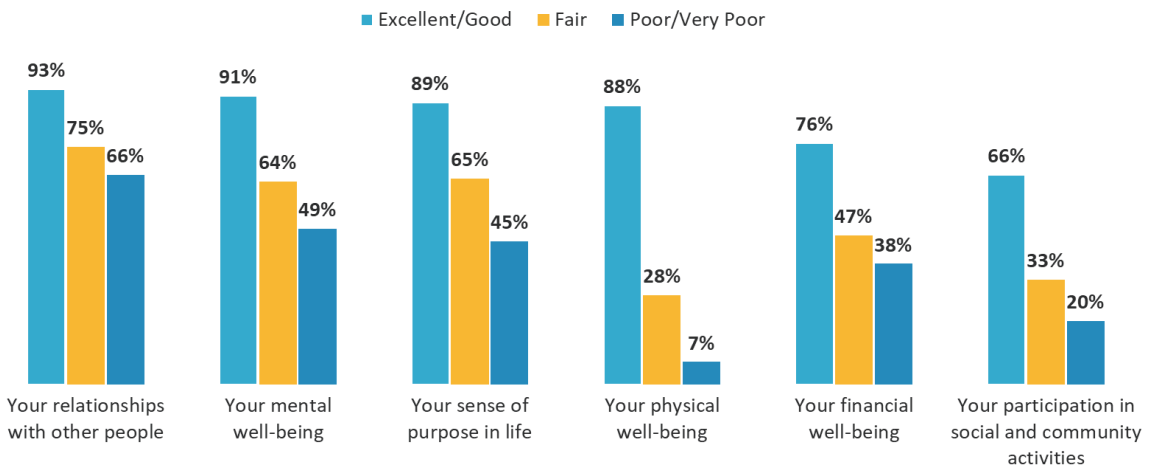
Language

- Francophones are more likely to provide more positive ratings of quality of life related to one's *mental well-being* (85%) and *sense of purpose in life* (84%), compared to Anglophones (81% and 79%, respectively).

Health Status

- There is a correlation with personal health status, as those who rate their personal health status as either excellent or good are more likely to rate their quality of life in each of these areas more positively. The difference is quite striking between those who rate their health as excellent/good and others who reported their health as fair or poor/very poor.

Figure 4. PERCEIVED QUALITY OF LIFE IN SPECIFIC AREAS, BY HEALTH STATUS (% EXCELLENT/GOOD)



- As noted earlier, those with a disability and/or medical condition generally provide lower ratings for quality of life in each of these areas compared to those without. The largest difference is a 39-point gap in terms of the rating for quality of life with respect to physical well-being. Ratings for those with a disability/medical condition are lower in all other areas as well, a difference of 13 to 22 points.

Region

- Ratings are reasonably consistent across the regions with the exception of relationships with other people. In this area, Atlantic Canadians' ratings are the most positive (94%), compared to those in other regions which range from 84% to 88%.

Type of Community

- Rural respondents are more positive when it comes to their quality of life in terms of *their relationships* (91%), *mental well-being* (87%) and *sense of purpose* (86%).

3. Level of Engagement in Various Activities

Canadians aged 50 and older are a highly engaged group, both socially and physically active on a regular basis. A much smaller percentage are regularly engaged in volunteering or in activities at local community centres.

The vast majority of older Canadians engage in social interactions with family and/or friends at least weekly (88%), with almost half saying they do so daily (48%). Other activities in which respondents engage

regularly include physical activities – 79% say they engage in activities such as swimming, walking, dancing, or gardening at least once a week – and undertaking hobbies related to their interests (70%). Fewer volunteer (23%) and/or participate in activities put on by their local community centre (20%) on a weekly basis.

Table 8. FREQUENCY OF ENGAGING IN ACTIVITIES (% AT LEAST ONCE A DAY/WEEKLY)

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Connecting with family and friends	88	85	91	87	89	90	82	92
Physical activity (swimming, walking, dance, gardening)	79	81	77	80	80	73	67	86
Hobbies or personal interests (painting, photography, birdwatching, music, taking a class)	70	69	70	70	71	68	64	73
Volunteering	23	22	24	18	28	29	19	25
Activities at a local community centre (either in-person or virtual)	20	19	21	17	22	26	17	21

Q9. How often do you engage in each of the following ... ?
Base: Total sample

Participation rates vary to some extent across key demographics and by region, as follows.

Gender

- A greater proportion of women, compared to men, say they interact on a regular basis with *friends and family* (91% vs. 85%, respectively). By contrast, men are more likely than women to say they regularly participate in *physical activity* (81% vs. 77%, respectively).

Age

- Respondents under 80 years of age are more likely to be participating in *physical activities*, compared to those 80+ (80% vs. 73%, respectively). Those aged 80+ are more likely, compared to those aged 50-64, to be regularly engaged in activities through *volunteering* (29% vs. 18%, respectively) or at their *local community centre* (26% vs. 17%, respectively).

Education

- Across all activities, university educated respondents exhibit more regular levels of engagement as compared to those whose highest level of educational attainment is high school. Levels of engagement range from 22% (involvement in *activities at a local community centre*) to 91% (*connecting with family and friends*) for those with a university education and is lower for those with a high school education (ranging from 19% (*volunteering*) to 84% (*connecting with family and friends*).

Household Income

- A similar pattern holds true based on annual household income – those with higher household earnings ($100,000+) report more regular engagement in all activities with the exception of activities via their local community centre compared to those whose annual income is less than

$60,000. The variability across income levels is lowest for *volunteering* – there is a 5-point difference between those whose annual household income is $100,000+ (24% say they participate in this type of activity at least weekly) and those whose household income is under $60,000 annually (19%). The gap widens for activities such as *physical activity* and *pursuing personal hobbies or interests* (an 11-point difference for each of these activities between the highest and lowest income cohorts).

Employment Status

- Those who are retired are more likely to engage in *hobbies or personal interests* (72%), *volunteer* (27%) and/or *participate in activities at their local community centres* (24%), compared to the average.

Household Composition and Marital Status

- Those who are married/in a common law partnership are more likely to be *connected to their family and friends* (90%), *physical active* (83%), and *volunteer* (25%), relative to those who were never married (81%, 72%, and 16% respectively) or are separated, divorced, or widowed (87%, 73%, and 22%, respectively).

Language

- A higher proportion of Anglophones participate in activities at *their community centre* (21%), relative to Francophones (15%). However, the latter are more likely to *connect with their family and friends* (91%, compared to 87% of Anglophones).

Health Status and Quality of Life

- Participation rates across all of these activities are significantly lower for those who have a medical condition and/or disability, compared to those without, ranging from 17% to 82% for the former group compared to 21% to 92% for the latter group.
- Similarly, participation rates across all activities are higher for those who rate their personal health status and quality of life as excellent or good, in addition to those who recall seeing information on healthy aging from the federal government/PHAC in the last two years.
    - For those who rate their personal health status as excellent/good, the proportion saying they engage regularly in each type of activity ranges from 26% to 91%. This compares with participation rates of between 12% and 75% for those who report their health status as poor/very poor.
    - Participation rates for those who rate their own quality of life as excellent/good range from 26% to 92%, compared to participation rates anywhere from 4% to 47% for those who rate their quality of life as poor/very poor.
    - Finally, the variability in participation rates based on recall of healthy aging information from the federal government/PHAC is modest but still significant (26%-91% for those who recall vs. 18%-87% for those who do not).

Region

- The participation rate in *activities at a local community centre* is highest in British Columbia (26%) and lowest in Central Canada relative to other parts of the country (16% Quebec; 19% Ontario).

Type of Community

- Those residing in remote (87%) and rural (82%) communities are more likely to engage regularly in *physical forms of exercise*, compared to city dwellers (79%) or those residing in a town/village (76%).

C. Outlook on Aging

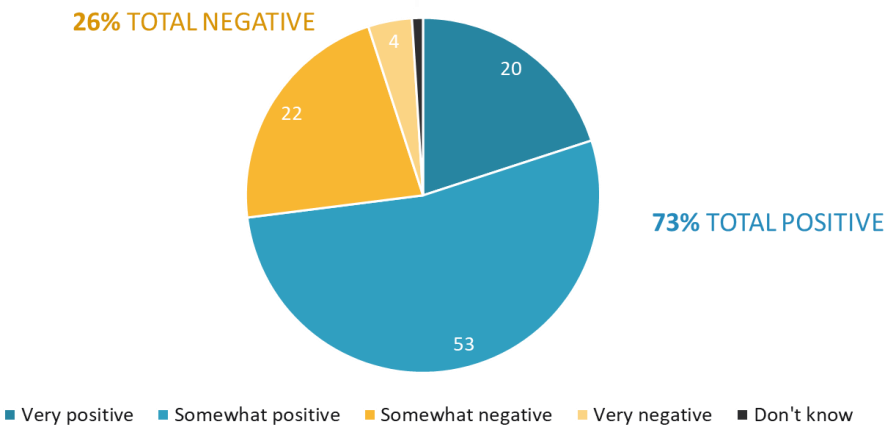
When it comes perspectives on aging, respondents generally feel positive about the prospect of getting older. However, concerns center mainly on the prospect of declining health associated with aging and their personal finances. Looking across demographic groups, characteristics of those who appear more concerned with their own (or their partner's) health declining are typically men, younger (aged 50-64), are employed, have a post-secondary educational attainment, are in a married/common law relationship, are living with their children, and do not have a medical condition or disability. Those who have greater concern about their personal finances as they age are also more likely to be younger, but also have lower household incomes (less than $60,000 annually), have children living at home, and have a medical condition or disability.

Just over half (52%) of older Canadians are retired while the other half is made up of those still in the workforce (41%) or e not in the workforce (7%). While many of those currently working intend to retire between the ages of 60 and 65, a significant proportion are not sure or indicate they have no plans to retire at any time in the future.

1. General Views on Aging

Almost three quarters (73%) of Canadians aged 50 and older feel positive either about the general prospect or their current experience with regards to aging. As per Figure 5 below, two in five (20%) hold a *very* positive view while, a larger proportion (over half of respondents) (53%) have *somewhat* positive views. Still a significant proportion, approximately one quarter of respondents (26%), have more negative views.

Figure 5. VIEWS ON THE GENERAL PROSPECT/EXPERIENCE OF AGING



Q12. How do you feel generally about the prospect [asked of respondents aged 50-64]/experience [asked of respondents aged 65 and older] of aging? Would you say that overall your feeling is …?
Base: Total sample (n=2500)

Views on aging do vary across select demographic groups including gender, age and presence of a medical condition/disability as indicated in Table 9 below.

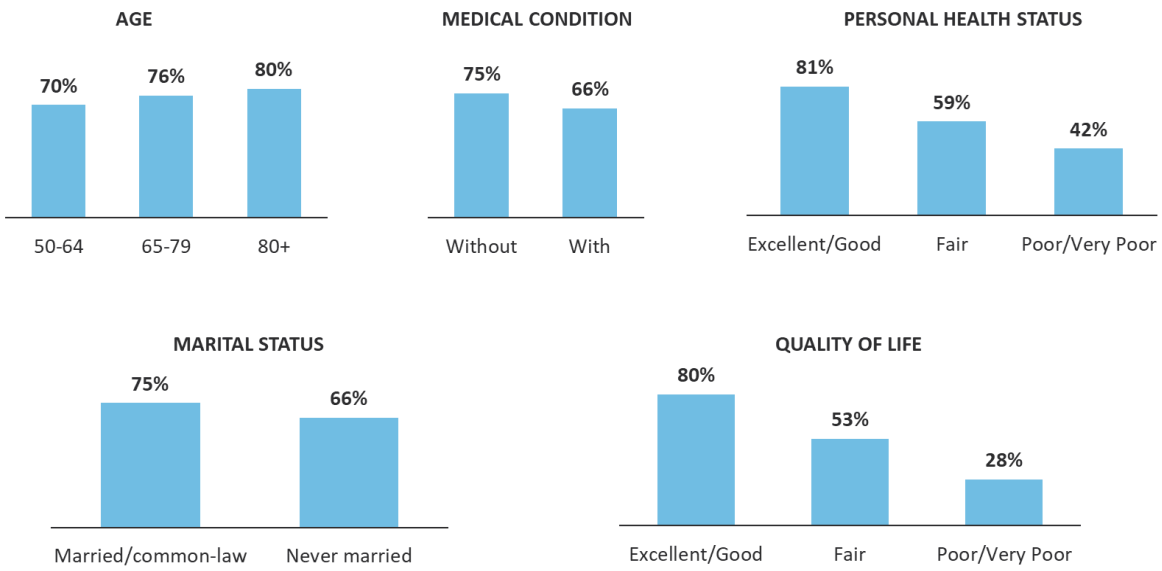
Table 9. VIEWS ON THE GENERAL PROSPECT/EXPERIENCE OF AGING

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
TOTAL – VERY/SOMEWHAT POSITIVE	**73**	**73**	**74**	**70**	**76**	**80**	**64**	**79**
Very positive	20	19	21	17	21	29	17	22
Somewhat positive	53	53	54	53	55	51	47	57
Somewhat negative	22	22	21	24	20	17	27	18
Very negative	4	4	4	5	3	2	8	2
TOTAL – VERY/SOMEWHAT NEGATIVE	**26**	**27**	**25**	**29**	**24**	**19**	**35**	**21**
Don't know/Not sure	1	1	1	1	<1	1	1	<1
Prefer not to answer	<1	<1	<1	<1	<1	<1	<1	<1

Q12. How do you feel generally about the prospect [asked of respondents aged 50-64]/experience [asked of respondents aged 65 and older] of aging? Would you say that overall your feeling is …?
Base: Total sample

Figure 6, and the accompanying narrative below, highlights some of the key demographic differences in terms of those who hold more positive views overall about aging.

Figure 6. VIEWS ON THE GENERAL PROSPECT/EXPERIENCE OF AGING BY DEMOGRAPHIC GROUPS (TOTAL % POSITIVE)



Age

- Those aged 80 and older, tend to be more positive looking back on their experience of aging (80%) as compared to those aged 65 to 79 (76%) and to those aged 50 to 64 (70%) who are anticipating the prospect of aging.

Marital Status

- Respondents who are married or living in a common law arrangement are more likely to feel positively about aging (75%) compared to those who have never married (66%).

Health Status and Quality of Life

- Views on aging are more positive among those who do not have a medical condition/disability (79%), than those who do (64%).
- Those who rate their personal health status and/or quality of life as excellent or good are more likely to view aging positively (81%; 80%), compared to those who assess it as fair (59%; 53%) or poor or very poor (42%; 28%).

Region

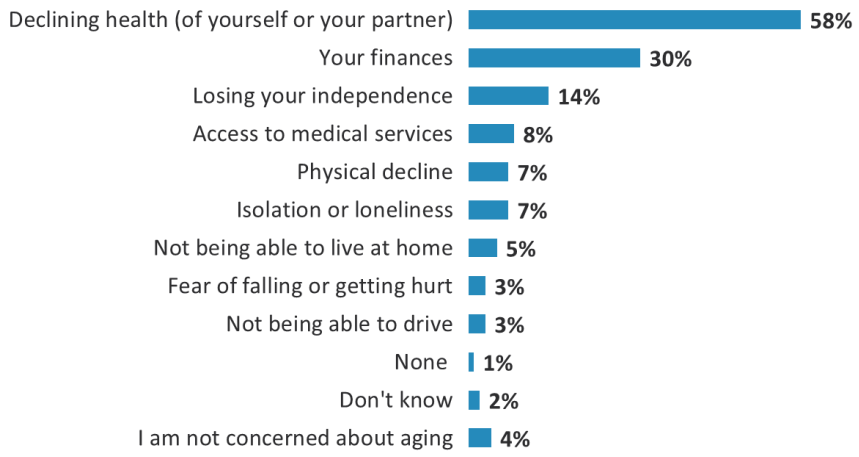
- Regionally, respondents in Alberta (77%), Quebec (75%) and Ontario (73%) are more likely to hold more positive views on aging relative to those in Atlantic Canada (66%). Those residing in Manitoba/Saskatchewan (74%) and in British Columbia/North (73%) are on par with the average.

2. Concerns about Aging

When asked in an open-ended format what two things most concern them as they age, respondents focused on two issues: declining health affecting themselves or their partners (58%) and finances (30%). Other concerns are mentioned with far less frequency, including losing their independence (14%),

accessing medical services (8%), isolation or loneliness (7%), physical decline (7%), and not being able to live at home (5%). Fear of falls or getting hurt was mentioned infrequently (3%) as was not being able to drive (3%). Other issues were mentioned by 2% or fewer respondents.

Figure 7. MAIN CONCERNS ABOUT AGING (2 MENTIONS - OPEN-END)



Q18. Many factors contribute to healthy aging. In your view, which two of the following are the most important?
Base: Total sample (n=2500)
Includes mentions 3% and above

There are some significant differences when it come's to one's concerns about aging based on the demographic characteristics, as highlighted in Table 10 below and described in the narrative that follows.

Table 10. MAIN CONCERNS ABOUT AGING (2 MENTIONS - OPEN-END)

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Declining health (of yourself or your partner)	58	62	54	61	56	48	56	59
Your finances	30	32	29	37	26	11	35	27
Losing your independence	14	12	15	12	15	15	12	14
Access to medical services	8	6	10	8	8	6	9	8
Physical decline	7	7	7	6	8	9	7	7
Isolation or loneliness	7	6	8	7	8	7	8	7
Not being able to live at home	5	4	7	4	7	9	5	5
Fear of falling or getting hurt	3	2	3	2	4	5	4	2
Not being able to drive	3	2	3	1	3	7	3	2
None	1	1	1	1	<1	2	1	1
Don`t Know	2	2	1	1	2	4	2	2
I am not concerned about aging	4	4	3	3	4	7	4	4

Q13. What 2 things are you most concerned about as you age?
Base: Total sample
Includes mentions 3% and above

Gender

- Men are more likely to cite declining health (62%) as one of their top two concerns about aging compared to women (54%). Women, on the other hand, are somewhat more likely than men to express concerns about losing their independence (15% vs. 12%, respectively) and not being able to live at home (7% vs. 4%, respectively).

Age

- A larger proportion of those aged 50 to 64 mention concerns about declining health and finances (62% and 37%, respectively), compared to their older counterparts aged 65 to 79 (56% and 26%, respectively) or those 80 years of age and older (48% and 11%, respectively).

Education

- University educated respondents (62%) and those with a college level education or having some training in the trades (58%), versus those with a high school education or less (51%), are more likely to cite declining health as one of their two main concerns.

Household Income

- Concerns about finances are expressed more frequently by respondents with household incomes under $60,000 annually (34%), relative to those with residing in households with an annual income of $100,000 or more (28%).

Employment Status

- Employed people (61%), compared to those who are retired (56%) or not employed/not in the workforce (49%); are more likely to cite declining health as one of their two main concerns.

Home Ownership Status

- Homeowners (60%), relative to renters (51%), are more likely to cite declining health as one of their two main concerns. By contrast, concerns about finances are expressed more frequently by renters (38%) than homeowners (28%).

Household Composition and Marital Status

- Those more likely to cite declining health as one of their two main concerns include:
    - Those who are married or living in a common-law partnership (63%), compared to those who have never married (53%) and those who are separated, widowed, or divorced (50%).
    - Those residing with their children (67%) and those living in a multi-generational household (which includes their parents and children) (66%), compared to those living with a partner or spouse, but no children (60%) and those living alone (49%).
- Concerns about finances are expressed more frequently by those with children living in the household (37%), compared to those living alone or with a partner/spouse, but no children (28% each).
- Concerns about losing one's independence are more likely to be cited by those living on their own (16%) versus those living in households with children under the age of 18 (10%) or cohabiting with their own parents (7%).

Visible Minority

- Concerns regarding access to medical services are higher among those who identify as Caucasian (8%), compared to those who are part of a visible minority group (3%).

Language

- Francophones, compared to Anglophones, are more likely to cite declining health (65% vs. 55%, respectively) and losing one's independence (18% vs. 12%, respectively) as one of their two main concerns. Anglophones (31%) were more likely to express concerns about finances than Francophones (27%).

Health Status and Quality of Life

- Those with a disability are more likely to cite finances (37%) as a concern compared to those who do not have a disability (29%). By contrast, those without a disability are more likely to express concerns about declining health (60% vs. 50% among those with a disability) and losing one's independence (14% vs. 10%, respectively).
- Access to medical services is cited more frequently a concern for those without access to a family doctor (13%), compared to those who have access to a family physician (7%).

Region

- Results are fairly consistent across the regions with a few exceptions. Residents of Quebec are more likely to be concerned about declining health (64%), compared to those in Ontario (56%) and British Columbia/North (50%). Quebec residents are also more likely to express concern about losing their independence (17%), relative to those residing in Ontario (13%), British Columbia/North (11%), Alberta (11%) and Manitoba/Saskatchewan (10%).
- Similarly, Canadians over age 50 who live in rural areas are more likely to cite concerns about losing their independence (18%) compared to those who reside in cities (12%). By contrast, declining health is a concern more so among urban dwellers, specifically those residing in cities across Canada (60%), compared to those in rural (53%) or remote communities (38%).

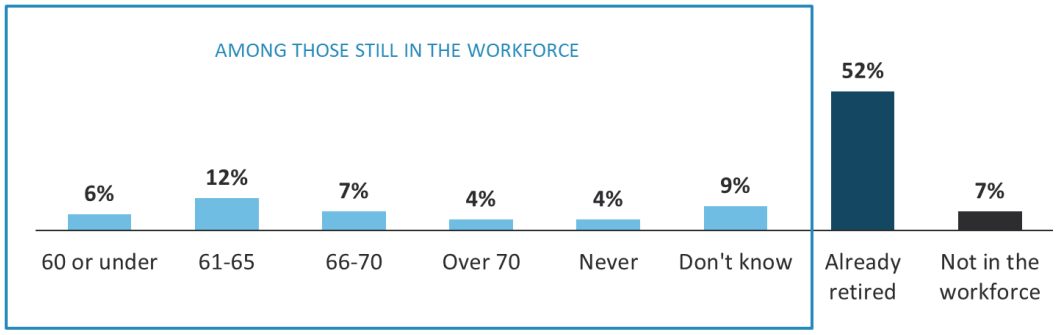
3. Anticipated Age of Retirement

Respondents were asked about their current employment status and a subsequent question, among those still in the workforce, regarding the age at which they anticipated retiring.

Of the total sample, just over half (52%) are retired. A small proportion (7%) are not in the workforce and not seeking employment.

Among the remainder, which includes all those still working either full-time or part-time, just under one in five (18%) anticipate retiring at age 65 or earlier (6% at age 60 or before; 12% between the ages of 61 and 65). Another 7% expect to retire between the ages of 66 and 70, while a small percentage (4%) anticipate retiring some time over the age of 70. Similar numbers (4%) do not expect to retire, at any age, and another 9% are uncertain about the age at which they will retire.

Figure 8. ANTICIPATED AGE OF RETIREMENT



Q11. At what age do you anticipate retiring?
Base: Total sample, including those who are retired/not in workforce at Q10

Table 11, and the text provided below, outlines a breakdown of one's anticipated retirement age across the various demographics groups analyzed in this research study.

Table 11. ANTICIPATED AGE OF RETIREMENT

	TOTAL	MALE	FEMALE	AGE 50-64	AGE 65-79*	AGE 80+*	MEDICAL COND-ITION YES	MEDICAL COND-ITION NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
60 or under	6	6	6	12	<1	-	5	7
61-65	12	13	11	22	<1	-	9	14
66-70	7	8	6	10	4	<1	6	8
Over 70	4	4	4	3	5	2	3	4
Never	4	4	3	5	3	2	3	5
Don't know/Not sure (Volunteered)	9	8	9	13	5	2	7	10
I am already retired	52	51	53	24	80	88	55	51
Not in the workforce	7	5	9	10	2	6	13	3

Q11. At what age do you anticipate retiring?
Base: Total sample, including those who are retired/not in workforce at Q10

*Responses to this question appear to indicate that a very small number of respondents may have misunderstood the question to be asking about the age they expected to retire rather than the age they anticipate retiring. Further analysis shows that this issue occurred among several respondents to the telephone survey.

Gender

- A slightly higher proportion of women indicate not being in the workforce (9%) compared to men (5%), while men are more likely than women to anticipate retiring between the ages of 66 and 70 (8% vs. 6%, respectively).

Age

- Perhaps not surprisingly, larger proportions of those aged 65 and older report being retired (88% among those aged 80 and older; 80% among those aged 65 to 79), while just under one quarter of those aged 50 to 64 (24%) say the same. While about one third (34%) of those between the ages of 50 and 64 anticipate retiring on or before age 65 (12% by age 60 or under; 22% between the ages of 61 and 65), almost one in five (18%) among this age group are either not sure when they will retire (13%) or say they do not intend on ever retiring (5%).

Education

- University educated respondents are more likely to expect to retire at age 70 or earlier (31%), compared to those with a high school education or less (17%).

Household Income

- The trends based on household income correlate with educational attainment. Those with an annual income of $100,000 or more are more likely to say they anticipate retiring on or before age 65 (36%), compared to those with a household income of $60,000 to $99,999 (17%) or those whose income is under $60,000 (10%).
- Uncertainty about their anticipated date of retirement is more likely to be expressed by higher income households – those with an annual income of $100,000 (12%) – compared to those with a household income of $60,000 to $99,999 (8%) and those whose income is under $60,000 (7%).

Household Composition and Marital Status

- Uncertainty about their anticipated date of retirement is more likely to be expressed by those living in households with children under the age of 18 (19%), relative to those with children in the household who are over 18 years of age (10%), those who live with a partner or spouse but no children (9%) and those living alone (8%).

Visible Minority

- Visible minority groups are more likely to say they anticipate retiring between the age of 61-65 (22%), compared to others (11%).

Language

- Francophones (13%), compared to Anglophones (7%), are more likely to express more uncertainty about their anticipated date of retirement.

Health Status and Quality of Life

- Compared to those without, those who do report having a disability and/or medical condition are more likely to be retired (55% vs. 51%) or to say they are not in the workforce (13% vs. 3%).

Region

- A slightly higher proportion of respondents in Quebec are expecting to retire between the ages of 61 and 65 (16%), compared to those in Ontario (11%), Alberta (10%), the Atlantic region (10%), BC/North (9%), and Manitoba/Saskatchewan (9%). Quebec-based respondents are also more likely to express uncertainty about the date of their retirement (14%), compared to those in other parts of the country – Manitoba/Saskatchewan (8%), Alberta (8%), Ontario (8%), BC/North (5%) and the Atlantic region (3%).

D. Views on Healthy Aging

The World Health Organization defines healthy aging as the following:

Healthy ageing is the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to:

- *Meet their basic needs;*
- *Learn, grow and make decision;*
- *Be mobile;*
- *Build and maintain relationships; and*
- *Contribute to society.*[1]

They further define functional ability as consisting of the intrinsic capacity of an individual (meaning mental and physical capacities) as well as relevant environmental characteristics (meaning environments such as home, community and broader society), and the interaction between these two.

Respondents were asked a short series of questions to gauge their top-of-mind perspectives on the concept of healthy aging, specifically key associations with the term, and what they believe to be the primary enablers of healthy aging. Overwhelmingly, healthy aging is associated with the ability to remain active, self-sufficient and independent into one's senior years. Respondents are focused primarily on ensuring their physical and mental well-being as well as cognitive performance, while they are less inclined to strongly associate healthy aging with making a societal contribution, being valued, socially connected or continuous learning. Although many respondents view aging at home as being clearly linked to the concept of healthy aging, the connection between the two is more strongly felt among the older age cohort (those aged 65+) and among Francophones relative to Anglophones. The degree to which respondents associate various abilities with healthy aging also varies quite dramatically based on one's self-assessed health status and perceived quality of life, and specifically whether one is disabled or has a medical condition. Those with a disability and/or medical condition are, for example, much less likely to strongly associate healthy aging with being active and mobile.

1. Key Associations with the Term 'Healthy Aging'

Prior to providing respondents with a brief definition of healthy aging, they were asked how much they associate healthy aging with a range of elements (10 in total), using a scale of *a lot*, *somewhat*, *not very much* or *not at all*. As shown in the two charts below, respondents associate the term healthy aging with a variety of abilities that are factors of their individual capacity and characteristics, as well as the wider environment.

Based on the proportion of respondents who responded *a lot* on this question, over three-quarters strongly associate healthy aging with the various abilities or competencies which support the goal of remaining self-sufficient, including:

- Being able to age at home (78% *a lot*);

[1] Healthy ageing and functional ability, World Health Organization, Oct. 26, 2020 (https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability).

- Being independent (77%);
- Mental and physical well-being (79%);
- Being active and mobile (76%); and
- Cognitive/brain health (79%).

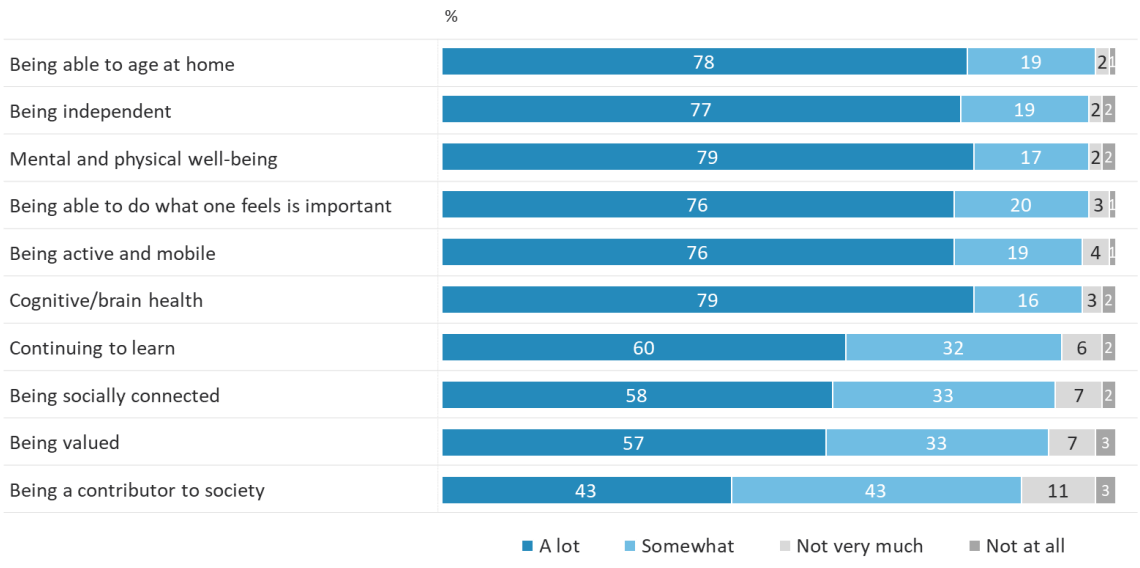
The ability to do what one feels is important is also strongly associated with the process of healthy aging (76%).

By comparison, certain aspects related to individual growth, social interactions, and how one is perceived by others are less strongly associated with the process of healthy aging. About six in ten closely associate healthy aging with:

- Continuing to learn (60% *a lot*);
- Being socially connected (58%); and
- Being valued (57%).

The strength of association declines further when it comes to being a contributor to society, with just over two in five seeing this as closely linked to the process of healthy aging (43%).

Figure 9. ASSOCIATIONS WITH THE TERM 'HEALTHY AGING'



Q14. How much do you associate the term 'healthy aging' with each of the following?
Base: Total sample (n=2500), re-proportioned to exclude DK/NA responses

Table 12, below, shows a further break-out across select demographic sub-groups for those who strongly associate each of the above-noted aspects with healthy aging (i.e., % saying they associate each of the 10 elements *a lot* with healthy aging).

Table 12. ASSOCIATIONS WITH THE TERM HEALTHY AGING (% SAYING 'A LOT')

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Mental and physical well-being	79	76	81	80	79	74	70	84
Cognitive/brain health	79	76	81	80	78	77	71	83
Being able to age at home	78	77	79	74	82	81	74	79
Being independent	78	74	80	76	80	79	71	81
Being active and mobile	76	75	76	76	77	70	64	82
Being able to do what one feels is important	76	74	77	77	77	66	68	80
Continuing to learn	60	54	65	60	61	56	57	61
Being socially connected	58	50	65	59	59	56	50	63
Being valued	58	48	66	57	58	55	53	60
Being a contributor to society	43	38	47	43	44	36	37	46

Q14. How much do you associate the term 'healthy aging' with each of the following?
Base: Total sample

Gender

- Women are generally more likely than men to strongly associate healthy aging with all of the factors with two key exceptions – being active/mobile and being able to age at home.

Age

- Those between the ages of 50 and 79 more likely to strongly associate (i.e., % saying *a lot*) each of the following with healthy aging, compared to those aged 80+:
  - Mental and physical well-being (80% for those aged 50-64; 74% for those 80+);
  - Being able to do what one feels is important (77%; 66%);
  - Being active or mobile (76%; 70%); and
  - Being a contributor to society (43%; 36%).
- By contrast, respondents aged 65 and older are more likely to associate healthy aging *a lot* with being able to age at home relative to those between 50 and 64 years of age (74% for those 50-64; 82% for those 65-79; 81% for those 80+).

Education

- University-educated respondents are, in almost all cases, more likely to strongly associate each of the above-noted aspects with healthy aging, relative to those whose highest level of educational attainment is high school. The exception is the aspect of being valued, where there is no difference. Where there are differences, they range anywhere from 5 to 15 points, with the largest differences as follows: mental and physical well-being (84% of university educated respondents saying *a lot* vs. 69% of those with a high school education), cognitive/brain health (84% vs. 70%), and being active and mobile (81% vs. 66%).

Household Income

- Household income correlates to some extent with educational attainment. Those with annual household incomes of $100,000+ are more likely to associate each of the following *a lot* with healthy aging, relative to those with an annual household income under $60,000:
    - Cognitive or brain health (87% vs. 73%);
    - Mental and physical well-being (86% vs. 74%);
    - Being able to do what one feels is important (83% vs. 72%);
    - Being active and mobile (83% vs. 70%);
    - Being independent (82% vs. 76%); and
    - Being socially connected (63% vs. 55%).

Language

- Relative to Anglophones, Francophones are more likely to strongly associate all of the aspects tested with the term healthy aging. The gap ranges between 6 and 16 points depending on the aspect with the largest differences evident for the following: being socially connected (70% of Francophones say *a lot* vs. 54% of Anglophones), being able to age at home (88% vs. 74%) and continuing to learn (71% vs. 56%).

Health Status and Quality of Life

- Across the board, those who report having a medical condition and/or a disability are less likely to strongly associate each of the aspects with the term healthy aging compared to others. While these differences are statistically significant in all cases, the largest gap (18-point difference) relates to the aspect of being active and mobile – those with a medical condition and/or a disability (64%) are much less likely to say they associate this *a lot* with healthy aging compared to others (82%).
- Those who assess their own health status and/or their quality of life as *excellent or good* are, in all cases, more likely to strongly associate each of these aspects with healthy aging, compared to those who assess themselves as *poor or very poor* in this regard. The spread varies from 4 to 18 points, depending on the aspect. For example, the proportion of those who strongly associate being a contributor to society with healthy aging is much higher among those who rate their health status and/or quality of life as *good/excellent* but drops by about 18 to 19 points among those who give a rating of *poor/very poor* on these measures.

Region

- Differences across the regions are minimal, although those living in BC/North (94%) are more likely to strongly associate being socially connected as an aspect of healthy aging, compared to residents of Ontario (90% saying *a lot*), the Atlantic region (88%), and Manitoba/Saskatchewan (86%). Those residing in Alberta (90%) are more likely to strongly associate being a contributor to society with healthy aging, compared to residents of Ontario (84%), Manitoba/Saskatchewan (82%), and the Atlantic (82%).

2. Other Associations with the Term 'Healthy Aging'

All respondents were given an opportunity, on an unprompted basis, to offer additional suggestions in terms of anything else they associated with healthy aging. Most (55%) did not have anything else to add. Among those who provided suggestions, responses were quite varied with under one in ten commenting that they associate healthy aging with generally staying healthy and caring for oneself (7%) and staying

engaged whether that is through hobbies and interests (7%) or via social and family connections (7%). A very small percentage of respondents associate healthy aging with financial stability (4%), a positive mental outlook (4%), the ability to access medical services (4%) and general self-sufficiency or independence (4%). Other responses were offered, but only by 2% or fewer respondents.

Additional analysis by demographic sub-groups is limited given the small cell sizes in terms of the various responses offered.

Table 13. ADDITIONAL ASSOCIATIONS WITH HEALTHY AGING (OPEN-END)

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2477	1167	1310	1285	897	296	880	1587
	%	%	%	%	%	%	%	%
Take care of yourself/Staying healthy/Diet/Mentally astute	7	8	7	7	8	8	7	8
Active/Hobbies/Doing stuff for yourself	7	7	7	6	8	9	7	7
Social life/Community/Friends and family	7	5	9	6	8	12	8	7
Financial Stability/Independence	4	4	5	5	4	4	5	4
Good outlook/Positive mentality/Happy	4	4	4	3	4	9	4	4
Able to access medical help/Able to deal with medical concerns	4	4	4	4	4	3	4	3
Independence/Agency	4	3	4	3	4	5	4	4
Have support	2	1	3	2	2	2	2	2
Being a positive role model/Contribute to society/Valued by people	1	1	2	1	2	1	1	1
Live in your own home	1	<1	1	<1	1	2	1	<1
Not concerned about death/aging	1	1	1	<1	1	1	<1	1
No, there is nothing else I associate with healthy aging / None*	**55**	**59**	**51**	**59**	**53**	**42**	**53**	**56**
Other (including <1% mentions)	4	3	4	3	4	7	4	3
Don't Know	6	6	6	6	5	7	6	6

Q15. Is there anything else that you associate with 'healthy aging?'
Base: Total sample who answered the open end.

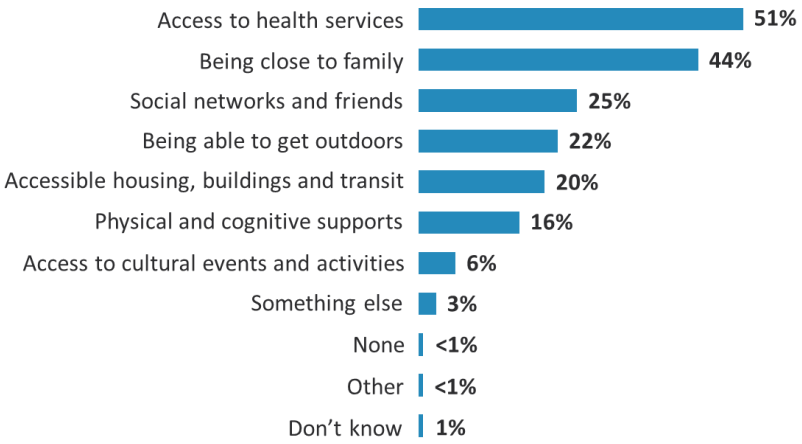
3. Enablers of Healthy Aging

There are a number of factors which contribute to one's ability to age in a healthy way. These include social and family connections as well as community-based infrastructure and access to services that help to maintain and improve physical, mental and social health, promote independence and quality of life as one ages.

Respondents were read (or shown in the case of the online survey) a select list of factors which enable healthy aging and asked which **two** they felt were most important. They were also prompted to provide responses in addition to those read or shown to them if they felt the list provided excluded other factors which they deemed to be important to healthy aging.

As shown in Figure 10 below, just over half identify access to health services (51%) as one of the two most important factors contributing to healthy aging, followed by being close to family (44%). Between one in five and one in four respondents identify social networks and friends (25%), being able to get outdoors (22%), and accessible housing, buildings and transit (20%) among their top two choices. Physical and cognitive supports is identified as a 'top two' factor enabling healthy aging by just over one in ten (16%), while access to cultural events is identified by relatively few respondents (6%).

Figure 10. FACTORS CONTRIBUTING TO HEALTHY AGING



Q18. Many factors contribute to healthy aging. In your view, which two of the following are the most important?
Base: Total sample (n=2500)

There are several variations of note in responses to this question as shown in Table 14 and described in the analysis below.

Table 14. TOP TWO FACTORS CONTRIBUTING TO HEALTHY AGING

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Access to health services	51	52	51	52	52	48	52	51
Being close to family	44	40	48	43	43	51	42	45
Social networks and friends	25	25	26	25	26	24	23	27
Being able to get outdoors	22	25	19	19	26	23	21	22
Accessible housing, buildings and transit	20	19	21	22	18	17	24	18
Physical and cognitive supports like educational and exercise programs	16	17	16	19	15	11	15	17
Access to cultural events and activities	6	6	6	6	5	6	5	6
Something else (includes mentions <1%)	3	4	3	3	4	4	4	3

None	<1	<1	<1	<1	<1	-	1	<1
Other	<1	<1	<1	<1	<1	1	<1	<1
Don't Know	1	1	1	1	1	2	1	1

Q18. Many factors contribute to healthy aging. In your view, which two of the following are the most important? Is it ...?
Base: Total sample

Gender

- Women are more likely than men to cite being close to family as important (48% vs. 40%, respectively), while men are more likely than women to say the ability to get outdoors (25% vs. 19%, respectively) is an important factor.

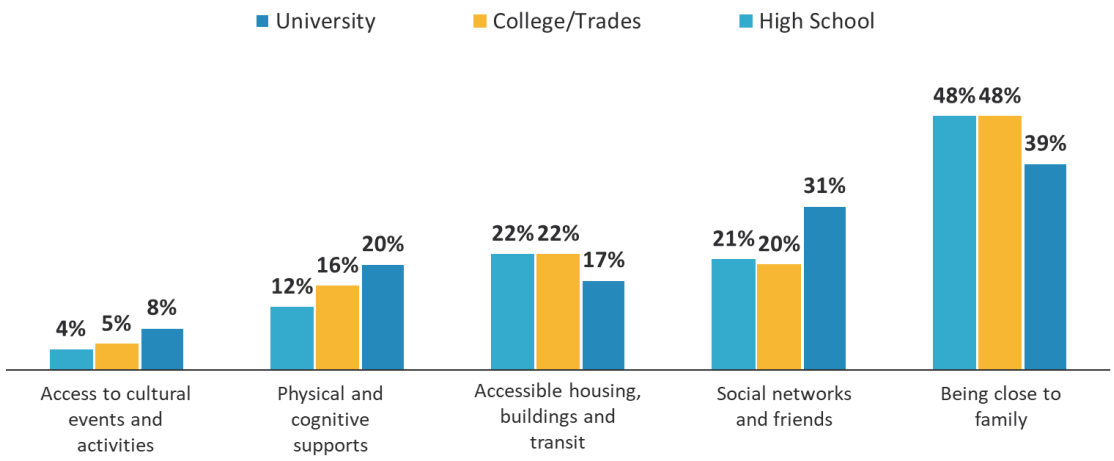
Age

- Those aged 80+ (51%) are more likely to view being close to family as an important enabler of healthy aging, relative to those between the ages of 50 and 79 (43%). By contrast, respondents aged 50 to 64 place greater importance on accessible housing, buildings and transit (22%), compared to those aged 65 to 79 (18%) and those who are 80+ (17%). The younger cohort (aged 50-64) also places more importance on physical and cognitive supports like educational and exercise programs (19%), relative to those in the two older age groups (15%), and on exercise programs (19% versus 15% for those aged 65 to 79 years of age, and 11% for those aged 80+).

Education

- University educated respondents are more likely than those with a college/trades or high school education to prioritize social networks (31%; 20%; 21%, respectively), physical and cognitive supports (20%; 15%; 11%), and access to cultural events/activities (8%; 5%; 4%) as factors that contribute to healthy aging. High school educated respondents and those with some college education or trades certification are more likely, compared to those with a university education, to place importance on being close to family (48% vs. 39%) and accessible housing, buildings and transit (22% vs. 17%).

Figure 11. TOP TWO FACTORS CONTRIBUTING TO HEALTHY AGING - STATISTICALLY SIGNIFICANT DIFFERENCES BY EDUCATIONAL ATTAINMENT



Q18. Many factors contribute to healthy aging. In your view, which two of the following are the most important?
Base: Total sample (n=2500)

Household Income

- Accessible housing, buildings and transit is more likely to be viewed as an important factor for healthy aging among those with an annual household income under $60,000 (24%) compared to those whose income is $60,000 to $100,000 (19%) and those with an income over $100,000 (16%). By contrast, those with higher household incomes are more likely to prioritize access to health services as a key enabler of healthy aging (55% for those with an income over $100,000; 47% for those under $60,000), along with social networks and friends (30%; 23%) and physical and cognitive supports (20%; 14%).

Employment Status

- In line with the trends for higher household income and educational attainment, physical and cognitive supports are more likely to be identified among the top two enablers of healthy aging by respondents who are employed (20%), relative to those who are retired (14%), or unemployed but looking for work (9%).

Visible Minority

- Based on responses to a question regarding ethnicity, respondents who identified as non-Caucasian or a visible minority in terms of their race are more likely to include being close to family as one of the top 2 factors they believe contribute to healthy aging, compared to others (55% vs. 43%).

Language

- Anglophones are more likely than Francophones to include social networks and friends (27% vs. 21%, respectively) and physical and cognitive supports (18% vs. 13%, respectively) among their top

two selections. Francophones, by contrast, are more likely to select access to cultural events and activities (8%) compared to Anglophones (5%).

Health Status and Quality of Life

- Accessible housing, buildings and transit is more important to those with a medical condition and/or disability (24%) compared to others (18%).
- Accessible housing, buildings and transit are more likely to be cited among the top two factors enabling healthy aging by those who rate their personal health status and/or quality of life as *poor/very poor* (27%; 33%), compared to those who rate themselves on either or both of these measures as *good/excellent* (18%; 19%). By contrast, social networks and friends are prioritized with greater frequency among those who rate themselves on these measures as *good/excellent* (27% for each measure) relative to those who assessed themselves as *poor/very poor* (23%; 18%).

Region

- Results do not vary considerably across the regions, although Ontarians are more likely to include physical and cognitive supports among the top two factors they believe contribute to healthy aging (19%) compared to those in Quebec (13%).

E. Age-Friendly Communities

Respondents were asked several questions regarding the extent to which they view their community as age-friendly, and to assess the availability of and access to various services and features within their community which support healthy aging. Responses to these questions illuminate where there are perceived gaps and/or barriers to healthy aging at the community level.

1. Perceptions Regarding Age-Friendliness of Canadian Communities

Most respondents view their community as age-friendly (84%), with one-third describing their community as *very age-friendly* (33%) and just over half describing it as at least *somewhat age-friendly* (51%). Just over one in ten feel their community is not particularly age-friendly (15%), describing it as *not very age-friendly* (12%) or *not age-friendly at all* (2%).

Table 15. PERCEIVED AGE-FRIENDLINESS OF RESPONDENT'S COMMUNITY

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
TOTAL – VERY/SOMEWHAT AGE-FRIENDLY	**84**	**84**	**83**	**80**	**88**	**87**	**82**	**85**
Very age-friendly	33	32	33	28	35	46	32	33
Somewhat age-friendly	51	52	50	52	53	41	50	52
Not very age-friendly	12	12	12	15	9	10	13	12
Not age-friendly at all	2	2	3	3	2	1	4	2
TOTAL - NOT VERY/NOT AT ALL AGE-FRIENDLY	**15**	**14**	**15**	**18**	**12**	**10**	**17**	**14**
Don't know	2	2	2	2	1	3	2	1

Q16. Healthy aging is about developing and maintaining the physical and cognitive abilities that enable wellbeing as one ages. It is supported by environments that allow people to do what they value as they age. Overall, would you describe the community in which you currently live as being ...?
Base: Total sample (n=2500)

Across all regions and demographic sub-groups, a majority of respondents rate their community as age-friendly. There are very few variations of note, other than those mentioned below.

Age

- Respondents in the two older age cohorts – aged 65 to 79, and 80+ – are more likely describe their community as very/somewhat age-friendly (88% and 87%, respectively) relative to those aged 50 to 64 (80%). Moreover, older respondents (80+) are the most likely to rate their community most positively with just under half describing it as very age-friendly (46%), compared to those aged 65 to 79 (35%) and those aged 50 to 64 (28%). A slightly higher proportion of those aged 50 to 64 rate their community as not very/not at all age-friendly (18%) relative to those who are 80+ (10%), although results are positive overall across all age groups on this measure.

Home Ownership Status

- A higher proportion of homeowners versus renters describe their community as age-friendly (86% vs. 77%, respectively).

Language

- Anglophones are more likely to describe their community as age-friendly (87%), compared to Francophones (74%).

Health Status and Quality of Life

- Perceptions of the age-friendliness of one's community is positively correlated with perceptions of one's personal health status and quality of life. Those who rate their quality of life as *excellent/good* (86%) are more likely to describe their community as age-friendly, compared to those who rate themselves as *fair* (78%) or *poor/very poor* (76%) on this measure. Similarly, respondents whose self-assess their quality of life as *excellent/good* (87%) are more inclined to say their community is age-friendly, compared to those whose quality of life is *fair* (75%) or *poor/very poor* (61%).

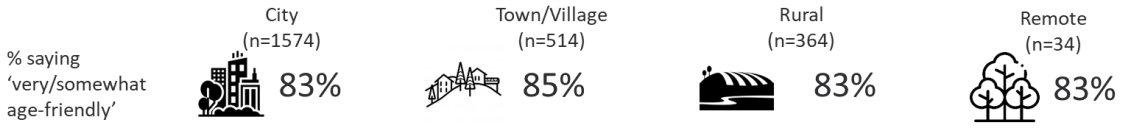
Region

- Paralleling the trend for language, respondents in Quebec are less likely to describe their community as age-friendly (73%), compared to those in other provinces and regions (ranging from 86% to 89%). In fact, about one in four respondents in Quebec (25%) say their community is not age-friendly, compared to about one in ten in other provinces and regions of the country.

Figure 12. % RATING THEIR COMMUNITY AS VERY/SOMEWHAT AGE FRIENDLY, BY REGION

PERCEIVED AGE-FRIENDLINESS OF COMMUNITIES, BY REGION AND BY TYPE OF COMMUNITY

	REGION					
TOTAL	Atlantic	Quebec	Ontario	Man./ Sask.	Alberta	BC/ North
n=2500	197	626	950	148	241	337
%						
TOTAL – VERY/SOMEWHAT AGE-FRIENDLY	**88**	**73**	**86**	**88**	**88**	**89**
Very age-friendly	44	19	32	42	38	45
Somewhat age-friendly	44	55	54	46	50	44
Not very age-friendly	8	23	9	11	7	8
Not age-friendly at all	2	2	3	1	4	3
TOTAL – NOT VERY/AT ALL AGE-FRIENDLY	**10**	**25**	**12**	**11**	**11**	**10**
Don't know	2	1	2	1	1	1



2. Ratings of Communities on Features which Support Healthy Aging

To further evaluate the perceived age-friendliness of communities across Canada, respondents were asked to provide ratings of their community in 11 areas related to aspects of community services, infrastructure, employment and volunteer opportunities, among others. Most respondents tend to offer a rating of *good* or *fair* on many of the features evaluated.

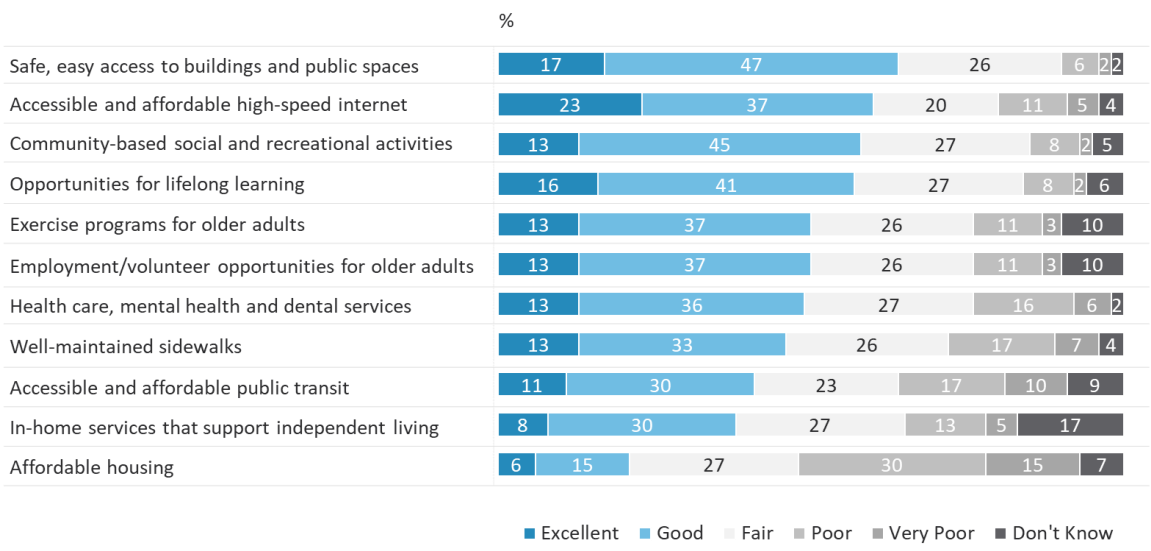
When examining only that proportion of respondents who provide the highest rating – a rating of *good* or *excellent* – it is clear that the features fall into at least three categories or tiers based on these ratings (see Figure 13 below):

Communities receive high ratings (i.e., more than half offer a rating of *good* or *excellent*) for being safe and providing easy access to buildings and public spaces (64%), having accessible and affordable high-speed internet (60%), community-based social and recreational activities and events (58%), and opportunities for lifelong learning (57%).

The ratings of communities drop slightly (to between 4 and 5 in ten respondents saying *good/excellent*) for exercise programs for older adults (50%), employment and volunteer opportunities for older adults (50%), although it is notable that one in ten respondents express some uncertainty in assessing their community on these features. Similar numbers rate their community as good or excellent with respect to access to health care, mental health and dental care services (49%), well-maintained sidewalks (46%) and accessible and affordable transit (41%).

Lower ratings are obtained regarding in-home services that support independent living (38%), with 17% saying they are unsure how to rate their community on this feature. The lowest rating is with respect to affordable housing where just one in five (21%) evaluate their community as *good or excellent*.

Figure 13. COMMUNITY RATINGS ON FEATURES THAT SUPPORT HEALTHY AGING



Q17. How would you rate your community on the following which support healthy aging?
Base: Total sample (n=2500)

Table 16 highlights select demographic variations on this question, followed by additional detailed analysis across the wider range of demographic and regional variables.

Table 16. COMMUNITY RATINGS ON FEATURES THAT SUPPORT HEALTHY AGING (% SAYING 'GOOD/EXCELLENT')

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Safe, easy to access buildings and public spaces	64	67	62	58	70	71	58	68
Accessible and affordable high-speed Internet	60	64	56	56	65	62	56	62
Community-based social and recreational activities and events	58	60	56	56	59	63	52	61
Opportunities for lifelong learning	57	58	56	56	57	61	52	59
Exercise programs for older adults	50	50	51	49	51	54	44	54
Employment and volunteer opportunities for older adults	50	51	49	50	51	45	43	54
Health care, mental health and dental care services	49	52	45	43	50	65	46	50

Well-maintained sidewalks	46	48	43	42	48	54	43	47
Accessible and affordable public transit	41	43	38	40	40	45	39	41
In-home services that support independent living	38	41	35	36	37	47	38	38
Affordable housing	21	23	19	17	23	32	20	22

Q17. How would you rate your community on the following, which support healthy aging?
Base: Total sample

Gender

- Based on the percentage of those giving a rating of *'good/excellent'*, men offer higher ratings of their community on many of the features assessed compared to women (anywhere from 4 to 8 points higher), including:
    - Safe, easy to access buildings and public spaces (67% vs. 62%);
    - Accessible and affordable high-speed Internet (64% vs. 56%);
    - Health care, mental health, and dental care services (52% vs. 45%);
    - Well-maintained sidewalks (48% vs. 43%);
    - Affordable/accessible public transit (43% vs. 38%);
    - In-home services that support independent living (41% vs. 35%); and
    - Affordable housing (23% vs. 19%).

Education

- Respondents with a high school education are more likely to offer higher ratings (i.e., *good or excellent*) of their community on in-home services that support independent living and affordable housing (46% and 26%, respectively), relative to those with a university education (34% and 19%, respectively).

Household Income

- A similar pattern holds based on household income – those with an annual household income below $60,000 are more likely to offer higher ratings on these same two measures (42% and 24%, respectively), compared to others with incomes of $60,000-$100,000 (35% and 19%, respectively), and those with household incomes of $100,000 or more (32% and 17%, respectively).

Home Ownership Status

- Homeowners, relative to renters, are more likely to rate their community highly on providing safe, easy access to buildings and public spaces (66% saying *good/excellent* vs. 59%, respectively), accessible and affordable internet (61% vs. 56%), community-based social and recreational activities and events (60% vs. 54%), exercise programs for older adults (52% vs. 45%), and employment and volunteer opportunities for older adults (52% vs. 43%).

Household Composition and Marital Status

- Respondents who live alone (41%) are more likely to provide higher ratings of their community on in-home services supporting independent living, compared to those who reside with a partner or spouse (35%).

Visible Minority

- Visible minority groups are more likely to rate their community highly on accessible and affordable public transit, compared to others (54% vs. 40%). By contrast this group is less likely to rate their community highly on safe, easy access to buildings and public spaces (55% vs. 66%).

Language

- Francophones, relative to Anglophones, are more likely to rate their community higher on opportunities for lifelong learning (64% vs. 55%, respectively) and affordable housing (26% vs. 20%, respectively). By contrast, Anglophones are more likely, as compared to Francophones, to offer higher ratings of their community on the following: safe, easy to access buildings and public spaces (66% vs. 58%, respectively), health care, mental health and dental care services (50% vs. 43%), well-maintained sidewalks (48% vs. 39%) and accessible, affordable public transit (43% vs. 34%).

Health Status and Quality of Life

- Respondents who rate their personal health status and/or quality of life as *excellent* or *good* tend to provide much more positive ratings of their community on all of the factors examined compared to those who rate themselves as *fair* or *poor*/*very poor* on these two measures. The gap or difference in ratings ranges from 5 to 37 points. Larger differences are associated with features such as employment and volunteer opportunities for older adults, as well as community-based social and recreational activities, opportunities for lifelong learning and safe, easy to access buildings and public spaces.
- Those respondents who have a family doctor are more likely than those without one to rate their community highly on exercise programs for older adults (52% vs. 44%), health care, mental health and dental care services (51% vs. 34%), accessible and affordable public transit (42% vs. 33%), and on in-home services that support independent living (39% vs. 31%).

Table 17. COMMUNITY RATINGS ON FEATURES THAT SUPPORT HEALTHY AGING, BY SELF-REPORTED HEALTH STATUS AND QUALITY OF LIFE (% SAYING 'GOOD/EXCELLENT')

		Personal Health Status		Quality of Life	
	TOTAL	Excellent/ Good	Poor/Very Poor	Excellent/ Good	Poor/Very Poor
n=	2500	1761	175	1959	103
	%	%	%	%	%
Safe, easy to access buildings and public spaces	64	69	43	69	35
Accessible and affordable high-speed Internet	60	64	45	64	40
Community-based social and recreational activities and events	58	63	38	64	27
Opportunities for lifelong learning	57	61	36	61	24
Exercise programs for older adults	50	56	29	56	22
Employment and volunteer opportunities for older adults	50	55	24	56	19
Health care, mental health and dental care services	49	52	36	52	27
Well-maintained sidewalks	46	48	38	48	24
Accessible and affordable public transit	41	43	33	42	32
In-home services that support independent living	38	40	30	39	22
Affordable housing	21	23	17	23	8

Q17. How would you rate your community on the following, which support healthy aging?
Base: Total sample

Region

- Residents of Quebec (64%) offer higher ratings of their communities on opportunities for lifelong learning, relative to those in Alberta (59%), Ontario (53%), and the Atlantic region (48%). They also offer higher ratings on employment and volunteer opportunities for older adults, compared to those in Ontario and Manitoba/Saskatchewan (57%; 47%; 39%, respectively). Albertans (59%) offer the highest ratings for health care, mental health and dental care service in their communities relative to those in BC/North, Quebec, and Atlantic Canada (48%; 42%; 37%, respectively). Those in BC/North (52%) are more likely to rate their communities higher on accessible and affordable public transit, compared to those in other regions where the ratings range from 25% in Atlantic Canada to 44% in Ontario. Similarly, those in BC/North (68%) also offer the highest ratings of their communities for community-based social and recreational activities and events, while ratings vary from 51% in Atlantic Canada to 58% in Ontario and Alberta.

Type of Community

- On balance, those living in cities and towns/villages offer higher ratings of their communities on many of the features evaluated compared to those residing in rural and remote areas. A closer examination of significant differences by type of community indicates that those residing in towns/villages are more likely than those in cities, rural and remote areas to rate their community more highly in two areas in particular:
    - In-home services that support independent living (43% among those living in towns/villages; 38% among those living in cities; 32% among those in rural communities; 21% among those in remote areas); and
    - Community-based social and recreational activities and events (64% among those living in towns/villages; 58% among those living in cities; 53% among those in rural communities; 37% among those in remote areas).

F. Communicating on the Topic of Healthy Aging

Respondents are interested in receiving more information on the topic of healthy aging, specifically information related to aging at home and maintaining physical and cognitive health as one ages. However, only one quarter recall having seen anything related to healthy aging from the Government of Canada in recent years.

Medical professionals are viewed as key to delivering this type of information, although allied health professionals such as pharmacists, the Public Health Agency and Health Canada, as well as experts on the topic also have a role to play. Additionally, friends and family members and health-related sources are viewed by some as reliable conduits of information on this topic.

1. Recall of Information on Healthy Aging from Government of Canada

One quarter (25%) of Canadians aged 50 and older claim to have seen something from the Government of Canada or PHAC on the topic of healthy aging within the last two years. It is important to note that the level of recall may be a factor of the respondent having either sought out information proactively or having received it without necessarily being able to accurately recall the jurisdiction or agency which was responsible for producing and disseminating the information.

Table 18. RECALL OF INFORMATION ON HEALTHY AGING IN THE LAST TWO YEARS FROM THE GOVERNMENT OF CANADA OR THE PUBLIC HEALTH AGENCY OF CANADA

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Yes	25	22	29	23	29	24	24	26
No	67	71	64	71	63	66	69	67
Don't know	7	7	7	6	8	10	7	8

Q20. Do you recall seeing anything from the Government of Canada or the Public Health Agency of Canada on the topic of healthy aging in the last 2 years?
Base: Total sample

Gender

- Recall is higher among women (29%) relative to men (22%).

Age

- Recall is also higher among those aged 65 to 79 (29%) versus those aged 50 to 64 (23%).

Language

- Francophones (29%) are somewhat more like to recall seeing something on this topic from the Government of Canada or PHAC, compared to Anglophones (24%).

Region

- Similarly, residents of Quebec (31%) are more likely to say they recall information on healthy aging some time in the last two years compared to those in Ontario (23%), Manitoba/Saskatchewan (22%) and Alberta (19%).

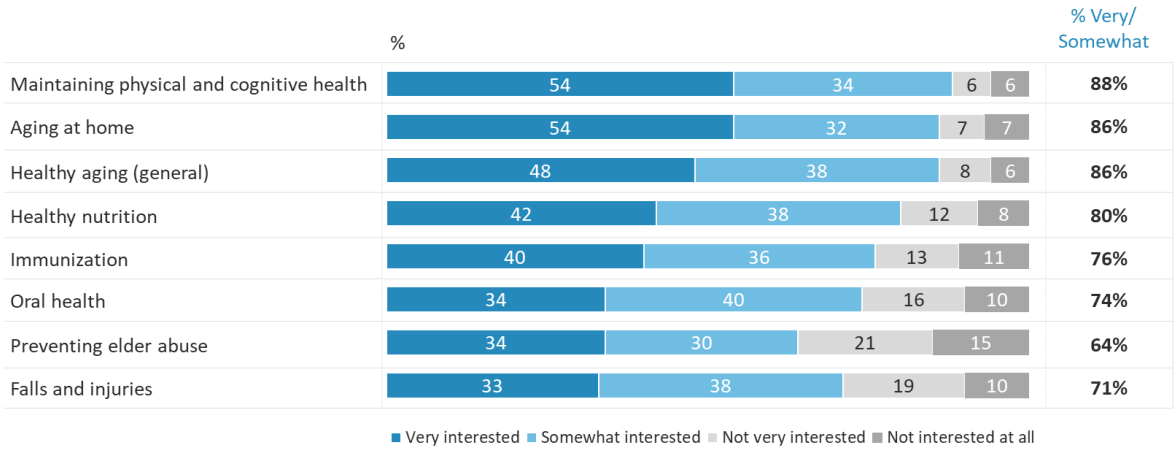
2. Topics of Interest Related to Healthy Aging

There is significant interest in information related to healthy aging, although the level of interest varies considerably by topic (see Figure 14). In particular, respondents want to know more about maintaining physical and cognitive health and about aging at home – a majority (54%) say they are *very interested* in learning more about both of these aspects of healthy aging. Similarly, a near majority (48%) are *very interested* in general information about healthy aging.

About two in five respondents express a high level of interest in information regarding healthy nutrition (42%) and immunization (40%). The recent pandemic, particularly the impact of COVID-19 on the elderly population and the initial priority placed on vaccinations for people 60 years of age and older, may have influenced older adults' vaccination attitudes and behaviours and thus their level of interest in the topic of immunization. Additional work in this area would be useful in terms of better understanding the nature of the correlation and the degree to which any changes in attitudes have resulted in older adults taking a greater interest in the importance of vaccines.

Relative to the above-noted aspects of healthy aging, fewer respondents (about one third) are keenly interested topics such as oral health (34%), preventing elder abuse (34%), and falls and injuries (33%).

Figure 14. INTEREST IN TOPICS RELATED TO HEALTHY AGING



Q21. How interested are you in getting more information on the following topics related to healthy aging?
Base: Total sample (n=2500)

Interest varies across demographic groups as highlighted in the table below and in the additional information that follows.

Table 19. INTEREST IN GETTING MORE INFORMATION ON TOPICS RELATED TO HEALTHY AGING (% VERY INTERESTED)

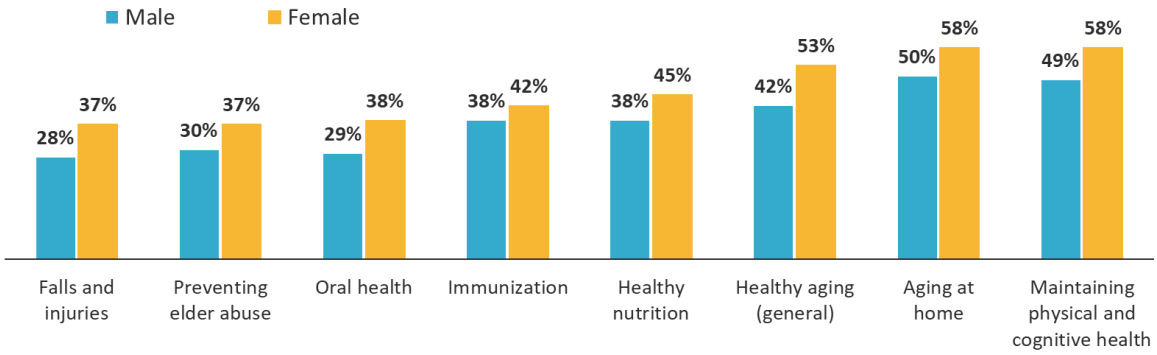
	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Maintaining physical and cognitive health	54	49	58	52	56	57	54	54
Aging at home	54	50	58	49	58	66	57	53
Healthy aging (general)	48	42	53	46	49	54	48	48
Healthy nutrition	42	38	45	40	43	46	44	41
Immunization	40	38	42	32	46	55	45	37
Oral health	34	29	38	31	36	42	39	32
Preventing elder abuse	34	30	37	32	35	39	37	32
Falls and injuries	33	28	37	28	35	45	39	29

Q21. How interested are you in getting more information on the following topics related to healthy aging?
Base: Total sample

Gender

- Across the board, women express a higher level of interest in all topics as compared to men (see Figure 15). Over half of women are *very interested* in information regarding aging at home (58% vs. 50% among men), maintaining physical and cognitive health (58% vs. 49% among men) and healthy aging in general (53% vs. 42% among men), whereas interest drops off on other areas related to healthy aging (about two in five are very interested).

Figure 15. INTEREST IN GETTING MORE INFORMATION ON TOPICS RELATED TO HEALTHY AGING, BY GENDER (% VERY INTERESTED)

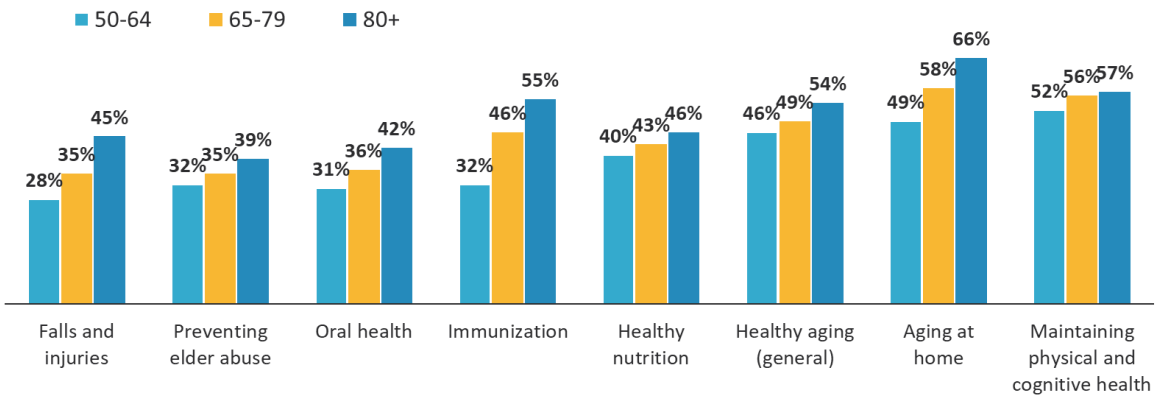


Q21. How interested are you in getting more information on the following topics related to healthy aging?
Base: Total sample (n=2500)

Age

- Relative to those aged 50-64, respondents aged 80+ express a significantly higher level of interest in all topics, with one exception. There is no difference regarding level of interest on the topic of maintaining physical and cognitive health (see Figure 16).

Figure 16. INTEREST IN GETTING MORE INFORMATION ON TOPICS RELATED TO HEALTHY AGING, BY AGE (% VERY INTERESTED)



Q21. How interested are you in getting more information on the following topics related to healthy aging?
Base: Total sample (n=2500)

Education

- Those with a high school education are more likely to say they are *very interested*, relative to those with a college/trades or university education, in information on aging at home (63%; 57%; 48%, respectively) and preventing elder abuse (46%; 37%; 25%). High school educated respondents also express stronger interest, relative to those with a university education, in learning more about healthy nutrition (45% vs. 38%, respectively) and oral health (38% vs. 30%).

Household Income

- Respondents with an annual household income under $60,000 are more likely to express a keen interest relative to those with higher incomes in 5 of the 8 topics, as highlighted below:
  - Aging at home (Under $60,000 – 59% are *very interested*; $60,000-<$100,000 – 52%; $100,000+ - 50%);
  - Immunization (42%; 38%; 37%);
  - Preventing elder abuse (42%; 31%; 25%);
  - Oral health (41%; 31%; 26%); and
  - Falls and injuries (38%; 31%; 26%).
- Those with household incomes under $60,000 (45%) are also more likely to say they are *very interested* in information related to healthy aging compared to those whose annual household income is $100,000+ (36%). However, there is no statistically significant difference between the former group and those with annual household incomes in the range of $60,000 to <$100,000.

Home Ownership Status

- Renters, relative to homeowners, are more likely to be *very interested* in information on preventing elder abuse (45% vs. 30%), oral health (43% vs. 31%), and falls and injuries (38% vs. 31%).

Household Composition and Marital Status

- Respondents who are separated, widowed or divorced are more likely to be *very interested,* compared to those who are married or residing in a common law partnership in information regarding oral health (39% vs. 31%), preventing elder abuse (39% vs. 31%), and falls and injuries (37% vs. 30%).

Visible Minority

- Respondents classified as a visible minority are more likely than others to be strongly interested in healthy aging in general (62% vs. 47%), healthy nutrition (55% vs. 41%), oral health (48% vs. 33%), and preventing elder abuse (45% vs. 33%).

Language

- Compared to Anglophones, Francophones are more likely to be *very interested* in information on aging at home (64% vs. 51%), healthy aging (54% vs. 46%), healthy nutrition (46% vs. 41%), and preventing elder abuse (44% vs. 31%).

Health Status and Quality of Life

- Interest in information on immunization is higher among those with access to a family doctor (41% are very interested) than it is among those who do not (32%).
- Those who rate their personal health status as poor or very poor are more likely to be very interested in information on falls and injuries, compared to those whose health status is excellent or good (43% vs. 32%). By contrast, those who rate their health status as excellent or good are more likely to say they are very interested in information about maintaining physical and cognitive health, compared to those whose health status is poor or very poor (55% vs. 52%). They also express stronger interest in general information about healthy aging (50% vs. 47%). This same pattern holds true for those who rate their quality of life as excellent or good, compared to those who rate their quality of life as poor or very poor.

Region

- Regionally, in line with the above-noted differences by language, residents of Quebec are generally more likely to express higher levels of interest in many of the topics but are more inclined than those living in other regions of the country to be *very interested* in the issues of aging at home (66%) and preventing elder abuse (45%).

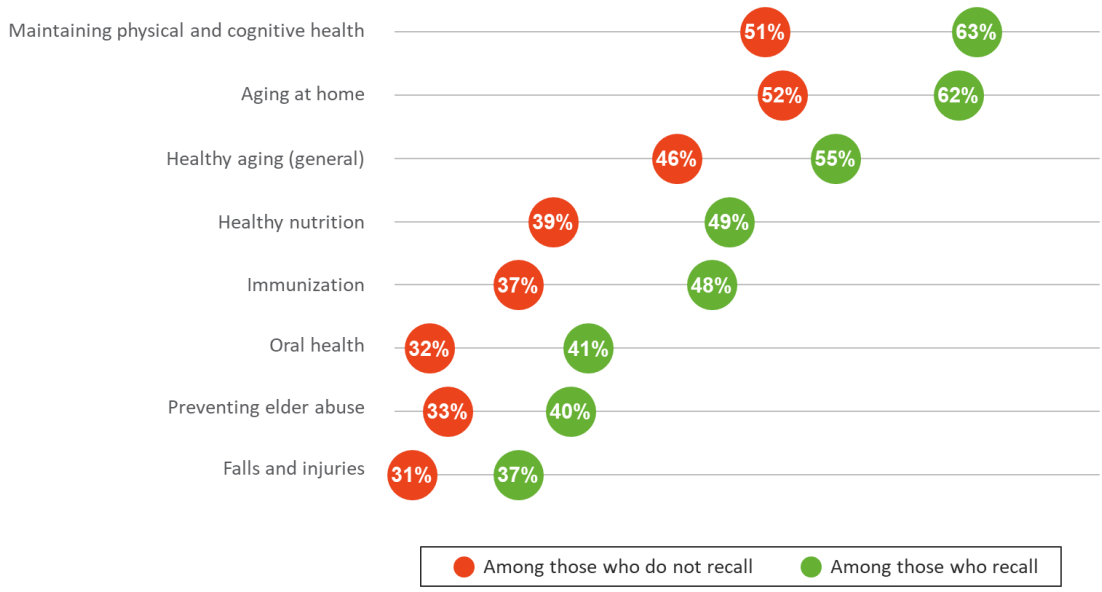
Type of Community

- There is some variability by type of community, mainly between those living in larger centers (cities or towns/villages) and those residing in rural areas. Urban dwellers express a higher interest in the topic of healthy aging in general (49%) compared to those in rural areas (42%). Those residing in towns or villages along with those in cities are also more likely to be *very interested* in information regarding falls and injuries, compared to those living in rural areas (36%; 30%; 27%, respectively).

Interest varies significantly between those who recall seeing something from the Government of Canada or the Public Health Agency of Canada on the topic of healthy aging over the last two years and those who do not, with the former group more likely to be very interested in all of the topics. While public recall of informational campaigns may not be entirely accurate, and there is often some degree of confusion as to the sponsoring agency or level of government, these results do suggest that educational marketing has had

an impact in terms of generating further interest on important and useful topics for Canadians in the 50+ demographic.

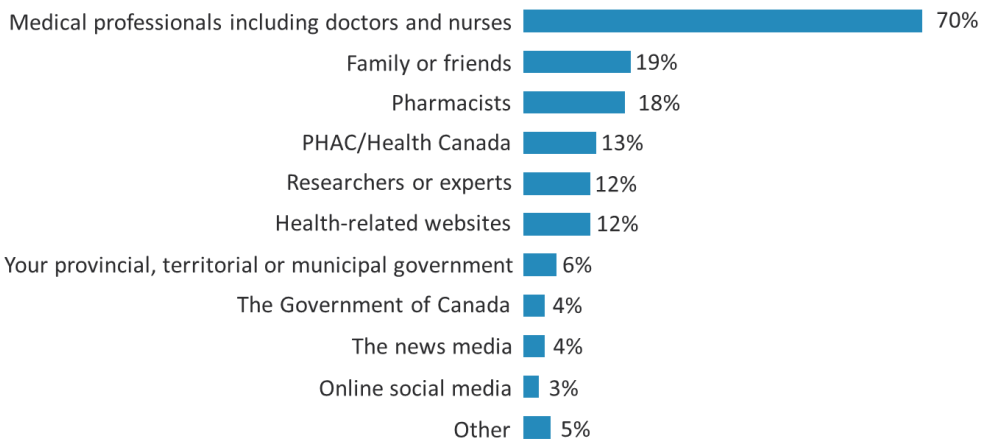
Figure 17. INTEREST IN INFORMATION ON HEALTHY AGING, BY RECALL OF INFORMATION ON THE TOPIC OF HEALTHY AGING FROM THE GOVERNMENT OF CANADA/PHAC IN THE LAST TWO YEARS (% VERY INTERESTED)



3. Trusted Spokespeople and Information Sources

All respondents were given an opportunity to identify from a list of possible sources of information on the topic of healthy aging the two they most trust. By a wide margin, respondents (70%) selected medical professionals, including doctors and nurses, as one of the two most trusted sources. About one in five identified family and friends (19%) or pharmacists (18%). Just over one in ten indicate they trust the Public Health Agency of Canada/Health Canada (13%), researchers or experts in the area (12%) and health-related websites (12%). With much less frequency, some respondents indicated trusting their provincial/territorial or municipal government (6%), the Government of Canada (4%), the news media (4%) and online media (3%). Other sources were mentioned by 1% or fewer respondents.

Figure 18. TRUSTED INFORMATION SOURCES (UP TO TWO MENTIONS ONLY)



Q19. Who do you trust the most when it comes to providing you with information related to healthy aging? (Accept up to 2 mentions)
Base: Total sample (n=2500)

Trust in various sources varies across demographic groups and regions, as detailed below.

Table 20. TRUSTED INFORMATION SOURCES

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Medical professionals including doctors and nurses	70	71	69	68	72	71	72	69
Family or friends	19	17	21	19	17	27	20	18
Pharmacists	18	16	20	16	20	22	19	17
The Public Health Agency of Canada/Health Canada	13	11	14	13	13	10	12	13
Researchers or experts	12	10	13	14	10	6	11	13
Health-related websites	12	11	12	13	12	6	11	13
Your provincial, territorial or municipal government	6	8	4	6	5	5	5	7
The Government of Canada	4	5	3	4	4	3	3	4
The news media	4	3	4	2	4	6	3	4
Online social media	3	3	3	3	4	2	3	3
Other	5	4	5	5	4	6	5	5
All of the above	<1	<1	1	<1	<1	1	<1	<1
Trust themselves/Do their own research	1	1	1	2	1	1	1	2
Alternative medicine	<1	-	<1	<1	<1	-	-	<1
Books/Written content	<1	<1	1	1	-	1	1	<1
Community centres	<1	<1	<1	<1	<1	2	<1	1
World Health Organization	<1	<1	<1	<1	-	-	<1	-
None	1	1	<1	1	1	1	1	<1

Other	<1	-	<1	<1	<1	-	<1	<1
Don`t Know	1	1	1	1	1	2	1	1

Q19. Who do you trust the most when it comes to providing you with information related to healthy aging? (UP TO TWO MENTIONS)
Base: Total sample

Gender

- Women are more likely than men to mention family or friends (21% vs. 17%, respectively), pharmacists (20% vs. 16%) and researchers or experts (14% vs. 10%).

Age

- Those aged 80 and older (27%) are more likely to cite family and friends compared to those aged 65 to 79 (17%) and those aged 50 to 64 (19%).

Education

- Those with a high school education (26%) are more likely to point to pharmacists as a trusted source, compared to those with a college (18%) or university (13%) education. By contrast, university educated respondents are more likely to mention researchers or experts (16%) and health-related websites (14%), compared to those with a high school education (8% for each).

Household Income

- Those with an annual household income of less than $60,000 (23%) are more likely to say they trust pharmacists relative to those in higher income households – 13% among those with a household income of $60,000-$100,000 and 14% among those with incomes over $100,000.

Visible Minority

- A higher proportion of visible minority respondents selected PHAC/The Government of Canada (21%) among their top two choices compared to others (12%). By contrast, visible minority respondents are less likely, relative to others, to select medical professionals (61% vs. 71%) and pharmacists (10% vs. 18%) among their top two selections.

Language

- Francophones are also more likely to cite pharmacists compared to Anglophones (26% vs. 15%, respectively). By contrast, Anglophones are more likely to cite PHAC/Health Canada (14% vs. 10%) and health-related websites (13% vs. 10%).

Health Status and Quality of Life

- Apart from these variations, respondents who have a family doctor are, perhaps not surprisingly, more likely to cite medical professionals as a trusted source of information (72%), compared to those who do not have access to a family doctor (62%).

Recall of Information on Healthy Aging from Government of Canada/PHAC

- Those who recall seeing information about healthy aging from the Government of Canada/PHAC over the last two years are more likely to cite PHAC/Health Canada as a trusted source compared to those who do not recall seeing anything (17% vs. 11%, respectively).

Region

- Across the regions, those residing in Quebec (26%) and Atlantic Canada (23%) are more likely to cite pharmacists as a trusted source of information on healthy aging. Residents in Manitoba/Saskatchewan (27%) and Ontario (24%) are more likely to cite family and friends.

Type of Community

- Similarly, those living in rural communities (25%) are more likely to mention family and friends as a trusted source of information on healthy aging, compared to those living in cities (17%) or remote communities (11%).

4. Other Comments on Healthy Aging

As a final question on each of the telephone and online surveys, respondents were invited to share additional comments about healthy aging with a particular focus on areas that may not have been covered within the questionnaire.

While most participants (61% overall – 86% of those who completed the online survey and 55% of those who responded to the telephone survey) did not provide any additional thoughts, those who did offered an array of commentary. Feedback focused on several areas: issues related to health care and home care (8%); general support for and services aimed at an aging population (6%), as well as the cost of living and financial pressures affecting seniors (5%). Other concerns were mentioned by fewer than 5% of respondents but reflect the many aspects of and challenges related to aging that are on the minds of those aged 50 and older in Canada.

Table 21. ADDITIONAL COMMENTS ABOUT HEALTHY AGING (OPEN-END)

	TOTAL	Male	Female	Age 50-64	Age 65-79	Age 80+	Medical condition and/or disability YES	Medical condition and/or disability NO
n=	2500	1175	1325	1300	900	300	885	1604
	%	%	%	%	%	%	%	%
Better access to health care is needed/Access to home care/Not enough healthcare/medical professionals (e.g., nurses, do	8	7	10	8	9	7	9	8
Accommodating the aging population/Community support/Access to public services (i.e., assistance for seniors, leisure ac	6	4	7	5	5	7	7	5
Cost of living/Financial costs of aging/Expenses/Seniors not having enough money to live	5	4	6	5	5	3	6	4
Aging gracefully/Looking after yourself/Exercising/Keeping physically and mentally active	4	4	4	4	4	7	4	4
Government not doing enough/Doesn't care about aging/Should be government focus	3	3	3	3	3	3	3	3
Learning to accept aging/Positive attitude/Being happy	2	2	2	1	3	4	2	2
Long term care/Regulations on private seniors homes/Fear of having to live in care homes	2	1	3	2	2	1	1	2
Affordable housing/Seniors housing/Making it easier financially to stay in my home	1	1	2	1	2	1	3	1

Food/Nutrition/Healthy diet	1	1	1	1	1	2	1	1
Mental health/Mental health issues	1	1	1	1	1	1	2	1
Respect/More respect for seniors/A sense of responsibility to the elderly	1	1	1	1	1	1	1	1
Spirituality/Faith/Religious beliefs	1	1	1	1	1	1	1	1
Prescription drugs from doctors/Seniors on pills/Cost of drugs	1	<1	1	<1	1	1	1	<1
Safety at home/Feeling safe	<1	-	1	1	<1	1	1	<1
Assisted suicide/Assisted dying/MAID (medical assistance in dying)	<1	<1	1	<1	<1	1	<1	<1
Concerns about disability/Tax credits/Additional services for people with disabilities	<1	<1	<1	1	<1	1	1	<1
Dementia is a huge fear/More resources need to be put towards dementia	<1	<1	<1	<1	<1	1	<1	<1
Alcohol/Drugs/Smoking/No smoking and no drinking	<1	-	<1	-	<1	1	<1	<1
Other	4	4	4	5	4	3	5	4
Don’t know/Refused/Not applicable	6	7	6	5	7	9	6	7
Nothing else/Nothing/All Good/Covered it all	61	64	58	64	59	55	58	63
Prefer not to answer/No Answer	1	1	1	1	1	2	1	1

Q33. What didn't we ask as part of this survey, that you would like us to know about healthy aging?
Base: Total sample

Other than this broad thematic analysis of the feedback provided, additional analysis on this question has not been undertaken as part of the quantitative survey due to the wide variety of responses received. Any further review should be undertaken applying techniques which are more suitable to qualitative analysis.

THE STRATEGIC COUNSEL

III. Detailed Findings – Phase 2: Focus Groups

Detailed Findings – Phase 2: Focus Groups

A. Perspectives and Outlook on Aging

Participants in nineteen groups engaged in conversations regarding their perspectives and outlook towards aging. All groups were comprised of participants aged 50 and older.

1. General Views on Aging

To begin, participants were asked to share how they felt about getting older, including any words or images that came to mind when they thought about aging. Across all groups participants shared a wide range of perspectives related to both the positive and negative aspects of getting older.

1.1 Positive Aspects of Aging

Several expressed that aging was not something that personally worried them and a number commented that they were looking forward to embarking upon this chapter of their lives. Among these participants, it was felt that so long as one maintained a positive attitude and acknowledged that getting older is a natural part of life, that aging could be an enjoyable and fulfilling process. A number commented that they had worked hard to maintain their physical health and had also been taking steps to ensure they engaged in mentally stimulating activities on a daily basis. A few spoke of the importance of continuing to establish goals related to one's physical health and personal pursuits, believing it was important for individuals to have something they were working towards as they aged. A large number also spoke of the importance of having family and other loved ones in their lives as they get older. It was thought that time with family provided a great deal of fulfillment and that experiences such as playing with their grandchildren and enjoying holidays with family were among the things they looked forward to the most in the years to come. Some also believed that getting older would provide them with more time to focus on relaxing and pursuing their passions as they entered into their retirement years.

1.2 Negative Aspects of Aging

Many also spoke of the negative aspects of getting older and their concerns related to how their lives may change as they age. Several were worried about experiencing a loss of mobility, diminished energy, and a general slowing down of their daily lives. Related to this, some commented that they were already dealing with chronic health conditions such as arthritis that had begun to impede their movements and physical activity. A number also mentioned concerns related to how their physical appearance may change, including common signs of aging such as graying hair and wrinkles. Some expressed fears related to the potential of suffering a sudden medical event (such as a stroke or heart attack) that may unexpectedly and drastically alter their quality of life going forward. Several voiced concerns about their cognitive abilities as they age, with a number who expressed disquietude about memory loss and degenerative diseases such as Alzheimer's and dementia. Financial concerns were also top of mind among participants who were worried about their ability to live on a fixed income, especially during periods of high inflation and economic uncertainty. Among those participants, there was a feeling of uncertainty around their ability to physically and/or financially support themselves as they age. In relation to this, some expressed fears that a decline in their physical and financial health may result in them having to enter a long-term care (LTC) facility. A few also raised concerns related to systemic issues such as the ability of the healthcare system to support a growing number of seniors in the decades to come. Related to this, some commented that

the perceived strain placed on the healthcare system as a result of the COVID-19 pandemic had heightened their concerns that there would not be enough resources to accommodate them as they aged.

1.3 Views on the Prospect of/Experience with Aging

When asked whether, on balance, they felt mostly positive or negative about the prospect of aging, a much larger number indicated feeling optimistic about getting older compared to those who were more negative in their outlooks. Several spoke positively of their experience watching their children become adults as well as spending time with their grandchildren. Among those who were retired or working less, a number spoke about their ability to better enjoy their time at home and in their community, as well as having more time for hobbies, travel, and other recreational pursuits. The view was also shared that aging is unavoidable, so it was best to embrace the process and enjoy the time they had left. A few expressed feeling privileged to have had the chance to age into their senior years, commenting that not everyone has the opportunity. Among those who felt more negatively about aging, several reiterated issues related to diminished mobility, compounding issues related to their mental health, decreased ability to partake in activities they once enjoyed, and the financial challenges of surviving on a fixed income. Participants also reported feeling less visible as they aged, believing that they now were generally paid less attention to by those around them. Regarding their financial health, a number expressed concerns about the difficulties they would likely encounter if they attempted to return to the workforce, believing it was very difficult for seniors to find well paying jobs given their older age.

Participants over the age of 70 were asked whether their experience with aging had thus far aligned with their expectations. For several, aging had been more enjoyable than expected, with a number feeling that they had acquired considerable perspective as they had gotten older as well as undergoing spiritual growth. A few who identified as Indigenous mentioned that they had taken steps towards reconnecting with their culture in recent years. Some mentioned that the aging process had been difficult due to the sadness associated with losing loved ones, including parents, spouses, and close friends. A number, however, indicated that this had made the time they spent with their remaining loved ones all the more precious to them. A small number discussed having encountered difficulties related to health conditions such as arthritis and other chronic issues, which had made the aging process more complicated than they had anticipated.

2. Goals for Aging

Discussing the goals they had for getting older, many reported focusing more on their physical health and fitness. Maintaining their personal fitness had been a long-term goal for several while others indicated that they had recently renewed efforts to get back into shape as a way to lead a more active lifestyle. A few commented that they wanted to stay as physically fit as possible in their senior years in order to remain in their own homes for longer and continue to take care of themselves without the assistance of a personal support worker (PSW). A large number also mentioned wanting to spend as much time as possible with their children and grandchildren, believing this to be a very fulfilling experience. Other goals mentioned by participants included travelling more, learning new languages and skills, and becoming more involved in charitable and non-profit organizations as a way to enact positive change in their communities.

3. Concerns About and Challenges of Aging

Asked to identify the key challenges individuals faced as a result of aging, comments focused primarily on three key areas. These included:

- Maintaining their health – Several reiterated concerns related to their physical and mental health diminishing as they get older. Many were worried about their ability to maintain their mobility as well as whether they would be able to access the healthcare resources necessary to treat medical issues as they arise in the future. It was felt that the healthcare system was currently under significant strain and would not be able to accommodate a growing number of seniors. Accessibility to healthcare was believed to be especially challenging for those living rurally or in remote communities. A number spoke of the difficulties seniors face in situations where they are no longer able to physically or mentally take care of themselves and the negative impact this would likely have on their self-esteem;
- Financial challenges – Several also focused on the financial issues many seniors faced in their later years. A number expressed the difficulties in relying upon supports such as Old Age Security (OAS) and the Canada Pension Plan (CPP), believing the amounts collected were not enough on their own for an individual to survive on. This was thought to be an especially difficult issue for those who did not have pensions or personal retirement savings to draw upon. Related to this, a number also mentioned the financial challenges faced by seniors in finding affordable housing as well as concerns regarding whether they would be able to continue to afford living in the homes they already owned; and
- Loneliness and preserving social connections – A large number also believed it was increasingly difficult as one aged to maintain their social connections and that one's social circle often became quite small as a result. It was felt that many seniors, and especially those with no family or close friends nearby, dealt with a high degree of loneliness as well as feeling like they had little to no impact on the world around them. A number expressed concerns about ageism, believing seniors were often ignored or treated less seriously compared to other cohorts of the population.

Questioned whether there were some groups of seniors more likely to face these challenges than others, it was largely expected that those living alone, low-income individuals, and persons living with disabilities would likely struggle more than others. Additionally, it was also expected that those unfamiliar with technology or who did not speak English or French would likely face a higher degree of difficulty in having their financial and health-related needs met.

B. Enablers of Healthy Aging and Views on Age-Friendly Communities

1. Familiarity with the Term 'Healthy Aging'

Focusing next on the concept of healthy aging, participants were asked whether they were familiar with the term. On balance, roughly similar numbers reported having heard of the term healthy aging relative to those who had not. Among those who were aware, participants mentioned having heard about it from their doctor, through family and friends, as well as on television and social media. It was largely believed that the concept of healthy aging referred to maintaining both their physical and mental health as they age. When asked to describe what healthy aging meant to them, many believed the concept referred to living an active lifestyle, exercising regularly, and maintaining a balanced and nutritional diet. It was felt by several that the term also referred to staying cognitively sharp and focused on continued education for oneself as well as learning new skills. A few also believed that healthy aging involved maintaining a sense

of purpose, establishing goals to work towards, and sustaining a positive mindset. Questioned whether they had heard of other terms such as 'active aging' and 'successful aging', very few had. Speculating on what these concepts referred to, most felt that active aging was associated with physical activity while successful aging likely had more to do with financial success and keeping busy in one's senior years. A smaller number interpreted these terms as being mostly synonymous with healthy aging, feeling there was little difference among them.

2. World Health Organization (WHO) Definition of Healthy Aging

To aid in conversation, participants were provided with the following information related to healthy aging:

The World Health Organization (WHO) defines healthy aging as "the process of developing and maintaining the functional ability that enables wellbeing in older age." Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to:

- *Meet their basic needs;*
- *Learn, grow and make decisions;*
- *Be mobile;*
- *Build and maintain relationships; and*
- *Contribute to society.*

Asked whether they felt this definition was clear, most believed that it was, with many commenting that it aligned with what they had perceived healthy aging to involve. A smaller number felt differently, believing that healthy aging should be viewed as a subjective concept, with a variety of meanings relative to each individuals' personal situation. The view was added that by defining healthy aging through criteria such as this, the WHO may serve to devalue the lifestyles of those whose priorities may not align with this list. A number, including those living with disabilities, commented that the criteria of being mobile was difficult for some to achieve and felt that individuals who may struggle with mobility should not be made to feel like they are not living healthy lives as a result. A few felt that the list did not incorporate enough aspects related to mental health and emotional fulfillment, while others believed it did not sufficiently address the financial challenges seniors may encounter as they age.

3. Factors Supporting Healthy Aging

Discussing the factors and activities they felt were most important towards facilitating healthy aging, participants put forward a range of ideas.

Those mentioned most frequently included:

- Engaging in social relationships and building one's social network. Participants discussed the importance of connecting with others on a regular basis – including their own family, friends, neighbours and the broader community. While some discussed the idea of intergenerational engagement unprompted, once prompted almost all participants felt this to be important. More specifically, they felt it was important to connect with younger people in general (and some specifically mentioned their grandchildren) and that sustaining these relationships was mutually beneficial. Participants not only saw value in the expertise and guidance younger people could provide on new forms of technology and social media, they also expressed a feeling of being valued when providing their own advice and perspectives to younger generations.

- Remaining active in one's community. The opportunity for older adults to easily access various community groups, programs and supports through seniors' centres/facilities was viewed as an important part of healthy aging. Participants discussed that in addition to keeping them engaged physically and cognitively, participating in these types of activities also provided an opportunity to meet new people, further expanding their social networks. Feeling a sense of belonging was important for some participants, who also felt it was important to continue having a sense of purpose upon retirement.
- Physical health, including proper diet and exercise was seen as vital in facilitating healthy aging. Ensuring older adults have access to healthy, nutritious food that they are able to easily cook/eat was seen as essential. As discussed below in financial security, a number of participants commented on the importance of food stability given inflationary pressures, specifically around food affordability. This was viewed as especially important for older Canadians who are on a fixed income.

"The government needs to control for inflation. Food needs to be affordable."
(Nationwide Older Men)

In addition, most participants felt that remaining physically active and fit contributed greatly to healthy aging in terms of maintaining their strength and mobility. Some emphasized the importance of being able to access exercise programs, classes and/or a membership to a gym, while others spoke about exercise in a more low-impact way, such as getting out for walks or gardening.

"If the government wants us to age well, they should facilitate access to a gym."
(Nationwide Older Women)

- Ensuring good mobility, in terms of one's ability to get from one place to another, in order to maintain their independence was seen as critical. This was particularly true when it came to accessible transportation. While some felt that older Canadians need better support via public transit, others discussed the importance of being able to maintain their drivers license in order to continue getting around via automobile.
- Being financially secure, in terms of ensuring a basic level of income was another factor that several participants within each group mentioned unprompted. The discussion focused on affordability and the importance of older Canadians being able to afford what they require to age healthily. To participants, this meant having the financial means to access basic necessities that would allow them to age healthily (e.g., food, medications, physical activities, recreational/social programs, etc.). A few participants believed that federal government benefits such as the Canada Pension Plan (CPP) and Old Age Security (OAS) were not enough to solely cover one's expenses in this regard.
- Cognitive health in terms of thinking, learning and remembering was felt by older Canadians to be a critical factor for their health as they age. Keeping one's brain and mind active and engaged through various activities (such as reading, crosswords, and similar activities) was viewed as key to preventing or delaying mental decline as one ages, reducing the risk of dementia.
- Continuous and lifelong learning was mentioned by some participants as important. Learning about new/changing technologies was mentioned by some participants, while a few others discussed accessing classes for seniors at their local community college.

- Many participants also spoke about ensuring a good state of mental health as they age. They believed that maintaining their well-being in this area had many positive effects on other areas or aspects of their health. Not only did participants discuss the importance of getting support and assistance for any mental health issues (e.g., depression, anxiety, etc.), but more generally they discussed the importance of having a positive outlook, maintaining a healthy attitude and simply 'remaining happy'. In this regard, and connected to physical health, spending time outdoors/in nature was seen as beneficial in maintaining a positive mental state.

"Your mental health is key to your physical health." (Nationwide Indigenous Older Adults)

- Having proper access to healthcare, both preventative and reactionary, was seen as paramount to healthy aging. Without this care, participants believed it would be very difficult to be supported in all facets mentioned above. The conversation led to discussing the need for older Canadians to have a good integrated health support team – including family physicians and, where needed, specialists, nurses, and personal support workers. There was a strong push from participants for Canada to do more to support independent living – both on the homecare and long-term care fronts. Many believed access to, and the quality of these services were lacking in terms of Canadians being able to age healthily.

Other factors, cited by some participants, but with less frequency than those listed above included:

- Affordable housing. A few participants across the groups mentioned concerns related to the affordability and availability of housing at present, especially given inflationary pressures and Bank of Canada rate increases in recent months. Those concerned about housing felt it was vital that older Canadians had access to secure housing in the short and longer term in order to age healthily.
- When discussing mental health, a number of participants spoke unprompted about the increased involvement of faith or spirituality in their lives as they age. Some perceived aging as a spiritual journey, just as much as a physical one and commented on how they utilized their faith to help them through the 'tough times'.
- A few participants discussed a need for better access to general information about aging and its milestones so they could be more informed about what they themselves could do to support their own healthy aging.

Overall, participants did not feel that being valued and/or contributing to society was a key factor when it came to healthy aging. This was overall less important than many of the other factors listed above. However, when it came to being valued, participants were less concerned about their value to society in general but instead the value they provide to those close to them. They felt the greatest importance was that they feel valued and respected by their own family, including specifically their spouse, children, grandchildren, and other relatives they may be close to. Many viewed themselves as having committed their life to raising and supporting their families and wanted to feel valued in this regard as they age.

"I [have] invested my life into my children and grandchildren. I want to be valued and supported by them." (Nationwide Older Women)

On balance, participants believed for the most part that the ability to age healthily was within their control, as opposed to solely systemic factors. They viewed adhering to healthy behaviours and habits, such as a healthy and nutritious diet, being physically active, getting proper sleep and other basic fundamentals as within their own control. Simultaneously, participants recognized that there were other factors, outside of their control, that also played a role in one's ability to age healthily. For example, economic factors such as inflationary pressures could limit one's ability to pay for healthier foods (compared to cheaper, more processed foods) or limit their access to a gym.

"Groceries are expensive. People can't afford to buy fresh produce and foods, so they buy junk."
(Quebec Rural)

Genetics and predispositions to certain hereditary illnesses were viewed as out of their control. In this regard, they placed importance on healthcare services for prevention and treatment. Not being able to access health care services was seen as something that could prevent Canadians from being able to take control of their aging.

3.1 Perceptions of the Role of Technology in Healthy Aging

When asked about their thoughts on the role of technology in healthy aging and its benefits, participants spoke about the various types of devices they use and their associated benefits including the ability to easily connect with friends and family and quickly access information and services. Furthermore, participants felt that technology helped them to both set health related goals for themselves and keep their mind and bodies active.

With respect to various technologies, participants mentioned most frequently video conferencing platforms, wearables, various health apps and social media. The following provides an all-encompassing list of the different types of devices/technologies mentioned throughout the groups, along with the noted benefits each provides.

- Participants stated that **videoconferencing platforms** like FaceTime and Zoom allow older Canadians to remain connected with their family and friends. Some participants perceived the ease of connecting with loved ones via videoconferencing as contributing to a reduction in feelings of isolation as people age and become less mobile.
- Participants also perceived videoconferencing as an enabling factor for **connecting with health resources**. Many discussed participating in remote medical appointments, which had benefited them from a mobility perspective (not having to transit to the office/hospital). Some also noted the added benefit of reduced wait times for their care (i.e., participants were not obligated to sit around a doctor's office while waiting for their appointment).
- **Wearable technology**, such as Apple watches and Fitbits, were popular. Participants liked that this technology easily allowed them to track their personal health status and furthermore, provide this information easily to their family doctor. Some liked that the devices provided them reminders and alerts regarding their activity and personal goals. Others commented that they had piece of mind in the emergency alerts they offered, for example alerting a loved one if they happened to have a fall.
- Many noted that they were using a variety of **health-related apps**, specific to fitness and nutrition. Reasons for using such apps included but were not limited to, finding fitness programs and/or tracking their workouts and statistics over time. Others mentioned using applications like

MyFitnessPal to track their meals. Some cited apps that provided mindfulness and guided meditation.

- Some reported using various **social media** platforms like Facebook or TikTok to stay connected or engage with activities such as workouts.
- Meanwhile others discussed the **general ability to access information online**. More specifically, the ability to access online courses, books and/or podcasts to keep one's mind engaged.

While participants viewed many benefits to using technology, a number cited several drawbacks or concerns as well.

- Technology, particularly videoconferencing and social media, was viewed as potentially contributing to a decline in human, face-to-face contact. Some participants worried that becoming too dependent on the technology could result in older Canadians losing personal contact/connections and contribute to some seniors becoming more introverted and isolated. There were also worries that social media could become addicting to the point of replacing social interactions all together for some.
- Many discussed the idea that rapid advancements in technology have made it more difficult for seniors to keep up and could lead to feelings of frustration and overwhelm. In general, they found that the more advanced a device/technology was, the more difficult it was to use. Some discussed the need for more resources related to educating older Canadians on how to use these technologies. For example, it was mentioned that while most mobile phones have the ability to monitor health statistics, many are not aware or are unsure of how to use or access these services. Some participants also felt that younger generations increasingly had limited patience to help teach them how to use such devices.
- Several participants, particularly those with lower socio-economic status (SES), mentioned affordability of technology as a key barrier to adoption.
- Lastly, a few participants expressed a sense of mistrust in technology, limiting their use and adoption of it all together. Issues related to privacy and use of personal data were most predominant. Additionally, a few participants felt that they were more susceptible to scams, which drew them away from using anything online more generally.

"Right now, I don't trust it. It feels invasive. I don't know what they are doing to do with that information." (Nationwide Older Adults Identifying as 2SLGBTQI+)

More generally, some participants spoke about not wanting to feel as though technology was being forced upon. A few mentioned that some seniors' programs had moved to an online only format.

"I would like to be a choice, not a requirement." (Prairies Urban)

4. Needs and Expectations Regarding Age-Friendly Communities

4.1 Features of an Age-Friendly Community

Next, participants were shown a list (outlined below) and asked to identify, in their view, which of the 14 factors or features they believed to be the most important in terms of making a community age-friendly. Participants were allowed to select up to five, but no more than five options. They were also given the option to select 'other' if they felt there was a feature not included on the list.

- Access to health services (health care, mental health and dental care)
- Affordable housing
- In-home services that support independent living
- Community-based social and recreational activities
- Social networks and friends
- Exercise programs for older people
- Safe neighbourhoods
- Employment and volunteer opportunities for older people
- Opportunities for lifelong learning
- Access to the outdoors/natural environment
- Accessible and affordable public transit
- Accessible and affordable high-speed Internet
- Walkable neighbourhoods
- Accessible buildings
- Well-maintained sidewalks

Based on participant's evaluations of the various characteristics associated with age-friendly communities, the results can be easily grouped into three tiers as indicated below. Tier 1 features were those identified most often as being important, while Tier 2 features were mentioned by many, but not most, and Tier 3 features were far less frequently mentioned. Among the various features that could help make cities and towns more age-friendly, participants placed a higher priority on improved access to health services, affordable housing, and in-home services to support independent living. While participants generally acknowledged that all of the features were important in ensuring one's community was age-friendly, much of the rationale for priorities in the top tiers was often made on the basis of what participants believed was vital to healthy aging or what was lacking in their own communities. More details regarding commentary for each feature and reasons for prioritization order (as provided by participants) are provided below. Results from this polling exercise can also be found in section A of the Appendix.

Tier 1 Features

- Access to health services (healthcare, mental health and dental care)
- Affordable housing
- In-home services that support independent living

Access to health services including healthcare, mental health and dental care was seen as fundamental to aging. When citing their reason for selecting this option, many focused-on aspects related to health care services. They particularly placed importance on the need for every senior to be able to access a family physician. There was a general perception among participants that finding a family physician willing to take on new patients was becoming increasingly more difficult, especially in certain provinces/territories. Participants discussed the importance of access given that there is an increased dependency on these services as one gets older. Others discussed the mental health crisis across Canada and believed that more seniors needed access to support services for their mental health. With regards to dental services, some believed that there should be more government funding to support seniors in taking care of their dental needs, as oral health is a key element of one's overall health.

"Access to healthcare services is important because people can't get doctors. {And] even if you have a doctor, it is hard to see them." (Prairies Rural)

"There are a lot of people in distress. Their mental health is not taken care of." (Quebec Rural)

Affordable housing was seen as a requirement in order to facilitate all other necessary aspects of aging healthily, including eating/cooking, sleeping, etc. Reasons for selecting this as important was also related to inflationary pressures at present, making it more difficult for Canadians, especially seniors, to live comfortably. Some described feeling that their current pensions would not keep up with the rising costs of living and that inflation was a serious threat for seniors living on a fixed budget. Those in rural areas specifically commented on increasing rates for rental properties in their communities. Notably, women were more vocal about affordable housing, in addition to racialized participants.

"This is the most important! Everything starts with housing." (Ontario Rural)

"Affordable housing is a basic fundamental right." (Atlantic Urban)

When it came to **in-home services,** participants placed importance on the idea of 'aging in place'. They believed that, to the extent possible, allowing one to remain at home for as long as possible provided a more consistent lifestyle, better mental health state and increased access to close social connections (e.g., family and friends) for older Canadians. Many themselves had concerns about entering a long-term care facility and felt that by providing in-home services to support aging in place, it could potentially reduce the financial burden on long-term care and the healthcare system. Some also discussed the idea of in-home services reducing their exposure to communicable diseases, compared to in group settings, particularly in light of the COVID-19 pandemic. Notably, Indigenous participants placed less importance, compared to the average, on these types of services.

"The longer you can keep people in their own homes, the better [their] mental health will be, and it will be a lower cost to society." (Nationwide Higher SES)

"Nurses who come a couple times a week can be a lower cost then going into a long-term care home... and they allow people to age in place." (Prairies Urban)

Features of age-friendly communities that were cited by many participants, but with less frequency than Tier 1 features, are listed below.

Tier 2 Features

- Community-based social and recreational networks
- Social networks and friends
- Exercise programs for older people

Participants felt that **community-based activities** were important in terms of motivating seniors to get out and connect with other people in order to further promoting healthy aging. They mentioned recreational activities such as book clubs, art programs, and other similar activities to be of interest. On the social front, they also discussed general groups like dinner clubs and hobby-related social groups. Groups that focused on physical **exercise,** such as walking groups, were also viewed as important towards remaining physically active. All of these group activities were seen as providing an opportunity for seniors to connect with others like them and continue to increase their own social networks. Key subgroups who placed more emphasis on the importance of these activities included newcomers, racialized participants, those who identified as 2SLGBTQI+, women and those with a higher SES.

In a similar regard, many felt that **building meaningful social connections** was essential to healthy aging. They described their social networks as providing significant value to their lives, allowing them to feel less isolated and contributing to a more positive state of mind. It was discussed that a good social network helps to ensure that one has the support they need as they age. Older men tended to emphasize the importance of this more so than participation in community-based activities.

"Friends are really important because they are connections with those who surround us. We are a remedy for one another." (Quebec Rural)

Other features, which were mentioned with much less frequency are cited below in Tier 3.

Tier 3 Features

- Employment and volunteer opportunities for older people
- Safe neighbourhoods
- Opportunities for lifelong learning
- Access to the outdoors/natural environment
- Accessible and affordable high-speed internet
- Accessible and affordable public transit
- Walkable neighbourhoods
- Accessible buildings
- Well-maintained sidewalks

Although mentioned less frequently, a few important takeaways for the above factors include:

- Ensuring access to public transit was important for those who were no longer able to drive, but less so for those who still held a valid driver's licence. Public transit for non-drivers was seen to provide independence for older Canadians to be able to get around and attend appointments, shopping, and social activities, among other things. Several mentioned that access to public transit in their communities was something that needed to be improved.

- Walkable neighbourhoods and well-maintained sidewalks were viewed as important from a safety perspective. Properly maintained infrastructure, including snow and ice clearing in colder months, was mentioned as important by some participants.
- A few felt that safe neighbourhoods were important as they viewed that safety in their communities had decreased in recent years, compared to decades past.
- Most participants felt like they already had good access to outdoor spaces and walkable neighbourhoods so did not associate these factors with being particularly important. They also felt that these elements of a community not only applied to populations of older adults but all age groups more generally.

When further prompted about the main challenges, obstacles, or barriers to aging healthily, the discussion aligned with the characteristics of age-friendly communities mentioned above. Commonly identified barriers, from most to least mentioned, stated across all groups included:

- Lack of access to health care including a shortage of family doctors, reliance on short-term solutions (e.g., walk-ins) versus long term integrated care solutions, and long distances to travel for services (especially in rural areas);
- Accessible public transit; and
- Lack of resources and affordability concerns related to housing, food, and access to technology.

4.2 Ratings of One's Community on Age-Friendliness

On balance, most participants describe the community where they live as age-friendly. Participants said they felt well-served by their community as an older Canadian and specifically pointed to a few characteristics they believed made their area age-friendly, including:

- The vast amount of community programs and activities available to seniors; and
- Infrastructure and outdoor spaces (e.g., pathways, parks) that support seniors' activities.

However, there were a number of gaps identified, which align with earlier rankings of factors that contribute to healthy aging. These included:

- Limited options for public transportation (in more rural/remote areas) and a safety/accessibility issue with transit in larger urban centres (e.g., Toronto);
- A lack of access to healthcare (particularly among those living in rural communities); and
- Affordable housing continued to be a significant issue raised by participants as a key area for improvement for seniors.

5. Awareness and Role of Public Health Agency of Canada in Supporting Healthy Aging

Across all groups participants were not very familiar with the Public Health Agency of Canada (PHAC) or it's role in terms of preventing disease and injuries, responding to public health threats, and promoting good physical and mental health. Nevertheless, after describing PHAC's role to participants, many did believe the organization could play a role in terms of supporting healthy aging for Canadians.

Asked where PHAC should be focusing its efforts, most felt it should be in terms of developing, supporting, and implementing both existing and new programs/ services for seniors. However, awareness raising and providing information on healthy aging were also viewed as important.

When it comes to awareness raising, participants felt it was important that PHAC continue to work to enhance its name and brand recognition as there was low familiarity overall with the organization and its mandate. Some felt this was an important step to undertake in advance, or in parallel, with other initiatives such as educational outreach or programs to ensure the information and/or services were viewed as trusted and with credibility. This was particularly important in light of the COVID-19 pandemic, as some participants held a more negative view of public health agencies post-pandemic.

Education about healthy aging continues to be important to certain groups. Participants noted the importance of information being accessible to seniors through a variety of means including online, in addition to more traditional methods. Helping seniors to navigate through this information, including where they can go for further help was important to some. In particular, providing resources to other organizations, like senior's associations, who are already interacting with this demographic was an approach seen to be effective. However, some participants felt that more creative approaches, outside of providing information on websites and brochures, should be considered for reaching and distributing this information to this group, although no specific recommendations were made.

By far, most believed that PHAC should focus its efforts around offering and supporting specific programs and services for seniors related to healthy aging, as they felt that this would have the most impact. Many believed the support provided by these programs would encourage Canadians to age in a healthy way, thus supporting the prevention or prolonging of illness and injuries as one ages. Participants suggested that any programs that would be supported and/or developed should be coordinated and targeted to best meet the needs of the population of older Canadians at present.

C. Communications and Outreach

1. Trusted Sources of Information about Healthy Aging

Participants rely on a host of sources for information about healthy aging, although many indicated having a high level of trust primarily in their family doctor and other health professionals. That said, several participants commented that while they appreciate their family doctor would offer them an honest assessment of their health, physicians can be somewhat dismissive of the various conditions and ailments that are commonly associated with aging.

"My doctor just says, 'you're getting older … what can you expect?'" (Ontario Rural)

The broader group of allied health professionals are also viewed as reliable sources of information on the topic of healthy aging. In this regard, pharmacists, dieticians, physiotherapists, chiropractors and massage therapists were mentioned. In particular, some participants commented on the trust they place in practitioners who have experience working with aging bodies and/or an older demographic.

"Pharmacists are incredible. Sometimes I trust them more than the doctor." (Nationwide Lower SES)

"I trust the dietitian that works in the grocery story because they tell me what I can afford." (Nationwide Lower SES)

There were mixed views across the groups on the extent to which participants identified alternative health care providers as reliable sources on healthy aging. While older women and participants who identified as LGBTQ2S+ were somewhat more inclined to trust the advice of naturopaths and homeopaths, some others, including those with disabilities, had less confidence in these types of resources or were concerned about the cost of accessing alternative health care providers.

Additionally, participants mentioned utilizing online resources, often indicating that they do their own research based on key word searches or research on specific health conditions and issues which are personally relevant.

"I would take what my doctor gives me and delve into it further on the Internet." (Nationwide Older Women)

"If I want to know anything, I go to Google." (Nationwide Older Men)

Specific websites were mentioned, including local health sciences centres, health institutes, as well as medical and/or health-related websites (e.g., University Health Network, Harvard Health (Harvard Medical School), Mayo Clinic, Johns Hopkins Medicine, WebMD, Heart and Stroke Foundation, Diabetes Canada). Provincial and federal government health websites were also referenced, with the caveat that government sites are not viewed as easy to navigate. A few participants commented that government websites are trusted and offer voluminous information on health and topics related to healthy living or healthy lifestyles. And, while relatively few participants had heard of the Public Health Agency of Canada, most indicated that it would be seen as credible. In discussion about reliance on the Internet for information on healthy aging, some participants raised the issue of misinformation, particularly when googling information. While the Internet is often considered a 'go to' first source for information, participants' comments suggested some hesitancy regarding its reliability unless it is clearly from respected, authenticated and evidence-based scientific sources.

"I go to the Internet first, but I don't always trust the sites I visit completely." (BC/North Rural/Urban)

It's hard to tell what's reliable, and what's not." (Ontario Rural)

Several participants spoke about having signed up to receive health newsletters from experts and institutions – McMaster Health Forum was mentioned in this regard. Across almost all groups, several commented on social media as a frequently used source of information, including Facebook, YouTube, Instagram and Telegram Messenger. Others commented that they would be inclined to trust seniors themselves, seniors' advocates, or organizations which provide services to seniors such as VON Canada or community-based seniors clubs.

"I think it would be helpful if the information was provided by seniors' organizations. It's better to hear information from a senior than a young person." (Atlantic Urban)

"I work with an agency called VON that provides classes for seniors. I would go there." (Nationwide Indigenous Older Adults)

"I try to find people who have been there and done it – people who are 90 to 100 years old." (Ontario Rural)

Family and friends were seen as trusted sources of health information by a number of participants who referred to reliance on their spouses or partners if they were seeking information about healthy aging.

"I rely on family … they'll be honest with me." (Ontario Rural)

Beyond the sources noted above and with less frequency, participants also mentioned traditional media (e.g., radio, TV), newsletters and pamphlets that are mailed to them or delivered to their door, as well as magazines targeting the older demographic (e.g., Zoomer magazine). In this context, pharmaceutical companies were explicitly mentioned by a few participants as lacking in credibility as a source of information about healthy aging.

When asked specifically about the credibility of the Public Health Agency of Canada, most participants did view the agency as trustworthy even if they were not necessarily familiar with it. PHAC's credibility stems from an understanding or perception that it has a key role to play in promoting health and sharing information with Canadians about health and healthy living as well and the fact that the information it produces is based on the advice of agency specialists and professionals with expertise in the area of healthy aging. Others saw PHAC as having a mandate to provide the facts in an unbiased manner.

"PHAC will tell us what's true, not just what we want to hear." (Quebec Urban)

The main criticisms of information from PHAC centered mainly on participants' lack of awareness of the agency and on past experience with government websites, specifically the requirement for visitors to government websites to have to parse large amounts of content in order to address questions they need answered or get to the information of interest to them. Others expressed concerns that PHAC may not have the capacity to disseminate information to the Canadian public or that it would duplicate the information coming from other sources within the health care system. Any other concerns or criticism about the credibility of information coming from PHAC centered on the following:

- A perceived inability of PHAC, as a federal institution, to provide information that is customized or targeted regionally;
- A heavier reliance on provincial websites and information from provincial sources over those at the federal level;
- A general lack of trust in government institutions and concerns about verifying the information contained on government websites;
- Concerns about PHAC's role through the pandemic and, in particular, advice with respect to public health measures, although others commented favourably on its management of Canada's response to the pandemic and viewed this as positively impacting their perceptions of trust and credibility;
- A perception that PHAC may be reliant on information provided by those with a vested interest and/or an opportunity to profit, such as health care and pharmaceutical companies; and
- A preference to speak to a 'live' person rather than read information online or to have questions answered online.

Relatively few participants commented on the ease of finding information about healthy aging, but those who did underscored the need to ensure that it is provided in a way that is easily understood by Canadians with varying levels of ability to read, consume and absorb information. In addition to taking into consideration literacy levels, participants also suggested that formatting should consider visual acuity particularly among the older population. Several took the opportunity to emphasize that any information on healthy aging should target those who are nearing retirement in order to prompt people to think about the topic in a timely fashion. Suggestions were also brought forward to ensure that information supports the goal of living independently and/or making decisions for oneself.

"It should recognize that senior people are autonomous and value their own autonomy. Healthy aging programs should be focused on facilitating that." (Nationwide Older Adults Living with Disabilities)

2. Preferred Means of Receiving Information about Healthy Aging

Participants' preferences for receiving information on the topic of healthy aging aligned, for the most part, with the sources and channels they trusted and/or viewed as convenient, relatively easy and quick to access. They included the following:

- Traditional media – TV (news segments or dedicated shows), print (e.g., articles or magazines dedicated to the topic of healthy), radio (e.g., radio call-in programs)
- Online media – websites, e-mails (with links to PHAC sources)
- Social/digital media – health-related podcasts, Facebook, YouTube, Twitter (from Public Health officials/agencies)
- Seminars – possibly delivered at seniors' centres or the local library
- Community fairs

In commenting on their preferences, participants stressed that information should come from credible sources, such as the World Health Organization (WHO) or the federal government and that it should incorporate information that is presented visually and in a way that is appealing and grabs one's attention. Some also stated a preference for information which is delivered via an interactive format. Others wanted to ensure that contact information (e.g., a telephone number) is included in the event that the reader wished to follow up.

Indigenous participants made the point that information is useful, but that resources are required to be able to follow the advice given or implement the strategies for healthy aging that are offered.

"Sending out information to people who don't have access to resources is pointless." (Nationwide Indigenous Older Adults)

3. Terminology

Participants were asked about the most appropriate way to refer to people aged 50 and older in communications about healthy aging. In a polling exercise, participants across the 19 groups selected what they believed was the best way to refer to individuals in this demographic and then provided some commentary to elaborate on their choice.

Results from this exercise were mixed, although similar to the results from the quantitative survey, many were comfortable being referred to as a 'senior'. About as many also favoured the term 'older adult,' while fewer preferred 'elder' or 'older person.' Each term generated both positive and negative commentary. While many viewed the label 'senior' as commonly used and one that people 'grow into as they age,' others felt it applied more so to those aged 65 or 70 and older. The opportunity to obtain discounts as a senior was viewed as an advantage. The main objection to the term 'senior' came from those in their 50s who felt they were too young to be considered a part of this demographic. There was also a sense that the term seniors held negative connotations for younger people.

"Younger people think of seniors as old and crotchety. They see them in a negative way." (BC/North Rural/Urban)

By contrast, the term 'older adult' was viewed as less value-laden and more appropriate for those in their 50s or early 60s who did not yet see themselves as seniors. Those who favoured this term felt it was appropriate for individuals who may still be active or more youthful in terms of their mindset, despite their chronological age. Those who objected to this term or disliked it simply didn't feel it appropriate to refer to people as old or older. Again those in their 50s and 60s were more inclined to feel this way. By contrast, some felt that referring to those aged 50 and older as seniors was more acceptable in that it suggested a level of life experience that yields knowledge and wisdom.

'Elder' was preferred by some, although less so as compared to the terms 'senior' or 'older adult.' The term 'elder' conferred a certain status based on life knowledge and experience and was viewed as a respectful way of referring to individuals who have reached this stage in their life. Some commented that they have seen the term used more commonly as a way of referring to individuals with considerable life experience. Others expressed concerns that the term is too closely associated with 'elderly' to which they objected. Some participants in a group held among those residing in the Prairies noted that it has religious connotations and, as such could be inappropriate for use more widely in discussions referring to Canada's aging demographic.

The term 'older person' was viewed as acceptable by some who felt that it positioned individuals in more relative terms. Others, however, were of the view that the term was somewhat incomplete in the sense that one could be older than others at age 30. As in the case of older adult, many also objected to the stigma associated with being labeled as old. Some also expressed concerns that the terms 'older adult,' 'older person,' and 'senior' all lack compassion, while 'elder' has connotations of wisdom and thoughtfulness.

A number of participants either preferred to avoid the use of labels entirely or felt none of the labels or terms discussed were appropriate, especially given the breadth of the demographic group (from age 50 on) being referred to. Several participants questioned why a label was required at all, preferring to be called a person. Some of these participants also noted that applying a term to such a wider swath of society did not account for the different circumstances and situations of individuals within the 50+ age group.

"We're all people. We all have the same rights and we might have different needs. But, we're all people." (Quebec Urban)

"I don't want to be called by any of these labels. My age is irrelevant." (Nationwide Indigenous Older Adults)

A few participants volunteered other labels or terms picking up on the idea of 'mature citizens,' or 'mature adults.' Others felt that any term should imply or infer wisdom based on the life experience of those who reach this stage in their lives.

D. Other Comments

At the conclusion of each focus group participants were given an opportunity to share any final thoughts related to healthy aging, including additional guidance they wished to relay to the Public Health Agency of Canada on this topic. The suggestions and comments provided by participants fall into a number of categories with a particular focus on planning and taking care of oneself in order to enhance the prospect of a higher quality of life at this stage. The range of themes which arose from participants' comments is highlighted below:

- The passage of time – Many participants volunteered general comments focusing on how quickly time passes, particularly in the latter stages of life. Some noted that, in retrospect, they should have operated at a slightly slower pace earlier in life in order to enjoy their younger years and get the most out of them.
- A positive attitude – Several participants spoke about the importance of embracing this particular stage in life, living life to the fullest, and generally being comfortable and patient with the aging process. A few commented that the focus group conversations had been more positive than they had anticipated and noted the value of creating opportunities to bring diverse groups of older Canadians together to discuss aging, share their concerns and support each other.
- Preparation for aging:
    - Financial – Planning for one's financial future was underscored by several participants, with some mentioning the importance of financial education at a younger age and building financial literacy skills more broadly.
    - Health – A number of participants emphasized the need to maintain a healthy mind, spirit and body at all stages of life, and to nurture oneself in ways that will allow individuals to continue to be physically and intellectually active as they age. They underscored the need to develop healthy habits much earlier in life. Some also commented on the need to carefully manage one's involvement in high impact activities at younger stages in life in order to minimize physical damage and the potential for reduced mobility at later stages.
    - Education about aging – Participants commented on the importance of sharing information about the factors which facilitate healthy aging. They advised that the target audience for any educational campaign should include not only those aged 50 and older, but those in their 20s, 30s and 40s. Campaigns should also direct Canadians to key resources, including information, programs, and services, to support them as they age. There was a belief that Canada should take a more proactive approach to addressing aging and the needs of those who are aging.
- Valuing people as they age – Many participants made the point that those who are aging continue to be valued members of society and should be treated as such. They also commented on the importance of community in order to support people as they age.
- The health care system in Canada – A few comments focused on the importance of strong cooperation and collaboration between the federal, provincial, and territorial levels of government to ensure a well-functioning, integrated health care system which will support Canadians as they age. Building greater trust in the health care system and ensuring a high standard of service regardless of one's race

was explicitly emphasized by participants who identified as racialized. It was their perspective that racialized Canadians are less likely to seek healthcare due to past experiences and interactions with the health system which they perceived as discriminatory. Comments also suggested that care for seniors should recognize the differing aging experiences of diverse groups within the older-adult community, in effect underscoring the need to examine aging from the standpoint of diversity, equity and inclusion (DEI) issues and impacts.

IV. Detailed Methodology

Detailed Methodology

A. Quantitative

Two methodologies were employed for the quantitative phase of the research, as follows:

- A 20-minute nationwide telephone survey of n=2,000 Canadians aged 50 and older. For telephone, the sample comprised of both landline and cell phone numbers to ensure that it adequately reflected the increasing number of households which no longer have a landline.
- In addition, a sample of n=500 Canadians (aged 50 and older) were surveyed via a nationwide online panel.

The survey was conducted in both official languages, English and French.

1. Sample Design

The final sample, as shown in the tables below is reflective of a proportionate sample based on population demographics in terms of gender, age, and region of the target audience from the 2021 Census by Statistics Canada.

The tables below outline separately the distribution of telephone and online surveys based on age and gender. Accompanying weights, which were applied to age/gender to ensure the final data set closely reflected the distribution of the population, aged 50 and above, are included below for Table 22 and Table 23.

Table 22. DISTRIBUTION OF TELEPHONE INTERVIEWS BY AGE AND GENDER

	Proportionate Sample (Source: Statistics Canada, 2021 Census)		Final Survey Completes (Weighted)		Weight
Age	Male				
	%	n=	%	n=	
50-64	25	500	25	500	1.340481233
65-79	17	340	17	340	0.815346906
80+	5	100	5	100	0.751878947
TOTAL	**47**	**940**	**47**	**940**	
	Female				
	%	n=	%	n=	
50-64	27	540	27	540	1.189426123
65-79	19	380	19	380	0.820733521
80+	7	140	7	140	0.858894847
TOTAL	**53**	**1060**	**53**	**1060**	

Table 23. DISTRIBUTION OF ONLINE INTERVIEWS BY AGE AND GENDER

	Proportionate Sample (Source: Statistics Canada, 2021 Census)		Final Survey Completes (Weighted)		Weight
Age	Male				
	%	n=	%	n=	
50-64	25	125	25	125	0.999999
65-79	17	85	17	85	0.999999
80+	5	25	5	25	1.041665625
TOTAL	**47**	**240**	**47**	**240**	
	Female				
	%	n=	%	n=	
50-64	27	135	27	135	0.999999
65-79	19	95	19	95	0.999999
80+	7	35	7	35	0.999999
TOTAL	**53**	**260**	**53**	**260**	

After weighting for age and gender, the regional data closely aligned with Statistics Canada 2021 Census data, so no further weighting was applied. Results by region are provided below.

Table 24. OVERALL DISTRIBUTION OF TELEPHONE AND ONLINE INTERVIEWS BY PROVINCE/REGION

Region	Percent of Population (Source: Statistics Canada, 2021 Census)	Proportionate Sample (Source: Statistics Canada, 2021 Census)	Final Survey Completes % (Weighted)	Final Survey Completes n= (Weighted)
Atlantic	8% NFLD 2% PEI <1% NS 3% NB 2%	200	8% NFLD 2% PEI 1% NS 3% NB 2%	197
Quebec	24%	600	25%	626
Ontario	38%	950	38%	950
Manitoba	3%	75	3%	75
Saskatchewan	3%	75	3%	74
Alberta	10%	250	10%	241
British Columbia	14%	350	13%	337
TOTAL	**100%**	**2,500**	**100%**	**2,500**

Respondents for the online survey were profiled and selected to participate in the survey through the use of a nationally representative online panel. Although research conducted via online panels does not follow the protocols for a random, representative survey (and as such will not have a margin of error applied to the results), we monitored variables listed above to ensure a good representation in accordance with the overall 2021 Statistics Canada Census data as per the variables above.

2. Pre-Test

Following the Government of Canada's Standards for Public Opinion Research for Telephone and Online Surveys, pre-testing was undertaken prior to fully launching the survey. The telephone survey was pretested among n=26 respondents (14 in English and 12 in French) on January 31, 2023, prior to running live. For the online survey, a total of 22 survey completions were attained (11 in English and 11 in French) in a pretest on February 7, 2023.

The survey was intended to be 20 minutes in length, although fielding of the telephone survey during the pretest ran slightly over the expected length, averaging 22 minutes per interview. In discussions with the field supplier, it was predicted that the length would decrease as interviewers became more familiar with the survey. Online, the average length of the interview during pre-testing was 12 minutes, which was expected and under the allotted length of 20 minutes. With a hybrid telephone/online approach, a 20-minute telephone questionnaire can often be completed within a shorter length of time online.

Pre-test respondents were asked to provide feedback on various aspects of the experience completing the questionnaire, including overall ease of completion, comprehension, length, general interest in the topic and new learnings. Overall, the feedback from respondents who completed the survey was quite positive. The vast majority of respondents surveyed agreed, either somewhat or strongly, that:

- The questions asked were straightforward and easy to understand (96% telephone, 100% online);
- The survey was easy to complete (92% telephone, 100% online);
- The length of the survey was reasonable (92% telephone, 86% online);
- The topic was interesting (92% telephone, 91% online); and
- They learned something from the survey (73% telephone, 77% online).

Asked, on an open-ended basis, if the respondent had any other comments about the survey or their experience taking the survey, limited feedback was provided.

Results from the pre-test for both modes were provided to the Public Health Agency of Canada and given the positive findings, no modifications to the telephone or online survey were made.

3. Length of Survey

Following the pre-test, the fieldwork for this survey was conducted from February 8th to March 5th, 2023 (telephone) and February 8-15th, 2023 (online). On average, the telephone survey took about 22 minutes to complete and ran anywhere between 10 and 44 minutes in length. Online, the median survey length was 11 minutes, with a range of completion times between 4 to 38 minutes.

4. Incidence, Response and Completion Rates

In total n=2,000 respondents completed the telephone survey, with an incidence rate of 68%. At a confidence level of 95%, the margin of error for the telephone survey is ± 2.2%.

The survey resulted in an overall response rate of 2.69%, which has been calculated according to the Empirical Method formula of R / (U + IS + R). Additional details on the response rate calculation can be found in the Call Dispositions section of the Appendix.

In total n=500 respondents completed the online survey, with an incidence rate of 90%. The overall response rate was 24%. A total of 2,460 invitations were sent, of which 592 respondents started the survey. The overall completion rate achieved across all sample sources was 89%. As the online panel is opt-in and not considered to be a random sample, a margin of error can not be calculated.

The following outlines the calculations:

$$\text{Response Rate} = \frac{\text{Interviews Started}}{\text{Respondents E-mailed}} \qquad \text{Completion Rate} = \frac{\text{Completes + Screen outs + Quota full}}{\text{Total \# of Click Ins}}$$

$$24\% = \frac{592}{2{,}460} \qquad 89\% = \frac{(500+21+37) = 558}{627}$$

5. Online vs. Telephone Results

As noted in the above section "Sample Design", both the telephone and online methodologies were designed to obtain an age distribution reflective of Canada's population aged 50 and older – 52% aged 50-64, 36% aged 65-79 and 12% aged 80+. Although the proportion of respondents between the ages of 50 and 64 remained the same across both methodologies, online respondents skewed younger (aged 50-54) while telephone respondents skewed older (aged 60-64). Other demographic differences to note between modes are as follows:

- By education:
  - Telephone respondents relative to online respondents were more likely to:
    - Have less than a high school diploma (or equivalent) (5% vs. 3%); and
    - Have a post graduate degree above a bachelor's level (16% vs. 12%).
  - Online respondents relative to those who completed the survey via telephone were more likely to indicate having a college, CEGEP, or other non-university certificate or diploma (28% vs. 23%).
- By marital status:
  - A higher proportion of telephone respondents described their marital status as widowed (13%) versus those who completed the survey online (8%).
- By household income:
  - Respondents completing the survey via telephone were more likely to have a household income of under $20,000 (7%) or $150,000 or more (13%) compared to those completing the survey online (4% and 8%, respectively).
  - Online respondents, relative to telephone respondents were more likely to state a household of income of $40,000 to $60,000 (21% vs. 16%).
- By community size:
  - Online respondents were more likely to live in a city (68%), relative to telephone respondents (62%).

- Telephone respondents were more likely to say they live in a town or village (21%) or a remote area (2%) compared to online respondents (17% and 1%, respectively).

Some differences were also noted in the results between those who completed the survey by telephone (interview administered) and those who completed the survey online (self-administered). Broadly speaking respondents who completed a telephone interview, relative to those who completed the survey online, were more:

- Positive in ratings of their personal health and overall quality of life;
- Likely to indicate they participate in various social and physical activities (Q9);
- Likely to feel positively about the prospect of aging;
- Likely to rate their community as 'very' age friendly.

These differences suggest that there are a variety of issues that can be introduced with interview-led surveys, which include social desirability bias and, overall, responses to scaled questions generally being more positive. There is a body of research which shows that mode effects are likely to occur under several scenarios and this may be contributing to some of the differences evident in this dataset. For example, on questions of a sensitive nature self-administered polls undertaken online tend to yield data that is less skewed toward socially desirable responses versus interviewer-led polls. Similarly, on questions that feature a ratings scale, telephone poll respondents are more likely than those responding online to select more positive answer categories but are not more likely to give extremely negative responses. For more detailed data by mode, please refer to the data tables. The differences seen in this study, otherwise known as mode effects, reflect much of the current research on why respondent's answers differ when the interview is undertaken in a different format. For example, Pew Research recently conducted a large-scale experiment that tested the effects of the mode of survey interview between with an interviewer vs. a self-administered online survey. Results indicated that lines of questioning around ratings of family or social life, produced significant differences between these two modes (18% and 14%, respectively). Should PHAC decide to undertake this survey in the future, deploying a self-administered (online) approach will likely provide more accurate results, reflecting respondents' more thoughtful and honest responses to attitudinal-based questions. However, if and when this shift is made further analysis should be conducted to assess the implications of a change to the methodology and this should be noted in the reporting. For additional details regarding the demographic makeup of both online and telephone respondents, please refer to the section below 'Respondent Profile – Additional Details' and the data tables.

6. Strengths and Limitations of the Methodology

One of the strengths of this study is the multi-modal approach to the methodology undertaken. Conducting interviews by telephone (using landline and mobile numbers) and online achieved a robust sample with a good mix of older Canadians, some of whom may only be reachable through one of these methods and would have otherwise been excluded. This approach was also employed to allow for comparisons between the two modes, as discussed above, should PHAC wish to move this study fully online in the future.

Survey research is a reliable means of gauging attitudes and behaviours at a specific point in time among the general public and specific target audiences. However, there are certain limitations in this approach which could be a factor of the methodology and questionnaire design or related to the target audience itself. While a number of steps have been taken to mitigate any deficiencies, it is nevertheless important that the limitations of the current study be fully explained. Some limitations of the data exist:

- Target Audience: Best practices in survey design, specifically surveys aimed at this particular age cohort, were employed in crafting the questionnaire, including: simplifying concepts and the

language level, using terminology which would be familiar to respondents, providing examples as relevant to enhance consistency in interpretation, and, where possible minimizing the overall length of the survey. While all attempts were made to employ plain language and to provide clarifying examples, it is possible that some terms were unfamiliar to respondents. This would typically result in a high level of those responding 'don't know' at each question, which was generally not the case.

- Self-Reporting: All data collected as part of these surveys were self-reported and therefore subject to related biases. Therefore, there may be some limitations of the data specifically associated with the age of the target audience.

7. Respondent Profile – Additional Details

In addition to the respondent profile provided in Section A of the report, the following outline the total and modal responses for all other demographic questions asked as part of the survey.

INTERVIEW MODE

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Online	20	-	100
Telephone	80	100	-

AGE

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
50-64	**52**	**52**	**52**
65-79	**36**	**36**	**36**
80+	**12**	**12**	**12**
50-54	14	11	24
55-59	16	16	14
60-64	21	22	14
65-69	14	14	15
70-74	11	11	12
75-79	10	10	9
80+	12	12	12
NOT SPECIFIED IN DETAIL	3	3	-

GENDER

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Male	47	47	47
Female	53	53	53
Non-binary	<1	<1	<1

Prefer to self-identify	<1	<1	-
Prefer not to answer	<1	<1	-

PROVINCE

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Newfoundland and Labrador	2	2	2
Prince Edward Island	1	1	1
Nova Scotia	3	3	3
New Brunswick	2	2	2
Quebec	25	25	24
Ontario	38	38	38
Manitoba	3	3	3
Saskatchewan	3	3	3
Alberta	10	10	10
British Columbia	13	13	14
Atlantic	8	8	8
Quebec	25	25	24
Ontario	38	38	38
Manitoba/Saskatchewan	6	6	6
Alberta	10	10	10
BC/North	13	13	14

EDUCATION

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Less than a High School diploma or equivalent	5	5	3
High School diploma or equivalent	20	20	22
Registered Apprenticeship or other trades certificate or diploma	6	6	6
College, CEGEP or other non-university certificate or diploma	24	23	28
University certificate or diploma below bachelor's level	9	9	7
Bachelor's degree	20	20	20
Post graduate degree above bachelor's level	15	16	12
Prefer not to answer	1	1	1
HS or less	**25**	**25**	**25**
College/Trades	**30**	**29**	**35**
University	**44**	**45**	**39**

ETHNICITY

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Western European (UK, Spain, Portugal, France, Italy, Germany, Austria, Switzerland, etc.)	52	50	61
Eastern European (Poland, Hungary, Romania, Ukraine, Russia, etc.)	9	9	10
African (Nigeria, Ethiopia, Tanzania, etc.)	1	1	<1
Middle Eastern (Israel, Syria, Jordan, Egypt, Iran, Iraq, etc.)	1	1	1
South Asian (India, Afghanistan, Pakistan, Sri Lanka, etc.)	1	1	2
Southeast Asian (Thailand, Vietnam, Singapore, the Philippines, Indonesia, Cambodia, etc.)	1	1	1
East Asian (China, Korea, Japan, Taiwan, etc.)	2	1	4
South/Central/Latin American (Argentina, Mexico, Brazil, etc.)	1	1	1
West Indian (Caribbean)	2	2	<1
Indigenous (First Nations, Metis, Inuit (Inuk), etc.)	3	3	2
Other	28	32	14
North American	2	2	<1
Canadian	18	20	10
American	<1	<1	-
Australian	<1	<1	-
Black	<1	<1	-
White	5	5	2
French Canadian	3	4	2
Jewish	<1	<1	<1
Mixed	<1	<1	-
Other	<1	<1	-
None/Not specified	1	1	1
Don't know	2	1	4
Prefer not to answer	2	2	2

INDIGENOUS

	TOTAL	Telephone	Online
n=	76	64	12
	%	%	%
First Nations (on/off reserve)	46	43	58
Metis	36	35	42
Inuk	4	5	-
Other	7	8	-
Prefer not to answer/No answer	7	9	-

LIVE ON A RESERVE OR FIRST NATION COMMUNITY FOR AT LEAST 6 MONTHS OF THE YEAR

	TOTAL	Telephone	Online
n=	72	60	12
	%	%	%
Yes	13	13	8
No	85	84	92
Prefer not to answer	2	3	-

BORN IN CANADA?

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Yes	82	82	83
No	17	17	17
Prefer not to answer	<1	<1	<1

YEARS LIVED IN CANADA

	TOTAL	Telephone	Online
n=	427	341	85
	%	%	%
Less than 5 years	1	1	2
5-9 years	1	2	1
10 years or more	96	96	96
Prefer not to answer	1	1	-

MARITAL STATUS

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Married	49	48	50
Living common-law	9	9	11
Separated	4	4	4
Divorced	12	12	13
Widowed	13	14	8
Never married	12	12	13
Prefer not to answer	1	1	1

HOUSEHOLD INCOME

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Under $20,000	7	7	4
$20,000 to just under $40,000	16	16	17
$40,000 to just under $60,000	17	16	21
$60,000 to just under $80,000	14	13	14
$80,000 to just under $100,000	10	10	12
$100,000 to just under $150,000	12	12	14
$150,000 and above	12	13	8
Prefer not to answer	11	12	9

EMPLOYMENT STATUS

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Retired	**51**	**51**	**51**
Employed (FT/PT/Self-employed)	**39**	**39**	**39**
Working full-time (that is 35 or more hours per week)	25	26	24
Working part-time (that is less than 35 hours per week)	7	6	9
Self-employed	7	7	5
Unemployed, but looking for work	**2**	**2**	**3**
OTHER			
Not in the workforce (full-time homemaker, not employed, not looking for work)	7	7	5
A student attending school full-time	<1	<1	-
Other (do not specify)	1	1	2
Prefer not to answer	<1	<1	-

SIZE OF COMMUNITY

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
A city	63	62	68
A town or village	21	21	17
A rural area	15	15	14
A remote area	1	2	1
Other	<1	<1	-
Don't know	<1	<1	-
Prefer not to answer	<1	<1	<1

CURRENT LIVING SITUATION

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
Live in a retirement home	2	2	1
Rent your home	20	19	23
Own your home	74	75	73
Live in someone else's home	2	2	1
Other	1	1	1
Co-op	<1	<1	<1
Rent subsidized facility	<1	<1	<1
Camper/trailer	<1	<1	-
Homeless	<1	<1	<1
Other	<1	<1	-
Prefer not to answer	1	1	1

LANGUAGE

	TOTAL	Telephone	Online
n=	2500	2000	500
	%	%	%
English	75	77	66
French	25	23	34

B. Qualitative

The qualitative phase of this research was used to provide context to the survey results as a way to explore and better understand diverse views on what constitutes healthy aging. This phase of the research consisted of 19 online focus groups. The research instruments in English and French, including the recruiting script and moderators guide can be found in the Appendix.

1. Target Audience

The target audience for this research consisted of Canadians aged 50 and older.

All participants were recruited adhering to the *Standards for the Conduct of Government of Canada Public Opinion Research – Qualitative Research.* This included the following:

- In the past 5 years, no participant (nor anyone in their immediate household) had worked for
  - a market research firm,
  - a marketing, branding, or advertising agency,
  - a magazine or newspaper,
  - a federal, provincial, or territorial government department or agency,
  - a political party,
  - in public or media relations, or
  - in radio or television.
- No participant had participated in a focus group within the past 6 months.

- All participants indicated some level of comfort using online meeting platforms.
- At the time of recruitment, it was determined that all participants were able to speak, understand, read and write in the language in which the session was to be conducted.

To ensure that the recruiting process was inclusive and supported the specific needs of those with disabilities, efforts were made to provide accommodations to any individual who expressed concern over their ability to actively participate online (e.g., providing an additional incentive for a caregiver to assist the participant with the technology required or providing an additional incentive for a translator).

2. Research Approach

A total of 19 focus groups were conducted from March 13th to March 23rd, 2023, across 5 regions of Canada (Atlantic, Ontario, Quebec, Prairies, British Columbia/North). For each group, 8 participants were recruited with the goal of ensuring 6 participants at a minimum attended each session. Just over half (10) of the focus groups were segmented by region – both by region within Canada and location with respect to urban and rural areas. The remaining nine focus groups were conducted nationwide with diverse sub-groups of the population. Details for each group, such as language, region, and group composition are outlined in the table below.

Date	Language	Location	Composition	Number of Participants
March 13, 2023	EN	Atlantic	Residing in Urban Areas	8
March 13, 2023	EN	Atlantic	Residing in Rural Areas	8
March 13, 2023	EN	Nationwide	Older Men	7
March 14, 2023	EN	Ontario	Residing in Urban Areas	7
March 14, 2023	EN	Ontario	Residing in Rural Areas	6
March 14, 2023	EN	Nationwide	Older Adults with High Socio-economic Status	7
March 15, 2023	FR	Quebec	Residing in Urban Areas	8
March 15, 2023	FR	Quebec	Residing in Rural Areas	7
March 15, 2023	EN	Nationwide	Older Women	8
March 16, 2023	EN	Prairies	Residing in Urban Areas	6
March 16, 2023	EN	Prairies	Residing in Rural Areas	8
March 20, 2023	EN	Nationwide	Older Adults Identifying as Racialized	8
March 20, 2023	EN	Nationwide	Older Adults with Low Socio-economic Status	6
March 21, 2023	EN	British Columbia/North	Residing in Urban Areas	7
March 21, 2023	EN	Nationwide	Indigenous Older Adults	7
March 22, 2023	EN	British Columbia/North	Residing in Urban and Rural Areas	7
March 22, 2023	EN	Nationwide	Older Adults Living with Disabilities	8
March 23, 2023	EN	Nationwide	Older Adults Identifying as LGBTQ2S+	6
March 23, 2023	EN	Nationwide	Older Adult Newcomers to Canada	7
			Total Number of Participants	136

On a best-efforts basis, each focus group aimed to include a mix by gender, age, ethnicity, household income, educational attainment, and employment status (as applicable).

During the screening process and at the beginning of each group, participants were informed that the research was being conducted on behalf of the Public Health Agency of Canada (PHAC) and that their

responses would be kept completely confidential. Furthermore, consent to audio and video record the session was obtained at both the time of recruitment and the beginning of each triad.

Participants were recruited in their official language of choice using either a random digit dialing (RDD) approach or through leveraging online panels. For audiences with a relatively high incidence in the overall population such as the regionally specific urban and rural groups, a RDD telephone approach was used. For lower incidence groups such as older adults identifying as LGBTQ2S+ or those with lower socio-economic status, an online panel was leveraged where profiling information was used to help more cost effectively target individuals meeting the criteria for each group. Participants identified through the online panel were then screened via telephone to ensure they met all the requirements.

To complete 19 focus groups over two weeks, three separate moderators were used. During fieldwork, the moderators met at least twice to discuss high level findings and trends and share perspectives. During these meetings any adjustments to the moderators' guides in terms of the flow of discussion, additional probing questions and other fine tuning to optimize the generation of key insights were discussed. Ultimately, no changes to the discussion guide were made.

In total, 152 participants were recruited and 136 participated. Each group was conducted online via Zoom, lasting approximately 90 minutes in length. All participants received an honorarium of $100 in appreciation of their time.

After completion of the focus groups and in discussion with the Project Authority, it was decided that additional one-on-one interviews would be conducted with older Canadians living with disabilities in order to achieve a broader representation among this group. A total of 5 in-depth interviews were conducted either online via Zoom or by telephone. No modifications to the discussion guide were made. Each interview lasted approximately 30-45 minutes and participants received a $100 honorarium in appreciation of their time.

Across the focus groups and one-on-one interviews, a total of 141 Canadians aged 50 and older participated.

3. Strengths and Limitations of the Methodology

The semi-structured nature of these focus groups discussions combined with the limited number of participants engaged in the research means that findings are not statistically representative and should be considered more directional in nature. As such, the findings from the qualitative research should not be considered statistically projectable to the broader population across Canada.

V. Appendix

Appendix

A. Polling Exercise – Results

Poll 1 – Factors and/or Features of Age-Friendly Communities

Option	Total
Affordable housing	80
Safe neighbourhoods	33
Access to health services (health care, mental health and dental care)	100
In-home services that support independent living	75
Well-maintained sidewalks	10
Accessible and affordable public transit	31
Employment and volunteer opportunities for older people	33
Community-based social and recreational activities	67
Accessible and affordable high-speed Internet	30
Exercise programs for older people	42
Opportunities for lifelong learning	32
Accessible buildings	22
Access to the outdoors/natural environment	31
Walkable neighbourhoods	29
Social networks and friends	64
Something else (not listed)	4

Poll 2 – Term for People Aged 50 and Older

Option	Total
Older person	15
Older adult	31
Senior	39
Elder	17
In another way (not listed)	28

B. Call Dispositions – Telephone Survey

The response rate for the telephone survey was 2.69 percent. Details are shown below.

	N
Total numbers attempted	202,609
UNRESOLVED NUMBERS (U) Busy /No answer/ Voicemail	**73,897**
RESOLVED NUMBERS (Total minus U)	128,712
OUT OF SCOPE (invalid/non-eligible) Not-in-service (NIS)/Non-res/business/ Fax/modem/ Cell/pager/ Duplicates	*90,125*
IN SCOPE NON-RESPONDING (IS) Refusals/ break-offs/language barrier/callback missed/respondent not available/illness/incapable	**35,561**
IN SCOPE RESPONDING (R)	**3,026**
Disqualified/Quote filled	1,012
Completed	2,014
RESPONSE RATE [R / (U + IS + R)]	**2.69%**

The response rate was calculated according to the standard Empirical Method, as follows:

- The number of in scope responding participants (completed, disqualified, and over-quota respondents) **= 3,026**

  DIVIDED BY

- The sum of the unresolved numbers (73,897), the in scope non-responding (IS) participants (35,561) + the in scope responding (R) participants (3,026) **= 112,484**

C. Surveys

1. Telephone Survey – English

Health Canada/PHAC – Healthy Aging Research Study
DRAFT TELEPHONE Questionnaire (Jan. 23, 2023)

INTRODUCTION

Hello/Bonjour, my name is INSERT NAME from The Strategic Counsel, a professional public opinion research company. Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais? **[IF FRENCH, CONTINUE IN FRENCH OR ARRANGE A CALL BACK WITH FRENCH INTERVIEWER:** Nous vous rappellerons pour mener cette entrevue de recherche en français. Merci. Au revoir].

We are conducting a survey on behalf of the Public Health Agency of Canada regarding your views on aging. It should take no longer than about 15-20 minutes to complete. Your participation is voluntary and completely confidential. Your answers will remain anonymous. May I continue? **IF UNABLE TO READ ENTIRE INTRODUCTION INTERVIEWER MUST PROVIDE LENGTH OF INTERVIEW TO EVERY RESPONDENT.**

IF YES, QUALIFY AND CONTINUE. May I please speak to the person, 50 years of age or older, living in this household? Would that be you or someone else?

IF NO, BUT SOMEONE ELSE AT THIS NUMBER, ASK: May I speak with that person, please?

IF REFERRED TO ANOTHER PERSON, START FROM THE TOP. IF PERSON IS NOT AVAILABLE, TERMINATE.

IF DON'T KNOW, TERMINATE.

Before I begin, please note this call may be monitored or recorded for quality control purposes. The first few questions are about you.

SCREENING QUESTIONS

1. Record language of interview. **[DO NOT ASK]**

   English
   French

2. In what year were you born? **[RECORD YEAR – YYYY] [PN: MANAGE QUOTAS FOR AGE]**

   IF UNDER 50 (BORN AFTER 1972), TERMINATE
   [PN: IF RESPONDENT PREFERS NOT TO PROVIDE A PRECISE BIRTH YEAR, ASK Q.2A]

2a. Would you be willing to tell me in which of the following age categories you belong? **[PN: MANAGE QUOTAS FOR AGE]**

   Under the age of 50 **[TERMINATE]**
   50 to 64
   65 to 79

80 or older
[DO NOT READ] Prefer not to answer **[TERMINATE]**

3. What is your gender? **[PN: MANAGE QUOTAS FOR GENDER OVERALL – 48 MALE/52 FEMALE – AND FOR GENDER BY AGE]**

   Female
   Male
   Non-binary
   Prefer to self-identify (VOLUNTEERED: Please specify): _____
   [DO NOT READ] Prefer not to answer

4. May I have the first 3 digits of your postal code? **[PN: REASSIGN TO PROVINCES/TERRITORIES AND MANAGE QUOTAS BY REGION]**

   __ __ __ **[TERMINATE IF NOT A VALID POSTAL CODE]**

   [DO NOT READ] Prefer not to answer **[TERMINATE]**

GENERAL HEALTH INFORMATION

5. Would you say your health in general is … ?

   Excellent
   Good
   Fair
   Poor
   Very Poor
   [DO NOT READ] Prefer not to answer

6. Do you identify as any of the following?

   Yes
   No
   [DO NOT READ] Don't know

   [DO NOT READ] Prefer not to answer

   a. A person with a disability? **[PN: READ AS NECESSARY]** A person with a disability is a person who has a long-term or recurring impairment (such as vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental-health related) which limits their daily activities inside or outside the home (such as school, work or in the community in general).
   b. Someone with a medical condition that weakens your body's ability to fight off infections (such as heart disease, diabetes, HIV, asthma)?

QUALITY OF LIFE AND CURRENT ACTIVITIES

The next few questions ask about your life, current routine, and the types of activities in which you are involved.

7. Overall, how would you rate your quality of life? Would you say it is …

   Excellent
   Good
   Fair
   Poor
   Very poor
   [DO NOT READ] Prefer not to answer

8. How, would you rate your quality of life in each of the following areas … excellent, good, fair, poor or very poor? **[READ AND ROTATE ITEMS A-F.]**

   a. Your mental well being
   b. Your physical well being
   c. Your relationships with other people
   d. Your participation in social and community activities
   e. Your sense of purpose in life
   f. Your financial well-being

9. How often do you engage in each of the following … at least once a day, at least once a week, at least once a month, at least once a year, never? **[READ AND ROTATE ITEMS A-E]**

   a. Physical activity (swimming, walking, dance, gardening)
   b. Hobbies or personal interests (painting, photography, birdwatching, music, taking a class)
   c. Activities at a local community centre (either in-person or virtual)
   d. Connecting with family and friends
   e. Volunteering

10. Which of the following best describes your current employment status? Are you … **[READ LIST. ACCEPT ONE ANSWER ONLY.]**

    Working full-time (that is 35 or more hours per week)
    Working part-time (that is less than 35 hours per week)
    Self-employed
    Unemployed, but looking for work
    A student attending school full-time
    Retired **[SKIP TO Q.12]**
    Not in the workforce (full-time homemaker, not employed, not looking for work) **[SKIP TO Q.12]**
    DO NOT READ Other (do not specify)
    DO NOT READ Prefer not to answer

11. **[IF 'RETIRED' OR 'NOT IN THE WORKFORCE,' SKIP TO Q.12. ALL OTHERS, ASK]** At what age do you anticipate retiring?

    [PN: WRITE IN AGE IN YEARS] _____
    I am already retired (Volunteered)
    Never (Volunteered)
    Don't know/Not sure (Volunteered)

OUTLOOK ON AGING

Now, we have a few questions about your views on aging.

12. How do you feel generally about the [IF 50-64: PROSPECT / IF 65+: EXPERIENCE] of getting older? Would you say that overall your feeling is:

    Very positive
    Somewhat positive
    Somewhat negative
    Very negative
    Don't know/Not sure (Volunteered)
    [DO NOT READ] Prefer not to answer

13. What 2 things are you most concerned about as you age? **[ACCEPT UP TO TWO RESPONSES. IF POSSIBLE, PRE-CODE USING LIST BELOW.]**

    Losing your independence
    Declining health (of yourself or your partner)
    Your finances
    Not being able to live at home
    Not being able to drive
    Isolation or loneliness
    Fear of falling or getting hurt
    Strangers having to care for you
    Being discriminated against based on your age
    Other [INTERVIEWER TO ADD]
    I am not concerned about aging EXCLUSIVE]

14. How much do you associate the term 'healthy aging' with each of the following? **[READ AND ROTATE ITEMS A-J]**

    A lot
    Somewhat
    Not very much
    Not at all

    a. Mental and physical well-being
    b. Cognitive/brain health
    c. Being socially connected
    d. Being active and mobile
    e. Being independent
    f. Being a contributor to society
    g. Being able to age at home
    h. Continuing to learn
    i. Being valued
    j. Being able to do what one feels is important

15. Is there anything else that you associate with 'healthy aging?' **[OPEN-END]**

ENABLERS AND BARRIERS TO HEALTHY AGING

[INTERVIEWERS TO READ TO RESPONDENTS] Healthy aging is about developing and maintaining the physical and cognitive abilities that enable wellbeing as one ages. It is supported by environments that allow people to do what they value as they age.

16. Overall, would you describe the community in which you currently live as being … ? **[READ LIST. ACCEPT ONE RESPONSE ONLY.]**

    Very age-friendly
    Somewhat age-friendly
    Not very age-friendly
    Not age-friendly at all
    Don't know (Volunteered)

17. How would you rate your community on the following, which support healthy aging? **[READ AND ROTATE ITEMS A-K]**

    Excellent
    Good
    Fair
    Poor
    Very poor
    Don't know (Volunteered)

    a. Affordable housing
    b. Health care, mental health and dental care services
    c. In-home services that support independent living
    d. Well-maintained sidewalks
    e. Accessible and affordable public transit
    f. Safe, easy to access buildings and public spaces
    g. Employment and volunteer opportunities for older adults
    h. Community-based social and recreational activities and events
    i. Accessible and affordable high-speed Internet
    j. Exercise programs for older adults
    k. Opportunities for lifelong learning

18. Many factors contribute to healthy aging. In your view, which two of the following are the most important? Is it … **[READ LIST AND ROTATE. ACCEPT UP TO TWO RESPONSES. PROMPT FOR ANYTHING ELSE LAST.]**

    Being close to family
    Social networks and friends
    Access to cultural events and activities
    Accessible housing, buildings and transit
    Physical and cognitive supports like educational and exercise programs
    Access to health services
    Being able to get outdoors
    Something else, please specify: _____

COMMUNICATIONS AND TECHNOLOGICAL LITERACY/PROFICIENCY

Now we have a couple of questions about how you do or would access information on the topic of healthy aging.

19. Who do you trust the most when it comes to providing you with information related to healthy aging? **[READ LIST AND ROTATE. ACCEPT UP TO TWO RESPONSES. PROMPT FOR 'OTHER, PLEASE SPECIFY LAST'.]**

    Medical professionals including doctors and nurses
    Pharmacists
    Researchers or experts
    Health-related websites
    Family or friends
    The Government of Canada
    The Public Health Agency of Canada/Health Canada
    Your provincial, territorial or municipal government
    Online social media
    The news media
    Other, please specify:

20. Do you recall seeing anything from the Government of Canada or the Public Health Agency of Canada on the topic of healthy aging in the last 2 years?

    Yes
    No
    [DO NOT READ] Don't know

21. How interested are you in getting more information on the following topics related to healthy aging? **[READ AND ROTATE ITEMS A-H]**

    Very interested
    Somewhat interested
    Not very interested
    Not interested at all

    a. Healthy aging
    b. Falls and injuries
    c. Healthy nutrition
    d. Maintaining physical and cognitive health
    e. Preventing elder abuse
    f. Aging at home
    g. Oral health
    h. Immunization

DEMOGRAPHICS

These last few questions will allow us to compare the survey results among different groups of respondents. Your answers will remain anonymous and confidential.

22. Do you have a family doctor/physician?

    Yes
    No
    [DO NOT READ] Prefer not to answer

23. Are you responsible for the primary care of someone with a long-term health condition, physical or mental disability, or problems related to aging?

Yes
No
[DO NOT READ] Prefer not to answer

24. What is your sexual orientation? **[READ LIST. ACCEPT ONE RESPONSE ONLY]**

Heterosexual
Lesbian
Gay
Bisexual
Two-spirit
Other (Please specify): _____
[DO NOT READ] Prefer not to answer

25. Which of the following best describes your marital status? **[READ LIST. ACCEPT ONE RESPONSE ONLY.]**

Married
Living common-law
Separated
Divorced
Widowed
Never married
[DO NOT READ] Prefer not to answer

26. Do you live alone?

Yes
No
[DO NOT READ] PREFER NOT TO ANSWER

26a. [IF 'NO' AT Q.26, ASK] Please indicate whether you are living with any of the following? **[READ LIST. SELECT ALL THAT APPLY.]**

A partner/spouse
Children under the age of 18
Children over age 18
Parents

Friends/roommates
Someone else (Please specify:) _____
[DO NOT READ] Prefer not to answer

27. What is the highest level of formal education that you have completed? **[READ LIST.]**

Less than a High School diploma or equivalent
High School diploma or equivalent
Registered Apprenticeship or other trades certificate or diploma
College, CEGEP or other non-university certificate or diploma

University certificate or diploma below bachelor's level
Bachelor's degree
Post graduate degree above bachelor's level
[DO NOT READ] Prefer not to answer

28. Which of the following best describes your total household income last year, before taxes, from all sources for all household members? **[READ LIST. ACCEPT ONLY ONE RESPONSE.]**

Under $20,000
$20,000 to just under $40,000
$40,000 to just under $60,000
$60,000 to just under $80,000
$80,000 to just under $100,000
$100,000 to just under $150,000
$150,000 and above
[DO NOT READ] Prefer not to answer

29. Which of the following ethnicity(ies) do you identify as? **[ACCEPT ALL THAT APPLY.]**

Western European (UK, Spain, Portugal, France, Italy, Germany, Austria, Switzerland, etc.)
Eastern European (Poland, Hungary, Romania, Ukraine, Russia, etc.)
African (Nigeria, Ethiopia, Tanzania, etc.)
Middle Eastern (Israel, Syria, Jordan, Egypt, Iran, Iraq, etc.)
South Asian (India, Afghanistan, Pakistan, Sri Lanka, etc.)
Southeast Asian (Thailand, Vietnam, Singapore, the Philippines, Indonesia, Cambodia, etc.)
East Asian (China, Korea, Japan, Taiwan, etc.)
South/Central/Latin American (Argentina, Mexico, Brazil, etc.)
West Indian (Caribbean)
Indigenous (First Nations, Métis, Inuit (Inuk), etc.)
Other (specify)
[DO NOT READ] Don't know
[DO NOT READ] Prefer not to answer

29a. **[IF INDIGENOUS AT Q.29, ASK:]** Are you … **READ LIST. SELECT ONE RESPONSE ONLY. ?**

First Nations (on/off reserve)
Métis
Inuk
Other (please specify): _____
[DO NOT READ] Prefer not to answer

29b. **[IF INDIGENOUS AT Q.29, ASK]** Do you live on a reserve or First Nation community for at least 6 months of the year?

Yes
No
[DO NOT READ] Prefer not to answer

30. Were you born in Canada?

Yes
No
[DO NOT READ] Prefer not to answer

30a. **[IF NO AT Q.30, ASK]** How many years have you lived in Canada?

Less than 5 years
5-9 years
10 years or more
[DO NOT READ] Don't know
[DO NOT READ] Prefer not to answer

31. How would you describe the area in which you reside? Is it …

A city
A town or village
A rural area
A remote area
Other (please explain): _____
[DO NOT READ] Don't know
[DO NOT READ] Prefer not to answer

32. Which of the following best describes your current living situation? Do you …

Live in a retirement home
Rent your home
Own your home
Live in someone else's home
Other (Please specify): _____
[DO NOT READ] Prefer not to answer

33. What didn't we ask as part of this survey, that you would like us to know about healthy aging? **[OPEN-END]**

2. Telephone Survey – French

Santé Canada/ASPC – Étude de recherche sur le vieillissement en santé
ÉBAUCHE du questionnaire par TÉLÉPHONE (le 23 janvier 2023)

INTRODUCTION

Hello/Bonjour, my name is INSERT NAME, from Strategic Counsel, a professional public opinion research company. Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais? **[IF FRENCH, CONTINUE IN FRENCH OR ARRANGE A CALL BACK WITH FRENCH INTERVIEWER:** Nous vous rappellerons plus tard pour mener cette entrevue de recherche en français. Merci. Au revoir].

Nous réalisons un sondage au nom de l'Agence de la santé publique du Canada portant sur votre opinion sur le vieillissement. La participation à ce sondage ne devrait pas prendre plus de 15 à 20 minutes. Votre participation se fait sur une base volontaire et restera totalement confidentielle. Vos réponses demeureront anonymes. Puis-je poursuivre? **SI L'INTERVIEWEUR NE PEUT PAS LIRE TOUTE L'INTRODUCTION, IL DOIT INDIQUER LA DURÉE DE L'ENTRETIEN À CHAQUE PERSONNE INTERROGÉE.**

SI OUI, PRÉCISER LE RÉPONDANT ET CONTINUER. Puis-je parler à la personne âgée de 50 ans ou plus qui vit dans ce ménage? Est-ce que c'est vous ou quelqu'un d'autre?

SI NON, MAIS IL Y A QUELQU'UN D'AUTRE À CE NUMÉRO, DEMANDER : Puis-je parler à cette personne, s'il vous plaît?

S'IL S'AGIT D'UNE AUTRE PERSONNE, COMMENCER PAR LE DÉBUT. SI LA PERSONNE N'EST PAS DISPONIBLE, METTRE FIN À L'APPEL.

SI LA PERSONNE RÉPOND « JE NE SAIS PAS », METTRE FIN À L'APPEL.

Avant de commencer, veuillez noter que cet appel peut être surveillé ou enregistré à des fins de contrôle de la qualité. Les premières questions portent sur vous-même.

QUESTIONS DE SÉLECTION

1. Indiquer la langue choisie pour l'entretien. **[NE PAS LIRE DE VIVE VOIX]**

   English
   French

2. En quelle année êtes-vous né(e)? **[INDIQUER L'ANNÉE – AAAA] [Note : GÉRER LES QUOTAS PAR AGE]**

SI AGÉ DE MOINS DE 50 ANS (NÉ APRÈS 1972), METTRE FIN À L'APPEL
[Note : SI LE RÉPONDANT PRÉFÈRE NE PAS PRÉCISER SA DATE DE NAISSANCE, PASSER À LA Q.2A]

2a. Voudriez-vous me dire à quelle catégorie d'âge suivante vous appartenez? **[Note : GÉRER LES QUOTAS PAR AGE]**

Moins de 50 ans **[METTRE FIN À L'APPEL]**
De 50 à 64 ans
De 65 à 79 ans
80 ans ou plus

[NE PAS LIRE] Je préfère ne pas répondre **[METTRE FIN À L'APPEL]**

3. Quel est votre genre? **[Note : GÉRER LES QUOTAS PAR GENRE GLOBAL – 48 MASCULIN/52 FÉMININ – ET PAR GENRE SELON L'AGE]**

   Féminin
   Masculin
   Non binaire
   Je préfère m'identifier (A RÉPONDU SPONTANÉMENT : veuillez préciser) : _____
   [NE PAS LIRE] Je préfère ne pas répondre

4. Puis-je avoir les 3 premiers caractères de votre code postal? **[Note : RÉATTRIBUER AUX PROVINCES-TERRITOIRES ET GÉRER PAR RÉGION]**

   __ __ __ **[SI CODE POSTAL INVALIDE, METTRE FIN À L'APPEL]**

   [NE PAS LIRE] Je préfère ne pas répondre **[METTRE FIN À L'APPEL]**

RENSEIGNEMENTS GÉNÉRAUX SUR LA SANTÉ

5. Diriez-vous que votre santé en général est...?

   Excellente
   Bonne
   Acceptable
   Mauvaise
   Très mauvaise
   [NE PAS LIRE] Je préfère ne pas répondre

6. Vous identifiez-vous à l'un des groupes suivants?

   Oui
   Non
   [NE PAS LIRE] Je ne sais pas

   [NE PAS LIRE] Je préfère ne pas répondre

   a. Une personne en situation de handicap? **[Note : LIRE AU BESOIN]** Une personne en situation de handicap est une personne vivant avec une déficience à long terme ou récurrente (en lien avec la vision, l'ouïe, la mobilité, la souplesse, la dextérité, la douleur, l'apprentissage, le développement, la mémoire ou la santé mentale), qui limite ses activités quotidiennes à l'intérieur ou à l'extérieur de la maison (comme à l'école, au travail ou dans la collectivité en général).
   b. Une personne souffrant d'une maladie qui affaiblit la capacité du corps à combattre les infections (comme une maladie du cœur, le diabète, le VIH, l'asthme)?

QUALITÉ DE VIE ET ACTIVITÉS PRÉSENTES

Les quelques questions qui suivent portent sur votre vie, votre routine et les types d'activités auxquelles vous participez.

7. Dans l'ensemble, comment évalueriez-vous votre qualité de vie? Diriez-vous qu'elle est…?

Excellente
Bonne
Acceptable
Mauvaise
Très mauvaise

[NE PAS LIRE] Je préfère ne pas répondre

8. Comment évalueriez-vous votre qualité de vie dans chacun des domaines suivants? Est-elle excellente, bonne, acceptable, mauvaise ou très mauvaise? **[LIRE ET RÉPÉTER DE A à F.]**

   a. Votre bien-être mental
   b. Votre bien-être physique
   c. Vos relations avec les autres
   d. Votre participation à des activités sociales et communautaires
   e. Votre raison de vivre
   f. Votre bien-être financier

9. À quelle fréquence pratiquez-vous chacune des activités suivantes? Les pratiquez-vous au moins une fois par jour, au moins une fois par semaine, au moins une fois par mois, au moins une fois par année, jamais? **[LIRE ET RÉPÉTER DE A à E]**

   a. Activité physique (natation, marche, danse, jardinage)
   b. Passe-temps ou intérêts personnels (peinture, photographie, observation des oiseaux, musique, suivre un cours)
   c. Activités dans un centre communautaire local (en personne ou en virtuel)
   d. Communiquer avec la famille et les amis
   e. Faire du bénévolat

10. Quelle affirmation parmi les suivantes décrit le mieux votre situation d'emploi actuelle? Est-ce que vous…? **[LIRE LA LISTE. ACCEPTER UNE SEULE RÉPONSE.]**

    Travaillez à temps plein (c'est-à-dire 35 heures ou plus par semaine)
    Travaillez à temps partiel (c'est-à-dire moins de 35 heures par semaine)
    Travaillez à votre compte
    Êtes sans emploi, mais à la recherche d'un emploi
    Êtes un(e) étudiant(e) qui fréquente l'école à plein temps
    Êtes retraité(e) **[PASSER À Q.12]**
    Ne faites pas partie de la population active (personne au foyer à plein temps, sans emploi, pas à la recherche d'un emploi) **[PASSER À Q.12]**
    NE PAS LIRE Autre (ne pas préciser)
    NE PAS LIRE Je préfère ne pas répondre

11. **[SI « RETRAITÉ » OU « NE FAIT PAS PARTIE DE LA POPULATION ACTIVE », PASSER À Q.12. SI « AUTRE », DEMANDER]** À quel âge pensez-vous prendre votre retraite?

    [Note : CONSIGNER L'AGE EN ANNÉES] _____
    Je suis déjà à la retraite (a répondu spontanément)
    Jamais (a répondu spontanément)
    Je ne sais pas ou ne suis pas certain(e) (a répondu spontanément)

À PROPOS DU VIEILLISSEMENT

Maintenant, nous avons quelques questions concernant votre opinion sur le vieillissement.

12. Que pensez-vous en général de [si âgé de 50 à 64 ans : LA PERSPECTIVE DE VIEILLIR / si âgé de 65 ans et plus: L'EXPÉRIENCE DU VIEILLISSEMENT]? Diriez-vous que votre sentiment général est :

    Très positif
    Plutôt positif
    Plutôt négatif
    Très négatif
    Je ne sais pas ou ne suis pas certain(e) (a répondu spontanément)
    [NE PAS LIRE] Je préfère ne pas répondre

13. Quelles sont les 2 choses qui vous préoccupent le plus en vieillissant? **[ACCEPTER JUSQU'À DEUX RÉPONSES. SI POSSIBLE, PRÉ-CODER À L'AIDE DE LA LISTE CI-DESSOUS.]**

    Perdre votre indépendance
    Déclin de la santé (la vôtre ou celle de votre partenaire)
    Vos finances
    Ne pas pouvoir vivre à la maison
    Ne pas pouvoir conduire
    Isolement ou solitude
    Peur de tomber ou de vous blesser
    Des étrangers qui doivent s'occuper de vous
    Être victime de discrimination en raison de votre âge
    Autre [L'INTERVIEWEUR L'AJOUTE]
    Je ne me préoccupe pas du vieillissement [EXCLUSIF]

14. Dans quelle mesure associez-vous le « vieillissement en santé » à chacun des éléments suivants? **[LIRE ET RÉPÉTER DE A à J]**

    Beaucoup
    Un peu
    Pas beaucoup
    Pas du tout

    a. Bien-être mental et physique
    b. Santé cognitive ou du cerveau
    c. Être en contact avec les autres
    d. Être actif(ve) et mobile
    e. Être indépendant(e)
    f. Apporter une contribution à la société
    g. Pouvoir vieillir à la maison
    h. Continuer d'apprendre
    i. Être apprécié(e)
    j. Pouvoir faire ce que l'on juge important

15. Y a-t-il autre chose que vous associez au « vieillissement en santé »? **[QUESTION OUVERTE]**

THE STRATEGIC COUNSEL

FACTEURS HABILITANTS ET OBSTACLES AU VIELLISSEMENT EN SANTÉ

[À LIRE PAR L'INTERVIEWEUR À L'ATTENTION DU RÉPONDANT] Le vieillissement en santé consiste à développer et maintenir les capacités physiques et cognitives qui favorisent le bien-être en vieillissant. Il est favorisé par des environnements qui permettent aux gens de faire ce qu'ils aiment en prenant de l'âge.

16. De façon générale, décririez-vous la collectivité dans laquelle vous vivez actuellement comme étant...? **[LIRE LA LISTE. ACCEPTER UNE SEULE RÉPONSE.]**

    Très favorable aux personnes âgées
    Plutôt favorable aux personnes âgées
    Pas très favorable aux personnes âgées
    Pas du tout favorable aux personnes âgées
    Je ne sais pas (a répondu spontanément)

17. Comment évalueriez-vous votre collectivité sur les points suivants qui favorisent un vieillissement en santé? **[LIRE ET RÉPÉTER DE A à K]**

    Excellente
    Bonne
    Acceptable
    Mauvaise
    Très mauvaise
    Je ne sais pas (a répondu spontanément)

    a. Logement abordable
    b. Services de soins de santé, de soins dentaires et services en santé mentale
    c. Services à domicile qui favorisent une vie indépendante
    d. Trottoirs bien entretenus
    e. Transport en commun accessible et abordable
    f. Bâtiments et espaces publics sûrs et faciles d'accès
    g. Possibilités d'emploi et de bénévolat pour les adultes plus âgés
    h. Activités et événements sociaux et récréatifs communautaires
    i. Internet haute vitesse accessible et abordable
    j. Programmes d'exercices pour les adultes plus âgés
    k. Possibilités d'apprentissage tout au long de la vie

18. De nombreux facteurs contribuent à un vieillissement en santé. Selon vous, quels sont les deux facteurs suivants qui sont les plus importants? Est-ce…? **[LIRE LA LISTE ET RÉPÉTER. ACCEPTER JUSQU'À DEUX RÉPONSES. INCITER À FOURNIR TOUTE AUTRE RÉPONSE EN DERNIER.]**

    Être proche de la famille
    Réseaux sociaux et amis
    Accès à des événements et des activités culturels
    Accessibilité des logements, des bâtiments et du transport en commun
    Soutien physique et cognitif, comme des programmes d'éducation et d'exercices
    Accès aux services de santé
    Pouvoir sortir dehors
    Quelque chose d'autre, veuillez préciser : _____

LITÉRACIE/COMPÉTENCES EN MATIRE DE COMMUNICATIONS ET DE TECHNOLOGIE

Nous avons maintenant quelques questions sur la façon dont vous accédez ou souhaiteriez accéder à l'information sur le thème du vieillissement en santé.

19. À qui faites-vous le plus confiance lorsqu'il s'agit de vous fournir de l'information sur le vieillissement en santé? **[LIRE LA LISTE ET RÉPÉTER. ACCEPTER JUSQU'À DEUX RÉPONSES. INCITER À FOURNIR TOUTE AUTRE RÉPONSE EN DERNIER.]**

    Professionnels de la santé, y compris les médecins et les infirmières
    Pharmaciens
    Chercheurs ou experts
    Sites Web sur la santé
    Membre de la famille ou amis
    Gouvernement du Canada
    Agence de la santé publique du Canada ou Santé Canada
    Votre gouvernement provincial, territorial ou municipal
    Médias sociaux en ligne
    Médias d'information
    Autre, veuillez préciser :

20. Vous souvenez-vous d'avoir vu quelque chose de la part du gouvernement du Canada ou de l'Agence de la santé publique du Canada sur le thème du vieillissement en santé au cours des 2 dernières années?

    Oui
    Non
    [NE PAS LIRE] Je ne sais pas

21. Dans quelle mesure souhaitez-vous obtenir davantage d'informations sur les sujets suivants liés au vieillissement en santé? **[LIRE ET RÉPÉTER DE A à H]**

    Très intéressé(e)
    Plutôt intéressé(e)
    Pas très intéressé(e)
    Pas du tout intéressé(e)

    a. Vieillissement en santé
    b. Chutes et blessures
    c. Alimentation saine
    d. Maintien de la santé physique et cognitive
    e. Prévention de la maltraitance des personnes âgées
    f. Vieillir à domicile
    g. Santé buccodentaire
    h. Immunisation

COMPOSANTE DÉMOGRAPHIQUE

Ces quelques dernières questions nous permettront de comparer les résultats du sondage entre différents groupes de répondants. Vos réponses demeureront anonymes et confidentielles.

22. Avez-vous un médecin de famille?

    Oui
    Non
    [NE PAS LIRE] Je préfère ne pas répondre

23. Êtes-vous responsable des soins primaires d'une personne souffrant d'une maladie de longue durée, d'un handicap physique ou mental, ou de problèmes liés au vieillissement?

    Oui
    Non
    [NE PAS LIRE] Je préfère ne pas répondre

24. Quelle est votre orientation sexuelle?

    Hétérosexuel(le)
    Lesbienne
    Homosexuel(le)
    Bisexuel(le)
    Bispirituel(le)
    Autre (veuillez préciser) : _____
    [NE PAS LIRE] Je préfère ne pas répondre

25. Laquelle des catégories suivantes décrit le mieux votre état matrimonial? **[LIRE LA LISTE. ACCEPTER UNE SEULE RÉPONSE.]**

    Marié(e)
    En union libre
    Séparé(e)
    Divorcé(e)
    Veuf(ve)
    Jamais marié(e)
    [NE PAS LIRE] Je préfère ne pas répondre

26. Vivez-vous seul(e)?

    Oui
    Non
    [NE PAS LIRE] Je préfère ne pas répondre

26a. [SI « NON » À LA Q.26, DEMANDER] Veuillez indiquer si vous vivez avec l'une des personnes suivantes? **[LIRE LA LISTE. SÉLECTIONNER TOUTES LES RÉPONSES QUI CORRESPONDENT. SI LA PERSONNE INTERROGÉE HABITE SEULE, SÉLECTIONNER UNE SEULE RÉPONSE]**

Un(e) partenaire ou conjoint(e)
Des enfants âgés de moins de 18 ans
Des enfants âgés de plus de 18 ans
Des parents

Des amis/colocataires
Quelqu'un d'autre (veuillez préciser :) _____
[NE PAS LIRE] Je préfère ne pas répondre

27. Quel est le plus haut niveau de scolarité que vous ayez atteint? **[LIRE LA LISTE.]**

Niveau inférieur au diplôme d'études secondaires ou l'équivalent
Diplôme d'études secondaires ou l'équivalent
Certificat ou diplôme d'apprenti inscrit ou d'une école de métier
Certificat ou diplôme d'un collège, cégep ou autre établissement d'enseignement postsecondaire non universitaire
Certificat ou diplôme universitaire inférieur au baccalauréat
Baccalauréat
Diplôme universitaire de deuxième cycle, supérieur au baccalauréat
[NE PAS LIRE] Je préfère ne pas répondre

28. Laquelle des catégories suivantes décrit le mieux le revenu total de votre ménage avant impôts déclaré l'an dernier, provenant de toutes les sources pour tous les membres du ménage? **[LIRE LA LISTE. ACCEPTER UNE SEULE RÉPONSE.]**

Moins de 20 000 $
De 20 000 $ à un peu moins de 40 000 $
De 40 000 $ à un peu moins de 60 000 $
De 60 000 $ à un peu moins de 80 000 $
De 80 000 $ à un peu moins de 100 000 $
De 100 000 $ à un peu moins de 150 000 $
150 000 $ et plus
[NE PAS LIRE] Je préfère ne pas répondre

29. À laquelle ou lesquelles des ethnies suivantes vous identifiez-vous? **[ACCEPTER TOUTES LES RÉPONSES QUI CORRESPONDENT.]**

Europe occidentale (Royaume-Uni, Espagne, Portugal, France, Italie, Allemagne, Autriche, Suisse, etc.)
Europe orientale (Pologne, Hongrie, Roumanie, Ukraine, Russie, etc.)
Afrique (Nigeria, Éthiopie, Tanzanie, etc.)
Moyen-Orient (Israël, Syrie, Jordanie, Égypte, Iran, Irak, etc.)
Asie du Sud (Inde, Afghanistan, Pakistan, Sri Lanka, etc.)
Asie du Sud-Est (Thaïlande, Vietnam, Singapour, Philippines, Indonésie, Cambodge, etc.)
Asie de l'Est (Chine, Corée, Japon, Taïwan, etc.)
Amérique du Sud, centrale ou latine (Argentine, Mexique, Brésil, etc.)
Antilles (Caraïbes)
Autochtone (Premières Nations, Métis, Inuit, etc.)
Autre (veuillez préciser)
[NE PAS LIRE] Je ne sais pas
[NE PAS LIRE] Je préfère ne pas répondre

29a. **[SI L'ON RÉPOND PAR « AUTOCHTONE » À LA Q.29, DEMANDER :]** Faites–vous partie des…? **LIRE LA LISTE. SÉLECTIONNER UNE SEULE RÉPONSE.**

Premières Nations (vivant dans une réserve ou hors-réserve)
Métis
Inuit
Autre (veuillez préciser) : _____
[NE PAS LIRE] Je préfère ne pas répondre

29b. **[SI L'ON RÉPOND PAR « AUTOCHTONE » À LA Q.29, DEMANDER :]** Vivez-vous dans une réserve ou collectivité des Premières Nations pendant au moins 6 mois au cours de l'année?

Oui
Non
[NE PAS LIRE] Je préfère ne pas répondre

30. Êtes-vous né(e) au Canada?

Oui
Non
[NE PAS LIRE] Je préfère ne pas répondre

30a. **[SI L'ON RÉPOND « NON » À LA Q.30, DEMANDER :]** Depuis combien d'années habitez-vous au Canada?

Depuis moins de 5 ans
Entre 5 et 9 ans
Depuis 10 ans ou plus
[NE PAS LIRE] Je ne sais pas
[NE PAS LIRE] Je préfère ne pas répondre

31. Comment décririez-vous la région dans laquelle vous vivez? Est-ce...?

Une ville
Une municipalité ou un village
Une région rurale
Une région éloignée
Autre (veuillez préciser) : _____
[NE PAS LIRE] Je ne sais pas
[NE PAS LIRE] Je préfère ne pas répondre

32. Laquelle des affirmations suivantes décrit le mieux vos conditions de vie actuelles? Est-ce que vous...?

Vivez dans une maison de retraite
Louez votre logement
Êtes propriétaire de votre logement
Vivez chez quelqu'un d'autre
Autre (veuillez préciser) : _____
[NE PAS LIRE] Je préfère ne pas répondre

33. Qu'est-ce que nous n'avons pas demandé dans le cadre de ce sondage que vous aimeriez que nous sachions en parlant de vieillissement en santé? **[QUESTION OUVERTE]**

3. Online Survey – English

Health Canada/PHAC – Healthy Aging Research Study
DRAFT ONLINE Questionnaire (Feb. 1, 2023)

INTRODUCTION

Thanks for agreeing to participate in this survey. It is being conducted by The Strategic Counsel on behalf of The Public Health Agency of Canada to gauge your views on aging. It should take no more than 15-20 minutes to complete. All of your answers will be kept completely confidential and anonymous, and your participation is voluntary.

If you would like to request an alternative format of the survey, please contact:

Matt Proulx
Phone: 844-207-7527 ext. 4032
Email: Matthew.Proulx@logitgroup.com

Click here **[POP UP IN NEW BROWSER WINDOW*]** to verify its authenticity.

TEXT TO SHOW ONCE RESPONDENT CLICKS:

This research is sponsored by The Public Health Agency of Canada. Note that your participation will remain completely confidential and it will not affect your dealings with the Government of Canada, including The Public Health Agency of Canada, in any way.

You may contact Trista Heney, Associate, The Strategic Counsel at 416-975-4465 ext. 272 to verify the legitimacy of this survey.

Click here **[POP-UP IN NEW BROWSER WINDOW*]** for more information about how any personal information collected in this survey is handled.

TEXT TO SHOW ONCE RESPONDENT CLICKS:

The personal information you provide to The Public Health Agency of Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of Section 4 of the *Department of Health Act* in accordance with the Treasury Board Directive on Privacy Practices. We only collect the information we need to conduct the research project.

Purpose of collection: We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.

For more information: This personal information collection is described in the standard personal information bank Public Communications – PSU 914, available online here

Your rights under the *Privacy Act*: In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

Click here **[POP-UP IN NEW BROWSER WINDOW*]** for more information about what happens after the survey is completed.

THE STRATEGIC COUNSEL

TEXT TO SHOW ONCE RESPONDENT CLICKS

The final report, written by The Strategic Counsel, will be available to the public from Library and Archives Canada http://www.bac-lac.gc.ca/.

SCREENING QUESTIONS

1. In what language would you prefer to continue the survey?

   - ☐ English **[CONTINUE]**
   - ☐ French **[SWITCH TO FRENCH]**

2. In what year were you born? **[PN: MANAGE QUOTAS FOR AGE]**

   [PN: INSERT DROPDOWN LIST]
   - ☐ Prefer not to answer **[TERMINATE]**

   In what month were you born?

   [PN: DROPDOWN WITH MONTHS JAN-DEC]
   - ☐ Prefer not to answer **[TERMINATE]**

   IF UNDER 50 (BORN AFTER JAN 1973), TERMINATE

3. What is your gender? **[PN: MANAGE QUOTAS FOR GENDER OVERALL – 48 MALE/52 FEMALE – AND FOR GENDER BY AGE]**

   - ☐ Female
   - ☐ Male
   - ☐ Non-binary
   - ☐ Prefer to self-identify, please specify _____
   - ☐ Prefer not to answer

4. Please provide the first 3 characters of your postal code. **[PN: REASSIGN TO PROVINCES/TERRITORIES AND MANAGE QUOTAS BY REGION]**

   __ __ __

   - ☐ Prefer not to answer **[TERMINATE]**

GENERAL HEALTH INFORMATION

5. Would you say your health in general is … ?

   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor
   - ☐ Very Poor

6. Do you identify as any of the following? Please select all that apply.

- ☐ A person with a disability? *A person with a disability is a person who has a long-term or recurring impairment (such as vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental-health related) which limits their daily activities inside or outside the home (such as school, work or in the community in general).*
- ☐ Someone with a medical condition that weakens your body's ability to fight off infections (such as heart disease, diabetes, HIV, asthma)?
- ☐ Neither
- ☐ Prefer not to answer

QUALITY OF LIFE AND CURRENT ACTIVITIES

The next few questions ask about your life, current routine, and the types of activities in which you are involved.

7. Overall, how would you rate your quality of life? Would you say it is …

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

8. How, would you rate your quality of life in each of the following areas … ? **[PN: RANDOMIZE]**

RANDOMIZE	Excellent	Good	Fair	Poor	Very Poor
Your mental well-being	☐	☐	☐	☐	☐
Your physical well-being	☐	☐	☐	☐	☐
Your relationships with other people	☐	☐	☐	☐	☐
Your participation in social and community activities	☐	☐	☐	☐	☐
Your sense of purpose in life	☐	☐	☐	☐	☐
Your financial well-being	☐	☐	☐	☐	☐

9. How often do you engage in each of the following … ? **[PN: RANDOMIZE]**

RANDOMIZE	At least once a day	At least once a week	At least once a month	At least once a year	Never
Physical activity (swimming, walking, dance, gardening)	☐	☐	☐	☐	☐
Hobbies or personal interests (painting, photography, birdwatching, music, taking a class)	☐	☐	☐	☐	☐
Activities at a local community centre (either in-person or virtual)	☐	☐	☐	☐	☐
Connecting with family and friends	☐	☐	☐	☐	☐
Volunteering	☐	☐	☐	☐	☐

10. Which of the following best describes your current employment status? **[PN: ACCEPT ONE ANSWER ONLY.]**

- ☐ Working full-time (that is 35 or more hours per week)
- ☐ Working part-time (that is less than 35 hours per week)
- ☐ Self-employed
- ☐ Unemployed, but looking for work
- ☐ A student attending school full-time
- ☐ Retired **[PN: SKIP TO Q.12]**
- ☐ Not in the workforce (full-time homemaker, not employed, not looking for work) **[PN: SKIP TO Q.12]**
- ☐ Other

11. **[IF 'RETIRED' OR 'NOT IN THE WORKFORCE,' SKIP TO Q.12. ALL OTHERS, ASK]** At what age do you anticipate retiring?

[PN: INSERT DROPDOWN LIST – 50 AND ABOVE]

- ☐ Never
- ☐ Don't know

OUTLOOK ON AGING

Now, we have a few questions about your views on aging.

12. How do you feel generally about the **[PN: IF 50-64: prospect / IF 65+: experience]** of getting older? Would you say that overall your feeling is …

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Somewhat negative
- ☐ Very negative

13. What 2 things are you most concerned about as you age? **[PN: RANDOMIZE AND ACCEPT UP TO TWO RESPONSES. 'OTHER, PLEASE SPECIFY' AND 'I AM NOT CONCERNED ABOUT AGING' SHOULD ALWAYS APPEAR LAST]**

- ☐ Losing your independence
- ☐ Declining health (of yourself or your partner)
- ☐ Your finances
- ☐ Not being able to live at home
- ☐ Not being able to drive
- ☐ Isolation or loneliness
- ☐ Fear of falling or getting hurt
- ☐ Strangers having to care for you
- ☐ Being discriminated against based on your age
- ☐ Other, please specify _____
- ☐ I am not concerned about aging [PN: EXCLUSIVE]

14. How much do you associate the term 'healthy aging' with each of the following? **[PN: RANDOMIZE]**

RANDOMIZE	A lot	Somewhat	Not very much	Not at all
Mental and physical well-being	☐	☐	☐	☐
Cognitive/brain health	☐	☐	☐	☐
Being socially connected	☐	☐	☐	☐
Being active and mobile	☐	☐	☐	☐
Being independent	☐	☐	☐	☐
Being a contributor to society	☐	☐	☐	☐
Being able to age at home	☐	☐	☐	☐
Continuing to learn	☐	☐	☐	☐
Being valued	☐	☐	☐	☐
Being able to do what one feels is important	☐	☐	☐	☐

15. Is there anything else that you associate with 'healthy aging?' **[OPEN-END]**

☐ No, there is nothing else I associate with 'healthy aging' **[PN: EXCLUSIVE]**

ENABLERS AND BARRIERS TO HEALTHY AGING

Healthy aging is about developing and maintaining the physical and cognitive abilities that enable wellbeing as one ages. It is supported by environments that allow people to do what they value as they age.

16. Overall, would you describe the community in which you currently live as being … ?

☐ Very age-friendly
☐ Somewhat age-friendly
☐ Not very age-friendly
☐ Not age-friendly at all

17. How would you rate your community on the following, which support healthy aging? **[PN: RANDOMIZE]**

RANDOMIZE	Excellent	Good	Fair	Poor	Very Poor
Affordable housing	☐	☐	☐	☐	☐
Health care, mental health and dental care services	☐	☐	☐	☐	☐
In-home services that support independent living	☐	☐	☐	☐	☐
Well-maintained sidewalks	☐	☐	☐	☐	☐
Accessible and affordable public transit	☐	☐	☐	☐	☐
Safe, easy to access buildings and public spaces	☐	☐	☐	☐	☐
Employment and volunteer opportunities for older adults	☐	☐	☐	☐	☐
Community-based social and recreational activities and events	☐	☐	☐	☐	☐
Accessible and affordable high-speed Internet	☐	☐	☐	☐	☐
Exercise programs for older adults	☐	☐	☐	☐	☐
Opportunities for lifelong learning	☐	☐	☐	☐	☐

18. Many factors contribute to healthy aging. In your view, which two of the following are the most important? **[PN: RANDOMIZE. ACCEPT UP TO TWO RESPONSES. 'OTHER, PLEASE SPECIFY' SHOULD ALWAYS APPEAR LAST.]**

☐ Being close to family
☐ Social networks and friends

- ☐ Access to cultural events and activities
- ☐ Accessible housing, buildings and transit
- ☐ Physical and cognitive supports like educational and exercise programs
- ☐ Access to health services
- ☐ Being able to get outdoors
- ☐ Other, please specify: _____

COMMUNICATIONS AND TECHNOLOGICAL LITERACY/PROFICIENCY

Now we have a couple of questions about how you do or would access information on the topic of healthy aging.

19. Who do you trust the most when it comes to providing you with information related to healthy aging? Please select up to 2 responses. **[PN: RANDOMIZE. ACCEPT UP TO TWO RESPONSES. 'OTHER, PLEASE SPECIFY LAST' SHOULD ALWAYS APPEAR LAST.]**

- ☐ Medical professionals including doctors and nurses
- ☐ Pharmacists
- ☐ Researchers or experts
- ☐ Health-related websites
- ☐ Family or friends
- ☐ The Government of Canada
- ☐ The Public Health Agency of Canada/Health Canada
- ☐ Your provincial, territorial or municipal government
- ☐ Online social media
- ☐ The news media
- ☐ Other, please specify _____

20. Do you recall seeing anything from the Government of Canada or the Public Health Agency of Canada on the topic of healthy aging in the last 2 years?

- ☐ Yes
- ☐ No
- ☐ Don't know

21. How interested are you in getting more information on the following topics related to healthy aging? **[PN: RANDOMIZE]**

RANDOMIZE	Very interested	Somewhat interested	Not very interested	Not interested at all
Healthy aging	☐	☐	☐	☐
Falls and injuries	☐	☐	☐	☐
Healthy nutrition	☐	☐	☐	☐
Maintaining physical and cognitive health	☐	☐	☐	☐
Preventing elder abuse	☐	☐	☐	☐
Aging at home	☐	☐	☐	☐
Oral health	☐	☐	☐	☐
Immunization	☐	☐	☐	☐

DEMOGRAPHICS

These last few questions will allow us to compare the survey results among different groups of respondents. Your answers will remain anonymous and confidential.

22. Do you have a family doctor/physician?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

23. Are you responsible for the primary care of someone with a long-term health condition, physical or mental disability, or problems related to aging?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

24. What is your sexual orientation? **[PN: ACCEPT ONE RESPONSE ONLY]**

- ☐ Heterosexual
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Two-spirit
- ☐ Other, please specify _____
- ☐ Prefer not to answer

25. Which of the following best describes your marital status? **[PN: ACCEPT ONE RESPONSE ONLY.]**

- ☐ Married
- ☐ Living common-law
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married
- ☐ Prefer not to answer

26. Do you live alone?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

26a. **[PN: IF 'NO' AT Q.26, ASK]** Please indicate whether you are living with any of the following? Please select all that apply.

- ☐ A partner/spouse

- ☐ Children under the age of 18
- ☐ Children over age 18
- ☐ Parents
- ☐ Friends/roommates
- ☐ Someone else, please specify _____
- ☐ Prefer not to answer

27. What is the highest level of formal education that you have completed?

- ☐ Less than a High School diploma or equivalent
- ☐ High School diploma or equivalent
- ☐ Registered Apprenticeship or other trades certificate or diploma
- ☐ College, CEGEP or other non-university certificate or diploma
- ☐ University certificate or diploma below bachelor's level
- ☐ Bachelor's degree
- ☐ Post graduate degree above bachelor's level
- ☐ Prefer not to answer

28. Which of the following best describes your total household income last year, before taxes, from all sources for all household members?

- ☐ Under $20,000
- ☐ $20,000 to just under $40,000
- ☐ $40,000 to just under $60,000
- ☐ $60,000 to just under $80,000
- ☐ $80,000 to just under $100,000
- ☐ $100,000 to just under $150,000
- ☐ $150,000 and above
- ☐ Prefer not to answer

29. Which of the following ethnicity(ies) do you identify as? Please select all that apply.

- ☐ Western European (UK, Spain, Portugal, France, Italy, Germany, Austria, Switzerland, etc.)
- ☐ Eastern European (Poland, Hungary, Romania, Ukraine, Russia, etc.)
- ☐ African (Nigeria, Ethiopia, Tanzania, etc.)
- ☐ Middle Eastern (Israel, Syria, Jordan, Egypt, Iran, Iraq, etc.)
- ☐ South Asian (India, Afghanistan, Pakistan, Sri Lanka, etc.)
- ☐ Southeast Asian (Thailand, Vietnam, Singapore, the Philippines, Indonesia, Cambodia, etc.)
- ☐ East Asian (China, Korea, Japan, Taiwan, etc.)
- ☐ South/Central/Latin American (Argentina, Mexico, Brazil, etc.)
- ☐ West Indian (Caribbean)
- ☐ Indigenous (First Nations, Métis, Inuit (Inuk), etc.)
- ☐ Other, please specify _____
- ☐ Don't know
- ☐ Prefer not to answer

29a. **[IF INDIGENOUS AT Q.29, ASK:]** Are you …?

- ☐ First Nations (on/off reserve)
- ☐ Métis
- ☐ Inuk
- ☐ Other, please specify _____
- ☐ Prefer not to answer

29b. **[IF INDIGENOUS AT Q.29, ASK]** Do you live on a reserve or First Nation community for at least 6 months of the year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

30. Were you born in Canada?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

30a. **[IF NO AT Q.30, ASK]** How many years have you lived in Canada?

- ☐ Less than 5 years
- ☐ 5-9 years
- ☐ 10 years or more
- ☐ Prefer not to answer

31. How would you describe the area in which you reside? Is it …

- ☐ A city
- ☐ A town or village
- ☐ A rural area
- ☐ A remote area
- ☐ Other, please explain _____
- ☐ Prefer not to answer

32. Which of the following best describes your current living situation? Do you …

- ☐ Live in a retirement home
- ☐ Rent your home
- ☐ Own your home
- ☐ Live in someone else's home
- ☐ Other, please specify _____
- ☐ Prefer not to answer

33. What didn't we ask as part of this survey, that you would like us to know about healthy aging? **[OPEN-END]**

- ☐ Nothing else
- ☐ Prefer not to answer

4. Online Survey – French

Santé Canada/ASPC – Étude de recherche sur le vieillissement en santé
ÉBAUCHE du questionnaire EN LIGNE (le 6 février 2023)

INTRODUCTION

Nous vous remercions d'accepter de participer à ce sondage. Il est réalisé par The Strategic Counsel au nom de L'agence de la santé publique du Canada afin de connaître votre opinion sur le vieillissement. Participer à ce sondage ne devrait pas prendre plus de 15 à 20 minutes. Toutes vos réponses resteront totalement confidentielles et anonymes, et votre participation est volontaire.

Si vous souhaitez demander un autre format du sondage, veuillez communiquer avec:

Matt Proulx
Téléphone: 844-207-7527 ext. 4032
E-mail: Matthew.Proulx@logitgroup.com

Cliquez ici **[AFFICHER DANS UNE NOUVELLE FENÊTRE DU NAVIGATEUR*]** pour vérifier son authenticité.

TEXTE À AFFICHER LORSQU'UN RÉPONDANT CLIQUE :

> Cette recherche est parrainée par L'agence de la santé publique du Canada. Veuillez noter que votre participation restera totalement confidentielle et qu'elle n'affectera en rien vos relations avec le gouvernement du Canada, y compris L'agence de la santé publique du Canada.
>
> Vous pouvez contacter Trista Heney, Associate, The Strategic Counsel à 416-975-4465 ext. 272 pour vérifier la légitimité de ce sondage.

Cliquez ici **[AFFICHER DANS UNE NOUVELLE FENÊTRE DU NAVIGATEUR*]** pour plus d'information sur la façon dont sont traités les renseignements personnels recueillis dans le cadre de ce sondage.

TEXTE À AFFICHER LORSQU'UN RÉPONDANT CLIQUE :

> Les renseignements personnels que vous fournissez à L'agence de la santé publique du Canada sont régis par la *Loi sur la protection des renseignements personnels* et sont recueillis en vertu de l'article 4 de la *Loi sur le ministère de la Santé*, conformément à la Directive du Conseil du Trésor sur les pratiques relatives à la protection de la vie privée. Nous ne recueillons que l'information dont nous avons besoin pour mener à bien le projet de recherche.
>
> **Objectif de la collecte** : Nous avons besoin de vos renseignements personnels, comme les données démographiques, pour mieux comprendre le sujet de la recherche. Cependant, vos réponses sont toujours combinées à celles des autres répondants à des fins d''analyse et de rapport. Vous ne serez jamais identifié(e).
>
> **Pour plus d'information** : Cette collecte de renseignements personnels est décrite dans le fichier de renseignements personnels Communications publiques (POU 914) disponible en ligne ici.
>
> **Vos droits en vertu de la *Loi sur la protection des renseignements personnels*** : En plus de protéger vos renseignements personnels, la *Loi sur la protection des renseignements personnels* vous donne le droit de demander l'accès et la correction de vos renseignements personnels. Vous avez également le droit de déposer une plainte auprès du Commissaire à la protection de la vie privée du Canada si vous pensez que vos renseignements personnels ont été traités de façon inappropriée.

Cliquez ici **[AFFICHER DANS UNE NOUVELLE FENÊTRE DU NAVIGATEUR*]** pour savoir ce qui se passera à la suite du sondage.

TEXTE À AFFICHER LORSQU'UN RÉPONDANT CLIQUE :

Le rapport final, préparé par le cabinet The Strategic Counsel, sera accessible au public sur le site Web de Bibliothèque et Archives Canada : http://www.bac-lac.gc.ca/

QUESTIONS DE SÉLECTION

1. In what language would you prefer to continue the survey?
   Dans quelle langue préféreriez-vous poursuivre l'enquête?

   - ☐ English / Anglais **[CONTINUER EN ANGLAIS]**
   - ☐ Français / French **[CONTINUER EN FRANÇAIS]**

2. En quelle année êtes-vous né(e)? **[Note : GÉRER LES QUOTAS PAR AGE]**

   [Note : INSÉRER UNE LISTE DÉROULANTE DES ANNÉES]
   - ☐ Je préfère ne pas répondre

   En quel mois êtes-vous né(e)?

   [Note : INSÉRER UNE LISTE DÉROULANTE DES MOIS]
   - ☐ Je préfère ne pas répondre

   SI AGÉ DE MOINS DE 50 ANS (NÉ APRÈS jan 1973), TERMINER.

3. Quel est votre genre? **[Note : GÉRER LES QUOTAS PAR GENRE GLOBAL ET PAR GENRE SELON L'AGE]**

   - ☐ Féminin
   - ☐ Masculin
   - ☐ Non binaire
   - ☐ Je préfère m'identifier, veuillez préciser _____
   - ☐ Je préfère ne pas répondre

4. Veuillez fournir les 3 premiers caractères de votre code postal. **[Note : RÉATTRIBUER AUX PROVINCES-TERRITOIRES ET GÉRER PAR RÉGION]**

   — — —

   - ☐ Je préfère ne pas répondre **[TERMINER]**

RENSEIGNEMENTS GÉNÉRAUX SUR LA SANTÉ

5. Diriez-vous que votre santé en général est...?

   - ☐ Excellente
   - ☐ Bonne

- ☐ Acceptable
- ☐ Mauvaise
- ☐ Très mauvaise

6. Vous identifiez-vous à l'un des groupes suivants? Sélectionnez toutes les réponses qui correspondent.

- ☐ Une personne en situation de handicap? Une personne en situation de handicap est une personne vivant avec une déficience à long terme ou récurrente (en lien avec la vision, l'ouïe, la mobilité, la souplesse, la dextérité, la douleur, l'apprentissage, le développement, la mémoire ou la santé mentale), qui limite ses activités quotidiennes à l'intérieur ou à l'extérieur de la maison (comme à l'école, au travail ou dans la collectivité en général).
- ☐ Une personne souffrant d'une maladie qui affaiblit la capacité du corps à combattre les infections (comme une maladie du cœur, le diabète, le VIH, l'asthme)?
- ☐ Ni l'un ni l'autre
- ☐ Je préfère ne pas répondre

QUALITÉ DE VIE ET ACTIVITÉS PRÉSENTES

Les quelques questions qui suivent portent sur votre vie, votre routine et les types d'activités auxquelles vous participez.

7. Dans l'ensemble, comment évalueriez-vous votre qualité de vie? Diriez-vous qu'elle est…?

- ☐ Excellente
- ☐ Bonne
- ☐ Acceptable
- ☐ Mauvaise
- ☐ Très mauvaise

8. Comment évalueriez-vous votre qualité de vie dans chacun des domaines suivants? **[Note : PRÉSENTER LES OPTIONS ALÉATOIREMENT]**

METTRE AU HASARD	**Excellente**	**Bonne**	**Acceptable**	**Mauvaise**	**Très mauvaise**
Votre bien-être mental	☐	☐	☐	☐	☐
Votre bien-être physique	☐	☐	☐	☐	☐
Vos relations avec les autres	☐	☐	☐	☐	☐
Votre participation à des activités sociales et communautaires	☐	☐	☐	☐	☐
Votre raison de vivre	☐	☐	☐	☐	☐
Votre bien-être financier	☐	☐	☐	☐	☐

9. À quelle fréquence pratiquez-vous chacune des activités suivantes ?
[Note : PRÉSENTER LES OPTIONS ALÉATOIREMENT]

PRÉSENTER LES OPTIONS ALÉATOIREMENT	**Au moins une fois par jour**	**Au moins une fois par semaine**	**Au moins une fois par mois**	**Au moins une fois par année**	**Jamais**
Activité physique (natation, marche, danse, jardinage)	☐	☐	☐	☐	☐
Passe-temps ou intérêts personnels (peinture, photographie, observation des oiseaux, musique, suivre un cours)	☐	☐	☐	☐	☐
Activités dans un centre communautaire local (en personne ou en virtuel)	☐	☐	☐	☐	☐
Communiquer avec la famille et les amis	☐	☐	☐	☐	☐
Faire du bénévolat	☐	☐	☐	☐	☐

10. Quelle affirmation parmi les suivantes décrit le mieux votre situation d'emploi actuelle? Est-ce que vous…?
[ACCEPTER UNE SEULE RÉPONSE.]

- ☐ Travaillez à temps plein (c'est-à-dire 35 heures ou plus par semaine)
- ☐ Travaillez à temps partiel (c'est-à-dire moins de 35 heures par semaine)
- ☐ Travaillez à votre compte
- ☐ Êtes sans emploi, mais à la recherche d'un emploi
- ☐ Êtes un(e) étudiant(e) qui fréquente l'école à plein temps
- ☐ Êtes retraité(e) **[Note : PASSER À Q.12]**
- ☐ Ne faites pas partie de la population active (personne au foyer à plein temps, sans emploi, pas à la recherche d'un emploi) **[Note : PASSER À Q.12]**
- ☐ Autre

11. **[SI « RETRAITÉ » OU « NE FAIT PAS PARTIE DE LA POPULATION ACTIVE », PASSER À Q.12. SI « AUTRE », DEMANDER]** À quel âge pensez-vous prendre votre retraite?

[Note : INSÉRER UNE LISTE DÉROULANTE – 50 ET PLUS]

- ☐ Jamais
- ☐ Je ne sais pas ou ne suis pas certain(e)

<u>À PROPOS DU VIEILLISSEMENT</u>

Maintenant, nous avons quelques questions concernant votre opinion sur le vieillissement.

12. Que pensez-vous en général de **[si âgé de 50 à 64 ans : la perspective de vieillir / si âgé de 65 ans et plus: l'expérience du vieillissement]**? Diriez-vous que votre sentiment général est :

- ☐ Très positif
- ☐ Plutôt positif
- ☐ Plutôt négatif
- ☐ Très négatif

13. Quelles sont les 2 choses qui vous préoccupent le plus en vieillissant? **[Note : PRÉSENTER LES OPTIONS ALÉATOIREMENT SI POSSIBLE ET ACCEPTER JUSQU'À DEUX RÉPONSES. SI POSSIBLE, INCITER À FOURNIR « AUTRE, VEUILLEZ PRÉCISER » et « JE NE ME PRÉOCCUPE PAS DU VIEILLISSEMENT » EN DERNIER]**

- ☐ Perdre votre indépendance
- ☐ Déclin de la santé (la vôtre ou celle de votre partenaire)
- ☐ Vos finances
- ☐ Ne pas pouvoir vivre à la maison
- ☐ Ne pas pouvoir conduire
- ☐ Isolement ou solitude
- ☐ Peur de tomber ou vous blesser
- ☐ Des étrangers qui doivent s'occuper de vous
- ☐ Être victime de discrimination en raison de votre âge
- ☐ Autre, veuillez préciser _____
- ☐ Je ne me préoccupe pas du vieillissement [Note: EXCLUSIVE]

14. Dans quelle mesure associez-vous le « vieillissement en santé » à chacun des éléments suivants? **[Note : PRÉSENTER LES OPTIONS ALÉATOIREMENT]**

PRÉSENTER LES OPTIONS ALÉATOIREMENT	**Beaucoup**	**Un peu**	**Pas beaucoup**	**Pas du tout**
Bien-être mental et physique	☐	☐	☐	☐
Santé cognitive ou du cerveau	☐	☐	☐	☐
Être en contact avec les autres	☐	☐	☐	☐
Être actif(ve) et mobile	☐	☐	☐	☐
Être indépendant(e)	☐	☐	☐	☐
Apporter une contribution à la société	☐	☐	☐	☐
Pouvoir vieillir à la maison	☐	☐	☐	☐
Continuer d'apprendre	☐	☐	☐	☐
Être apprécié(e)	☐	☐	☐	☐
Pouvoir faire ce que l'on juge important	☐	☐	☐	☐

15. Y a-t-il autre chose que vous associez au « vieillissement en santé? **[QUESTION OUVERTE]]**

- ☐ Non, je n'associe rien d'autre au « vieillissement en santé » **[PN: EXCLUSIVE]**

FACTEURS HABILITANTS ET OBSTACLES AU VIELLISSEMENT EN SANTÉ

Le vieillissement en santé consiste à développer et maintenir les capacités physiques et cognitives qui favorisent le bien-être en vieillissant. Il est favorisé par des environnements qui permettent aux gens de faire ce qu'ils aiment en prenant de l'âge.

16. De façon générale, décririez-vous la collectivité dans laquelle vous vivez actuellement comme étant...?

- ☐ Très favorable aux personnes âgées
- ☐ Plutôt favorable aux personnes âgées
- ☐ Pas très favorable aux personnes âgées
- ☐ Pas du tout favorable aux personnes âgées

17. Comment évalueriez-vous votre collectivité sur les points suivants qui favorisent un vieillissement en santé? **[Note : PRÉSENTER LES OPTIONS ALÉATOIREMENT]**

PRÉSENTER LES OPTIONS ALÉATOIREMENT	**Excellente**	**Bonne**	**Acceptable**	**Mauvaise**	**Très mauvaise**
Logement abordable	□	□	□	□	□
Services de soins de santé, de soins dentaires et services en santé mentale	□	□	□	□	□
Services à domicile qui favorisent une vie indépendante	□	□	□	□	□
Trottoirs bien entretenus	□	□	□	□	□
Transport en commun accessible et abordable	□	□	□	□	□
Bâtiments et espaces publics sûrs et faciles d'accès	□	□	□	□	□
Possibilités d'emploi et de bénévolat pour les adultes plus âgés	□	□	□	□	□
Activités et événements sociaux et récréatifs communautaires	□	□	□	□	□
Internet haute vitesse accessible et abordable	□	□	□	□	□
Programmes d'exercices pour les adultes plus âgés	□	□	□	□	□
Possibilités d'apprentissage tout au long de la vie	□	□	□	□	□

18. De nombreux facteurs contribuent à un vieillissement en santé. Selon vous, quels sont les deux facteurs suivants qui sont les plus importants? Est-ce…? **[Note : PRÉSENTER LES OPTIONS ALÉATOIREMENT. ACCEPTER JUSQU'À DEUX RÉPONSES. INCITER À FOURNIR « TOUTE AUTRE RÉPONSE » EN DERNIER.]**

- □ Être proche de la famille
- □ Réseaux sociaux et amis
- □ Accès à des événements et des activités culturels
- □ Accessibilité des logements, des bâtiments et du transport en commun
- □ Soutien physique et cognitif, comme des programmes d'éducation et d'exercices
- □ Accès aux services de santé
- □ Pouvoir sortir dehors
- □ Autre, veuillez préciser: _____

LITÉRACIE/COMPÉTENCES EN MATIRE DE COMMUNICATIONS ET DE TECHNOLOGIE

Nous avons maintenant quelques questions sur la façon dont vous accédez ou souhaiteriez accéder à l'information sur le thème du vieillissement en santé.

19. À qui faites-vous le plus confiance lorsqu'il s'agit de vous fournir de l'information sur le vieillissement en santé? Veuillez sélectionner jusqu'à 2 réponses. **[Note : PRÉSENTER LES OPTIONS ALÉATOIREMENT. ACCEPTER JUSQU'À DEUX RÉPONSES. INCITER À FOURNIR « TOUTE AUTRE RÉPONSE » EN DERNIER.]**

- ☐ Professionnels de la santé, y compris les médecins et les infirmières
- ☐ Pharmaciens
- ☐ Chercheurs ou experts
- ☐ Sites Web sur la santé
- ☐ Membre de la famille ou amis
- ☐ Gouvernement du Canada
- ☐ Agence de la santé publique du Canada ou Santé Canada
- ☐ Votre gouvernement provincial, territorial ou municipal
- ☐ Médias sociaux en ligne
- ☐ Médias d'information
- ☐ Autre, veuillez préciser :

20. Vous souvenez-vous d'avoir vu quelque chose de la part du gouvernement du Canada ou de l'Agence de la santé publique du Canada sur le thème du vieillissement en santé au cours des 2 dernières années?

- ☐ Oui
- ☐ Non
- ☐ Je ne sais pas

21. Dans quelle mesure souhaitez-vous obtenir davantage d'information sur les sujets suivants liés au vieillissement en santé? **[Note : PRÉSENTER LES OPTIONS ALÉATOIREMENT.]**

PRÉSENTER LES OPTIONS ALÉATOIREMENT	**Très intéressé(e)**	**Plutôt intéressé(e)**	**Pas très intéressé(e)**	**Pas du tout intéressé(e)**
Vieillissement en santé	☐	☐	☐	☐
Chutes et blessures	☐	☐	☐	☐
Alimentation saine	☐	☐	☐	☐
Maintien de la santé physique et cognitive	☐	☐	☐	☐
Prévention de la maltraitance des personnes âgées	☐	☐	☐	☐
Vieillir à domicile	☐	☐	☐	☐
Santé buccodentaire	☐	☐	☐	☐
Immunisation	☐	☐	☐	☐

COMPOSANTE DÉMOGRAPHIQUE

Ces quelques dernières questions nous permettront de comparer les résultats du sondage entre différents groupes de répondants. Vos réponses demeureront anonymes et confidentielles.

22. Avez-vous un médecin de famille?

- ☐ Oui
- ☐ Non
- ☐ Je préfère ne pas répondre

23. Êtes-vous responsable des soins primaires d'une personne souffrant d'une maladie de longue durée, d'un handicap physique ou mental, ou de problèmes liés au vieillissement?

- ☐ Oui
- ☐ Non
- ☐ Je préfère ne pas répondre

24. Quelle est votre orientation sexuelle? **[Note : ACCEPTER UNE SEULE RÉPONSE.]**

- ☐ Hétérosexuel(le)
- ☐ Lesbienne
- ☐ Homosexuel(le)
- ☐ Bisexuel(le)
- ☐ Bispirituel(le)
- ☐ Autre (veuillez préciser) : _____
- ☐ Je préfère ne pas répondre

25. Laquelle des catégories suivantes décrit le mieux votre état matrimonial? **[Note : ACCEPTER UNE SEULE RÉPONSE.]**

- ☐ Marié(e)
- ☐ En union libre
- ☐ Séparé(e)
- ☐ Divorcé(e)
- ☐ Veuf(ve)
- ☐ Jamais marié(e)
- ☐ Je préfère ne pas répondre

26. Vivez-vous seul(e)?

- ☐ Oui
- ☐ Non
- ☐ Je préfère ne pas répondre

26a. **[Note : SI « NON » À LA Q.26, DEMANDER]** Veuillez indiquer si vous vivez avec l'une des personnes suivantes? Sélectionnez toutes les réponses qui correspondent.

- ☐ Un(e) partenaire ou conjoint(e)
- ☐ Des enfants âgés de moins de 18 ans
- ☐ Des enfants âgés de plus de 18 ans
- ☐ Des parents
- ☐ Des amis/colocataires
- ☐ Quelqu'un d'autre (veuillez préciser :) _____
- ☐ Je préfère ne pas répondre

27. Quel est le plus haut niveau de scolarité que vous ayez atteint?

- ☐ Niveau inférieur au diplôme d'études secondaires ou l'équivalent

- ☐ Diplôme d'études secondaires ou l'équivalent
- ☐ Certificat ou diplôme d'apprenti inscrit ou d'une école de métier
- ☐ Certificat ou diplôme d'un collège, cégep ou autre établissement d'enseignement postsecondaire non universitaire
- ☐ Certificat ou diplôme universitaire inférieur au baccalauréat
- ☐ Baccalauréat
- ☐ Diplôme universitaire de deuxième cycle, supérieur au baccalauréat
- ☐ Je préfère ne pas répondre

28. Laquelle des catégories suivantes décrit le mieux le revenu total de votre ménage avant impôts déclaré l'an dernier, provenant de toutes les sources pour tous les membres du ménage? **[Note : ACCEPTER UNE SEULE RÉPONSE.]**

- ☐ Moins de 20 000 $
- ☐ De 20 000 $ à un peu moins de 40 000 $
- ☐ De 40 000 $ à un peu moins de 60 000 $
- ☐ De 60 000 $ à un peu moins de 80 000 $
- ☐ De 80 000 $ à un peu moins de 100 000 $
- ☐ De 100 000 $ à un peu moins de 150 000 $
- ☐ 150 000 $ et plus
- ☐ Je préfère ne pas répondre

29. À laquelle ou lesquelles des ethnies suivantes vous identifiez-vous? Sélectionnez toutes les réponses qui correspondent.

- ☐ Europe occidentale (Royaume-Uni, Espagne, Portugal, France, Italie, Allemagne, Autriche, Suisse, etc.)
- ☐ Europe orientale (Pologne, Hongrie, Roumanie, Ukraine, Russie, etc.)
- ☐ Afrique (Nigeria, Éthiopie, Tanzanie, etc.)
- ☐ Moyen-Orient (Israël, Syrie, Jordanie, Égypte, Iran, Irak, etc.)
- ☐ Asie du Sud (Inde, Afghanistan, Pakistan, Sri Lanka, etc.)
- ☐ Asie du Sud-Est (Thaïlande, Vietnam, Singapour, Philippines, Indonésie, Cambodge, etc.)
- ☐ Asie de l'Est (Chine, Corée, Japon, Taïwan, etc.)
- ☐ Amérique du Sud, centrale ou latine (Argentine, Mexique, Brésil, etc.)
- ☐ Antilles (Caraïbes)
- ☐ Autochtone (Premières Nations, Métis, Inuits, etc.)
- ☐ Autre, veuillez préciser _____
- ☐ Je ne sait pas
- ☐ Je préfère ne pas répondre

29a. **[SI L'ON RÉPOND PAR « AUTOCHTONE » À LA Q.29, DEMANDER :]** Faites–vous partie des…?

- ☐ Premières Nations (vivant dans une réserve ou hors-réserve)
- ☐ Métis
- ☐ Inuit
- ☐ Autre (veuillez préciser) : _____
- ☐ Je préfère ne pas répondre

29b. **[SI L'ON RÉPOND PAR « AUTOCHTONE » À LA Q.29, DEMANDER :]** Vivez-vous dans une réserve ou collectivité des Premières Nations pendant au moins 6 mois au cours de l'année?

- ☐ Oui
- ☐ Non
- ☐ Je préfère ne pas répondre

30. Êtes-vous né(e) au Canada?

- ☐ Oui
- ☐ Non
- ☐ Je préfère ne pas répondre

30a. **[SI L'ON RÉPOND « NON » À LA Q.30, DEMANDER :]** Depuis combien d'années habitez-vous au Canada?

- ☐ Depuis moins de 5 ans
- ☐ Entre 5 et 9 ans
- ☐ Depuis 10 ans ou plus
- ☐ Je préfère ne pas répondre

31. Comment décririez-vous la région dans laquelle vous vivez? Est-ce...?

- ☐ Une ville
- ☐ Une municipalité ou un village
- ☐ Une région rurale
- ☐ Une région éloignée
- ☐ Autre (veuillez expliquer) : _____
- ☐ Je préfère ne pas répondre

32. Laquelle des affirmations suivantes décrit le mieux vos conditions de vie actuelles? Est-ce que vous...?

- ☐ Vivez dans une maison de retraite
- ☐ Louez votre logement
- ☐ Êtes propriétaire de votre logement
- ☐ Vivez chez quelqu'un d'autre
- ☐ Autre (veuillez préciser) : _____
- ☐ Je préfère ne pas répondre

33. Qu'est-ce que nous n'avons pas demandé dans le cadre de ce sondage que vous aimeriez que nous sachions en parlant de vieillissement en santé? **[QUESTION OUVERTE]**

- ☐ Rien d'autre
- ☐ Je préfère ne pas répondre

D. Recruiting Scripts

1. English

RECRUITMENT SPECIFICATIONS

- All groups to be held as video focus groups on Zoom (access is only provided by permission only)
- Recruit 8 so that at least 6-8 attend
- Each group will be 90 minutes in length, with 19 groups total
- Honorarium: $100 per participant
- Must be comfortable with doing ZOOM calls/computers/technology
- Must be comfortable talking about their opinions in a group setting

GROUP COMPOSITION

Group	Date	Time (EST)	Location	Composition
1	Mon., March 13th	5:00-6:30	Atlantic	Urban
2	Mon., March 13th	5:00-6:30	Atlantic	Rural
3	Mon., March 13th	7:00-8:30	Nationwide	Older men
4	Tues., March 14th	5:00-6:30	Ontario	Urban
5	Tues., March 14th	7:00-8:30	Ontario	Rural
6	Tues., March 14th	8:00-9:30	Nationwide	Older adults with high SES
9	Wed., March 15th	6:30-8:00	Nationwide	Older women
10	Thurs., March 16th	7:30-9:00	Prairies	Urban
11	Thurs., March 16th	9:00-10:30	Prairies	Rural
12	Mon., March 20th	6:30-8:00	Nationwide	Older adults identifying as racialized
13	Mon., March 20th	7:30-9:00	Nationwide	Older adults with low SES

14	Tues., March 21st	7:30-9:00	BC/North	Urban
15	Tues., March 21st	8:00-9:30	Nationwide	Indigenous older adults
16	Wed., March 22nd	8:30-10:00	BC/North	Rural
17	Wed., March 22nd	8:00-9:30	Nationwide	Older adults living with disabilities
18	Thurs., March 23rd	7:00-8:30	Nationwide	Older adults identifying as LGBTQ2S+
19	Thurs., March 23rd	7:30-9:00	Nationwide	Older adult newcomers to Canada

INTRODUCTION

Hello, my name is **[RECRUITER NAME]**. I'm calling from The Strategic Counsel, a national public opinion research firm, on behalf of the Government of Canada. / Bonjour, je m'appelle **[NOM DU RECRUTEUR].** Je vous téléphone du Strategic Counsel, une entreprise nationale de recherche sur l'opinion publique, pour le compte du gouvernement du Canada.

Would you prefer to continue in English or French? / Préfériez-vous continuer en français ou en anglais?
[CONTINUE IN LANGUAGE OF PREFERENCE]

RECORD LANGUAGE

English **CONTINUE**
French **THANK AND END**

On behalf of the Government of Canada, we're organizing a series of online video focus group discussions to explore your views on aging.

The format is a "round table" discussion, led by an experienced moderator. Participants will be given a cash honorarium in appreciation of their time.

Your participation is completely voluntary and all your answers will be kept confidential. We are only interested in hearing your opinions - no attempt will be made to sell or market you anything. The report that is produced from the series of discussion groups we are holding will not contain comments that are attributed to specific individuals.

But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people in each of the groups. May I ask you a few questions?

Yes **CONTINUE**

No **THANK AND END**

SCREENING QUESTIONS

1. Have you, or has anyone in your household, worked for any of the following types of organizations in the last 5 years?

A market research firm	**THANK AND END**
A marketing, branding or advertising agency	**THANK AND END**
A magazine or newspaper	**THANK AND END**
A federal/provincial/territorial government department or agency	**THANK AND END**
A political party	**THANK AND END**
In public/media relations	**THANK AND END**
In radio/television	**THANK AND END**
No, none of the above	**CONTINUE**

1a. Are you a retired Government of Canada employee?

Yes	**CONTINUE – NO MORE THAN 2 PER GROUP**
No	**CONTINUE**

2. Would you be willing to tell me in which of the following age categories you belong?

Under 18 years of age	**IF POSSIBLE, ASK FOR SOMEONE OVER 18 AND REINTRODUCE. OTHERWISE THANK AND END.**
18-49	**THANK AND END**
50-54	**CONTINUE**
55-59	**CONTINUE**
60-64	**CONTINUE**
65-69	**CONTINUE**
70-74	**CONTINUE**
75+	**CONTINUE**
VOLUNTEERED Prefer not to answer	**THANK AND END**

ENSURE A GOOD MIX.

3. In which city do you reside?

LOCATION	**CITIES**	
Urban Atlantic	Cities could include (but are not limited to): New Brunswick: Moncton, Saint John, Fredericton, Miramichi Newfoundland and Labrador: St. John's, Corner Brook, Mount Pearl Nova Scotia: Halifax, Cape Breton PEI: Charlottetown	**CONTINUE – GROUP 1**

	ENSURE A GOOD MIX. NO MORE THAN TWO PER PROVINCE.	
Rural Atlantic	Towns could include (but are not limited to): Population size <10,000 New Brunswick: Beaubassin East, Cocagne, Hanwell, Haut-Madawaska, Kedgwick, Saint-André, Upper Miramichi Newfoundland and Labrador: Appleton, Baie Verte, Bay Bulls, Bay Roberts, Bishop's Falls, Bonavista, Botwood, Carbonear, Clarenville, Deer Lake, Fogo Island, Harbour Grace, Labrador City, Marystown Nova Scotia: Aylesford, Baddeck, Canning, Chester, Greenwood, Kingston, Port Williams, Weymouth PEI: West River, Belfast, Brackley, Central Prince, Kingston, Miltonvale Park, North Shore **ENSURE A GOOD MIX. NO MORE THAN TWO PER PROVINCE.**	**CONTINUE – GROUP 2**
Urban Ontario	Cities could include (but are not limited to): Toronto, Ottawa, Hamilton, Kitchener, London, Oshawa, Windsor, Barrie, Guelph, Kingston, Thunder Bay, Sudbury, Peterborough, North Bay, Cornwall **ENSURE A GOOD MIX OF CITIES ACROSS THE REGION. NO MORE THAN TWO PER CITY.**	**CONTINUE – GROUP 4**
Rural Ontario	Towns/villages could include: Alberton, Algonquin Highlands, Amaranth, Bancroft, Blue Mountains, Bracebridge, Brock, Callander, Central Huron, Champlain, Chatsworth, Cochrane, Deep River, Dryden, Elliot Lake, Enniskillen, Gravenhurst, Hanover, Hawkesbury, Huntsville, Kincardine, Laurentian Hills, Muskoka Lakes, Nipissing, Parry Sound, Petawawa, Red Lake, Temiskaming Shores, Tweed **ENSURE A GOOD MIX.**	**CONTINUE – GROUP 5**
Urban Prairies	Cities include (but are not limited to): Manitoba: Winnipeg, Brandon	**CONTINUE – GROUP 10**

	Saskatchewan: Saskatoon, Regina Alberta: Calgary, Edmonton **ENSURE A GOOD MIX OF CITIES ACROSS THE REGION. NO MORE THAN TWO PER PROVINCE.**	
Rural Prairies	Cities include (but are not limited to): Manitoba: Alonsa, Arborg, Cartwright, St-Georges, St-Pierre-Jolys, Carman, Dominion City, Gilbert Plains, The Pas, Killarney, Gimli, Somerset, Morris Saskatchewan: Aberdeen, Assiniboia, Battleford, Biggar, Birch Hills, Canora, Carrot River, Davidson, Grand Coulee, Gull Lake, Luseland, Rocanville, Shellbrook, Turtleford Alberta: Alberta Beach, Athabasca, Eckville, Manning, Nobleford, Pincher Creek, Redwater **ENSURE A GOOD MIX OF CITIES ACROSS THE REGION. NO MORE THAN TWO PER PROVINCE.**	**CONTINUE – GROUP 11**
Urban BC/North	Cities include: BC: Vancouver, Victoria, Kelowna, Abbotsford Yukon: Whitehorse Northwest Territories: Yellowknife Nunavut: Iqaluit **ENSURE A GOOD MIX OF CITIES ACROSS THE REGION.**	**CONTINUE – GROUP 14**
Rural BC/Rural and Urban North	Cities include: BC: Anahim Lake, Bamfield, Blind Bay, Clearwater, Fraser Lake, Golden, Houston, Kaslo, Logan Lake, Lumby, Mount Currie, Port Alice, Salmo, Timbler Ridge Yukon: Dawson City, Old Crow, Whitehorse Northwest Territories: Hay River, Inuvik, Fort Smith, Yellowknife Nunavut: Rankin Inlet, Arviat, Iqaluit **ENSURE A GOOD MIX OF CITIES ACROSS THE REGION. SKEW TO THOSE RESIDING IN SMALLER COMMUNITIES.**	**CONTINUE – GROUP 16**
Canada	**RECORD PROVINCE AND CITY/TOWN/VILLAGE** **ENSURE A GOOD MIX BETWEEN PROVINCES**	**CONTINUE – GROUP 3, 6, 9, 12, 13, 15, 17, 18, 19**

4. Were you born in Canada?

Yes **CONTINUE TO Q5**
No **CONTINUE TO Q4a**
VOLUNTEERED Prefer not to answer **THANK AND END**

4a. How many years have you lived in Canada?

Less than 5 years	**CONTINUE**
5 to <10 years	**GROUP 19 – THANK AND END** **ALL OTHERS - CONTINUE**
10 to <20 years	**GROUP 19 – THANK AND END** **ALL OTHERS - CONTINUE**
20 to <30 years	**GROUP 19 – THANK AND END** **ALL OTHERS - CONTINUE**
30 or more years	**GROUP 19 – THANK AND END** **ALL OTHERS - CONTINUE**
Don't know/Prefer not to answer	**THANK AND END**

ENSURE A GOOD MIX BY TIME LIVED IN CANADA.

4b. **ASK ONLY IF GROUP 19** Which country did you migrate from to come to Canada?

United States
Mexico
England
Nigeria
France
Brazil
Iran
China
South Korea
India
Philippines
Pakistan
Other, specify
VOLUNTEERED Prefer not to answer **THANK AND END**

ENSURE A GOOD MIX.

5. **ASK ONLY IF GROUP 18** What gender do you identify with? **[INTERVIEWER TO READ ALL]**

Male/Man
Female/Woman
Two Spirit
Trans Male/Trans Man

Trans Female/Trans Woman
Non-binary
Genderqueer
Intersex
Other (Please specify): _____
VOLUNTEERED Prefer not to answer **THANK AND END**

5a. **ASK ONLY IF GROUP 18** How do you describe your sexual orientation? **[INTERVIEWER TO READ ALL]**

Straight/Heterosexual
Gay
Lesbian
Bisexual
Two Spirit
Queer
Questioning
Other (Please specify): _____
VOLUNTEERED Prefer not to answer **THANK AND END**

IF RESPONDENT SELECTS EITHER 'MALE' OR 'FEMALE' AT Q.5 AND 'STRAIGHT/HETEROSEXUAL' AT Q.5A, THANK AND END. ENSURE A GOOD MIX. LIMIT THE NUMBER OF 'OTHER, PLEASE SPECIFY'

6. **ASK ONLY IF GROUP 15** Do you identify as Indigenous?

Yes **CONTINUE TO 6a**
No **THANK AND END**
VOLUNTEERED Prefer not to answer **THANK AND END**

6a. **ASK ONLY IF GROUP 15** Do you identify as … ?

First Nations (Off-reserve) **CONTINUE**
First Nations (On-reserve) **CONTINUE**
Métis **CONTINUE**
Inuit **CONTINUE**
None of the above **THANK AND END**

ENSURE A GOOD MIX ON AND OFF RESERVE.

7. **ASK ONLY IF GROUP 17** Do you identify as any of the following? Select all that apply.

A person with a disability? *A person with a disability is a person who has a long-term or recurring impairment (such as vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental-health related) which limits their daily activities inside or outside the home (such as school, work or in the community in general).* **CONTINUE**
Someone with a medical condition that weakens your body's ability to fight off infections (such as heart disease, diabetes, HIV, asthma)? **CONTINUE**
Neither **THANK AND END**

Prefer not to answer **THANK AND END**

7a. **ASK ONLY IF GROUP 17** What type of disabilities and/or health conditions do you live with? Select all that apply.

Blindness or low vision (does not include vision correctable by glasses or contact lenses)
Deaf, deafened, or hard of hearing
Developmental or cognitive (example: Down syndrome, Alzheimer's)
Learning disability (example: dyslexia)
Mental health – perceived or actual disability (examples: addictions, bipolar disorder, depression)
Mobility (examples: requiring use of a cane, wheelchair)
Physical, coordination, manual dexterity, or strength (example: handling objects, balance issues)
Physical illness and/or pain (examples: diabetes, epilepsy, heart condition, kidney disease, lung disease, rheumatoid arthritis)
Speech and language (not caused by hearing loss)
Neurodivergent (example: autism, ADHD)
Other, please specify: _____
Prefer not to answer **[PN: TERMINATE]**

ENSURE A GOOD MIX.

8. **ASK ONLY OF GROUP 12** Do you self-identify as a visible minority as defined by the *Employment Equity Act*? **IF REQUIRED, INTERVIEWER TO READ:** The Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."

Yes	**CONTINUE**
No	**THANK AND END**
VOLUNTEERED Prefer not to answer	**THANK AND END**

9. **DO NOT ASK GROUP 15** Which of the following racial or cultural groups best describes you? (multi-select)

White/Caucasian	**IF GROUP 12, THANK AND END**
South Asian (e.g., East Indian, Pakistani, Sri Lankan)	
Chinese	
Black	
Latin American	
Filipino	
Arab	
Southeast Asian (e.g., Vietnamese, Cambodian, Thai)	
Korean or Japanese	
Indigenous	
Other (specify)	
VOLUNTEERED Prefer not to answer	**THANK AND END**

ENSURE A GOOD MIX.

10. **DO NOT ASK** Record gender.

Female	**IF GROUP 3, THANK AND END**
Male	**IF GROUP 9, THANK AND END**

11. Which of the following categories best describes your total household income in 2022? That is, the total income of all persons in your household combined, before taxes?

Under $20,000	**IF GROUP 6, THANK AND END**
$20,000 to just under $40,000	**IF GROUP 6, THANK AND END**
$40,000 to just under $60,000	**IF GROUP 6, THANK AND END**
$60,000 to just under $80,000	**IF GROUP 6 OR 13, THANK AND END**
$80,000 to just under $100,000	**IF GROUP 13, THANK AND END**
$100,000 to just under $150,000	**IF GROUP 13, THANK AND END**
$150,000 and above	**IF GROUP 13, THANK AND END**
VOLUNTEERED Prefer not to answer	**THANK AND END**

ENSURE A GOOD MIX.

12. What is the highest level of formal education that you have completed?

Grade 8 or less	**IF GROUP 6, THANK AND END**
Some high school	**IF GROUP 6, THANK AND END**
High school diploma or equivalent	**IF GROUP 6, THANK AND END**
Registered Apprenticeship or other trades certificate or diploma	**IF GROUP 13, THANK AND END**
College, CEGEP or other non-university certificate or diploma	**IF GROUP 13, THANK AND END**
University certificate or diploma below bachelor's level	**IF GROUP 13, THANK AND END**
Bachelor's degree	**IF GROUP 13, THANK AND END**
Post graduate degree above bachelor's level	**IF GROUP 13, THANK AND END**
VOLUNTEERED Prefer not to answer	**THANK AND END**

ENSURE A GOOD MIX.

13. Which of the following categories best describes your current employment status? Are you…

Working full-time, that is, 35 or more hours per week?
Working part-time, that is, less than 35 hours per week?
Self-employed?
Unemployed, but looking for work?

A student attending school full-time?
Retired?
Not in the workforce? [Full-time homemaker, unemployed, not looking for work]
VOLUNTEERED Other – [Do not specify]

VOLUNTEERED Prefer not to answer

ENSURE A GOOD MIX. MAY SKEW RETIRED.

14. Would you be comfortable reading a document and participating in a group discussion in English?

YES	**CONTINUE**
NO	**THANK AND END**

[NOTE TO INTERVIEWER – IF RESPONDENT INDICATES AT ANY POINT THAT THEY WILL NEED THE ASSISTANCE OF A CAREGIVER OR PERSONAL SUPPORT WORKER IN ORDER TO PARTICIPATE, PLEASE ASSURE THAT WE WILL ACCOMMODATE]

15. Have you attended a focus group discussion, or participated in an interview or survey, which was arranged in advance and for which you received a sum of money?

YES	**CONTINUE**
NO	**SKIP TO Q.16**

16. How long ago was that?

Less than 6 months ago	**THANK AND END**
More than 6 months ago	**CONTINUE**

17. As this group is being conducted online, in order to participate you will need to have high-speed Internet and a computer with a working webcam, microphone and speaker. **RECRUITER TO CONFIRM THE FOLLOWING. TERMINATE IF NO TO ANY.**

Participant has high-speed access to the Internet
Participant has a computer/webcam

18. Have you used online meeting software, such as Zoom, Webex, Microsoft Teams, Google Hangouts/Meet, etc., in the last two years?

Yes **CONTINUE**
No **CONTINUE**

19. How skilled are you at using online meeting platforms on your own, using a scale of 1 to 5, where 1 means you are not at all skilled, and 5 means you are very skilled?

1-2 **THANK AND END**
3-5 **CONTINUE**

20. During the discussion, you could be asked to read or view materials on screen and/or participate in poll-type exercises online. You will also be asked to actively participate online using a webcam. Can you think of any reason why you may have difficulty reading the materials or participating by video?

IF RESPONDENT OFFERS ANY REASON SUCH AS SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY, ANY CONCERNS WITH USING A WEBCAM OR IF YOU AS THE INTERVIEWER HAVE A CONCERN ABOUT THE PARTICIPANT'S ABILITY TO PARTICIPATE EFFECTIVELY, PLEASE ASSESS WHETHER ACCOMMODATIONS CAN BE MADE.

The next question is creative in nature – please have fun when answering!

21. If you could invite someone to dinner, past or present, who would you invite, and why?

NOTE: RESPONDENTS THAT ARE INVITED TO PARTICIPATE MUST BE ARTICULATE AND ABLE TO EXPRESS THEMSELVES WITH EASE. ALL PARTICIPANTS MUST EXHIBIT REASONABLE ABILITY TO ARTICULATE COHERENT THOUGHTS, IN COMPLETE SENTENCES, AND RESPOND FAIRLY PROMPTLY. PLEASE ENSURE:

- **No recruits who are difficult to understand**
- **No recruits that use one word answers or reply with "I don't know"**
- **Respondents who are enthusiastic and engaged!**

If there is any doubt, PLEASE DON'T RECRUIT!

22. The focus group discussion will be recorded for research purposes only. Do you consent to being recorded?

YES **CONTINUE**
NO **THANK AND END**

23. The report that will be prepared based on the discussions may contain anonymous quotations from participants. These quotations will not identify you, but may include comments that you made during the discussion. Do you consent to being quoted anonymously in the report that will be prepared following the groups?

YES **CONTINUE**
NO **THANK AND END**

INVITATION TO FOCUS GROUP:

I would like to invite you to a focus group discussion. You will receive a $100 honorarium in appreciation for your time. The discussion will last about 90 minutes and will be held:

INSERT DATE AND TIME OF GROUP BASED ON CHART ON PAGE 1.

We will be calling to verify the information given and will confirm this appointment the day before. May I please have your full name, a telephone number that is best to reach you at, and your e-mail address to send you the details for the group?
Name:
Telephone Number:
E-mail Address:

You will receive an e-mail from **[insert recruiter]** with the instructions to login to the online group. Should you have any issues logging into the system specifically, you can contact our technical support team at support@thestrategiccounsel.com.

We ask that you are online at least 15 minutes prior to the beginning of the session in order to ensure you are set up and to allow our support team to assist you in case you run into any technical issues.

You may be required to view some material during the course of the discussion. If you require glasses to do so, please be sure to have them handy at the time of the group. Also, you will need pen and paper in order to take some notes throughout the group.

This is a firm commitment. If you anticipate anything preventing you from attending (either home- or work-related), please let me know now and we will keep your name for a future study.
If for any reason you are unable to attend, please let us know as soon as possible at **[1-800-xxx-xxxx]** so we can find a replacement.

Thank you very much for your time.

RECRUITED BY: _____
DATE RECRUITED: _____

2. French

CONSIGNES DE RECRUTEMENT

- Tous les groupes prendront la forme de groupes de discussion vidéo tenus sur Zoom (accès fourni sur autorisation seulement)
- Il faut recruter 8 personnes pour qu'au moins 6 à 8 se présentent.
- Il y aura 2 groupes de discussion en tout et chaque rencontre durera 90 minutes.
- Un montant de 100 $ sera versé à chaque participant.
- Les participants doivent être à l'aise avec les appels sur ZOOM, les ordinateurs et la technologie.
- Les participants doivent être à l'aise d'exprimer leurs opinions au sein d'un groupe.

COMPOSITION DES GROUPES

GROUPE	DATE	HEURE (DE L'EST)	LIEU	COMPOSITION DU GROUPE
7	15 mars	17 h 00-18 h 30	Québec	Urbain

8	15 mars	19 h 00-20 h 30	Québec	Rural

INTRODUCTION

Bonjour, je m'appelle **[NOM DU RECRUTEUR].** Je vous téléphone du Strategic Counsel, une entreprise nationale de recherche sur l'opinion publique, pour le compte du gouvernement du Canada. / Hello, my name is **[RECRUITER NAME]**. I'm calling from The Strategic Counsel, a national public opinion research firm, on behalf of the Government of Canada.

Préfériez-vous continuer en français ou en anglais? / Would you prefer to continue in English or French?
[CONTINUER DANS LA LANGUE PRÉFÉRÉE]

NOTER LA LANGUE ET CONTINUER

Anglais **REMERCIER ET CONCLURE**
Français **CONTINUER**

Nous organisons, pour le compte du gouvernement du Canada, une série de groupes de discussion vidéo en ligne afin d'explorer votre point de vue sur le vieillissement.

La rencontre prendra la forme d'une table ronde animée par un modérateur expérimenté. Les participants recevront un montant d'argent en remerciement de leur temps.

Votre participation est entièrement volontaire et toutes vos réponses seront confidentielles. Nous aimerions simplement connaître vos opinions : personne n'essaiera de vous vendre quoi que ce soit ou de promouvoir des produits. Notre rapport sur cette série de groupes de discussion n'attribuera aucun commentaire à une personne en particulier.

Avant de vous inviter à participer, je dois vous poser quelques questions qui nous permettront de former des groupes suffisamment diversifiés. Puis-je vous poser quelques questions?

Oui **CONTINUER**
Non **REMERCIER ET CONCLURE**

QUESTIONS DE SÉLECTION

1. Est-ce que vous ou une personne de votre ménage avez travaillé pour l'un des types d'organisations suivants au cours des cinq dernières années?

Une société d'études de marché	**REMERCIER ET CONCLURE**
Une agence de commercialisation, de marque ou de publicité	**REMERCIER ET CONCLURE**
Un magazine ou un journal	**REMERCIER ET CONCLURE**
Un ministère ou un organisme gouvernemental fédéral, provincial ou territorial	**REMERCIER ET CONCLURE**
Un parti politique	**REMERCIER ET CONCLURE**

Dans les relations publiques ou les relations avec les médias	**REMERCIER ET CONCLURE**
Dans le milieu de la radio ou de la télévision	**REMERCIER ET CONCLURE**
Non, aucune de ces réponses	**CONTINUER**

1a. Êtes-vous un ou une employé(e) retraité(e) du gouvernement du Canada?

Oui **CONTINUER – PAS PLUS DE 2 PAR GROUPE**
Non **CONTINUER**

2. Seriez-vous prêt/prête à m'indiquer votre tranche d'âge dans la liste suivante?

Moins de 18 ans	**SI POSSIBLE, DEMANDER À PARLER À UNE PERSONNE DE 18 ANS OU PLUS ET REFAIRE L'INTRODUCTION. SINON, REMERCIER ET CONCLURE**
18 à 49 ans	**REMERCIER ET CONCLURE**
50 à 54 ans	**CONTINUER**
55 à 59 ans	**CONTINUER**
60 à 64 ans	**CONTINUER**
65 à 69 ans	**CONTINUER**
70 à 74 ans	**CONTINUER**
75 ans ou plus	**CONTINUER**
RÉPONSE SPONTANÉE Préfère ne pas répondre	**REMERCIER ET CONCLURE**

ASSURER UN BON MÉLANGE.

3. Dans quelle ville habitez-vous?

LIEU	**VILLES**	
Québec urbain	Ces villes peuvent notamment comprendre : Montréal, Québec, Gatineau, Laval, Sherbrooke, Trois-Rivières, Saguenay, Saint-Jean-sur-Richelieu, Châteauguay, Drummondville, Granby, Beloeil, Saint-Hyacinthe, Victoriaville, Salaberry-de-Valleyfield, Rimouski. **ASSURER UN BON MÉLANGE.**	**CONTINUER – GROUPE 7**
Québec rural	Les villes peuvent inclure (mais ne sont pas limitées à) : Val-David, Sainte-Madeleine, Laurier Station, Pointe-Lebel, Chute-aux-Outardes, La Guadeloupe, Price, Fort-Coulonge, Pointe-aux-	**CONTINUER – GROUPE 8**

	Outardes, Grenville, Roxton Falls, Hébertville-Station, Saint-Jeanne-d'Arc, Ayer's Cliff, Stukley Sud. **ASSURER UN BON MÉLANGE.**	

4. Êtes-vous né(e) au Canada?

Oui **CONTINUER**
Non **POSER LA Q4a**
RÉPONSE SPONTANÉE Préfère ne pas répondre **REMERCIER ET CONCLURE**

4a. Depuis combien d'années habitez-vous au Canada?

Moins de 5 ans	**CONTINUER**
5 ans à moins de 10 ans	
10 ans à moins de 20 ans	
20 ans à moins de 30 ans	
30 ans ou plus	
Je ne sais pas/je préfère ne pas répondre	**REMERCIER ET CONCLURE**

BIEN REPRÉSENTER LES PARTICIPANTS EN FONCTION DU NOMBRE D'ANNÉES VÉCUES AU CANADA.

5. Lequel ou lesquels des groupes raciaux ou culturels suivants vous décrivent le mieux? (plusieurs réponses possibles)

Blanc
Sud-asiatique (p. ex., indien, pakistanais, sri-lankais)
Chinois
Noir
Latino-américain
Philippin
Arabe
Asiatique du sud-est (p. ex., vietnamien, cambodgien, thaïlandais)
Coréen ou japonais
Autochtone
Autre groupe racial ou culturel (préciser)
RÉPONSE SPONTANÉE : Préfère ne pas répondre **REMERCIER ET CONCLURE**

VISER UNE COMPOSITION DIVERSIFIÉE SUR LE PLAN DE L'APPARTENANCE AUX GROUPES RACIAUX/CULTURELS

6. **NE PAS POSER LA QUESTION** Noter le sexe.

Femme

Homme

7. Laquelle des catégories suivantes décrit le mieux le revenu annuel total de votre ménage en 2022 – c'est-à-dire le revenu cumulatif de l'ensemble des membres de votre ménage avant impôt?

Moins de 20 000 $	
20 000 $ à moins de 40 000 $	
40 000 $ à moins de 60 000 $	
60 000 $ à moins de 80 000 $	
80 000 $ à moins de 100 000 $	
100 000 $ à moins de 150 000 $	
150 000 $ ou plus	
RÉPONSE SPONTANÉE : Préfère ne pas répondre	**REMERCIER ET CONCLURE**

ASSURER UN BON MÉLANGE.

8. Quel est le niveau de scolarité le plus élevé que vous avez atteint?

École primaire	
Études secondaires partielles	
Diplôme d'études secondaires ou l'équivalent	
Certificat ou diplôme d'apprenti inscrit ou d'une école de métiers	
Certificat ou diplôme d'un collège, cégep ou autre établissement non universitaire	
Certificat ou diplôme universitaire inférieur au baccalauréat	
Baccalauréat	
Diplôme d'études supérieur au baccalauréat	
RÉPONSE SPONTANÉE : Préfère ne pas répondre	**REMERCIER ET CONCLURE**

ASSURER UN BON MÉLANGE.

9. Laquelle de ces descriptions correspond le mieux à votre situation d'emploi actuelle? Est-ce que…

Vous travaillez à temps plein, soit 35 heures ou plus par semaine?
Vous travaillez à temps partiel, soit moins de 35 heures par semaine?
Vous travaillez à votre compte?
Vous êtes sans emploi, mais cherchez du travail?
Vous êtes aux études à temps plein?
Vous êtes à la retraite?
Vous n'êtes pas sur le marché du travail? [au foyer à temps plein, sans emploi et ne cherchant pas de travail]
RÉPONSE SPONTANÉE Autre – [ne pas préciser]
RÉPONSE SPONTANÉE Préfère ne pas répondre

ASSURER UN BON MÉLANGE. PEUT BIAISER LES RETRAITÉS.

10. Seriez-vous à l'aise de lire un document et de participer à une discussion de groupe en français?

OUI **CONTINUER**
NON **REMERCIER ET CONCLURE**

[NOTE POUR L'INTERVIEWEUR - SI LA PERSONNE INTERROGÉE INDIQUE À UN MOMENT DONNÉ QU'ELLE AURA BESOIN DE L'AIDE D'UN SOIGNANT OU D'UN ASSISTANT PERSONNEL POUR PARTICIPER, ASSUREZ-VOUS QUE NOUS ALLONS NOUS ADAPTER].

11. Avez-vous déjà participé à un groupe de discussion, à une entrevue ou à un sondage organisé à l'avance en contrepartie d'une somme d'argent?

OUI **CONTINUER**
NON **PASSER À LA Q.16**

12. C'était il y a combien de temps?

Il y a moins de six mois **REMERCIER ET CONCLURE**
Il y a plus de six mois **CONTINUER**

13. Étant donné que ce groupe se réunira en ligne, vous aurez besoin, pour participer, d'un accès Internet haut débit et d'un ordinateur muni d'une caméra Web, d'un microphone et d'un haut-parleur en bon état de marche. **CONFIRMER LES POINTS CI-DESSOUS. METTRE FIN À L'APPEL SI NON À L'UN DES DEUX.**

Le participant a accès à Internet haut débit
Le participant a un ordinateur avec caméra Web

14. Avez-vous utilisé des logiciels de réunion en ligne tels que Zoom, Webex, Microsoft Teams, Google Hangouts/Meet, etc., au cours des deux dernières années?

Oui **CONTINUER**
Non **CONTINUER**

15. Sur une échelle de 1 à 5 où 1 signifie que vous n'êtes pas du tout habile et 5 que vous êtes très habile, comment évaluez-vous votre capacité à utiliser seul(e) les plateformes de réunion en ligne?

1-2 **REMERCIER ET CONCLURE**
3-5 **CONTINUER**

16. Au cours de la discussion, vous pourriez devoir lire ou visionner du matériel affiché à l'écran, ou faire des exercices en ligne comme ceux qu'on trouve dans les sondages. On vous demandera aussi de participer activement à la discussion en ligne à l'aide d'une caméra Web. Pensez-vous avoir de la difficulté, pour une raison ou une autre, à lire les documents ou à participer à la discussion par vidéo?

SI LE RÉPONDANT SIGNALE UN PROBLÈME DE VISION OU D'AUDITION, UN PROBLÈME DE LANGUE PARLÉE OU ÉCRITE, S'IL CRAINT DE NE POUVOIR COMMUNIQUER EFFICACEMENT, SI L'UTILISATION D'UNE CAMÉRA WEB LUI POSE PROBLÈME, OU SI VOUS, EN TANT QU'INTERVIEWEUR, AVEZ DES DOUTES QUANT À SA CAPACITÉ DE PARTICIPER EFFICACEMENT AUX DISCUSSIONS, VEUILLEZ ÉVALUER SI DES ADAPTATIONS PEUVENT ÊTRE FAITES.

La prochaine question est de nature créative – amusez-vous en formulant votre réponse!

17. Si vous pouviez inviter une personne du présent ou du passé à dîner, qui serait-ce et pourquoi?

NOTE : LES RÉPONDANTS INVITÉS À PARTICIPER DOIVENT S'EXPRIMER CLAIREMENT ET AVEC AISANCE. ILS DOIVENT POUVOIR FORMULER DES PENSÉES COHÉRENTES, EN FAISANT DES PHRASES COMPLÈTES, ET RÉPONDRE ASSEZ RAPIDEMENT. VEILLER NOTAMMENT À CE QUI SUIT :

- **Ne pas recruter des personnes difficiles à comprendre;**
- **Ne pas recruter des personnes qui répondent par un ou deux mots, ou par « je ne sais pas ».**
- **Recruter des personnes enthousiastes et intéressées!**

En cas de doute, SVP NE PAS RECRUTER!

18. La discussion sera enregistrée, strictement aux fins de la recherche. Est-ce que vous consentez à ce qu'on vous enregistre?

OUI **CONTINUER**
NON **REMERCIER ET CONCLURE**

19. Le rapport qui sera préparé à partir des discussions pourrait contenir des citations anonymes provenant des participants. Ces citations ne vous nommeront pas, mais elles pourraient contenir des commentaires que vous avez faits durant la discussion. Est-ce que vous consentez à être cité(e) de façon anonyme dans le rapport qui sera préparé à la suite des discussions?

OUI **CONTINUER**
NON **REMERCIER ET CONCLURE**

INVITATION À UN GROUPE DE DISCUSSION :

J'aimerais vous inviter à un groupe de discussion. En remerciement de votre temps, vous recevrez un montant de 100 $. La discussion durera environ 90 minutes et aura lieu :

DONNER LA DATE ET L'HEURE EN FONCTION DU NO DE GROUPE INDIQUÉ DANS LE TABLEAU DE LA PAGE 1.

Nous vous rappellerons la veille pour confirmer le rendez-vous et les renseignements. Puis-je avoir votre nom complet, le numéro de téléphone où vous êtes le plus facile à joindre et votre adresse électronique, pour vous envoyer tous les détails concernant le groupe de discussion?

Nom :
Numéro de téléphone :
Adresse courriel :

Vous recevrez un courrier électronique du **[insérer le nom du recruteur]** expliquant comment rejoindre le groupe en ligne. Si la connexion au système vous pose des difficultés, veuillez en aviser notre équipe de soutien technique à : support@thestrategiccounsel.com.

Nous vous prions de vous mettre en ligne au moins 15 minutes avant l'heure prévue, afin d'avoir le temps de vous installer et d'obtenir l'aide de notre équipe de soutien en cas de problèmes techniques. Veuillez également redémarrer votre ordinateur avant de vous joindre au groupe.

Vous pourriez devoir lire des documents au cours de la discussion. Si vous utilisez des lunettes, assurez-vous de les avoir à portée de main durant la rencontre. Vous aurez également besoin d'un stylo et de papier pour prendre des notes.

Ce rendez-vous est un engagement ferme. Si vous pensez ne pas pouvoir participer pour des raisons personnelles ou professionnelles, veuillez m'en aviser dès maintenant et nous conserverons votre nom pour une étude ultérieure. Enfin, si jamais vous n'êtes pas en mesure de participer, veuillez nous prévenir le plus rapidement possible au **[1-800-xxx-xxxx]** pour que nous puissions trouver quelqu'un pour vous remplacer.

Merci de votre temps.

RECRUTEMENT FAIT PAR : _____
DATE DU RECRUTEMENT : _____

E. Moderator's Guides

1. English

INTRODUCTION (5 MINUTES)

- Welcome
- Purpose of discussion – to discuss issues related to aging; groups are being undertaken on behalf of the Public Health Agency of Canada (PHAC) to better understand experiences, needs and expectations of Canadians as they age
- Guidance for the discussion:
    - 90 minutes in length – need participants' undivided attention
    - Participation is completely voluntary
    - Recording of discussion
    - Presence of observers (as applicable)
    - Confidentiality of feedback/comments and participant contact information

  - Summary report aggregates findings across all groups/no attribution/does not include names of participants, contact information or the recording
  - Report will be publicly available through Library and Archives Canada (LAC), anonymous quotations may be used in communication products
- Role of moderator:
  - Not an employee of PHAC or the Government of Canada
  - Will guide the conversation, remain objective, ask follow-up questions, monitor time, ensure engagement of all participants
  - **[NOTE TO MODERATOR: TRY TO ENSURE THAT PARTICIPANTS STAY FOCUSED ON THE TOPIC/QUESTIONS AS THEY FALL UNDER PUBLIC HEALTH RATHER THAN HEALTH CARE. MAY NEED TO NUDGE PARTICIPANTS IN THIS DIRECTION]**
- Role of participants:
  - Share opinions, impressions, perspectives, feelings, thoughts, and experiences, be open and honest, feel free to agree or disagree with others (no right or wrong answers), respect others' point of view
- Participant introductions – participants (and caregivers as applicable) will briefly introduce themselves by first name only, share anything about themselves (where you live, whether you are retired or still working, hobbies or interests), icebreaker question: what technology has had the most impact on your life?

PERSPECTIVES AND OUTLOOK ON AGING (20 MINUTES)

- How do you feel about getting older/aging? What words or images come to mind when you think about getting older/aging? **[NOTE TO MODERATOR: USE WHITEBOARD FEATURE TO CAPTURE THOUGHTS AND SHARE ON SCREEN.]**
- On balance, do you feel mostly positive or mostly negative about the prospect of getting older/aging? Explain. **Probe for:**
  - **[FOR THOSE IN THE OLDER AGE COHORT (70+) ASK]** Has your experience aging been more or less positive than you expected? Elaborate.
- What are your goals for yourself as you get older/age? What's most important to you?
- What concerns you most as you move into the next phase of your life?
- What are some of the challenges people face as they age?
  - **Probe for:** financial pressures, housing affordability, decline in physical and/or cognitive health, loneliness/isolation/staying connected, etc. **[NOTE TO MODERATOR: DEPENDING ON COMPOSITION OF GROUP PROBE FOR ISSUES SPECIFIC TO VARIOUS COMMUNITIES SUCH AS DISABLED, LGBTQ2S+, INDIGENOUS, RACIALIZED, ETC.]**
  - **Probe for:** Are some groups of seniors likely to face more challenges than others? Are some groups more vulnerable as they age, relative to others? If so, which groups? Why do you say that?

VIEWS ON HEALTHY AGING (45 MINUTES)

- Let's talk about the idea of 'healthy aging.' Is this something you have heard of before? If so, where did you hear about this? In what context?
- What is 'healthy aging?' In a sentence or two, tell me what 'healthy aging' means to you. **Probe for:**
  - Have you heard of other terms such as 'active aging' or 'successful aging?' Do these terms mean something different from 'healthy aging?'
- Before we continue, let me share some information with you about healthy aging. **[NOTE TO MODERATOR: SHARE DEFINITION OF HEALTHY AGING ON SCREEN]**

  The World Health Organization (WHO) defines healthy aging as "the process of developing and maintaining the functional ability that enables wellbeing in older age." Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to:

  - Meet their basic needs;

  - Learn, grow and make decisions;
  - Be mobile;
  - Build and maintain relationships; and
  - Contribute to society.

- Is this definition clear to you or not? What is confusing or unclear, if anything? Do you agree with it?
- In your view, what are the factors that support healthy aging? In other words, what is required to facilitate healthy aging?
  - **Probe for:** cognitive health, mental health, physical health, social relationships and networks, financial security, sense of belonging or personal fulfilment, opportunities to engage in intergenerational activities, continuous learning, cultural supports, community infrastructure and the built environment, community, and health services, being able to get outdoors/regular exercise, etc.
  - **Probe for:** What about being valued as you age? What does this mean for you?
  - **Probe for:** What are your thoughts on the role of technology (e.g., mobile health apps, online health tools, wearable devices for health monitoring and tracking) in healthy aging? How can technology be better designed to support healthy aging/help seniors stay connected, etc.?
  - **Probe for:** What role do you think diet, nutrition, and physical exercise play in healthy aging?
  - **Probe for:** In general, how much of being able to age healthily is within your control (e.g., adhering to healthy behaviours) versus more systemic in nature (e.g., a factor of health care, services available/received, economic status)?

- I'm going to show you a list of factors that could help make cities and towns more age-friendly. Then, I'd like to do a short exercise or poll. **SHARE SCREEN. MODERATOR TO LAUNCH POLL #1.** The question is: What factors or features are most important to making a community age-friendly? From the list shown, select the top 5. **You can select up to 5, but no more than 5**. You can also select 'other' if there is another factor or feature not shown on the list. Please complete the poll and then we'll discuss the results.
  - **MODERATOR TO SHARE RESULTS AND DISCUSS FEATURES/FACTORS SELECTED MOST/LEAST FREQUENTLY.** Why are these most important? Why are these considered less important?
- What are some of the main challenges, obstacles, or barriers to aging healthily?
  - **Probe for:** Thinking about the features of an age-friendly community that we just talked about, is there anything that hinders or could hinder your ability to access any of these supports/community services/programs? What else do you/would you need to better enable you to access supports/community services/programs?
  - **Probe for:** In general, how do you feel about your own ability to access health services in your community/region. For example, health care, dental care, prescription medications, and other health services (including information and/or services you which promote and support healthy living), etc. when you need them, as you age?

- Would you describe your community/neighborhood as being 'age-friendly?' In what ways is it age-friendly? In what ways is it not age-friendly?
- Thinking about your own community as well as your own needs and expectations as you age, where are the biggest gaps in your community when it comes to being age-friendly or supporting healthy aging?
  - **Probe for:** Where would you like the Public Health Agency of Canada to focus their efforts? For example, should they be focusing their efforts related to healthy aging on awareness raising, providing information, developing and implementing specific programs/services? What would be of most value?
  - **Probe for:** What one thing would make the biggest difference in your ability to age in a healthy way?

COMMUNICATIONS AND OUTREACH (15 MINUTES)

- Who do you/would you rely on most for information about healthy aging? And, about programs and services related to healthy aging?

    - **Probe for:** Other than medical professionals, is there anyone else (people, organizations) you trust (e.g., allied health professionals such as pharmacists and dieticians, alternative medical practitioners such as naturopaths, family/friends/other seniors, media, aging experts/thought leaders in this area, celebrities, etc.?
    - **Probe for:** Would the Public Health Agency of Canada be a credible source? Why/why not?
    - **Probe for:** Do you know where to go to get this information? Is it easy to access? Explain.
- How do you like to receive information (e.g., social media (if so, which platforms – Facebook, YouTube, Instagram, etc.), online (website, blog, podcast series/webinars), print, etc.)?
- Who do you rely on to be able to access any services you might need/want to support a healthy lifestyle (e.g., rides to appointments, technical support)? **Probe for:**
    - Does anyone here live alone? How do you manage this?
- I'd like to do another short poll. **MODERATOR TO LAUNCH POLL #2.** The question is: How should people aged 50 and older be referred to when talking about healthy aging?
    - **MODERATOR TO SHARE RESULTS AND DISCUSS.** How would you describe yourself? Do you think of yourself as an older person?

WRAP-UP (5 MINUTES)

- What do you wish you had known about aging when you were younger? Is there any advice you would share with younger people about aging?
- What were your key takeaways from our discussion today about healthy aging?
- Any final comments or thoughts that you wish to share with the Public Health Agency of Canada?
- Thank participants and provide instructions for receipt of incentive. Share information on obtaining access to the report through Library and Archives Canada

POLLING EXERCISE #1: What factors or features are most important to making a community age-friendly? From the list shown, select the top 5. **You can select up to 5, but no more than 5**. You can also select 'other' if there is another factor or feature not shown on the list.

- Affordable housing
- Safe neighbourhoods
- Access to health services (health care, mental health and dental care)
- In-home services that support independent living
- Well-maintained sidewalks
- Accessible and affordable public transit
- Employment and volunteer opportunities for older people
- Community-based social and recreational activities
- Accessible and affordable high-speed Internet
- Exercise programs for older people
- Opportunities for lifelong learning
- Accessible buildings
- Access to the outdoors/natural environment
- Walkable neighbourhoods
- Social networks and friends
- Something else (not listed)

POLLING EXERCISE #2: What is the best way to refer to you? **ONE RESPONSE ONLY.**

- Older person
- Older adult
- Senior
- Elder
- In another way (not listed)

2. French

INTRODUCTION (5 MINUTES)

- Mot de bienvenue
- Objet de la discussion – Aborder des questions liées au vieillissement; groupes organisés pour l'Agence de la santé publique du Canada (ASPC) dans le but de mieux comprendre les expériences, les besoins et les attentes des Canadiens qui vieillissent
- Quelques précisions au sujet de la discussion :
    - Durée de 90 minutes – besoin de l'attention soutenue des participants
    - Participation entièrement volontaire
    - Enregistrement de la discussion
    - Présence d'observateurs (selon le cas)
    - Confidentialité des réactions/commentaires et des coordonnées des participants
    - Le rapport sommaire compilera tous les résultats sans les attribuer aux participants/Le rapport ne comprendra pas les noms des participants, leurs coordonnées ou l'enregistrement
    - Le rapport sera accessible au public sur le site Web de Bibliothèque et Archives Canada (BAC); des citations anonymes pourraient être utilisées dans certaines communications
- Rôle de l'animateur :
    - Pas un employé de l'ASPC ni du gouvernement du Canada
    - Mon rôle est de guider la conversation, rester objectif, poser des questions de suivi, surveiller l'heure, m'assurer que tout le monde participe
    - **[NOTE À L'ANIMATEUR : ESSAYER DE FAIRE EN SORTE QUE LES PARTICIPANTS S'EN TIENNENT AU SUJET – IL S'AGIT DE QUESTIONS DE SANTÉ PUBLIQUE PLUTÔT QUE DE SOINS DE SANTÉ. IL FAUDRA PEUT-ÊTRE RAMENER LES PARTICIPANTS DANS CETTE VOIE]**
- Rôle des participants :
    - Faire part de vos opinions, impressions, perspectives, sentiments, réflexions et expériences, être ouverts et honnêtes, vous sentir libres d'être d'accord ou en désaccord avec les autres (pas de bonne ou de mauvaise réponse), respecter le point de vue des autres
- Présentations des participants (et des proches aidants, s'il y a lieu) – Vous présenter par votre prénom et dire quelques mots à votre sujet (où vous habitez, si vous êtes à la retraite ou travaillez encore, vos passe-temps et vos intérêts). Question pour briser la glace : quelle technologie a le plus changé votre vie?

PERSPECTIVES SUR LE VIEILLISSEMENT (20 MINUTES)

- Qu'est-ce que cela vous fait de prendre de l'âge/de vieillir? Quels mots ou quelles images vous viennent à l'esprit lorsque vous pensez au fait de prendre de l'âge/de vieillir? **[NOTE À L'ANIMATEUR : UTILISER LA FONCTION TABLEAU BLANC POUR NOTER LES IDÉES ET LES PARTAGER À L'ÉCRAN.]**
- Dans l'ensemble, est-ce que vous abordez la perspective de vieillir de façon plutôt positive, ou plutôt négative? Expliquez. **Approfondir :**
    - **[POUR LA COHORTE LA PLUS ÂGÉE (70 ANS ET PLUS)]** Est-ce que votre expérience du vieillissement a été plus positive, ou moins positive, que ce à quoi vous vous attendiez? Développez.
- Quels objectifs vous donnez-vous en vieillissant? Qu'est-ce qui compte le plus pour vous?
- Qu'est-ce qui vous préoccupe le plus dans cette prochaine étape de votre vie?
- Quelles sont certaines des difficultés auxquelles les gens sont confrontés en vieillissant?
    - **Approfondir :** pressions financières, manque de logements abordables, déclin de la santé physique ou cognitive, solitude/isolement/maintien des contacts, etc. **[NOTE À L'ANIMATEUR : SELON LA COMPOSITION DU GROUPE, EXPLORER LES DIFFICULTÉS PROPRES À DIVERSES COMMUNAUTÉS – P. EX., LES PERSONNES HANDICAPÉES, LGBTQ2S+, AUTOCHTONES, RACISÉES, ETC.]**

- **Approfondir :** Est-ce que certains groupes d'aînés ont tendance à rencontrer plus de difficultés que d'autres? Certains groupes sont-ils plus vulnérables que d'autres en vieillissant? Si oui, quels groupes? Pourquoi dites-vous cela?

POINTS DE VUE SUR LE VIEILLISSEMENT EN SANTÉ (45 MINUTES)

- Parlons maintenant du « vieillissement en santé ». Est-ce quelque chose dont vous avez entendu parler? Si oui, où en avez-vous entendu parler? Dans quel contexte?
- Qu'est-ce que le « vieillissement en santé »? En une ou deux phrases, dites-moi ce que le « vieillissement en santé » signifie pour vous. **Approfondir :**
  - Avez-vous entendu d'autres termes comme « le vieillissement actif » ou « le bien-vieillir »? Est-ce que ces termes ont un sens différent du « vieillissement en santé »?
- Avant de poursuivre, je vais vous donner un peu d'information sur la notion de vieillissement en santé. **[NOTE À L'ANIMATEUR : MONTRER LA DÉFINITION DU VIEILLISSEMENT EN SANTÉ À L'ÉCRAN]**

  L'Organisation mondiale de la Santé (OMS) définit le vieillissement en santé comme étant le « processus de développement et de maintien des aptitudes fonctionnelles qui favorise le bien-être pendant la vieillesse ». Les aptitudes fonctionnelles sont les capacités qui permettent à chacun de se réaliser et d'accomplir ce qui lui tient à cœur. Cela comprend sa capacité :

  - à subvenir à ses besoins essentiels;
  - à apprendre, à se développer et à prendre des décisions;
  - à rester mobile;
  - à établir et entretenir des relations;
  - à contribuer à la société.

- Trouvez-vous que cette définition est claire? Si non, qu'est-ce qui n'est pas clair? Êtes-vous d'accord avec cette définition?
- À votre avis, quels sont les facteurs qui contribuent à un vieillissement en santé? Autrement dit, de quoi a-t-on besoin pour faciliter un vieillissement en santé?
  - **Approfondir :** santé cognitive, santé mentale, santé physique, relations sociales et réseaux, sécurité financière, sentiment d'appartenance ou de satisfaction personnelle, accès à des activités intergénérationnelles, apprentissage continu, soutiens culturels, équipements communautaires et cadre bâti, services de santé et services communautaires, possibilité de sortir et de faire de l'exercice régulièrement, etc.
  - **Approfondir :** Et qu'en est-il de se sentir valorisé en vieillissant? Quelle importance cela a-t-il pour vous?
  - **Approfondir :** Que pensez-vous du rôle de la technologie dans le vieillissement en santé (p. ex., applications mobiles en santé, outils de santé en ligne, dispositifs portables pour la surveillance et le suivi de l'état de santé)? Comment la technologie pourrait-elle mieux soutenir le vieillissement en santé et aider les aînés à rester en contact, etc.?
  - **Approfondir :** Selon vous, quel rôle l'alimentation, la nutrition et l'exercice physique jouent-ils dans le vieillissement en santé?
  - **Approfondir :** En général, dans quelle mesure la capacité de vieillir en bonne santé dépend-elle de nous (p. ex., adoption de comportements sains) et dans quelle mesure est-elle de nature plus systémique (p. ex., elle dépend des soins de santé, des services offerts/reçus, de la situation économique)?

- Je vais vous présenter une liste de facteurs qui pourraient contribuer à rendre les villes et les villages plus favorables pour les personnes âgées. Ensuite, j'aimerais faire un petit sondage. **PARTAGER L'ÉCRAN. LANCER LE SONDAGE N^{O} 1.** Voici ma question : Quels facteurs ou caractéristiques sont les plus importants pour créer une collectivité favorable aux personnes âgées? Choisissez les cinq principaux facteurs dans la liste suivante. **Vous pouvez en sélectionner jusqu'à cinq, mais pas plus**. Vous pouvez aussi choisir la réponse « Autre facteur » si

vous pensez à un facteur ou une caractéristique qui n'est pas sur la liste. Veuillez répondre au sondage, puis nous discuterons des résultats.
    - **MONTRER LES RÉSULTATS ET DISCUTER DES FACTEURS ET CARACTÉRISTIQUES CHOISIS LE PLUS SOUVENT ET LE MOINS SOUVENT.** Pourquoi ces facteurs sont-ils les plus importants? Pourquoi ces autres facteurs sont-ils considérés comme moins importants?
- Quels sont certains des grands défis, barrières et obstacles au vieillissement en santé?
    - **Approfondir :** Si vous repensez aux caractéristiques d'une collectivité favorable aux personnes âgées, dont nous venons de parler, y a-t-il quoi que ce soit qui vous empêche ou qui pourrait vous empêcher d'accéder à certains de ces soutiens, programmes ou services communautaires? De quoi avez-vous ou auriez-vous besoin pour accéder plus facilement à ces soutiens, programmes ou services communautaires?
    - **Approfondir :** En général, que pensez-vous de votre accès aux services de santé dans votre collectivité ou votre région? – Par exemple, votre capacité d'obtenir des soins de santé, des soins dentaires, des médicaments d'ordonnance et d'autres services de santé (y compris de l'information ou des services qui encouragent des modes de vie sains) lorsque vous en avez besoin, à mesure que vous avancez en âge?

- Diriez-vous que votre collectivité (ou votre quartier) est favorable aux personnes âgées? En quoi est-elle favorable aux personnes âgées? En quoi n'est-elle pas favorable aux personnes âgées?
- Compte tenu de vos besoins et de vos attentes en vieillissant, quelles sont les lacunes les plus importantes dans votre collectivité pour ce qui est de faciliter la vie des aînés et de promouvoir un vieillissement en santé?
    - **Approfondir :** Où souhaiteriez-vous que l'Agence de la santé publique du Canada concentre ses efforts pour promouvoir un vieillissement en santé? Par exemple, devrait-elle concentrer ses efforts sur la sensibilisation, la diffusion d'information, la création et la mise en œuvre de programmes et de services particuliers? Qu'est-ce qui serait le plus utile?
    - **Approfondir :** Quelle est LA chose qui aurait le plus d'impact sur votre capacité de vieillir en bonne santé?

COMMUNICATIONS ET SENSIBILISATION (15 MINUTES)

- Sur qui comptez-vous le plus, ou compteriez-vous le plus, pour obtenir de l'information sur le vieillissement en santé? Et pour obtenir de l'information sur des programmes et services liés au vieillissement en santé?
    - **Approfondir :** Mis à part les professionnels de la santé, y a-t-il d'autres personnes ou organisations auxquelles vous faites confiance (p. ex., des professionnels paramédicaux comme les pharmaciens et les diététiciens, des praticiens de médecine alternative comme les naturopathes, des membres de la famille, des amis et d'autres aînés, des médias, des spécialistes du vieillissement ou des leaders d'opinion dans ce domaine, des célébrités, etc.)?
    - **Approfondir :** Est-ce que l'Agence de la santé publique du Canada serait une source crédible? Pourquoi/pourquoi pas?
    - **Approfondir :** Savez-vous où vous procurer cette information? Est-il facile d'y accéder? Expliquez.
- Comment aimez-vous recevoir de l'information (p. ex., par les médias sociaux [si oui, sur quelles plateformes – Facebook, YouTube, Instagram, etc.], en ligne [site Web, blogue, série de balados, webinaires], en format imprimé, etc.)?
- Sur qui comptez-vous pour accéder aux services dont vous avez besoin ou que vous souhaitez recevoir pour adopter un mode de vie sain (p. ex., transport aux rendez-vous, soutien technique)? **Approfondir :**
    - Y a-t-il des personnes ici qui vivent seules? Comment gérez-vous cela?
- J'aimerais faire un autre petit sondage. **LANCER LE SONDAGE N^{O} 2.** Voici ma question : Lorsqu'il est question de vieillissement en santé, comment devrait-on appeler les personnes âgées de 50 ans ou plus?
    - **MONTRER LES RÉSULTATS ET EN DISCUTER.** Comment vous décririez-vous? Est-ce que vous vous voyez comme une personne âgée?

CONCLUSION (5 MINUTES)

- Qu'est-ce que vous auriez voulu savoir quand vous étiez plus jeune à propos du vieillissement? Avez-vous des conseils à donner aux plus jeunes au sujet du vieillissement?
- Quels sont les points importants que vous retenez de notre discussion d'aujourd'hui sur le vieillissement en santé?
- Avez-vous un dernier commentaire ou une réflexion que vous souhaitez partager avec l'Agence de la santé publique du Canada?
- REMERCIER LES PARTICIPANTS ET LEUR DONNER LES INSTRUCTIONS À SUIVRE POUR RECEVOIR L'INCITATIF. LEUR EXPLIQUER COMMENT CONSULTER LE RAPPORT SUR LE SITE WEB DE BIBLIOTHÈQUE ET ARCHIVES CANADA.

SONDAGE N^{O} 1 : Quels facteurs ou caractéristiques sont les plus importants pour créer une collectivité favorable aux personnes âgées? Choisissez les cinq principaux facteurs dans la liste suivante. **Vous pouvez en sélectionner jusqu'à cinq, mais pas plus**. Vous pouvez aussi choisir la réponse « Autre facteur » si vous pensez à un facteur ou une caractéristique qui n'est pas sur la liste.

- Logements abordables
- Quartiers sécuritaires
- Accès aux services de santé (soins de santé, soins dentaires et services en santé mentale)
- Services à domicile qui favorisent une vie indépendante
- Trottoirs bien entretenus
- Transport en commun accessible et abordable
- Possibilités d'emploi et de bénévolat pour les personnes âgées
- Activités et événements sociaux et récréatifs communautaires
- Internet haute vitesse accessible et abordable
- Programmes d'exercices pour les personnes âgées
- Possibilités d'apprentissage tout au long de la vie
- Accessibilité des bâtiments
- Accès à des aires extérieures, à un milieu naturel
- Quartiers propices à la marche
- Réseaux sociaux et amis
- Autre facteur (qui n'est pas sur la liste)

SONDAGE N^{O} 2 : Quel est le terme qui convient le mieux pour parler de vous? **UNE SEULE RÉPONSE.**

- Personne âgée
- Adulte âgé
- Aîné
- Citoyen âgé
- Autre formulation (qui n'est pas sur la liste)