BRINGING CARE HOME

Applying the continuum of care model to aging in place supports for senior food security

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Bringing care home: Applying the continuum of care model to aging in place supports for senior food security

Rónán Martel, MPH | October, 2024

This research was conducted as part of the degree requirements for the Master of Public Health Program at Memorial University of Newfoundland.

Pablo Navarro at the Newfoundland and Labrador Centre for Applied Health Research was the supervisor for this project. Rochelle Baker and the Research and Knowledge Exchange on Aging also provided invaluable support.

The lands on which Memorial University's campuses are situated are in the traditional territories of diverse Indigenous groups, and the author acknowledges with respect the diverse histories and cultures of the Beothuk, Mi'kmaq, Innu, and Inuit of this province.

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Abstract: Aging in place supports are a top priority for seniors and health system administrators alike. However, with a vast range of interventions and stakeholders, the landscape of aging in place supports is difficult for seniors and service providers to navigate. Collecting data and coordinating services is more challenging still. A continuum of care is a planning tool that maps out the spectrum of services for a particular need, enabling better patient navigation and service planning. This research piloted its use for aging in place services by developing a model and applying it to services that support food security for seniors aging at home in St John's, Newfoundland and Labrador.

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Introduction

Identifying the Problem

Seniors in St John's want to age at home. National and local research consistently find that the majority of Canadians would prefer to age at home over moving into a Long Term Care (LTC) facility (1,2). For many seniors, the ability to age at home depends on having access to supportive services in their community. When these supports are absent, seniors who could have continued to live at home with smaller interventions like regular meal assistance or one-time home modifications are instead moved into resource-intensive LTC facilities designed for those with more complex care needs (19).

85%
of Canadians reported a preference to age at home (1)

Seniors aren't alone in calling for a system-wide pivot to prioritize aging in place as the main model for healthy aging, often referred to as a "Home First" model. Health researchers and decision-makers from the federal (1) to the local level (3) have also called for this shift. When supported by appropriate wrap-around services, Home First models not only improve senior health outcomes, they also improve the long-term staffing and financial sustainability of health care systems (1,3,19).

With the highest senior home ownership rates in Canada (16), St John's is well-positioned to take the lead in adopting a Home First model for healthy aging. Unfortunately, seniors in St John's who fall between total independence and the need for LTC supports currently face unclear pathways to care, gaps in core supportive services, and other challenges that undermine their ability to age in place.

*NL seniors **want to age at home**, but supportive services for those **between total independence and Long-Term Care are segmented, limited in capacity, or missing***

With services ranging from kitchen renovation to physical therapy, and key players that include multinational corporations, local churches, and everyone in between, the landscape of aging in place supports is notoriously difficult for seniors and service providers alike to navigate. Collecting data and coordinating services across these diverse stakeholders and services is more challenging still.

How can we adapt this disparate array of services into a more integrated system to make aging in place an easy and accessible option for seniors?

Setting a Destination

To guide provincial work toward a Home First model, the Health Accord for Newfoundland and Labrador included the following *Call to Action:*

> *Action 8.3*
> *Implement and support an integrated* ***continuum of care*** *to improve the effectiveness and efficiency of care delivery, improve health and social outcomes for older adults and older adults with disabilities, and support older adults to age in place with dignity and autonomy (3).*

A continuum of care is a planning tool that visually maps out a range of services beginning with prevention and moving along a spectrum of increasing levels of support. Care continuums are designed to coordinate services and patient navigation around complex health issues that encompass a wide range of needs that each require different types of support (20). This tool can also facilitate collaboration between different organizations and sectors around functions like client intake, service navigation, and data collection, and is particularly well-suited for health issues like aging in which the same person may move between various levels of need over time.

The Health Accord defines several key characteristics of a care continuum for aging in place, such as being **integrated** (the parts work together as a connected system), **self-reflective** (there are ways to collect and act on data to keep services responsive to population needs), **comprehensive** (services are available for each level of need), and focused on promoting the **autonomy and dignity** of seniors (3).

Figure 1. Key characteristics of a continuum of care for aging in place outlined in the Health Accord (3)

- Accessible to seniors with disabilities
- Coordinates services across the health and social service sectors
- Integrates allied health professionals
- Operates as a connected system
- Provides client navigation services to assist transitions through different levels of care
- Promotes autonomy of seniors
- Self-reflective
- Uses modernized information technology systems and data sharing practices

However, the Health Accord does not provide any models showing what a continuum for aging in place might look like. Although the continuum of care has been adopted for services around HIV, housing, and oncology, it does not yet appear to have been applied to the diverse array of services that support aging in place. References to aging in place services as "existing along a continuum of care" are found in Canadian Institute for Health Information (CIHI) reporting on reforming senior care (19). However, a literature review across academic and professional sources found that continuum models for aging in place have not yet been developed by CIHI or any other organizations to date.

Charting a Path Forward

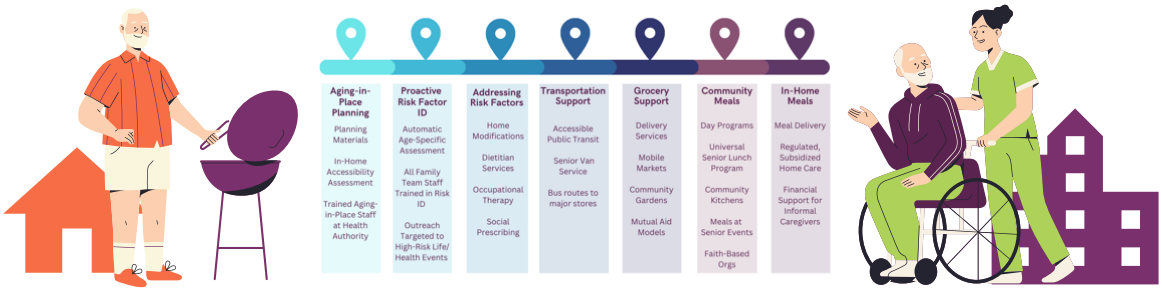
To address this knowledge gap and to advance the goals of the Health Accord, this research project began the work of developing a continuum of care model for aging in place. A full continuum of care for healthy aging will encompass a vast array of health needs and services addressing numerous aspects of the aging process. To keep this project within an appropriate scope for the time, resources, and methodologies of a graduate practicum in the public health sciences, this research focused on the specific priority issue of food security for seniors aging in place in St John's.

Focus Population: Seniors (65+) living in St John's who wish to age at home
Focus Issue: Community and home-based programs to promote food security
Goals:

1) Develop a continuum of care model for senior food security
2) Map the St John's continuum of care
3) Identify service gaps
4) Identify potential solutions that fit the local context

This project utilized a mix of academic research and semi-structured interviews with key stakeholders in the health system and senior services sector in order to design a continuum of care model for aging in place services. Once developed, that model was applied to St John's to measure current progress and identify next steps toward the goal of building a comprehensive support system for seniors aging at home.

While no model can fully capture the complexity of the real world, they can help bring the overall shape and patterns of a system into view. Are community supports clustered in just a few types of support? Are all providers for a service category based in the private sector? Are there broader population-level shifts taking place in the types of resources seniors need? The goal of developing this continuum of care is to help answer these questions and ensure seniors in St John's have access to the supports they need to age at home in dignity, comfort, and health.



*Scattered community supports are brought into a **seamless continuum of services** that ensure there is **support for every level of need***

Report Navigation

This report is organized into three main sections and is formatted with internal links to help readers find the information they need quickly and easily.

Project Background provides information on the research context, methodology, and development of the continuum of care model.

Jump to section

This is the "nuts and bolts" section of the report. Start with ***Where we are now*** *for project findings and recommendations.*

Where we are now includes research findings and analysis of the current state of senior food security programming in St John's, including the existing continuum of care and summaries of stakeholder interview responses.

Jump to section

Where we want to go shares the updated continuum of care model that integrates current services with new services identified in research and stakeholder feedback, and presents a list of recommended actions.

Jump to section

Executive Summary

The continuum of care is a useful tool for the province's goal of adopting a Home First model of care.

A continuum of care is a planning tool that visually maps out all the different services that make up complex care systems like those for cancer or HIV. Care continuums can identify where gaps in services exist, as well as illustrate how clients and data move throughout the system. This project piloted the care continuum's use for aging in place by mapping out food security supports for seniors aging at home in St John's, and found it to be a valuable source of insight into service gaps and steps for better system integration. Care continuums are a great addition to the province's toolbox as they take on the work of shifting our services and systems toward a Home First approach to healthy aging.

The first part of the continuum of care is currently missing.

When St John's aging in place programs related to food security are mapped along a spectrum of increasing levels of support, we can see that the first section of the continuum of care covering prevention and early risk identification is currently missing.

This means there are opportunities to do much more, much earlier to help people age in place in a state of food security.

Seniors are a demographic whose services greatly benefit from the system integration found in a continuum of care.

System integration refers to elements like client navigation services, shared data collection systems, and sector-wide collaboration to review what services are working and where changes need to be made.

Because of the dynamic nature of aging both across an individual's lifetime and across generations, system integration is vital for keeping senior services responsive to a population that's always changing.

Gaps in the continuum of care are filled by the emergency food sector, which can struggle to meet seniors' individualized medical and mobility needs around food.

The emergency food sector does critically needed work by providing a safety net for seniors aging at home when other food security supports are absent. However, as we age, we often develop highly complex, highly individual dietary needs: for soft foods low in sodium, for high-fibre foods that can be prepared with limited hand dexterity, etc. The current food bank model, already straining to work far beyond its capacity, lacks the resources to tailor groceries to each senior's medical dietary requirements and mobility. Developing robust food security programming for seniors supports broader movements within the emergency food sector toward adopting new models and finding new ways to make a lasting impact on food insecurity in our province.

St John's has the beginnings of a strong continuum of care.

This project found numerous strengths in the existing continuum of care. Home First approaches have been set as provincial policy, the health care system is actively in transition to incorporate more preventative social supports, patient navigator positions are in development, the nonprofit sector is highly proactive and collaborative, and there is already a continually updated database of senior services, just to name a few.

All these building blocks create a strong foundation for St John's to become a leader in healthy aging in place.

Building a comprehensive continuum of care for aging in place can benefit seniors and the overall health care system.

Enhancing aging at home supports aligns senior services with senior preferences, and enables them to age in place in dignity and wellbeing. Home First approaches can also benefit the sustainability of the overall health care system. Investing in lower-cost, upstream services that keep seniors healthy at home longer can delay or eliminate the need for more expensive clinical interventions or resource-intensive Long Term Care facilities down the line. It's one more way to start shifting our spending to the "causes, not the consequences" of poor health (3).

PROJECT BACKGROUND

In this section…

- Research context
  - Practicum site
  - Established knowledge
  - Research gaps
- Research methodology
- Developing the continuum of care model

Jump to the next sections…

Where we are now

Where we want to go

Research Context

Master of Public Health Practicum

This project was conducted over 12 weeks in summer 2023 as part of the degree requirements for the Master of Public Health program at Memorial University of Newfoundland. This practicum was based out of the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR), which supports the provincial health care system by conducting research and developing materials to support decision-making on behalf of community partners (4). During an initial period of meetings with stakeholders in the City of St John's and Food First NL to identify unmet research needs appropriate for this practicum, concerns about rising food insecurity among senior residents in the city were raised. Stakeholders wished to know what was currently being done to support senior food security, and what was known about best practices to inform programming.

Established research for financial factors

Like all demographics, food insecurity among older adults is primarily driven by poverty (5,6). Because applied research on poverty and income support models for the province has already been undertaken by Basic Income NL and the Health Accord for Newfoundland and Labrador, information on poverty reduction strategies were not identified as an unmet research need (7). Information on the beneficial impacts of poverty reduction policies on food security and many other health and social challenges can be found in the Health Accord for Newfoundland and Labrador and on the Food First NL website (3,8).

Research gap for non-financial factors

Senior food insecurity is also shaped by a set of non-financial factors unique to older adults that are tied to the life and health changes associated with aging (10,11). Non-financial factors and programs to address these factors remain a knowledge gap in local applied research, and were a topic of interest to service providers in St John's working to improve wrap-around services for a city in which one in five residents are over the age of 65 (12). The Health Accord contains a specific *Call to Action* outlining a systemic approach to improving senior food security through the development of a continuum of care for aging at home supports (3). This *Call to Action* aligned with the identified research need and became the framework for this research project and informed the research question and resulting products.

Research Methodology

Using Action 8.3 from the Health Accord as the primary framework, this project utilized academic literature, professional resources for senior service providers, existing continuum of care models, and semi-structured interviews with local stakeholders to investigate the question: *What community services are missing from the current continuum of care for seniors aging in place in St John's?*

Phase One: Background Research

Research began with a secondary data review of academic literature on senior food insecurity. Additional data sources included resources developed by and for service providers working with this population, such as recorded technical assistance webinars and materials from professional meetings in which direct service providers shared emerging challenges and best practices around senior food security. Foundational research also included analysis of continuum of care models addressing other health issues and a review of the documents produced by the Health Accord taskforce. Health Accord materials were used to clarify the desired elements in the continuum of care and determine what services have already been proposed or implemented. Interview materials were then developed to collect information to answer questions identified through this initial research and guide the creation of the continuum of care model and service gap analysis.

Phase Two: Semi-Structured Interviews

Following the review of secondary data sources, the project began primary data collection through semi-structured interviews. Potential interview participants were identified during the background research phase, as well as through connections to the Research Exchange Group on Healthy Aging within the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR).

Direct public engagement with local seniors was unfortunately not possible as the practicum period did not accommodate the time needed to undergo a research ethics board review. Senior input was incorporated through the use of several recent community surveys completed by the Office of the Seniors' Advocate and Food First:

- *What We Heard, March 2023, Office of the Seniors' Advocate, Includes survey data on unmet needs and priorities from 1,477 seniors and caregivers*
- *Eat the City: St John's Food Assessment, Food First NL, 2021*
- *Internal Senior Food Security Draft Report, Food First NL, 2023*

Interviews were conducted with a total of 22 stakeholders. Interview participants were selected to cover a range of different sectors, including the municipal and provincial government, provincial health authority, advocacy groups, aging research, and direct service providers working in senior services and food security.

Interviews were conducted remotely using video conference software and lasted approximately one hour each.

Stakeholders were emailed a question list and list of food security programs in advance of their interview to provide extra time to review the materials if desired (see *Appendix E* for interview packet).

Stakeholder Sectors:

- Municipal and provincial government
- Provincial health authority
- Senior Advocacy groups
- Aging research
- Direct service providers

Phase Three: Data Analysis and Resource Development

Following data collection, stakeholder responses were analyzed, de-identified, and compiled into the series of tables included in the Q&A Summary section of this report.

Interview responses and literature review data were then used to develop the continuum of care models and other materials defined in the project goals such as the summary of service gaps, and summary of actions to improve the continuum of care.

Developing a Continuum of Care Model for Aging in Place

The continuum of care model has promising application for aging in place services. Specifically, the continuum of care disaggregates "aging in place" into a detailed spectrum of needs and programs. For example, someone who developed severe arthritis in their hands, someone who just lost the ability to drive, and someone who is bed-bound may all experience food insecurity, but would require vastly different services to meet their food needs.

After reviewing continuum of care models for other health services such as HIV and oncology, and after compiling all the evidence-based senior food security support programs identified in the literature review and stakeholder interviews, the following categories were identified for a senior food security continuum of care:

- Aging in Place Planning
- Proactive Risk Factor Identification
- Addressing Risk Factors
- Transportation Support
- Grocery Support
- Community Meals
- In-Home Meals

In a fully developed continuum of care, **clients** experience a **simplified linear path** from intake, to supported service navigation, to a comprehensive range of services that support them at each level of need. From a **system** perspective, a continuum's coordinated intake, navigation, data collection, decision-making, and outreach create a **circular path** in which data can be used to continuously tailor programs to evolving population needs. This point is particularly critical for senior health, as not only do individual senior's needs change over time, successive generations of seniors can have vastly different needs, assets, and goals around healthy aging (6).

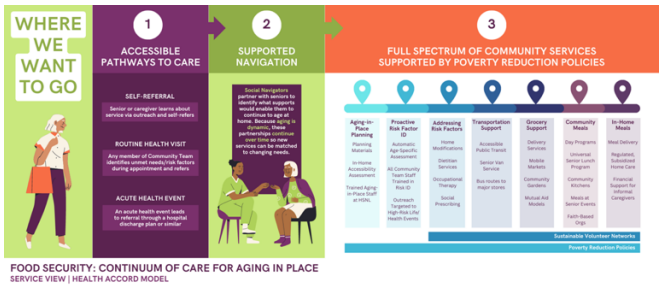
To better visualize and discuss these two aspects of the continuum of care, two sets of graphics depicting the continuum of care were developed, the Service View and the System View. Each set contains one diagram showing the current landscape of services in St John's, and one showing the existing system enhanced with key features and programs identified in the Health Accord and stakeholder interviews.

Figure 2. Continuum of Care Model Overview

Service View: *Current*

Full-size document available in Appendix A

Service View: *Health Accord Model*
(Current services with added elements described in Health Accord and stakeholder interviews)



Full-size document available in Appendix B

System View: Current

Full-size document available in Appendix C

System View: Health Accord Model
(Current services with added elements described in Health Accord and stakeholder interviews)

Full-size document available in Appendix D

WHERE WE ARE NOW

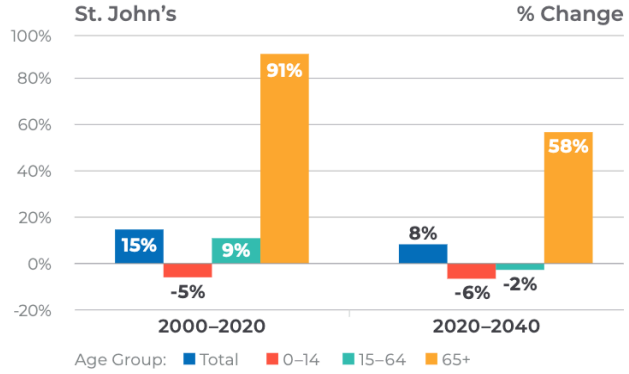
In this section…

Jump to the next section… Where we want to go

Demographic Snapshot: Seniors in St John's

Population Trends

Seniors, defined as adults over the age of 65, currently comprise 20% of the total population of Newfoundland and Labrador's capital city of St John's (12). While this higher proportion of older residents is partly is due to Canada's national trend toward an older population, the demographic shift in Newfoundland and Labrador was accelerated by a period of economic outmigration that took place between 1990 - 2000 following the collapse of the cod fishing industry (3). Since 1990, the proportion of the population over age 65 has more than doubled in nearly every part of the province (3). In St John's, this proportion grew by 91% in the past 20 years, and is projected to increase to 32% of the total population by 2040 making senior health and wellbeing a priority issue for city planners and leaders in the health care system alike (3).



Historic and projected demographic change in St John's from the Health Accord (3)

In response to these changing demographics, the City of St John's is taking several actions, including working to implement the policies and infrastructure required to receive accreditation with the World Health Organization as an Age-Friendly City (13). The municipal Healthy City St John's team and the provincial Age-Friendly Communities Program both provide funding and support for programs that make the city's services and infrastructure more senior-accessible (13,14). On a provincial level, adaptations to align the health care system with the health needs of an older population were prioritized as one of the six task forces within the Health Accord research team (3). Recommendations from the Health Accord report are being implemented within the newly restructured provincial health authority, Health Services of Newfoundland and Labrador (15).

Challenges and Assets

Seniors in St John's hold a conflicting set of superlatives reflecting the mix of assets and challenges facing this demographic. With over 70% of seniors owning where they live, they have the highest rate of homeownership in Canada (16). On the other hand, they are the seniors with the highest rate of three or more chronic conditions, and live in the most food insecure city in the country as well (3,17).

The high prevalence of food insecurity in St John's is an issue of particular concern when it comes to senior health (6). Food insecurity can compound the challenges that can naturally occur with age, leading to worse outcomes around physical, mental, and social wellbeing (6,11). Frailty, increased hospitalizations, reduced cognitive function, depression, anxiety, and complications with the dietary management of chronic health conditions such as diabetes and hypertension are all consequences of food insecurity on senior health and wellbeing (6). Seniors experiencing food insecurity often require more extensive medical care to manage complications resulting from chronic insufficient nutrition, making food insecurity a driver of both poor senior health and higher health care utilization (5,6).

Seniors Supporting Seniors

During interviews, local stakeholders routinely noted that seniors in St John's form the backbone of their own support systems on both an interpersonal and community level.

While conversations around seniors and caretaking tend to centre on seniors as recipients of care, many seniors are themselves caretakers for other older adults in the community including spouses, relatives, friends, and neighbours (18). While provincial or city-level data on senior caretakers is unavailable, national data from 2018 found one in four seniors were caregivers (18). Given the outmigration of younger family members in Newfoundland and Labrador, it is possible that this percentage is higher within the province. Local stakeholders frequently noted that seniors are the primary volunteer base of most organizations for older adults in the city, many of which rely on these volunteers to administer their core operations such as delivering meals and staffing phone lines.

Continuum of Care Service View: Current

The Service View has been designed to map out the client journey from pathways to care, to service navigation, to the spectrum of services available in the community.

A full-size graphic of this model is available in **Appendix A**. More detailed discussion of each part of the service view is found below.

FOOD SECURITY: CONTINUUM OF CARE FOR AGING IN PLACE
SERVICE VIEW | CURRENT SERVICE LANDSCAPE IN ST JOHN'S

Limited Pathways to Care

How are seniors experiencing or at risk of food insecurity initially connected to supports?

In the current model, seniors in St John's typically access services via **self-referral** after independently learning of services or receiving assistance from the referral non-profit SeniorsNL.

Stakeholders noted that seniors who previously received supportive services from an organization may remain connected to that organization's outreach channels where

additional community services are routinely promoted using printed and/or digital newsletters. However, **proactive outreach** to the general senior population and **targeted outreach** to seniors experiencing established risk factors for food insecurity are currently minimal. Many stakeholders noted that the work of engaging in outreach to connect at-risk seniors to supportive services does not clearly fall within the mandate of any specific organization, and this type of engagement work therefore tends to be unfunded.

Risk Factors for Senior Food Insecurity (11)

- Chronic health conditions
- Living alone
- Poor mental health
- Poor physical health
- Low income
- Social isolation
- Inaccessible built environment

Family doctors may assess seniors for food insecurity and provide referrals or information about available community supports, but this pathway depends on a) the doctor's discretion and perceived scope of practice and b) a senior having access to a family doctor. As of 2022, it is estimated that 20% of NL's population does not have a family doctor, which severely restricts this pathway (3). Routine health visits with allied health professionals, specialists, nurses, and other health providers are not currently designed to facilitate access to broader community support services, though this is set to change under the new Community Teams models of care delivery being implemented in the province (15). See the next section *Where we want to go* for further information on Community Teams and their role in social service referrals.

Seniors who are hospitalized following an **acute health event** may become connected to supportive services for needs such as food security as part of their discharge plan. Discharge plans appear to be the main pathway to receive certain services that were highly requested by seniors to facilitate aging in place, including clinical dietician consultations and occupational therapy services. Preventative access to these services (i.e. before a negative health event) remains limited due to a lack of providers and limited pathways to receive referrals for this care.

Self-Managed Navigation

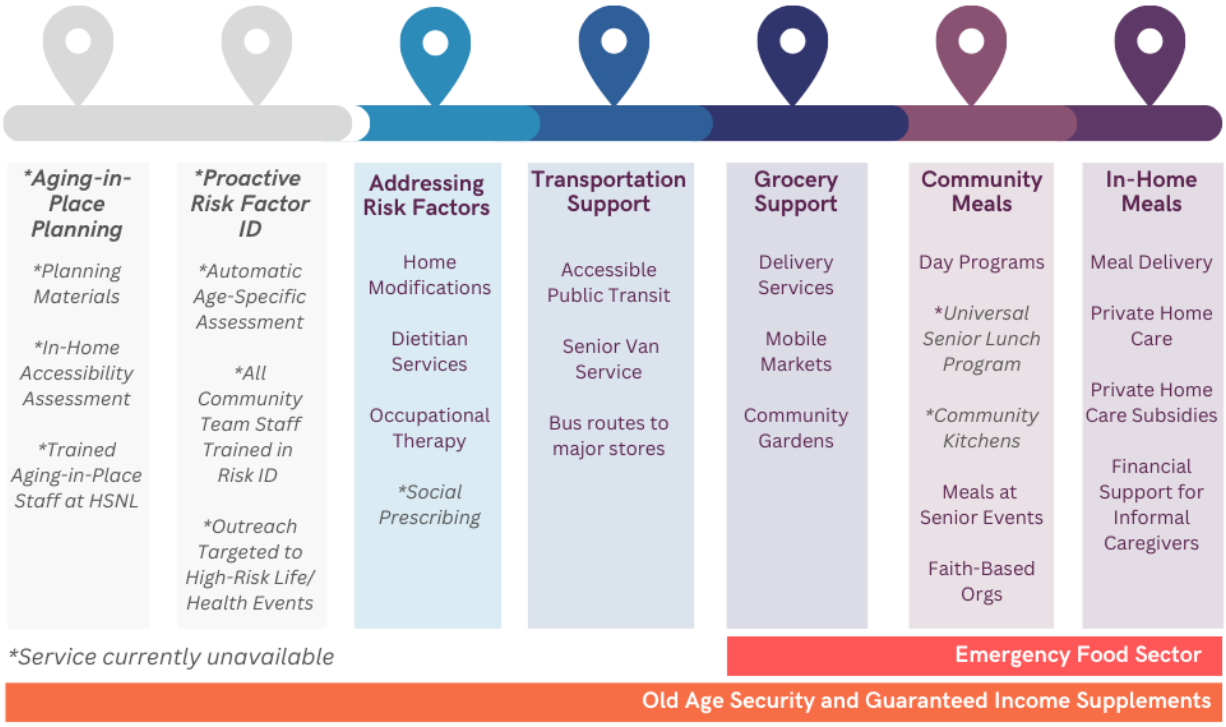
How does someone learn what specific programs are available to them? How do they get enrolled? How do they maintain enrolment?

Delays and disruptions in care caused by a lack of patient navigation services, both clinical and social, were challenges that the Health Accord referenced frequently as a pressing concern (3). During interviews, local stakeholders similarly spoke of challenges seniors face when it comes to independently researching and navigating the disconnected service landscape of community supports, especially for seniors with low technological literacy, cognitive challenges, limited language skills, or those in crisis and in need of immediate support.

Seniors and caregivers in Newfoundland and Labrador currently benefit tremendously from the work of SeniorsNL, a non-profit that maintains a database of all services available to seniors throughout the province. This information is the basis of SeniorsNL's referral services, which include both a public-facing website and a staffed phone line. SeniorsNL's referral resources were cited as integral parts of the current continuum of care in nearly every stakeholder conversation. While seniors and caregivers can access these services for free as often as needed, sustained individual assistance with identifying needs, researching available programs, completing and maintaining enrolment, and updating services remains a largely self-managed process.

An Incomplete Spectrum of Services

What are the different programs that make up the spectrum of "senior food security supports"? Are there types of programs that are missing in the local service landscape?



As noted in the *Project Background* section of this report, one of the main strengths of the continuum of care is its ability to disaggregate complex services such as "food security supports" to provide a more detailed picture of what types of programs are available, and what types might be missing.

The first part of the continuum of care, which covers aging in place planning and proactive risk factor identification, is currently missing from the local service landscape, leaving many opportunities to intervene earlier to improve senior food security.

While these early stages of prevention are missing, there is a robust variety of supportive programming available in St John's to meet a wide range of needs. One note of caution is that many stakeholders described capacity and access issues for many of the services listed here. For example, while in-home meal delivery is available in the St John's area through Meals on Wheels, the relatively high price point and lack of subsidies were frequently cited as making this service inaccessible to many home-bound seniors on fixed incomes who are most in need of it (23).

Where Grocery Support and Community Meal services lack capacity or are unavailable, seniors experiencing food insecurity may choose to access support from the emergency food sector (e.g. food banks, free community meals). St John's emergency food sector includes programs specifically geared toward seniors, such as free delivery services for food bank hampers provided through the non-profits Wellness Collective and Connections for Seniors. However, as noted in both academic research and local data, the types of donated foods made available to food banks are generally in poor alignment with age-related nutritional needs, and uptake is low due to stigma (10,24).

Money Still Matters

The rising cost of living was a barrier to senior food security that was cited in every stakeholder conversation. Seniors whose incomes consist of fixed Guaranteed Income Supplement and Old Age Security payments have little flexibility when faced with an acute economic shock such as a home repair, or any sustained increase in the cost of living (rent, oil, groceries, hygiene supplies). Both local stakeholders and broader research on senior food insecurity note that when these economic pressures occur, the food budget is almost always what is cut in order to absorb those increased costs, as it is often the only "discretionary" category for low-income seniors (6).

While this research focuses on non-financial barriers, it is important to reiterate that these community services must be matched with poverty reduction strategies to have their full effect on improving senior food security and the other significant negative health consequences caused by poverty (3).

Stakeholder Interviews: Q&A Summary

This section presents interview questions and a summary of stakeholder responses on the following topics:

- *Local barriers to senior food security*
- *Events that initiate food insecurity for seniors*
- *Service gaps and suggested services*
- *Local challenges and local assets*
- *Evolving outreach methods for seniors*

These questions were central in developing the full continuum of care model found in the next section *Where we want to go*, and also offer valuable insight into the current status of food insecurity among seniors in St John's.

The full packet of interview materials including the question guide and handouts is available in Appendix E.

Local Barriers to Senior Food Security

Interview Question: What are the main barriers to food security for seniors who want to age at home in St John's?

Figure 3. Barriers to food security for seniors in St John's identified by stakeholders

Financial Barriers	• Rising cost of living • Dynamics of living on a fixed income
Challenges Accessing Supportive Services	• Lack of internet access and/or technological literacy needed for the increasingly online resource and referral environment • Lack of patient navigation services • Lack of access to dietician following health change • Lack of access to home care due to cost or workforce shortages • Assigned home care staff lack required food preparation skills
Individual-Level Factors	• Chronic disease, disability, and/or ongoing health condition impacting food needs or mobility • Mental health (senior and caregiver) • Social isolation • Changed household composition/food needs disrupt cooking and food management practices • Being a renter
Community-Level Factors	• Lack of accessible transportation • Lack of access to traditional foods • Moving out of established community • Outmigration of younger generations

Increasing role of technology

Stakeholders noted that the COVID-19 pandemic accelerated the movement of resources and intake services online, making internet access and technological literacy increasingly central for learning about and receiving social supports. While many

seniors rapidly adopted new technologies during the pandemic, many others who lack internet access, computers/smart devices, technology skills, and/or online accounts (email, utilities, government services, banking, etc.) continue to grow more disconnected from supportive services.

Dietician guidance through changing nutrition needs

Another common challenge found in both academic research and stakeholder comments is a lack of access to dietician services following major health changes that impact dietary needs (e.g. diabetes, hypertension) or the ability to prepare or eat certain foods (e.g. arthritis, swallowing disorders). Referral service providers and dieticians alike noted that demand for consultation with dieticians about senior nutrition is high, with many people currently on wait lists. The Dominion grocery chain ended their in-store dietician services in 2023, which further reduced local access. A registered dietician is available for free individual consultation over the phone using the 811 service, though stakeholders noted that promoting awareness of this service has been a challenge due to nation-wide changes and uncertainties around how to conduct effective outreach to the current senior demographic.

Home care challenges

Many seniors in St John's struggle to access home care due to both the cost and the ongoing labour shortage in the home care sector. Even for those who are able to afford home care assistance, stakeholders noted that having this support in place does not necessarily lead to food security. Stakeholders noted that seniors have been reporting that home care workers are often unable to prepare meals required for their medical diet and/or food culture, or that home care workers are not trained in any kind of food preparation, leaving their food needs unmet even when home care support is in place.

Social isolation

Isolation impacts food security in a variety of ways. On a logistic level, those without social networks may not have access to informal supports around grocery and meal assistance through family, friends, and neighbours (27). Seniors who relocate to St John's to be closer to medical services are particularly likely to have lost these informal support networks. On a biological level, researchers are beginning to investigate the inherently social nature of eating, and the ways that isolation can disrupt the body's regulation and drives around gathering, preparing, and eating food (11).

Being a renter

Renting has been found locally to be associated with greater food insecurity (26). In addition to its financial impacts, renting also limits seniors' ability to modify their home

environment for greater accessibility. While only 30% of seniors in St John's are renters, it is important to ensure supports are in place for this section of the population, and to monitor rises in senior renters in the city's ongoing housing shortage (3,16).

Traditional Foods

Access to traditional and cultural foods can be an important aspect of wellbeing. Seniors living in St John's, especially seniors who move to St John's to be closer to services, may experience reduced access to traditional land-based foods such as wild game and foraged foods. Hunted donations to food banks were recently legalized in the province and one non-profit, Sharing the Harvest NL, has been created to facilitate access to donated game, though as a new service, infrastructure to support access is still being established (28,29). Access to traditional foods for seniors with cultural roots beyond Canada has been growing as grocery chains within the city expand their selections to meet new demand, but may remain limited based on an individual's background and what is available in stores that are accessible to them.

Transportation

Transportation was noted as a year-round barrier to food security in the St John's metro area. Research by Food First NL found that driving played a central role in St John's residents' access to grocery stores, even for those living within the metro area (17). Stores with lower prices and more food selection are located further outside the downtown core, making those without cars dependent on public transit or on smaller convenience stores who primarily offer shelf-stable foods.

Transportation challenges were especially significant for seniors with disabilities or limited mobility. St John's buses lack audio announcements for stops making them less accessible for those with visual impairments, though upgrades to address this were announced in July 2023 (30). The City of St John's operates an accessible van service called the GoBus, that is available to seniors and adults with disabilities who meet certain eligibility requirements and complete an application process (31).

Events that initiate food insecurity

Interview Question: Are there any life or health events that you routinely see tipping seniors into a state of food insecurity?

Figure 4. Events stakeholder identified that initiate food insecurity for seniors aging at home in St John's

1. Turning 65 and/or retiring
2. Loss of a partner
3. Health change
    a. Chronic disease diagnosis (esp. diabetes, hypertension)
    b. Change in mobility (self or partner)
    c. Decline in dental/oral health
4. Economic shock / Unplanned expense
5. Becoming a non-driver
6. Unmet housing maintenance or modification needs
7. Unmet home care needs
    a. Lack of access due to cost or wait list
    b. Assigned home care staff lack required food preparation skills
8. Financial abuse

Turning 65 and/or Retiring

Stakeholders noted that people receiving income support experience changes in their benefits upon turning 65 as they move from general income support into senior-specific programs. In addition to disruptions in benefits, exiting the workforce can often act as a "tipping point" for someone who had been low income and is now fully reliant on a fixed income. Several stakeholders also noted their organization data shows an increase in seniors who are retiring in debt and filing for bankruptcy around this age.

Loss of a partner

There is an especially gendered component to this risk factor. Among the current generation of seniors, many men who did not grow up with food management and preparation skills face additional challenges after losing a partner. Stakeholders noted that while senior cooking classes have been proposed and implemented to help support older men whose role around food preparation changes due to loss or partner disability, getting engagement from socially isolated senior widowers in these programs has proven challenging.

Poor dental health

Referral services describe receiving many requests for assistance from seniors who require soft foods, but who struggle to afford or prepare them. Low-income seniors making use of the emergency food sector such as food banks and food hampers may receive foods they are unable to eat due to poor oral health (24). The exclusion of dental care from Canada's health care system is a key contributor to this issue (6).

Any economic shock

Rising rent and oil prices in particular were named as key sources of economic strain for seniors on fixed incomes. Stakeholders frequently referenced that OAS and GIS payments have not been sufficiently tracked to inflation and the rising cost of living in recent years, meaning seniors on fixed incomes may enter economic precarity even in the absence of an acute financial shock.

Change in mobility

Stakeholders emphasized that many seniors are used to cooking from scratch. Changes in strength and/or dexterity can severely impact their ability to cook, particularly in the current system where access to occupational therapy services that can provide age-friendly adaptations for daily activities is limited (32). Loss of cooking ability due to mobility changes was noted as a key concern by dieticians interviewed for this project, as this often leads seniors to eat more pre-packaged meals which may disrupt the management of diet-related health conditions and/or lower overall nutritional intake. In this way, mobility changes can decrease diet quality to the point of food insecurity even when sufficient quantities of food are present. Changes in a spouse's mobility can also trigger this, especially if the impacted partner had been primarily responsible for meals.

Loss of home care

This was noted as an inciting incident to food insecurity by several stakeholders. Due to long wait lists and staffing shortages, even seniors who are able to afford home care are unlikely to be matched with a replacement if the staff member who had been working with them leaves for any reason.

Financial abuse

There have been increasing reports of financial abuse of seniors in NL. In particular, advocates note that family members will move in with a senior in an arrangement that the senior does not want. Seniors often experience limited options to remove the family member from their home, and the arrangement can lead to financial abuse and the negative outcomes that come with that, including food insecurity.

Local Challenges

Interview Question: Thinking about the specific context of the City of St John's or Newfoundland more broadly, the culture, the infrastructure, weather, politics, social landscape, economics, organizations, etc… What are some local barriers you see making this issue more challenging?

Figure 5. Local contextual factors impacting senior food security: Challenges

1. Economic outmigration due to Cod Moratorium (1990-2000)
    a. Loss of informal family supports
    b. Stress on tax base leading to cut services
2. Insufficient public transit within St John's metro area
3. Built environment
    a. Few walkable grocery stores in metro St John's area
    b. Old housing stock with limited accessibility and limited ability to modify for accessibility
4. Stigma around receiving social assistance
5. Loss of social infrastructure through outmigration, closure of corner stores, churches, other natural places to congregate and socialize
6. "Not in my backyard" opposition to construction of affordable housing
7. Ageism contributing to cultural and political reluctance to invest in robust senior services
8. Winter weather complicates grocery delivery logistics
9. Status quo of low social program spending in province
10. Overall low population health status
11. Social investment, upstream approaches, prevention is a significant departure from established thinking, policies, budgets on health care

"[The Provincial Home Care Program] is built on *supplementing* family support, but we're not seeing any family support." (Participant 13)

"A lot of programs are built with the assumption that people a) have family nearby and b) have family who can take care of them. Beyond [outmigration], when you bring in addiction, mental health - there's a lot that goes beyond the scope of what people can take on." (Participant 12)

Outmigration was noted in the both the Health Accord and numerous stakeholder interviews as a complicating factor for senior food security (3). As a result of economic outmigration following the Cod Moratorium of the 1990's, many seniors do not have younger relatives living in the province, and therefore do not have access to informal family support with grocery shopping, meals, and home maintenance, or general assistance (3). Stakeholders reported that lack of in-province relatives was commonly cited as a reason for seniors to apply for the Provincial Home Care Program. This was one of many programs that is either implicitly or explicitly built to supplement informal support, and therefore does not fully cover the needs of seniors who do not also have regular, in-person assistance from an informal caregiver (33).

"What value do we put on people as they age? The way we look down on seniors, see them as less human, is demeaning." (Participant 7)

Ageism was another core challenge that came up frequently in interviews and in the Health Accord (3). Societal attitudes that devalue seniors contribute to a reluctance to invest in services for seniors, leaving many of the available supports as volunteer-run and prone to burn-out and limited short-term impact (25). Ageism was also described as contributing to the development of program models that remove choice and agency from seniors, rather than supporting them in living independently and remaining active in their communities.

"Other policies about senior support heavily shape food access." (Participant 10)
"Bills they have to pay are paid, and food is what suffers." (Participant 3)

Provincial policies regarding subsidies and access to health services excluded from MCP coverage such as dental care, vision care, prescription drugs, medical and hygiene supplies, and home care also shape many health outcomes related to senior food security. National research finds province of residence to be an indicator of food insecurity risk due to provincial decisions around funding more or less robust social supports (6). Particularly for seniors living on a fixed income, food is often the only spending category that can be cut back as these other costs increase making food insecurity highly sensitive to broader provincial policies (6).

"Chronic mental and physical disease are both a determinant and a consequence of food insecurity in older adults." (11)

For older adults, the relationship between health and food insecurity is "complex and bidirectional" (6). Irregular or insufficient nutrition due to food insecurity contributes to poor physical and mental health, while poor physical and mental health can cause food insecurity through reduced ability to acquire and/or prepare groceries, and reduced motivation to cook and eat (6,11). NL ranks lower than other provinces on many population health indicators including alcohol consumption, chronic illness, and cancer outcomes (4, Participant 6). Seniors in NL specifically have the highest rate of being diagnosed with three or more chronic conditions, which also raises the risk for food insecurity (3). Stakeholders noted that as people age, existing health conditions tend to worsen, which further intensifies the cycle of lower health outcomes and higher food insecurity.

Local Assets

Interview Question: Thinking about the specific context of the City of St John's or Newfoundland more broadly, the culture, the infrastructure, weather, politics, social landscape, economics, organizations, etc.… What are some local strengths or assets that could be leveraged to help address this issue?

Figure 6. Local contextual factors impacting senior food security: Assets

1. Highest rate of 65+ home ownership in Canada
2. Strong alignment between policy direction and senior preferences on Home First approach to healthy aging
3. Health Authority is actively in a state of transition toward Health Accord recommendations, reducing institutional inertia
4. Health Accord for NL provides strong evidence base, recommendations, and blueprint to guide health system reform
5. Strong sense of community
6. Strong culture of collaboration between community and government sectors

"We have the highest rate of home ownership among 65+ of any province – this is a *huge* asset." (Participant 7)

High home ownership rates among NL seniors are a powerful and often overlooked asset in the goal of shifting an entire population toward a Home First approach to healthy aging. Over 70% of seniors in the City of St John's own their residence (16).

"The province has already established a Home First approach to guide best practices, direct funding, and programming decisions." (Participant 8)

Established Home First policy and funding priorities are another core asset toward improving senior food insecurity for those aging in place. The initial technical and political conversations needed to establish a Home First approach in the province have already concluded. Many stakeholders noted that many structures and processes in the province are already actively changing to better align with the Health Accord, which may help reduce institutional resistance to adopting new methods and approaches to food insecurity prevention.

Service Gaps and Suggested Services

During interviews, stakeholders were provided with a handout that listed evidence-based senior food security interventions and programs collected during the initial literature review (See **Appendix E** for handout).

The following tables summarize feedback on which services are missing, and which are available, but lack enough capacity for local demand. *Note: Respondents were not limited to services named on the handout.*

Figure 7. Service Gaps: Missing Services

Level	Service
Aging in Place Planning	Resources (materials and dedicated staff) to guide aging in place planning
Proactive Risk Factor Identification	Assessment and early identification of unmet community/home-based needs
Grocery Access	Non-profit Sector: Free/Low-Cost online and phone-based grocery delivery services
Grocery Access	Relevant nutrition information in online shopping interface (diabetes-friendly, low sodium, soft food diet, etc.)
Volunteer Network	Volunteer coordination infrastructure to match volunteers to individual seniors
Volunteer Network	Supportive resources (gas stipend, honorarium, etc.) to aid in recruiting and retaining volunteers

Figure 8. Service Gaps: Capacity Issues

Level	Service
Addressing Risk Factors	Dietician services
Addressing Risk Factors	Occupational therapist services
Transportation	Senior-accessible public transportation to grocery stores
Grocery Access	Mobile markets at senior housing complexes and naturally occurring senior communities
Grocery Access	Access to traditional foods
Grocery Access	Business Sector: Online and phone-based grocery delivery services
Community Meal Support	Congregate meals outside Emergency Food Sector; "Universal School Lunch" Model
In-Home Meal Support	Meal delivery services at accessible price point
In-Home Meal Support	In-Home support staff trained in senior nutrition and preparation of local foods
Poverty Reduction	Income supports indexed to cost of living

Figure 9. Services and recommended by stakeholders

Improved Prevention	• Aging in place planning support • Age-specific food security assessment • Occupational therapy services • Dietician services • Increased benefits and continuity of benefits upon turning 65 • Senior-focused cooking skills classes • Programs in which seniors mentor younger generations on cooking and gardening skills
Home Care Services	• Volunteer networks that can link community members to specific seniors • Home Care: Required training on senior nutrition information and preparation • Home Care: Revise scope of practice and expand workforce (i.e. remove meal support from Home Care Worker scope of practice and integrate meal-specific Home Chef positions) • Home Care: Program review • Home Care: Provincially managed workforce
Transportation Services	• Senior-focused paratransit services

Grocery Supports	• Mobile markets at senior housing complexes and naturally occurring senior communities
	• Grocery delivery programs
	  ○ Senior-friendly interfaces for private grocery store programs
	  ○ Community-run, free/low-cost programs

Community Meal Support	• Adult Day Programs • Universal Senior Lunch Programs • Community Kitchens
In-Home Meal Support	• Subsidize meal delivery services • Shift to bulk meal delivery model

Figure 10. Services not recommended by stakeholders or recommended with caveats

Recommended with Caveats
Programs that can enrich a service landscape, but may be less accessible to low-income, isolated, and/or higher-needs seniors
	• Community gardens
	  ○ Pro: Strong benefits for physical, social, mental, and community health
	  ○ Pro: Well-implemented and well-received especially in senior congregate living arrangements
	  ○ Con: Impacts on food security are less clear
	  ○ Con: May be less accessible to lower-income and/or disabled seniors
	• Senior Cooking Classes
	  ○ Pro: Well-received as part of community programming, social activities, skill sharing
	  ○ Con: Low uptake by the specific demographics in need of cooking education (isolated seniors, widowers, home-bound seniors)
	• Bulk Buying Clubs
	  ○ Pro: Highly effective when arranged organically among friends or neighbours with established relationships
	  ○ Con: Difficult for external groups to arrange among an unconnected group of people; often end due to lack of consensus on what to purchase (i.e. only works as a "bottom-up" intervention, ineffective when "top-down")

Not Recommended
Programs that stakeholders actively advised against for St John's
	• Budgeting classes
	• Food skills classes for "doing more with less"
	• Food hampers with pre-determined contents
	• Food prescriptions
	  ○ Unclear impact on food security
	  ○ Functionally similar to food stamp programs in the United States with similar issues around lack of choice, stigma, high administrative burden

Outreach Methods for Seniors

A common challenge that came up in many stakeholder interviews was finding effective communication methods for outreach to the current generations of seniors. Previous outreach methods (print media, senior-specific social groups, churches, etc.) are becoming less effective, while new methods (email, social media, websites) remain inaccessible to many older adults.

As this topic continued to arise in conversation, later interview participants were asked for their thoughts and experiences on senior outreach best practices. Responses are summarized below.

Figure 11. Comments on outreach methods used by stakeholders in St John's

- A multi-channel approach is currently the most effective: mix of hard copy, online, phone, and in-person community meetings
- Many younger seniors are extremely tech savvy, but seniors as a population are all across the tech literacy spectrum
- Print is still essential for service promotion, but as Baby Boomers age this will likely change
- St John's City Guide Booklet is a core senior outreach method for City senior services - everyone in the city gets a physical copy
- Radio and TV have been effective outreach tools for some organizations who also work with more rural seniors with reduced internet access
- "Many seniors are on Facebook, but this can be deceptive when it comes to outreach. They may use it to connect with family, but don't know how to follow pages. They're not using it to seek out information."
- Several organizations maintain physical and/or digital mailing lists and will share materials for seniors through their networks
    - NL 50+ Federation maintains a large list serve for their newsletter
    - SeniorsNL
    - Senior Advisory Committee (City of St John's)

Stakeholder Interviews: Recurring Themes

During interviews, there were several topics that were not connected to specific questions, but which organically came up in most or all conversations. These recurring themes provide important context into both immediate challenges and long-term thinking about how to address senior food insecurity, and are summarized below.

The current home care system is harmful to both seniors and home care workers.

Home care services in St John's were universally described by stakeholders as unaffordable, over capacity, and low quality. Stakeholders also noted that home care employees are a highly gendered workforce with poor working conditions marked by long hours, low wages, unpredictable workloads, few opportunities for career progression, and insufficient training for the tasks assigned. All of these are challenges mirrored in international reporting on the home care workforce (34). Staff turn-over is high and waitlists for home care services are common in St John's. Lack of home care staff training around senior nutrition was a frequent topic of discussion in interviews, as stakeholders working in direct service provision reported high volumes of calls from seniors stating that the staff in charge assisting them with meals lacked basic food preparation training, leaving them in a state of food insecurity.

Home care programs in NL are privately managed. While a provincial program with supplemental funds for home care does exist, stakeholders noted two core access issues. One is that the income thresholds and senior contribution amounts have not been updated in several years, and many seniors are priced out of care at the current rate of provincial assistance. The second issue is that the provincial Home Care Program is explicitly described as being *supplemental* to existing family support, and hours are only funded up to a "supplemental" level (33). As noted in the discussion of outmigration, many seniors in St John's do not have family members living in the province who can provide this type of informal family support and need professional home care for all of their aging in place needs.

Deeper systemic reforms are needed in the home care sector for long-term sustainability. In the meantime, several actions to improve home care as it is currently structured were proposed, including:

- Provincially-managed workforce with standardized training, pay rates, and career progression tracks leading to nursing, allied health professional, or similar roles
- Mandatory trainings around senior nutrition for home care staff operating in St John's and/or Newfoundland depending on scope of regulatory agency involved
- Revising home care staff's scope of practice to remove meal support and housework and transfer this work to a new pool of staff specialized in professional meal and house support to expand the workforce

Previous volunteer models are no longer working.

Stakeholders, especially those in direct service provision, described challenges with the status quo model of relying on volunteers to operate the types of community-level support programs found in the continuum of care. Stakeholders noted that recent years have seen increasing difficulty with recruiting and retaining the volunteers needed to administer core community services for seniors, such as delivering meals or staffing phone lines. Many of these volunteers are themselves seniors, and the elevated risks of COVID-19 for older adults have pushed many people out of volunteer positions. Stakeholders frequently spoke of growing barriers to volunteering that come with rising precarity, and the need to find new volunteer models, perhaps by providing community members with resources and supports, such as stipends, childcare, or gas money.

Several stakeholders also spoke with frustration about the lack of infrastructure to match seniors in need of help with existing pools of volunteers in St John's: high school students in need of volunteer hours to graduate, the faith-based sector, people already enrolled in organization-specific volunteer systems, etc. Volunteer coordination at the level of matching specific volunteers with specific seniors would require dedicated administrative staff and appropriate resources in order to be effective and sustainable.

For further discussion on new volunteer models and aging in place services in NL, check out the research of Dr Gail Wideman at Memorial University

Technology is playing a growing role in maintaining independence.

As the Baby Boomer generation ages into seniors, the role of technology in aging in place is projected to grow significantly (35). Mobile apps that enable individuals to manage their own transportation (via ride hailing), meal and grocery delivery (via

delivery apps), health monitoring (via wearable devices) and medical appointments (via telemedicine) may radically reshape senior services and push senior care away from the non-profit sector and further into the private sector.

Looking specifically at food security and technology: some of the desired services around food access described by stakeholders already exist in St John's through mobile apps and online services. For example, one stakeholder recounted a delivery program model requested by several seniors in which the senior submits a shopping list that someone else completes and delivers to them - the same service model provided by the mobile app Instacart.

This raises serious questions when it comes to planning aging in place services. To what extent should the continuum of care embrace existing technologies? Should the government and community sectors try to replicate private services and technologies? Or should seniors be provided with financial resources and tech literacy support to access established services? Either approach has its benefits and drawbacks and will require planning and consultation with seniors.

The private sector has a key role to play in senior food security work, but is more difficult to bring into conversation and collaboration.

Stakeholders interviewed for this project frequently referenced the private sector as another key actor when it comes to aging in place services, but one that is notably harder to bring into collaboration due to their fundamentally different structures and incentives. In addition to privately-developed technology with application for aging in place discussed above, privately-owned grocery stores control many aspects of the food system by determining what foods are available, how they can be accessed (in-person, pick-up, delivery, online orders, phone orders, etc.), and at what cost.

Grocery delivery services were the single most recommended service to add to the continuum of care for aging in place. With the rapid growth of online shopping and delivery services since 2020, grocery delivery services are now available throughout the City of St John's through most private grocery stores, but not always in forms that are

accessible to seniors. Are there accessibility regulations or appeals to corporate social responsibility that can incentivize private businesses to make their services more physically and financially accessible to seniors? As one stakeholder phrased it: How do we pitch senior-focused services as good business?

Further integrating the private sector into aging in place services brings its own challenges and questions around financial access. One of the guiding characteristics of aging in place services in the continuum of care defined in the Health Accord is that services must be accessible to low-income seniors (3). Even so, the private sector is already an integral part of many different aging in place services, with one of the most prominent examples being the province's fully privatized home care sector.

Stakeholders noted that it is vital to find ways to engage the private sector in dialog and work to develop free/subsidized senior delivery plans, senior-accessible shopping interfaces, and other adaptations that make these services physically, financially, and technologically accessible to seniors.

Seniors need appropriate, sustained resources and funding for their care.

Nearly every interview included at least one reference to well-received community food programs that had been piloted between 2020-2022 during peak pandemic response. Many of these programs showed both innovative partnerships and high uptake, but their funding was tied to short-term pandemic response work. After this funding ended, the service was lost while the need remained.

A stakeholder specializing in Age-Friendly City programming noted this is a common issue with senior-focused programming (25). Senior-focused initiatives are not sufficiently funded and critically needed systemic changes downshift to short-term, volunteer-run programming that ends once funding is depleted or the volunteer pool burns out. Stakeholders and the Health Accord alike emphasized the political disincentives around social spending, and the need to overcome them to address the issue of senior food insecurity and aging population supports more broadly (3). The wide adoption of Home First approaches is a positive shift, but it needs to be backed up by a robust, resourced continuum of care or it will leave seniors "stuck at home" instead of "aging at home".

WHERE WE WANT TO GO

In this section…

- Continuum of Care: Service View Health Accord Model
- Continuum of Care: System Views
    - Current Model
    - Health Accord Model
- Recommended Actions
    - Summary Table
    - Discussion

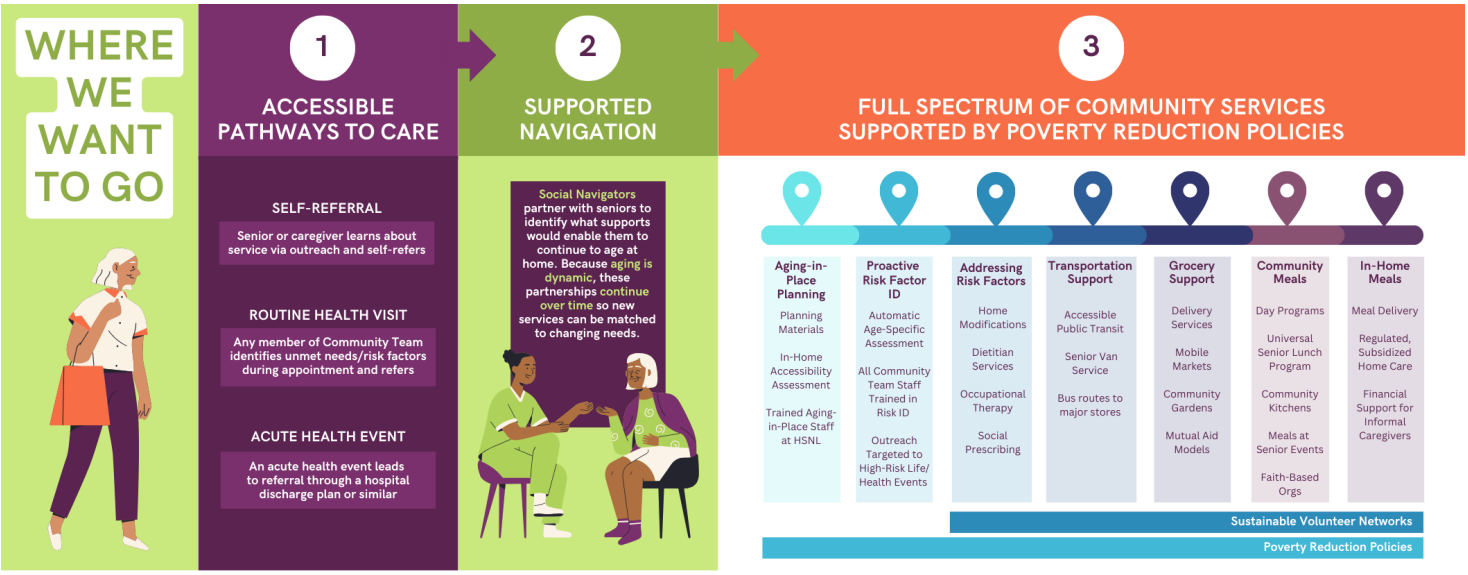
Continuum of Care Service View: Health Accord Model

The Health Accord Model takes the existing service landscape described in the previous section and incorporates programs and policies identified in stakeholder interviews, the Health Accord, and academic literature to create a robust continuum of care. These added elements include:

- Change from Family Doctor to Community Team model of primary care delivery *(Planned change detailed in Health Accord)*
- Creation of Social Navigator positions within Health Services Newfoundland and Labrador *(Proposed change detailed in Health Accord)*
- Addition of community services recommended by stakeholders with an emphasis on earlier engagement with seniors *(Proposed change from stakeholder feedback)*
- Addition of a professionally coordinated and resourced volunteer network *(Proposed change from stakeholder feedback)*
- Addition of poverty reduction policies that use cash transfers or similar income supports to promote food security and removal of emergency food sector from the continuum of care as a core service *(Planned change from Health Accord and stakeholder feedback)*

  Further discussion of changing approaches to food security promotion and the role of the emergency food sector can be found in Food First NL's Rethinking Food Charity report.

A full-size version is available in **Appendix B**. Discussion of each part of the service view is found below.



FOOD SECURITY: CONTINUUM OF CARE FOR AGING IN PLACE
SERVICE VIEW | HEALTH ACCORD MODEL

From Limited to Accessible Pathways to Care

In the Health Accord Model, there are clear, proactive pathways to connect seniors to community supports. **Self-referral** remains a common pathway, but is now facilitated by robust outreach and service promotion that reach more parts of the general senior population and that specifically prioritize isolated seniors or those experiencing identified risk factors for food insecurity.

Routine health visits are now made through **Community Teams**, which are made up of a diverse set of health professionals including family doctors, nurses, nurse practitioners, social workers, mental health care workers, elder care workers, paramedics, and allied health professionals assigned to a catchment area (21). Community Teams are designed to provide patients with more points of contact with the health care system and a greater number and range of professionals who are able to refer patients to other professionals within the Community Team. The team model also enables more proactive connections with supportive and preventative services around the social determinants of health, such as food insecurity (3,21). Under the new Community Team model, unmet social needs are within the scope of care of all clinical and allied health professionals, and seniors are able to receive referrals to social supports from any health professional, not just a family doctor (21).

From Self-Managed to Supported Navigation

> "In a province like NL where health resources are limited, we do need to think outside the box around paraprofessionals, support professionals." (Participant 11)

Clients are referred to **Social Navigators** who provide ongoing, individual support with identifying needs, suggesting available services, linking seniors to those services, and routinely reviewing and updating social support needs (15).

Client navigation services were identified as a critical gap in both the Health Accord and in stakeholder conversations (3). To address this community service navigation gap, the Health Accord proposed the creation of Social Navigator positions (15). Social Navigators do not require medical training, and creating these positions will not add additional strain to the limited pool of nurses, doctors, and other clinical staff in the province (15). Given the sustained medical staffing shortages in NL (3), the need to expand and diversify the workforce supporting seniors by integrating more support professionals beyond doctors and nurses was also a recurring topic in stakeholder interviews.

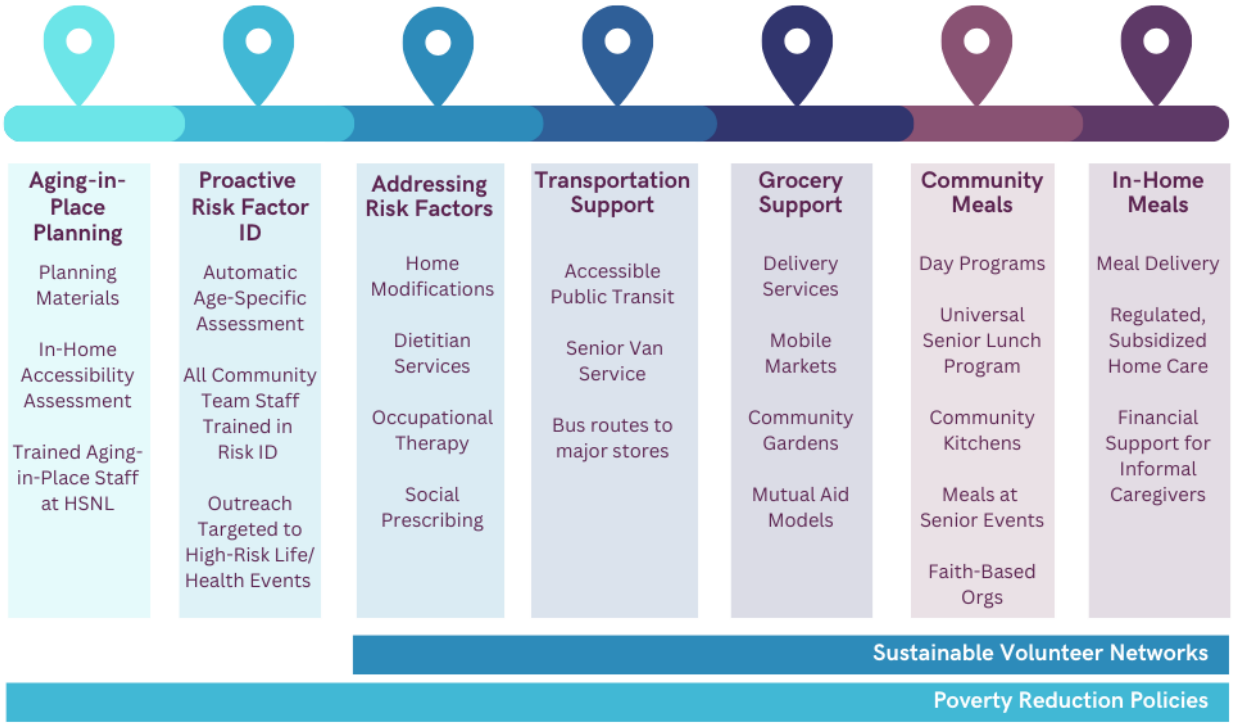
Health Accord Blueprint 3.7. Create Social Navigator positions in Community Teams and develop a data pathway to enable referrals and partnerships.

From Incomplete to Full Spectrum of Services

The current services available in St John's are supplemented with additional services recommended by stakeholders from a list of program models identified in academic literature and professional forums. These additional services fill in identified gaps and provide seniors with a **comprehensive spectrum of programs** able to support food security needs throughout the aging process from initial planning to in-home meals.

> "Something we see is that people are at home, and they're doing well. Then they start doing less well. They don't know what to do and it starts to escalate. Primary care providers are so strapped that they aren't doing any kind of more in-depth assessment. No one is doing that kind of early assessment. **That's the point where we need to intervene. People struggle through the in-between phase, and all the soft things that would have helped you stay home were missing, and you end up on the trajectory to long-term care**. How do we identify people who are starting that trajectory before they hit a crisis point?" (Participant 8)

The spectrum of services in this model extends to **earlier points of intervention** through the provision of *Aging in Place Planning* supports and several streams of *Proactive Risk Factor Identification*. Through these services, this model more fully leverages the public health and economic principles of using lower-cost preventative services to delay or eliminate the need for more expensive downstream care.



New Volunteer Models

In a more robust continuum of care, services from *Addressing Risk Factors* to *In-Home Meals* are supplemented by *Sustainable Volunteer Networks*. This refers to networks that are coordinated by permanent, paid, professional staff who match community members to seniors in need of help with simple home upkeep, driving, groceries, cooking, and other appropriate tasks. Volunteers are actively supported through training and resources such as stipends and mileage reimbursements to promote long-term retention and make volunteering accessible to more members of the community.

More detailed discussion of volunteer models can be found in the Stakeholder Interviews: Recurring Themes section of this report.

Jump to section

Programming Complemented by Policy

The Health Accord, academic research on senior food security, and stakeholder interviews unanimously emphasize that aging with health, dignity and autonomy is impossible in a state of poverty (3,6,26).

In a fully developed continuum of care, the entire range of community services is underpinned by strong *Poverty Reduction Policies* that track to the cost of living and ensure seniors on fixed incomes are not legislated into economic precarity (3).

Continuum of Care: System Views

The System View model was designed to highlight **infrastructure and levels of integration** across the continuum of care. Full-size versions of each diagram are found in **Appendices C and D**.

1: Emerging Needs

Seniors are a dynamic population whose needs and characteristics change over time, both individually and as new generations age into seniorhood (6). Each cohort of seniors has its own skills, resources, preferences, social context, and policy environment that shape their health status and health needs (6). Services for seniors therefore need strong feedback loops to remain responsive to the needs of a population that is in constant flux. In the Health Accord Model of the continuum of care, infrastructure is in place to create a circular flow starting with emerging senior population needs and ending with outreach to connect seniors with the services that have been adapted to match those needs. This flow of data helps the system remain **integrated** and **self-reflective**, two core characteristics defined in the Health Accord (3).

FOOD SECURITY: CONTINUUM OF CARE FOR AGING IN PLACE
SYSTEM VIEW | CURRENT SYSTEM INFRASTRUCTURE IN ST JOHN'S

FOOD SECURITY: CONTINUUM OF CARE FOR AGING IN PLACE
SYSTEM VIEW | HEALTH ACCORD MODEL

2-3: Linkages to the Continuum of Care, Service Navigation

See Service View: From Self-Managed to Supported Navigation above for discussion of pathways to care and social navigator positions.

4: Spectrum of Services with Unified Data Collection

Modernizing NL's technological and information-sharing infrastructure was a core goal defined within the Health Accord (15). In an integrated continuum of care, data about service utilization can be collected and shared across different sectors and agencies using modernized information technology, electronic medical records, and data sharing agreements between organizations (15).

5: System-Level Data Analysis and Decision-Making

Interviews found that input on changing senior needs is often provided to decision-makers in St John's through organization-specific senior advisory groups made up of community members. Broader population needs and service gaps are projected using data from referral calls and community engagement carried out by various stakeholders. SeniorsNL and the Office of the Seniors' Advocate are two core sources

of data on senior health needs, and their information is routinely shared with stakeholders in NL Health Services and the municipal government with whom there are strong collaborations. In the Health Accord Model where modern IT systems are available, system-level data on service utilization enhance these existing data sources to keep the range of available services responsive to evolving senior population needs.

6: Outreach and Service Promotion

Several organizations in St John's maintain communication channels with seniors who have previously received services from them via print or digital newsletters, but service promotion to the general senior population and targeted outreach for seniors at risk for food insecurity are both currently limited. Seniors must generally seek out information on services independently, which can leave seniors with lower tech literacy and fewer social connections cut off from information about what supports are available to them.

In the Health Accord model, system-level data is used to promote services that meet senior cohort needs to the broader senior population with targeted outreach to at-risk seniors. Academic research has identified common risk factors for food insecurity among seniors, and local stakeholders identified additional life and health events found to precipitate food insecurity locally (6,27). With this knowledge, outreach efforts can be targeted to seniors experiencing these risk factors to proactively connect them to community supports.

Recommended Actions to Strengthen the Continuum of Care

1. Increase access to grocery delivery services by developing grocery delivery programs and/or providing seniors with the resources to leverage established grocery delivery programs in the private sector.

2. Integrate mobile markets with senior housing and transit services.

3. Prioritize the hiring and implementation of Social Navigators within NL Health Services to conduct i) aging in place planning, ii) early identification of food insecurity risk, and iii) social service navigation.

4. Develop or adapt aging in place materials for the local context and actively promote them to adults aged 55 and over.

5. Lower client costs for home-delivered meals via subsidies and/or switching to a bulk meal delivery model.

6. Improve in-home support services by i) regulating a minimum level of senior nutrition training for home care workers, ii) revising individual contribution amounts for the Provincial Home Care Program, and iii) reviewing the current career pathways, compensation, professionalization and scope of practice for the home care workforce.

7. Invest in senior-accessible public transportation services.

8. Expand availability of universal congregate meals for seniors outside of the emergency food system.

9. Develop and fund volunteer coordination infrastructure to link available volunteer pools to seniors needing non-professional assistance to age at home.

10. Proactively link seniors with dietician services by promoting existing resource and consultation services through channels accessible to seniors and integrating dieticians into Community Teams.

11. Proactively assess seniors for mobility changes and integrate Occupational Therapists into Community Teams.

12. Issue recommendations/regulations around senior-accessible grocery shopping interfaces and subsidized grocery delivery services for seniors to grocery stores operating in the city.

13. Develop a senior outreach and communications team.

14. Prioritize the establishment of modern information technology systems as part of the restructuring to align with the Health Accord.

15. Explore using the "healthy corner store" program piloted by Food First NL for use in rural communities within the metro St John's area to improve access to fresh foods in the downtown core.

16. Expand programs such as Sharing the Harvest NL and The Fish Market App that link people to locally fished, hunted, and foraged foods.

17. Establish a recurring meeting or forum for service providers in the senior services sector to enable sector-wide information sharing and planning.

18. Integrate the issue of senior food security into advocacy work around poverty reduction in the province.

Further Discussion

1: Grocery Delivery Services

Expanding access to grocery delivery services was the most frequently recommended addition to the continuum of care made by stakeholders.

Two primary paths to improve access were discussed.

Delivery services run by non-profits

Non-profit grocery delivery services run by volunteer drivers are currently in place to deliver food hampers provided by the emergency food sector. Wellness Collective and Connections for Seniors both provide this service in the St John's area and were spoken of highly by stakeholders at multiple levels of the continuum of care. These programs could be provided with resources to expand services to include fulfillment and delivery of grocery orders, especially if the emergency food sector shifts toward providing funds, gift cards, and/or a "grocery store model" of food bank as discussed in Food First NL's recent *Rethinking Food Charity* recommendations (8)

Linking seniors to private delivery services

The landscape of grocery delivery services has changed significantly in St John's within the last 2-3 years with many grocery and general stores now offering home delivery services. As of August 2023, stores and services in St John's including Dominion and Instacart offer delivery subscription programs in which a one-time fee of $100 enables free delivery for all orders for one year. Given the logistical challenges of recruiting, retaining, and coordinating order management and volunteer drivers, it may be worthwhile to explore a program model that provides the annual fee, initial technology training, and ongoing support to seniors to enable them to make use of these existing services. While this program would not address barriers around internet access or insufficient funds for groceries, it could be a valuable addition to the current landscape of services. Linking the population of seniors who would be able to use existing services with this lighter-touch level of support would allow more resource-intensive models such as subsidized and/or volunteer-run shopping and delivery services to focus on the population of seniors who need a higher level of support to achieve food security.

2: Mobile Market / Senior Support Integration

Food First NL's Food on the Move program brings a mobile market with subsidized produce and pantry staples to neighbourhoods in St John's (36).

Further integration with senior supports can be achieved by:

1. Adding mobile market stops to senior housing complexes and naturally occurring senior communities (i.e. neighbourhoods with a high proportion of senior residents)
2. Promoting Food on the Move in senior-focused outreach channels *(see Item 13)*
3. Adding Food on the Move destinations to senior-focused transit service routes such as the GoBus

3: Institute Social Navigators

The lack of social service navigation and missing early stages of the aging in place continuum of care are two critical gaps that could be addressed by the proposed Social Navigator positions within Community Teams at NL Health Services (15,21).

Social Navigator positions can be staffed by lay health professionals (i.e. not nurses or licensed practitioners) and could be engaged in the following services:

1. Facilitate planning conversations around aging in the right place with adults aged 55-60.
2. Conduct proactive assessment to identify those beginning to experience barriers to food security
3. Provide general social and community service patient navigation services to older adults

Rebalancing the health care system is a large undertaking, but prioritizing the development of Social Navigators earlier in this process would fill numerous critical gaps in the continuum of care for healthy aging.

4: Aging in Place Materials

Developing a printed workbook and online website to help older adults plan to age in the right place would be a valuable addition to early intervention and preventative services.

A sample toolkit that could be adapted to match the specific context and considerations of aging in Newfoundland is available online through United Way of British Columbia https://aginginplaceplan.ca/ (37)

5: Lower Costs for Meal Delivery

To increase accessibility, consider using provincial funds to subsidize the cost of home delivered meals. This action is in keeping with the overarching goal of the Health Accord to rebalance the health care system by investing more in upstream preventative solutions in order to lower downstream clinical care utilization (3). Given the significant negative health outcomes associated with food insecurity in seniors, lowering the cost of home-delivered meals is a cost-effective way for the health care system to improve the health of home-bound seniors (6).

Another stakeholder suggestion was to consider bundling prepared meal deliveries, a model that was implemented in Prince Edward Island. Each individual receives multiple heatable meals per visit, which reduces transportation costs and logistics, and offers potential savings through batch meal preparation.

6: Home Care Reforms

Staffing and service challenges with home care extend far beyond St John's (34). Finding ways to adapt this sector into one that provides quality services and dignified working conditions is a sizeable topic that will require further research and consultation with that sector.

In the short term, home care's role in improving food security for seniors in St John's could be enhanced by the following:

1. Recommend or mandate minimum standards of nutrition/cooking skills and trainings for home support staff operating in the province

2. Review and update income contribution requirements for the provincial home care supplement
3. Explore revising the scope of practice for Home Care workers to remove meal support

Changes to the scope of practice were one change suggested by several stakeholders. With this change, meal support can be shifted to a new Home Chef workforce focused on this specific service. This approach would expand the variety and number of support staff working with seniors and help preserve the limited hours of the home care workforce for more specialized in-home services.

7: Senior-Accessible Public Transit

Several actions could be taken to improve the accessibility of St John's public transit system for seniors:

1. Provide funding to expand the GoBus fleet and update the technology infrastructure used to enrol and schedule rides
2. Ensure all bus stops have shelters and benches
3. Review routes to ensure grocery stores are easily accessible by bus

8: Universal Senior Lunch Program

Access to free, senior-friendly meals in the community outside of the emergency food sector was a frequently suggested addition to the continuum of care. Many stakeholders specifically referred to the success of universal school lunches in improving youth nutrition without stigma as a model for a similar program oriented toward seniors.

9: Volunteer Infrastructure

There are many seniors aging in place who need intermittent, non-professional assistance around tasks such as grocery pick-up, cooking, cleaning, etc. that could be provided by volunteers.

Stakeholders emphasized that there are many existing pools of volunteers available in St John's such as high school students who require volunteer hours to graduate, faith-

based organizations, and community groups. What is missing is the volunteer coordination infrastructure that could link these volunteers to specific seniors in need of assistance. Developing this infrastructure could involve either funding and creating a new position within the City of St John's or NL Health Services to coordinate these services, or adapting and providing additional resources to an existing senior-oriented volunteer network maintained by a local non-profit to provide this coordination.

10: Proactive Links to Dietician Services

Registered Dietician services accessed through NL Health Services are currently subject to wait lists, but free dietician consultations are available to anyone in the community through the 811 phone service. Generalized senior nutrition guides developed by NL Regional Nutritionists are also available.

More proactive linkage to these underutilized resources can be achieved by:

1. Promoting pre-made dietician materials on healthy eating for healthy aging developed by Regional Nutritionists using senior outreach services *(see Item 13)*
2. Promoting Dial-a-Dietician 811 services to seniors *(see Item 13)*
3. Integrating Registered Dieticians into all Community Teams to increase access and awareness of dietician services
   (see Call to Action 8.3: Integrate allied health professionals trained in caring for the elderly into community teams.)

11: Proactive Links to Occupational Therapy

Occupational Therapists are able to help seniors "adapt their home environments to optimize functioning and independence" as well as provide home modifications and assistive devices to keep seniors engaged in everyday activities central to food security including cooking, active transport, hobbies, and maintaining social networks (27,32).

More proactive linkage to these resources can be achieved by:

1. Promoting awareness of Occupational Therapy's role in aging in place to seniors and medical providers within NL Health Services
2. Integrating Occupational Therapists into all Community Teams to facilitate access and increase visibility of occupational therapy services
   (see Call to Action 8.3: Integrate allied health professionals trained in caring for the elderly into community teams.)

12: Regulations on Senior-Accessible Grocery Services

The broader availability of grocery delivery services operated by stores in St John's has the potential to significantly improve senior food security. However, stakeholders noted that many of these online grocery delivery services lack senior-accessible interfaces and information important to senior shoppers. For example, as of August 2023, Dominion has the only online shopping portal that lists nutrition information, which is highly important for seniors with medical dietary needs.

More senior accessible grocery services could be achieved by issuing recommendations or regulations regarding senior accessibility of grocery delivery services covering features such as:

- Phone order options
- Online product listings
- Option for simplified/large font user interfaces
- Product tags or filters for common medical diets (Low-Sodium, Soft Foods, Diabetes-friendly)
- Subsidized annual subscription fee for grocery deliveries to seniors
- Other features researched through community engagement

These actions could potentially be undertaken by the Office of the Seniors' Advocate, as their mandate encompasses issuing recommendations to the private sector.

13: Senior Outreach Services

Outreach and promotion of available aging in place supports to the general senior population of St John's is currently limited. Thanks to a strong local culture of collaboration, many organizations share materials received from other organizations within their networks, but outreach to socially isolated and/or home-bound seniors remains unavailable. Funding an existing community partner to engage in generalized or targeted outreach to seniors at risk for food insecurity would fill a critical gap in linking local seniors to the services that are available to them.

14: Modernize IT Systems

Modernized information technology systems and data-sharing agreements between senior service providers can help facilitate service coordination.

15: Healthy Corner Stores in St John's

In 2015, Food First NL piloted a project that partnered with corner stores in several rural Newfoundland communities (38). Through this partnership, corner stores that stocked mostly shelf-stable goods were provided with support and renovations needed to begin stocking fresh produce and a wider variety of nutritious foods (38). Conducting a similar project to bring affordable, fresh foods to corner stores within the more walkable core of the city could improve the food landscape for seniors and others residing in the city without access to larger grocery chains.

16: Expand Traditional Food Access

Lost access to traditional foods, particularly for Indigenous Elders, was another frequent issue of concern reported by stakeholders. Mutual aid models (informal person-to-person support) were identified as a common route for seniors to access fished, hunted, and foraged local foods. However, for seniors who move away from their established social networks to be closer to services or accessible housing, these relationships and food pathways can be disrupted or lost.

Actions to improve access to traditional foods include:

1. Planting local edible plants in community gardens
2. Expanding food sharing services for hunted game such as Sharing the Harvest NL and The Fish Market App
3. Integrating traditional foods into community senior meals *(see Item 8)*

17: Sector-wide Information Sharing Forums

There are a variety of recurring task forces and advisory groups related to both seniors' issues and food security that many stakeholders participated in, but they noted there was no unified, sector-wide convening or conversation for senior services.

Many stakeholders referenced the work of Food First NL in bringing together the diverse people and groups involved in the emergency/charitable food sector for community-level conversation around the current state of their field, and for establishing priorities and approaches that meet the needs of service users.

Developing a similar recurring gathering for seniors and seniors service organizations could be a valuable step toward improved system integration and service coordination around aging in place and senior food security.

18: Poverty Reduction Advocacy

Senior food security is achievable only through robust programming and robust income supports. Realizing poverty reduction work will require multi-sector advocacy and collaboration, and senior food security and the cascading benefits to population health and health care sustainability that it brings provide yet another powerful argument in favour of this work.

Appendices

Appendices are also available as separate files to enable continuum of care graphics to be viewed at a higher resolution.

Appendix A: Continuum of Care: Service View, Current
Appendix B: Continuum of Care: Service View, Health Accord Model
Appendix C: Continuum of Care: System View, Current
Appendix D: Continuum of Care: System View, Health Accord Model
Appendix E: Interview Material Packet

WHERE WE ARE NOW

1 LIMITED PATHWAYS TO CARE

SELF-REFERRAL

Senior or caregiver learns about service and self-refers

ACUTE HEALTH EVENT

An acute health event leads to referral through a hospital discharge plan or similar

FAMILY DOCTOR VISIT

Note: Unavailable to those without family doctors
Family doctors who notice unmet needs and view this as within scope of practice provide referral/info on community support services

ROUTINE HEALTH VISIT

**Any member of Community Team identifies unmet needs/risk factors during appointment and refers*

2 SELF-MANAGED NAVIGATION

With the exception of high-needs seniors linked to social workers, access to non-clinical supports is self-managed by seniors or caregivers.

The nonprofit SeniorsNL maintains the province's database of senior services and provides referral supports via staffed phone line and website, but identifying needs, researching services, enrolment, and navigation are self-managed.

3 INCOMPLETE SPECTRUM OF COMMUNITY SERVICES SUPPORTED BY EMERGENCY FOOD SECTOR

Aging-in-Place Planning
- **Planning Materials*
- **In-Home Accessibility Assessment*
- **Trained Aging-in-Place Staff at HSNL*

Proactive Risk Factor ID
- **Automatic Age-Specific Assessment*
- **All Community Team Staff Trained in Risk ID*
- **Outreach Targeted to High-Risk Life/ Health Events*

Addressing Risk Factors
- Home Modifications
- Dietitian Services
- Occupational Therapy
- **Social Prescribing*

Transportation Support
- Accessible Public Transit
- Senior Van Service
- Bus routes to major stores

Grocery Support
- Delivery Services
- Mobile Markets
- Community Gardens

Community Meals
- Day Programs
- **Universal Senior Lunch Program*
- **Community Kitchens*
- Meals at Senior Events
- Faith-Based Orgs

In-Home Meals
- Meal Delivery
- Private Home Care
- Private Home Care Subsidies
- Financial Support for Informal Caregivers

Emergency Food Sector

**Service currently unavailable*

FOOD SECURITY: CONTINUUM OF CARE FOR AGING IN PLACE

SERVICE VIEW | CURRENT SERVICE LANDSCAPE IN ST JOHN'S

WHERE WE WANT TO GO

1 ACCESSIBLE PATHWAYS TO CARE

SELF-REFERRAL

Senior or caregiver learns about service via outreach and self-refers

ROUTINE HEALTH VISIT

Any member of Community Team identifies unmet needs/risk factors during appointment and refers

ACUTE HEALTH EVENT

An acute health event leads to referral through a hospital discharge plan or similar

2 SUPPORTED NAVIGATION

Social Navigators partner with seniors to identify what supports would enable them to continue to age at home. Because aging is dynamic, these partnerships continue over time so new services can be matched to changing needs.

3 FULL SPECTRUM OF COMMUNITY SERVICES SUPPORTED BY POVERTY REDUCTION POLICIES

Aging-in-Place Planning	Proactive Risk Factor ID	Addressing Risk Factors	Transportation Support	Grocery Support	Community Meals	In-Home Meals
Planning Materials	Automatic Age-Specific Assessment	Home Modifications	Accessible Public Transit	Delivery Services	Day Programs	Meal Delivery
In-Home Accessibility Assessment	All Community Team Staff Trained in Risk ID	Dietitian Services	Senior Van Service	Mobile Markets	Universal Senior Lunch Program	Regulated, Subsidized Home Care
Trained Aging-in-Place Staff at HSNL	Outreach Targeted to High-Risk Life/ Health Events	Occupational Therapy	Bus routes to major stores	Community Gardens	Community Kitchens	Financial Support for Informal Caregivers
		Social Prescribing		Mutual Aid Models	Meals at Senior Events	
					Faith-Based Orgs	

Sustainable Volunteer Networks

Poverty Reduction Policies

FOOD SECURITY: CONTINUUM OF CARE FOR AGING IN PLACE

SERVICE VIEW | HEALTH ACCORD MODEL

WHERE WE ARE NOW

FOOD SECURITY: CONTINUUM OF CARE FOR AGING IN PLACE

SYSTEM VIEW | CURRENT SYSTEM INFRASTRUCTURE IN ST JOHN'S

WHERE WE WANT TO GO

1 Members of Senior Cohort Develop Need for Services

Population-level health needs emerge from a cohort of seniors.

2 Linkages to Continuum of Care

Seniors at risk of food insecurity are identified early by the health system or self-refer for services learned about due to Outreach and Service Promotion. They are connected with Social Service Navigators with NLHS.

3 Social Service Navigation

Social Service Navigators partner with seniors to identify what supports would enable them to continue to age at home. These partnerships continue over time so new services can be matched to changing needs.

4 Spectrum of Services with Unified Data Collection

Seniors have access to a robust spectrum of services that meet a diverse range of needs. Data about service utilization is collected across different sectors and agencies using shared data software/ electronic medical records.

5 System-Level Data Analysis and Decision-Making

This system-level data is used by decision-makers to adapt the Spectrum of Services to remain responsive to changing population needs, and to support Outreach and Service Promotion.

6 Outreach and Service Promotion

System-level data is used to promote services that meet senior cohort needs to the broader senior population with targeted outreach to at-risk seniors.

BI-DIRECTIONAL

FOOD SECURITY: CONTINUUM OF CARE FOR AGING IN PLACE

SYSTEM VIEW | HEALTH ACCORD MODEL

Building a Continuum of Care for Healthy Aging: Food Insecurity

St John's, Newfoundland and Labrador

"Implement a continuum of care for older adults. A continuum of care includes options for care that follow a person through time, adapting to their changing needs."

Action Item from The Health Accord for Newfoundland and Labrador

What We Know

- Rates of food insecurity are high among NL seniors [1]
- Food insecurity exacerbates many health conditions commonly experienced by seniors [2]
- Investing in upstream social supports around food access can preserve seniors' health and autonomy, in addition to reducing downstream healthcare utilization and costs [3]
- Seniors across NL want to age well at home, but few services are currently available for those between total independence and long-term care[1]

40% of NL Adults 65+ reported being unable to afford the food they need to stay healthy in 2022[1]

Research Question

What services and policies to support food security for older adults in St John's living at home are missing from the current continuum of care for healthy aging?

Project Focus

By reviewing available data and conducting key stakeholder interviews, this project will map the current healthy aging continuum of care, identify service gaps related to food security, and propose solutions that fit the local context of St John's.

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(1) Office of the Seniors' Advocate NL. (2023). What We Heard: Engagement with Seniors, Family Members and/or Caregivers, and Service Providers.
(2) Mills, C. M. (2021). Food Insecurity in Older Adults in Canada and the United States: A Concept Analysis. https://doi.org/10.3148/cjdpr-2021-016
(3) Health Accord NL. (2022). Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Summary.

Building a Continuum of Care for Healthy Aging: Food Insecurity

St John's, Newfoundland and Labrador

Interview Questions

Topic of Discussion

Focus Population: Seniors (65+) living in St John's who wish to age at home
Focus Issue: Food Security, Programs to promote food security for those aging at home
Goals: Map current services, Identify service gaps, Identify solutions that fit the local context

Current Service Landscape

1. Do you provide any services or programming related to food security?
2. What are the main barriers to food security for seniors who want to age at home in St John's?
3. What key services are you aware of to help seniors living at home in St John's access groceries or meals?
4. Are there any services or types of services that seniors utilize more than others?
5. Are there any life or health events that you routinely see tipping seniors into a state of food insecurity? What would help someone remain food secure through this change?

Identifying Program Models

1. Reviewing the list of food access programs for seniors living at home *(see other document)*, which programs are currently available in St John's? Which 5 models would you choose to expand (if already in place) or add? What makes them a good fit? How would people be connected to these services? What would be required to put these programs in place?
2. Are there any specific services or programs in other cities that you think could be successful at addressing food insecurity for seniors aging at home in St John's? Why would it be a good fit?

Local Contextual Factors and Concluding Thoughts

Thinking about the specific context of the City of St John's or Newfoundland more broadly, the culture, infrastructure, weather, politics, social landscape, economics, organizations....

1. What are some local strengths or assets that could be leveraged to help address this issue?
2. What are some local barriers you see making this issue more challenging?
3. Do you have any other thoughts or comments that weren't addressed elsewhere?

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Building a Continuum of Care for Healthy Aging

Food Security Program Menu for Older Adults Aging at Home

PROGRAM MODEL	DESCRIPTION	LEVEL	BARRIERS TARGETED
1. **Senior Food Skills Classes**	General nutrition/cooking classes for seniors that address changing health needs, mobility, medical diets, shopping on a fixed income, etc.	Prevention	Cost, Education, Mobility
2. **Rehab/Therapy/Assessment Following Health Event**	Life events such as injury, disease diagnosis, changing mobility are matched with supports to help OAs adapt their skills and home environment to enable them to meet nutrition needs while aging in place	Prevention	Education, Mobility
3. **Age-Specific Nutrition Assessment**	Seniors at a pre-determined age are automatically linked to an in-home assessment team to help them modify their home environment, learn adapted cooking skills, receive kitchen equipment, etc. to enable them to meet nutrition needs while aging in place	Prevention	Education, Mobility
4. **Food Prescription Program**	Form of social prescribing; medical professionals write prescriptions for specific foods in response to a new health need or for groceries generally	Prevention	Cost, Education
5. **Home Delivered Groceries**	Subsidized groceries are delivered to seniors on a monthly basis; Senior food hamper/basket model	Grocery Assistance	Cost, Transportation
6. **Transportation Assistance**	Senior van service, bus vouchers, or other services to make transportation more accessible or affordable	Grocery Assistance	Cost, Transportation
7. **Mobile Markets**	Pop-up stores usually with lower-cost produce that travel to accessible community locations	Grocery Assistance	Cost, Transportation
8. **Community-Run Programs / Mutual Aid**	Community-run food access such as bulk buying programs, hunting surplus donation, etc.	Grocery Assistance	Cost, Isolation, Transportation
9. **Grocery Delivery/Rideshare Services**	Technology is used to address barriers to food access (delivery apps, ride-shares, self-driving vehicles, etc.)	Grocery Assistance	Transportation, Loss of Independence

10. Volunteer Networks	Formalized networks coordinate volunteers to provide assistance with shopping, cooking, meal delivery	Grocery and/or Meal Assistance	Cost, Isolation, Transportation, Preparation
11. Adult Day Programs	Publicly or privately funded adult day programs where participants are provided with free or low-cost snacks/meals tailored to senior food needs	Meal Assistance	Cost, Isolation, Mobility, Preparation
12. Congregate Meal Programs	Meals are regularly served on-site in a setting such as a faith-based group, community centre, etc.	Meal Assistance	Cost, Isolation, Preparation
13. Home Delivered Meals	Prepared meals are delivered to seniors, emphasis on homebound seniors; aka Meals on Wheels model	In-Home Meal Assistance	Transportation, Isolation, Preparation
14. Home Care: Informal Caregivers	Health Authority provides funds to family/neighbours to provide cooking or meal assistance to seniors	In-Home Meal Assistance	Cost, Isolation, Transportation, Preparation, Mobility
15. Home Care: Professional Caregiver	Seniors independently hire professional staff to assist with in-home meal preparation	In-Home Meal Assistance	Transportation, Preparation, Mobility
16. Home Care: Subsidized Professional Caregivers	Health Authority subsidizes the cost of private home care services for eligible seniors	In-Home Meal Assistance	Cost, Transportation, Preparation, Mobility
17. Home Care: Health Authority Workforce	Health Authority hires, trains, manages a workforce of home care workers	In-Home Meal Assistance	Cost, Transportation, Preparation, Mobility

Works Cited

1. Government of Canada NRC. National Research Council. 2020 [cited 2023 Aug 16]. Aging in Place Challenge program. Available from: https://nrc.canada.ca/en/research-development/research-collaboration/programs/aging-place-challenge-program

2. Office of the Seniors' Advocate. What We Heard: Engagement with Seniors, Family Members and/or Caregivers, and Service Providers [Internet]. 2023 Mar. Available from: https://www.seniorsadvocatenl.ca/pdfs/WhatWeHeard-March27-2023.pdf

3. Health Accord NL. Our province. Our health. Our Future. A 10-Year Health Transformation: The Report. 2022; Available from: https://www.healthaccordnl.ca/final-reports/

4. Newfoundland & Labrador Centre for Applied Health Research. Memorial University of Newfoundland. 2023 [cited 2023 Aug 17]. Research in Place. Available from: https://www.mun.ca/nlcahr/

5. Government of Canada SC. Household food insecurity in Canada early in the COVID-19 pandemic [Internet]. 2022 [cited 2023 Aug 16]. Available from: https://www150.statcan.gc.ca/n1/pub/82-003-x/2022002/article/00002-eng.htm

6. Kansanga MM, Sano Y, Bayor I, Braimah JA, Nunbogu AM, Luginaah I. Determinants of food insecurity among elderly people: findings from the Canadian Community Health Survey. Ageing & Society. 2022 Sep;42(9):2067–81.

7. Basic Income NL [Internet]. [cited 2023 Aug 16]. Basic Income NL. Available from: https://www.basicincomenl.ca

8. Food First NL. Food First NL. 2023 [cited 2023 Aug 16]. Rethinking Food Charity: A Community Conversation. Available from: https://www.foodfirstnl.ca/rethinking-food-charity

9. CSSD. Social and Economic Well-Being - Children, Seniors and Social Development [Internet]. 2019 [cited 2023 Aug 16]. Available from: https://www.gov.nl.ca/cssd/poverty/

10. Wolfe WS, Olson CM, Kendall A, Frongillo EA. Understanding Food Insecurity in the Elderly: A Conceptual Framework. Journal of Nutrition Education. 1996 Mar 1;28(2):92–100.

11. Mills CM RD, MPH, PhD (candidate). Food Insecurity in Older Adults in Canada and the United States: A Concept Analysis. Can J Diet Pract Res. 2021 Dec 1;82(4):200–8.

12. Government of Canada SC. Profile table, Census Profile, 2021 Census of Population - St. John's, City (CY) [Census subdivision], Newfoundland and Labrador [Internet]. 2022 [cited 2023 Aug 16]. Available from: https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

13. World Health Organization. St John's - Age-Friendly World [Internet]. 2023 [cited 2023 Aug 16]. Available from: https://extranet.who.int/agefriendlyworld/network/st-johns/

14. CSSD. Age-Friendly Newfoundland and Labrador Communities Program - Children, Seniors and Social Development [Internet]. 2019 [cited 2023 Aug 16]. Available from: https://www.gov.nl.ca/cssd/grants/age-friendly/

15. Health Accord NL. Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Blueprint Implementation Recommendations from the Strategy Committees and Working Groups. 2022; Available from: https://www.healthaccordnl.ca/final-reports/

16. Community Accounts [Internet]. 2023 [cited 2023 Aug 16]. St. John's Seniors Profile. Available from: https://nl.communityaccounts.ca/profiles.asp?_=vb7En4WVgaauzXRrV1nDxaett7CDmMC9spOrl6CplsPCnqQ_

17. Food First NL. St. John's Food Projects. 2021 [cited 2023 Aug 16]. Eat the City YYT: What We Learned About Food in St. John's. Available from: https://www.foodstjohns.ca/blog/snapshot

18. Government of Canada SC. The experiences and needs of older caregivers in Canada [Internet]. 2020 [cited 2023 Aug 17]. Available from: https://www150.statcan.gc.ca/n1/pub/75-006-x/2020001/article/00007-eng.htm

19. CIHI. Canadian Institute for Health Information. [cited 2023 Aug 16]. Seniors in Transition: Exploring Pathways Across the Care Continuum. Available from: https://www.cihi.ca/en/seniors-in-transition-exploring-pathways-across-the-care-continuum

20. HUD and Homeless, Part 1: Continuum of Care [Internet]. 2021 [cited 2023 Aug 16]. Available from: https://www.youtube.com/watch?v=4apnoezsZfA

21. Community Teams [Internet]. 2021 [cited 2023 Aug 16]. Available from: https://www.youtube.com/watch?v=NluYzqas-zU

22. SeniorsNL. SeniorsNL Annual Report 2021-2022 [Internet]. SeniorsNL; 2022. Available from: https://www.seniorsnl.ca/app/uploads/2023/03/SeniorsNL-Annual-Report-2021-2022.pdf

23. SeniorsNL. Meals on Wheels in NL [Internet]. SeniorsNL. 2023 [cited 2023 Aug 16]. Available from: https://www.seniorsnl.ca/resource/meals-on-wheels-in-nl/

24. 2023 Senior Food Insecurity Forum [Internet]. 2023 [cited 2023 Aug 16]. Available from: https://www.youtube.com/watch?v=7joF-WP1_Rk

25. Russell E, Skinner MW, Colibaba A. Did We Expect Too Much Of Rural Age-friendly Initiatives? Studying the Sustainability and Scope of a Rural Canadian Age-friendly Program. Journal of Rural and Community Development [Internet]. 2021 Jul 12 [cited 2023 Aug 17];16(2). Available from: https://journals.brandonu.ca/jrcd/article/view/1871

26. Hussain Z, Tarasuk V. A comparison of household food insecurity rates in Newfoundland and Labrador in 2011–2012 and 2017–2018. Can J Public Health. 2022 Apr 1;113(2):239–49.

27. Kansanga MM, Batung E, Mohammed K, Sano Y, Taabazuing MM, Luginaah I. Beyond Purchasing Power: The Association Between Sense of Community Belongingness and Food Insecurity Among Older Adults in Canada. Journal of Aging & Social Policy. 2023 Mar 9;1–20.

28. Scott D, Muzychka M. Policy on the Rock: Health, Food, and Poverty Reduction [Internet]. Community Sector Council of Newfoundland and Labrador; 2021. Available from: http://communitysector.nl.ca/vibrantcommunities/policyontherock

29. Sharing the Harvest NL. Sharing The Harvest NL [Internet]. 2022 [cited 2023 Aug 16]. Available from: https://sthnl.ca/

30. Canada I. Backgrounder: Canada and Newfoundland and Labrador invest in public transit infrastructure in St. John's [Internet]. 2023 [cited 2023 Aug 17]. Available from: https://www.canada.ca/en/office-infrastructure/news/2023/04/backgrounder-canada-and-newfoundland-and-labrador-invest-in-public-transit-infrastructure-in-st-johns.html

31. Metrobus. Metrobus. 2023 [cited 2023 Aug 16]. GoBus Accessible Transit. Available from: https://www.metrobus.com/ALF/gobus_info.asp

32. Canadian Association of Occupational Therapists. Aging in Place [Internet]. [cited 2023 Aug 16]. Available from: https://caot.ca/site/adv-news/advocacy/aginginplace

33. Health and Community Services G of N. Community Support Services [Internet]. 2020 [cited 2023 Aug 16]. Available from: https://www.gov.nl.ca/hcs/seniors/community-support-services/

34. BONUS - Tradeoffs: Can Creating New Career Pathways Solve Shortages in Long-Term Care? [Internet]. 2023 [cited 2023 Aug 16]. (Public Health on Call). Available from: https://www.youtube.com/watch?v=z5E4BZGs_1c

35. Wang S, Bolling K, Mao W, Reichstadt J, Jeste D, Kim HC, et al. Technology to Support Aging in Place: Older Adults' Perspectives. Healthcare. 2019 Jun;7(2):60.

36. Food First NL. Food First NL. 2023 [cited 2023 Aug 16]. Food on the Move. Available from: https://www.foodfirstnl.ca/food-on-the-move

37. United Way of British Columbia. Create an Aging in Place Plan | Aging in Place Toolkit [Internet]. [cited 2023 Aug 16]. Available from: https://aginginplaceplan.ca/

38. Food First NL. Food First NL. 2017 [cited 2023 Aug 16]. Healthy Corner Stores NL. Available from: https://www.foodfirstnl.ca/our-projects/healthy-corner-stores-nl