

Community Engagement for Care of Older Adults

Rapid Meta-Narrative Review

April 2024



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Authors:

Janice Sorensen, Ian Fyffe, Sherin Jamal, Kirsten Rossiter, Leah Coppella, Benajir Shams, Paulina Santaella, Simran Dhadda, Catherine Youngren

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Table of Contents

Background.....	5
Engagement with Community and Community Organizations	5
Care of Older Adults in the Community.....	5
Question.....	6
Methods.....	6
Overview.....	7
Figure 1. Community Engagement for Care of Older Adults	9
Guiding Principles of Community Engagement	10
1. Centering Older Adults and their Care Partners	10
2. Inclusivity	10
3. Respect and Understanding	10
4. Trust	10
5. Optimizing Resources	11
6. Shared Goals and Expectations	11
7. Effective Communication.....	11
Approaches to Community Engagement	11
1. Asset Based Community Development (ABCD)	11
2. Community-Based Social Innovations (CBSI)	12
3. Living Labs	12
Practices Used to Engage with Communities	13
1. Asset Mapping	13
2. Needs Assessment	14
3. Community Action Plan for Engagement	14
4. Champions	14
5. Seniors Steering Committee	15
6. Systems-Level Engagement	16
7. Co-Creation.....	16
8. Social Capital	16

Phases in the Engagement Journey	17
1. Initiation	17
<i>Centering Engagement around Older Adults and their Care Partners.....</i>	<i>17</i>
<i>Priority Setting</i>	<i>18</i>
<i>Identifying Key Actors</i>	<i>18</i>
<i>The Application of Tools: Asset Mapping and Needs Assessments.....</i>	<i>18</i>
2. Implementation	18
<i>Multilevel Leadership and a Common Vision</i>	<i>19</i>
<i>Effective Governance and Management.....</i>	<i>19</i>
<i>Developing Diverse Partnerships and Collaborations</i>	<i>19</i>
<i>The Application of Tools: Establishing Evaluative Indicators.....</i>	<i>20</i>
<i>Barriers.....</i>	<i>20</i>
3. Sustainability	20
<i>Community Champions</i>	<i>20</i>
<i>Sustaining Diverse Partnerships and Collaborations.....</i>	<i>21</i>
<i>Continuing Systems-Level Engagement.....</i>	<i>21</i>
<i>Diverse Funding</i>	<i>21</i>
<i>Evaluate, Monitor Progress and Demonstrate Value.....</i>	<i>21</i>
<i>Barriers.....</i>	<i>21</i>
Resources and Tools	22
Table 1. Resources & Tools: Community Engagement for Care of Older Adults	23
References	27
Appendix 1: Sources Table – Key Messages, Resources & Tools.....	35

Background

Engagement with Community and Community Organizations

Engagement is dependent upon engagement-capable environments. Engagement capable environments develop cultures that “recognize and value the wisdom and lived experience” of those involved in the process, both those providing and those receiving care (1). The International Association for Public Participation (IAP2) Public Participation Spectrum includes five levels of engagement: inform, consult, involve, collaborate and empower (2). By community and community organizations engaging with one another at the upper end of this spectrum, there is opportunity to optimize resources, share knowledge, and advance the care of older adults in the community.

Engagement with members of the community and community organizations is seen as a lever for system transformation (3) and increasingly becoming an expectation in health systems worldwide. This is seen through mechanisms such as accreditation standards, funding sources, and legislation that mandates people-centred practices in care, for health system improvements, in research, and in education.

Care of Older Adults in the Community

In 2021, 19% of the Canadian population was aged 65 years or older (4). Health and social service organizations play an essential role in their communities, and in the context of an aging demographic, will be vital to support the needs of older adults to maintain health and well-being at home and in community. These often scarce resources in the community require that they be as efficient as possible and work in collaboration to meet the needs of their communities.

Since the start of the age-friendly movement in 2002 by the World Health Organization (WHO), it has been increasingly recognized that cities and communities needed to advance “policies, services, settings, and structures” to promote “health, participation and security in order to enhance quality of life as people age” (5). To achieve this, eight interconnected domains of age-friendly communities have been proposed: community and health care; transportation; housing; social participation; outdoor spaces and buildings; respect and social inclusion; civic participation and employment; and, communication and information (5). Within communities lay the opportunity to recognize the need for age-friendly ecosystems which foster collective action across age-friendly policies, states, cities, universities, public health and health systems (6).

Within health and social care systems lay the opportunity to integrate community-level services that meet the diverse and complex needs of older people so that they can age in place at home in the community (7). Promising practices for engaging with the community and enabling aging-in-place in Canada include, e.g., Naturally Occurring Retirement Communities (NORC), Community Paramedicine at Clinic (CP@clinic), Navigation – Connecting, Advocating, Resourcing, Engaging (Nav-CARE), Nursing Home Without Walls (NHWW) and social prescribing programs (8). Aside from centering the initiative around older adults, these programs all embody a tremendous amount of inter-organizational engagement at the community level.

This report presents findings from a rapid review on how to successfully initiate, implement and sustain engagement with community and community organizations in care of older adults and aging in place initiatives. Evidence-informed guiding principles, approaches, and practices are provided along with links to practical tools and resources for community engagement.

Question

What community engagement practices / approaches and tools / resources have been used to successfully engage community and community organizations in the care of older people and aging in place initiatives?

Methods

This environmental scan and rapid meta-narrative review of Canadian and international grey and scholarly literature was conducted over 4 months from November 2023 to March 2024 (9). Rapid reviews accelerate the process of traditional systemic reviews by synthesizing knowledge in a time- and resource-efficient manner (10). Also, meta-narrative techniques applied in this rapid review enabled us to identify relevant and diverse sources about community engagement in aging in place initiatives that would be useful for diverse, multidisciplinary stakeholders involved in the care of older people.

An initial scoping search found several bodies of literature from distinct fields that address community engagement for care of older adults (e.g., gerontology, geriatrics, age-friendly community development, age-related social justice, health services and policy, integrated care, co-creation with older adults, etc.). Varying terminology and methods are used by researchers and practitioners in these fields and from different jurisdictions engaged in work on enabling aging in place. This motivated the use of meta-narrative techniques (9) to explore this complex and multidisciplinary topic area.

Meta-narrative search techniques included forward and backward citation searches of seed articles (7,11–23) and handsearching. The main search began with a recent rapid synthesis (16), which eventually led us to a key seed article by Greenfield EA (11) and a rich special issue of the *Journal of Aging & Social Policy* (Vol.34, Iss.2, 2022) for handsearching. Scholarly articles were also found via Google Scholar. Search terms informed by the initial scoping search, included but were not limited to: “age-friendly”, “aging-in-place”, “engagement”, “community engagement”, “older adults”, “asset based community development”, “co-create”, “collaboration”, “living lab”, “social innovation”, “social prescribing”, “trauma-informed”, “toolkit”, “framework”, “implementation guide”, “integrated care”, “partnership”, “service-level”, “system-level”, “meso-level”, “macro-level”, “inter-organizational”, and “inter-agency”. Select combinations of these terms were used in a grey literature search via Google Search Engine. Extensive handsearching was done, such as through online repositories of relevant organisations (e.g., United Nations Decade of Healthy Aging, the Healthy Aging Collaborative Online

Resources and Education (CORE) of the United Way BC) and shared by colleagues working in relevant fields.

In total, 98 sources (61 scholarly and 37 grey literature) were included in the review and assessed by at least two reviewers per source or three reviewers for sources that were contested. Non-English sources that weren't focused on community-level engagement or irrelevant to the posed question were excluded. Our data extraction table included sections: author; title; year; country; source type; key messages; tools and resources; and codes for principles, practices, and approaches to support analysis of themes. The findings were presented according to overarching themes from the literature. Led by Dr. Janice Sorensen, our team had meetings to reflect on the data almost daily during this process to ensure reflexivity. Our findings throughout the process were presented and reviewed by partners at Healthcare Excellence Canada and members of the Long-Term Care and Assisted Living Research Partners Group as a form of peer review.

Overview

This extensive report provides information on evidence-based practices and approaches as well as tools and resources to support successful engagement with community and community organizations in the care of older people and aging in place initiatives. It contains the following sections: “Guiding Principles of Community Engagement”, “Engagement Practices and Approaches”, and “Phases in the Engagement Journey” and “Table 1. Resources and Tools”. The curated Table 1 includes links to key sources providing the best community engagement tools and resources identified in this review. These links to key sources are embedded throughout the sections on practices and approaches and the engagement journey for ease of access.

If you want to know more about how to engage with communities in a good way, review the “Guiding Principles of Community Engagement” section. If you are just starting, in the middle of, or far along in your engagement journey, respectively, refer to the “Initiation”, “Implementation”, and “Sustainability” sub-section of the “Phases in the Engagement Journey”. If you are looking for practical tools with real-world applications, check-out the “Online Repository of Resources”, “Toolkits” or “Case Studies in Table 1. This report is structured in a way that allows you to walk your engagement journey at your own pace, whether that is to find solutions to your current challenge, initiate your engagement journey, or understand how to effectively sustain community engagement.

How to use this report: This report is structured in a way that allows walks you through your engagement journey at your own pace, wherever you may be:

- To get started with engagement in a good way, review the ‘Guiding Principles of Community Engagement’ section.
- Depending where you are on your engagement journey, refer to ‘Initiation’, ‘Implementation’, or ‘Sustainability’ subsections of ‘Phases in the Engagement Journey’.
- For practical tools with real-world applications, see ‘Online Repository of Resources’, ‘Toolkits’, or ‘Case Studies’ in Table 1.

“Figure 1. Community Engagement for Care of Older Adults” incorporates key themes noted through this environmental scan and rapid review. Figure 1 outlines elements for successful engagement. It is depicted as a journey, walkable from start to end or picked up where you find yourself today. You may use this figure to discover where you are at in your community engagement journey or how to prepare for where you’re headed.

- Core to the community engagement journey is centering older adults and their care partners.
- Key guiding principles (beige) based on the literature encircle the actors involved in engagement, including the older adults and their care partners who are core to the engagement and partners from the community and community organizations. The guiding principles outline the values that are foundational for a successful engagement journey and sustainable initiative.
- As we begin our walk, we enter the Initiation (green ring) phase, followed by Implementation (purple ring) and then Sustainability (orange ring).
- Situated throughout these phases are Engagement Practices and Approaches. While Approaches (blue dotted ovals) enclose related Practices (yellow stars and arrows), the oval is dotted to convey that these practices are not mutually exclusive. For example, the practice of Social Capital is an integral part of an Asset Based Community Development approach and can also be applied in a Living Lab and Community-Based Social Innovation.

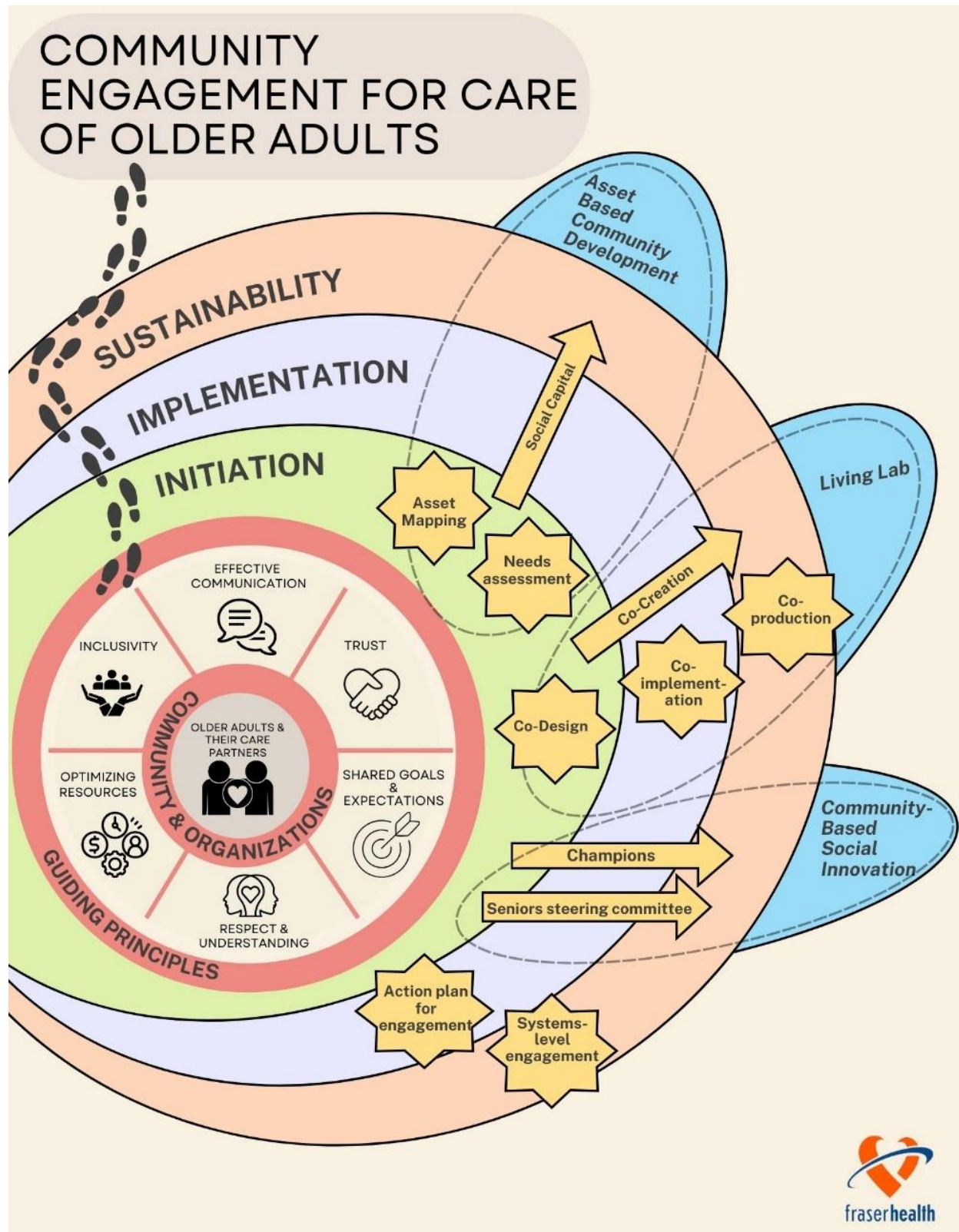


Figure 1. Community Engagement for Care of Older Adults

Guiding Principles of Community Engagement

These guiding principles were developed from the themes discovered in the scholarly and grey literature included in this review. In many of the examples noted from the literature in the care of older adults, these principles appear to be foundational to the work of community engagement **with**, rather than for, those being served, and many are interrelated.

1. Centering Older Adults and their Care Partners

Collaborative aging-in-place initiatives should be centered on older adults and their care partners (7,24–60). The goal of improved health and well-being of older adults should permeate all aspects of the work. Further, promoting these values will make it easier to connect with other potential partners due to shared values. However, promoting these values and acting upon them are two different things. Older adults and their care partners need to be involved in the initiative in as many ways as possible such as populating advisory committees, volunteer roles and staff roles as well.

Ensuring that an initiative is centered around older adults and their care partners is critical for several reasons. First, it helps to keep the initiative on track by having a common goal or purpose for those involved. Second, it allows for the outcomes of the project to be geared towards the betterment of older adults. Third, it guarantees that the project aims are true to the actual versus perceived needs of older adults.

2. Inclusivity

Age-friendly initiatives should be inclusive (43,61,62) and provide equal access to opportunities to participate. Since older adults are such a diverse group, it is important to consider who may be left out such as individuals who have physical or mental disabilities or belong to minority groups and make every effort to include them. Including diverse perspectives will strengthen the initiative by making it more reflective of the needs of society at large. For key stakeholders, it is suggested that one includes older adults, people from various socio-economic levels, different cultural or ethnic groups, First Nations communities, LGBTQ2S+ members, and people with sound community knowledge (63). Include key stakeholders that are passionate about older adults and have the political will, resources, and time to help the initiative become successful.

3. Respect and Understanding

Community-level engagement initiatives for supporting older adults should be respectful (25,64,65). However, due regard and consideration for others is not enough during a collaboration, because it is also important that individuals are understood as well as respected. Respect, understanding and trust can foster a compassionate lens among stakeholders in the collaboration in alignment with trauma-informed practices (66,67).

4. Trust

Trust is essential in collaborative aging-in-place initiatives (33,38,43,49,53,59,64,68–72). Believing in the reliability and truthfulness of others involved in the collaboration is critical to the willingness to engage in such processes as sharing information,

resources, and expertise. It is important to take a long-term view to the collaboration, as trust develops over time (33). Trust also affects individual's dedication to the initiative.

5. Optimizing Resources

Optimizing resources among age-friendly collaborations in the community is a strength-based approach (7,27,37,42,53,62,63,68,73–81). It is key for collaborating organizations to share information, resources, and expertise to complete goals and tasks in order to save time and money (75,78). This requires a collaborative mindset as opposed to a competitive one.

6. Shared Goals and Expectations

Shared goals in collaborative age-friendly initiatives are vital (12,24,38,40,64,68,77,78,80,82,83) as they relate to the purpose of the initiative and how cohesive the group will be when engaging in tasks together. Expectations are also important because those involved should clearly understand their roles and responsibilities to avoid potential misunderstandings. Without an alignment in shared goals and expectations, cooperation on the age-friendly initiative could be strained. Similarly, the misunderstanding of goals is noted as a factor that jeopardizes inter-agency collaborations (78).

7. Effective Communication

The effective exchange of information and ideas is fundamental to any age-friendly community collaboration. Continuous and transparent communication allows for the growth and sustainment of relationships between organizations. This is why numerous researchers have identified communication as a key element during collaborative initiatives (43,49,54,60,63,68,78,79,82,84–88). It has been noted that regularly holding non-hierarchical, inclusive, and trusting meetings is one way to sustain effective communication (43).

Approaches to Community Engagement

Three main approaches for community engagement emerged from the literature. These approaches include engagement practices applied in a structured way to enhance community engagement. Included in the description of each approach are helpful tools and resources specific for community engagement in the care of older people and aging in place initiatives. These approaches are depicted in Figure 1 in blue with dotted ovals.

1. Asset Based Community Development (ABCD)

Central to ABCD are social relationships and the mobilization of social capital (41,71,89). Through this approach, communities can foster development by identifying, connecting, and using existing assets such as associations, networks, and extended families (41). After identifying assets of a community, connections are made between people and places (41). Ultimately, the skills and experience that citizens have are shared with others to make the community a better place to live. ABCD can help older

adults remain living independently at home for longer through the assistance of formal and informal community assets (41). Community organizations and institutions play a supporting role by engaging and integrating their assets and services so that older citizens in the community can be better off.

Asset Based Community Development Resources and Tools:

“Integrated Community Care” (89) resources includes as a key approach and case study on Asset Based Community Development and other approaches (e.g., Compassionate Communities, Vibrant Communities Approach, Kinder Community Approach) along with several case examples. Another resource, “Tamarack Institute” (90), provides an online repository of guides, case studies and other resources on community development and engagement (amongst other practice areas), and includes a guide on Asset Based Community Development as well as access to communities of practice and webinars.

- [Integrated Community Care Approaches - Asset Based Community Development](#) (TransForm Integrated Community Care, 2024)
- [Tamarack Institute](#) (Tamarack Institute, 2024)

2. Community-Based Social Innovations (CBSI)

Central to CBSIs is the outcome of well-being (30,34,37). CBSIs are initiatives that encourage older adults to improve their ability to care for themselves and their peers, develop social cohesion and inclusiveness. These initiatives empower and engage both people and communities and help to build trust and social networks to support older adults (37). CBSIs also engage with coordinated health and social care providers to develop people-centered services, which is an important sustainability factor.

Community-Based Social Innovations Resources and Tools:

“Understanding Community-based Social Innovations for Healthy Aging” (37) provides a typology of community-based social innovations featuring ten case studies and scorecard for defining features. Another resource, “Co-creating Urban Transformation – A Toolkit” (91) provides a guide of tools, templates and exercises in applying the social innovation approach with community listening tools and field examples to assist with adaptation in different contexts.

- [Understanding Community-Based Social Innovations for Healthy Aging](#) (Ghiga, I. et al. 2018)
- [Co-Creating Urban Transformation – A Toolkit](#) (United Nations Development Programme, 2023)

3. Living Labs

Living labs apply a process of innovation where products and services are created with the engagement of users. This may occur in short, medium-term or long-term duration in a variety of settings such as personal homes, community centers, (69) or universities (29). Living labs have greater value when they co-create or promote engagement with users throughout the process (69). Some living labs focus on the development of products and services specifically for older adults and care partners. When services are

co-created with older adults, it is recommended that all the stakeholders for ageing well are included such as existing associations, business entities and policy-makers (29).

Living Lab Resources and Tools:

Two key resources about Living Labs are from Europe. “Seniors Living Lab: An Ecological Approach to Foster Social Innovation” (29) provides a description of key practices used in seniors living labs (e.g., user-centred techniques for needs identification, key stakeholder mapping, co-creation) and two case studies in implementation. “Seniors Living Lab and Long-Term Care” (92) is a single case study providing a blueprint of sustainable and successful interdisciplinary collaboration using “linking pins”, a team approach and resource swapping between organizations.

- [Seniors Living Lab: An Ecological Approach to Foster Social Innovation](#) (Angelini, L. et al., 2016)
- [Seniors Living Lab and Long-Term Care](#) (Verbeek, H. et al., 2020)

Practices Used to Engage with Communities

From the rapid review and environmental scan, a number of engagement practices emerged which include actions, initiatives and strategies to engage with communities. Below, we outline a number of these practices, as well as resources and tools that illustrate how they have been used. As noted in Figure 1, many of these practices align with specific approaches described above, but can be used in any of the approaches depending on need.

1. Asset Mapping

Asset mapping is an important component of initiatives for older adults in the community (35,52,87,93,94). Asset mapping is a community redevelopment process where a community’s strengths and assets are identified, described, and often depicted graphically on a map. Through asset mapping solutions can be uncovered, organizations to engage can be identified and program decisions can be made.

Asset Mapping Resources and Tools:

Several resources provide links to toolkits, tools, resources, and templates for asset mapping. For example, the St. Louis County Municipal Toolkit in the “WHO Age-Friendly World” (94) online repository includes a link to asset mapping. “Conceptualizing & Implementing Social Prescribing Programs” (93) provides guidance on asset mapping and adaptations for local needs and circumstances (e.g., geography, populations). The “Intergenerational Contact Guide” (52) includes a template for asset mapping.

- [WHO Age-Friendly World - Asset Mapping](#) (World Health Organization, 2024)
- [Conceptualizing & Implementing Social Prescribing Programs](#) (Wadman, A. et al, 2023)
- [Intergenerational Contact Guide](#) (World Health Organization, 2023)

2. Needs Assessment

Numerous researchers have identified needs assessment as an essential planning exercise for initiatives centered around older adults in the community (74,95,96). A needs assessment is a process that produces information about social needs or issues in a community and determines which issues should be highlighted for action. Examples of social needs or issues for older adults in the community include transportation, home care, as well as loneliness and social isolation.

Needs Assessment Resources and Tools:

The following resources provide links to toolkits and tools for needs assessment. The St. Louis County Municipal Toolkit in the “WHO Age-Friendly World” (94) online repository includes a link to needs assessment. The “Age-Friendly Community Planning Guide” (95) also provides information on needs assessment and has a link to a supporting toolkit with useful tools.

- [WHO Age-Friendly World - Needs Assessment](#) (World Health Organization, 2024)
- [Age-Friendly Community Planning Guide](#), (Government of Ontario, 2021)

3. Community Action Plan for Engagement

A community action plan is another important item for initiatives assisting older adults in the community (24,63,68,74,85,95). A community action plan is a document that helps to prioritize community needs by setting goals and objectives. The action plan can be a part of a wider strategic plan for your community or actions of the initiative can be combined into existing processes and priorities (63).

Community Action Plan for Engagement Resources and Tools:

Three resources from Canada provide information and tools on developing action plans. The “Age-Friendly Community Planning Guide” (95) provides information on action plans and a link to a supporting toolkit with templates to support the development of action plans. “Age-Friendly Communities Canada – Implementation Toolkit” (63) also provides information for developing action plans. “Collaborative Partnerships in Age-Friendly Cities: Two Case Studies” (24) includes diverse cases from Quebec illustrating the importance of action plans for implementing age-friendly cities.

- [Age-Friendly Community Planning Guide](#) (Government of Ontario, 2021)
- [Age-Friendly Communities Canada – Implementation Toolkit](#) (Public Health Agency of Canada, 2012)
- [Collaborative Partnership in Age-Friendly Cities: Two Case Studies](#) (Garon, S. et al., 2014)

4. Champions

Champions are critical to successful initiatives for older adults in the community (17,38,55,74,97,98). They are people who “shoulder the workload” by leading grant applications, organizing committee formation and structure, and transforming needs assessment recommendations into action (17). Community champions are very important in obtaining funding and continuing momentum during the first and second

year of an initiative (17). Research has shown that age-friendly initiatives that do not have a community champion or champions are more likely to be unsustainable (17).

However, the overreliance upon one individual or even a small group of individuals can lead to burnout. Volunteer burnout and limited committee capacity have been found to be contributors to unsustainable age-friendly initiatives (17). This is particularly salient when initiatives do not have a community champion and are performed by volunteers or individuals with other non-age-friendly duties or roles (17).

Champions Resources and Tools:

Several resources illustrate the importance of champions in strengthening social connections and sustaining age-friendly initiatives. “Neighbourhood Toolkit: Strengthening Seniors’ Social Capital” (38) provides successful examples from Nanaimo, Canada and best practices from Canada and abroad. A case study “Sustaining Age-Friendly Initiatives – Qualitative Article” (17) demonstrates the need for and role of community champions is sustainment. “Guiding Principles: Age-Friendly Community Sustainability” (55) provides a framework of principles and strategies for sustaining age-friendly initiatives including the involvement of champions among other strategies.

- [Neighbourhood Toolkit: Strengthening Seniors’ Social Capital](#) (Government of Canada, 2019)
- [Sustaining Age-Friendly Initiatives – Qualitative Article](#) (Russell, E. et al., 2022)
- [Guiding Principles: Age-Friendly Community Sustainability](#) (Grantmakers in Aging, 2015)

5. Seniors Steering Committee

Seniors steering committees are a useful component of collaborative initiatives for seniors in the community (24,28,48,57,63,98). These committees are an advisory council consisting of older adults and/or their care partners that help to guide an aging-in-place initiative so that it remains relevant to the needs of older adults in the community.

Seniors Steering Committee Resources and Tools:

“Healthy Aging Collaborative Online Resources & Education (CORE)” (73) provides extensive resources such as toolkits, checklists and materials on a number of topics including seniors’ committees as well as training & events among other components. “Collaborative Partnerships in Age-Friendly Cities: Two Case Studies” (24) illustrates the importance of seniors steering committees in implementation of age-friendly initiatives. Another resource, “WHO Age-Friendly World” online repository includes a link to older adult commission within the St. Louis County Municipal Toolkit (99).

- [Healthy Aging Collaborative Online Resources & Education \(CORE\)](#) (United Way, 2024)
- [Collaborative Partnership in Age-Friendly Cities: Two Case Studies](#) (Garon, S. et al., 2014)
- [WHO Age-Friendly World - Older Adult Commission](#) (World Health Organization, 2024)

6. Systems-Level Engagement

Systems-level engagement refers to involving municipal, provincial, and/or federal government entities in a collaborative age-friendly initiative (7,17,50,55–57,74,76,77,84,98,100–104). It has been noted that permanently situating age-friendly initiatives within local governments is one way to attain sustainability (17). Due to their relationship with initiative sustainability, partnerships with those in government positions can be among the most important.

Systems-Level Engagement Resources and Tools:

“Integrated Care for Older People (ICOPE) Framework” (7) provides an implementation scorecard and framework with nineteen key actions in service and system levels, the latter including governance and accountability. “Guiding Principles: Age-Friendly Community Sustainability” (55) provides a framework of principles and strategies for sustaining age-friendly initiatives including systems-level involvement among other strategies.

- [Integrated Care for Older People \(ICOPE\) Framework](#) (World Health Organization, 2019)
- [Guiding Principles: Age-Friendly Community Sustainability](#) (Grantmakers in Aging, 2015)

7. Co-Creation

Co-creation refers to end-user engagement in interactive development of ideas and concepts from beginning to end. Co-creation with older adults typically focuses on products and services to improve lives of seniors (27,31,43,47,50,62,69,70,91,105). For aging-in-place initiatives, co-creation plays a role with continual involvement of seniors in the co-design, co-planning, co-implementation, and sustainability of the initiative.

Co-Creation Resources and Tools:

Three key resources illustrate co-creation in various contexts. “Seniors Living Lab: An Ecological Approach to Foster Social Innovation” (29) provides a description of key practices used in seniors living labs (e.g., user-centred techniques for needs identification, key stakeholder mapping, co-creation) and two case studies in implementation. “Co-creating Urban Transformation – A Toolkit” (91) provides a guide of tools, templates and exercises in applying the social innovation approach with community listening tools and field examples to assist with adaptation in different contexts. And “Co-Design to Improve Housing of Older Adults” (47) provides two case studies illustrating how to conduct a 5-day co-design sprint engaging older adults.

- [Seniors Living Lab: An Ecological Approach to Foster Social Innovation](#) (Angelini, L. et al., 2016)
- [Co-Creating Urban Transformation – A Toolkit](#) (United Nations Development Programme, 2023)
- [Co-Design to Improve Housing of Older Adult](#) (Nordin, S. et al., 2023)

8. Social Capital

Social capital is a tool for change for many different approaches that assist older adults in the community (27,39,42). Social capital refers to the networks of relationships among those in a society that allow for individuals to work together to achieve a

common purpose. Through social capital, individuals can obtain desired outcomes such as securing benefits and solving problems. In this way, social capital can assist older adults to live longer independently in the community as well as reduce loneliness and social isolation.

Social Capital Resources and Tools:

Several resources provide information on social capital and building networks between older adults through case studies, toolkits and age-friendly practices. The “Neighbourhood Toolkit: Strengthening Seniors’ Social Capital” (38) provides successful examples from Nanaimo, Canada and best practices from Canada and abroad. The “WHO Age-Friendly World” (106) online repository is a rich resource that contains toolkits such as the ‘St. Louis County Municipal Toolkit’, global database of age-friendly practices and much more. “Integrated Community Care Approaches” (89) contains multiple approaches and case studies. “Conceptualizing & Implementing Social Prescribing Programs” (93) provides several links to tools and resources on adaptations for local needs and circumstances (e.g., geography, populations).

- [Neighbourhood Toolkit: Strengthening Seniors’ Social Capital](#) (Government of Canada, 2019)
- [WHO Age-Friendly World](#) (World Health Organization, 2024)
- [Integrated Community Care Approaches - Asset Based Community Development](#) (TransForm Integrated Community Care, 2024)
- [Conceptualizing & Implementing Social Prescribing Programs](#) (Wadman, A. et al, 2023)

Phases in the Engagement Journey

The World Health Organization (WHO) Integrated Care for Older People (ICOPE) implementation framework (7) inspired the inclusion of “phases in the engagement journey”, which was further informed by sources referenced in this section. The WHO ICOPE framework includes 19 service- and system-level actions (e.g., engagement practices) aimed at improving the design and delivery of integrated care for older adults in community settings. The framework includes actions needed as initiatives progress and described below as phases of initiation, implementation, and sustainability. You will note the guiding principles described earlier in this report are threaded throughout these phases of engagement.

1. Initiation

Centering Engagement around Older Adults and their Care Partners

Linked to the guiding principles, core to any initiative on aging-in-place is the desire to improve health and well-being of older adults and their care partners, permeating all aspects of the aging-in-place initiative and creates shared goals with other potential partners. Importantly, the involvement of older adults and their care partners throughout the initiative in as many ways as possible is an important aspect to consider when being this work. Structures such as advisory committees or seniors steering committees (63) have shown to be effective, as well as volunteer and staff roles for older adults as well.

Priority Setting

Aging-in-place approaches are incredibly comprehensive. Older adults may have issues with physical health, mental health, activities of daily living, transportation, food insecurity, housing, social isolation, digital literacy, elder abuse, and/or poverty. An initiative that attempts to solve all these aspects of aging separately in the community is more likely to be unsuccessful than one that has undergone priority setting activities. One method of priority setting is conducting a needs assessment for a community. More information on needs assessments can be found in the practices and approaches section.

Identifying Key Actors

Once priorities have been identified, key actors should be identified as well. A key actor is a stakeholder that either is, or will be, directly involved in aging-in-place initiatives. A key actor may be an individual from a municipality, business, school, health care organization, media organization, committee or volunteer group (17). It is suggested to include key stakeholders and older adults, people from various socio-economic levels, different cultural or ethnic groups, First Nations communities, LGBTQ2S+ members, and people with sound community knowledge (63). There are no boundaries as to who can be a key actor, but these individuals are passionate about older adults and have the political will, resources, and time to help the initiative become successful.

The Application of Tools: Asset Mapping and Needs Assessments

Asset mapping should be a participatory and inclusive process that helps create an inventory of resources within a particular community (94). For asset mapping an age-friendly initiative, the World Health Organization webpage *WHO Age-friendly world – Asset mapping* is a handy resource. It describes why and how to asset map with geographic information systems software or by hand.

The purpose of a community needs assessment is to “guide future policies and programming as it relates to building your age-friendly community” and help “share information with residents and stakeholders” (96). For developing a community needs assessment for an age-friendly initiative, the World Health Organization webpage *WHO Age-friendly world – Community needs assessment* is a useful resource. It provides a detailed account of what are the components of an assessment and how to use the assessment.

Initiation Resources and Tools:

- [ABCD Get Started](#) (Tamarack Institute, 2024)
- [Co-Design to Improve Housing of Older Adults](#) (Nordin, S. et al., 2023)
- [Integrated Care for Older Adults with Complex Health Needs](#) (Horgan, S., 2020)

2. Implementation

The Public Health Agency of Canada’s (2012) *Age-friendly communities in Canada: Community implementation guide* (63) is a great resource providing step-by-step

guidance for developing an age-friendly initiative. It includes how to assess the age-friendliness of your community, get people involved, set goals, create a plan, carry out the plan, assess whether you have accomplished the goals in your plan, and share the results with others.

Multilevel Leadership and a Common Vision

Multilevel leadership refers to the political will and commitment to become age-friendly and it is crucial but not sufficient at the community level (12). Being connected with individuals in government that share a common understanding of age-friendly initiatives can help to obtain funding and help develop partnerships through networking. On the other hand, the capability of a community to become age-friendly is adversely affected when high-level leadership is absent (77).

However, high-level leadership could pose a problem if a common vision is lacking. Possessing a common vision is important in order to be aligned toward common goals or objectives. Without this alignment, cooperation on the age-friendly initiative could be strained. This point is critical for inter-organizational engagement and intra-organizational engagement such as systems-level integration initiatives as well.

Effective Governance and Management

Research has found that a diverse age-friendly steering committee including both government representation and older adults is essential (24,74,77). These older adults are particularly important to direct the initiative toward areas of need in community service delivery. Leveraging lived experience is critical to discovering this information.

It is also important that staff should have the abilities to support the age-friendly initiative including current literature and research (12). The roles and responsibilities of the staff and steering committee should be clearly distinguished (74,104). This can be clarified with a terms of reference. Without this delineation between staff and volunteers, one issue can arise when volunteers without necessary skills are asked to perform duties that they are unequipped to complete, such as grant writing (107).

Developing Diverse Partnerships and Collaborations

This refers to partnerships across government departments, with nongovernmental organizations, with the private sector and with researchers (12). Researchers can assist in ensuring that action plans are developed based on needs and resource assessments (24,77) and ensure rigour with implementation and evaluation (44,77) .

However, conflicts can arise among partners as well. These conflicts can include who should lead the age-friendly initiative (77,107), who receives funding (48), as well as who owns equipment obtained for the initiative (107). These conflicts can lead to the fragmentation of goals.

It is critical that partnerships are initiated with humility, trustworthiness, and clear objectives. Since funding is scarce, potential partners must be ensured that the initiator is a collaborator and not a competitor. Further, it is entirely plausible that an age-friendly

collaboration will decrease the workload of organizations already assisting older adults. But, it is also noteworthy that partnerships – and trust – take time to develop (78).

The Application of Tools: Establishing Evaluative Indicators

Once a community needs assessment has been conducted, evaluative indicators should be established. These indicators assess where a community is at in terms of the aspects of health that are being intervened by an age-friendly initiative. It is important that baselines for evaluation are determined so that comparisons can be shown before and after an intervention. The Public Health Agency of Canada (2015) (108) offers the *Age-friendly communities evaluation guide: Using indicators to measure progress*. The guide comes with a toolbox with more than 20 tools as well as guidance on how to collect different types of information in an inclusive way.

Barriers

Auschra (2018) (100) conducted a literature review on inter-organizational barriers. These barriers related to the implementation phase included but are not limited to: lack of organizational resources and external funding; differences regarding collaboration design and aims; power imbalances and conflicts; incompatible organizational structures; regulations; organizational versus collective interests; historical developments; cultural distance between organizations; former collaboration experiences; lack of technological standards; resistance to change; different professionalization; confidentiality issues; and lack of mutual understanding

Implementation Resources and Tools:

- [Age-Friendly Communities Canada – Implementation Toolkit](#) (Public Health Agency of Canada, 2012)
- [Seniors Living Lab: An Ecological Approach to Foster Social Innovation](#) (Angelini, L. et al., 2016)
- [Implementation Rubric: Integrated Care for Older Adults with Complex Needs](#) (Horgan, S., 2020)
- [Collaborative Partnership in Age-Friendly Cities: Two Case Studies](#) (Garon, S. et al., 2014)

3. Sustainability

Community Champions

Community champions are individuals, typically volunteers or sometimes municipal employees, that sustain the momentum of the initiative by promoting age-friendliness and spurring people into action (12). These champions do such tasks as lead grant applications, obtain funding, organize committee formation, and convert needs assessment recommendations into action (17). Research has shown that age-friendly initiatives that do not have community champions are likely to be unsustainable (17).

However, the overreliance upon one individual or even a small group of individual champions can lead to burnout. Volunteer burnout and limited committee capacity have been found to be contributors to unsustainable age-friendly initiatives (17). This is particularly salient when initiatives do not have a community champion and are performed by volunteers or individuals with other non-age-friendly duties or roles (17).

Sustaining Diverse Partnerships and Collaborations

Partnerships of age-friendly initiatives occur with “municipalities, business, schools, health care services and organizations, media, and other committees and volunteer groups, seeking out in-kind sponsorships, shared space, student volunteers, and marketing and promotion assistance” (17)(p. 208). In order to sustain these diverse partnerships and collaborations, it is important that the following exist: shared vision, effective communication, enough time to build relationships, shared expertise and resources, and strong leadership (78). Of these factors, one is not considered more important than another since they all contribute to successful collaborations.

Continuing Systems-Level Engagement

Age-friendly initiatives that are permanently embedded within local governments are found to be more sustainable (17). The stronger and more direct the municipal connection is, the more sustainable the initiative. Long-term support for the age-friendly initiative at the municipal level occurs by way of the integration of the age-friendly initiative in ongoing activities such as budgets, municipal plan, projects, and development approvals (17). Without this ongoing municipal support, committees had difficulty bringing members together efficiently. Active support at the regional (provincial) or national level is also an asset to long-term sustainability.

Diverse Funding

Financial support for age-friendly initiatives often come via age-friendly grants at the provincial level in Canada (12,17). However, it is particularly important for initiatives that do not have consistent funding to diversify their funding sources (55). This can ensure sustainability as many age-friendly grants are time limited.

Evaluate, Monitor Progress and Demonstrate Value

In order to monitor progress, measures should be consistent at all timepoints. For example, if the De Jong Gierveld 11-item loneliness scale is used at time 1, then it should be used again at time 2. Measuring outcomes of interest are important to demonstrate value to funders and to the community as well. Again, The Public Health Agency of Canada (2015) *Age-friendly communities evaluation guide: Using indicators to measure progress* (108) is a useful tool to consider during this phase.

Barriers

Auschra (2018) (100) conducted a literature review on inter-organizational barriers. These barriers related to the sustainability phase included but are not limited to: lack of leadership and coordination; lack of communication; missing actors; and lack of information exchange.

Sustainability Resources and Tools:

- [Sustaining Age-Friendly Initiatives – Qualitative Article](#) (Russell, E. et al., 2022)
- [Guiding Principles: Age-Friendly Community Sustainability](#) (Grantmakers in Aging, 2015)
- [Seniors Living Lab and Long-Term Care](#) (Verbeek, H. et al., 2020)
- [Sustainable Collaboration](#) (Tamarack Institute, 2024)

Engagement Journey Resources and Tools:

- [Integrated Care for Older People \(ICOPE\) Framework](#) (World Health Organization, 2019)
- [National Programmes for Age-Friendly Cities and Communities](#) (World Health Organization, 2023)
- [Plan, Implement, Evaluate & Sustain - Free E-Learning Modules](#) (Ontario Age-Friendly Communities Outreach Program, 2023)
- [Rural Aging in Place Toolkit](#) (U.S. Department of Health & Human Services, 2024)

Resources and Tools

The following table has links to helpful tools and resources supporting community engagement for care of older adults and aging in place initiatives. “Online Repository of Resources” feature dynamic databases of reports, tools, resources, networks, events, and/or education opportunities. Toolkits often contain multiple resources and tools. Case Studies outline how others have engaged in their unique contexts, providing inspiration or new perspectives for your own engagement.

Below is a table with comprehensive resources followed by more specialized tools for a specific engagement approach, practices, or phase(s). It provides resources from the Canadian level (Government of Canada, Public Health Agency of Canada, United Way) to the international level (e.g., WHO, United Nations).

Table 1. Resources & Tools: Community Engagement for Care of Older Adults










































Table Legend:  Online Repository of Resources  Toolkit  Case Studies	
 Initiation  ABCD / Social Capital	 Implementation  Community Based Social Innovation
	 Sustainability  Living-Lab / Co-Creation
Resources & Tools	Description
Tamarack Institute <i>Tamarack Institute, 2024</i>         	Resources (blog, publications, podcast, videos, library), Events (Community Engagement Course, ABCD CoP) Learning Centre (Community Engagement, Community Innovation), ABCD Get Started , Living Lab , Sustainable Collaboration , Vibrant Communities
WHO Age-Friendly World <i>World Health Organization, 2024</i>        	Global Network ; Global Database of Age-friendly Practices ; Resource Library : Case Studies , Guides & Toolkits , Webinar Series , MENTOR-AFE ; e.g., St. Louis County Municipal Toolkit: Needs Assessment , Asset Mapping , Older Adult Commission
Decade of Healthy Aging: The Platform <i>United Nations, 2024</i>      	VOICES (stories, interviews, quotes/multimedia, voices); RESOURCES (publications, reports, & other knowledge); CONNECT (collaboration hub); INNOVATE (innovation hub); SUPPORT (toolkits & training); Partnering Kit , Decade Pledge , Healthy Ageing Collaborative
Healthy Aging Collaborative Online Resources & Education(CORE) <i>United Way, 2024</i>      	Resources (toolkits, checklists & materials on age friendly communities, ageism, seniors' committees, volunteer management & supporting older adults), Trainings & Events , Groups , Funding Opportunities , Network Partner & Organizations , News , Canadian Summit
Integrated Community Care Approaches & Case Studies <i>TransForm Integrated Community Care, 2024</i>   	Approaches: Asset Based Community Development , Compassionate Communities , Vibrant Communities Approach , Kinder Community Approach ; Cases e.g., Ageing Better Together , NWGA , Life Well Feel Better , Neighbourhoods of Solidarity , Foton , Progetto Prisma





































Table Legend:  Online Repository of Resources  Toolkit  Case Studies	
 Initiation	 Implementation
 ABCD / Social Capital	 Community Based Social Innovation
	 Sustainability
	 Living-Lab / Co-Creation
Resources & Tools	Description
National Programmes for Age-Friendly Cities and Communities <i>World Health Organization, 2023</i>     	A Guide & Toolkit for forming & sustaining age-friendly environments to age well in a place; step-by-step framework on planning, implementation, evaluation, and reflection including partnerships, networking & stakeholders; detailed case studies; key contacts for support.
Co-Creating Urban Transformation – A Toolkit <i>United Nations Development Programme, 2023</i>    	Co-created guide of tools, templates, & exercises in applying the social innovation approach with community listening tools; field examples to assist with adaptation in different contexts.
Neighbourhood Toolkit: Strengthening Seniors' Social Capital <i>Government of Canada, 2019</i>    	Toolkit of ideas, strategies, and resources to strengthen social connections among seniors & others in their neighbourhoods (e.g., social capital, champions, exploring needs / assets); successful examples from Nanaimo, Canada and best practices from Canada & abroad.
Age-Friendly Community Planning Guide <i>Government of Ontario, 2021</i>    	General resource with a link to a supporting toolkit , includes information on needs assessments, action plans and evaluation.
Rural Aging in Place Toolkit <i>U.S. Department of Health & Human Services, 2024</i>    	Modules: Getting Started; Implementation; Evaluation; Funding & Sustainability. Topics: e.g., assessing needs, identifying & engaging partners.
Developing a Livable Community for All Ages <i>Partners for Livable Communities, 2007</i>   	Blueprint that can be used as a quick-reference kit with links to resources & best practices on, e.g., community partnerships, building collaborative relationships, community assessment. Also includes a checklist on community age-readiness.
Age-Friendly Communities Canada – Implementation Toolkit <i>Public Health Agency of Canada, 2012</i>   	Guide to create age-friendly communities from planning to implementation; information on stakeholder identification, community assessment, action plans, and evaluation.






























































Table Legend:  Online Repository of Resources  Toolkit  Case Studies	
 Initiation	 Implementation
 ABCD / Social Capital	 Community Based Social Innovation
	 Sustainability  Living-Lab / Co-Creation
Resources & Tools	Description
Age-Friendly Communities Evaluation Guide <i>Public Health Agency of Canada, 2015</i>   	Includes tangible progress indicators; a toolbox with 20+ tools & inclusive guidance on such topics as communication and conducting focus groups.
Integrated Care for Older People (ICOPE) Framework <i>World Health Organization, 2019</i>   	ICOPE implementation score card (self-assessment tool) & framework with 19 key actions in service level (engaging & empowering community; coordination of care providers; community-based care) and system level (governance & accountability; strengthening).
Conceptualizing & Implementing Social Prescribing Programs <i>Wadman, A. et al, 2023</i>   	Several links to tools & resources on, e.g., asset mapping and adaptations for local needs & circumstances (e.g., geography, populations).
Community-Based Social Innovations for Healthy Aging <i>Ghiga, I. et al. 2018</i>  	Typology of community-based social innovations featuring 10 case studies from middle income countries; score card for defining features (linkages, beneficiary agency, scale).
Seniors Living Lab: Ecological Approach to Foster Social Innovation <i>Angelini, L. et al., 2016</i>   	Description of key practices used in seniors living labs (see section 4 - e.g., mapping of key stakeholders, user-centred techniques to identify needs, co-creation); case studies on implementation (see section 5).
Seniors Living Lab and Long-Term Care <i>Verbeek, H. et al., 2020</i>     	A blueprint of sustainable and successful interdisciplinary collaboration using 'linking pins', a team approach and resource swapping between organizations.
Collaborative Partnership in Age-Friendly Cities: Two Case Studies <i>Garon, S. et al., 2014</i>   	Case studies on implementation that illustrate the importance of action plans and seniors steering committees.
Environmental Scan of Healthy Aging Strategies <i>Jeffery, B. et al., 2018</i>   	Scan of healthy aging frameworks & strategies in Canada. Identifies the importance of multi-sectoral collaborations & developing a monitoring & reporting framework.

Table Legend:  Online Repository of Resources  Toolkit  Case Studies	
 Initiation  ABCD / Social Capital	 Implementation  Community Based Social Innovation
	 Sustainability  Living-Lab / Co-Creation
Resources & Tools	Description
Intergenerational Contact Guide <i>World Health Organization, 2023</i>   	Includes many templates and checklists such as asset mapping, planning an intergenerational project, planning project activities, evaluating a plan, etc.
Co-Design to Improve Housing of Older Adults <i>Nordin, S. et al., 2023</i>   	Two case studies illustrating how to conduct a 5-day co-design sprint engaging older adults with reflections on: fostering commitment & knowledge exchange; defining roles & responsibilities; level of engagement; expectation management.
Plan, Implement, Evaluate & Sustain - Free E-Learning Modules <i>Ontario Age-Friendly Communities Outreach, 2023</i>   	Free e-learning course on different elements of the journey to creating age-friendly communities from planning to sustainability.
Inter-Agency Collaboration for Seniors' Services <i>Tong, C.E. et al., 2018</i>    	Case study on a successful inter-agency collaboration at a community hub that includes a levels of collaboration survey resource.
Integrated Care for Older Adults with Complex Health Needs <i>Horgan, S., 2020</i>  	Design Elements ; Conceptual Model ; Logic Model ; Implementation Rubric
Guiding Principles: Age-Friendly Community Sustainability <i>Grantmakers in Aging, 2015</i> 	Framework of principles & strategies for sustaining age-friendly initiatives including: building public will; engaging across sectors; utilizing metrics; securing resources; advancing age friendly public policies, practices & funding; systems-level involvement and champions.
Sustaining Age-Friendly Initiatives – Qualitative Article <i>Russell, E. et al., 2022</i>  	Demonstrates that sustainable initiatives should include community champions, multi-disciplinary and cross-sector collaborations, & systemic municipal involvement.

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Appendix 1: Sources Table – Key Messages, Resources & Tools

Note: Grey literature is in rows shaded in grey and scholarly literature is unshaded. Sources are listed in alphabetical order by author.

Source	Key Messages, Resources & Tools
<p>The Seniors' Community Hub: An integrated model of care for the identification and management of frailty in primary care Abbasi, M. et al. (2021) Canada Evaluation</p>	<p>Used an Awareness-Desire-Knowledge-Ability-Reinforcement model. Awareness is about establishing the need for change. Desire is about individuals' willingness to support and take part in a change. Knowledge is about ensuring that all those involved in care for seniors living with frailty understand their roles and responsibilities. Ability is about taking the knowledge gained and applying it in the real-world environment. Reinforcement involves sustaining change through actions or events that strengthen, emphasize or highlight the value of the changes made.</p>
<p>Examining strategies to build and sustain healthy aging programming collaboratives Altpeter, M. et al. (2014) USA Qualitative study</p>	<p>Mentioned six overarching practices by Crutchfield and McLeod-Grant (2012): sharing of leadership; nurturing non-profit networks; inspiring evangelists; creating mechanisms for advocacy; making markets work on behalf of a cause; and mastering the art of adaptation. Also mentioned the five conditions by Kania and Kramer (2011): Backbone support organizations; a common agenda; mutually reinforcing activities; shared measurement systems; and continuous communications.</p>
<p>Make your neighbourhood more livable American Association of Retired Persons (AARP) (2015) USA Webpage</p>	<p>To make a community more walkable improves safety for those of all ages, especially older adults. Safety starts at home. AARP Walk Audit Tool Kit. AARP Home Fit Guide to improve safety at home.</p>
<p>Co-production between long-term care units and voluntary organisations in Norwegian municipalities: a theoretical discussion and empirical analysis Andfossen, N. B. (2020)</p>	<p>Trust is as an important aspect of collaboration. So was different institutional logics, assumptions, values, and beliefs.</p>

<p>Norway Case study</p>	
<p>Senior Living Lab: An ecological approach to foster social innovation in an ageing society Angelini, L. et al. (2016) Switzerland Qualitative study</p>	<p>A senior living lab approach was used to co-create products, services and technologies. It was found that the main themes of healthy nutrition to cope with frailty; improved autonomous mobility to foster independence; and social communication to prevent isolation were the most prominent. The seniors living lab approach focuses on the early development phases of "needs analysis and (iterative) design, where, based on an identified problem, a solution is developed in close interaction with end-users" (Shuurman et al., 2013). The seniors living lab is a public-private-people-partnership that is focused on information and communication technologies in order to help seniors age well at home. Partners of the seniors living lab can be categorized into: associations, medical-social entities, medical entities, business entities, urbanism, political entities, foundations, and academic entities.</p>
<p>Meeting Centres Support Programme UK: Guidebook for setting up and running a successful meeting centre Association for Dementia Studies, University of Worcester (2017) UK Report</p>	<p>Step-by-step guide to initiate, implement and sustain Meeting Centres in local communities. The Guide also include checklists, forms, templates and other useful information. This guide would be very helpful to set up a respite-type program in local communities. The initiative can be started by any local community group, organization, i.e. Initiative Group. Collaboration with other organizations is essential to getting the initiative off the ground and may mean a long start-up period but this will pay off in the long run. Also important to have financial support and be broadly supported in community. To facilitate this, invite all stakeholders to an information meeting using all networks to advertise and draw together all the organizations, agencies and key players in the community who might have an interest in developing the meeting centre. It is important to have a collaboration protocol outlining which organization is responsible for which element in the Meeting Centre, how responsibility for</p>

	<p>funding and staffing of the Meeting Centre is organized. Contact with other organizations once Meeting Centre is started is important to build network, mutual referral, etc. For sustainment, the Meeting Centre must obtain a distinct position among multitude of care and welfare service providers. This can be justified by the innovative nature of the integrated services provided, evaluation, and inviting others to come and see the daily practice of the Meeting Centre.</p>
<p>Age-friendly environment and community-based social innovation in Japan: A mixed-method study Aung, M.N. et al. (2023) Japan Mixed method study</p>	<p>It was found that community exercise, social and cultural activity at bonding saloons, and volunteer activity had the strongest associations with quality of life among older adults in the communities of interest. It was discovered that many community-based social activities took place in dedicated spaces for older people in public such as health clinics or schools. Effective health communication was used to encourage older adults to participate in programs. Incentives were also used, along with physician encouragement to participate. Long-term social connection, physical fitness, autonomy and fun were factors that helped retain older adults in community exercise programs.</p>
<p>Barriers to the integration of care in inter-organizational settings: A literature review Auschra, C. (2018) Germany Review study</p>	<p>Six groups of barriers: administration and regulation barriers; funding barriers; inter-organizational barriers; organizational barriers; service delivery barriers; and clinical practice barriers. Barriers can be passive such as structural barriers or active such as agent-driven barriers.</p>
<p>The road to desired aging in place outcomes: Co-development of a theory of change with suburban-dwelling older adults Balog, E. J. et al. (2022) USA Mixed method study</p>	<p>The theory of change that was developed articulates: it is empowering to participate in your community when there is support for your basic and home living needs, when you are invited and know where to find information about programs, services, or events, and when options for participation match your level of ability, interest, and values.</p>

<p>Pioneering partnerships. Resident involvement from multiple perspectives Baur, V.E. et al. (2013) Netherlands Evaluation</p>	<p>A qualitative evaluation of resident involvement in residential care homes. It was found that critical elements included agenda-setting by residents, the formation of a cohesive resident group, the sharing of experiences and stories, the development of collective action, and the development of partnerships between residents and professionals and other stakeholder groups. The development of partnerships occurred by creating two different groups, one a homogenous group and a second heterogeneous group. Both groups focused on a problem experienced by the community then developed plans of action. Outlines the five steps in an action cycle of the PARTNER approach: agenda-setting by residents, homogenous groups, heterogeneous group, formulating ideas and plans, and action in practice.</p>
<p>The Healthy Aging Research Network: Modeling collaboration for community impact Belza, B. (2017) USA Case study</p>	<p>Components of collective impact included governance and infrastructure; shaping the focus; community involvement; and evaluation and improvement. See article for examples of each.</p>
<p>Environmental scan of seniors social housing models Canadian Urban Institute (2020) Canada Report</p>	<p>Learning from OASIS program, which has on-site coordinators in a seniors building who empower and support tenants to drive the agenda and determine how they want coordinators to help them. Truly, engaging seniors and creating a sense of community takes time. It is important to take a long-term view to ensure there is time to build trust. Important to dedicate resources to engagement of tenants in program planning, project development and implementation. Collaboration and partnerships between sectors (health care, housing, and social services providers) takes time, effort, commitment from all parties. All parties have different priorities, incentives, funding streams; are guided by different regulations and answer to different authorities so takes time to break down silos. Successful partnerships require education and training for</p>

	all parties and mutual trust and cooperation. Could use tools such as a Memorandum of Understanding to ensure agreement on wide range of issues.
A scoping review: Social participation as a cornerstone of successful aging in place among rural older adults Carver, L.F. et al. (2018) Canada Review study	Results included being with people and pets, doing activities with and for others, and attachment to place. Mechanisms included activities in the rural community, helping others, volunteerism, work related activities and opportunities to participate (includes availability of transportation).
Age-friendly neighbourhoods as civic participation: Implementation of an active ageing policy in Hong Kong Chan, A. C. M. et al. (2015) Hong Kong Case study	Article includes two case studies. In one on a bus for older adults, it was mentioned that the implementation includes seven major phases: (1) preparatory meeting, (2) field testing, (3) participatory workshops, (4) discussion meeting with bus companies and representatives from district council, (5) finding presentation and press release, (6) publication of findings, and (7) education and exhibition.
Promoting sustainable community change in support of older adult physical activity: Evaluation findings from the Southeast Seattle Senior Physical Activity Network (SESPAN) Cheadle, A. et al. (2010) USA Evaluation	This initiative used a community-organizing strategy to promote physical activity programs throughout south Seattle. The initiative networked with parks and recreation and community-based organizations to form groups, provided stipends to leaders, led groups, networked with community-based organizations to find class sites, provided start-up funding for class instructors and hand weights, worked with other organizations to organize, fund, and sustain the events, cofounded a coalition, and helped organize a campaign for crosswalks. Sustainability was linked to finding organizational champions at multiple levels within organizations.

<p>Healthy Aging Collaborative Online Resources & Education (CORE) CORE Canada - United Way British Columbia (2024) Canada Webpage</p>	<p>The Healthy Aging CORE knowledge hub was formed in response to feedback from community partners and stakeholders attending the British Columbian 'Provincial Healthy Aging Summit' in 2017. It aims to ease communication, coordination, and collaboration in order to "help build capacity, strengthen the network, and develop a collective and cohesive voice among volunteers, staff, and others who support healthy aging initiatives". A Canadian knowledge hub connecting organizations that support and advance independent living for older adults. British Columbian and Albertan versions of the knowledge hub are available with links to CORE Canada. The website includes a repository of diverse resources to inform and support healthy ageing initiatives (i.e., advocacy, evidence-based & emerging practices, impact stories, organisational development, policy & planning, recorded webinars, research & evidence, and toolkits). There are also links to groups, funding opportunities, featured programs and initiatives, allied & partner organisations, training & events, news, research opportunities, and newsletter).</p>
<p>The application of social innovation as it relates to older people and the implications for future policymaking: a scoping review Crossen-White, H. L. et al. (2020) UK Review study</p>	<p>The public's negative perceptions of ageing could be improved through strategic public policies promoting age-friendly communities and further driven by social innovation including 'full user-engagement' and active involvement of communities. Future social innovation should focus on 'whole-community thinking' and process of delivery.</p>

<p>Capacity building with older people through local authority and third-sector partnerships. Dalziel, R. et al. (2015) UK Case study</p>	<p>The article reports the results of eight case studies in the U.K. Factors contributing to organizations achieving collaborative advantage included: high levels of interdependence; agreement about the purpose of a partnership; sufficient shared values; sufficient shared goals; strong commitment to working together; good levels of trust; good levels of accountability; agreement on who to involve in deliberations; good communication; clear sense of mission; clear strategy for action; ability to manage negotiations; similarities in organizational cultures; reconcilable differences in the distribution of power; and, adequate influence over how resources are used.</p>
<p>Place-making with older persons: Establishing sense-of-place through participatory community mapping workshops Fang, M. L. et al. (2016) Canada Case study</p>	<p>Participatory community mapping workshops consisting of mapping, an experiential group walk, validation workshops, and action plan development can assist in better understanding the assets and needs of a community for older adults that wish to age in place. It was found that identifying services and needs for health and wellbeing; having opportunities for social participation; and overcoming cross-cultural challenges were the assets and needs of this particular community in Western Canada. The article itself could be viewed as a tool for how to conduct participatory community mapping workshops with older adults for aging-in-place.</p>
<p>Older consumers' participation in the planning and service delivery of mental health care: A collaborative service development project. Fortune, T. et al. (2007) Australia Case study</p>	<p>It was mentioned that crucial to the development of any new initiative or service model are support from higher management and the ability to join with existing resources/initiatives. Barriers and challenges were service ethos and nature of the client base. Key recommendations included: employing consumer consultants to promote consumer participation; development of a structure to support consumers to develop their own consumer participation activities such as a consumer action group; creation of a supportive environment for the consumer consultants; and working in parallel with the carer peer support program.</p>

<p>Larimer County Alliance for Grandfamilies: A collaborative approach to meeting a community need Fruhauf, C. A. et al. (2012) USA evaluation</p>	<p>In order to build community partnerships, it was mentioned that one should identify core community partners; identify additional stakeholders and build partnerships; identify existing community efforts; create management and communications structure; and inform the public. To develop a community plan, one should conduct a community environmental scan, establish goals, identify potential responses to reach goals; identify challenges and resources; identify training and marketing needs; and develop action plans. To implement community action plans one needs to coordinate training and community marketing campaign; identify and apply new resources to sustain partnerships; and engage the larger community. To evaluate effectiveness of program processes one needs to evaluate the impact of program in changing behaviors; analyze and revise program as needed; and report to stakeholders.</p>
<p>Collaborative partnership in age-friendly cities: Two case studies from Quebec, Canada Garon, S. et al. (2014) Canada Case study</p>	<p>Main steps: Social diagnosis (with the help of steering committees formed by senior's organizations and associations), and Action Plan Stage; and Implementation Stage. Social Diagnostic: The social diagnostic is essential to the success of the subsequent steps of the AFC-QC process. This operation allows the emergence of a vision shared by all stakeholders on the committee who face the reality of aging in their specific community. Action Plan: After having taken into account the older adults' needs and having appropriated the appraisal of the community, the steering committee draws up an overview of the situation. First, the steering committee highlights the overall findings of the social diagnostic (strengths and weaknesses) and defines values and policies that will guide the municipality and its partners in their intervention to improve older adults' lives.</p>

<p>Understanding community-based social innovations for healthy ageing Ghiga, I. et al. (2018) International Review study</p>	<p>Community-based social innovations aim to empower older people to care for themselves and their peers thereby promoting self-efficacy, well-being, social cohesion, and inclusiveness. Best practices and service delivery models that engage communities and span a spectrum of health and social services were reviewed. Look for opportunities to collaborate with community groups operating in the same geographical area. Coordination with existing initiatives supporting older people may help ensure that duplication of effort is reduced and may support wider, national-level advocacy for older people's rights. Build strategic partnerships with local policymakers or academia beyond the health and social care system, depending on the objectives of the CBSI. CBSIs should consider where there are opportunities to coordinate or collaborate with existing services. Adopting an ecosystem approach to partnerships, whereby the variety of stakeholders working on ageing-related issues are included in both formal and informal partnerships, can be seen as an important factor. Promoting intergenerational activities, where applicable, may be an important feature in the sustainability of CBSIs and may help to reduce the stigma of ageing in middle-income countries. CBSIs should consider where there may be opportunities to promote intergenerational activities and what the incentives are for their involvement. Embed M&E processes in CBSIs which are low-cost, effective and not burdensome. Specific M&E indicators for evaluating the impact of activities on older people's health (physical, mental and well-being) as well as potential broader healthy ageing benefits, may help CBSIs to demonstrate progress to donors. Coupled with this, M&E indicators can be used by CBSIs to set milestones and measure progress against their own objectives. Create opportunities to disseminate learning and evidence of impact. CBSIs should consider advocacy and dissemination strategies to share learning among CBSIs and the wider policy community.</p>
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	working on ageing-related issues. Typology to advance understanding and application of community-based social innovations is and features ten case studies from middle-income countries.
Making health and social care personal and local moving from mass production to co production Governance International in Birmingham, UK (2012) UK Report	Co-production is an important approach for making health and social care personal for older adults.
Neighbourhood Toolkit - Ideas, strategies and resources to strengthen seniors' social connection in neighbourhoods Government of Canada (2019) Canada Webpage	Seniors are important community members and are often the backbone of community/service organizations and as consumers, support businesses and services. Neighbourhood associations and other community groups are well positioned to increase social connections amongst seniors and others, and to benefit from doing so. By including seniors, they feel they belong and are more likely to volunteer, donate to the community, and be involved in community governance. Using a "place-based approach", supports people, organizations and groups in neighbourhoods to build relationships and social capital where they live. Neighbourhood Associations and other community groups have an advantage in engaging residents to increase social connection and participation in that they are recognized entities. Organizations from the outside lack local roots and will need to spend considerable time networking, gathering information and building trust. Partnerships can however expedite this and have the advantage of sharing knowledge, volunteers, skills, space and other resources that can be put towards the common goal. Peer-to-peer approach is often most effective in reaching out to seniors. Town hall meetings can harness large numbers of people. Issues-based initiatives can lead to 'champions' emerging who take on/lead the initiative. Toolkit of ideas, strategies and

	resources to strengthen social connections among seniors and others in their neighbourhoods. Useful to local community interest groups including neighbourhood associations, seniors' organizations, community services, faith-based groups, and to citizen groups and individuals. Toolkit includes real examples successfully delivered in Nanaimo, Canada and best practices from other parts of Canada and abroad.
Creating a more inclusive Ontario: age-friendly community planning guide for municipalities and community organizations Government of Ontario (2021) Canada Report	This guide aims to support the planning and implementations of age-friendly , inclusive and accessible communities in Ontario and provides applied guidance on: 1) define local principles, 2) assess need, 3) develop action plan and 4) implement and evaluate. Detailed guidance on consultation methods to engage relevant stakeholders is provided (e.g., community needs assessment (survey), key informant interviews, focus groups and community meetings). Supporting resources and tools referenced throughout the guide include the following tools / resources: 'Creating a more inclusive Ontario: 'Diverse populations addendum'; 'Creating a more inclusive Ontario: age-friendly community planning toolkit'; and 'Age-friendly community remote events planning resource'.

<p>Guiding principles for the sustainability of age-friendly community efforts Grantmakers in Aging (2015) USA Report</p>	<p>Sustaining Age-Friendly Initiatives Framework' comprised of five sustainability principles: (1) build public will, 2) engage across sectors, 3) utilize metrics, 4) secure resources, 5) advancing age-friendly public policies, practices and funding. Recommended strategies for sustainability of age-friendly initiatives include: "identify and develop potential champions; foster citizen commitment; address misconceptions of aging and older adulthood; use early wins to demonstrate age-friendly benefits; communicate broadly; celebrate accomplishments; connect with a variety of sectors; engage with initiatives that benefit a wide range of ages and constituencies; engage regional planning organizations; embed age-friendly efforts in established organizations and programs; be deliberately inclusive; develop meaningful community metrics that contribute to building a local, compelling case for age-friendly work; measure the performance of age-friendly work; identify a "backbone" organization to drive age-friendly efforts; seek diverse funding sources for start-ups and demonstration projects; leverage partnerships for non-cash resources; be alert to sustainable funding streams; embed age-friendly goals and strategies into municipal, regional, state, and federal planning documents; work with municipal, regional, state, and federal governments to adopt policies and practices that make communities and regions good places for people of all ages."</p>
<p>Management challenges in cross-sector collaboration: elderly care case study – The Innovation Journal Grudinschi, D. et al. (2013) Finland Case study</p>	<p>The challenges in cross-sectoral collaboration were found to be: fragmentation of services; uncertainty related to the activity of the other organization; limited resources; keeping abreast of organizations' rules; new operation models' quality control; common rules and modes of action; continuity of collaborative projects; the volunteer sector requires more support; and bureaucracy and hierarchies in the public sector.</p>

<p>Enacting agency: Exploring how older adults shape their neighbourhoods Hand, C. et al. (2020) Canada Qualitative study</p>	<p>Three intersecting themes emerged, which demonstrate diverse ways that older adults played a role in shaping their communities: 1) being present and inviting casual social interaction, 2) helping others and 3) taking community action. Being present in the community enabled social interactions, which impacted inclusion of some or exclusion of others. By helping others, older adults enacted agency and contributed to community building in providing social and functional support for other older adults. Some expressed difficulty in setting boundaries in helping others, whereas others were intentionally selective of helping friendships. Older adults contributed to community development through engaging politically, supporting local businesses and contributing to improvements of public places.</p>
<p>Designing integrated care for older adults living with complex and chronic health needs: A scoping review Horgan, S. (2020) Canada Review study</p>	<p>Thirteen evidence-based design elements of integrated care for older people with complex health concerns provides practical guidance to inform health system design and evaluation, including elements related to engagement: 1) Multidisciplinary teams, 2) Collaboration, 3) Cross-sector partnership, 4) Comprehensive assessment & care planning, 5) Integrated care at the point of care, 6) Shared responsibility for continuity of care, 7) Integrated specialized geriatric expertise, 8) Integrated community & home-based interventions, 9) Older person-centred care, 10) Engaged older persons & family/friend caregivers, 11) Self-management support, 12) Integrated technologies, and 13) Multi-tiered evaluation. Design elements of integrated care relevant to the care of older persons living with complex and chronic health issues.</p>

<p>Performance, implementation and measurement framework: Informing the integration of care for older persons and care partners living with complex health & social care requirements in Ontario Horgan, S. et al. (2022) Canada Report</p>	<p>A whole-system Framework to design, implement and measure integrated care for older people with complex health and social care needs across the continuum of care considers interconnections between systems at the macro-, meso-, and micro-level. Design, implementation, and measurement tools for integrated of care for older people with complex health and social care needs aimed at multiple stakeholders: 1) A Conceptual Model for Integrated Older Persons Care, 2) A Systems Level Logic Model for Integrated Older Persons Care and 3) An Implementation Rubric for Operationalizing Integrated Care for Older Adults.</p>
<p>An overview of healthy aging strategies in rural and urban Canada Jeffery, B., et al. S (2018) Canada Environmental scan</p>	<p>Recommendations: "1) Promote awareness of and access to information on existing services and supports available to older adults, 2) Promote the importance of multi-sectoral collaboration to address the identified needs of older adults across rural, urban and northern locations, 3) Support multi-sectoral planning to create built environments supportive of older adults' mobility, by identifying potential barriers and risks early on, 4) Support multi-sectoral collaboration to identify opportunities to enhance physical activity and mobility for older adults, 5) Identify and promote strategies that address the diversity of older adults' experiences, and 6) Develop a framework to measure, monitor, and report on interventions that support rural healthy aging in place. Scan of healthy aging frameworks and strategies applied in Canadian provinces and territories.</p>
<p>Community capital and the role of the state: An empowering approach to personalisation Jones, P. A. (2013) UK Report</p>	<p>An asset-based approach can be taken to informal care networks in order to empower a community-run organization to support vulnerable residents taking into consideration the themes of policy and polity context; trust; tension management; and relocation of power.</p>

<p>Stakeholder perspectives on the preferred service ecosystem for senior citizens living at home: A qualitative interview study Kattouw, C. E. et al. (2023) Norway Qualitative study</p>	<p>Six themes were developed: self-reliance or living independently at home as long as possible; remaining active and social within the community; support for living at home as long as possible; accessible information and services; continuity of services; and compassionate and competent healthcare professionals.</p>
<p>Developing age-friendly cities and communities in Australia Kendig, H. et al. (2014) Australia Case study</p>	<p>Facilitators: to involve local and national governments, leaders, experts in aging, academia, non-governmental sectors in the design and implementation of AFI. To do public consultations. To hold meetings to improve communication. Barriers: Some surveys have limitations in identifying the needs of small disadvantaged groups.</p>
<p>Asset based community development - enriching the lives of older citizens Klee, D. et al. (2014) UK Case study</p>	<p>Through the illustration of three case studies, ABCD is applied to build community and connect so that social isolation and loneliness can be reduced. Implications for practice include starting with assets not deficits, use civilian led initiatives, make connections between people, find out what excites and motivates people, and work towards sustainability from the outset.</p>
<p>Methods for co-creating with older adults in living laboratories: A scoping review Knight-Davidson, P. et al. (2020) UK Review study</p>	<p>Complicating factors such as cognitive decline, issues of trust and scarcity of resources may exist.</p>
<p>Asset based community development to promote healthy aging in a rural context in Western Canada: notes from the field Kobayashi, K.M. et al. (2020) Canada Qualitative study</p>	<p>Five recommendations from a rural community in Western Canada are provided on: networking and cross-community collaborations; communications; health and social care initiatives; transportation; and housing. Recommendations include: 1) a 'Community Coordinator' position to facilitate regular sharing of information and communicating about local services, initiatives and programs in the community across diverse platforms (e.g., e-mail, online, print); 2) a 'Planning Council' to unite seniors and the community around common strategic priorities; and 3) sustained champions and leaders. The Council and</p>

	Coordinator collectively facilitated networking and linkages in the community around shared initiatives, minimize misinformation and enhance communications among key stakeholders in the local municipality, government and health authority.
The SELFIE framework for integrated care for multi-morbidity: Development and description Leijten, F. R. M. et al. (2017) Netherlands Review study	Supportive leadership that is fully committed to clearly-defined goals, is trusted by those involved, and acknowledges professional autonomy assists successful implementation of integrated care. Supportive leadership throughout all levels of integrated care that promotes open discussion is seen as an important success factor for inter-professional collaboration. Strong and engaged leaders should promote the uptake of a new approach and facilitate readiness for change. A culture of shared vision, ambition and values should be created. Willingness and belief in the collaboration, trust in one-another, and mutual respect is necessary.
Experiences of older people, healthcare providers and caregivers on implementing person-centered care for community-dwelling older people: A systematic review and qualitative meta-synthesis Liao, L. et al. (2023) China Review study	The capacities of older adults, health care providers and caregivers affect the implementation of person centered care including the lack of person-centered care knowledge and skills, negative attitudes toward shared decision-making, and lack of formal training. Factors hindering the implementation of person centered care include a lack of coordination in resource allocation and time constraints. Establishing a safe and friendly environment and strengthening multidisciplinary teamwork can also facilitate the implementation of person centered care. Respecting the autonomy of older people and maintaining resilient and positive attitudes are helpful. However, the lack of a clear reward and empowerment mechanism can reduce staff motivation.

<p>The collaboration models of practices of aging in place in different contexts Lu, H. (2021) International USA Case study</p>	<p>A comparative study of community-based aging in place programs in Shanghai and New York found different 'cooperation modes' between government, non-profit organizations and the private sector with varying features and resulting in various effectiveness. Effectiveness was based on: 1) innovation and its sustainability, 2) comprehensiveness, and 3) community integration. The Shanghai case was a centralized, government-led model involving comprehensive, continuous innovation, but less community integrated practice, whereas the New York case of a distributed, shared responsibility model was less sustainably innovative and comprehensive, but with higher community integration.</p>
<p>Engaging older adults to build social capital Lunsford, B. K. et al. (2015) International Review study</p>	<p>Social capital can challenge stereotypes of aging and is enabled by 'resources and services exchange systems'. Healthcare professionals should learn to recognize and leverage 'resources and services exchange systems' for the benefit of the older adults and their families. There is opportunity to learn from existing systems for improved awareness on how to develop social capital networks formally or informally. Building social capital among older adults yields shared-benefit communities and society through the social connection and services created.</p>
<p>Evaluating the impact of engaging older adults and service providers as research partners in the co-design of a community mobility-promoting program: a mixed methods developmental evaluation study MacNeil, M. et al. (2023) Canada Evaluation</p>	<p>The process of engagement within the initiative was fostered by including a welcoming and inclusive atmosphere that encouraged discussion; and well-organized meetings with clear communication that avoided jargon. The meetings were described as being non-hierarchical, inclusive, and trusting.</p>

<p>Facilitators and barriers to becoming age-friendly: A review. Menec, V. et al. (2022) Canada Review study</p>	<p>Enablers included multilevel leadership and a common vision, effective governance and management, and diverse partnerships. Process-related factors included linking to other strategies. Contextual factors included the rural/urban divide.</p>
<p>Lessons learned from a Canadian, province-wide age-friendly initiative: The age-friendly Manitoba initiative. Menec, V. H. et al. (2014) Canada Case study</p>	<p>Successful AFC formed age-friendly committees with diverse representation, kept an agenda and minutes and only a few (18%) had addressed how they would deal with member turnover. Communities had assessments. Communities created intersectoral partnerships with schools, local businesses, senior centers, governmental organizations, and nongovernment agencies. There was age friendly promotion (age friendly day, website, workshops, etc). There were some champions for implementing projects. Challenges: lack of capacity, funding, lack of direction and leadership. Communities that were more successful in developing action plans or implementing projects tended to link the Age-Friendly Initiative to already existing priorities or strategic plans and initiatives. Moving forward may be easier in rural communities compared to urban ones because of a variety of factors, such as less bureaucracy, an ability to engage residents more easily because everybody knows each other, and a greater sense of community."</p>
<p>A Belgian case study: Lack of age-friendly cities and communities knowledge and social participation practices in Wallonia Moulaert, T. et al. (2016) Belgium Case study</p>	<p>There is a need to (re)start from existing situations rather than wanting to implement a program ex nihilo. Clearly, it is not the idea of taking a model (such as the WHO model) and applying it without reflection in a local territory such as Wallonia. Second most important conclusion: there should be a participatory diagnoses, where the needs and resources for seniors are taken into consideration as in this case. It is highlighted the important role of "active ageing intermediaries" who are "involved/actors seniors".</p>
<p>Napier Connects Toolkit: A resource for promoting positive aging and community</p>	<p>Being flexible and adaptive when engaging with the many individuals and groups involved in an aging in place initiative. 'Napier Connects</p>

engagement Napier City Council (2012) New Zealand Report	Toolkit' is resource for promoting positive aging and community engagement.
Aging in place: A resource for health centers National Center for Equitable Care for Elders & MHP Salud (2019) USA Report	Community health workers are an essential resource in aging in place programs. They are a trusted member of and/or have a close understanding of the community served. This trusting relationship enables community health workers to serve as a liaison/link/intermediary between health and social services during the planning, recruiting, implementation, and evaluation stages of aging in place programs. This toolkit provides information about developing aging in place programs and what to do in every stage (p. 9 and 10)
Developing cross-sector partnerships National Center for Equitable Care for Elders, National Nurse-Led Care Consortium, & National Center for Health and Public Housing (2020) USA Report	Co-developed guide based on shared learning during four meetings of a learning collaborative comprised of diverse community partners serving equity deserving older adults in community public housing; key considerations for successful initiatives include: comprehensive programs with links to social services and health centres with robust multidisciplinary teams; addressing challenges of homelessness and transportation; shifting the culture to attract older adults to engage; and critical nature of engaging in partnerships with community organizations and robust collaboration. Guide aimed at health center staff including tools and strategies on how to initiate, develop, and sustain community partnerships to support care of older adult residing in public housing in the community public housing (i.e., mapping potential community partners; building and sustaining community partnerships; and a case study from Casa Maravilla in Chicago). Community partnerships to support care of older adult residing in public housing in the community public housing (i.e., mapping potential

	community partners; building and sustaining community partnerships; and a case study from Casa Maravilla in Chicago).
Healthy aging interventions, programs, and initiatives: An environmental scan CADTH Ndegwa, S. et al. (2020) Canada Environmental scan	Innovative, community-based approaches have been implemented across Canada to ensure that healthy aging interventions are practical, cost-effective and sustainable. Several programs apply collaborative partnerships between diverse sectors (e.g., government, not-for-profit, and community organizations), whereas others programs focus on engaging older adults in the leading, outreach, training, and delivery of healthy aging initiatives, including programs targeting specific populations, e.g., older Indigenous adults in rural and urban settings. Canadian Best Practices Portal of Evidence-Based Programs for Healthy Aging (see Appendix 4: Programs and Initiatives for Healthy Aging and Appendix 5: Additional Resources for Healthy Aging)
Age-Friendly Portland: A University-City-Community Partnership Neal, M. B. et al. (2014) USA Case study	Barriers included funding, resources for implementation efforts, and ageism.
Social innovation in rural regions: Older adults and creative community development* Noack, A. et al. (2020) Germany Case study	Older adults in rural communities in Germany were found to be motivated by collective notions of public welfare, sociability and cooperation. Research on rural social innovation should focus on what older adults are doing as well as why they are doing it.

<p>A 5-day codesign sprint to improve housing decisions of older adults: lessons learned from Sweden and the Netherlands Nordin, S. et al. (2023) Sweden Case study</p>	<p>Five categories of reflections were identified: fostering creativity, commitment and knowledge exchange; defining roles and responsibilities on the teams; level of engagement; relying on designers' expertise; and expectation management. This case study could be seen as a tool to facilitate a 5 day sprint of co-design with older adults.</p>
<p>Canadian policy perspectives on promoting physical activity across age-friendly communities: Lessons for advocacy and action Nykiforuk, C. I. J. et al. (2017) Canada Case study</p>	<p>Policy influencers can be defined as individuals and groups inside and outside government with a scope of action to advocate for strategic institutional or programmatic policy change (Nykiforuk, Wild and Raine). Municipal policy influencers thus have the potential to play a major role in the development, implementation and evaluation of age-friendly initiatives in Canada (Plouffe and Kalache; Reeve et al.). 3 main themes arose from policy influencers interviews: pursuing comprehensive planning, Promoting public engagement, Prioritising the needs and aspirations of older adults.</p> <p>"Interviewees described how successful policy implementation and evaluation would require ongoing dialogue with older adults in the community". Target vulnerable segments within the older adult population. Attention to areas in communities with lower connectivity has also been identified as an important issue for the age-friendly movements. To promote dialogue across communities that frames health and wellbeing as a societal rather than individual responsibility. Municipal policy influencers thus have the potential to play a major role in the development, implementation and evaluation of age-friendly initiatives in Canada (Plouffe and Kalache; Reeve et al.). Three main themes arose from policy influencers interviews: pursuing comprehensive planning, Promoting public engagement, Prioritising the needs and aspirations of older adults." interviewees described how successful policy implementation and evaluation would require ongoing dialogue with older adults in the community". Target vulnerable segments within the older adult population. Attention to areas in communities</p>

	with lower connectivity has also been identified as an important issue for the age-friendly movements. To promote dialogue across communities that frames health and wellbeing as a societal rather than individual responsibility.
Modules to support planning, implementation, evaluation and sustainability Ontario Age-Friendly Communities Outreach Program (2023) Canada Report	The information would be available once one has enrolled in the course and the topics include: information on how to plan, initiate, evaluate and sustain an age friendly initiative.
Competing frameworks in planning for the aged in the growth corridors of Melbourne Ozana, E. et al. (2014) Australia Case study	This article identifies key lessons learned in terms of project implementation relating to attitudinal and structural barriers. Facilitators: to conduct monthly workshops and meetings with local authorities, defining roles and responsibilities and to submit quarterly reports to the regional and central office of the Department of Health.
A blueprint for action: Developing a livable community for all ages Partners for Livable Communities (2007) USA Report	This quick reference kit provides practitioners tools, resources and best practices to build collaborations needed to create livable communities for people all ages. It includes a Six-Step Strategy to build partnerships. Recommendations: to set achievable goals, involve participants in planning, involve the larger community, get attention of the media, and build trust among stakeholders.
"It's more than just needing money": The value of supporting networks of care Peckham, A. et al. (2021) Canada Qualitative study	Lack of interdisciplinary collaboration was identified as a major barrier to care. Collaboration between organizations was identified as a mechanism to improve one's access to resources, reduce duplication of services, improve communication, and provide reliable care. Offering support and encouragement for providers within organizations to attend forums and participate on community committees and develop formal incentives that encourage combined programming.

<p>Systematic review of social prescribing and older adults: where to from here? Percival, A. et al. (2022) Canada Review study</p>	<p>Recommendations: "Next steps for social prescribing should include co-creating initiatives with providers, older people and communities to identify meaningful outcomes, and feasible and robust methods for uptake of the prescription and community programmes. This should be considered in advance or in parallel with determining its effectiveness for meaningful outcomes at multiple levels (person, provider and programme)." "There is the need to work collaboratively on acceptable, effective, equitable and cost-effective innovations, while considering the well-being of health providers (i.e., Quintuple Aim)." Includes a figure with populations, referrals, community assets and outcomes that are relevant to social prescribing.</p>
<p>Giving, receiving, and doing together: Interorganizational interactions in age-friendly community initiatives Pestine-Stevens, A. et al. (2022) USA Qualitative study</p>	<p>Multisectoral-collaborations in age-friendly communities involved aspects of: (1) helping each other (giving and receiving linking, informational, and instrumental assistance), and (2) doing something together (organizing community events, planning collaborative projects, participating in meetings). The nature of collaboration has implications for guiding research, evaluation, and policy to optimize implementation and impact age-friendly community initiatives across diverse settings.</p>
<p>Age-friendly communities in Canada: Community implementation guide Public Health Agency of Canada (2012) Canada Report</p>	<p>This guide is a toolkit for how to create an age-friendly community from planning to initiation.</p>
<p>Age-friendly communities evaluation guide: Using indicators to measure progress Public Health Agency of Canada (2015) Canada Report</p>	<p>Using tangible indicators to measure progress is important for age-friendly initiatives. The guide comes with a toolbox with more than 20 tools as well as guidance on how to collect different types of information in an inclusive way.</p>

<p>Age-friendly communities in Canada: Community implementation guide toolbox Public Health Agency of Canada (2012) Canada Report</p>	<p>More than 20 tools are included in this toolkit. Includes information on identifying stakeholders, advisory committee member checklist, creating an advisory committee, sample agency commitment letter, pass a local resolution, age-friendly checklists, Statistics Canada community profiles, how to conduct a focus group, age-friendly focus group questions, community survey, sample community assessment reports, sample program logic model template, checklist of helpful questions for developing a project, potential funders, project plan template, sample work plan, considerations when engaging a professional evaluator, articles, media release, public service announcement, newsletters, and advertising.</p>
<p>'It gives you a reason to be in this world': the interdependency of communities, environments and social justice for quality of life in older people Robertson, J. M. et al. (2022) United Kingdom Qualitative study</p>	<p>Themes for quality of life for older people were found to be connectedness in communities of place, identity and interest; enabling (and intersecting) environments to facilitate connectedness; and supporting social justice amongst local and national communities. Older adults preferred engagement varied relative to the community interdependencies (e.g, place-based, interests, cultural, heritage, etc.). Community engagement in social justice related to one's valued sense of identity and recognition of societal concerns related to ageism.</p>
<p>Rural aging in place toolkit Rural Health Information Hub of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (2024) USA Webpage</p>	<p>There are unique challenges that rural communities face; This evidence-based toolkit includes models and resources to support organizations implementing aging in place in rural communities. The toolkit is comprised of seven modules: 1) Introduction, 2) Program Models, 3) Program Clearinghouse, 4) Implementation, 5) Evaluation, 6) Funding & Sustainability, and 7) Dissemination. Topics addressed relevant to engagement include 'getting started' (i.e., conducting a needs assessment, rural context, identifying and engaging possible partners, identifying assets/resources, etc.); partnerships; and staffing and program sustainability.</p>

<p>Developing rural insights for building age-friendly communities Russell, E. et. al (2021) Canada Case study</p>	<p>Sense of community was found to be a facilitator of sustainable rural age friendly communities while jurisdictional fragmentation was found to be a barrier.</p>
<p>Age-friendly community capacity building in Newfoundland and Labrador Russell, E. A. (2015) Canada Case study</p>	<p>Qualitative findings indicated benefits for communities related to intergenerational programming, and for seniors, related to health, social support, and technological education. Existing committees or networks of volunteers, friends and neighbours participated in Age-Friendly projects, and are better equipped to mobilize the community capacity that is required for long-term program sustainability. It appeared that networks with local organizations, clubs, schools, churches, Lion's Clubs, and senior's organizations such as Fifty Plus contributed to enhanced social capital, and increased the likelihood that Age Friendly programs would remain. Financial prosperity was not associated with higher levels of social capital, and in turn, with successful Age-Friendly capacity building. Intergenerational programming, and for seniors, related to health, social support, and technological education.</p>
<p>Emergent challenges and opportunities to sustaining age-friendly initiatives: Qualitative findings from a Canadian age-friendly funding program. Russell, E. et al. (2022) Canada Case study</p>	<p>Sustainable initiatives should include community champions, multi-disciplinary and cross-sector collaborations, and systemic municipal involvement. Figure 1 shows that it is through community champions that sustainable initiatives bridge the implementation gap via partnerships and collaborations and municipal involvement. Unsustainable initiatives are due to volunteer burnout and limited committee capacity.</p>
<p>Civic engagement for health among older adults: Blueprint for communities Silvermark (2024) Canada Report</p>	<p>For planning: identify current interests and activities; ensure sufficient planning time; recognize that history and relationships can impact participation; hold information sessions; include peer researchers or community ambassadors; and ensure roles are clear. For promoting: offer multiple ways to engage; prioritize accessibility and engage in widespread</p>

	recruitment. For engaging: establish democratic and inclusive participation; encourage participants to dream and think big; use asset mapping to raise awareness of resources; be open and transparent; capture participant transformations; and, share policy and social outputs. Resource offers resources and tools on engagement, accessibility, age-friendly and research.
Ageing well in the right place: Partnership working with older people Sixsmith, J. et al. (2017) UK Case study	"Collaborative and partnership based models of design whereby simultaneous 'drawing on' and 'letting go' of expertise in a safe, trusting environment is encouraged." Aim to overcome "benign ageism" implicit in the power relationships and decision-making authority of professionals and practitioners. The 'collaborative and partnership model' for co-design, co-planning and co-development involved: a Community Based Participatory Research approach, a shared vision for engaging older people of in design and planning process, appreciative Inquiry, democratized committee meetings, photo voice, participatory mapping workshops, collaboration cafés and prioritizing evaluation of engagement.
What community characteristics help or hinder rural communities in becoming age-friendly? Perspectives from a Canadian prairie province Spina, J. et al. (2013) Canada Case study	Interviews revealed: Five dominant community characteristics emerged from the data analysis that helps or hinder rural communities in becoming age-friendly: (a) community size; (b) the proximity of a community to other communities; (c) the demographic composition of a community; (d) securing investment; and (e) leadership and advocacy. These findings indicate that although communities may want to be responsive to the needs of older adults, the size of a community may prevent it from providing a fully supportive environment. With regard to place characteristics, we also found that those communities in closer proximity to larger centers can afford to be less age-friendly, as individuals can access services in those centers. Communities with a large percentage of younger individuals may not consider services and opportunities for older adults a priority. The

	<p>collective impact of community characteristics ultimately relates to whether communities can secure investments to become age-friendly. Communities to become age-friendly is tempered by the leadership at the municipal, regional, and provincial levels of government and their abilities, advocacy efforts, and willingness to support the initiative.</p>
<p>Mobilising people as assets for active ageing promotion: a multi-stakeholder perspective on peer volunteering initiatives Stathi, A. et al. (2021) UK Evaluation</p>	<p>Six main themes were motives, benefits, skills and characteristics, challenges, training needs, as well as recruitment and retention. Included is a table on the three key stages of a peer volunteering program.</p>
<p>Integrating health and social care for community-dwelling older adults: A description of 16 Canadian programs Stewart, T. et al. (2023) Canada Case study</p>	<p>Policies and programs can reinforce each other. It stands to reason that any wide-scale improvements in the integration of primary care for older adults is dependent upon successful engagement with autonomous physician-led practices.</p>
<p>Co-designing technology for aging in place: A systematic review Sumner, J. et al. (2020) Singapore Review study</p>	<p>For co-design, it was illustrated that facilitators for collaboration were building relationships and trust, empowering the end-user, building end-user knowledge, and establishing value and interest. Barriers to collaboration included traditional hierarchy and attitudes, unrealistic expectations, elder heterogeneity, and lack of commitment to co-design. For process facilitators using multiple communication approaches, ensuring a flexible process and appropriate project resourcing were found. Process barriers included time and money constraints and lack of buy-in. Organization barriers included limited resources for implemented service and transient collaborators at the policy level. Organization facilitators included organizational philosophy to co-design. Methods barriers included limited skill in co-design, small sample size, bias in method and mock-ups used too early. Methods facilitators included use of prototypes, small sample size,</p>

	use of familiar environments and allowing adequate time.
<p>An institutional perspective of “Glocalization” in two Asian tigers: The “Structure-Agent-Strategy” of building an age-friendly city Sun, Y. et al. (2016) Hong Kong Case study</p>	<p>A triadic framework incorporating: a) structure (mode of local governance), b) agents, and c) strategies are necessary for age-friendly cities. Facilitators in institutionalized governing: hierarchical coordination and horizontal exchange of information and resources between the state and non-state sectors. Facilitators in grassroots mode: NGOs, charities, district councils, and universities. Barriers in a grassroots mode: Using money from local charities, tensions between stakeholders, lack of common objectives, and funding.</p>
<p>A guide for building a sustainable and resilient collaboration Tamarack Institute (2022) Canada Report</p>	<p>10 sustainability factors include: people factors, equity and inclusion embedded in design, strong ties between partners, broad community engagement; resource factors, adequate human and financial resources, partners contribute to shared outcomes; process factors, compelling case drives work, ongoing reflection and learning; impact factors, data and evidence informs approach, progress and impact is tracked and reported, and influence policy and systems change. The guide includes many tools and resources as links throughout the ten sustainability factors.</p>
<p>Fostering inter-agency collaboration for the delivery of community-based services for older adults Tong, C.E. et al. (2018) Canada Case study</p>	<p>Successful inter-agency collaborations involved: a) shared vision; b) effective communication; c) time to build relationships; d) shared expertise and resources; and e) strong leadership. Factors that jeopardized inter-agency collaborations included: a) misinformed understanding of goals; b) meetings seen as a waste of time; c) not sharing resources; and d) lack of organizational resources. Includes a</p>

	Levels of Collaboration Survey which can be used to determine the strength of collaboration between organizations.
Case studies & approaches. TransForm Integrated Community Care (2024) Canada Webpage	Integrated Community Care transformation reflects diverse practices and approaches to Community engagement reflecting a trifecta of principles including: 1) different drivers, 2) different areas of focus (i.e., community building, care provision, or spatial-environmental development), and 3) different foundations (i.e., place-based, assets-based, alliances-based, etc.). Repository of: 1) Resources on 'emblematic approaches' for transforming Integrated Community Care (i.e., 'Asset Based Community Development'; 'Compassionate Communities'; 'The Vibrant Communities Approach'; and 'The Kinder Community Approach') and several global and Canadian 2) Case studies focused on diverse populations, e.g., older adults ('Ageing better together: a project in Mirafiori Sud'; 'NWGA (Netzwerk GesundAktiv)'; 'Life Well Feel Better'; 'Neighbourhoods of Solidarity (Quartiers Solidaires)'), people living with dementia, ('Foton: Together for a dementia friendly Bruges'), disability ('Progetto Prisma', palliative care (Compassionate Communities Canada), etc.
Understanding collaboration and local development – a Swedish case study on different actors' roles and perspectives Trygg, K. (2018) Sweden Case study	The drivers for collaboration include leadership, consequential incentives, interdependence and uncertainty.

<p>Decade of healthy aging: The platform United Nations (2024) International Webpage</p>	<p>The United Nations (UN) Decade of Healthy Ageing (2021-2030) is a global movement, which aims to transform our world to be a better place to grow older. The platform encourages shared learned, which is inclusive of everyone involved in improving the lives of older people and embraces different types of knowledge (i.e., voices, resources, connect, innovate and support). The Decade of Healthy Ageing Platform provides older adults, their families, communities, professionals, and government officials access to find and share resources and tools organized under five knowledge categories: 1) VOICES (listen to people's voices in the form of stories, interviews, quotes and multimedia; and make one's voice heard); 2) RESOURCES (publications, reports, and other types of knowledge); 3) CONNECT (collaboration hub; database of people, organizations and networks); 4) INNOVATE (innovation hub; find solutions and new ways of working; and prizes/funding to develop new ideas); and 5) SUPPORT (find toolkits and training programmes). The Platform also includes a 'Partnering Kit', 'Decade Pledge', and 'Healthy Ageing Collaborative'.</p>
<p>Co-creating urban transformation - A guide to community listening and engagement for future-fit cities United Nations Development Programme (UNDP) (2023) International Report</p>	<p>Community listening can lead to co-creation in building a transformation portfolio. Community listening is essentially data collection from community and methods for collection of information such as interviewing, surveys, etc. The Guide is a Resource of the Social Innovation Approach and Community Listening with tools that can be used to do this.</p>

<p>Meaningful participation of older persons and civil society in policymaking United Nations Economic Commission for Europe (UNECE) (2021) International Report</p>	<p>Involve older persons and civil society in all stages of policy-making. Ensure opportunities for participation are provided in advance and early in the process and provide enough time to enable their participation in a meaningful way across all stages of the policy cycle. Use participatory approaches that are at the higher end of the continuum of participation. Inadequate communication or undefined roles between stakeholders can act as a barrier to collaboration and should be avoided. Facilitate the creation of convening spaces for older persons. Establish communication channels and access for older people's groups to decision-makers. Consider the role of those who act as intermediaries or interlocutors between older persons and power holders in relation to convening spaces and channels. Consider the power dynamics in groups that impact who has a voice and who speaks on behalf of whom. Provides key considerations in various aspects of engagement. Provides an example and suggested steps of participatory policy-making process.</p>
<p>Is Nordic elder care facing a (new) collaborative turn? Vabø, M. et al. (2022) Norway Review study</p>	<p>Review of national policies involving new public governance models for eldercare in Denmark, Finland, Sweden, Norway, and Iceland provide inspiration on approaches to: 1) service integration, 2) service co-production and 3) cross-sectoral co-creation.</p>
<p>Regional network-building for complexity: A region-oriented policy response to increasing and varied demands for older person care in the Netherlands van der Woerd, O. et al. (2023) Netherlands Case study</p>	<p>Macro-level: Case study about Zeeland, because of the shortage of HCP and capacity issues that needs to be addressed urgently by developing a regional strategy, to deliver regional care. Facilitators: a) to analyze reports b) to hold interviews with stakeholders c) to investigate about inter-organizational collaborations d) to review dependencies of small-scale nursing homes on larger ones. Barriers: a) Uncertainty about where to start and monitor networked actions; b) disconnect between geographical-administrative and</p>

	<p>cultural boundaries c) Dependencies and power imbalances within and between organizations; d) organizational centered regulatory frameworks e) Overflow of coordinating actors; different spatial arrangements and accountability structures for authorities. Key messages: networks are particular and dynamic entities that need to be crafted and cared for by (potential) network partners, as well as require (temporal) interference from the outside world to become a distinct network entity.</p>
<p>Contextual determinants influencing the implementation of fall prevention in the community: a scoping review van Scherpenseel, M. C. et al. (2023) Netherlands Review study</p>	<p>Overcoming time and financial constraints, whilst considering the needs of older adults is key for successful implementation. Broad cross-sector collaboration and coordination is required for multifactorial interventions. Contexts may differ greatly, requiring a locally tailored approach based on a context analysis at time of implementation. Constructs evident in the literature on implementation of fall prevention initiatives in the community included: “networks and communications”, “formally appointed internal implementation leaders”, “available resources” and “patient needs and resources”.</p>
<p>The living lab in ageing and long-term care: A sustainable model for translational research improving quality of life, quality of care and quality of work Verbeek, H. et al. (2020) Netherlands Case study</p>	<p>A model of a sustainable and successful interdisciplinary collaboration between scientists, care providers and educators in care of older adults including: 'Linking Pins' and interdisciplinary partnership using a team approach and resource swapping between organisations. A blueprint is provided including the collaborative business plan, interorganisational structures, operational challenges, and sustainability of the model.</p>

<p>Conceptualizing and implementing social prescribing programs Wadman, A. et al (2023) Canada Report</p>	<p>Barriers to successful implementation of social prescribing programs include: knowledge, skills, social/professional role and identity, beliefs about capabilities, optimism, beliefs about consequences, intentions, environmental context and resources, social influences, emotion and behavioral regulation. Several tools and resources are linked throughout the guide on such topics as asset mapping and adaptations for local needs and circumstances (e.g., geography, populations).</p>
<p>Designing community-level integral interventions for active ageing: a systematic review from the lens of community-based participatory research Wang, G. et al. (2023) Netherlands Review study</p>	<p>Design considerations when working with older adults fit in the following categories: community, resources, collaboration, mutual benefits, co-learning, flexibility, inclusion, and dissemination.</p>
<p>The concept of innovation as perceived by public sector frontline staff – outline of a tripartite empirical model of innovation Wegener, C. et al. (2013) Denmark Qualitative study</p>	<p>The article states that is important to ask the following questions. Craft: on what professional competence would we like to develop? Which resources and experiences already exist among staff and collaboration partners? Levers: how can we implement and control the process? How can we support employee initiatives? How can we create interventions that inspire fresh thinking? Ethics: what values are involved in the innovation process? Which values do we wish to preserve to strive for? How can we manage conflicts of value and feelings of loss?</p>

<p>Organizational responsibility for age-friendly social participation: Views of Australian rural community stakeholders Winterton, R. (2016) Australia Case study</p>	<p>Interviews were held with government, health, social care, and community organizations regarding social participation for older people. Barriers to facilitating social participation included limited access to staff, volunteers, buildings, and transport infrastructure; poor-quality physical infrastructure; and limited funding for social initiatives. Social programs run by local government and health organizations were often short-term and discontinued when they were not financially sustainable.</p>
<p>Employing citizen science to enhance active and healthy aging in urban environments Wood, G.E.R. et al. (2023) UK Qualitative study</p>	<p>Including the experiential knowledge of older urban residents is critical for providing urban planning practices that can reduce the exacerbation of exclusion, health disparities and unsuitable environments for older residents.</p>
<p>Connecting generations: Planning and implementing interventions for intergenerational contact World Health Organization (2023) International Report</p>	<p>Methods for engaging communities include inform, consult, involve and collaborate. The end of the guide includes many templates and checklists including mapping community assets, planning an intergenerational project, planning project activities, evaluation a plan, planning activity sessions, choosing a setting, planning the budget for a project, and effective integrational activities.</p>
<p>Integrated care for older people (ICOPE) implementation framework: Guidance for systems and services World Health Organization (2019) International Report</p>	<p>ICOPE aims to meet the diverse and complex health and social care needs of older people (person-centred care) in the community through system- and service-level integration, i.e., Service-level: 1) engaging and empowering people and communities, including older adults, their families and caregivers and the public, 2) coordination of multidisciplinary health and social care providers, and 3) community-based care; and System-level: 4) governance and accountability, and 5) system-level strengthening. The 'ICOPE Implementation Framework' supports policy and decision makers and service managers to assess local capacity to deliver integrated care for older people. The ICOPE Implementation score card assesses areas for improvement to implement ICOPE action plans (self-assessment tool) and</p>

	based on 19 key implementation actions (9 system or macro level; 10 service or meso level).
Asset mapping - Age-friendly world World Health Organization (2024) International Webpage	Asset mapping is a great tool for age-friendly initiatives. The webpage is a tool on how to create an inventory of resources in the community.
Community needs assessment - Age-friendly world World Health Organization (2024) International Webpage	A community needs assessment is a great tool for age-friendly initiatives. The webpage is a tool on how to create a community needs assessment.
Global Campaign to Combat Ageism - Toolkit World Health Organization (2020) International Report	The World Health Organization's 'Global Campaign to Combat Ageism' aims to change the narrative around ageing and older adults. This resource provides suggestions to achieve this aim related to: research, fostering community engagement, planning strategically, implementing key activities and communicating effectively. Suggested practices regarding community engagement, suggested strategies include applying participatory action research approaches involving communities, adopting middle-out management structures and include representatives from the community whilst paying close attention to intersectionality. Middle-out approaches require: a willingness to share ideas and build collaborative relationships with community partners; trust and teamwork; governance that enable a clear focus; flexibility at the local level and tailoring strategies to meet the needs of the community; and a matrix structure for management to enable partners with various communities/organizations and effective use of resources. Be mindful of

	intersectionality in older adults, i.e., multiple forms of stereotyping, prejudice and discrimination relative to, e.g., age, race, gender and attention to how these dimensions interrelate and impact an older adult's experience of discrimination.
Campaigning to tackle ageism: current practices and suggestions for moving forward World Health Organization (2020) Switzerland Report	Older adults decide a) which stereotypes are the ones that most affect them, b) which are the arguments to dismantle them, c) which communications strategies will be used to raise awareness. Participatory action research approach should be used because it embraces the concerns experienced by a group, community or organization; allows campaigns to be adapted to suit the local context in which they will be delivered; contributes to the discovery and development of sustainable conditions and actions for change; and, facilitates inclusivity with regard to other minority groups and those experiencing multiple forms of discrimination by providing opportunities for their voices to be heard. Consider including representatives from affected communities as co-researchers and pay attention to intersectionality.
Developing age-friendly cities and communities: Case studies from around the world World Health Organization (2024) International Case study	11 case studies from around the world including Japan, Spain, Belgium, France, Mexico, China, Chile, UK, Australia, Canada and the US.
National programmes for age-friendly cities and communities World Health Organization (2023) International Case study	Guide, Toolkit and Case studies. Guide outlines 6 elements to implementing national programmes for age-friendly cities & communities. Describes partnerships, networking and stakeholders and capacity building as two core elements among others.
Cross-agency collaboration to address rural aging: The role of county government Zhang, X. et al. (2023)	Beyond a focus on built environment, attention to local service provisions and civic engagement is key in age-friendly community initiatives. Cross-agency collaborations can help fill service

<p>USA Case study</p>	<p>gaps to support healthy aging especially in the context of rural communities. Collaborative networks can be enabled by strong local government leadership and civic engagement. Collaborative partnerships can promote age-friendly communities and address rural aging. Age-Friendly Community Action framework' depicting county government links to 1) built environment, 2) services, and 3) community engagement.</p>
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