



*ACTing Collectively* to Plan for  
the Future of Older Adults:

**Findings From Richmond County,  
Cape Breton**

Prepared by the *ACTing Collectively* Research Team  
for the Municipality of Richmond County.

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## General InFormation

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The *ACTing Collectively* project involved a collaborative partnership between Northwood Corporate, the Canadian Association of Retired Persons Nova Scotia Chapter (CARP NS), Building Research for Integrated Primary Care (BRIC NS), and three Cape Breton communities – Richmond County (RC), Victoria County (VC), and the Cape Breton Regional Municipality (CBRM). We thank them for their input, advice and wisdom.

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## Terms and Definitions

**211 Nova Scotia (211NS):** A non-profit organization that provides information on and navigational support for non-profit, community, and government resources. Its mission is to provide access to information, advocate for those in need, and encourage investment in social programs and services. To learn more about 211NS, visit <https://ns.211.ca/mission-vision-values/>.

**Age Care Technologies (ACT® Tool):** The Age Care Technologies (ACT®) Assess and Connect, which we call the ACT® Tool throughout this report, is a proprietary method that enables older people to report concerns related to health, independence, and well-being, and links them to tailored supports. The ACT® Tool includes an electronic resource database and a 56-question assessment, which is mapped to the World Health Organization's framework for Integrated Care for Older People (ICOPE). To learn more about the ACT® Tool, visit <https://agecaretechnologies.org/about/>.

**Community:** One of the participating municipalities of Richmond County, Victoria County, and the CBRM, as identified through an expression of interest at the beginning of the project.

**Community Assessors:** Community members who administered the ACT® Assessment and helped recruit older Cape Bretoners and identify resources for the ACT® Database.

**Community and/or Organizational Representative:** An individual with a background in or from an organization focused on serving older adults living in the community and who gave consent to complete a qualitative interview, including the Community Assessors, Community Coordinators, and organizational representatives who watched a short demonstration video and provided feedback.

**Community Coordinator:** An individual appointed by each participating community (CBRM, Richmond County, and Victoria County) to coordinate activities in that community. All had experience working with older adults. Community Coordinators provided feedback at project meetings, helped construct the resource database, recruited older Cape Bretoners, and coordinated assessments.

**Concern:** A response by an older Cape Bretoner to any ACT® Assessment question, indicating a problem, worry, or negative situation.

**Individual Action Plan (IAP):** A unique and customized report listing prioritized concerns of and chosen resources presented to each participating older Cape Bretoner following an ACT® Assessment. IAPs were generated by the ACT® Tool, then modified by a Research Team member.

**Integrated Care for Older People (ICOPE):** A framework for person-centred assessments and associated care pathways. It supports health and care workers in primary care settings to set person-centred goals, screen for decline, and assess health and social care needs leading to personalized care plans. Care plans may include interventions to manage decline in intrinsic capacity, provide social care and support, promote self-management, and assist caregivers. To learn more about ICOPE visit <https://www.who.int/publications/i/item/WHO-FWC-ALC-19.1>.

**Older Cape Bretoners:** Older adults (65+) living in Richmond County, Victoria County, or the CBRM who consented to be interviewed and completed an ACT® Assessment.

**Organization:** A structured entity offering supports and/or resources, including government agencies, non-profits, and for-profits.

**Prioritized Concern:** Any concern identified and then prioritized by an older Cape Bretoner in response to the ACT® Assessment questions. A selection of resources were offered for each prioritized concern.

**Resource:** Programs and services available in at least one participating community and included in the ACT® Database. Resources included non-profit, for-profit, and government programs and services. Resources had a public-facing presence (e.g., website, signage, contact information), serviced older adults (65+), and addressed at least one of the 56 ACT® Assessment questions.

**Resource Database:** An electronic repository of resources linked to the 56 ACT® Assessment questions used to automatically list resources for each prioritized concern. A separate database was constructed for each participating community.

**Urban and Rural:** Urban or rural areas were defined based on postal codes. According to Canada Post, the second character of a postal code identifies whether it is a rural or urban area (i.e., one to nine indicates an urban postal code, while zero indicates a rural postal code). For more information, visit <https://www.canadapost-postescanada.ca/cpc/en/support/articles/addressing-guidelines/postal-codes.page>.

## Executive Summary

According to a 2020 Canadian Institute for Health Information study, one in nine older adults admitted to a long-term care facility could have remained at home if sufficient support and services were in place. In line with this finding, the *ACTing Collectively* project assessed the concerns of older Cape Bretoners and whether data could be gathered that would allow evaluation and monitoring of the health of older adults to support them in aging well in their community. We used the Age Care Technologies (ACT®) Tool, endorsed by the World Health Organization (WHO). Findings from the research were aggregated and are summarized in this report.

The project's main objectives were to:

1. identify the key concerns of and resources selected by older Cape Bretoners,
2. assess the usefulness of the ACT® Tool to connect older adults to resources,
3. help communities plan the resources needed to support aging in place, and
4. evaluate the feasibility of integrating the ACT® Tool into existing systems in Nova Scotia.

The project was conducted in three Cape Breton communities – Richmond County, Victoria County, and the Cape Breton Regional Municipality – where 222 Cape Bretoners aged 65 to 93 completed the ACT® Assessment. Additional data collection included telephone and virtual interviews with a sample of older Cape Breton participants, and community and organizational representatives. Feasibility of adopting the ACT® Tool or similar tool was also assessed.

### Project Findings:

1. At least 40% of older Cape Bretoners had at least one concern about bodily pain, loneliness, sleeping, or bereavement. Concerns related to mental health and well-being were of the greatest concern, with 92% identifying at least one related concern.\* Findings from the linked WHO's Integrated Care for Older People (ICOPE) screening questions showed similar results, with 49% screening positive for loneliness and 33% for depression.
2. Of the 178 older Cape Bretoners who prioritized concerns and looked for resources during the ACT® Assessment, many were successful in finding at least one useful resource. In fact, only nine individuals did not select any resources.

3. Older Cape Bretoners were most likely to prioritize concerns related to financial benefits and allowances, weight, house maintenance, and foot problems, and less likely to look for resources related to bereavement, interest in doing things, and appearance. While 97 (44%) had bereavement concerns, only 12 (12%) prioritized them and searched for resources. For concerns related to financial benefits and allowances, however, 67 (87%) of the 77 people who expressed a concern also prioritized it.
4. For some prioritized concerns, such as sleeping and skin problems, up to 41% of older Cape Bretoners did not select any resources, suggesting that there is a gap in needed resources. Other possible gaps in resources include those related to foot problems, bodily pain, and memory loss.

\*The Mental Health and Well-being domain includes questions on loneliness, sleeping, bereavement, memory loss, depression, little interest in doing things, and bodily pain. When bodily pain is excluded, 87% had at least one concern in this domain.

### Summary:

The project's findings demonstrate that it is possible to collect community-level data on the needs of older adults and the resources available to address concerns. Eight recommendations applicable to all levels of government have been provided. Community representatives interviewed expressed a desire to have access to this kind of information on an ongoing basis. Lessons learned can inform future implementation.

**Note:** The older Cape Bretoners who volunteered for the *ACTing Collectively* project were mostly healthy, independent, and well-educated, representing a very conservative sample. Had more vulnerable older adults, including those with more severe chronic conditions, those living in supported environments (assisted living, for example), or those of lower socioeconomic status been involved, more and perhaps different patterns of concern could be expected.

## Recommendations

Creating age-friendly communities where older adults can live and thrive is not the responsibility of any one level of government (municipal, provincial, or federal) or community organization. Instead, it is the individual and collective responsibility of everyone involved in developing and providing resources to older adults.

The following recommendations are underpinned by the belief that resources for older Cape Bretoners should be provided locally through planned and resourced coordination at the municipal, provincial, and federal levels. Each recommendation is followed by the evidence found and section of the report with further, detailed information.

**Recommendation #1:** Almost all older Cape Bretoners had concerns.

Identification of concerns is possible and should be prioritized and appropriately resourced as a strategy to prevent decline and associated health and social care costs.

- All but one individual raised concerns during the ACT® Assessment (Section 4.1). Between 11,910 to 23,313 older Cape Bretoners, and 101,203 to 198,099 Nova Scotians likely share these concerns (Section 4.3).
- On average, each participant identified eight concerns (Section 4.1).
- Bodily pain, loneliness, sleeping, and bereavement were the most raised concerns (Section 4.2).
- Concerns about mental health and well-being dominated, with 92% reporting concerns in this domain (Section 4.3).
- ICOPE screening results suggest high rates of loneliness (50%), depression (33%), incontinence (29%), financial concerns (28%), and falls (25%) (Section 4.7).

**Recommendation #2:** Gaps in available resources to address older Cape Bretoners' concerns were identified. Community and government should work collaboratively to develop resources to address these gaps at the community level.

- The largest gaps in resources were found for problems with sleeping, skin, feet, moderate or greater bodily pain, and memory loss (Section 7.2).
- For-profit resources were frequently chosen. Though for-profit resources accounted for only 27% of available resources, half were selected by at least one person during the assessment (Section 7.3).

**Recommendation #3:** Local resource databases should include non-profit, government, and for-profit resources. To augment 211NS, resource identification and monitoring should be completed by knowledgeable local experts who receive appropriate compensation as part of their paid employment.

- Approximately 70% of available resources were listed in 211NS (Section 7.3).
- Older Cape Bretoners were more likely to choose resources not listed in 211NS. While 33% of the resources selected were listed in 211NS, 44% were not (Section 7.3).
- Resource navigation is important, as older Cape Bretoners valued the ability to ask for more information and receive guidance (Section 8.1).

**Recommendation #4:** Few older Cape Bretoners accessed the resources in their Individual Action Plans. Navigational support should be considered an essential part of connecting them to resources and must be properly resourced and built into programs and services.

- Individuals participated to learn about resources and plan for the future (Section 3.2).
- Few followed up with resources provided in their Individual Action Plans. In follow-up interviews, reasons cited for not contacting resources included identifying resources for the future, resolution of the issue, distance from or dissatisfaction with the resource, and finding a better alternative (Section 8.2).

**Recommendation #5:** Mental health and well-being were top concerns of older Cape Bretoners. However, they were less likely to seek resources for mental health concerns compared to other concerns. Strategies to address these common, but mostly hidden, concerns are recommended.

- Ninety-two percent had concerns that fell in the Mental Health and Well-being domain (Section 4.3).
- Loneliness, sleeping, bereavement, and bodily pain were the most commonly raised concerns; 49% identified loneliness as a concern (Section 4.2).
- Many identified mental health and well-being concerns, but far fewer prioritized and sought resources for them (Section 5.1). For example, 97 were concerned about bereavement, but only 12 (12%) of them prioritized and searched for resources to address it (Section 5.2).

**Recommendation #6:** Older Cape Bretoners living with one or more chronic conditions had more concerns. Strategies to identify and provide resources to those with chronic conditions should be prioritized to prevent future decline.

- Participants with a chronic condition had more concerns and prioritized those concerns more often than those without a chronic condition (Section 4.4).
- Six concerns were associated with living with one or more chronic conditions: foot problems, shopping, time orientation, moderate or greater bodily pain, leisure activities, and general health (Section 4.4).

**Recommendation #7:** Older Cape Bretoners who reported receiving paid or unpaid care from others had a distinct set of concerns. Strategies to identify and provide resources to those receiving care should be prioritized to prevent future decline.

- Though only 13% of participants reported receiving care from others, 21% of all concerns were raised by this group (Section 4.5).
- Those receiving care had 18 concerns not commonly reported by others, many related to looking after themselves, mobility, and cognitive function (Section 4.5).

**Recommendation #8:** Older Cape Bretoners wish to plan and prepare for the future while they are healthy and living at home. Communities' efforts to develop proactive and prevention-focused resources to address the needs of community-living older adults should be supported by and in collaboration with government.

- Participants took part in the project to learn about resources and plan for the future (Section 3.2).
- Only 5% did not select any resources for their prioritized concerns (Section 7.1).

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# 1. Introduction

This proof-of-concept project assessed whether community-level data, with the capacity to evaluate and monitor the health and well-being of aging adults, could be gathered and whether this information could help inform the policies and resources that support older adults to age well in communities (see Figure 1.1).

Data from 222 older Cape Bretoners who completed the ACT<sup>®</sup> Assessment, along with follow-up interviews with 27 participants were analyzed and aggregated, and the findings summarized. Interviews with eight community and 12 organizational representatives were also conducted and analyzed. This report summarizes findings from the older Cape Bretoners, augmented by findings from other interviews. The report does not include recommendations from the final report provided to the Department of Seniors and Long-term Care and Nova Scotia Health regarding potential implementation of a community-level data collection system.



## 2. Project Methods

The *ACTing Collectively* project began in March 2021 and ended in March 2025. In partnership with three Cape Breton communities – Richmond County, Victoria County, and the Cape Breton Regional Municipality (CBRM) – older Cape Bretoners (65+) completed the ACT<sup>®</sup> Assessment endorsed by the World Health Organization (WHO) and were provided resource recommendations using its customizable resource database. All older Cape Bretoners were volunteers.

### 2.1. The ACT<sup>®</sup> Tool

The ACT<sup>®</sup> Tool includes a 56-question Assessment (see Figure 2.1) and a customizable resource database. The ACT<sup>®</sup> Assessment questions are grouped into six areas:

1. Looking After Yourself,
2. Getting Around,
3. Safety and Relationships,
4. Accommodation and Finances,
5. Mental Health and Well-being, and
6. Staying Healthy.

Also embedded in the ACT<sup>®</sup> Assessment are screening questions, nearly identical to the WHO's Integrated Care for Older People (ICOPE) screening questions (ICOPE, 2019). ICOPE involves a set of guidelines and suggested pathways to manage decline in the intrinsic capacity of older adults (see Table 2.1). Screening questions identify individuals who may be at increased risk of decline. ICOPE recommends these individuals undergo additional investigation to determine need for intervention and/or environmental supports across six Social Care and Support domains.



<b>Intrinsic and Falls domains</b>	<b>Social Care and Support domains</b>
Falls	Loneliness
Mobility/Locomotor	Finances
Nutrition/Vitality	Activities of daily living
Depression	Relationships
Cognition	Participation
Hearing	Accommodation
Vision	

To create the resource database, the three Community Coordinators, each appointed by their community, reviewed preliminary resource lists generated by 211NS, removed resources of least relevance to older Cape Bretoners, and added non- and for-profit resources based on their local knowledge and expertise. Resources were added if they:

- had a public-facing presence (e.g., website, signage, contact information), and
- provided services relevant to older adults (65+).

Finally, resources were linked to each of the ACT® Assessment questions (see Table 2.2).

<b>Focus of Question</b>	<b>Resource</b>
Bodily pain	Virtual pain support – Connecting online (People in Pain Network)
	Occupational therapy/Physical therapy (NSH)
	Physiotherapy (NSH Chronic Pain Services)
Loneliness	Friendly Calls (Canadian Red Cross)
	Quarterly seniors brunch and other events (Town House Citizens Service League)
	Volunteer opportunities in Cape Breton
Sleeping	Health services (Dr. Kingston Memorial Community Health Centre)
	Access non-urgent health information (811 Primary Health Care Line)

## **2.2. Recruitment and ethical approval**

Older Cape Bretoners from Richmond County, Victoria County, and the CBRM were invited to participate using flyers, newsletters, social media, and in-person events. On the advice of the Community Coordinators, recruitment materials highlighted the opportunity to identify resources, plan for the future, and help their community.

The project recruited individuals who:

- a) were aged 65 and older,
- b) lived at home in one of the three participating communities, and
- c) were able to speak and understand English or French.

People with severe cognitive impairment that would hinder their understanding of the assessment questions were not asked to participate. Some family caregivers participated on behalf of older Cape Bretoners who met the criteria but were unable to participate due to other barriers (e.g., health condition, hearing impairment).

The *ACTing Collectively* project was approved by the Nova Scotia Health Research Ethics Board and followed all requirements to protect participant privacy and confidentiality.

### 2.3. The ACT® Assessment process

The 56 ACT® Assessment questions were asked in a conversational manner while Assessors entered answers digitally into the ACT® platform. Assessments were administered in person, virtually, or on the phone by trained Assessors from the communities and the Research Team. After the assessment questions were answered, a list of concerns identified by the older Cape Bretoner was generated, in real time, by the digital tool. Older Cape Bretoners were invited to select concerns they wanted to prioritize and for which they wanted resources. When completed, a list of relevant and available resources was provided. Following the assessment, an Individual Action Plan was generated and given to the participant, listing their prioritized concerns and selected resources (see Figure 2.2).

In addition to the 56 ACT® Assessment questions, older Cape Bretoners were asked about chronic health conditions and their impact on their everyday life. For more information on these findings, see Section 3.



### 2.4. Follow-up interviews with older Cape Bretoners

A small number of older Cape Bretoners were invited to take part in a follow-up phone interview two to four months after their initial assessment. Conducted by a member of the Research Team, the interviews explored the usefulness and feasibility of the ACT® Assessment and associated Individual Action Plans. Selection prioritized older Cape Bretoners who lived in rural areas, had more than one chronic health condition that impacted their everyday life, and were of ethnically diverse backgrounds.

## **2.5. Interviews with community and organizational representatives**

Members of the Research Team conducted interviews with community and organizational representatives focused on serving older adults living in the community. Interviews with community representatives, including Community Assessors, Community Coordinators, and others involved in the project's development, focused on the ACT® Assessment process and resource database development. Interviews with organizational representatives included a short demonstration of the ACT® Assessment process and focused on the feasibility of implementing the ACT® Tool in different organizations across Nova Scotia and the value of results generated.

## 3. Who Participated and Why

### 3.1. Who participated

A total of 222 older Cape Bretoners, aged 65 to 93, completed the ACT<sup>®</sup> Assessment; 27 also participated in follow-up interviews. Table 3.1 describes all older Cape Bretoners who participated, older Cape Bretoners from Richmond County, and those who completed a follow-up interview.

Despite being relatively independent, 78% of participants self-reported living with at least one chronic condition, 13% reported receiving care from someone else, and 21% reported that they provided care to others. Older Cape Bretoners who provided care to others were more likely to be married or living with a spouse or family compared to those who did not provide care to others, or who were single/separated/widowed or living alone. Those receiving care from others were more likely to have more chronic conditions, report greater impact of chronic conditions, and experience more concerns than those not receiving care from others.

Participants invited for follow-up interviews were similar in many ways to the total sample. However, to ensure that their voices were heard, those with more chronic conditions that had greater impact on their lives were included, which changed the composition of the group.

#### Older Cape Bretoners were:

- 65 to 93 years old (average = 76),
- mostly female,
- living with a spouse or family member;
- mostly married,
- well educated, and
- evenly split by rural and urban areas.

#### Though living in the community:

- 78% had at least one chronic condition, and
- 13% received care from someone else (paid or unpaid).

**TABLE 3.1.** DESCRIPTION OF OLDER CAPE BRETONERS WHO COMPLETED THE ACT® ASSESSMENT AND FOLLOW-UP INTERVIEWS

Sociodemographic and clinical feature	Number (%) in each category		
	ACT® Assessments (Total number = 222)	ACT® Assessments Richmond County (Total number = 101)	Follow-up interviews (Total number = 27)
<b>Age (years)</b>	(Total number=145)	(Total number=37)	(Total number=22)
65–74	65 (45%)	16 (43%)	10 (46%)
75 or older	80 (55%)	21 (57%)	12 (54%)
<b>Gender</b>		27 (27%)	
Male	58 (26%)	74 (73%)	5 (19%)
Female	164 (74%)		22 (81%)
<b>Education level</b>			
Less than secondary education	68 (31%)	38 (38%)	10 (37%)
Postsecondary education or higher	154 (69%)	63 (62%)	17 (63%)
<b>Marital status</b>			
Married	112 (50%)	52 (51%)	13 (37%)
Single, separated, divorced, or widowed	110 (50%)	49 (49%)	17 (63%)
<b>Living arrangement</b>			
Alone	95 (43%)	39 (39%)	10 (37%)
With spouse or extended family	127 (57%)	62 (61%)	17 (63%)
<b>Living area</b>			
Urban	105 (48%)	0 (0%)	14 (52%)
Rural	114 (52%)	100 (100%)	13 (48%)
<b>Ethnicity (can choose more than one)</b>			
European	177 (81%)	72 (72%)	19 (70%)
Acadian	51 (23%)	45 (45%)	8 (30%)
Indigenous	7 (3%)	5 (5%)	2 (7%)
Others	7 (3%)	0 (0%)	1 (4%)
<b>Employment status</b>			
Retired	202 (91%)	90 (89%)	26 (96%)
Not retired	20 (9%)	11 (11%)	1 (4%)
<b>Number of chronic conditions</b>	(Total number=218)	(Total number=99)	
0	48 (22%)	19 (19%)	1 (4%)
1	89 (41%)	38 (38%)	10 (37%)
2 or more	81 (37%)	42 (42%)	16 (59%)
<b>Impact of chronic conditions</b>	(Total number=169)	(Total number=79)	(Total number=26)
No impact or a little bit	63 (37%)	31 (39%)	7 (27%)
Moderate	45 (27%)	21 (27%)	7 (27%)
Quite a bit to extreme	61 (36%)	27 (34%)	12 (46%)
<b>Providing care to others</b>	(Total number=213)	(Total number=92)	
Yes	45 (21%)	20 (22%)	9 (33%)
No	168 (79%)	72 (78%)	18 (67%)
<b>Receiving care from others</b>			
Yes	28 (13%)	14 (14%)	5 (18%)
No	194 (87%)	87 (86%)	22 (82%)

### 3.2. Why older Cape Bretoners participated

During follow-up interviews, older Cape Bretoners shared the two most common reasons for participating – to plan for the future and to help their community. These reasons align with recruitment strategies suggested by the Community Coordinators.

Older Cape Bretoners motivated by the need to plan for the future spoke about aging, health, house maintenance, and the need to find resources. They wanted to learn about available resources to plan effectively for future needs.

Civic duty and the desire to contribute to positive change also motivated many participants to help their community. They saw it as a way to address community issues, support others, and have older Cape Bretoners' voices heard.



“ I think the reason I put myself forward for this was to just find out what's available for seniors ”



“ We have to speak out on behalf of our senior citizens or our people in the community ”

## 4. Concerns of Older Cape Bretoners

**222 Older Cape Bretoners answered 56 ACT® Assessment questions.**

**221 Older Cape Bretoners raised 1,877 concerns across 55 ACT® Assessment questions.**

This section includes summaries of the concerns and experiences of three older adults who completed the ACT® Assessment – Mrs. Thompson, Mr. MacDonald, and Mr. McNeil. These individuals are fictional, and their descriptions are based on findings from the project.

### 4.1 All but one participant raised concerns

Even though participants were relatively healthy, the ACT® Assessment questions prompted all but one to identify concerns. On average, each raised eight concerns during the ACT® Assessment (range = 0–26 concerns), and an average of 34 older Cape Bretoners raised concerns for each ACT® Assessment question (range = 0–108 concerns). Only one question (difficulty washing hands and face) did not raise a concern from anyone.

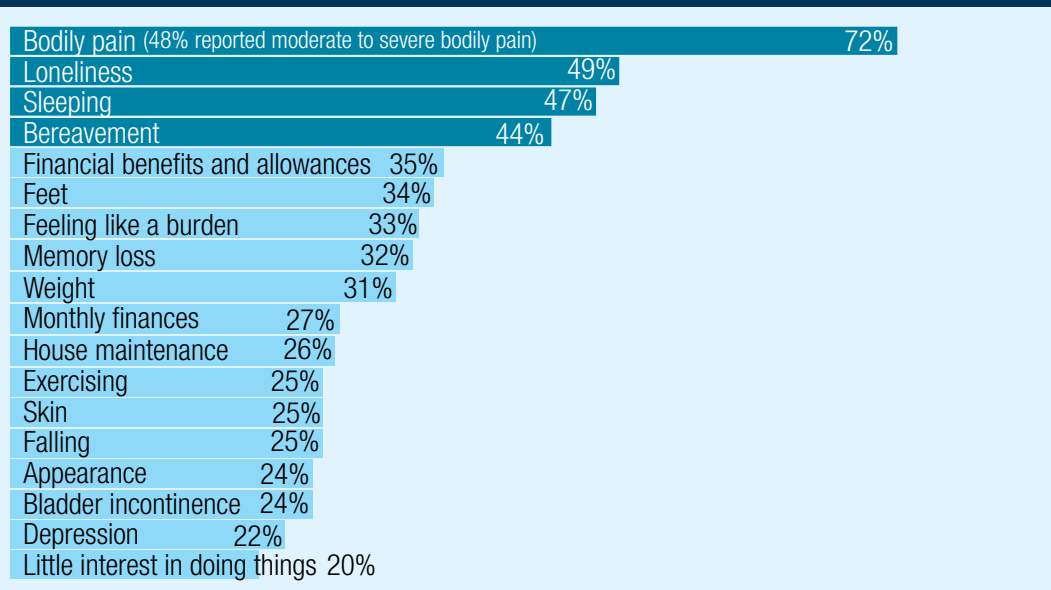
On average, Richmond County participants also raised eight concerns during the ACT® Assessment (range = 0–26 concerns), though the average number of concerns raised for each ACT® Assessment question was lower (average of 14; range = 0–49 concerns). Two questions (difficulty washing hands and face and concern with feeling safe inside) did not raise a concern from anyone in Richmond County.

- Average number of concerns per older Cape Bretoner = 8
- Average number who raised concerns for each question = 34

### 4.2. Most common concerns – Bodily pain, loneliness, sleeping, and bereavement

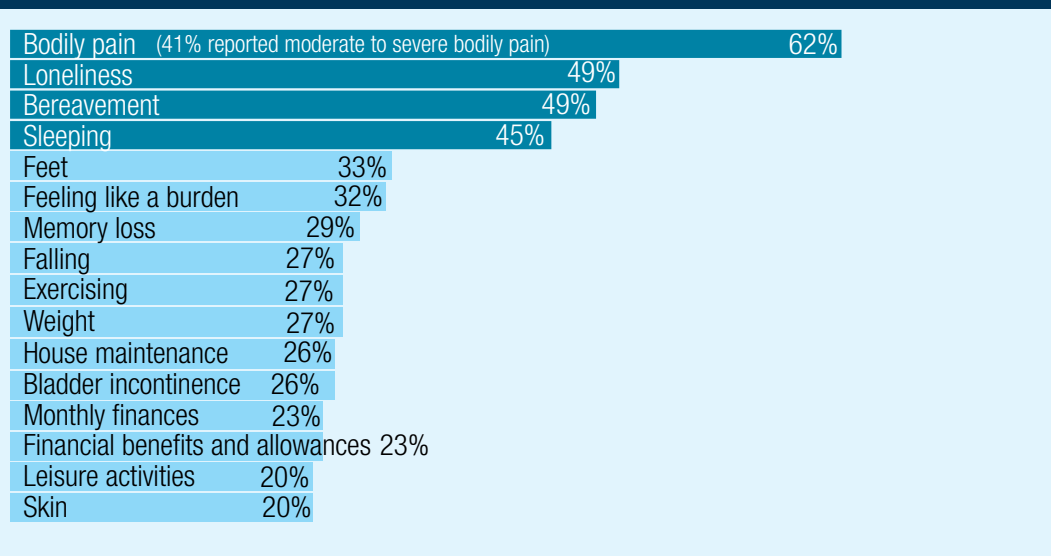
Eighteen concerns were common to at least 20% of older Cape Bretoners, with some common to 40% or more (see Figure 4.1). At least 40% had concerns with bodily pain, loneliness, sleeping, or bereavement. Bodily pain, ranging from mild to severe, was reported by 72% of older Cape Bretoners, with 48% reporting moderate or severe bodily pain. While percentages varied slightly by community, the top 18 concerns did not vary.

**FIGURE 4.1. TOP 18 CONCERNS OF 20% OR MORE OLDER CAPE BRETONERS**



Sixteen of the 18 concerns were common to at least 20% of older Cape Bretoners in Richmond County (see Figure 4.1.1). Like the total group, at least 40% had concerns with loneliness, bereavement, sleeping, and bodily pain. Bodily pain, ranging from mild to severe, was reported by 62% of older adults in Richmond County, with 41% reporting moderate to severe bodily pain.

**FIGURE 4.1.1 TOP 16 CONCERNS OF 20% OR MORE OLDER CAPE BRETONERS IN RICHMOND COUNTY**



### 4.3. Concerns Found in all ACT® domains – Mental health and well-being concerns dominated

Grouping concerns into the six ACT® Assessment domains showed that 47% or more of older Cape Bretoners identified concerns in each domain. Data from Richmond showed similar trends (see Figure 4.2.1), though slightly fewer people had concerns about Accommodation and Finances. Using these findings, which are conservative because they are based on relatively independent people, projections suggest that 11,910 to 23,313 older Cape Bretoners, and 101,203 to 198,099 older Nova Scotians, depending on the domain, share these concerns (see Figure 4.2).

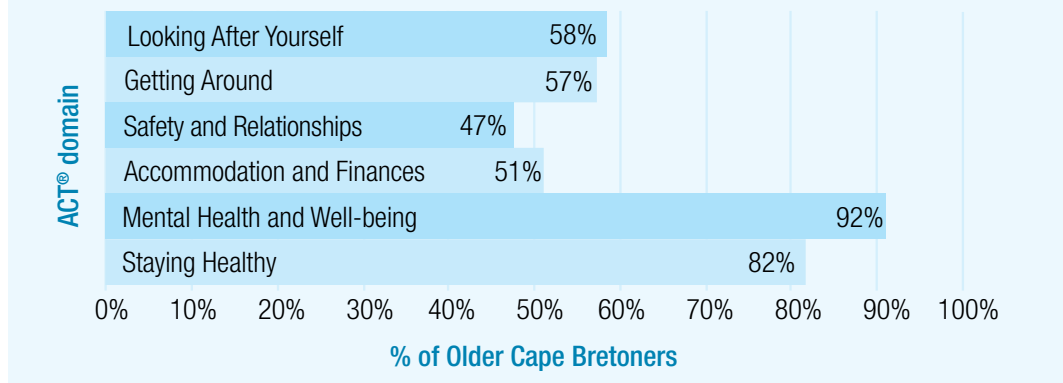
**FIGURE 4.2. NUMBER OF CONCERNS IN EACH ACT® DOMAIN**

ACT® domain	Number of questions per domain	Number (%) of older Cape Bretoners with at least one concern	Projected number of Cape Bretoners over 65 with at least one concern*	Projected number of Nova Scotians over 65 with at least one concern*
1. Looking After Yourself	14	128 (58%)	14,697	14,697
2. Getting Around	8	127 (57%)	14,444	122,735
3. Safety and Relationships	8	108 (47%)	11,910	101,203
4. Accommodation and Finances	4	113 (51%)	12,923	109,816
5. Mental Health and Well-being**	10	204 (92%)***	23,313	198,099
6. Staying Healthy	12	183 (82%)	20,779	176,567

\*According to Statistics Canada (2023), there were 25,340 Cape Bretoners and 215,325 Nova Scotians over the age of 65. This data is based on the 2021 Census (<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>).

\*\*The Mental Health and Well-being domain includes questions on loneliness, sleeping, bereavement, memory loss, depression, little interest in doing things, and bodily pain. When bodily pain is excluded, 87% had at least one concern in this domain.

\*\*\*Calculations based on people with moderate to severe levels of bodily pain.

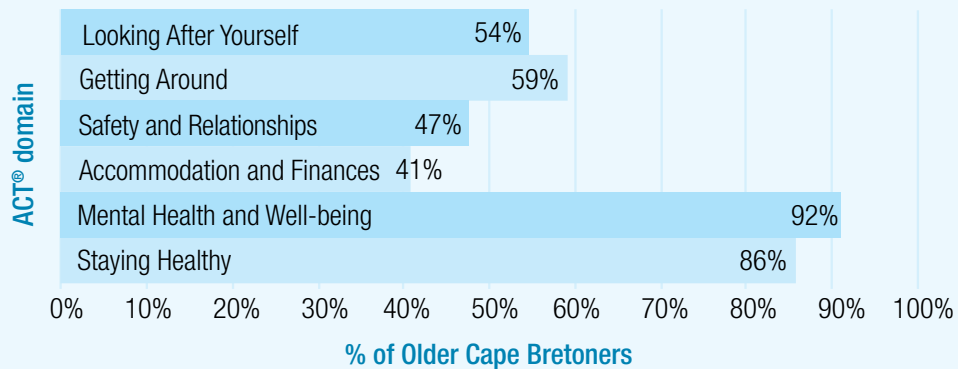


**FIGURE 4.2.1** NUMBER OF CONCERNS IN EACH ACT® DOMAIN IN RICHMOND COUNTY

ACT® domain	Number of questions per domain	Number (%) of older Cape Bretoners with at least one concern
1. Looking After Yourself	14	55 (54%)
2. Getting Around	8	60 (59%)
3. Safety and Relationships	8	47 (47%)
4. Accommodation and Finances	4	41 (41%)
5. Mental Health and Well-being**	10	93 (92%)
6. Staying Healthy	12	87 (86%)

\*The Mental Health and Well-being domain includes questions on loneliness, sleeping, bereavement, memory loss, depression, little interest in doing things, and bodily pain. When bodily pain is excluded, 86% had at least one concern in this domain.

\*\*Calculations based on people with moderate to severe levels of bodily pain.



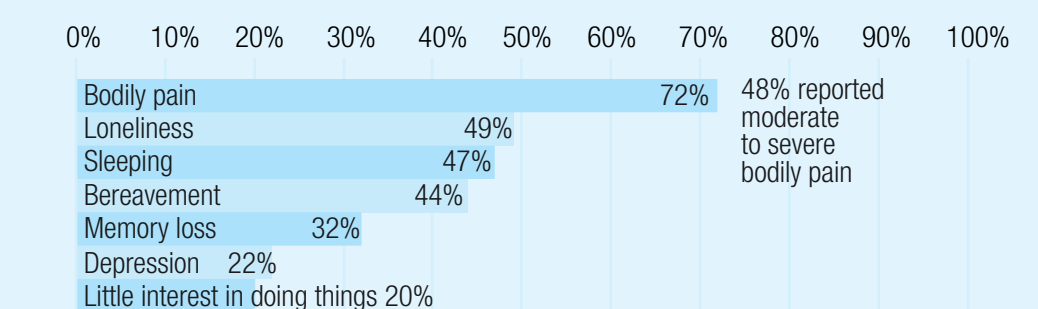
• 92% of older Cape Bretoners reported at least one concern related to mental health and well-being.

• Only 22 out of 222 older Cape Bretoners had no mental health concerns.

• These findings suggest that 23,313 older Cape Bretoners and 198,099 older Nova Scotians also have mental health concerns.

Issues in the Mental Health and Well-being domain were of greatest concern to older Cape Bretoners. Only 8% of all older Cape Bretoners reported no mental health concerns (note: bodily pain is included in this domain). Between 20% and 49% raised concerns with seven of the ten questions in this ACT® domain. For example, 49% were concerned about loneliness, 44% about bereavement, and 32% about memory loss. Trends were similar in Richmond County (see Figure 4.3.1), however fewer had concerns with depression and little interest in doing things. Population projections suggest that over 12,417 Cape Bretoners may be concerned about loneliness, 11,150 about bereavement, and 8,109 about memory loss (see Figures 4.3).

**FIGURE 4.3.** MENTAL HEALTH AND WELL-BEING CONCERNS OF AT LEAST 20% OF OLDER CAPE BRETONERS



Concern*	Number (%) of older Cape Bretoners with concern	Projected number of Cape Bretoners over 65 with concern**	Projected number of Nova Scotians over 65 with concern**
Bodily pain (moderate +)***	106 (48%)	12,163	103,356
Loneliness	108 (49%)	12,417	105,509
Sleeping	105 (47%)	11,910	101,203
Bereavement	97 (44%)	11,150	94,743
Memory loss	72 (32%)	8,109	68,904
Depression	49 (22%)	5,575	47,372
Little interest in doing things	44 (20%)	5,068	43,065

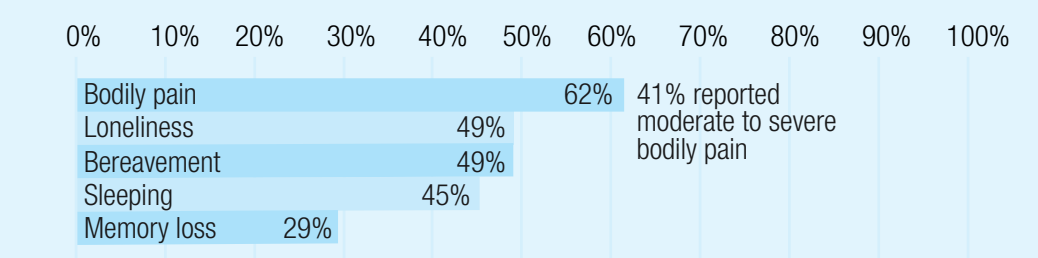
\*Only concerns identified by at least 20% of older Cape Bretoners are included.

\*\*According to Statistics Canada (2023), there were 25,340 Cape Bretoners and 215,325 Nova Scotians over the age of 65.

This data is based on the 2021 Census (<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>).

\*\*\*Calculations based on people with moderate to severe levels of bodily pain.

**FIGURE 4.3.1** MENTAL HEALTH AND WELL-BEING CONCERNS OF AT LEAST 20% OF OLDER CAPE BRETONERS IN RICHMOND COUNTY



Concern*	Number (%) of older Cape Bretoners in Richmond County with concern
Loneliness	49 (49%)
Bereavement	49 (49%)
Sleeping	45 (45%)
Bodily pain (moderate +)**	41 (41%)
Memory loss	29 (29%)

\*Only concerns identified by at least 20% of older Cape Bretoners in Richmond County are included.

\*\*Calculations based on people with moderate to severe levels of bodily pain.

## Meet Mrs. Thompson

**Before participating in the ACT® assessment, Mrs. Thompson\* introduces herself to the trained Assessor.**

Mrs. Thompson, a 78-year-old widow who lives with Family in an urban area, volunteered to participate in the ACT® Assessment to plan for her future. She has two chronic health conditions that impact her everyday life a little bit.

**With the trained Assessor, Mrs. Thompson answered the ACT® Assessment questions to identify her concerns.**

Loneliness was a significant concern for Mrs. Thompson, as she had little social interaction. Depression and low interest in leisure activities were highlighted as additional concerns.

**After identifying her concerns, Mrs. Thompson was asked which items she wanted to prioritize and seek resources for.**

Mrs. Thompson prioritized concerns about loneliness and leisure activities because she wanted to learn what was available in her community. When she was asked if she wanted to prioritize her concern about depression, she said that she was taking care of it. The Assessor noted that she seemed shy or ashamed about this aspect of her health.

**Using the ACT® Database, the following resources were chosen by Mrs. Thompson and were included in her Individual Action Plan:**

- Friendly Calls Program – Weekly phone calls to combat loneliness
- Community Seniors' Lunches – Regular social events in her community

**Mrs. Thompson then requested navigational aid to help follow up with these supports.**

She was encouraged to share her Individual Action Plan with her family members or family doctor to provide navigational support.

**\*The description of Mrs. Thompson is based on findings from the project. All names and identifying information are fictional.**

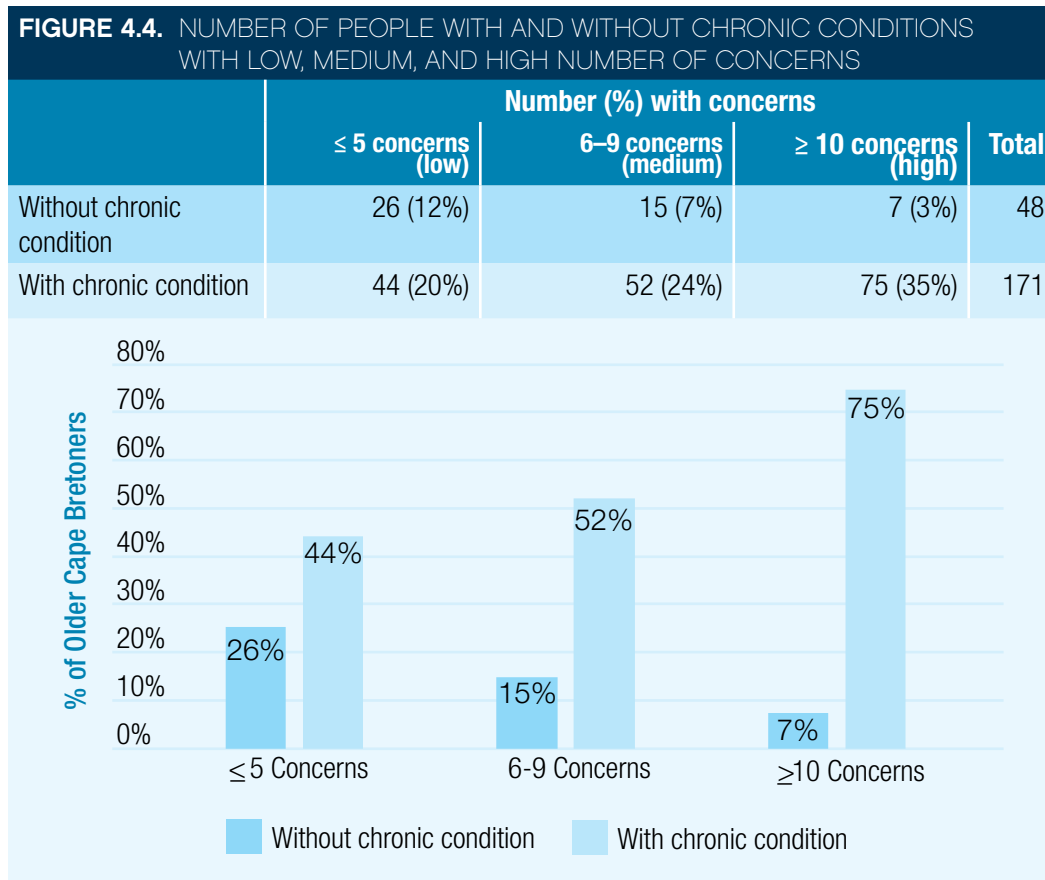
Findings from the linked ICOPE screening questions showed similar results with 50% of older Cape Bretoners screening positive for loneliness, 33% for depression, and 19% for cognitive impairment. In Richmond County, ICOPE screening questions showed 49% of participants screening positive for loneliness, 27% for depression, and 18% for cognitive impairment. ICOPE clinical pathways suggest that those who screen positive should be considered for a more thorough assessment. More complete results from the ICOPE screening questions can be found in Section 4.7.

#### 4.4. Living with chronic conditions meant more concerns

People living with chronic conditions had more concerns than those without chronic conditions (see Figure 4.4). The six concerns most common for people living with one or more self-reported chronic conditions were:

- foot problems,
- shopping,
- time orientation,
- bodily pain (moderate +),
- leisure activities, and
- general health.

In Richmond County, the three most common concerns for people living with one or more self-reported chronic conditions were bladder incontinence, foot problems, and bodily pain (moderate +) (see Figure 4.4.1).



## Meet Mr. MacDonald

**Before participating in the ACT® Assessment, Mr. MacDonald\* introduces himself to the trained Assessor.**

Mr. MacDonald, a 66-year-old retired schoolteacher living in a rural community, completed the ACT® Assessment to see what resources were available to help with his chronic conditions. He has been managing Type 2 diabetes and hypertension for over a decade and is looking for resources to help improve the impact of these conditions on his everyday life.

**With the trained Assessor, Mr. MacDonald answered the ACT® Assessment questions to identify his concerns.**

Mr. MacDonald highlighted concerns about maintaining a healthy diet and regular physical activity due to limited local resources. He also mentioned experiencing fatigue and stress related to managing his health, which affected his ability to engage in hobbies and social activities.

**After identifying his concerns, Mr. MacDonald was asked which items he wanted to prioritize and seek resources for.**

Mr. MacDonald prioritized searching for resources about learning strategies to manage his diet better and find ways to incorporate more socialized physical activity into his routine.

**Using the ACT® Database, the following resources were chosen by Mr. MacDonald and included in his Individual Action Plan:**

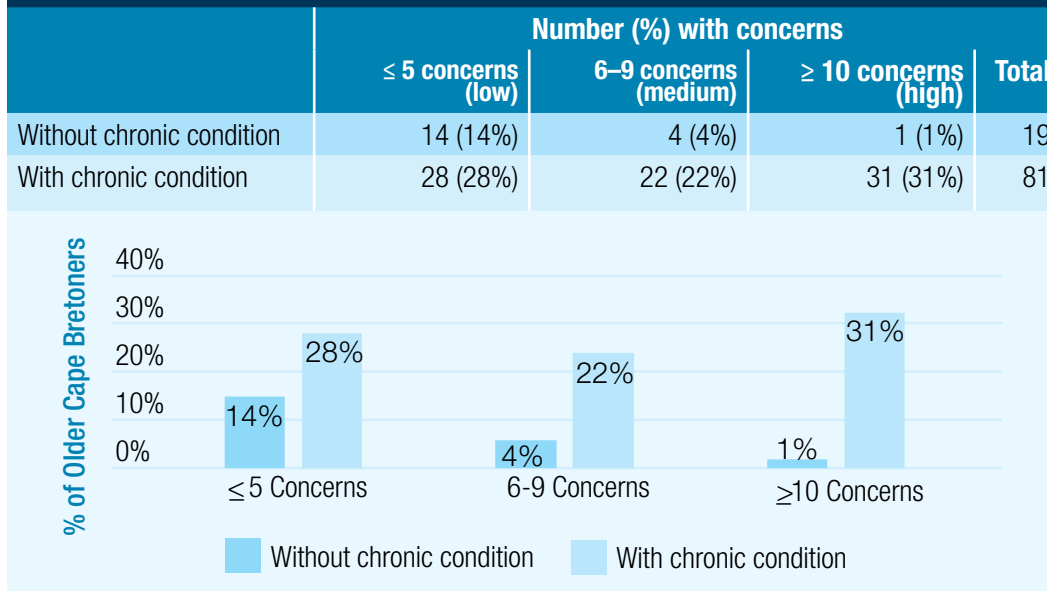
- Nutritionist – Support focused on meal planning and healthy eating
- Fitness Class – An exercise program designed for individuals with chronic conditions, including chair yoga and the ability to connect with others

**Mr. MacDonald planned to share his Individual Action Plan with his family and family doctor, believing he may need help to implement it.**

He was encouraged to share his Individual Action Plan with his healthcare provider for routine check-ins and family for a supportive environment.

**\*The description of Mr. MacDonald is based on findings from the project. All names and identifying information are fictional.**

**FIGURE 4.4.1** NUMBER OF PEOPLE IN RICHMOND COUNTY WITH AND WITHOUT CHRONIC CONDITIONS WITH LOW, MEDIUM, AND HIGH NUMBER OF CONCERNS



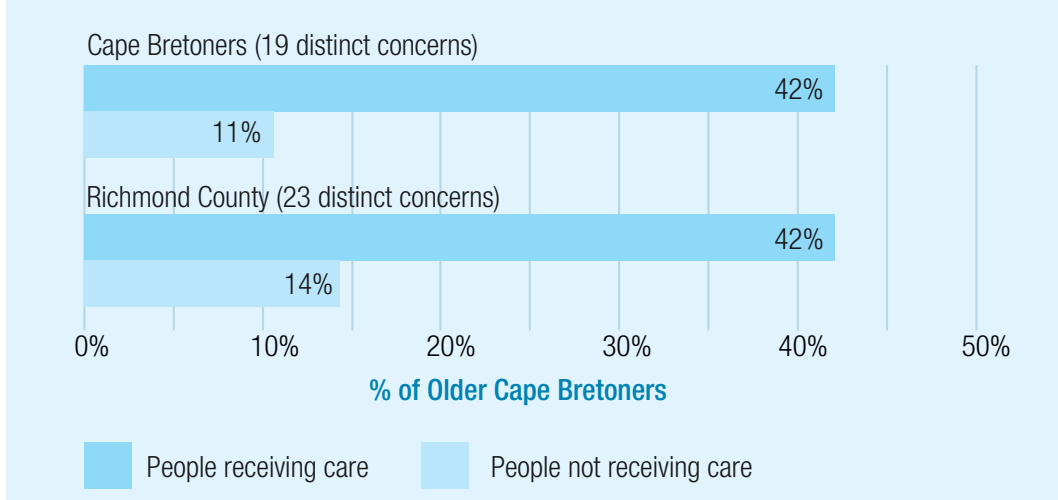
#### 4.5. Older Cape Bretoners who self-reported receiving care from someone else had distinct concerns

When completing the ACT® Assessment, older Cape Bretoners were asked if they received care from someone else (paid or unpaid). Although this was a small number of respondents (28 people or 13% of the total sample), they raised 21% of all expressed concerns (see Figure 4.5). In Richmond County, 14 people or 14% received care from someone else and they raised 26% of all concerns.

Not only did they raise a large proportion of concerns, but their concerns were distinct from concerns expressed by people not receiving care. There were 19 concerns associated with receiving care and 18 of these were seldom raised by older Cape Bretoners not receiving care from others. Out of the 19 distinct concerns, 42% of those receiving care reported at least one as a concern, whereas only 11% of those not receiving care reported one or more concerns. In Richmond County, out of the 23 distinct concerns, the same percentage (42%) of those receiving care reported at least one concern. The percentage of those not receiving care reported who reported one or more concerns was similar at 14%. In other words, people not receiving care were much less likely to experience these concerns.

When these concerns were grouped using the ACT® Assessment domains, further differences became apparent (see Table 4.1). Concerns related to looking after yourself and getting around dominated, rather than concerns related to mental health and well-being, as seen with the total group. People receiving care from others were more likely to have concerns related to dressing, bathing, preparing meals, mobility indoors and out, and memory and cognition. People not receiving care rarely raised these concerns.

**FIGURE 4.5.** PERCENTAGE OF OLDER CAPE BRETONERS WITH AND WITHOUT CHRONIC CONDITIONS PRIORITIZING AT LEAST ONE DISTINCT CONCERN



**TABLE 4.1. 18 DISTINCT CONCERNS REPORTED BY THOSE RECEIVING CARE**

ACT® domain	Concern of all older Cape Bretoners	Concerns of older adults in Richmond
1. Looking After Yourself	Keeping up with appearance	Seeing
	Dressing	Keeping up with appearance
	Bathing/showering	Dressing
	Preparing meals	Bathing/showering
	Feeding themselves	House maintenance
	Taking medicine	Preparing meals
	Using the toilet	Feeding themselves
		Taking medicine
	Using the toilet	
2. Getting Around	Moving indoors	Moving from bed to chair
	Using the stairs	Moving indoors
	Walking outside	Using the stairs
	Shopping	Walking outside
	Accessing public services	Shopping
		Accessing public services
3. Safety and Relationships	Talking through troubles	Communicating using technology
		Talking through troubles
		Being a burden Safety outside
4. Accommodation and Finances	Personal finances	Personal finances
5. Mental Health & Well-being	Where are you now?	Where are you now?
	Recall three words	Little interest in doing things
6. Staying Healthy	Leisure activities	Leisure activities
	General health	

• Older Cape Bretoners receiving paid or unpaid care from others raised 21% of total concerns.

• Those receiving care had a distinct set of concerns, many of which related to activities of daily living and mobility.

#### 4.6. What older Cape Bretoners were not concerned about

Several areas were of less concern to older Cape Bretoners. For instance, less than 5% had concerns related to activities of daily living, moving around indoors, their accommodations, safety outside, personal finances (note: personal finances refers to the ability to manage personal finances, while financial benefits and allowances refers to financial assistance), and communicating using technology (see Table 4.2). Similar results were found in Richmond county.

Given the independent nature of the older Cape Bretoners who participated, the lack of concern with matters such as personal care and personal finances is understandable. These concerns are likely to be more common for people receiving in-home support or living in long-term care. This idea is further supported by the fact that, as seen in Section 4.5, participants with these concerns were those receiving care from others.

**TABLE 4.2.** CONCERNS OF LESS THAN 5% OF OLDER CAPE BRETONERS

Concern	Number (%) older Cape Bretoners with concern	Number (%) older adults in Richmond
Washing hands/face	0 (0%)	0 (0%)
Feeding themselves	1 (0.5%)	1 (1.0%)
Using the toilet	1 (0.5%)	1 (1.0%)
Where are you now?	2 (0.9%)	2 (2.0%)
Appearance	3 (1.4%)	3 (3.0%)
Moving from bed to chair	3 (1.4%)	2 (2.0%)
Safety inside	4 (1.8%)	0 (0%)
Bathing/showering	7 (3.2%)	> 5%
Move indoors	7 (3.2%)	2 (2.0%)
Safety outside	7 (3.2%)	3 (3.0%)
Communicating using technology	8 (3.6%)	> 5%
Accommodation	8 (3.6%)	2 (2.0%)
Personal finances	8 (3.6%)	> 5%
Dressing	9 (4.1%)	> 5%
Taking medicine	10 (4.5%)	> 5%
Seeing	> 5%	4 (4.0%)
Drinking alcohol	> 5%	4 (4.0%)

#### 4.7. ICOPE screening shows many older Cape Bretoners potentially vulnerable

The ICOPE screening questions identify individuals who may need either preventive or active care to maintain intrinsic capacities or who might benefit from social care or support (see Table 4.3). The screening questions suggest the need for more in-depth evaluations and possible clinical pathways.

**TABLE 4.3.** OLDER CAPE BRETONERS WHO SCORED POSITIVE ON ICOPE DOMAINS (TOTAL NUMBER = 222)

Intrinsic capacity			Social care and environmental needs		
ICOPE domain	Number (%) Cape Breton	Number (%) Richmond	ICOPE domain	Number (%) Cape Breton	Number (%) Richmond
Falls	55 (25%)	27 (27%)	Home environment	8 (4%)	2 (2%)
Vision	16 (7%)	4 (4%)	Financial situation (total: 221)	61 (28%)	24 (24%)
Hearing	35 (16%)	13 (13%)	Loneliness	110 (50%)	49 (49%)
Nutrition	38 (17%)	14 (14%)	Social participation	36 (16%)	20 (20%)
Oral Health (total: 221)	34 (15%)	14 (14%)	Activities of daily living	13 (6%)	9 (9%)
Locomotor (mobility)	9 (4%)	4 (4%)	Safeguarding	37 (17%)	16 (16%)
Cognition (total: 220)	43 (19%)	18 (18%)			
Depression (total:220)	73 (33%)	27 (27%)			
Incontinence	64 (29%)	31 (31%)			

• Older Cape Bretoners screened positive for several ICOPE domains:
 

- Loneliness-50%
- Depression-33%
- Incontinence-29%
- Financial situation-28%
- Falls-25%

## Meet Mr. McNeil

**Before participating in the ACT® Assessment, Mr. McNeil\* introduces himself to the trained Assessor.**

Mr. McNeil, a 72-year-old living with his wife in an urban community, participated in an ACT® Assessment at the suggestion of his family. They encouraged him to participate to better prepare for potential age-related impairments. The assessment included the Integrated Care for Older People (ICOPE) screening as part of the ACT® Assessment.

**With the trained Assessor, Mr. McNeil answered the ACT® Assessment questions to identify his concerns.**

During the assessment, several concerns were identified and screened positive in the ICOPE intrinsic domains. Mr. McNeil reported difficulty climbing stairs and walking longer distances due to joint pain, screening positive for the mobility domain. He also expressed concerns about occasional forgetfulness and misplacing items, which he worried might affect his independence, and screened positive for the cognition domain.

**After identifying his concerns, Mr. McNeil was asked which items he wanted to prioritize and seek resources for.**

Mr. McNeil prioritized addressing his mobility and expressed a desire to remain active and independent for as long as possible. Although he acknowledged his cognitive concerns, he did not want to focus on them at this time, stating he would revisit the issue if it worsened.

**Using the ACT® Database, the following resources were chosen by Mr. McNeil and included in his Individual Action Plan:**

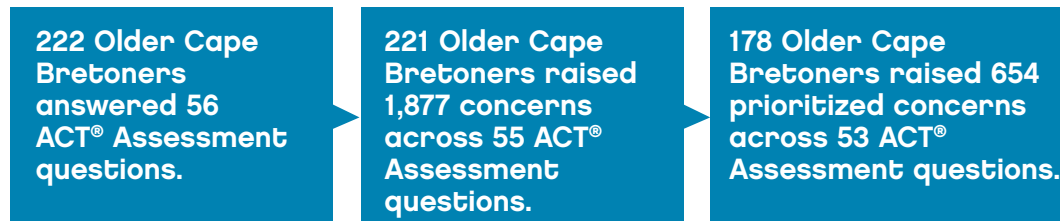
- Exercise Program – Support program focusing on strength and balance
- Physiotherapist and Occupational Therapist – Personalized movements and exercises to manage joint pain and improve mobility

**Mr. McNeil was glad that he took the time to complete the ACT® Assessment and think about his needs.**

Mr. McNeil felt empowered to take charge of his health and was optimistic about maintaining his independence, while his family felt confident that he had the support he needed. Mr. McNeil agreed to discuss his cognitive health in more detail during a follow-up screening in three months.

**\*The description of Mr. McNeil is based on findings from the project. All names and identifying information are fictional.**

## 5. Concerns that Older Cape Bretoners Prioritized



### 5.1. More older Cape Bretoners identified concerns than sought resources

When given the opportunity to prioritize important concerns and learn about and select resources, many were deliberate about which concerns to prioritize. On average, each respondent prioritized three concerns during the ACT® Assessment (range = 0–23 concerns) and an average of 12 older adults prioritized each concern. In Richmond County, on average, each respondent prioritized the same number of concerns (3; range = 0–23) but, on average, only five older adults prioritized each concern.

- **49% of all older Cape Bretoners prioritized at least one mental health concern during the ACT® Assessment.**  
This finding equates to:
  - 12,163 older Cape Bretoners, and
  - 103,356 older Nova Scotians.

Mental health and well-being concerns continued to dominate when older Cape Bretoners and those living in Richmond prioritized their concerns (see Tables 5.1 and 5.1.1). Population projections suggest that, given the opportunity, 12,417 older Cape Bretoners and 105,509 Nova Scotians would prioritize looking for mental health resources. Concerns about staying healthy closely followed, with 40% of older Cape Bretoners prioritizing one or more concerns.

**TABLE 5.1.** NUMBER OF CONCERNS COMPARED TO PRIORITIZED CONCERNS

ACT® domain	Number of possible concerns	Number (%) of older Cape Bretoners with at least one concern	Number (%) of older Cape Bretoners with at least one prioritized concern	Projected number of Cape Bretoners over 65 who would prioritize at least one concern*	Projected number of Nova Scotians over 65 who would prioritize at least one concern*
1. Looking After Yourself	14	128 (58%)	67 (30%)	7,602	64,598
2. Getting Around	8	127 (57%)	54 (24%)	6,082	51,678
3. Safety and Relationships	8	108 (47%)	44 (20%)	5,068	43,065
4. Accommodation and Finances	4	113 (51%)	80 (36%)	9,122	77,517
5. Mental Health & Well-being**	10	204 (92%)***	108 (48%)	12,163	103,356
6. Staying Healthy	12	183 (82%)	89 (40%)	10,136	86,130

\*According to Statistics Canada (2023), there were 25,340 Cape Bretoners and 215,325 Nova Scotians over the age of 65.

This data is based on the 2021 Census (<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>).

\*\*The Mental Health and Well-being domain includes questions on loneliness, sleeping, bereavement, memory loss, depression, little interest in doing things, and bodily pain. When bodily pain is excluded, 87% had at least one concern in this domain.

\*\*\*Calculations based on people with moderate to severe levels of bodily pain.

**TABLE 5.1.1.** NUMBER OF CONCERNS COMPARED TO PRIORITIZED CONCERNS IN RICHMOND COUNTY

ACT® domain	Number of possible concerns	Number (%) of older Cape Bretoners in Richmond County with at least one concern	Number (%) of older Cape Bretoners in Richmond County with at least one prioritized concern
1. Looking After Yourself	14	55 (54%)	29 (29%)
2. Getting Around	8	60 (59%)	29 (29%)
3. Safety and Relationships	8	47 (47%)	21 (21%)
4. Accommodation and Finances	4	41 (41%)	27 (27%)
5. Mental Health & Well-being**	10	93 (92%)**	43 (43%)
6. Staying Healthy	12	87 (86%)	39 (39%)

\*The Mental Health and Well-being domain includes questions on loneliness, sleeping, bereavement, memory loss, depression, little interest in doing things, and bodily pain. When bodily pain is excluded, 86% had at least one concern in this domain.

\*\*Calculations based on people with moderate to severe levels of bodily pain.

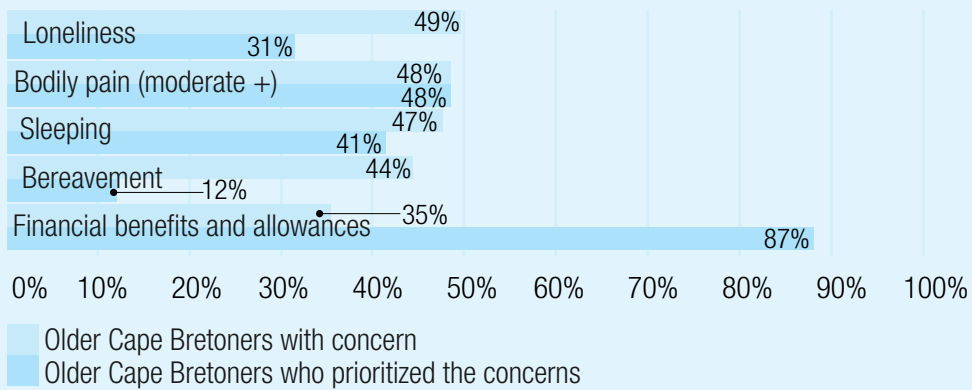
## 5.2. Some concerns were prioritized but others were not

Some concerns were more likely to be prioritized and lead to a search for resources than others and the most common concerns were not always prioritized. Three of the top concerns were financial benefits and allowances, loneliness, and bereavement. While most older Cape Bretoners prioritized financial benefits and allowances and looked for resources, very few who prioritized loneliness or bereavement did so (see Figures 5.1 and 5.1.1). In fact, only 12% of the 97 who named bereavement as a concern made it a priority. As a result, bereavement was one of the least prioritized concerns.

**FIGURE 5.1.** COMPARISON OF OLDER CAPE BRETONERS' CONCERNS VERSUS PRIORITIZED CONCERNS

Top 5 ACT® Concerns	Number (%) of older Cape Bretoners with concern	Number (%) of older Cape Bretoners who prioritized the concern*
Loneliness	108 (49%)	33 (31%)
Bodily pain (moderate +)	106 (48%)	51 (48%)
Sleeping	105 (47%)	41 (41%)
Bereavement	97 (44%)	12 (12%)
Financial benefits and allowances	77 (35%)	67 (87%)

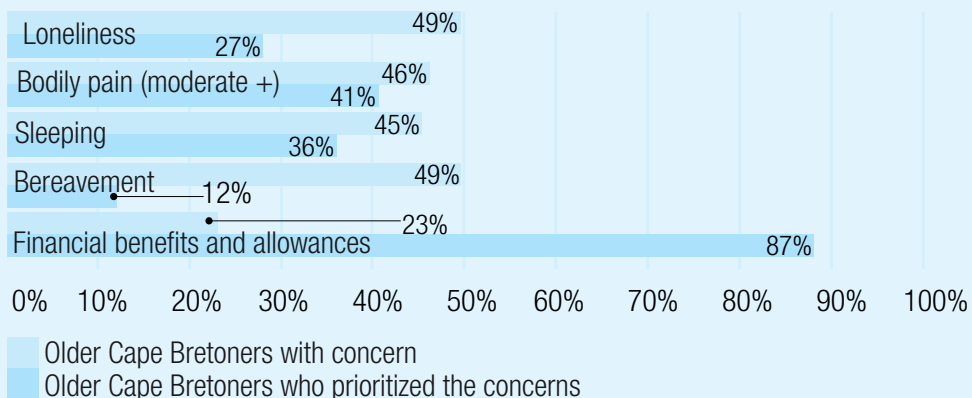
\*Percentages were calculated using the number with the concern as the denominator.



**FIGURE 5.1.1.** COMPARISON OF OLDER CAPE BRETONERS' CONCERNS VERSUS PRIORITIZED CONCERNS IN RICHMOND COUNTY

Top 5 ACT® Concerns	Number (%) of older Cape Bretoners with concern	Number (%) of older Cape Bretoners who prioritized the concern*
Loneliness	49 (49%)	13 (27%)
Bodily pain (moderate +)	41 (41%)	19 (46%)
Sleeping	45 (45%)	16 (36%)
Bereavement	49 (49%)	6 (12%)
Financial benefits and allowances	23 (23%)	20 (87%)

\*Percentages were calculated using the number with the concern as the denominator.



Eleven concerns were most prominent. In other words, older adults who had these 11 concerns often saw them as a priority. For example, for those who were concerned about having an emergency contact, 72% prioritized this concern. Similarly, 41% of those concerned about house maintenance, bowel incontinence, or their feet prioritized them. Interestingly, nine of these 11 concerns were not in the top five most expressed concerns. For instance, only 12% and 31% of people with concerns about bereavement or loneliness, respectively, prioritized these concerns (see Table 5.2). A similar pattern was seen in Richmond County (see Table 5.2.1). Even though the top five concerns varied slightly from the total group, the prioritized concerns still did not mirror these top concerns.

**• 40% or more of older Cape Bretoners prioritized 11 concerns during the ACT® Assessment. However, older Cape Bretoners' most prioritized concerns did not align with their top five concerns.**

**TABLE 5.2. THE MOST AND LEAST PRIORITIZED CONCERNS OF OLDER CAPE BRETONERS**

	Concern	Number with concern	Number who prioritized the concern	Percentage who prioritized the concern
Top five concerns*	Loneliness	108	33	31%
	Bodily pain (moderate +)	106	51	48%
	Sleeping	105	41	39%
	Bereavement	97	12	12%
	Financial benefits and allowances	77	67	87%
Most prioritized concerns	Financial benefits and allowances	77	67	87%
	Emergency contact	18	13	72%
	Bodily pain (moderate +)	106	51	48%
	Mouth/teeth	34	16	47%
	Diet or nutrition	38	17	45%
Least prioritized concerns	Recall three words	27	3	11%
	Bereavement	97	12	12%
	Blood pressure	33	5	15%
	Appearance	54	9	17%
	Little interest in doing things	44	9	21%

\*Concerns identified by less than 5% of older Cape Bretoners are excluded.

**TABLE 5.2.1.** THE MOST AND LEAST PRIORITIZED CONCERNS OF OLDER CAPE BRETONERS IN RICHMOND COUNTY

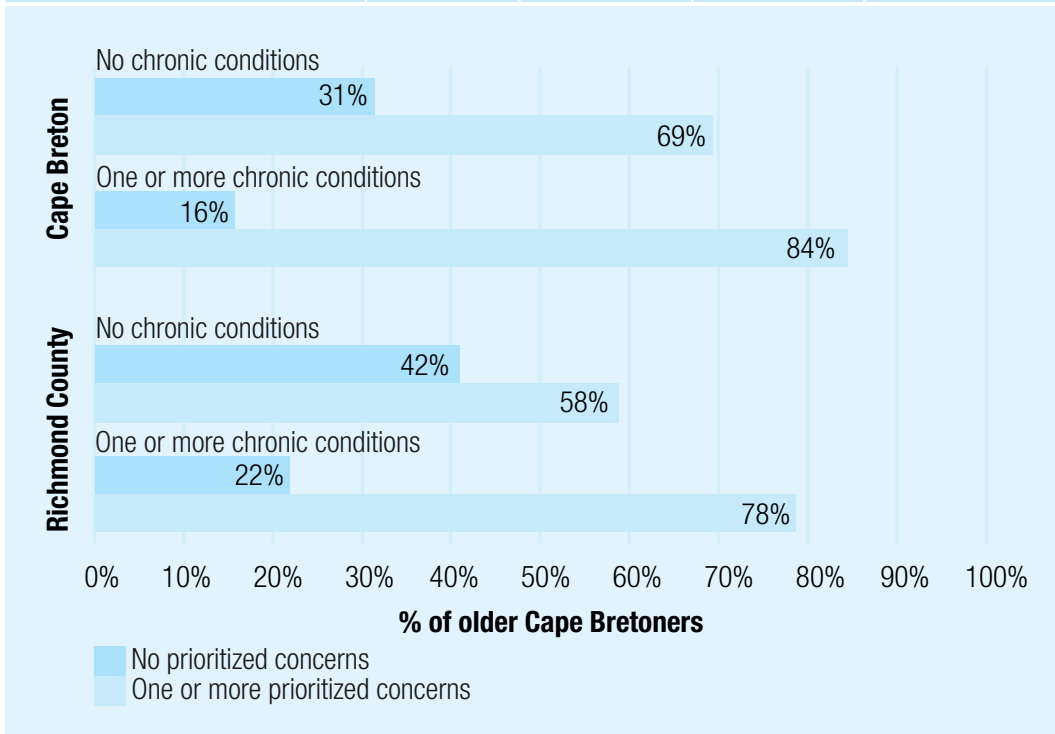
	Concern	Number with concern	Number who prioritized the concern	Percentage who prioritized the concern
Top five concerns*	Loneliness	49	13	27%
	Bereavement	49	6	12%
	Sleeping	45	16	36%
	Bodily pain (moderate +)	41	19	46%
	Feet problems	33	16	49%
Most prioritized concerns	Financial benefits and allowances	23	20	87%
	Emergency call	11	8	73%
	Weight	27	14	52%
	Mouth and teeth	14	7	50%
	Diet and nutrition	14	7	50%
Least prioritized concerns	Technology communication	6	0	0%
	Bereavement	49	6	12%
	Taking medications	8	1	13%
	Recall three words	14	2	14%
	Feeling threatened	7	1	14%

\*Concerns identified by less than 5% of older Cape Bretoners in Richmond County are excluded.

Not surprisingly, older Cape Bretoners with chronic conditions prioritized more concerns than those without. For instance, 84% with one or more conditions prioritized at least one concern during the ACT® Assessment, compared to 69% without chronic conditions (see Figure 5.2).

**FIGURE 5.2.** COMPARISONS OF PRIORITIZED CONCERNS OF OLDER CAPE BRETONERS WITH AND WITHOUT CHRONIC CONDITIONS

	Number of chronic conditions in Cape Breton		Number of chronic conditions in Richmond County	
	None	One or more	None	One or more
Number (%) of older Cape Bretoners with no prioritized concerns	15 (31%)	28 (16%)	8 (42%)	18 (22%)
Number (%) of older Cape Bretoners with one or more prioritized concerns	33 (69%)	142 (84%)	11 (58%)	63 (78%)



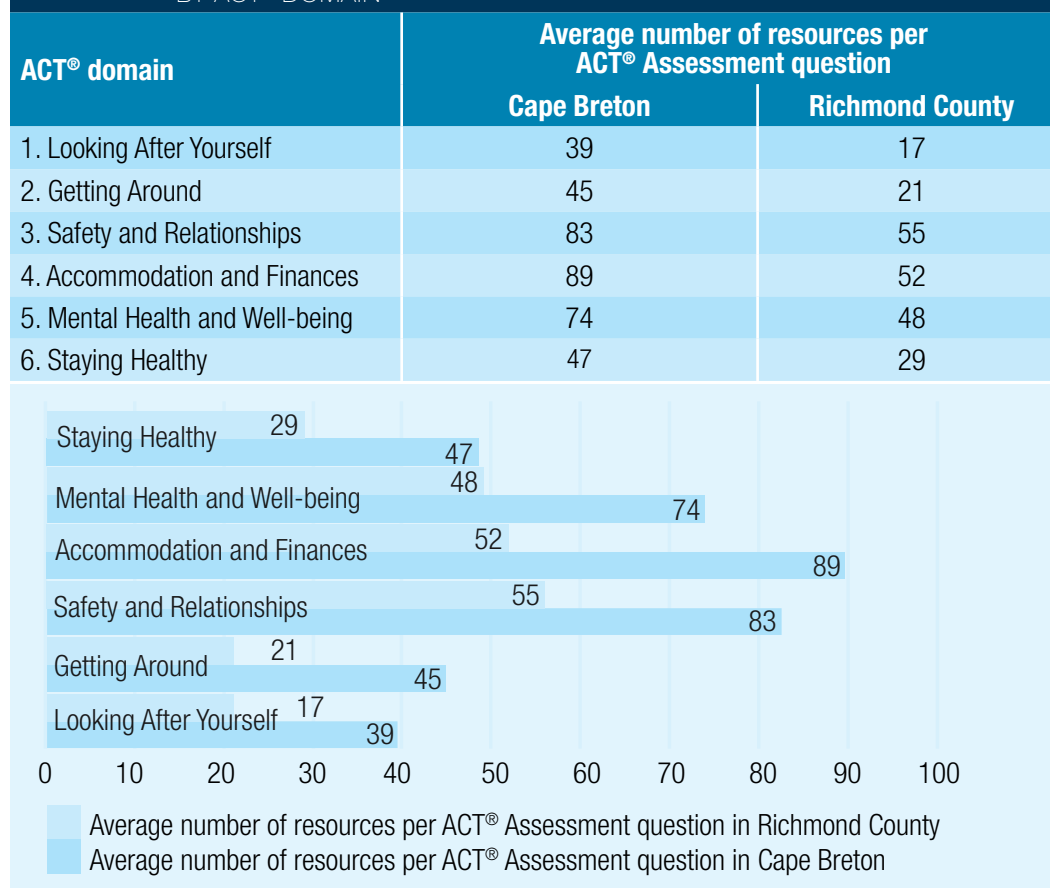
## 6. Resources Available in Database

### 6.1. Many resources were available in Cape Breton

Each community developed its own resource database. Resources were assigned to each of the 56 ACT® Assessment questions, and a single resource could be assigned to more than one question.

Across the three ACT® Databases, there was a total of 652 unique resources provided by 363 organizations. In Richmond County, there were 292 unique resources provided by 218 organizations. The ACT® domains with the most resources per question were Accommodation and Finances, and Safety and Relationships (see Figure 6.1). While older Cape Bretoners raised the most concerns in the Mental Health and Well-being and Staying Healthy domains, the average number of resources per concern was lower than for Accommodation and Finances and Safety and Relationships domains. In fact, the number of resources linked to the Staying Healthy domain was the lowest of all domains.

**FIGURE 6.1.** AVERAGE NUMBER OF RESOURCES ASSIGNED BY ACT® DOMAIN



Each of the 652 resources was categorized by:

- 1) type of organization (non-profit / government / for-profit),
- 2) delivery format (in-person / telephone/virtual / informational/online only),
- 3) whether it was indexed in 211 NS or not (yes / no), and
- 4) whether it was provided by a healthcare professional or not (yes / no).

**TABLE 6.1. DEFINITIONS FOR ORGANIZATION AND DELIVERY TYPES OF RESOURCES**

Organization type	Delivery type
<b>Non-profit:</b> resources provided for a collective, public, or social benefit, not to generate revenue.	<b>In-person:</b> resources with in-person service delivery or accessibility components.
<b>Government:</b> resources fully or partially funded by national, provincial, or municipal governments.	<b>Telephone/virtual:</b> resources that offer synchronous telephone or virtual services, but do not deliver in-person options.
<b>For-profit:</b> resources that operate as businesses focused on generating a profit.	<b>Informational/online only:</b> resources that provide online information only.

Resources provided by non-profit organizations (54%) were the most common type. Resources provided by government organizations (26%) and for-profits (20%) were less common. In-person resources were by far the most common delivery format with 54% of those included offering in-person visits or meetings (see Figures 6.2 and 6.2.1).

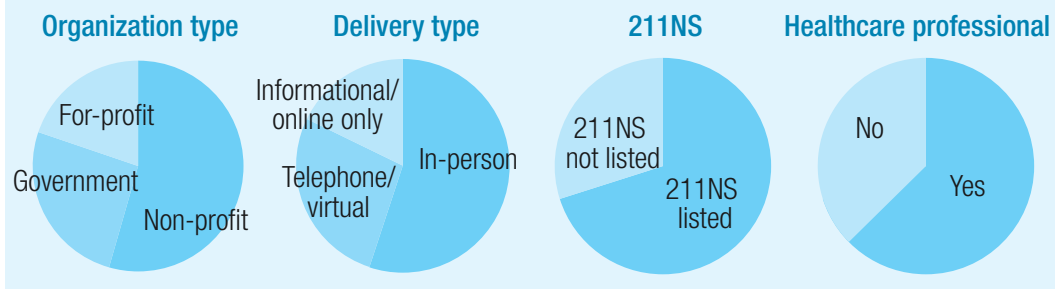
Cross-referencing with the 211NS database indicates that 30% of the resources used in this project were not listed by 211NS. Based on discussions with Community Coordinators and 211NS, this is likely because some resources do not fit 211NS’s criteria for inclusion and/or are not well known.

Interestingly, 63% of all resources were offered by healthcare professionals (see Figure 6.2.).

- Non-profits and in-person delivery were the most common types of resources.
- 30% of resources included in the project’s databases were not listed by 211NS.

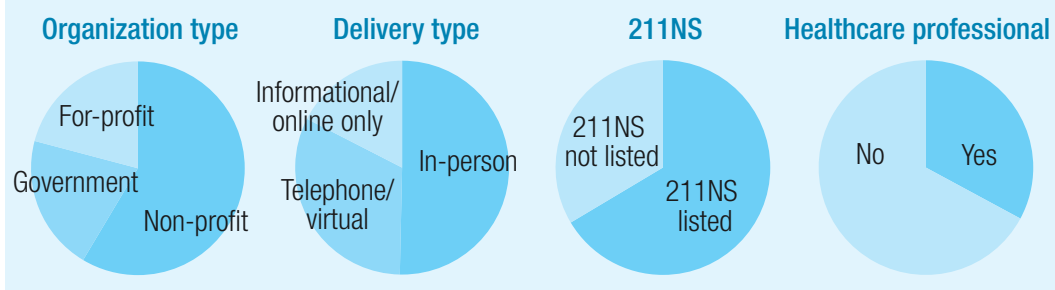
**FIGURE 6.2.** ORGANIZATION AND DELIVERY TYPES OF RESOURCES IN THE ACT® DATABASE

Organization type	Number (%)	Delivery type	Number (%)
Non-profit	355 (54%)	In-person	359 (54%)
Government	168 (26%)	Telephone/virtual	177 (27%)
For-profit	129 (20%)	Informational/online only	129 (19%)
211NS	Number (%)	Healthcare professional	Number (%)
211NS listed	153 (64%)	Yes	103 (43%)
211NS not listed	86 (36%)	No	136 (57%)

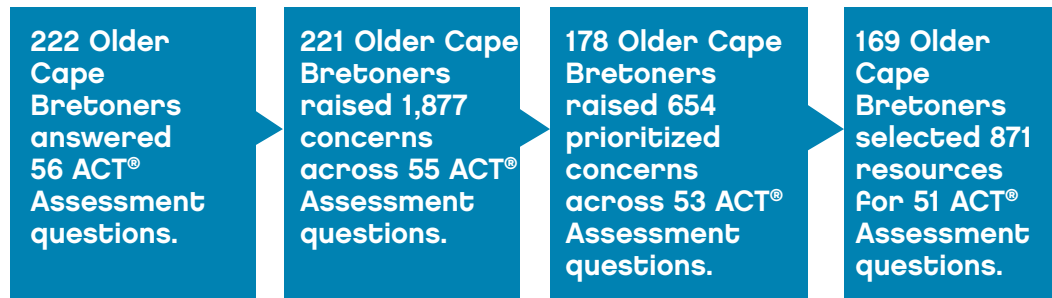


**FIGURE 6.2.1.** ORGANIZATION AND DELIVERY TYPES OF RESOURCES IN THE ACT® DATABASE IN RICHMOND COUNTY

Organization type	Number (%)	Delivery type	Number (%)
Non-profit	171 (59%)	In-person	147 (50%)
Government	60 (20%)	Telephone/virtual	94 (32%)
For-profit	61 (21%)	Informational/online only	51 (17%)
211NS	Number (%)	Healthcare professional	Number (%)
211NS listed	194 (66%)	Yes	96 (33%)
211NS not listed	98 (34%)	No	196 (67%)



## 7. Resources Selected by Older Cape Bretoners



### 7.1. Many people who sought resources selected resources

Of the 178 older Cape Bretoners who prioritized concerns and looked for resources, 169 selected at least one resource. Only nine did not select any resources.

On average, each older Cape Bretoner selected five resources (range = 0–22 resources). For each prioritized concern, an average of 10 people selected one or more resources (range = 0–64 people).

On average, each older adult in Richmond County selected five resources (range = 0–22). For each prioritized concern, an average of seven people selected one or more resources (range = 0–40 people).

### 7.2. Gaps in resources were found

Examining the proportion of older Cape Bretoners who did and did not select resources reveals potential gaps in resources. For example, the lower the percentage of older Cape Bretoners selecting a resource, the more likely there is a gap in needed resources.

Between 80% to 100% of older Cape Bretoners selected at least one resource for five prioritized concerns (see Figure 7.1):

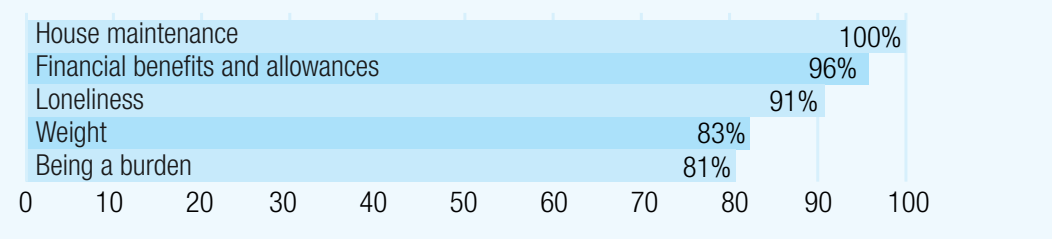
- house maintenance,
- financial benefits and allowances,
- loneliness,
- weight, and
- being a burden.

In Richmond County, 80%-100% also selected resources for an additional 27 concerns (see Figure 7.1.1).

**FIGURE 7.1. FIVE PRIORITIZED CONCERNS WITH HIGH RESOURCE SELECTION**

Prioritized concern*	% who selected at least one resource	% who selected no resources
House maintenance (24 people)	100%	0%
Financial benefits and allowances (67 people)	96%	4%
Loneliness (33 people)	91%	9%
Weight (30 people)	83%	17%
Being a burden (26 people)	81%	19%

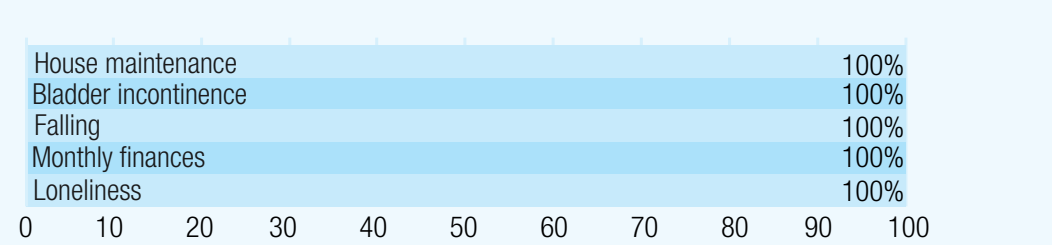
\*Only prioritized concerns identified by at least 20% of older Cape Bretoners are included.



**FIGURE 7.1.1. FIVE PRIORITIZED CONCERNS WITH HIGH RESOURCE SELECTION IN RICHMOND COUNTY**

Prioritized concern*	% who selected at least one resource	% who selected no resources
House maintenance (26 problems)	100%	0%
Bladder incontinence (26 problems)	100%	0%
Falling (27 problems)	100%	0%
Monthly finances (23 problems)	100%	0%
Loneliness (49 problems)	100%	0%

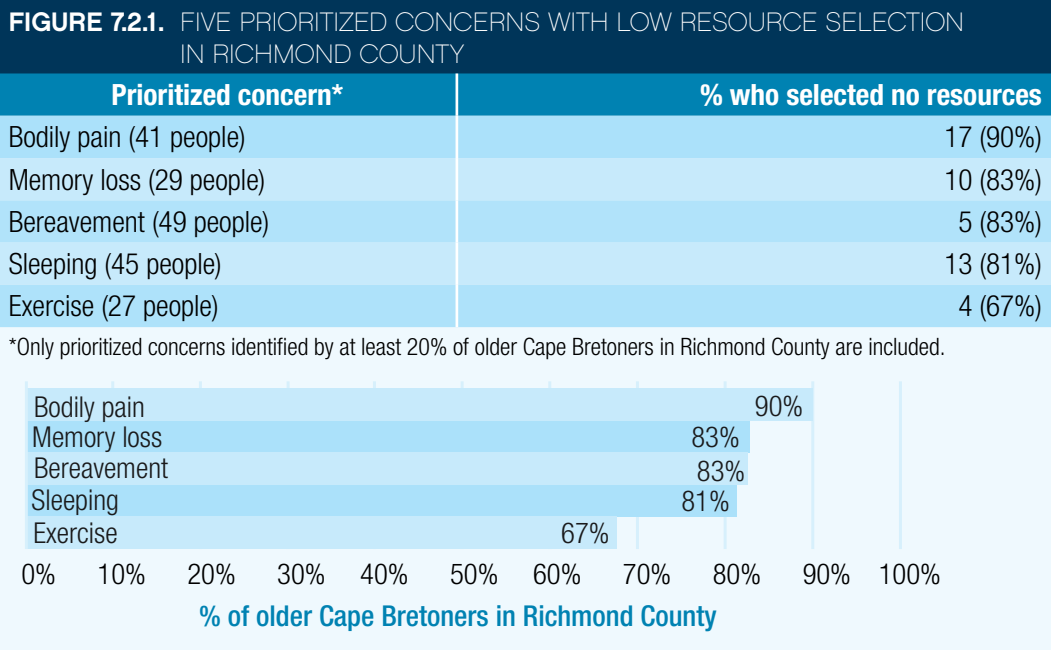
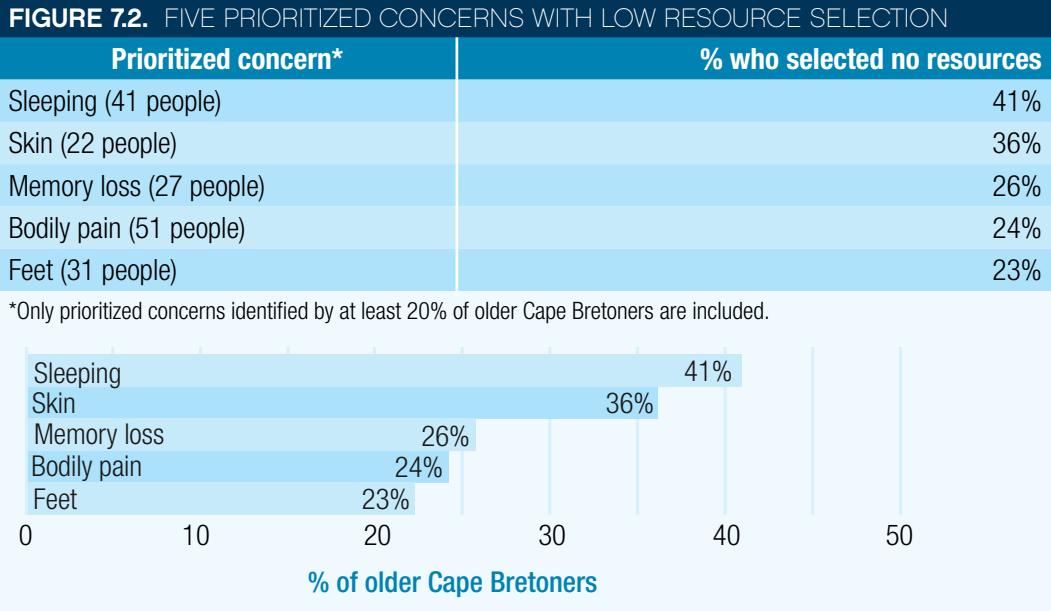
\*Only prioritized concerns identified by at least 20% of older Cape Bretoners in Richmond County are included.



All 24 of the older Cape Bretoners who prioritized house maintenance selected a resource and 96% of the 67 people who prioritized financial benefits and allowances selected at least one resource. However, older Cape Bretoners were less likely to select resources for five other commonly prioritized concerns (see Figure 7.2):

- foot problems,
- skin problems, and
- bodily pain,
- sleeping problems.
- memory loss,

Older adults in Richmond County were also less likely to select resources for bereavement and exercise (see Figure 7.2.1).



**Possible gaps in resources exist for:**

- Foot problems,
- bodily pain,
- memory loss,
- skin problems, and
- sleeping problems.

More than 20% of older Cape Bretoners selected no resources for each of these prioritized concerns, suggesting that resources gaps may exist. For example, 41% and 36% of older Cape Bretoners who prioritized sleeping and skin problems, respectively, did not select any resources, despite these concerns appearing as areas of need. Together, these findings point to possible gaps in resources for several prioritized concerns.

### 7.3. All types of resources were selected

To better understand the resource needs of older Cape Bretoners, the characteristics of selected and not selected resources were examined. Of the total 652 unique resources included across the three communities, only 239 (37%) were selected. In Richmond County, 101 (35%) resources were selected (see Table 7.1.1).

While many of the selected resources were listed in 211NS, approximately one third (195 of 652 available resources; 36%), mostly for-profits and small non-profits, were not. Interestingly, the resources not listed in 211NS were more likely to be selected, with 44% selected by at least one person compared to 34% of the ones listed in 211NS (see Table 7.1). In Richmond County, similar trends existed with 49% of resources not listed in 211NS selected, compared to 27% of listed resources (see Table 7.1.1). These findings demonstrate that local knowledge is needed to source and compile resource databases that include valued resources.

Similarly, 50% of the for-profit resources were selected by at least one participant, even though they represented only 27% of total selected resources (64 out of 239 selected resources). This suggests that resources provided by all organizational types are acceptable to older Cape Bretoners. While not everyone selected resources from for-profit organizations, many did, indicating a clear need to make for-profit resources more accessible. Similarly, in Richmond County for-profit resources were the most likely to be selected (57%), compared to government (35%) and nonprofit resources (26%) (see Table 7.1.1).

More resources offering in-person services were available (359 of 652 available resources = 57%) than resources offered by telephone/virtual or as informational/online only. However, a surprising 65% of available telephone/virtual resources were selected, compared to 38% of in person and 35% of informational/online only resources. In Richmond County, 46% of in-person resources were selected, whereas only 38% were chosen overall (see Table 7.1.1).

While many of the prioritized concerns were health-related, less than half the resources selected by older Cape Bretoners were offered by healthcare providers (103 of 239 selected resources; 43%). This may be due to the known shortage of healthcare providers in Nova Scotia. In Richmond County, opposite patterns existed, with 49% of healthcare provider resources being selected, compared to 28% of non-health care provider resources (see Table 7.1.1).

• 50% of For-profit resources were selected by at least one older Cape Bretoner.

• 65% of telephone/virtual resources were selected.

• Fewer resources offered by healthcare providers were selected than those offered by non-healthcare providers.

**TABLE 7.1. AVAILABLE AND SELECTED RESOURCES BY TYPE**

	Listed in 211NS	Not listed in 211NS	Health provider	Non-health provider	Non-profit	Govt.	For-profit	In person	Telephone /virtual	Informational /online
Resources available	457	195	414	238	355	168	129	359	137	116
Resources selected	153	86	103	136	106	69	64	137	137	40
% selected	34%	44%	25%	57%	30%	41%	50%	38%	65%	35%

**TABLE 7.1.1 AVAILABLE AND SELECTED RESOURCES BY TYPE IN RICHMOND COUNTY**

	Listed in 211NS	Not listed in 211NS	Health provider	Non-health provider	Non-profit	Govt.	For-profit	In person	Telephone /virtual	Informational /online
Resources available	194	98	96	196	171	60	61	147	94	51
Resources selected	53	48	47	54	45	21	35	67	23	11
% selected	27%	49%	49%	28%	26%	35%	57%	46%	24%	22%

Collectively, these findings underscore that all delivery and organization types of resources are important for older Cape Bretoners.

## 8. Resource Identification, Navigation and Follow-up

### 8.1. Resource identification and navigation

As discussed in sections 6 and 7, Resources Available in Database and Resources Selected by Older Cape Bretoners, 44% of resources not listed in 211NS were selected by at least one person compared to 34% of the listed ones. This finding indicates that although 211NS maintains a comprehensive database of vetted non-profit resources, local knowledge about small non-profits is needed to supplement the 211NS database.

“I feel like what 211 really misses is...the senior centre that puts on the grief support group run by the retired priest”

The interviews with organizational and community representatives further confirm this finding. Most of them knew what was available in their local communities and often received calls from 211NS for help locating resources.

Collaboration between local and provincial organizations is important to ensure that resource databases remain up to date and information is shared across the province. This is important for organizations delivering services and programs, so they know what is available in locations outside their target area, and for government organizations providing them with funding.

In addition to local knowledge, organizational and community representatives recognize that sufficient organizational capacity is required to maintain the database, noting that “creating a database of local resources is an enormous task” and even “a full-time job”. This idea raises capacity issues for many non-profit organizations that have limited funds.

“it would be great...to be able to take needs forward to the government departments that need it...we are noticing the gaps in rural Nova Scotia for our seniors”

Capacity is further constrained if the organization provides resource navigation, which organizational and community representatives agree is essential to support older adults. Older Cape Bretoners themselves note the importance of having the option to “call and maybe get more information if they wanted” and to have someone “help you [the older adult] one way or the other”. Having access to a comprehensive database is a foundation for good navigation, as one interviewee explained those: “who are trying to do resource navigation...if they wanted to see what we have in our database of course we’d tell them, right?”.

- Having a comprehensive database of available resources is essential, but it is not sufficient. It needs to be accompanied by appropriate navigational supports by trusted people.
- The need for navigational support was also evident in older Cape Bretoners' responses to questions on whether they followed up with the resources in their Individual Action Plans.

## 8.2. Resource Follow-up

After completing the ACT<sup>®</sup> Assessment, older Cape Bretoners were sent an Individual Action Plan containing information on their concerns and any selected resources. They were encouraged to review their plans and share them with family members, friends, and healthcare providers.

Overall, older Cape Bretoners who were interviewed indicated that they found the resource information in their Individual Action Plans useful, as it helped them learn more about available resources and plan for their future. Only a few, however, contacted the resources.

The majority (74%) of older Cape Bretoners who completed a follow-up interview (27) did not contact the resources provided in their Individual Action Plan. Four main reasons were given:

- 1) their participation in the project was to plan for the future,
- 2) the issue resolved itself or had not escalated enough to justify the time to follow up,
- 3) the resource was too far away or not to their liking, or
- 4) they had found an alternative that better fit their needs.

“we figured one of these days we may need something to help out with and if we have some of this information [action plan] we'll know who to call”

Planning for the future was the most common reason older Cape Bretoners did not follow up on their selected resources. This aligned with the recruitment materials used in the project, which encouraged individuals to participate to help their communities.

Other common reasons for not contacting the suggested resources were that the issue resolved itself or it was not bothering them enough to take the time to follow up with the resources.

“It just seems to be one thing after another...I'm not really one to take time for myself for my own care”

“I would rather sit down in front of somebody and talk to them”

For others, the resource’s location was too far away or not to their liking, often meaning it was too expensive, only offered digitally, or had been unsatisfactory to the respondent in the past.

Lastly, some older Cape Bretoners found an alternative resource that fit their needs better than the resources provided in their action plans. In some instances, they found better options by searching for information online, talking to friends, or taking care of the need themselves.

“I went on YouTube and I got something there for it and so I’m trying to follow that”

## 9. Conclusion

In conclusion, it is possible to gather information on the concerns of older adults and the resources available to support them. Policymakers and organizations can use this information to tailor existing resources and develop new offerings to address needs. Through the collaboration of government and community, we believe that aging well in one's community could be attainable for more Nova Scotians.

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