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Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes

Report on the CAOT Professional Issue Forum

“Aging in place: Working together to bridge the gap”

Niagara Falls, ON – CAOT Conference 2019

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) conference. PIFs address priority health and social issues, as well as emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts, and participants are invited to contribute their perspectives. The discussion leads to recommendations for CAOT, individual occupational therapists, and stakeholders to act to advance occupational therapy practice and the profession’s presence in these areas. The Aging in Place PIF was organized and facilitated by Havelin Anand, Director of Government Affairs and Policy at CAOT.

Introduction

In her opening address, published in this issue of *Occupational Therapy Now*, Dr. Catherine Backman stated that “innovation is powered by direct observation of what people want in their lives” (p. 6). A hallmark of occupational therapy is the power of observation, and the ability to understand the influence of the person, occupation, and environment together as a whole or system rather than in silos—and to design solutions accordingly. Breaking down silos between occupational therapists and design–build teams was the focus of the 2019 PIF, entitled “Aging in place: Working together to bridge the gap.” The interdisciplinary and cross sectoral panel included two occupational therapists—Colleen McGrath, an assistant professor at Western University, and Lesya Dyk, a private practice occupational therapist who sits on the Canadian Home Builders’ Association (CHBA) Home Modification Council as CAOT’s representative—as well as two industry partners—Gary Sharp, an engineer from CHBA

and director of the Home Modification Council, and John O'Brien, engineer and CEO of HealthCraft Products. The presentations focused on how to change the mindset of the consumer on home modification from, as John stated, "need it, don't want it," to "need it, want it." Presenters also covered how to work collaboratively to put forward patient-focused, design centred solutions to help aging in place become a realistic option for Canadian seniors. The presentations were followed by a rich discussion from approximately 50 delegates on the challenges, opportunities, and priorities for OTs supporting aging in place.

Presentations

First, Colleen McGrath defined "aging in place" for Canadian seniors as "remaining living in the community with some level of independence, rather than residential care" (Davey, Nana, de Joux & Arcus, 2004, p. 133). Although the majority of seniors want to age in their homes and communities, doing so is not always the most desirable option. There should not, however, be a dichotomy of aging at home or in residential care, as many other options exist, such as intergenerational housing or co-housing. While enabling seniors to age in place positively contributes to their sense of wellbeing, independence, social participation, and health (Sixsmith & Sixsmith, 2008), there is no one-size-fits-all solution. Researchers asked 121 seniors how they conceptualize the term "aging in place" (Wiles, Leibing, Guberman, Reeve, & Allen, 2012). Overall, seniors wanted the freedom to make the choice of where to live themselves, and to experience a sense of community, being near family and friends; public transport; and, social, religious, and cultural opportunities; as well as to have safety, good interactions with neighbours, and access to healthcare services (Wiles et al., 2012). While there is a growing recognition of the need to think beyond the home, Lesya Dyk highlighted evidence that people's desire to remain in their current residence for as long as possible becomes more prevalent as age increases, despite changes in their health. However, structural barriers or cognitive deficits impede safe functioning, and thus also impede living within the home. To age in place, custom modifications are needed, keeping universal design principles in mind. As Lesya stated, the problem is that "people don't want to live in ugly." Seniors don't want home modifications or adaptations that highlight their disability, weakness, or decline. They want functional *and* aesthetically pleasing homes that don't look overly medicalized and that don't lower the property value of the home. A "paradigm shift" must occur, as John articulated, in which safety, function, and design are incorporated in home modification features, and in which occupational therapists are an integral part of design-build teams to ensure safety, accessibility, and participation in their homes. How do we change awareness of an occupational therapist's value as part of a home modification team, so that, as soon as renovations need to occur, practitioners are consulted, and clients accept home modifications as "need it, want it"? Gary Sharp spoke about how occupational therapists can bridge the gap in forums such as the Home Modification Council. Occupational therapists can use their knowledge and competencies to help the team by providing data about the client's function now and in the future, avoiding costly mistakes. Occupational therapists also provide affordable risk management against rogue contractors through avenues such as taking the C-CAPS (Canadian Certified Aging in Place

Specialist) course, and referrals to RenoMark contractors—a group of CHBA-member renovators who have agreed to abide by a renovation-specific code of conduct. A close association enables a personalized approach that is in the best interest of the client and helps protect against fraud. John O’Brien asked how, “together, can we help change mindsets to make every space a safer place—sooner?” He highlighted how stigma is often a barrier to uptake of functional modifications, and how the challenge to incorporate products that unleash people’s potential—rather than serve to highlight disability—is a charge for occupational therapists working with design–build teams. He outlined a three-step design shift process: connection (identifying the core issue and the right questions), concepts (going through alternate ideas to figure out what works), and collaboration (working with interdisciplinary teams to discuss and evolve ideas). Occupational therapists can take a similar systems approach in collaborating with multiple stakeholders to bring forward innovative solutions that enable seniors to age in place.

Roundtable Discussions

Highlights included of the subsequent discussions included the importance of a basket of aging-in-place options to meet the needs of a diversity of seniors. Options should include factors beyond physical accessibility, such as social, cultural, and economic inclusion. Participants also deliberated on potential opportunities for occupational therapists to collaborate with other professionals such as architects, developers, builders, and even real estate agents during the design, pre-construction, and renovation phases of the built environment.

Conclusion

By nature of seeing a client’s health and wellbeing holistically and through the lens of occupation, occupational therapists provide significant value to helping Canadian seniors age in place. Moving forward, occupational therapists should advocate for having a voice alongside other stakeholders on issues related to age-friendly communities, helping to identify features in homes that consumers want to have to age in place well, and building workforce capacity and competencies in the area of home modifications.

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References

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