

**REFRAMING AGING**  
Empowering Older Adults



**Research to achieve equitable health in aging**

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## LAND ACKNOWLEDGEMENT

We respectfully acknowledge that this Plan was developed at Western University located on the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak and Attawandaron Peoples, on lands connected with the London Township and Sombra Treaties of 1796 and the Dish with One Spoon Covenant Wampum. This land continues to be home to diverse Indigenous Peoples whom we recognize as the original caretakers of the land and contemporary stewards of the land. From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the First Nations, Inuit and Métis People that call this land home. We work towards healing and reconciliation with all Indigenous Peoples and renewing respectful relationships with Indigenous communities through our engagement, research and community service activities.

# Strategic Plan Snapshot

Everyone deserves a healthy experience of aging and care that meets them where they are. It's time for us to reframe what it means to age, refocus on the value of lived and living experiences and reposition health care and supports to empower older adults to live vibrant, healthy lives at every stage.

Older adults represent the fastest growing demographic in Canada. The time to reframe aging and address their needs is now.

## 19%

of Canadians are aged 65+  
(7 million people)

## 3x

more Canadians will be aged 85+  
by 2046 (2.5 million people)

Research on aging is needed now more than ever.

Our Strategic Plan 2023-2028 is founded on:

- 2,100+ responses from across our community
- 3 strategic directions to address the needs of Canada's older adults
- 6 cross-cutting priorities to promote a thriving research environment that engages all voices

**Our mission** is to advance training, research and knowledge mobilization to maintain and improve the health and wellbeing of all Canadians as they age.

**Our vision** is to foster research excellence to achieve equitable health outcomes and enable healthy aging for all older Canadians.



# Strategic Directions and Cross-Cutting Priorities

Together, guided by lived and living experiences, we can advance equitable health outcomes and healthy aging for older adults across Canada.



# Message from the Scientific Director

Now more than ever, two critical drivers signal the need to prioritize the health and wellbeing of older adults in Canada.



First is the impact of COVID-19 and the evolving needs of older adults throughout post-pandemic recovery. Second is Canada's shifting population demographics, with unprecedented increases in the number of older adults that will continue into the coming decades. These present us with new priorities, possibilities for collaboration and opportunities for the future. As we set out our strategic directions for the years ahead, Canada's research on aging community can and must play a role in addressing these drivers and their impacts to empower older adults and promote health and wellbeing at every stage.

COVID-19 substantially affected the lives of older adults in Canada and around the world. After almost three years of pandemic life, older adults have faced ageism, restricted health care, risk to mental health associated with loneliness and isolation, and increases in cognitive impairment and frailty. Despite these adverse circumstances, we have seen tremendous resilience in older adults and increasing interest in health promotion, risk reduction and a focus on health in aging. There is also increased attention on older adults being able to age in the right places, with appropriate and equitable supports.

As Canada supports demographic changes and a rapidly growing older population, research is needed to advance our understanding of what comprises health in aging and to implement effective models of care through integrated care systems. Our new strategic directions place healthy aging, risk reduction and mitigation at the forefront, while we remain focused on reducing the impact of complex health challenges. By fostering and mobilizing knowledge and ways of knowing, we will drive toward health equity for all ages, and an end to ageism, as we look to improve the health span in the later years for all older adults. Together as a community, we can help reframe age and aging so that older adults are rightfully valued as active and essential members of and contributors to society.

This Strategic Plan is founded on input and wisdom from many voices from across our community and carries forward the work of our Institute's previous Scientific Directors and Institute Advisory Board members, whom I wish to thank. I also thank our outstanding team at the CIHR Institute of Aging – Joanne Goldberg, Dr. Flamine Alary, Dr. Susan Rogers, Dr. Patricia Versteegh, Etienne Murgues, Theresa Noonan and Teresa Ford – for their passion and commitment to our mission and work, and to our colleagues at CIHR and other CIHR Institutes for their support, collegiality and partnership. I am grateful to the members of our current Institute Advisory Board, Older Adult Advisory Council and Regional Councils for their valuable insights and expertise during the creation of this Strategic Plan. We are indebted to our research on aging community for ongoing engagement, including informing our strategic directions and priorities.

I am honoured to be able to work with our community to achieve the vision of this new Strategic Plan for the CIHR Institute of Aging with the goal of Reframing Aging and Empowering Older Adults as we promote Research to Achieve Equitable Health in Aging.



**R. Jane Rylett, PhD, FCAHS**

Scientific Director, CIHR Institute of Aging  
Distinguished University Professor  
Scientist, Robarts Research Institute  
University of Western Ontario

## Message from the Institute Advisory Board Chair

There has probably never been a more important time than now to focus on older adults and address the knowledge gaps in research that inform the way we support health and wellbeing of Canada's aging population. The Institute of Aging plays a national leadership role in supporting research excellence in this area. Creating a strategic plan for the Institute of Aging is not something we can do on our own. This plan was guided by input received from stakeholders across the country on what is important to them and reflects the poignant voices of those with lived experience, research centres with a focus on aging, our own Institute Advisory Board members and national researchers.

Equity, Diversity, and Inclusion is critical to all the research that we conduct. Older adults of all genders, age, race, Indigenous groups, and socio-economic backgrounds need to be considered in all research, not just research supported by the Institute of Aging, to ensure better quality and more well-rounded evidence that can be tailored to diverse areas of study to ultimately improve the health and social care of older adults.

**Paula A. Rochon MD, MPH, FRCPC**

Founding Director, Women's Age Lab,  
Women's College Hospital  
Professor, Department of Medicine and  
Dalla Lana School of Public Health  
RTO/ERO Chair in Geriatric Medicine  
University of Toronto

# The CIHR Institute of Aging and our Community

A goal of our activities is to help position Canadian researchers in aging as leaders, innovators and vital contributors to the future of healthy aging.

### Our Institute

The Institute of Aging is one of thirteen Institutes of the Canadian Institutes of Health Research (CIHR), Canada’s federal agency that funds health research. Our **mandate** is “to support research, to promote healthy aging and to address the causes, prevention, screening, diagnosis, treatment, support systems and palliation for the complex health challenges that can be present in older individuals”. This mandate covers all research areas related to aging and older persons, from the biology of aging to public health, and fosters excellence in all its diversity in research and training. With a goal of delivering on the CIHR Strategic Plan, we work collaboratively with other CIHR Institutes and branches to partner on major initiatives and programs

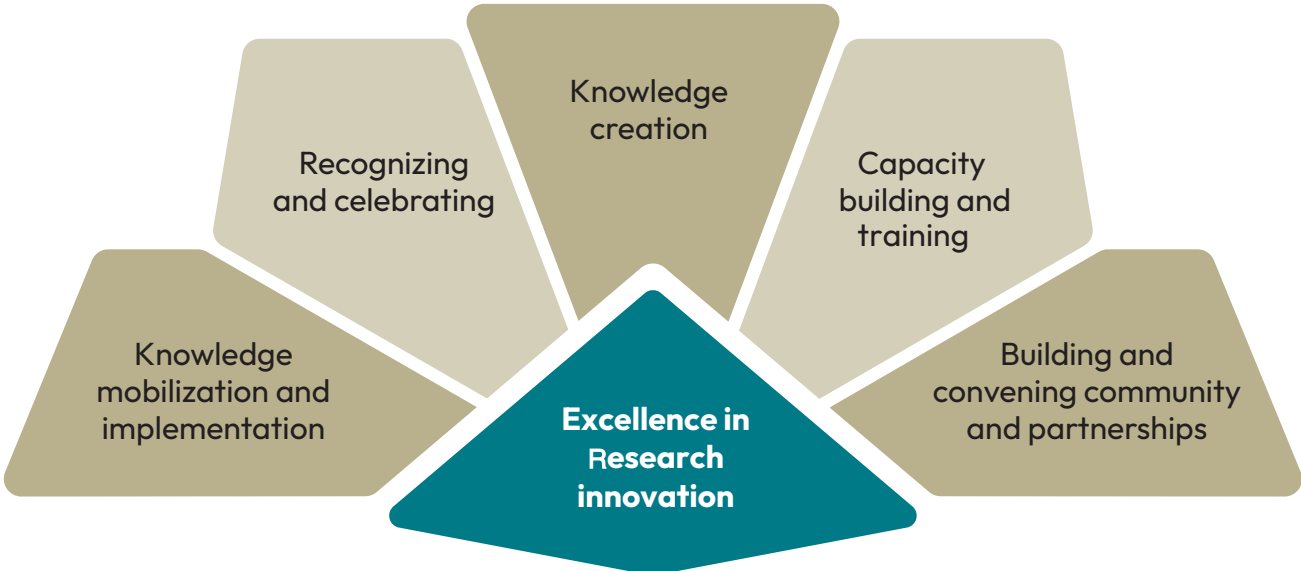
and develop strategic funding opportunities for researchers and trainees, focusing on investigations that promote the health of older adults. The key functions of our Institute are captured in Figure 1.

### The Research on Aging Community

Canada’s research on aging community includes many dedicated and passionate people engaging in research to enable healthy aging for all older Canadians. This includes researchers, research teams and trainees, funding agencies, knowledge users, health organizations, health charities, patient partners, persons with lived and living experience and their caregivers, innovation and private sector organizations, policy makers and many others.

Figure 1

### Functions of the CIHR Institute of Aging







**CIHR Institute of Aging provides the connecting thread that ties together research centres on aging across Canada forming a research community and network on aging and health. This community is enriched by the Institute’s summer program in aging that brings together gerontology leaders of tomorrow.**

**Thomas Hadjistavropoulos, PhD, ABPP, FCAHS**

Director, Centre on Aging and Health,  
Research Chair in Aging and Health,  
Professor of Psychology, University of Regina

A robust and dynamic research on aging community exists in Canada, bringing together investigators with expertise spanning the four research pillars of CIHR: biomedical; clinical; health services; and social cultural, environmental and population health research. With Canada’s rapidly aging population, there is a critical need for substantially more research and researchers, along with increases in geriatric medicine and clinical specialties devoted to the health of older adults, to create knowledge and implement evidence-informed approaches to support healthy aging of older adults within their unique context. We aim to address this need by engaging with and supporting the research on aging community, and work strategically to strengthen and expand partnerships. With over 40 research centres on aging in Canada, we also convene the **Directors of the Canadian Research Centers on Aging** to strengthen research on aging in Canada, build relationships between our Institute and researchers and stimulate knowledge sharing and impact.

We have a long history as a leader in training, capacity building and career development within our community. This is brought about in part by providing trainee stipends and early career researcher grants, as well as travel grants for trainees to present their research at national conferences, and by recognizing research excellence through presentation awards at conferences. Since 2006, our annual **Summer Program in Aging (SPA)** has supported capacity building by bringing graduate students and postdoctoral fellows together

from across Canada and internationally for training in interdisciplinary research in aging. SPA topics are aligned with important strategic priorities concerning the health and wellbeing of older adults and have included the topics of frailty, physical activity, technology and innovation, geroscience, longitudinal studies in aging and neurodegenerative and cerebrovascular disease.

### **Guided by Lived and Living Experience**

Older adults and their caregivers are vital voices that inform the work of our Institute. We receive strategic input and advice from our diverse **Institute Advisory Board**, which includes older adults, patient partners and national and international experts in the field of research on aging and policy. In 2021, we assembled an **Older Adult Advisory Council** to hear from and engage older adults and caregivers of older adults from across the country in our work, with the aim of hearing their valuable perspectives, learning from their lived and living experiences and addressing the diverse needs of older Canadians. In response to increasing interest from older adults to participate in our work, we developed four **Regional Councils** to hear from more older adults and caregivers across Canada. The Older Adult Advisory Council and Regional Councils were actively engaged in the development of this Strategic Plan, ensuring that our priorities reflect and address the current and long-term needs of the older adults we serve.



**Release of the Institute of Aging’s Strategic Plan coincides with society’s increasing interest in healthy aging and living a longer and active life. The Plan provides different strategic priorities for research all with the same goal in mind, that of respect for the individual older adult and their human rights. I applaud the Institute for signalling their intent to be “guided” by the living experiences of older adults across the country.**

**Jim Mann,**

Member of the CIHR Institute of Aging Older Adult Advisory Council, Vancouver, British Columbia

# Our Vision and Mission



## Vision

Foster research excellence to achieve equitable health outcomes and enable healthy aging for all older Canadians.

## Mission

Advance training, research and knowledge mobilization to maintain and improve the health and wellbeing of all Canadians as they age.

# Our Values and Principles

1

## **Research Excellence**

We emphasize the importance of innovation and continuous improvement in all our work. By championing an inclusive approach to research excellence that considers health across the life course, we fund high-quality, evidence-based research that informs public policy, programs and services addressing the opportunities and challenges of aging, and promote accessibility of research and evidence through open science.

2

## **Equity, Diversity and Inclusion, and Intersectionality**

We are committed to supporting the principles of equity (fairness), diversity (representation), and inclusion (valued participation) across our activities. We aim to enable greater engagement of historically underrepresented groups in the entire research system to improve equity in care and support services. We are committed to combating ageism, ensuring cultural safety, language equity and intersectional approaches in all our activities, and addressing the impacts of social and structural determinants of health on aging.

3

## **Respect for First Nations, Inuit and Métis Peoples and Indigenous Rights**

Guided by a commitment to reconciliation and allyship and a recognition that Indigenous Peoples are rights-holding as First Peoples of Canada, we will engage with Indigenous communities and health researchers to collaborate in distinctions-based research activities. We support community-based research to maintain and improve the health and wellbeing of First Nations, Inuit and Métis Peoples and respect Indigenous ways of knowing and being and a right to self-determination.

4

## **Collaboration, Partnerships and Engagement**

We prioritize and value collaboration and partnerships with diverse voices and organizations across our community to collectively enhance and mobilize knowledge and resources and encourage evidence-informed practices and policies that address the needs of older adults. We champion older adults as active and valuable contributors to society, and promote the inclusion of age, aging and the role of persons with lived and living experiences and their caregivers in the entire research ecosystem.

5

## **Integrity, Accountability and Transparency**

We recognize integrity, transparency and accountability as central to all our activities, from decision-making and communications to approaches towards strategic investments. We support a learning health systems model, fostering partnerships between researchers and end users to integrate real-time evidence, experiences and data with the aim of continuous improvement in health services and models of care.

# Addressing the Needs of an Aging Population in Canada

Canada's population is aging, and our Strategic Plan is shaped by the changing demographics, the population projections for the coming years and the specific context in which older Canadians live – today and into the future. The baby boomer generation is still the largest cohort in Canada despite their advancing age, and it is predicted that population aging will increase for at least the next 20 years as baby boomers continue to age.

## Canada's Older Adult Population

The older adult population in Canada is a heterogeneous group – meaning that there are multifaceted differences between individuals within the age group. Older adults have a range of aspirations and goals, health status and needs for care and social support systems over the later decades of life. Poor health is not a necessary consequence of living into the later years. Many people living into their 70s, 80s, and 90s experience good health and active lifestyles. However, the impact of aging on health can vary widely among individuals, influenced by genetics, environment, life experiences, lifestyle and social and structural determinants such as gender, race and socioeconomic factors. The distinction between middle age and older age is increasingly blurred with persons of varying health status falling along the entire older age continuum. Men and women also have different representation in the oldest age groups, with women having longer life spans. Today, more than 80% of centenarians (those aged 100 years and older) are women.

As we increasingly recognize heterogeneity among Canada's older adult population, negative perceptions of age and aging persist – and they come with real health consequences. Ageism, coupled with stigma, systemic racism and discrimination, gender bias, ableism and socioeconomic inequities, can lead to social isolation and inadequate care, negatively impact health and even lead to premature death<sup>1</sup>. The *United Nations Decade of Healthy Ageing 2021-2030*<sup>2</sup> identifies combating ageism as a priority, stating for example that ageism in clinical trials and health care delivery impacts the health of older adults. It is important to note that while ageism is most often directed to older adults, ageist behaviours can also be directed towards persons of all ages, including children and youth.

### Ageism

Stereotyping and/or discrimination against individuals or groups based on their age.

# Our Ongoing Commitments

To strengthen research in strategic areas within our mandate, we provide leadership and support to major national research platforms, including the Canadian Longitudinal Study on Aging (CLSA), the Canadian Consortium on Neurodegeneration in Aging (CCNA) and, most recently, the Brain Health and Cognitive Impairment in Aging (BHCIA) Research Initiative.

Creation of the CLSA was championed by the Institute of Aging in 2009 as a platform for data that supports population-based research and evidence-informed decision-making that can improve the health and wellbeing of all Canadians. Longitudinal studies

on aging also serve as a crucial element for developing solutions for healthy living across the life course. The CLSA follows 50,000 middle-aged and older Canadian men and women for a period of 20 years, collecting information on the changing biological, medical, psychological, social and economic aspects of people's lives. These factors will be studied to understand, individually and in combination, their impact on maintaining health and on the development of disease and disability with aging.

The scope of the BHCIA Research Initiative encompasses research across the continuum from the healthy aging brain through

cognitive impairment to the care of people living with dementia. CCNA, an important component of the BHCIA Research Initiative, was created in 2014 as a research hub for collaborative and synergistic studies on neurodegenerative diseases in aging. The Institute of Aging has been the lead CIHR Institute supporting the CCNA in its mission to bring together the best Canadian researchers in the field to address transformative research ideas to make a difference in the quality of life and services for those living with the effects of neurodegenerative diseases affecting cognition and their caregivers

Figure 2

## Age pyramid of the Canadian population

■ 1971 ■ 2000 ■ 2021

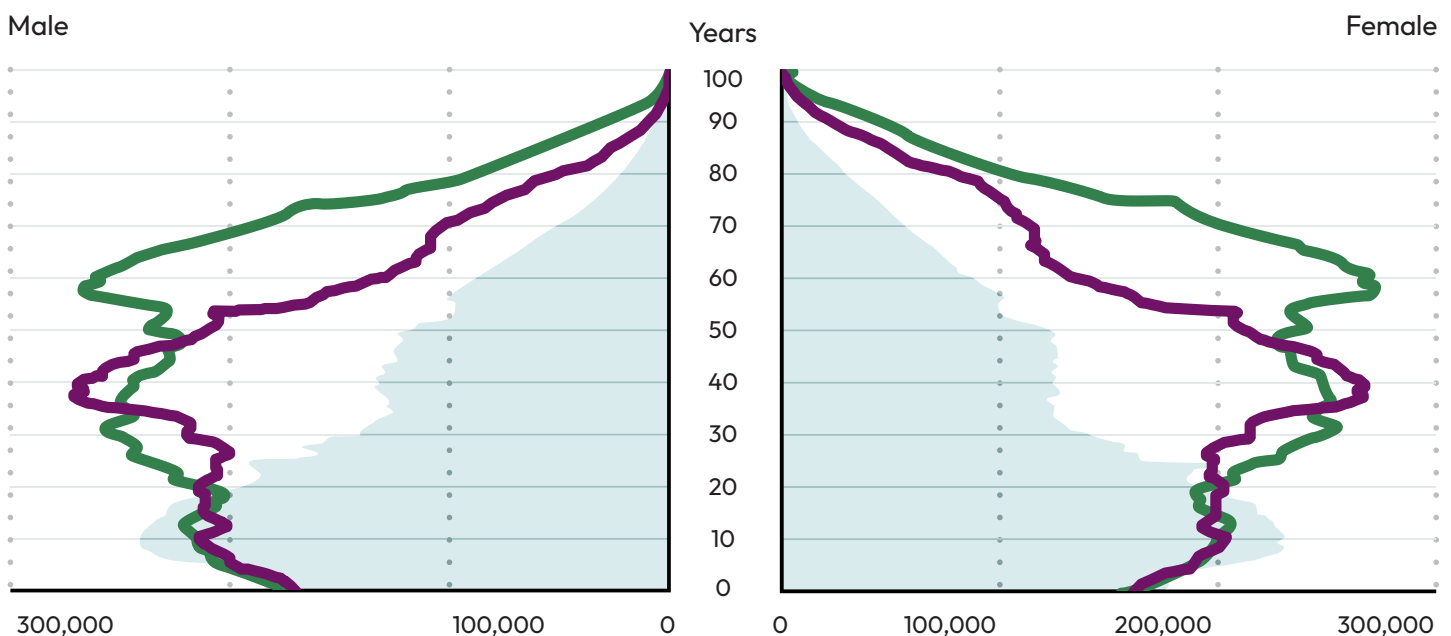
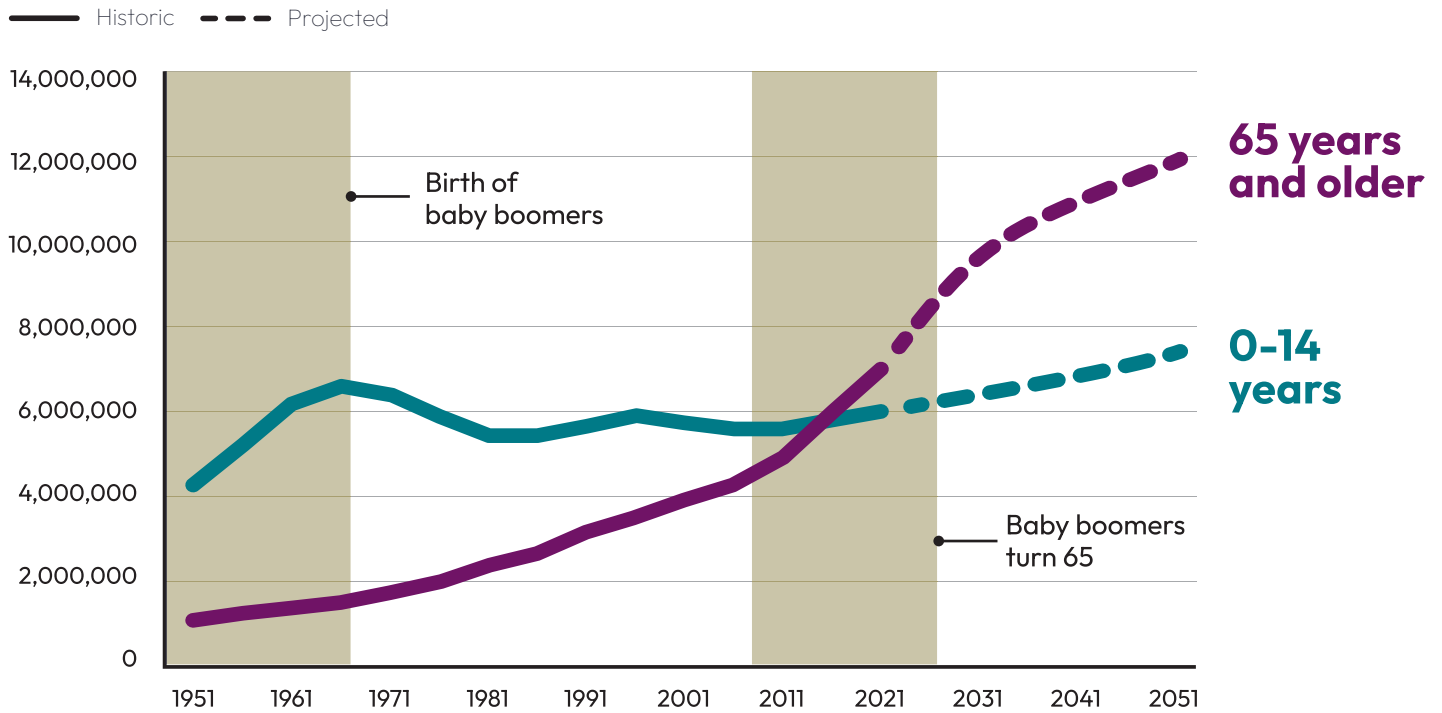


Figure 3

## Fewer children under the age of 15 than people 65 years and older



### Shifting Demographics in the Coming Years

Declining mortality rates, significant increases in life expectancy and the aging of baby boomers, coupled with decreasing birth rates, are expected to lead to a demographic shift, resulting in an older population in Canada. In 2011, the oldest of the baby boomer generation reached the age of 65 years, beginning a new wave of older adults in Canada. Since 2016, the number of persons aged 65 years and older has exceeded the number of children and youth aged 15 years and younger, and this gap is increasing. In 2021, over seven million people were aged 65 years and older, an increase of almost 20% from 2016. This age group represents 19% of the Canadian population, bringing Canada very close to the United Nations definition of a super-aged society, in which at least 20% of the total population is aged 65 years and older. The population of Canadians aged 75 years and older is expected to double in the next 20 years and, according to population projections, the number of Canadians aged 85 years and older could triple to almost 2.5 million people by year 2046.

### Healthy Aging and the Impact of Chronic Conditions

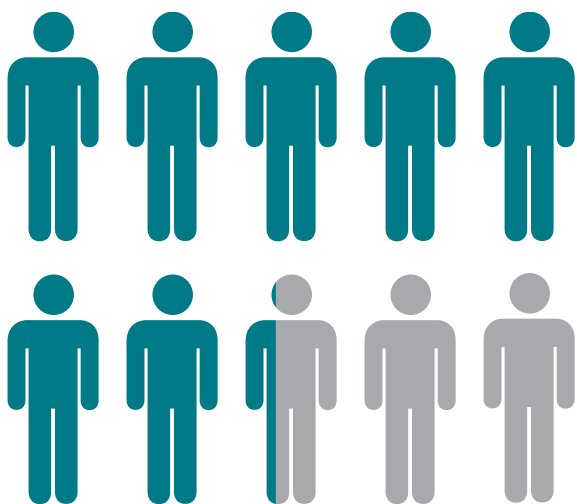
The 2021 report from the Public Health Agency of Canada (PHAC) on *Aging and Chronic Diseases: A Profile of Canadian Seniors*<sup>3</sup> details that half of older Canadians perceive their health as very good to excellent, despite many more living with age-related chronic diseases. This may reflect the perception of health status being related to other factors such as economic security, social connectedness and psychological wellbeing and not only physical health. Over one-third of older Canadians have two or more chronic conditions, and while individuals may continue to sustain functional abilities, chronic conditions can affect daily living, increase the need for health and care services, reduce quality of life and increase risk of mortality. While age-standardized mortality rates for leading causes of death have decreased, including for cancer and stroke, rates have substantially increased for dementia, Parkinson's disease and hypertension, with these conditions being related mostly to the population aging. Chronological age alone does not

Figure 4

## Chronic disease burden

# 73%

of individuals aged 65+ years have at least 1 of 10 common chronic diseases



determine the health status of an individual, but in combination with social and structural determinants of health and lifestyle choices, it is a critical factor in an individual's biology and risk for the development of chronic diseases and mortality. While many chronic conditions increase with age and can be associated with individual genetic differences, thinking of these as a necessary or normal part of aging can hinder evidence generation and perpetuate ageist attitudes. Prevention and wellness strategies and reducing health inequities can delay or mitigate disease onset and progression. Promoting healthy aging approaches across the life course, particularly in relation to earlier life experiences and activities, can substantially influence later life health outcomes and health system costs.

## Prevalence of the most common chronic diseases and conditions

Hypertension  
67.5%



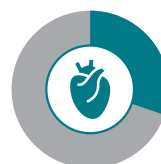
Periodontal disease  
52.5%



Osteoarthritis  
38%



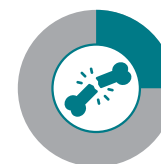
Ischemic Heart Disease  
27%



Diabetes  
26.8%



Osteoporosis  
25.1%



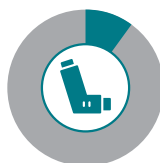
Cancer  
21.5%



COPD  
20.2%



Asthma  
10.7%



Mood & Anxiety Disorders  
10.5%



# Approach to the Strategic Planning Process and Setting Priorities

Informed by Many Voices Across our Community

We consulted widely with national and international partner organizations and individuals, including researchers, health care providers, funding partners, knowledge users, policy makers, community members and persons with lived and living experience of age-related disorders, to identify priorities for research on aging for the coming years. These consultations provided rich and thought-provoking insights that inspired and informed the development of this Strategic Plan. Information was compiled from over 2,100 responses through online surveys, virtual town halls, workshops, expert and partner interviews and engagement with our Institute Advisory Board, Older Adults Advisory Council and Regional Councils. This evidence-informed, iterative process began as the world shifted dramatically in response to the COVID-19 pandemic and has taken on board the impact of this changing world on the health, wellbeing and needs of older Canadians. Essential elements from early consultations were published as a timely article on *COVID-19 and Priorities for Research on Aging*<sup>4</sup>. Our plan also encompasses consultations that led to the creation of the Brain Health and Cognitive Impairment in Aging Research Initiative in 2022. A prioritization exercise was performed by an independent and value-neutral consultant, and our priorities were then validated through a series of four virtual, Canada-wide research community sessions attended by over 300 researchers, clinicians and trainees working in the field of research on aging.



**Informed by extensive engagement with major stakeholders, this Strategic Plan is an exciting framework for effective implementation of research projects and evaluation of their impact. The three Directions and Strategic Priorities, as well as the focused areas of research, will meaningfully engage and improve health and well-being of older adults with diverse abilities and backgrounds in Canada.**

**Habib Chaudhury**

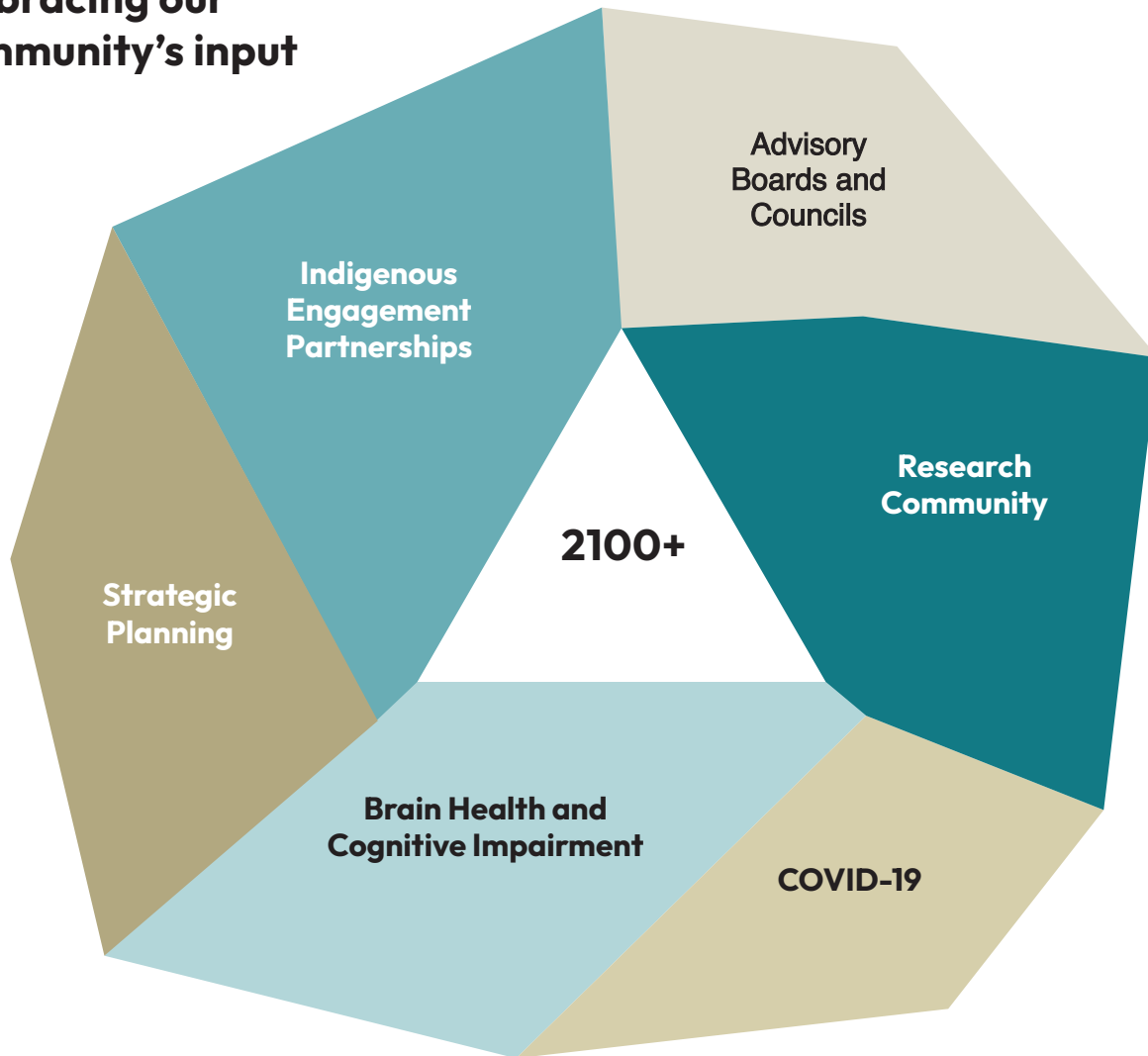
Vice Chair, Institute Advisory Board, Chair and Professor, Department of Gerontology, Simon Fraser University

As part of our commitment to Indigenous-led research on the health of older adults and to accelerating the self-determination of Indigenous Peoples, we held a series of Indigenous Partnership Engagements with Indigenous Elders and Knowledge Keepers, Indigenous researchers, trainees and community members where conversations were guided by an Indigenous consultant. We have had opportunities to listen to priorities for Indigenous communities, including rural and urban



Figure 5

## Embracing our community's input



needs of First Nations, Inuit and Métis older adults and caregivers, and plan to meaningfully engage with Indigenous communities to seek guidance on how to appropriately address health of Indigenous older adults. As we work toward the goals of Truth and Reconciliation, we will prioritize community needs in our actions while addressing the research gaps on Indigenous perspectives on aging, building research capacity and increasing equitable funding for Indigenous-led research.

### What We Heard

- Older adults and concepts of age and aging must be included in research activities
- Older adults must be recognized as bringing significant value, contributions and opportunities to their communities
- Persons with lived and living experience should play a role in research across the entire research ecosystem
- More Indigenous perspectives on aging are needed in research activities
- Ageism and stigma against older adults are critical social and structural determinants of health

## Strategic Direction A

# Implement Prevention Strategies and Promote Health and Wellbeing in Aging

We are reframing aging in Canada to envision a future where health span, including quality of life, matches lifespan.



## RESEARCH PRIORITIES

1

### Foster a better understanding of the heterogeneity of the older adult population and its impact on health

- Define age in terms of functional ability, intrinsic capacity, environment and biological age, rather than chronological age, to develop a more inclusive understanding of aging

2

### Mitigate risk related to the development and progression of chronic conditions

- Support research with a geroscience approach and biological mechanisms of aging

3

### Focus on wellness and quality of life to maintain optimal health and independence

- Support research on social and structural determinants of health across the life course

#### PRIORITY 1

### Foster a better understanding of the heterogeneity of the older adult population and its impact on health

Older adults are active and valuable contributors to society and to their communities and families. Living environments, access to culturally safe health and social care and other opportunities can facilitate healthy aging throughout the life course, enabling people to do what they value throughout their lives, including having an ability to meet basic needs, make decisions and participate. Healthy aging does not necessarily mean being free of disease or infirmity. Many older adults live with one or more chronic conditions that can be controlled and have little influence on their wellbeing. It is critical to consider the health span of older adults and not just their lifespan. Our aim is to extend the health span, so that it lasts as long as the lifespan.

In our goal to reduce and mitigate health risks and to promote healthy aging and wellbeing for older adults, we must consider the

#### Health Span

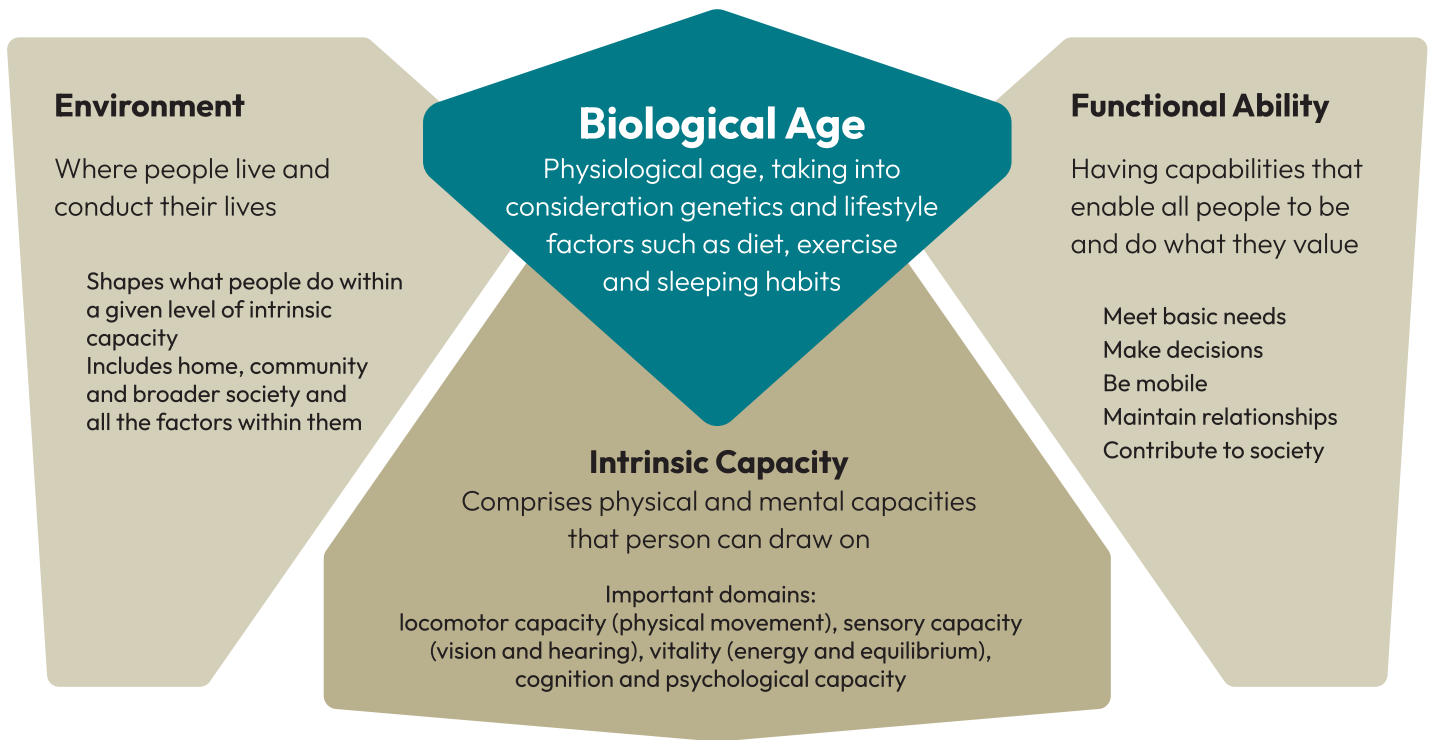
The length of time a person is healthy in relation to their lifespan.

heterogeneity of the older population. A definition of age that considers functional ability, intrinsic capacity, environment and biological age can better identify and address the unique needs of an individual than a definition that considers only chronological age. The common expression of ‘age being just a number’ has long intuited the fact that chronological age, on its own, does not represent the full and unique lived and living experience of an older adult.

This comprehensive approach to defining age aligns with the World Health Organization (WHO) definition of healthy aging, which highlights functional ability as having the capabilities that enable all people to be and do what they value. Intrinsic capacity refers to the mental and physical capacities of an individual, with these being impacted by age-related changes, injury and chronic conditions. Living in an environment that supports and maintains both functional ability and intrinsic capacity is critical for healthy aging<sup>5</sup>. While genetics play a role, aspects of age-related decline in health can be linked to physical and social environment, gender, ethnicity and socioeconomic factors. Supportive environments can reduce barriers and promote opportunities

Figure 6

## Components that impact aging



that affect health for people as they age. A person's biological age refers to their physiology and takes into consideration their genetics and lifestyle. Each of these four areas can influence and be influenced by the other three and, together, they help us reframe our understanding of age and aging.

As we continue to uproot entrenched ideas of age and ageism, it is worth stating that age – however it is defined – does not determine a person's value to society.

### LOOKING FORWARD

Future research on aging will require improved data on the health status of the increasingly diverse older Canadian population, particularly for marginalized groups, to advance health policy and promote best practices that support healthy aging. This should involve the assessment of functional ability, intrinsic capacity, environment and biological age, rather than stratifying older adults by chronological age, so that services and health care are tailored to the needs of the individual. Strategies that are designed to promote wellness and maintain functional abilities should be assessed for effectiveness and

appropriateness to ensure equity for all older adults. This is important for Indigenous health research, particularly in some geographic locations, where healthy foods and health services are not always easily accessible.

### PRIORITY 2

#### Mitigate risk related to the development and progression of chronic conditions

Healthy aging is linked to activities and decisions that impact health across the life course as these can define outcomes during the aging process. Public health strategies that promote prevention approaches and opportunities earlier in life, such as nutrition, physical activity and activities that reduce risk of chronic conditions can have a large impact on overall health and wellness in later years and extend health span in relation to overall life expectancy. While most chronic diseases increase with age, many can be prevented or delayed by implementing healthy behaviours over the years and reducing health inequities and functional decline for vulnerable older adults.

## LOOKING FORWARD

Greater alignment is needed across research on aging to better identify the association of aging with risk and management of chronic conditions. Research that advances understanding of the impact of the social and structural determinants of health on aging in diverse populations, from an intersectional and interdisciplinary perspective, should align with research using a geroscience approach and studies on biological mechanisms of aging and senescence. Research on age-related cognitive impairment and dementia that can be linked to and exacerbated by multiple chronic conditions will be supported through the Brain Health and Cognitive Impairment in Aging Research Initiative. The CLSA will also be a critical resource for the research community for investigations in this priority area.

### PRIORITY 3

#### **Focus on wellness and quality of life to maintain optimal health and independence**

Aging is a life-long process and does not begin in mid-life or the later years. Maintaining optimal health and independence for as long as possible into older age is impacted by life-long health behaviours and social and structural determinants of health across the life course. Determinants for healthy aging can include physical activity, diet, self-awareness, outlook/attitude, life-long learning, faith, social support, financial security, community engagement and independence, and these can vary depending on factors, including culture, age and gender<sup>6</sup>.

The WHO defines social determinants of health as “the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, live and age, and the wider set of forces shaping the conditions of daily life”<sup>7</sup>. It defines the structural determinants of health as “all social and political mechanisms that generate stratification and social class divisions in society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources”<sup>8</sup>. Inequity in social and structural determinant of health variables, such as economic security, social-connectedness and support, food security and nutrition, education, health care, environment and housing, can have harmful impacts on health throughout life and shape health outcomes in aging if left unaddressed.

## LOOKING FORWARD

In our goal to address the opportunities and challenges of aging for older Canadians, we will continue to work closely with the CIHR Institute of Human Development, Child and Youth Health to champion age-inclusive research across CIHR. This will provide an opportunity to include research on the impacts of social and structural determinants of health on aging from a life course perspective. It will also ensure that research is age-appropriate and that older adults and children, youth and families are all fully represented in research concerning their health outcomes. A life course approach in research is critical for promoting health across the lifespan and can stimulate best practices in research so investigations consider all life stages from preconception to older age, and across critical life transitions and generations.

# Success and Impact

Within the timeframe of this Strategic Plan, research will contribute to:

- Increased community-based programs that use evidence-informed approaches to promote healthy aging and reduce the risk of development and progression of age-related chronic conditions
- Increased health literacy among Canada’s increasing and diverse population of older adults
- Increased understanding of the impact of social and structural determinants of health on aging

## Strategic Direction B

# Adapt Health and Care Systems to Better Address the Needs of Older Adults

Older adults require evidence-informed health care and services that are age-appropriate, culturally safe, accessible and grounded in equity.



## RESEARCH PRIORITIES

1

### Equitable health and care systems

- Support older adults to live well through integrated health and care systems
- Embed support in primary care and community-based services
- Increase equitable digital solutions and technology for older adults

2

### Pandemic recovery and future health emergencies

- Support older adults to re-establish social connections and community
- Support for mental health and increasing rates of cognitive impairment and dementia
- Address delayed care and loss of social/physical fitness among older adults

#### PRIORITY 1

### Equitable health and care systems

Canada's health care systems are experiencing significant pressure as they respond to the increased needs and types of services required by older adults with chronic and medically complex conditions, and the pandemic has only intensified these pressures. Hospitals, for example, are designed to serve younger persons with acute medical needs, however vulnerable older adults are disproportionately relying on hospital services when they often would be better served by a model of care that involves an ongoing relationship with a person-centered, integrated care team<sup>9</sup>.

An integrated and continuing care approach would provide more impactful health care for older adults to sustain healthy aging, support the management of chronic conditions as health declines and produce comprehensive and accessible care across health and social services<sup>10</sup>. This is an important step in health system transformation, and should link the physical,

mental and social health needs of older persons to primary care and to specialized geriatric care services, as required. Care models need to ensure equity in delivery and access, including across rural and urban locations, tailored to the ethnocultural, gender, language and economic diversity of the Canadian population and sensitive to bias associated with ageism, stigma and racism to ensure cultural safety. This offers an unprecedented opportunity for applying a learning health systems approach towards innovation in systems and continuous improvement, with research evidence informing health care delivery and health care needs informing research programs<sup>11</sup>.

There have been significant advances in digital technologies and the availability and access to electronic health care resources in recent years, particularly during the COVID-19 pandemic. Many older adults have embraced digital technologies and resources to receive health care and mental health support, access services for health promotion and monitoring and to reduce social isolation by connecting

with family and friends. There are opportunities for transformative growth of digital approaches and technology to support older adults in healthy aging and health care delivery, but barriers also need to be considered and resolved. A digital divide poses serious equity issues for some older adults, with social and economic factors influencing availability of technology and access to internet, poor digital literacy and lack of caregiver support to assist with digital access<sup>12</sup>.

## LOOKING FORWARD

Adapting health and care systems to meet the specific needs of older adults emerged as an urgent area for research in our consultations with researchers, older adults and our broader community. This includes adaptations to health systems and health system navigation, alternative care models, and equitable digital solutions for health services for both prevention and care delivery and to enhance social communication. Support for older adults in the health care system is deeply connected to the health and wellbeing of caregivers, including those employed in the health care workforce and family and friends that act as caregivers.

Research that involves evaluation and implementation of programs and strategies to effectively support and train health care workers and caregivers in addressing and advocating for the physical and mental health needs of older adults is needed. This is particularly critical for older individuals that may not be able to express their own needs adequately due to difficulty with communication or cognitive impairment.

## PRIORITY 2

### Pandemic recovery and future health emergencies

The COVID-19 pandemic has had a devastating impact on health care, the health care workforce and the community, with many persons not having their basic needs met during this time. Older adults, in particular, have been severely impacted, largely due to increased vulnerability to serious disease following infection with the virus. A large proportion of deaths associated with COVID-19 have been in this age group. As we move into an endemic stage and recovery period of the







pandemic that will be long lasting and undoubtedly cover the years of this Strategic Plan, new challenges for older adults will arise with predicted increases in cognitive impairment related to SARS-CoV2 infection and the impact of isolation on mental health.

### **LOOKING FORWARD**

We will promote research and activities that help to re-establish social connections and community engagement of older adults with a focus on optimizing physical and mental health care. This commitment is connected to addressing health care that has been delayed during the pandemic years, as well as the loss of social and physical fitness for many older adults under pandemic restrictions. These new stages of the pandemic will require ongoing changes and a need for a resilient and adaptable health care system to be prepared for and deal with the next crisis or health emergency. There is an urgent need to change the continuing care system, both community- and facility-based, to overcome and prevent future occurrences of the shortfalls that were evident during the first waves of the pandemic.

## **Success and Impact**

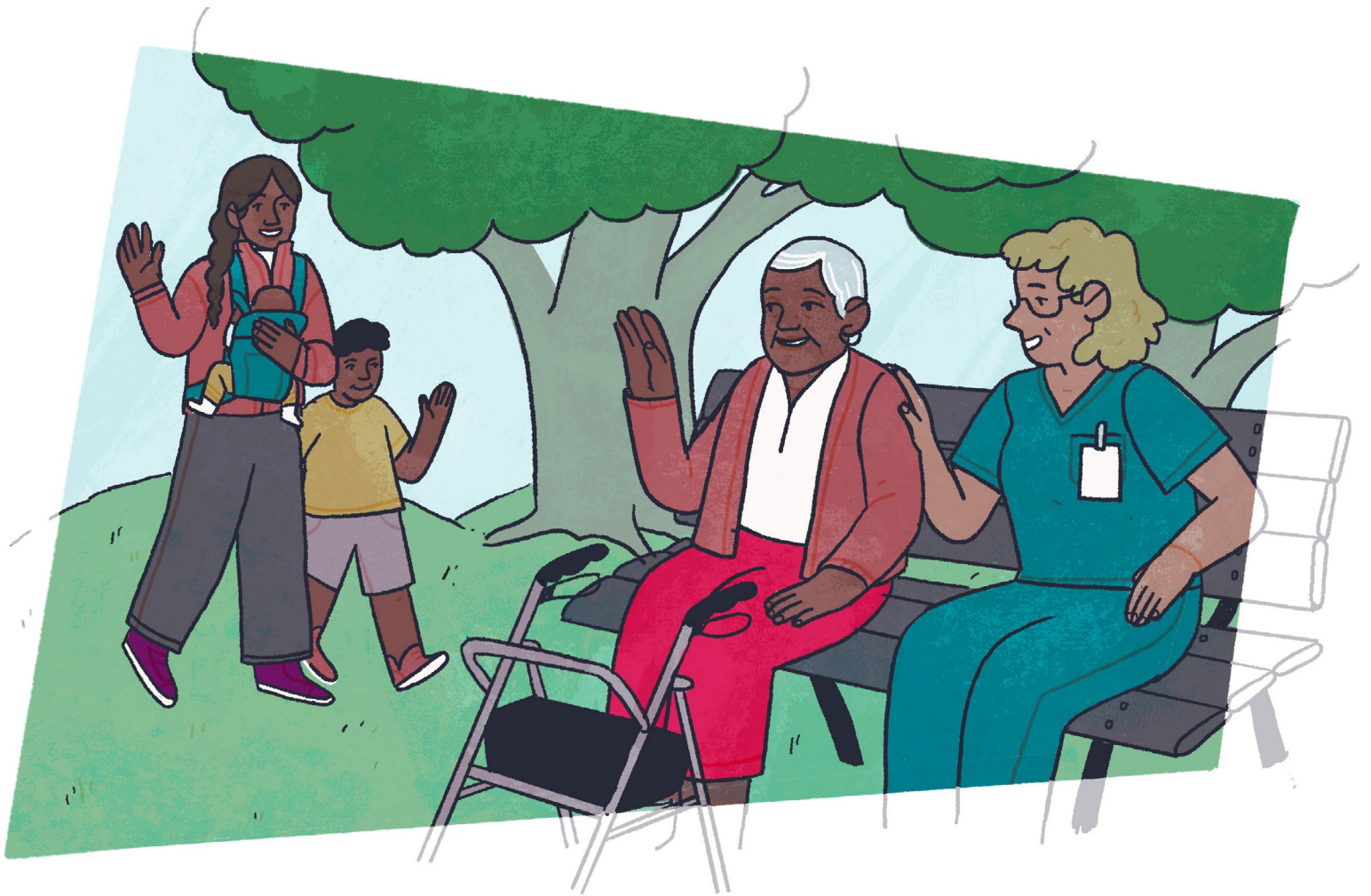
Within the timeframe of this Strategic Plan, research will contribute to:

- Transforming health and care systems to facilitate navigation by older adults and their caregivers to obtain the support needed for prevention and care to optimize healthy aging
- Developing and piloting models for recruitment and retention that support the wellbeing of a health care workforce that is trained to meet the specific needs of older adults
- Increased availability of evidence-informed, equitable and accessible digital health solutions for older adults

## Strategic Direction C

# Improve Lived and Living Experiences and Quality of Care in the Later Years

We recognize rights to self-determination as a vital part of health and wellbeing throughout the later years.



## RESEARCH PRIORITIES

1

### Respect for older adult's lived and living experience and rights to self-determination

- Ensure evidence, research and lived and living experiences inform and drive policy

2

### Aging in the right places

- Promote and implement research and best practices for age- and dementia-friendly communities
- Optimize mobility and transportation for older adults
- Examine transitions for community-dwelling to supportive living environments, including to long-term care

3

### Addressing challenges in the later years

- Promote prevention and best practices with frailty and falls
- Facilitate improvements to palliative care, tailored to the needs of older adults

#### PRIORITY 1

### Respect for older adult's lived and living experience and rights to self-determination

We all benefit from an inclusive culture that welcomes older adults into communities and ensures opportunities to hear and learn from their lived and living experiences. This empowers older adults to stay active and socially connected while continuing to contribute to society. It also protects against negative views of aging and ageism by embracing healthy aging as a valued part of the life course.

The COVID-19 pandemic perpetuated ageism and many older adults were limited in their ability to be self-determining in decision making. Older adults living in long-term care and other residential settings were forced into isolation and separated from family

caregivers, with the view that this would provide protection from infection. In addition to the profoundly negative mental health consequences of this prolonged isolation, older adults and their families were not able to participate in making this decision about their own wellbeing.

#### LOOKING FORWARD

All research and policy development related to older adults should be informed by older adults and include evidence from their lived experiences and expression of needs. We have an opportunity to learn from experiences during the COVID-19 pandemic and ensure that older adults are empowered and involved in determining what is right for them during aging, and feel confident that their needs and wishes will be respected and prioritized if assistance is required from family and caregivers.



## PRIORITY 2 Aging in the right places

Most older Canadians live in their homes in the community and wish to stay there for as long as possible as they grow older, with about 10% living in residential care facilities including long-term care<sup>13</sup>. Living at home can be desirable as it offers familiarity and relative independence, however, over time increasing support from family, friends and community-based services may be required. Living at home also requires access to transportation to ensure that needs can be met, including accessing health care. For some older adults, remaining at home may lead to social isolation and loneliness and result in an unsafe living environment, particularly for those living alone. Caregivers may not be able to continue to support an older adult as health conditions change, leading to a need to transition to another living environment. More research is needed to find solutions for older adults to continue to age-in-place in their homes longer with enhanced support from home care services and integration of hospital and continuing care sectors<sup>9</sup>. While many older Canadians have financial security, poverty affects many older adults and, in particular, older women. To enhance the potential for older adults remaining independent and

engaged in their communities, research on access to reasonable income supports, affordable housing and inclusive transportation services will be needed<sup>14</sup>.

### LOOKING FORWARD

Housing, living arrangements and transportation approaches that are adapted for older adults as they age emerged as areas in urgent need of research during our consultations. The pandemic shed light on longstanding problems in the long-term care system, putting attention on the need for change. This has led to some rapid interventions, but most have not undergone sufficient evaluation to determine whether they are or will meet the needs of older adults and the system. However, Canada's emerging National Long-Term Care Standards, led by the Standards Council of Canada (SCC), Canadian Standards Association (CSA Group) and Health Standards Organization (HSO), could be a game-changer for older adults and their families considering long-term care. Similarly, many older adults have not been able to safely access community-based and home care services during the pandemic and this problem persists, at least in part, due to a shortage of workforce for program delivery. These issues present key opportunities for research. For example, we need to better understand the factors that support older

adults to live at home in their communities for as long as possible, and we need to mobilize evidence to ensure that models for long-term care meet the needs of the most vulnerable older adults.

### PRIORITY 3

#### Addressing challenges in the later years

Later life can be associated with multiple medical conditions, declining health and the onset of frailty, a common syndrome where individuals become increasingly vulnerable to poor health outcomes<sup>15</sup>. Frailty often accompanies inactivity, poor nutrition, prescription of multiple medications and social isolation and loneliness, and can result in the body's inability to cope with minor illness, leading to rapid deterioration of health<sup>16</sup>. Older adults experiencing frailty are also at increased risk of falls leading to injury or death, but frailty is not an inevitable part of aging and steps can be taken to aid older adults in avoiding frailty<sup>16</sup>.

In late life, palliative care can relieve suffering of the person and their families by treating and attending to physical, psychosocial and spiritual needs. Palliative care can extend to bereavement and support of the

family after experiencing loss. There are critical gaps in palliative care and end-of-life services for older adults, particularly in the area of persons living with dementia and those living in long-term care homes. While it is considered that persons living with advanced dementia and their families could benefit from a palliative approach or hospice care, this is generally not provided<sup>17,18</sup>.

#### LOOKING FORWARD:

Significant advances in the clinical evaluation of frailty have been made with the development of the Frailty Index and Clinical Evaluation Scale by Canadian clinician-researchers<sup>19,20</sup>. A critical element for effective care and treatment of persons living with frailty, or at-risk of frailty, would be implementation of a primary care model that engages patients and caregivers with an integrated health system that links community services and specialists<sup>21</sup>. This is an area requiring research to develop and evaluate programs for effective implementation of frailty prevention programs in primary care and community services. Additionally, palliative care and hospice services would benefit substantially from accurate and complete data and research on best practices related to older adults and particularly those with dementia, strategies for implementation and policy development.

## Success and Impact

Within the timeframe of this Strategic Plan, research will contribute to:

- Developing a framework for engaging and involving longer living older adults, those aged 85 years and older including centenarians, in research designed to understand and meet the special needs and vulnerabilities of this group
- Identifying and implementing solutions to make urban environments engaging, age- and dementia-accessible and safe to promote active living
- Increased evidence-based research on age-friendly communities, including effective implementation of community-based and home care services and supportive living environments

# Cross-Cutting Priorities

Our cross-cutting priorities shape all aspects of our activities and engagement with our research on aging community. They promote equity, inclusiveness and diversity of input to strengthen the research on aging community in Canada, with the goal of leading to improved health outcomes for older Canadians.



We value shared responsibility with the community to promote ongoing communication and ensure that all voices and perspectives are heard. Through leadership and relationship building, we will support engagement in research on aging, including involving trainees and researchers at all career stages, engaging with patients

in the co-development of research programs and encouraging public and community participation in research. This will drive change propelled by innovation and research excellence to promote optimal health and wellbeing for all older Canadians. Action Plans will be developed for each of these cross-cutting priorities.

## Indigenous Peoples' Health and Wellbeing and Indigenous Rights

Indigenous Peoples are disproportionately impacted by health conditions that can be exacerbated by living in rural and remote locations, inadequate access to services and systemic racism within the health care system. Initial steps in engagement with Indigenous communities were an important part of the development of this Strategic Plan. By building partnerships with the Indigenous research community, including Elders, Knowledge Keepers and community members, we will support Indigenous self-governance in research to better promote the distinct needs of Indigenous communities related to their health and wellness across the lifespan. Our contribution to reconciliation will be to support Indigenous rights and Indigenous ways of knowing within Indigenous-led research, following Indigenous guidance when co-developing initiatives to address the needs of older Indigenous adults. Attention will focus on a distinctions-based approach to the health and specific needs of First Nations, Inuit and Métis Peoples, including urban Indigenous communities.

### Distinctions-Based Approach

Respecting and engaging three federally recognized Indigenous groupings in Canada – First Nations, Métis and Inuit – in policy and decision making.

## Actions and Anticipated Outcomes

- Support the missions of the Truth and Reconciliation Call to Actions (TRC) and United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), especially towards reconciliation practices in health care with special attention to how historical and generational trauma impacts the present-day circumstances of Indigenous Peoples regarding health and aging.
- Build relationships and capacity among Indigenous researchers, scholars and community members and explore partnership with Indigenous-led institutions in which research data and knowledge are shared as outlined in OCAP (Ownership, Control, Access, Possession) Principles<sup>22</sup>.
- Promote research on Indigenous ways of knowing, such as the use of traditional medicines and land foods, and the effects of historical and generational trauma on aging and physical health. Explore opportunities to share the unrecognized stories of today's Indigenous older adults, using traditional story-telling techniques in a research context to document their life-stories.
- Seek guidance from Indigenous researchers and community members on the needs of Indigenous older adults, while addressing the research gap on Indigenous perspectives on aging.
- Ensure that access to funding is equitable for Indigenous researchers by expanding Indigenous-specific research opportunities and prioritizing Indigenous-led health research.

## Engaging with Patients and the Public

We are actively increasing engagement with people with lived and living experience and their caregivers, with more opportunities to share perspectives that inform the activities of our Institute. This began in earnest with the establishment of the Institute of Aging Older Adult Advisory Council and expanded with the creation of four Regional Councils. We greatly value the perspectives of the members of these groups and will continue to put older adults at the centre of our work.

### Actions and Anticipated Outcomes

- Prioritize engagement with the Institute of Aging Older Adult Advisory Council and four Regional Councils to hear from older adults with lived and living experiences and obtain input on current and emerging issues and opportunities related to the health, quality of life and wellbeing of older adults and caregivers of older adults so these can be incorporated in the development of research activities.
- Engage members of the Older Adult Advisory Council and patient partners in research functions, ranging from program development to peer review to knowledge mobilization and dissemination.
- Engage with CIHR Strategy for Patient Oriented Research (SPOR) Units that have a particular focus on research on health and care of older adults or that wish to develop in this area.

## Knowledge Translation, Mobilization and Implementation

We will develop and implement a Knowledge Mobilization Action Plan, and consult with our community to design, implement and promote the use of evidence from our three research priority areas. Following CIHR's mission to improve health literacy of Canadians, we will aim to improve health literacy of older adults.

### Actions and Anticipated Outcomes

- Persons with lived and living experience, community organizations, knowledge users and policy makers will be involved in each stage of the research process beginning with co-design of projects to ensure that outcomes can be rapidly mobilized.
- Build capacity to translate and mobilize knowledge and technologies to clinicians, policy makers, businesses, and the public to develop more effective products, practices, policies and services, and improve the health care system and health of Canadians, aligned with the recommendations from the latest Institute of Aging External Review.
- Facilitate collaboration and partnership between researchers, knowledge users and decision-makers through design of funding opportunities that emphasize team-building and interdisciplinary expertise.





## Partnerships and Collaboration

We have a strong track record of strategic and impactful partnerships nationally and internationally and with federal and provincial government agencies, foundations and charities. These partnerships create opportunities for the Canadian research community by leveraging the Institute's annual strategic budget to significantly increase the impact of investments to address broad topics related to promoting the health and wellbeing of older adults. They also facilitate research collaborations and showcase Canadian research and researchers on national and international stages. We engage with several international organizations, including making leadership contributions to the World Health Organization, World Dementia Council and Global Council on Brain Health to bring a Canadian perspective to their work. We also partner strategically with other CIHR Institutes to ensure that aging and older adults are a specific focus of their actions.

Working with our many partners strengthens our initiatives, not only by leveraging funds, but also through sharing ideas, strategies and best practices that inform how we implement our initiatives and actions.



## Actions and Anticipated Outcomes

- Convene stakeholders around strategic topics that aim to promote healthy aging and support older adults through complex health challenges, including networking activities for Canadian researchers and partners.
- Convene the Directors of the Canadian Research Centres on Aging semi-annually, providing an opportunity for the Centres to discuss research activities and for our Institute to share updates and learn about the nature and scope of research conducted across our community.
- Convene researchers that hold Canada Research Chairs, institutional or other research Chairs in the broad area of research on aging and health and wellbeing of older adults to exchange research progress and ideas and build opportunities for partnership and collaboration.
- Create and lead the Dementia Research Funders Alliance to bring together funders and key stakeholders in the brain health and dementia funding ecosystem in Canada and develop a platform for working together to leverage and amplify dementia research. This is an important step towards developing an action plan for the research component of the National Dementia Strategy and fulfillment of its goals.
- Work with colleagues at other CIHR Institutes to ensure that aging and older adults are a focus in strategic funding opportunities.
- Work with international organizations, including the World Health Organization and World Dementia Council, to develop and promote global health programs and standards for care of older adults.

## **Equity, Diversity and Inclusion, and the Impact of Intersectionality**

We support the principles of Equity, Diversity and Inclusion (EDI) and incorporate EDI strategies in all activities, with the goal of reducing barriers within the research community to ensure health equity for all older adults. We are committed to supporting research that examines the determinants of health and their impact on aging and the functional abilities of older Canadians. A core contribution to CIHR's Strategic Plan includes addressing the impacts of systemic ageism, racism, gender bias, poverty and ableism in health research, combating stigma associated with age-related cognitive impairment and dementia and elevating diversity in research on older adult health and wellbeing. Equity in health research will be a priority focus as we aim to support the health and wellness and increase the longevity of older adults in the coming years.

### **Actions and Anticipated Outcomes**

- Promote research that addresses the social and structural determinants of health in aging.
- Support the inclusion of gender diverse individuals and persons from LGBTQ2S+ communities in health research.
- Support the inclusion of racialized communities, people living with disabilities and others that have historically been excluded from health research.
- Enhance the vitality of the English and French linguistic minority communities in Canada, with use of both English and French at the Institute and across our actions.
- Prioritize actions that support and include the lived and living experiences of the increasingly diverse Canadian older adult population in research programs.
- Develop research funding programs that are inclusive for historically marginalized communities.
- Promote the inclusion of individuals across the life course in research where relevant, especially in areas where older adults have historically been excluded, such as clinical research.
- Support the World Health Organization in its mission toward combating ageism.
- Support and embed the principles of EDI in all initiatives, peer-review panels, Institute Advisory Board and Older Adult Advisory Council, ensuring that they represent the diversity of Canadians.

## **Capacity Building, Career Development and Training**

We support the education of the next generation of researchers and promote training and career development across career stages for researchers, with the goal of building capacity and future leadership in research on aging to meet the challenges of the aging population and the needs of older Canadians. Throughout these actions, there will be an emphasis on inclusion and ensuring that trainees from underrepresented groups are supported. Capacity building and fostering opportunities for the brightest minds is key to advancing knowledge and ways of knowing in any field and ensuring innovative solutions to emerging challenges.

### **Actions and Anticipated Outcomes**

- Develop and support training initiatives that provide trainees with opportunities to acquire the research tools and expertise needed to succeed in a collaborative and interdisciplinary environment.
- Develop innovative initiatives to build capacity at the various career stages with a focus and priority on early and mid-career researchers to support the next generation of researchers on aging, aligned with the recommendations from the most recent Institute of Aging External Review.
- Work with partners to co-create and promote career development and professional opportunities, including experiential learning and embedding researchers in community settings.
- Promote an inclusive environment for mentorship of trainees and early career researchers, where they develop robust and adaptable skills that allow them to respond to the changing research landscape.
- Promote interdisciplinary team science with opportunities to establish connections and partnerships that are critical for future career success.
- Continue to lead the CIHR-IA Summer Program in Aging, our flagship training program since 2006, and build capacity in strategic areas in the field of aging in Canada.

# How We Deliver on CIHR's Strategic Plan

The strategic priorities in the CIHR Institute of Aging Strategic Plan 2023–2028 are aligned with and will deliver on those of CIHR's *Strategic Plan 2021–2031: A Vision for a Healthier Future*, with a special focus on the health and wellbeing of the older adult population in Canada. Consistent with CIHR's vision, our strategy for the coming years includes championing a more inclusive concept of research excellence, fostering adoption and implementation of DORA<sup>23</sup>, FAIR<sup>24</sup> and CARE<sup>25</sup> principles, supporting stronger research teams with patient partner engagement, ensuring equity and inclusiveness for a diverse research community and training environment, promoting open science and enhancing national and international collaboration.

We will also deliver on the CIHR Strategic Plan through a commitment to investing in the future by providing opportunities for training and career development of the next generation of researchers in the field of research on aging. Priority will be placed on addressing social and structural determinants of health, taking an intersectional approach with a focus on ageism and stigma, and accelerating the self-determination of Indigenous Peoples in health research by funding Indigenous-led research that addresses the needs of Indigenous communities. In our aim to improve the health and wellbeing of older adults, we will enhance integrated knowledge translation, knowledge mobilization and dissemination, and seek solutions for strengthening, connecting and employing data to inform and evolve evidence-based practices in learning health systems. By championing inclusion across the life course in research, we support equity, health and wellbeing across current and future generations and optimal aging in diverse environments.

## Performance Measurement

We are committed to the continuous monitoring and assessment of activities to measure progress and impact of the three foundational strategic directions and six cross-cutting priorities to assess outcomes and progress. Performance metrics will also be applied to partnerships and strategic investments to assess impact. We will develop annual work plans designed to operationalize the Strategic Plan and track implementation. A subcommittee of the Institute Advisory Board will work with our team to develop a performance measurement framework including key performance indicators. This will be supported by the CIHR Performance and Outcome Measurement Framework, which will be consistent with the work of the CIHR Planning, Evaluation and Results (PER) Branch and will be conducted in collaboration with the Performance and Results Unit (PRU). We will regularly monitor progress, making proactive changes and course corrections as needed to respond to emerging priorities, review effective management of resources and ensure we achieve our intended outcomes.

# Thank You and Acknowledgements

We would like to thank all those who contributed to the creation of this Strategic Plan through participation in surveys, interviews, public engagements and discussion. Your thoughtful input has been critical in shaping a vision to reframe aging and empower older adults through research that achieves equitable health in aging. We would especially like to thank our Institute Advisory Board members for their insightful comments, advice and discussion, as well as our Older Adult Advisory Council and Regional Councils for their generosity of time and invaluable perspectives. This Strategic Plan has also benefitted substantially from the input of the Directors of the Canadian Research Centres on Aging.

We thank the staff of the CIHR Indigenous Health Research team for guidance and reviewing this Plan and Andrea Johnston of Johnston Research for support in our Indigenous partnership engagement. We are grateful to the Indigenous partners and Elders with whom we met to begin meaningful conversations on research needs for optimizing the health and wellness of older Indigenous Peoples. We thank Maria Sanchez Keane of the Centre for Organizational Effectiveness for providing support for administration and analysis of qualitative data collected during consultations with our partners and stakeholders. Finally, we thank Elise Johnson of Paperwhite for editing and perspective during the preparation of this Plan.



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## Figures

Figure 1. Functions of the CIHR Institute of Aging.

Figure 2. Age Pyramid of the Canadian population (2021). Adapted from Statistics Canada, The 7 million people aged 65 and older represent nearly 1 in 5 Canadians in 2021, and Population pyramid estimates as of July 1, 2000 and 2020, Canada

Figure 3. Fewer children under the age of 15 than people 65 years or older. Adapted from Statistics Canada, Census of Population, 1951 to 2021. The custom population projections are based on Statistics Canada's *Population Projections for Canada, Provinces and Territories, 2018 to 2068*.

Figure 4. Chronic disease burden. Adapted from Public Health Agency of Canada, *Aging and chronic diseases: A profile of Canadian seniors, 2020*.

Figure 5. Embracing our community's input.

Figure 6. Components that impact aging. Adapted from *Decade of healthy ageing: baseline report*. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.