Living under COVID-19 restrictions:
The experiences of older adults and caregivers

AGE-WELL NCE Inc.
Older Adult and Caregiver Advisory Committee (OACAC)
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Introduction

COVID-19 has highlighted the challenges that many isolated older adults face living in our communities. Social distancing and limitations on face-to-face contact were implemented across Canada to restrict infection, particularly amongst older people with the risk of developing severe complications and subsequent mortality. Prior to these restrictions we know that about 25% of older adults in Canada experienced social isolation (National Seniors Council, 2016), which in turn can lead to depression, cognitive decline and poor physical health. Technology offers a potential solution for helping to connect people at a time of disconnection. We are also seeing increasing awareness of the importance of technology amongst older people themselves. A poll commissioned by AGE-WELL, Canada’s technology and aging network, found that most Canadians over the age of 65 believe technology can help them live independently and reduce social isolation.

To provide the AGE-WELL research and innovation community with greater insights into the challenges of social isolation under COVID-19 restrictions, the members of AGE-WELL’s Older Adult and Caregiver Advisory Committee created personas and scenarios (P&S) to illustrate the experiences of seniors across eight key Challenge Areas.

These challenges are the foundation of the future of technology and aging research in Canada:

1. Supportive Homes and Communities
2. Health Care and Health Service Delivery
3. Autonomy and Independence
4. Cognitive Health and Dementia
5. Mobility and Transportation
6. Healthy Lifestyles and Wellness
7. Staying Connected
8. Financial Wellness and Employment

A persona and scenario is a semi-fictional account that describes a person, a situation and/or problem, and potential responses to that problem or scenario. This is a well-established method used in business and technology design to help developers to visualize real-world end-users and their needs. These insights could then be used to ensure that older adults and caregivers themselves would shape research and technology responses to the COVID-19 pandemic and beyond.
Challenge
Pets are very important companions for many seniors. During the COVID-19 crisis, older adults who live alone with a much beloved dog are finding that they are relying more on more on the companionship and comfort which they receive from their pet. If the person needs to stay isolated or has mobility challenges they may not be able to safely walk the dog, or pick up after it. The person is faced with either having to part with the dog – or live with risks such as falling while continuing to walk it. There is also a risk of an emotional and/or cognitive setback if they can no longer have the dog in their life. This is a dilemma faced by many older adults without having the added stress of the COVID-19 pandemic. During the crisis, all older adults are encouraged to stay at home, which exacerbates the problem. The challenge is to determine how the local community can play a role in helping individuals and their pets stay safe and well cared for.

Persona
Dora is an 82 year old woman who has been on her own for many years. In her early married life, she lived in many different communities in North America and raised four daughters. When she separated from her husband, she moved back to the Vancouver area, where several of her daughters had settled, and became a realtor. During that time, one of the daughters separated and Dora took on her 6-year old grandson. Dora has been very healthy until about two weeks into the COVID-19 lockdown when she had a minor heart attack and had a stent inserted. She was away from home for three days. She is very attached to her little dog and takes her for short walks three times a day. The dog is protective of Dora and will not allow any one into the house so she does not have visitors. She has, until recently, been very involved in her church.
**Scenario**

Dora is now at home and under lockdown. She feels quite unsettled and is concerned that her memory is failing. She tries to continue her very short “dog walks” twice a day but finds it challenging as she is afraid of falling. Her daughters live about 50 km away and do not visit because of the physical distancing requirement. They do phone regularly. Dora is afraid that she will have to give up her dog, which could contribute even more to her slowly advancing dementia. She is considering buying a walker – with a seat – but is not sure that she could manage the dog while she is using it. She is in the process of purchasing a personal alarm system, which requires that six people be named who can respond should it be activated. Her four daughters have been named along with two close neighbours. The issue of the dog being so protective could be a problem if first responders arrived to assist. The daughters could take the dog, once they arrive but, in the meantime, the neighbours and first responders would be left with this animal who could attack them when they enter the home.

**Potential Solutions**

Could a device be created that could be attached to a walker or a wheelchair in order to safely accommodate a leash for a dog? Another idea for an automatic device is one that could be designed to pick up dog waste. Finally, is there a robotic device which could be produced to walk the dog remotely?

a) **No tech solutions**
   - Could a dog trainer be engaged to train the dog not to attack a helper?
   - Could the dog be trained to use some kind of a litter type box when the older adult is unable to go outside?
   - Could the neighbours take on some of the dog walking responsibilities?

b) **Low tech solutions**
   - Once the personal alarm system is in place it could be hooked up to a “geo fence” in the house, which would drive the dog to a secure space in the home whenever the alarm is activated.

c) **High tech solutions**
   - Could an attachment to a wheelchair or walker be constructed, which would safely accommodate the leash, so that the older adult can be outside and interact in the community while walking her dog?
   - Could a robot be developed which would walk the dog?
   - Could a companion device be invented which would pick up and dispose of the waste?

Any of these solutions would extend the time that an older adult could remain independent at home and continue to benefit from the companionship and comfort they receive from their pet.
Challenge
Families, friends and volunteers are prohibited from entering residential facilities during virus breakouts, including seasonal flu. These unpaid caregivers contribute significantly to the quality of life for residents by helping people eat their meals, taking them outside for fresh air and exercise and providing much needed companionship. Video calls are not an effective option for people with aphasia, or advanced cognitive impairment.

Persona
John is living with advanced dementia in a wheelchair in a care home. Typically, someone from his family visits him every day to help him eat his lunch and take him outside for a walk, rain, snow or shine. John has aphasia and his main form of communication is through subtle facial expressions and hand squeezing. Due to COVID-19 no visitors have been allowed in the facility for weeks, nor has John been taken outside. His family is concerned about John’s welfare as they know that the care home is chronically understaffed. The occasional FaceTime calls elicit little response from John and the family is distressed. They are worried that John will not remember or recognize them when they are allowed to visit in person again. Or worse, that he will die alone.

Scenario
Staff recognize and appreciate the contributions of friends, family and volunteers but cannot take the risk that they will inadvertently be a source of COVID-19 spread. During an outbreak, especially a global pandemic, it is vital that anybody entering a nursing home understands infection control, follows proper procedures, and does not create more work for staff. Family caregiver stress increases exponentially, and nursing home residents become upset that their routines are disrupted and
are incredibly lonely - especially as the pandemic drags on for months. Residents begin to lose weight because they are not eating enough and become depressed. There is little to break the monotony of the day.

**Potential Solutions**

Online training modules that provide "certification" for friends, families and volunteers. These modules cover the specifics of what they need to know in order to visit during lockdown. They are required to recertify on an annual basis and/or if there is any critical new information. Not only does this reduce stress and anxiety for family caregivers and residents, it also provides backup for nursing home staff. During a pandemic, these trained volunteers can be seconded to the home similar to a volunteer fire brigade.

Robotic solutions with sensors that automatically initiate conversations with their families to help them stay in touch remotely and help provide companionship are also another option. One example of this is ABBY, a wall mounted personalized activity technology. If bedbound and unable to move, these devices/robots can be placed in areas accessible to the individual such as with an enhanced robotic pet. Just seeing the face and hearing the voice of a loved one makes a huge difference for individuals, especially during a pandemic.
Autonomy and independence are important for continued daily fitness activities, part-time work, volunteering, socializing, ongoing learning activities and travel. COVID-19 has introduced additional challenges related to autonomy and independence. Shutting down educational institutions may limit part-time work for some, and may end on-going learning activities for many. Closing recreation facilities means no friendly aqua fitness programs. Closure of other groups means stopping opportunities for volunteering and socializing. Social distancing measures impact family events, family comings and goings, and taking part in everyday activities.

**Persona**
Cordelia is 83 years of age, widowed, and lives with her daughter in a rural community in eastern Canada. Her daughter is employed full-time and rides horses as a hobby. Thus, it is a very active household that lives with purpose every day. Cordelia considers her health excellent and continues to work on a part-time basis. She owns her own vehicle and has no driving restrictions. Cordelia enjoys socializing and working with others, she is an active lifelong learner, volunteer, and educator. She is a type II diabetic, and has osteoarthritis in her lower back and has early stage osteoporosis, which limit her ability to walk. As a diabetic she tries to be proactive by watching her diet and maintains physical activity primarily through aqua fit classes three times a week, daily household activities, working part-time, volunteering and travel. Cordelia does most of the cooking in the household and enjoys grocery shopping and browsing through other stores. She also loves to take friends out for drives and dining out. She has five children all living within a 20 km radius and they are always available to provide any needed support.
**Scenario**

As an active older adult, Cordelia is finding it difficult because she is missing social interaction with others and her part-time employment. As a result of COVID-19, she is no longer able to pick up friends and go for a drive, go to a restaurant, or have friends in for a meal, a glass of wine, a chat or just companionship. Her part-time job is on hold waiting for ethics to approve a change in the method of data collection. Although she participates in numerous teleconferences or videoconferences in her professional life, her social life with friends and family is greatly curtailed. The usual family events are restricted, and family member visits are restrained. Family members visit through the glass patio doors and food or other items are exchanged by being left on the back deck. Telephone calls with older family members help to maintain connections. However, with two 95 year old women (one living alone, and one living with a daughter), and an 89 year old man living alone in the immediate family, a telephone call is not as effective as a personal visit. Also, with friends in long-term care facilities it is frustrating not to be able to visit them.

**Potential Solutions**

Although new technologies can support older adults to remain connected to family and friends or other aspects of life, they are not working for everyone. Older adults need more encouragement to learn about and use technologies that could enhance their quality of life. For some older adults, the possible use of technology is a foreign concept. For some, barriers include lack of accessibility to technology use due to inadequate Internet service, financial restraints, or lack of confidence in their own ability to use technology. Therefore, increasing their capacity to adopt and use technologies is important as are technologies that are user-friendly and accessible.
Challenge
Social isolation is a challenge for people with dementia, especially if they are living on their own. Many have developed avenues for social interaction through socialization with friends, community events, exercise groups and other creative means for interaction with other people at a comfort level that works specifically for them. The creation of these avenues requires time to develop and painstaking effort on the part of those involved. However, with COVID-19, isolation of at-risk people and social distancing is the key to avoid transmission. The routine face-to-face social interaction was removed with little or no prior notice. This creates a particular predicament for many people with dementia, as it is difficult to develop or restructure a social network that they would be comfortable with. The social distancing measures enforced under COVID-19 are very much at odds with what is needed for people living with dementia.

Persona
Mark lives by himself in a condo in Alberta. He was diagnosed with Alzheimer’s five years ago. Before his diagnosis, Mark was married and employed with the provincial health services in a management role. He continued to work for a two-year period but unfortunately due to challenges with his dementia, was forced to step away from his employment. As Mark was transitioning from his work environment, he was also transitioning to single life due to the end of his marriage. Mark was able to pick up the pieces from changes in his life and continue to live in a meaningful way. He has worked closely with his doctor and the local Alzheimer’s society to explore ways to live an independent life, which is his preference.
Scenario
Mark enjoys exercise and walking but cannot tolerate cold weather. He uses an indoor walking path and exercise facilities at a gym, which also involves social interaction. Due to COVID-19 restrictions, the gym is not an option. With warmer weather approaching, Mark has been going out for walks and mountain biking. From time to time, he forgets protocols for social distancing, which has led to some negative reactions for him. He totally understands the restrictions and these encounters when reminded.

Mark is a social person by nature. He has built up a small face-to-face social network in his community, which is very effective for getting him out the door and enjoying social activities. Unfortunately, with COVID-19 restrictions, this has come to a stop. Also, most of his personal friends work in the health field and with the crushing workloads they have with the COVID-19 outbreak, understandably they do not have as much time for social interaction with Mark. Mark enjoys the relationships he has with his children and some family members, but all of them live in other provinces within Canada. He engages in phone calls with his children and some family members but these are limited due to their busy lives.

Potential Solutions
Mark is very engaged with AGE-WELL, Canada’s technology and aging network, as well as Alzheimer’s societies and the research community. He describes these interactions as giving him purpose in his life and he enjoys working on projects with people very much. Mark is computer savvy due to his working experience. For any challenges with technology or remembering how to do things, he has had support from the AGE-WELL community, the Alzheimer’s society and friends.
Challenge
The ability for an individual to physically access and travel to a destination, whether a short distance away or much further, is a necessity for many activities for daily living. Whether they are just travelling downstairs in their building to go to their mailbox or taking public transit to get to the local grocery store, the vast majority of Canadians aged 65 and over use transportation on a weekly basis. Current barriers to mobility and transportation for older adults, as well caregivers, include reduced methods of personal and public transportation, safety and security of travel, affordability and restrictions. Many governments have strongly encouraged that older adults avoid leaving home due to their greater risks of getting COVID-19 during this time.

Persona
Mary lives in her own apartment on the ninth floor of a 12-story building in the suburbs of Toronto. She is in her early seventies and she has lived in this home for more than two decades. She has two adult sons and families, who each live about a 30-minute drive away. She retired earlier than she had wanted, in her mid-fifties, due to lack of employment opportunities and her limited skills to return to the workforce. Her main source of finances are a government pension and old age security, but she does get some support from her two adult sons. Mary was born in Egypt, arrived in Canada in her twenties when she was married, and then after a divorce, settled on her own living a simple life of limited activities and social connections.

One of her main sources of connection with others, besides a weekly visit by one of her sons, would be at church. She would also occasionally meet up with one of her church friends for coffee. Although she is still capable of physically walking to the grocery store or taking public
transportation to her church, Mary has recently been showing signs of being frail. It takes her longer to gather herself before her travels and recently she is being observed for possible Mild Cognitive Impairment (MCI) or dementia due to her forgetfulness and confusion. Mary also spends a great deal of time watching television, especially the news of the day, and gets easily worried. Both her sons, and Mary herself, are aware of their concerns with Mary being physically and emotionally confined at home and not having the autonomy and independence to be freely mobile outside her own apartment. Adding to these new life concerns, there were also previous challenges of Mary being confused and getting lost when she was out in the community.

Scenario
Previously, Mary would leave her home for just a few reasons. This would be to walk 10-minutes to the grocery store, take the bus to church, or meet up with a friend over coffee. Most of the time she stayed at home watching television. Once or twice a month, one of her sons would drop by with some food, whether groceries or takeout, and possibly take her out for a meal and to watch a movie. Last fall, her sons signed her up at the local community centre to attend line dancing classes for activity. Mary enjoyed attending these classes, but was only able to go to half of them due to the 20-minute commute on the bus and the classes being in an area she wasn’t familiar with. Due to COVID-19 lockdown, Mary has sheltered in place and has not left her home. Even with encouragement from her sons to go outside once in a while, Mary avoids this due to her fears of being in an elevator with others since the pandemic. Mary no longer goes to the grocery store or church and gets her food brought to her by one of her sons. Her other son, who is expecting a newborn, has chosen to not visit his mom during this time to keep everyone physically safe.

Potential Solutions
Recently, the family has set-up a smart home video device (Amazon Alexa Show) to assist with communication, entertainment, and social isolation. This allows for Mary’s sons to visually see how Mary is doing and have her interact with her family. They are also able to connect a music streaming service to this device so Mary can listen to music and dance around her home. This helps encourage her to stay physically active and connected. Also, this device allows the family to “drop-in” with an auto-answer feature so that Mary does not have to answer the device if she is ever incapacitated. This technology gives both Mary and her caregiving sons confidence and visual communication, which provides a great deal of comfort and reduces many fears that they had. Although it is not a perfect solution, it helps reduce Mary’s time watching the news and they are hoping it will build up her physical and emotional strength to go back out into the community. One other possible solution they hope to try in the future will be a ride sharing service such as Uber or Lyft, but costs could be a barrier versus walking and public transit.
Challenge
Most older Canadians are in reasonable health and are interested in maintaining their mental and physical health for as long as possible. This is also good for Canada since the costs of health care rise exponentially with increasing disability. The greatest return on investment for Canada is keeping healthy older adults healthy. There is an old saying that ‘the squeaky wheel gets the grease’ and that is true for support of older adults. Healthy older adults are invisible because they seldom interact with the facilities and institutions set up to assist the older community. There is work being done to support healthy older adults but it is limited and the critical element of disseminating the results to the healthy population needs improvement. The necessary responses to the COVID-19 pandemic have increased the difficulty of accessing the existing resources normally available to the healthy older adult.

Persona
Gary is 78 and his wife, Sally, is 75. They have been retired for 10 years. When Gary retired he and his wife renovated a house on the water in eastern Ontario where they entertain extensively. He plays golf, walks and works in his yard and garden. While not an athlete, he goes to the gym and watches what he eats. He and his wife are ‘snowbirds’ and go to Puerta Vallarta, Mexico for the winter. Since they don’t have a car there, they walk more. He also plays golf there. They both have been lucky with only a few serious medical problems. Gary had a hip replacement and was treated for prostate cancer, which is now considered cured. They both have mild arthritis and that is starting to impact their walking and standing on hard surfaces for long periods. They have an active social life but increasing age has led to an increase in their weight. Gary has increased gym workouts to compensate. So far neither he nor his wife have had other challenges other than occasional ‘senior moments’, but they are aware of the need to be mentally active. They both follow the news closely, play bridge and other card
games. Gary is an avid guitar player and plays in groups in both Mexico and Canada. They both realize how fortunate they are and want to remain active in their home as long as possible.

**Scenario**
Due to the COVID-19 situation and keeping up with the social distancing measures, Gary and his wife are suddenly restricted in many aspects of their life. They were lucky to get an early return flight from Mexico and then spent two weeks in isolation. Following isolation, they continued to follow guidelines such as going out for food and medicine only once a week. Their social plans for family and friends ended, the weekly bridge and club meetings were cancelled, as were golf and gym access. While doctor visits had been routine and not frequent, the idea of needing medical support at this time was concerning - non-emergency doctor visits were a thing of the past.

The rhythm of their lives has completely changed. The focus of Sally’s life was entertaining friends and family. Now with spring coming, there were no guests and family was miles away in other parts of Ontario and Alberta with no way to visit. Gary found himself cut off from golf and his friends at the club as well as the gym. While he could still practice the guitar, he missed his group sessions. They both found loss of facilities dimmed the discipline for exercise, and they quickly tired of TV entertainment. Retirement removes the structure from life and some find creating structure difficult. Before COVID-19 they were so busy they needed detailed schedules. Now there is a void.

**Potential Solutions**
With the help of the grandchildren they managed to get Facebook working so that they could connect with some family members. Later, they were introduced to Zoom to create more of a family gathering. Many of their friends are not tech savvy enough to use Zoom and that has limited the idea of using it for trying to gather friends. While these internet-based systems work, they are cumbersome and the quality of the audio and video keeps it from being a totally satisfactory experience.

Sally found an online bridge game and has started playing with her friends. Here again the game play itself works and there are even some advantages in presentation and scoring. However, the online version loses much of the social presence of the normal game and there is no talk and refreshments after. Of course, there are many games on the Internet but they are largely for younger generations. Gary has searched online for exercises he can do at home but most are not oriented for seniors and the regularity of going to the gym is lost. He is looking for solutions and has even started using a Wii system that he has. The ping pong, tennis, bowling and golf provide some exercise but they are more aimed at entertainment and limited as part of an organized exercise program. He is not aware of interactive sports games specifically for seniors however, he is considering getting exercise equipment for home, which includes safety and smart living technologies for healthy older adults.

They have not needed a doctor, but because they want to be prepared, they are investigating tele-medicine options i.e. virtual care through phone, text, email or video, with access to digital health records from home. Since Gary and Sally both have access to a mobile phone and Internet, these interactive electronic services are worth exploring.

There are a number of partial solutions that help with the issues that healthy seniors face during isolation but much more work could be done, especially while living through the COVID-19 pandemic.
Challenge

 Loneliness and isolation experienced by many older adults and caregivers is a challenge that has been on the radar of many researchers, non-profits, businesses, and all levels of government for some time. The COVID-19 crisis has galvanized the experience of isolation across society. People of all ages and walks of life are struggling to stay connected in a period of physical distancing.

Persona

Erin is in his early seventies and healthy, but he wears glasses and has some slightly diminished hearing. Although he still works part-time, he is no longer able to go to the office due to COVID-19 restrictions. He cannot gather with his family over dinner, which he does often, nor is he able to socialize in person with his friends or co-workers as he used to. Although Erin lives with his wife, COVID-19 had made him feel cut off from his other relationships in a way he had never felt before. This is putting a strain on his marriage. Erin is very computer literate but finds it frustrating as he experiments with the numerous technologies for connecting virtually. His friends and family seem to use many different systems, some of which work better than others. He prefers to use his computer or tablet for video chats as he hates the small screen on his phone and the fact that it is so hard to see especially if there is a group of people interacting.

Scenario

Together Erin and his wife have been experimenting with different systems, with their various social and business contacts but none seem to work well for all. They are seeking a simple solution that allows for video chat over any network, on any device that is not dependent on a phone line. “Wouldn’t it be nice”, Erin muses to his wife, “if video chat could be as easy as picking up the phone?”
You just choose the person or persons to whom you wish to speak and press call. If they happen to be calling you, you can answer on any device of your choice whether it is connected to a phone/cellular line or not. Erin and his wife have been trying Skype, Duo, Zoom, What’s App and Facebook Messenger and have had difficulties with all of them depending on whether their friends, family or colleagues have Apple, Google or Microsoft systems on their phones, tablets or computers.

**Potential Solutions**
An easy to use cross-platform (iOS, Android, Microsoft), cross-device (smartphone, tablet, computer) solution, to make or receive calls with no phone/cellular line required and a video chat option that utilizes some of the best features of the current systems or improves upon any of the current available technology.

Facebook Messenger – only works for those who are on Facebook.

What’s App – only has a video chat function if you are using your smartphone. If you are using a computer, you only get to see your text conversations on it so there is no option to send or receive video calls.

Duo – works across platforms (iOS, Android) and it is available for use on a computer running Microsoft by using Duo for Web but only if you are logged in to your Google account and then you cannot receive calls on your computer you can only call out.

Skype – works well but many Apple or Google users do not have it or do not know how to acquire it or use it on their systems. The new Skype “Meet Now” allows for those without Skype to receive and click on a link sent by someone who does have the system to join a call. Skype works well for one-on-one conversations but once there are more than four parties in a call some of the pictures get exceedingly small and become difficult to see even on a large screen computer.

Zoom – is probably the best, certainly for work or group scenarios, but it has time and number of participant restrictions especially on its basic (free) plan which most people choose for their personal use. It also requires an invitational email to be sent with a link to all those participating in the call.
Challenge
For individuals that continue to work as an older adult, whether due to financial reasons or for other purposes, COVID-19 has affected their financial health. Older Canadians were already experiencing financial vulnerability and workplace exclusion as they aged. With numerous closures and the reductions of businesses and organizations, which provided the financial livelihood of many, older adults are also feeling the impact on their financial wellness and employment. The uncertainty of maintaining or losing a stable income stream from jobs, self-employment, or investments have now added more stress to older adults, who often feel that they have a limited time in securing their financial present and future.

Persona
Dave is 62 years old and lives with his wife Dorothy in a small city. He is a simple family man with traditional values and wants to make sure he is able to support his loved ones. Dorothy still works as a nurse’s aid at a hospital. He has two adult children, a daughter and son, both living at home while they attend university. Dave has been working full-time for the provincial government as an environmental scientist. He achieved advanced education later in life, which has supported him in having a position within senior management. Dave appreciates living in a smaller city and is close to his neighbours and community. He is still healthy and enjoys being outdoors for hikes, canoeing, and biking.

Scenario
Due to COVID-19, Dave’s program at work with the provincial government was seen as non-essential and the entire staff was laid off. Senior staff such as Dave have been terminated with severance with no positions to return to. He was expecting to be employed for many more years, but is now concerned that at his age, he will not have a great amount of opportunity to become re-employed because of

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his specialist skillset and because they live in a smaller city. Dave was planning to work to age 70 to increase his pension and provide stronger financial stability for him and his family. He still has a mortgage and is worried about financial long-term implications of aging into his seventies and eighties. Both Dave and Dorothy help their children with their university expenses. With the constant uncertainty of future employment and financial stability, Dave is at a loss as to how his life will be changing as he ages. He is concerned about his financial wellness and how this will affect his connection to his social network.

**Potential Solutions**

There is a need for simple, easy to understand AgeTech ‘teaching tools’ such as websites and apps, which illustrate some lifestyle changes that could be implemented for creating a better financial plan. The ability to connect with older adult organizations or professionals to find a mentor/advisor who has dealt with similar difficult situations in the past, will help Dave gain some additional insight.

There are also online tools to assist with employment opportunities or even to work online in some way remotely while still living in his small city. Advanced planning software and tools that will help him and his family budget and prepare for the future will also help Dave take a little more control in preparing for the years to come. There are also numerous social connecting technologies and platforms to keep Dave in touch with his neighbours and community members as he adjusts to this new life.
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About AGE-WELL
AGE-WELL NCE Inc. is Canada’s Technology and Aging Network. The pan-Canadian network brings together researchers, older adults, caregivers, partner organizations and future leaders to accelerate the delivery of technology-based solutions that make a meaningful difference in the lives of Canadians. AGE-WELL researchers are producing technologies, services, policies and practices that improve quality of life for older adults and caregivers, and generate social and economic benefits for Canada. AGE-WELL is funded through the federal Networks of Centres of Excellence program.

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About SFU STAR Institute
The Science and Technology for Aging Research (STAR) Institute at Simon Fraser University (SFU), is committed to supporting community-engaged research in the rapidly growing area of technology and aging. The Institute supports the development and implementation of technologies to address many of the health challenges encountered in old age, as well as address the social, commercial and policy aspects of using and accessing technologies. STAR also supports the AGE-WELL network.

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