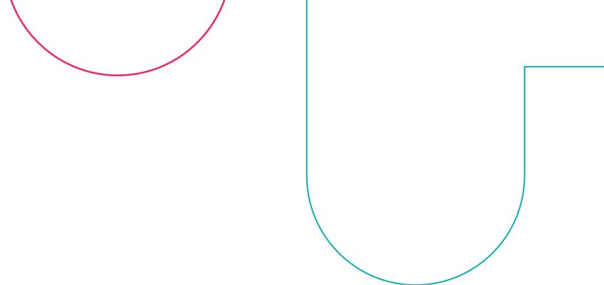




**Excellence
en santé**
Canada

Enabling Aging in Place Promising Practices: Oasis





The following promising practice was prepared following interviews with the Oasis team during the fall of 2023. Healthcare Excellence Canada (HEC) would like to formally acknowledge the generosity of the Oasis team in sharing their skills, knowledge, expertise and experiences to form this promising practice.

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaborations with patients, essential care partners and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

HEC focuses on improving care of older adults, bringing care closer to home and supporting pandemic recovery and resilience – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe and equitable care through engagement with different groups, including patients and essential care partners, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. We are an independent, not-for-profit organization funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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Model description

The Oasis Senior Support Living Inc. program is an older-adult driven program that supports aging in place in naturally occurring retirement communities (NORCs). A NORC is a community that is not made specifically for older adults but which, over time, has become a place where many older adults live. Oasis is designed to strengthen and sustain communities of older adults by addressing important determinants of healthy aging, such as isolation, nutrition, physical fitness and a sense of purpose.

Oasis was established approximately 13 years ago at an apartment complex in Kingston, Ontario as an innovative solution to support aging well at home. Since its inception, Oasis has grown to over 12 sites, with an additional six sites planned to open by 2025. It now operates as a pan-Canadian network supporting new and existing Oasis communities with training, resources to ensure local success, quality and fidelity to the Oasis model, and sustainability.

The **objective** of Oasis is to provide a supportive living program for older adults that builds community among members in an existing NORC. Through collaboration with public sector, not-for-profit and private sector organizations, Oasis offers unique services and programs based on the older adult community's needs and interests, and addresses several of the most common challenges faced by older adults living in community accommodations, such as:

- adequate nutrition and risk of malnutrition, primarily from eating alone
- isolation, loneliness and loss of self-worth
- loss of physical fitness
- lack of engagement in activities
- falls, fear of falls and fall-related injuries

The **core elements** of Oasis include the following:

- Older adults determine the activities and programming they would like to see based on their communities' unique needs and interests.
- Programs focus on building and strengthening social connections, facilitating better nutrition and promoting physical fitness and safe mobility.
- An onsite coordinator supports program development and facilitates access to existing community resources.
- Communal spaces for programming are offered in-kind by space owners or local community services.

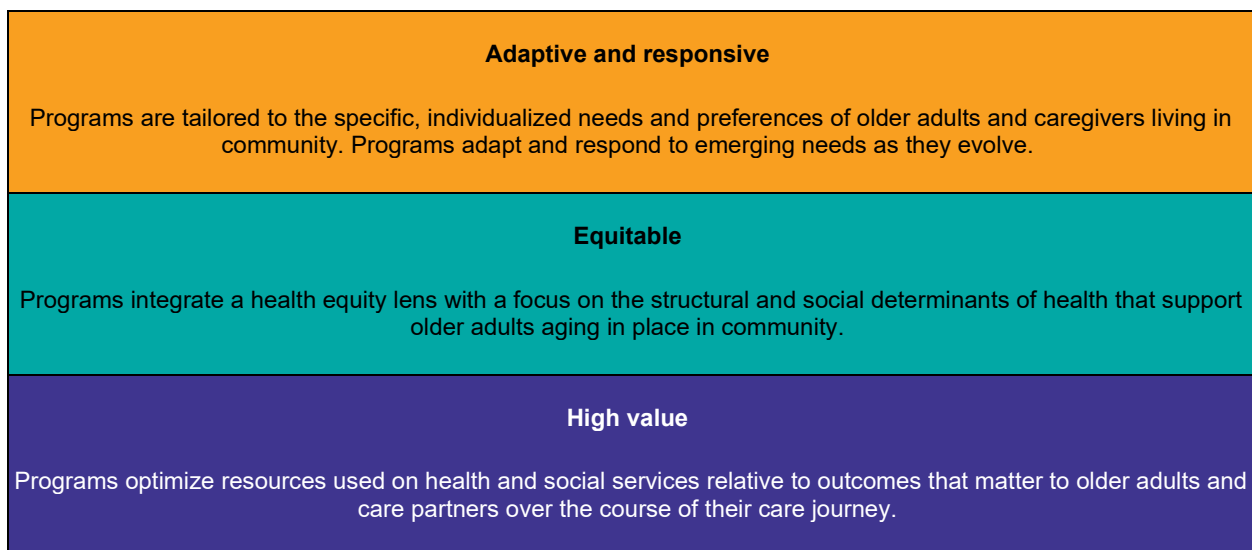
Oasis coordinates with existing community resources and facilities to provide a wide range of supportive programs such as:

- coffee chats
- activities — including arts-based activities, games and movie nights
- exercise and physical activity programs

- congregate dining
- cooking classes and take-home meal kits
- knowledge sharing events (e.g., guest speaker series)
- community wellness programs (e.g., pain self-management, hearing clinics, vaccination buses)
- Special events (e.g., volunteer appreciation lunches, meetings with municipal, provincial or federal representatives)

Enabling aging in place principles

Person-centredness is a core philosophy of HEC’s Enabling Aging in Place program. All the principles must be implemented in a person-centred way and reflect a deep understanding of community assets and the needs of older adults and their care partners.





The following reflects how Oasis fulfils HEC's Enabling Aging in Place program principles:

Access to specialized healthcare services — Oasis connects older adults to service providers from health and social service agencies and community resources within their homes to enable them to manage health conditions and promote overall health. This is often done first at the community level, facilitating community service providers to come to the site for information sharing, but may lead to individual Oasis members accessing the specialized services they need. This can also be done through coordinated events such as partnering with public health to bring mobile vaccine clinics to buildings and neighbourhoods with an Oasis site.

Access to social and community support — Oasis reduces social isolation and loneliness by offering services in communal settings within the residence buildings, providing opportunities to connect and interact with peers, building community, and increasing self-efficacy and resiliency through nutrition and health and wellness management activities.

Access to system navigation support — The onsite coordinator and community developer work to support community and program development and facilitate access to existing community resources tailored to the specific needs of the community members.

Adaptive and responsive — The programming, activities and services at each Oasis location are determined by the older adults living within the NORC. New programs can be added or removed based on the older adults' needs and interests.

Equitable — Oasis is free of charge to any adult living within the building or designated community (e.g., neighbourhood). It provides enhanced access to preventative services that combat frailty, malnutrition, physical deconditioning and injury due to falls, proportional to the level of need of the older adults living within the NORC. The onsite coordinator ensures programming is welcoming, inclusive and responsive to the needs of diverse members. Each Oasis site is responsible for developing an equity, diversity and inclusion plan to ensure diverse members' needs and interests are represented, and to ensure recruitment of diverse members.

High value — Oasis efficiently uses existing resources by coordinating local community services and facilities, including communal spaces provided in-kind by space owners. An evaluation of Oasis has shown that older adults who are living in a building with an Oasis site were significantly less likely to use home care services, had fewer admissions to emergency departments and hospitals, and were less likely to experience an injurious fall. For those who required transition to long-term care, this move was delayed by a median of one year compared to older adults living in a building without Oasis — thus easing the economic and physical burden on the emergency and long-term care sectors.

Implementation

Assessing needs and assets: Locations can be identified for implementation of Oasis in one of two ways. Interested locations can reach out to the [Oasis research team](#) to learn more about the program and determine if their site would be a good match. Alternatively, the Oasis research team may reach out to locations where they have identified a potential need and sufficient population that could benefit from the program. Implementing new Oasis locations is largely determined based on available funding.

Once a location has been deemed suitable for Oasis, an onsite coordinator and a community developer collaborate with the older adults living at the site to identify their needs and interests and coordinate the development of programs. Critical to implementation is the support of the space owner as well as a community partner, who hires and supports the onsite coordinator. The onsite coordinator will also liaise with the Oasis research team.

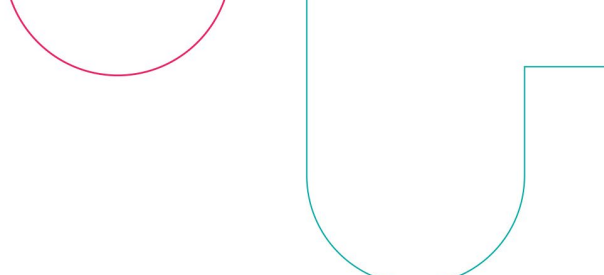
The Oasis team: An Oasis site team consists of:

- An **onsite coordinator** who works with Oasis members to identify their programming needs and interests and help implement programming to address these needs. Programming may be led or delivered by volunteers (including member volunteers), community partners (existing health and social service programs) or by the onsite coordinator. The coordinator may also help members navigate community supports to meet changing needs and abilities. They do this through information sharing and connecting community partners with the Oasis site.
- A **community developer** supports the onsite coordinator and the Oasis members by facilitating new or existing programming for the Oasis program and making new connections to existing health and social service programs — all in response to the stated interests and needs of the older adults living at the Oasis site.

In addition to the core Oasis site team, the program also requires:

- a supportive and interested space owner who provides in-kind space to gather and host the Oasis program
- a community partner whose philosophies align with Oasis and who is able to hire and support the Oasis onsite coordinator

The original Oasis program is overseen by a **volunteer board** of members with diverse community and professional experience. It is supported by a central Oasis Project Team from Queens University, McMaster University and Western University. Current work is being done to create a national Oasis not-for-profit, which will have a national board of directors with regional steering committees.



Target population: Oasis sites are located in communities with existing sizable populations of older adults, such as apartment buildings or mobile home parks. They are open to all older adults residing within the specific catchment area of the building or neighbourhood. While the target population is older adults, typically 55 years old and up, there are no exclusion criteria for participation.

Enrollment: Oasis site programs are advertised onsite through posters, flyers and word of mouth from current participants. They are also advertised through the onsite coordinator, the property owner and/or community partner agencies involved in the delivery of various Oasis programming.

Interested members can contact the onsite coordinator to enrol in the program and express their desire to participate in any aspect of the Oasis site's programming. Participation in Oasis programs is free and voluntary.

Partnerships: Each Oasis site has many local **informal and formal partnerships** that respond to the unique needs of the different older adult communities, including in-kind contributions of space for programming, activities, information, services and advocacy. These include, but are not limited to housing partners, not-for-profit health and social service agencies, public health agencies, community health centres, advocacy organizations (e.g. Councils on Aging), and municipalities.

Queen's University, McMaster University and Western University collaborate on evaluating and expanding the Oasis program.

Adaptations over time: The Oasis program model has remained stable over time.

During the COVID-19 pandemic, a number of programming options offered by Oasis — such as the weekly coffee chats, exercise classes and guest speakers — adapted to virtual delivery. In Kingston, the Oasis team collaborated with Kingston, Frontenac and Lennox & Addington Public Health to bring mobile COVID-19 testing and vaccine clinics to community-dwelling older adults in Oasis and their surrounding communities.

Since opening the original Oasis program, Oasis and its research partners received funding to support expansion of the program to additional communities across Canada. The initial expansion involved opening six programs in Ontario between 2018 and 2020. The second wave of expansion occurred in 2021, where five more programs were opened, including in Vancouver, Thunder Bay and Ottawa. Most recently, the Oasis team has received funding to expand to six additional communities, including in British Columbia, Ontario and Nova Scotia. Funding has also been received to develop a governance and sustainability plan to ensure the stability of Oasis within these communities.

Evaluation and impact¹

Findings from research conducted between 2018 and 2020 found positive health outcomes among older adults in buildings that had implemented Oasis programming.²

Healthcare utilization: When matched to a group of older adults who were not part of an Oasis community, older adults who lived in a building with Oasis were:

- 26% less likely to go to the emergency department
- 40% less likely to be admitted to hospital
- 37% less likely to have an injurious fall
- 45% less likely to receive homecare
- delayed by a median of one year in their transition to long-term care

Social Isolation: Within nine months of implementing Oasis at new sites, the proportion of older adults identified as “lonely” on the UCLA loneliness scale dropped from 32.6% to 23.3%.

Falls: Fewer people reported one or more falls over the previous six months, with the greatest drop in people with multiple falls from 18.2% to 6.8%.

Participant experience: Testimonials from participants highlighted increased feelings of social connectedness and increased physical activity. Participants praised the instructors and program volunteers for the programming and services they offer.

“Mainly, I am thankful for the community of friends we have created...especially helpful during COVID-19 restrictions.”

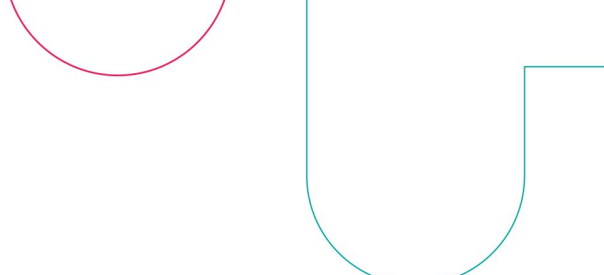
“I like the sitcercise very much. I’m 93 now so I don’t run around too much. I also like the art because I never did that before. It’s new for me, the sewing and everything...I feel like I’m still learning things, and I have to say, it’s nice to be learning at 93.”

“The instructors are very friendly and helpful and getting help with technology...my cell phone...I used it only to play Spider, but now I’m learning to do a few things on it, and I am very grateful for that. What can I say? I’m very, very happy with Oasis.”

Researchers at Queen’s, McMaster and Western universities are leading a study funded by the Canadian Institutes of Health Research to evaluate Oasis over four years. This research will

¹ The evaluation and impact information shared reflects information available at the time of writing this promising practice. HEC would like to acknowledge that evaluation activities are an ongoing process for many promising practices and the type of data collected is influenced by program goals, the length of time the program has been implemented and the level of resources available to support evaluation.

² Oasis Senior Supportive Living (2022). Annual Report: July 2021–June 2022.



compare older adults living in NORCs with Oasis to those living in NORCs without Oasis. Data is collected from volunteer participants at seven Oasis expansion sites and seven match non-Oasis sites. Results from the study will be shared as they become available.

Keys to success

Supportive and engaged landlords: The landlord provides communal space, in-kind, within the building(s) for the program to operate. Landlords have been very receptive to the program and interested in its benefits.

Participatory approach: Strong interest, engagement and support from older adults are key to ensuring the program remains operational within the building. Oasis is not Oasis without the older adults — not only as participants, but also to direct and enrich the program.

Onsite staff: A dedicated onsite coordinator and community developer is essential to building community connections and developing partnerships with service agencies. The onsite coordinator is a key member of the Oasis program team at any given location, and their major role is to work with the older adult members to identify their needs and interests, and then facilitate implementation of programming that meets their needs. In addition, the coordinator and community developer ensure the program remains inclusive and responsive to the diverse and evolving needs and capacities of the older adults in the community.

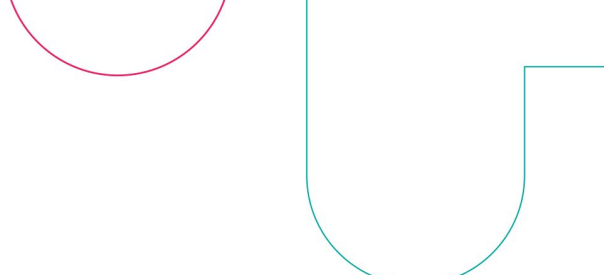
Key challenges

Funding: The absence of multi-year, sustainable funding is a major challenge. Without secure funding, it is challenging for interested sites to secure funding for the initial implementation, including funding for an onsite coordinator. Once multi-year sustainable funding is secured, the program's expansion can happen more rapidly.

Securing onsite staff: Identifying a local community partner to support the administrative functions of the onsite coordinator can be a challenge but is achievable. In addition to having the administrative infrastructure and capacity to support staff, the values and approach of the organization must align with those of Oasis — most importantly, the engagement of older adults as partners rather than just recipients of programming.

Funding

Currently, the program is not receiving any long-term operating or maintenance funding and is looking at ways to access long-term, sustainable, multi-year funding, including fundraising and private donations. The future funding model will likely be unique to each Oasis community, with support from central Oasis project team members.



From 2018 to 2020, the Oasis program received grants from the following organizations to support the expansion of the program across four cities in Ontario:

- Baycrest Centre for Aging and Brain Health Innovation
- Ontario Ministry of Health and Long-Term Care
- Ontario Ministry for Seniors and Accessibility

In 2021, Oasis and its research partners received funding to support the continued expansion of Oasis across Canada.

Additional funding was received from the Canadian Institutes of Health Research to conduct a rigorous longitudinal evaluation of Oasis from 2021 to 2025.