

# Governance, Social Policy and Communication

## Multifactorial Determinants of Access and Adaptation in Aging Technologies: Lived Experiences of the Elderly in Cape Breton A. Fasanmi, L. Manthena, S. Zheng, C. Deveaux. *Gerontechnology* 25(s)

**Purpose** Cape Breton, Nova Scotia, has a rapidly aging population, with adults aged 65 years and older comprising 22.1% of residents in 2021 [1]. This demographic shift has important implications for healthcare delivery, social participation, and community-based supports in a predominantly rural setting [2]. This study examines determinants of access to health and social resources among older adults in Cape Breton and explores opportunities for technology-enabled approaches to support aging in place. **Method** A qualitative study design was employed. Data were collected through 5 key informant interviews and 7 focus groups (total N = 30 participants). Participants included older adults (n = 12), healthcare professionals (n = 5), caregivers (n = 9), Senior care Stakeholders (n = 2), and policymakers (n = 2). Participants were recruited through one-on-one, word of mouth, community organizations, social media, healthcare networks, and purposive sampling to ensure representation. Semi-structured interviews explored healthcare access, transportation, social supports, caregiver experiences, and perceptions of technology. Data were analyzed using a structured thematic approach guided by a predefined qualitative codebook, with themes organized around: (1) existing resources, (2) service gaps, and (3) strategies for improvement, including gerontechnology applications. **Results and Discussion** Findings are summarized across five interrelated themes. **Fragmented Healthcare Access:** Long wait times, physician shortages, limited geriatric and dementia services, and restricted after-hours care reduced continuity of care. **Transportation and Mobility Barriers:** Limited escorted transport, affordability challenges, and accessibility constraints restricted access to services and community participation. **Social Isolation and Reduced Engagement:** Participants reported persistent isolation, reduced post-COVID community programming, and limited inclusive recreational options. **Caregiver Strain:** Caregivers experienced burnout, limited respite services, and inadequate training or support with system navigation. **Digital and Technology Gaps:** Limited broadband access, low digital literacy, and insufficient integration of assistive and monitoring technologies constrained the uptake of virtual care and safety solutions. Although strengths such as adult day programs, home care services, nursing support, and emerging virtual care options were acknowledged, availability was inconsistent across rural communities. Participants emphasized that effective gerontechnology solutions must be simple, affordable, and embedded within human support systems. Recommended strategies included expanding virtual healthcare services, enhancing digital literacy training, implementing caregiver-support and safety-monitoring technologies, improving communication platforms, and establishing community-based older adult advisory groups to guide policy and innovation. These findings underscore the need for integrated, context-sensitive technology interventions to support aging in rural settings.

### References

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