

National Seniors Strategy

To: Standing Committee on Human Resources, Skills
and Social Development and the Status of Persons
with Disabilities (HUMA)

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The World Report on Ageing and Health (2015) and from the *Global Strategy and Action Plan on Ageing and Health (2016)* which have been shared by the Public Health Agency of Canada states the following objectives:

- 1) Developing age-friendly environments**
 - Foster older people's autonomy
 - Enable older people's engagement
 - Promote multi-sectoral action

- 2) Aligning health systems to the needs of older populations**
 - Orient health systems around intrinsic capacity and functional ability
 - Develop and ensure affordable access to quality older person-centred and integrated clinical care
 - Ensure a sustainable and appropriately trained, deployed and managed health workforce

- 3) Developing sustainable and equitable systems for long-term care**
 - Establish and continually improve a sustainable and equitable long-term-care system
 - Build workforce capacity and support caregivers
 - Ensure the quality of person-centered and integrated long-term care

- 4) Improving measurement, monitoring and research for healthy ageing**
 - Agree on metrics, measures, and analytical approaches for healthy aging
 - Improve understanding of the health status and needs of older populations
 - Increase understanding of healthy ageing trajectories and what can be done to improve them

- 5) Commitment to action on healthy ageing in every country**
 - Establish national frameworks for action on Healthy Ageing
 - Strengthen national capacities to formulate evidence-based policy
 - Combat ageism and transform understanding of ageing and health

These objectives of WHO must be considered by all as we move forward with the National Seniors Strategy. Within each of the themes established by HUMA for the

1) Improving access to affordable housing for seniors;

Seniors want to remain in their homes and communities.

Facts: Seniors have fixed incomes. As costs rise they are in danger of being on the verge of homelessness or forced to live in substandard or unaffordable housing. With the cost of basic needs such as pharmaceuticals, food and clothing that are rising daily,

seniors forgo expensive health aids such as dental work and hearing devices. The lack of ability to pay for these two major expenses, strongly impacts on the social lives of all seniors, leading to social isolation and may perhaps lead to early dementia, and ultimately into personal care. The spectre of homelessness is the greatest fear of many, making clean, affordable housing the key to healthy aging.

Seniors with limited assistance with routine activities such as meal preparation, shopping and transportation were found to be particularly vulnerable to social isolation. Older adults benefit from programs that allow them to age in place in their own homes and communities. It is difficult to leave the community you are familiar with; where people know you and look out for you.

Retrofitting homes with ramps, wider doorways and hallways as well as adding safety bars, peep holes, fire alarms, and aids to bathrooms allows older adults to live comfortably in their own homes while providing piece of mind to family members. With a few simple additions for safety, couples can remain together as they age.

Older adults also benefit from programs that provide assistance for new housing that is designed to appeal to a variety of ages (i.e. multi-generational), accessible and also affordable to differing levels of income, and encourages community interaction.

The shortage of adequate senior, intermediate and long-term care facilities results in older adults occupying costly hospital beds with acute care. This is a major problem on many fronts as it is not healthy for patients (the elderly), and is an inefficient use of hospital beds not designed for long term care.

Older adults, whose lives have been spent in this province contributing to the economy, taking part in the social structure with thousands of hours of volunteering, have earned the right to expect that there will always be a place for them in the life of this province.

In its submission to the National Seniors Council CARP pointed to the figures in the 2000 Census that indicated that 65% of single visible minority seniors were considered low income compared to 39% of single seniors who were not of visible minority.

The harmonious concepts of Aging in Place and Age Friendly Communities are a step in the right direction as they have raised the consciousness of communities to the plight and isolation of older Canadians. It has also thrust many of those older persons into action on behalf of themselves. For example, seniors living in small centres have moved to larger Cities to receive the treatment not available in small centres and the expert care they need.

Innovative not-for-profit service providers have been providing specialized programs and services for older Manitobans for 60 years. A Housing Consultant is available to assist older adults and their families by providing information to help them with the selection of an appropriate housing option. In addition, the *Winnipeg Housing Directory for Older Adults is available and* contains information for older adults living in Winnipeg.

The directory includes information on: Independent Living, Life Leasing, Assisted Living, Companion Care, Long Term Care, Supportive Housing, Intermediate Personal Care Homes and Personal Care homes.

These specialized programs and services enable older adults to live independently in their own homes and communities. The *This Full House Program* is one of these invaluable programs that provides this support to older adults. This program is the first of its kind in Canada and is designed to assist older adults who are living with Hoarding Disorder. Houses full of saved items result in falls and injury, loss of relationships, isolation and emotional distress and can cause fire and evictions.

Let no one be neglected or abandoned.

Recommendations:

The Government of Canada consider....

- 1) Mandating and funding a standardized data collection solution across Canada to create a baseline from which changes can be made to improve the quality of services in long-term care.
 - Measuring resident's care needs and quality.
 - Measuring funding and ensuring operator accountability.
 - Measuring resident satisfaction.
- 2) Preparing better care for our aging population by building new long-term care homes, modernizing old homes, and creating new incentives for seniors to care for themselves.
 - Encouraging Canadians to save for their care needs when they can no longer care for themselves at home.
- 3) Developing a fund to support innovative, accessible, community or intergenerational Housing.

2) Improving the income security for vulnerable seniors

Poverty among Canadian seniors is increasing.

Facts: Retirement income insecurity is a reality for many older adults despite working hard and contributing to the country throughout their working lives. The diminishing purchasing power for older adults is a part of this wider development.

Since 2008 the Canadian Association of Retired Persons (CARP) has been advocating for a supplementary Universal Pension Plan starting with a modest increase to the CPP. Manitobans like many other Canadians are not saving adequately for their own retirement.

The Federal Government increased the Guaranteed Income Supplement (GIS) earning exemption from \$500 to \$3500. This change is designed to benefit those seniors who are still able to work and who are less likely to need GIS. The Manitoba Government

estimated that would benefit about 4000 Manitobans. There are approximately 50,000 seniors in our province who receive GIS to assist in their survival. There are approximately 10,000 who receive the Manitoba 55+ Supplementary Income Benefit.

In the future the numbers of older adults who have no or at least inadequate pensions will grow very quickly as the boomer generation comes to retirement. These are seniors who have aged in the period when long-term employment in jobs with benefits and pensions are a rare commodity. Today, two-thirds of working Canadians, 12 million people, do not have workplace pension plans.

In the private sector, 4 out of 10 employees are covered by a company pension plan. The Defined Benefit Pension Plan (DBPP) covers fewer employees. Trends in Canada continue to restrict entry, or to close Defined Benefit Pension Plans and shift employees to Defined Contribution Plans. It is estimated that between 45 to 50% of retirees not receiving a Defined Benefit Plan collect a GIS, whereas only 10 to 15% of Defined Benefit Plan beneficiaries collect the GIS. The DBPP reduces the annual payout of the GIS by some \$2 to \$3 billion annually, saving the government money. In addition, the DBPP beneficiaries paid some \$14 to \$16 billion in taxes.

Over the past 20 years, the poverty rate among seniors has tripled from 4% in 1995 to 12% in 2012. At present, 600,000 Canadians aged 65 years and older live in poverty, and the number is increasing.

Recommendations

The Government of Canada consider....

- 1) Tax advantages if seniors participate in any program such as exercise, weight reduction, nutrition support that would be health based to keep people well and out of the health care system. This could be tax credits upon proof of purchase such as what we receive with pedicures, chiropractic visits and health claims such as podiatrists etc.
- 2) Tax credit support for volunteer services - many older adults volunteer countless hours for many charitable, non profit organizations. Those hours are saving dollars both for the organization and government.
- 3) The rules within the RRIF program need adjusting to account for older adults living longer and the funds need to last longer. Withdrawals at an early age of 71 leave less money to earn interest in later years.

3) Improving the overall quality of life and well-being for seniors

(Upstream Planning and Prevention)

3A) Social Participation is a determinant of health - Only 1 in 5 older adults are active.

Facts: Social Engagement among seniors and its potential importance for their physical and mental health was referred to in the 2015 Health Status of Manitoba Report by the Chief Provincial Public Health Officer (2015). Three out of ten older adults live alone.

Research by the Centre on Aging – University of Manitoba (August 2013) has shown there are wide-ranging health benefits for older adults, who continue to participate socially as they age, including

- enhanced quality of life and better self-rated health,
- longer survival; lower morbidity,
- decreased risk of disability and functional and mobility decline,
- decreased likelihood of depression and generalized anxiety disorders,
- decreased risk of cognitive decline and dementia

The older adult population continues to increase – they are living longer. There are many Centres and one specialized service provider in the Province of Manitoba providing information and services to older adults/seniors. They also provide much needed social engagement opportunities for older adults. Some groups / agencies receive funding from the Regional Health Authority, others do not. They all operate on a shoestring budget with the support of many volunteers and for some minimal staff.

It is important to note the level of innovation that exists within the province of Manitoba regarding the delivery of social engagement initiatives for older adults. We have a program called *Senior Centre Without Walls* that is the first of its kind in the country. This program offers a unique opportunity for Manitobans 55+ to join educational and interactive programs from the comfort of their own homes. Programming topics include; educational presentations, language classes, book clubs, travelogues and support groups. The free programs are accessed through a toll-free number. This conference call format programming allows individuals to participate in ways they might not otherwise be able to due to mobility challenges and/ or the reality of living in and navigating a harsh climate.

The specialized service provider further addresses social isolation through Senior Immigrant Settlement Services (SISS) and the Connect Programs. SISS offers a wide range of settlement services for newcomers 55 years of age and over. The Connect Program assists socially isolated older adults living in the community by connecting them to resources that facilitate independent living. Clients may be connected to

volunteer visitors and callers, community resources, safety and security programs, counselling and other support services.

Facts: For the first time ever, there are more people in Canada age 65 and over than there are under age 15. Most adults in Manitoba consider themselves to be in good health or better, with more than 90 per cent living past age 64.

Physical inactivity, tobacco and poor nutrition cost Manitobans \$1.9 billion per year and \$610 million in health care. More than 600,000 Manitobans have levels of excess weight, costing \$818 million including \$238 million in direct health care costs. Almost 540,000 Manitobans are physically inactive, costing \$370 million including \$112 million in direct health care costs.

Older adults need affordable, accessible and age/ability related opportunities to engage in regular physical and socially engaging activities that contribute to their functional ability for everyday living, mental health, their ability to interact with their family, friends, health care providers and community and their ability to cope with any chronic conditions affecting their lives.

Older adults need affordable and accessible programs and services to help them stay healthy and engaged to reduce the incidence of falls and associated losses.

Older adults need to have access to credible and evidence-based information in plain language to help them make healthy aging choices and to adopt healthy aging behaviours that will contribute to their health and well-being.

Older adults need opportunities for developing and sustaining local leadership capacity, which engages them in the planning and implementation of programs and services for the benefit of older adults and positive health outcomes for the community.

Helping older adults maintain and/or improve their health and quality of life through improved healthy aging literacy and health efficacy will enable older adults to more effectively age well and will reduce the strain on the health care system.

Older adults need to be perceived as resources to themselves and to the communities in which they live. Older adults need to be included in planning and implementation of policies, programs and services that will affect them to enrich both the process and the desired outcomes.

There must be a commitment to working across government departments and establishing and supporting innovative collaborative partnerships with non-government organizations and the private sector. The health and well-being of all Canadians across their lifespan is what will define Canada as the healthiest place on the planet.

Recommendations:

The Canadian Government must consider

- 1) Committing to an all department approach that promotes and supports healthy aging in which Older Canadians are confirmed as an integral part of our culture – A Seniors Portfolio.
- 2) Committing to work with agencies to develop and deliver innovative programs and services that improve the quality of later life.
- 3) Committing to an inter-sectoral approach that promotes specialized programs and services that are accessible to older Canadians.
- 4) Supporting and enhancing older adults' social, emotional, physical, intellectual and spiritual lives and promote active participation in all aspects of Canadian society.
- 5) Providing affordable opportunities for older adults to engage in regular physical and socially engaging activities that contribute to their functional ability for daily living and quality of life.

3.B) TRANSPORTATION - Lack of transportation increases isolation.

Facts: Transportation is pivotal to the social inclusion and active participation of seniors in their communities. Conversely, a lack of safe, reliable and affordable transportation contributes significantly to the isolation of many seniors.

There are few transportation options in rural areas apart from volunteer driving programs, or the support of friends and family and rural handi-van programs (where they exist). In urban areas access to Public Transit, handi-transit, taxis and volunteer driving programs (where available) provides greater access and also greater demand.

There needs to be a focus on the needs of seniors and others who do not drive. Most rural communities do not have transit or local taxi services. For example in Manitoba rural handi-van services provide isolated seniors with mobility concerns with access to banking, shopping, social resources and medical services. The ability to address the mobility needs of this population segment is often limited as rural handi-van services struggle to meet the demands of a priority ride system while addressing operational issues such as finding qualified drivers (that often receive nominal compensation) and keeping their costs in check in order to balance their budget. In Manitoba, rural handi-vans have not had an increase in the maximum amount of funding that they are eligible to receive in twenty-seven years. Increasing operational costs i.e. vehicle costs, insurance and gas, are offset by steadily increasing passenger rates. The result of the cost increases is that the rural handi-vans are seldom used for medical purposes as the

cost is too high, often in the hundreds of dollars. There is concern that some seniors don't seek medical attention as a result.

Young and old alike, in many rural communities have few, or no options for transportation - transportation, which affords them the ability to access employment, go shopping and get to medical appointments. Transportation that allows them to participate in much needed social interaction and inclusion, is essential.

In the summer of 2016, contributions from the federal government through the Public Transit Infrastructure Fund (PTIF) program covered $\frac{1}{2}$ the eligible costs of a new Handi-van, while the province covered $\frac{1}{4}$ and the final $\frac{1}{4}$ was municipal funding. Unfortunately, it was in the summer and many of the rural Handi-van staff were on vacation and missed this chance. These initiatives are essential particularly in smaller rural centres that are struggling to come up with all of the cash required to buy a replacement van.

Recommendation:

The Canadian government should consider

- 1) Providing grant funding towards municipal infrastructure including transportation on a regular basis.
- 2)

4) (Other) Promoting Positive Health – Saving dollars in Health Care

All the scattered pieces dealing with Senior Issues need to be brought together and looked after by dealing with the whole person and their unique needs and positives as a whole person. We need to talk about the "potential for Society as a whole" that could be achieved if we assisted seniors to be able to be the service they could be.

We Need To Disrupt Aging And Deal With Ageism.

The varying drug costs across our country leaves many at a disadvantage. Bulk purchases at the National level will reduce costs. The high dose Fluzone for those over the age of 65 years should be encouraged in all areas in Canada.

Many older adults suffer hearing loss as they age. The lack of good hearing directly impacts on brain function. The cost of hearing aids is prohibitive for many. With appropriate hearing aids, many older adults will remain independent for many more years.

The Caregiver Tax Credit is an important initiative and should be expanded.

Recommendations:

The Canadian government needs to consider....

1. Partnering with Provincial governments and implementing a National Pharmacare program.
2. Creating a policy that will level the costs of hearing aids, making it more affordable for all.
3. Examining age bans in national medical insurance programs. Should there be regulations by government? Older adults are living longer, travelling and staying healthy. Why are they penalized as they age?
4. Improving the awareness of Caregiver Tax Credit and amending it to a refundable tax credit.

The Manitoba Seniors Coalition connects with many older adults/seniors/elders throughout Manitoba on a regular basis.

The Coalition is a collaboration of organizations providing services and support provincially.

- A & O: Support Services for Older Adults (with 39,200 connections)
www.aosupportservices.ca OR info@aosupportservices.ca
- Active Living Coalition for Older Adults in Manitoba (with 19,500 connections)
www.alcoamb.org info@alcoamb.org
- La Fédération des aînés franco-manitobains (with 1300 members)
www.fafm.mb.ca info@fafm.mb.ca
- Long Term and Continuing Care Association of Manitoba (with 5000 member connections) www.ltcam.mb.ca info@lcam.mb.ca
- Manitoba Association of Senior Centres (with 12,000 members)
www.manitobaseniourcentres.com info@manitobaseniourcentres.com
- Retired Teachers Association of Manitoba (with 10,000 members)
www.rtam.mb.ca OR rtam@mts.net
- Transportation Options Network for Seniors (with 9,400 connections)
<http://tonsmb.org> info@tonsmb.org