

BRIEF



CANADIAN
NURSES
ASSOCIATION®

ADVANCING INCLUSION AND QUALITY OF LIFE FOR CANADIAN SENIORS

**Brief for the Standing Committee on Human Resources,
Skills and Social Development and the Status of Persons
with Disabilities**

October 2017

CNA is the national professional voice of over 139,000 registered nurses and nurse practitioners across Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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Background

The **Canadian Nurses Association (CNA)** is the national professional voice representing over 139,000 registered nurses (RNs) and nurse practitioners (NPs) in Canada. Canada's RNs and NPs are leaders in improving the health of all Canadians, including seniors.

CNA recognizes that advancing inclusion and quality of life for seniors is a priority in the development of a National Seniors Strategy that looks at all sectors of the health care system to improve the lives of Canadian seniors – those aged 65 or older. CNA encourages the federal government to maintain a specific and ongoing focus on implementing policy outcomes through a health-in-all-policies approach that will promote health equity for all seniors in Canada.

The social determinants of health are understood as “the conditions in which people are born, grow, live work and age, including the health system.” The distribution of money, power, and resources at global, national and local levels, shape these circumstances, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities, which are those inequalities in health that are deemed to be unfair or stemming from some form of injustice.”ⁱ

Inequities are both avoidable and unnecessary, and they “systematically burden populations rendered vulnerable by underlying social, economic, and political structures.”ⁱⁱ Health equity occurs when everyone has the opportunity to “attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”ⁱⁱⁱ Understanding full health potential of senior's from a health equity lens is critical in advancing inclusion and quality of life for seniors.

According to a recent national Nanos Research poll, public support is strong for giving nurses a greater role in health-care delivery to seniors.^{iv} Nurses play a fundamental role with Canada's seniors by connecting seniors and their caregivers with key health and social supports. Nurses' evidence-based interactions with patients and families bring valuable insight and innovative solutions to improving inclusion and quality of life for Canadian seniors.

The need for home-based health care will increase as Canada's population ages. It is important to 98% of Canadians that they have the ability to age at home with access to health care in a home setting. Chronic disease is the main reason seniors use our health system — not their age. In 2011, between 74 and 90 per cent of Canada's seniors suffered from at least one chronic condition, while nearly one quarter had two or more. Home care provides seniors with complex care needs the opportunity to live at home and alleviates financial burden from hospitals. Access to home care is not equitable in Canada, especially for those who do not have housing, a basic social determinant of health.

Access to home and community-based health care are essential to improve seniors' quality of life independently in their home and should be a component of a National Seniors Strategy. CNA is among the stakeholders that have called for such a strategy – which would include a robust publicly funded home care system and support for more than 8.1 million Canadians performing caregiving duties for family members. In the 2017 federal budget, Canadians saw a commitment to provide increased funding targeted over the next 10 years to improve home and community based care via the bilateral agreements signed to date with provinces and territories. CNA also remains steadfast in its support of the federal government's call for public accountability for health dollars transferred to the provinces and territories to improve home care and mental health services.

CNA has been contributing to national work on advancing inclusion and quality of life for seniors in the following ways:

- Advocating for home care through *Better Home Care: A National Action Plan*
- Advocating for family Caregiver benefits through the 2016 pre-budget submission
- Advocating for a National Seniors Strategy

Despite the work done by CNA and other partner organizations across Canada, additional effort and investment is required by the federal government to improve access to affordable housing, promote home and community based health care, increase income security for seniors and family caregivers, and promote of social inclusion for seniors.

CNA recommends:

- 1) That the federal government protect low-income households in non-profit co-ops by continuing to provide rent-geared-to-income subsidies to these households**
- 2) That the federal government improve income security for seniors through a more equitable distribution of the Old Age Security program.**
- 3) That the federal government expand the New Horizons for Senior's Program by incorporating a new objective that promotes social inclusion by targeting projects at groups that have a higher risk of social isolation.**

Recommendations



Recommendation 1. That the federal government protect low-income households in non-profit co-ops by continuing to provide rent-geared-to-income subsidies to these households

CNA agrees with the Co-operative Housing Federation of Canada (CHF Canada) and Canadian Housing and Renewal Associations' (CHRA) calls to protect low-income households in non-profit co-ops by continuing to provide rent-geared-to-income subsidies to these households.^{vii} The Minister of Families, Children and Social Development's mandate includes "prioritizing infrastructure investments in affordable housing and seniors' housing, including finding ways to support the municipal construction of new housing units and refurbishment of existing ones."^{vii} Access to federal rent-geared-to-income (RGI) support for vulnerable seniors is critical in promoting home-based health care and healthy aging. The absence of affordable housing further drives health disparities among seniors requiring care. CNA strongly urges the federal government to provide access to affordable housing, through protecting low-income housing in Canada that promotes aging in place for low-income seniors.

Recommendation 2. That the federal government improve income security for seniors through a more equitable distribution of the Old Age Security program.

Income is one of the most important social determinant of health. In Canada, income shapes overall living conditions, housing, food security, and other basic pre-requisites for health.^{viii} CNA recommends that, policies involving income security be assessed for their impact on health. Reducing health inequities- with a goal of eliminating them- must be a priority in all domains of nursing practice, in collaboration with others in and outside of the health sector.

CNA encourages the federal government to follow through with the Minister of Families, Children and Social Development's mandate to reduce poverty among seniors by working with the Minister of Finance to improve the income security of lower income seniors.^{ix} The mandate of increasing the Guaranteed Income Supplement (GIS) by ten percent, indexing Old Age Security (OAS) and GIS payments to a new senior's Price Index, cancelling the increase in age of eligibility for OAS (65 to 67), and working with provinces and territories will ensure adequate and coordinated support programs to address seniors' poverty.^x These changes are necessary in reducing health disparities for seniors.

The federal government can further improve income security for seniors through a more equitable distribution of the OAS. Canadian seniors are eligible for OAS up to a maximum individual income of \$121,314. As a result, the majority of Canadians aged 65 and older are entitled to a payment of \$584 a month.^{xi} Economists argue that the threshold of \$121,314 is too high to be eligible for such a program; instead, this money should target lower income seniors earning under \$45,000 annually.^{xii} An equitable distribution of OAS will improve income security for seniors and as a result will improve seniors' quality of life.



Recommendation 3. That the federal government expand the New Horizons for Senior’s Program by incorporating a new objective that promotes social inclusion by targeting projects at groups that have a higher risk of social isolation.

Today, 93 per cent of seniors live at home with some formal and/or family caregiving support. Functional limitations associated with aging and/or chronic disease contribute to reduced activity and social engagement for seniors living at home. The 2016 census data on households reported that 28.2 per cent of all households in Canada are single-person. This is an increase from 25.7 per cent from 2001. The increase in single-person homes is a result of the aging population and higher life expectancy. Social isolation can contribute to a decline in health and well-being, and the risk of fall-related injuries (which are more serious) increases as people age. In fact, an estimated 40 per cent of admissions to long-term care occur after an older person falls. Furthermore, a meta-analysis reported that participants with strong social relationships increases likelihood of survival by 50 per cent in comparison to participants with poor social relationships.^{xiii}

While social inclusion is critical in promoting healthy aging, seniors are at a particular risk for social isolation due to changes related to aging (e.g., frailty, loss of a loved one) that limit participation in social activity and reduce one’s social network. Poverty, relative deprivation, racism, discrimination, and stigmatization, further increases seniors’ risk of being socially isolated. It is important that community programming for seniors not only promotes social inclusion, but is also inclusive regardless of age, race, gender, gender identity, gender expression, sexual orientation, and disability. The literature describes that Indigenous people, LGBTQ groups, visible minorities, and immigrants and newcomers are at an increased risk of social isolation. These individuals are also more likely to have fewer social interactions and lack a sense of belongingness to their community.^{xiv} To mitigate risk factors associated with social isolation, CNA recommends that the federal government expand the New Horizon’s for Seniors Community-Based Projects by incorporating a new objective that promotes social inclusion by addressing groups that have a higher risk of social isolation (e.g., Indigenous people, LGBTQ groups, visible minorities, immigrants and newcomers).

Conclusion

The CNA Code of Ethics for Registered Nurses states that “nurses should endeavour as much as possible, to advocate for and work toward eliminating social inequities.”^{xv} CNA is advocating for policy options that reducing health inequities - with a goal of eliminating them. The federal government can reduce social inequities by providing access to affordable housing that promotes aging in place, improving income security for vulnerable seniors, and expanding the New Horizons Seniors Program by incorporating a new objective that promotes social inclusion.



References

ⁱ Canadian Nurses Association. "Social determinants of health and nursing: A summary of the issues." Ottawa: Canadian Nurses Association (2005).

ⁱⁱ Ibid.

ⁱⁱⁱ Ibid.

^{iv} Canadian Nurses Association, "Nanos research report for CNA Hill Day," Accessed, September 20, 2017. https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/nanos-research-report-for-cna-hill-day-2014_e.pdf?la=en

^v Canadian Housing and Renewal Association, "Submission to the House of Commons Finance Committee," Accessed, October 11, 2017. <http://www.ourcommons.ca/Content/Committee/421/FINA/Brief/BR9073242/br-external/CanadianHousingAndRenewalAssociation-e.pdf>

^{vi} Ibid.

^{vii} Government of Canada, "Minister of Families, Children and Social Development Mandate Letter," Accessed October 4, 2017. <http://pm.gc.ca/eng/minister-families-children-and-social-development-mandate-letter>

^{viii} http://www.thecanadianfacts.org/the_canadian_facts.pdf

^{ix} Government of Canada, "Minister of Families, Children and Social Development Mandate Letter," Accessed October 4, 2017. <http://pm.gc.ca/eng/minister-families-children-and-social-development-mandate-letter>

^x Ibid.

^{xi} Government of Canada, "Old Age Security payment amounts," Accessed October 16, 2017. <https://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security/payments.html>

^{xii} Global News, "Canada pays OAS to seniors with over \$100K in income. It shouldn't, economists say," Accessed October 16, 2017. <https://globalnews.ca/news/3687306/cpp-oas-reform-costs/>



^{xiii} Holt-Lunstad, Julianne, Timothy B. Smith, and J. Bradley Layton. "Social relationships and mortality risk: a meta-analytic review." PLoS medicine 7, no. 7 (2010): e1000316.

^{xiv} Canada's National Seniors Council, "Scoping Review of the Literature: Social Isolation of Seniors." Accessed October 16, 2017. http://www.seniorscouncil.gc.ca/eng/research_publications/-scoping_social_isolation/pag e00.shtml.

^{xv} Canadian Nurses Association. "Social determinants of health and nursing: A summary of the issues." Ottawa: Canadian Nurses Association (2005).

