

**A brief to
The House of Commons
Standing Committee on Human Resources,
Skills and Social Development
and the
Status of Persons with Disabilities**

**In the matter of
“Advancing Inclusion and Quality of Life
for Canadian Seniors”**

**Title
National Positive Aging and Seniors Strategy**

**Date
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Introduction

As mentioned in the HUMA News Release of June 27, 2017 the current study covers themes related to “ensuring quality of life and equality for all seniors and the development of a National Seniors Strategy”.

The quality of life of seniors is directly related to a number of dimensions such as physical (including dental), emotional and mental health, family well-being, financial well-being, safety, personal development, engagement socially, politically and intellectually, age appropriate shelter, access to affordable services, neighbourhood walkability, transportation, opportunities for physical activity and good nutrition, and health care, social and civic systems that are the foundation upon which seniors can flourish.

Many of the outcomes with respect to the components that lead to a better quality of life experienced by seniors are the result of a constellation of circumstances, experiences, choices, behaviours and contexts within which the person has aged. While it is extremely important to work on individual components that affect the quality-of-life of seniors it is equally important to situate those components in an overarching framework, organization and policy space.

We all recognize that failures or deficiencies seen at an individual or small group level are often the result of deficiencies in organizational systems in which those components reside. Addressing the system is critical to more efficiently and successfully address the components that improve the well being of seniors. This requires systems thinking and being willing to address complexity. That broad thinking has to not only focus on current and future senior’s issues but also look upstream at the population and social context of those, who as they age, will become seniors. Currently, Canada, unlike New Zealand and Ireland, which have National Positive Ageing Strategies, has no official vision or strategic plan for addressing the profound implications of the demographic changes where by 2036 seniors will make up between 23 – 25% of our population (approximately 10 million people).

A robust National Positive Aging and Seniors Strategy is critical to providing an umbrella under which the challenges of low-income seniors, affordable housing for seniors, social determinants of healthy aging, and many other key issues facing our aging population can be aligned and systematically addressed.

The issues

Seniors (defined as persons aged 65 and older) in Canada now represent the fastest growing segment of the population – 8% (1971 – about 1.75 million) to 16% (2016 – 5.8 million) to an estimated 23-25% (2036 – 9.9-10.9 million). The life expectancy from birth has increased since 1970 from 69 to 79 for men and from 76 to 83 for women.

This increase in both the number of seniors and their proportion of the total population will have impacts on the health care system, the labour market, social services, sources of retirement income and the economy.

The impact on health care is often thought of first. With 16% of the population in 2015, seniors accounted for over 45% of public sector health care costs in the provinces and territories. A good portion of the health care spending is in the last year of life, as is true for the population at large. The rate of per capita health care spending for seniors, however, has been growing more slowly than the rate for non-senior adults over the past 10 years. It can be anticipated that most seniors will remain in fairly good health throughout their later years. In 2013 45% of seniors reported their health to be very good or excellent and 89% were satisfied or very satisfied with their lives. However, 25% of seniors aged 65 to 79 reported having four or more chronic health conditions.

The health care system will have to adapt to meet these changing health care needs, improving integration of care across the continuum, focusing more on primary and secondary prevention measures, adopting and making efficient use of new technologies, collecting better information to inform decision-making, and addressing the social determinants of health including age-friendly communities. Mental health and social services will have to respond to the needs of seniors as well.

Most seniors live in a private household (92% in 2011). The remainder lived in collective dwellings such as a retirement residence or a health care related facility. At any given time close to 1 million Canadians receive home care. Of those 82% are seniors. As the number of seniors increases, there will be a need for not only an increased capacity in all housing related areas, but a fundamental change in the approach to housing construction and building codes with more emphasis on universal design. Because surveys have shown that a significant portion of seniors, particularly those over 80, feel isolated, it will be important to consider more inter-generational communal housing in municipal planning. In addition, there will be more children who are spending significant amounts of time and money supporting their parents and providing care and services to them. This will affect their working lives as well as their financial situation.

In 2009 over 3 million seniors had a driver's licence and 68% of seniors aged 65 – 74 reported that their main form of transportation was driving their own vehicle, with less than 6% using public transit. As more seniors move into their 80s and 90s, the numbers needing other modes of transportation will increase. As the population becomes less mobile, community infrastructure and services will have to adjust as well. Walkability and accessibility in communities will be more important than ever.

Seniors have contributed substantially to the incredible progress of Canadian society over the past 50 years and more. Labour force participation rates continue

to be fairly high for persons ages 65-69 – at over 25% (in 2013). If that proportion continues, the number of seniors in the workforce will increase substantially. Thus the nature of the workplace will change and may have to adapt to the different needs of an older workforce.

With many Canadians spending as much time in retirement as they spent working, they will be challenged to develop financial plans to support themselves. The coverage and viability of private and public pension plans will need to be comprehensively addressed, as less than 30% of employed workers in the private sector have pension plans.

As well, they will want to lead meaningful lives. Many seniors contribute to their communities through volunteering with 36% reporting doing so. Civic participation is high, especially for those between the ages of 65-74. It will be important to ensure that there will be opportunities to participate in the community in the ways that they choose.

What is needed?

Addressing the increasing numbers of seniors in the population requires systems thinking. It is a complex web of interconnected factors that leads to quality of life. The federal government, provincial and territorial governments, municipalities and social agencies are all involved in a variety of programs aimed at improving the lives of Canadian citizens. But, having 30 pieces of a 100-piece puzzle somewhat organized on a tabletop obviously leaves huge gaps and doesn't complete the picture. As a caring society striving to give our seniors an excellent quality of life, the country needs focused leadership, strategic analysis, well orchestrated planning, and coordinated actions integrated through all jurisdictional levels.

What is needed now is the development of a comprehensive National Positive Aging and Seniors Strategy led by the federal government in partnership with provinces, territories, First Nations, Metis, Inuit, the Federation of Canadian Municipalities and other relevant stakeholders. This strategy must apply systems thinking and must address the determinants of the quality of life of seniors.

Critical to accomplishing this will be an organizational structure that ideally has the following characteristics:

- Governance at the highest levels with clear leadership and accountability for developing the strategy, overseeing its implementation, measuring and reporting its results.
- A clear and well-defined vision for the future of seniors in Canada.
- An ongoing collaborative organizational body that is the operational arm to implement the plan.
- Secure ongoing funding for 10 years.
- A 10-year strategic plan with goals, objectives and targets.
- A corresponding operational plan.
- A good external scan to learn about what other progressive jurisdictions are doing to facilitate positive aging.

- Monitoring the implementation, products and outcomes under the strategy.
- Research to determine best and most cost-effective practices.
- Bi-annual public and parliamentary reporting of progress of the implementation of programs and expenditures as well as 3 yearly reports on a suite of quality-of-life outcome measures.
- Transparency in its activities and communications.
- An independent academic advisory committee to assist in the development and oversight of the strategic plan.

Why is federal leadership important?

In *An Evidence-Informed National Seniors Strategy for Canada – Second edition*, January 2016, the Alliance for a National Seniors Strategy made the following points related to the need for federal leadership for this segment of the population:

“Meeting the growing and evolving needs of Canada’s ageing population will require concerted coordination and effort between municipal, provincial and territorial governments, with the federal government playing a key leadership role.”

“The way we approach our coming of age will also require coordination and mobilization across all levels of government as well as between the private and public sectors. Indeed, we will need an integrated approach where the federal government helps keep us all moving in the right direction. It is clear that Canadians of all ages want to ensure that our country will value and support the growing number of older Canadians. The Federal government should recognize that shared aspiration and create and deliver on a National Seniors Strategy.”

What are key jurisdictions in Canada doing?

Federal

Currently much of the focus on seniors in the federal government has occurred under the Ministry of Families, Children and Social Development and the Ministry of Health. The current federal government has begun to address a number of issues of import to seniors such as the OAS, GIS, CPP, home care, housing, and caregiver support.

There has been a Federal Provincial Territorial Ministers Responsible for Seniors Forum since 1992. It is “an intergovernmental body established to share information, discuss new and emerging issues related to seniors, and work collaboratively on key projects.” However, apart from some useful information for seniors posted on the federal government web site, there is no indication of any collective strategy or plan, no goals, objectives, or targets, and no timelines by which anything will be achieved.

There has been a National Seniors Council since 2007. It is advisory to the Federal Government on “current and emerging issues and opportunities related to health,

well-being and quality-of-life of seniors.” In the past 10 years the group has produced 8 reports of which 3 were on social isolation. There was only 1 report after 2014. It is currently being re-invigorated under Minister Jean-Yves Duclos.

Provinces and Territories

Even without sustained federal leadership many provincial and territorial jurisdictions have begun moving on their own to develop more coordinated plans for the changing demographics in their jurisdictions. These are in various stages of development and implementation and exhibit varying levels of comprehensiveness related to the quality-of-life of seniors. Given the wide range of over a dozen years across the announcements of these strategies and the varying components and details of the strategies, it is clear that there has not been a great degree of pan-Canadian coordination across the federal-provincial and territorial jurisdictions.

A few of provinces have included “Seniors” in the title of their Ministries. For example: the Alberta Ministry of Seniors and Housing, the Quebec Minister responsible for Seniors and Anti-bullying, the Nova Scotia Department of Seniors and the Newfoundland and Labrador Department of Children, Seniors and Social development.

Cities and Communities

The World Health Organization has a network of Age-friendly Cities and Communities. A couple of examples of Canadian city plans include Toronto and Ottawa. The WHO site lists over 50 Canadian cities and communities that have been awarded that designation.

What is being done internationally?

In 2002 the World Health Organization recognized the need for strategic planning to address the increasing proportion of seniors. It recognized the need to address the underlying determinants of healthy ageing. In 2007, under the Healthy Ageing Project funded by the European Commission many contributors developed a comprehensive report entitled “*Healthy Ageing – A Challenge for Europe*”. It too covered a wide range of determinants of the quality-of-life for seniors.

There are a number of international examples of seniors strategies in various countries. The key dimensions in the Positive Ageing Strategies in New Zealand (2001) and Ireland (2013) are related to quality of life. They both start with a vision.

New Zealand – “Our vision is for a society where people can age positively, where older people are highly valued and where they are recognised as an integral part of families and communities. New Zealand will be a positive place in which to age when older people can say that they live in a society that values them, acknowledges their contributions and encourages their participation.”

Ireland – “Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people’s engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfillment and dignity of older people are pursued at all times.”

New Zealand has a Minister for Senior Citizens and an Office for Senior Citizens. It coordinates and monitors the implementation of the strategy and has produced regular public reports between 2001 and 2015 with detailed analyses of important trends and progress toward the strategy’s 10 goals.

Ireland’s *Positive Aging Starts Now – The National Positive Ageing Strategy* was announced in 2013. The government has given a high priority to this strategy and to seniors and put the Cabinet Committee on Social Policy in charge of the oversight of the strategy. The strategy has a clear and detailed understanding of the importance of the social determinants of health and incorporates an excellent diagram of the framework that underlies the strategy.

Unfortunately there does not appear to have been ongoing leadership at the highest levels of the federal government in Australia for the 2001 *National Strategy for an Ageing Australia*. Given the dearth of information and reporting on that strategy it seems to have fallen by the wayside. An extensive 2014 report, *Blueprint for an Ageing Australia*, recommended a strategy that “would involve coordinated cross-jurisdictional planning, policy development and implementation in relation to ageing throughout the life course. Upon its completion, the new Minister [for Ageing] would be responsible to the Prime Minister for the execution of the national ageing strategy.”

What planning has been done for a National Positive Aging and Seniors Strategy in Canada?

A good place to start is the framework provided in *An Evidence-Informed National Seniors Strategy for Canada* (2016). The Alliance for a National Seniors Strategy developed the above report that lays the groundwork for developing such a strategy. That group, of which there are now more than 50 member associations, initially included the National Institute on Ageing, the Canadian Geriatric Society, the Canadian Medical Association, the Canadian Nurses Association, The Canadian Home Care Association, The Canadian Caregiver Coalition, and The Canadian Federation of Nurses Unions.

That group proposed a fairly broad scope for a National Seniors Strategy. Given the extensive health care background of its members, the health care related strategies are detailed and include:

- Improving access to medically necessary and appropriate medications.

- Ensuring older Canadians and their caregivers are enabled to participate in informed health decision-making and advance care planning.
- Ensuring older Canadians have access to appropriate, high quality home and community care, long-term care, palliative and end-of-life services.
- Ensuring older Canadians have access to care providers that are trained to specifically provide the care they need.
- Developing standardized metrics and accountability standards to enable a National Seniors Strategy.
- Support for caregivers – Ensuring caregivers are not unnecessarily financially penalized for taking on caregiving roles.

The report also incorporated a number of quality of life determinants for seniors. These are central to a robust comprehensive strategy as health is not the only factor in the lives of seniors, or Canadians in general. The components include ageism, elder abuse, social isolation, poverty and income security, access to affordable housing, the built environment, community safety, transportation, establishing age-friendly cities and communities, and ensuring support in wellness and prevention activities that enable healthy ageing.

Other key documents and milestones

- The Special Senate Committee on Aging (2009) recognized the complexity of issues facing seniors in Canada and made many recommendations for a framework to address gaps in planning, organization, coordination, and comprehensiveness of programs, services, policies related to seniors.
- Senate Standing Committee on National Finance report – *“Getting Ready: For a new generation of active seniors”* recommended that the government of Canada, in collaboration with stakeholders, develop a national seniors strategy.
- The Prime Minister’s mandate letter to the Minister of Families, Children and Social Development does not include developing a comprehensive national positive aging and seniors strategy.

Conclusion

What is needed now is the development of a comprehensive National Positive Aging and Seniors Strategy led by the federal government in partnership with provinces, territories, First Nations, Metis, Inuit, the Federation of Canadian Municipalities and other relevant stakeholders. This strategy must extend well beyond the mainly narrow focus of caring for ill and disabled elderly and should include quality of life dimensions such as physical (including dental), emotional and mental health, family well-being, financial well-being, safety, personal development, engagement socially, politically and intellectually, age appropriate shelter, access to affordable services, neighbourhood walkability, transportation, opportunities for physical activity and good nutrition, and health care, social and civic systems that are the foundation upon which seniors can flourish.

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