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Canada is the second largest country in the world and as of 2016, it has a total population of 35 million (1). Canada's reports a high life expectancy of 82.1 years and by the year 2036, the average life expectancy for women will rise to 86.2 years from the current 84.2 (1). By 2036, it is expected that seniors will constitute 23% of the Canadian population, or approximately 1 in 4 Canadians (2). Although, Canadian seniors enjoy economic security, good health and have made substantial gains in recent decades; older women are more likely to age in poverty than men, to live alone and to depend on inadequately resourced chronic health care and social services (3). With an aging population, this is expected to compound. Over the age of 85, these seniors are mainly women living alone, usually with some level of disability requiring additional care and support (1).

With the introduction of an old age income system, social security, private pension plans and savings, poverty rates among Canadian seniors have decreased substantially during the past two decades, from 21% to 9% (1). Seniors with less education and from lower socioeconomic levels experience more disease, a shorter life expectancy and poorer emotional wellbeing as seen with increased odds of institutionalization in long-term health care facilities (4). Among seniors with disabilities, those with low incomes are more functionally incapacitated than are those with higher incomes (5). Gender has a significant influence on health and well-being because gender affects most of the known factors that determine health, including education, occupation, income, social networks, physical and social environments and health services. A recent study also showed, older women's health is affected more by income, psychosocial factors and stress-related factors (6). The first step in reducing health inequalities in older adult life is reducing socioeconomic disparities, with a focus on gender.

Income

With the majority of women in the workforce and making gains in average earnings, they continue to face a significantly higher risk for low income than do men; women interrupt their paid work more often due to family responsibilities and tend to occupy lower-paying jobs in sectors without employment-related pension plans (3). The tax system currently allows caregivers to claim a small tax credit to compensate for the cost of providing care for those that are disabled and terminally-ill and should be broadened for all kinds of care including chronic illnesses and long-term disability. As well, government should continue to develop and improve programs that will allow older workers to update skills and learn new skills to find and retain employment, particularly for those over the age of 50.

Physical environments and affordable housing

Since, home care and institutional long-term care are not part of the publicly-insured universal health system, they are under-funded and the quality and consistency of care is unpredictable. Thus, as the major users of these services, older women are systematically disadvantaged. Along with changes in housing preferences, a longer life expectancy will require additional planning and financing. Some older people will choose to stay in their own homes, while others will want to move into housing that requires less maintenance or provides supports to daily living such as

shopping. Most seniors either live with a spouse or they live alone and do not usually live in the same home as their adult children (1). Living alone is more common among senior women with 38% living alone, compared to 16% of men (1). The choice of care and accommodation depends on many factors, including their health status, where they live in Canada, whether they live in an urban or rural area, whether they have the support of family and friends nearby and their financial situation. In response to growing public demand for affordable housing especially in large urban areas where 76% of seniors live, the federal government has allocated funds to subsidize the construction of affordable housing for low-income Canadians, including seniors (1). This is a good start, but more is needed. In addition to affordability, a major cause of hospitalization, disability and mortality among seniors is unintentional injuries, usually resulting from falls. Thus, the government must continue implement strategies to prevent falls with better accessibility.

Health services

Cardiovascular disease is the leading cause of death for both sexes with advancing age, but it is more likely to go undiagnosed and untreated in women (7). Therefore, funding for centralized centers mostly located at aged care homes, offering a range of therapy services including physiotherapy, occupational therapy and podiatry should be considered. A centralized area for services will minimize transportation barriers and these services that are available to the residents of those homes and to frail older people living in the community for a modest fee will go a long way in assisting seniors, especially women living longer and on lower income.

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