

Submission to the
Standing Committee on the Status of Women:

“Challenges faced by senior women”

Submitted by the Coalition for Healthy Aging in Manitoba,
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BACKGROUND: WHO Report and Strategy/Action Plan

The [Coalition for Healthy Aging in Manitoba](#) came together in 2016 following the release of the World Health Organization's [World Report on Ageing and Health](#) (2015), and the accompanying [Global Strategy and Action Plan on Ageing and Health](#). The World Health Organization (WHO) report and strategy focus on five areas:

- committing to action on healthy aging
- aligning health systems to older populations;
- developing systems of long term care;
- creating age friendly environments; and
- improving measurement, monitoring, and understanding.

The World Health Organization envisions “a world in which everyone can live a long and healthy life”. Their definition of health is “the process of developing and maintaining the functional ability that enables wellbeing in older age”. This emphasis on functional ability represents an important shift away from curative medical care towards increasing quality of life. The WHO further stresses that “...functional ability is determined by the person’s intrinsic capacity (i.e., combination of all the individual’s physical and mental capacities), relevant environmental factors, and the interaction between the two”.

The ***Global Strategy and Action Plan*** sets out objectives related to aging that maximize functional ability, and hence, have effects on both intrinsic capacity as well as the external physical and social environments that older adults live in. Thus, there is a strong link with the study that the Status of Women Committee is undertaking. For example, affordable housing and transportation are both key social determinants of health, and are highly linked to quality of life.

Canada, as a country, endorsed the ***Global Strategy and Action Plan*** at the World Health Assembly in May 2016. By endorsing the strategy and plan, Canada committed to:

1. “establish national frameworks towards healthy aging;
2. strengthen national capacities to formulate evidence-based policy; and
3. combat ageism.”

CHAM has used the WHO report and strategy over the past few years to create a framework for engagement with stakeholders in Manitoba to discuss healthy aging. Most recently, we hosted a series of workshops in [2018](#), in several communities to: 1) raise awareness about the Global Strategy and Action Plan, and 2) hear from Manitobans about how well the province is doing with regards to the strategic objectives, as outlined by the WHO. While the workshops were open to anyone interested, the vast majority of the participants were women.

First and foremost, the participants strongly supported the objectives of the strategy, and were keen to see governments and non-governmental agencies embrace its vision. Below are some of the points raised by participants in the [workshops](#).

a) Aligning health systems and developing systems of long term care

There was strong support for health services close to the living place of older people. This could be done by telehealth or by practitioners in local communities. However, it was clear that for some more remote communities, retention of staff was problematic and the resulting lack of continuity of care was an issue. Placement in long-term care facilities was also an issue, with some having to be relocated hundreds of kilometers away, far from friends and family. Participants stressed the need for increased knowledge about the care needs of older people among all care providers, whether formally trained (e.g., physicians, health care aids) or informal caregivers. Home care is often cited as being an integral part of the health continuum and aging in place, but recent changes in how home care is delivered has not been received well. Many cite the need for the care to be more holistic and less task / schedule driven. There is also a desperate need for more respite care, as informal caregivers are burning out. In addition, coverage for preventative programs, as well as assistive devices (e.g., glasses, hearing aids, dentures) is lacking.

b) Age friendly environments

Manitoba has many actively engaged Age-Friendly Community Committees that are striving to improve the age-friendliness of their communities. These committees use the specific needs and preferences of local older people as the starting point for taking multi-sectoral action in their communities. Despite their efforts, there are still many issues that prevent communities from being age-friendly. These include housing, transportation options, and city infrastructure (e.g., snow clearing, sidewalks). With many of these issues, older women living in poverty are the most affected, particularly when it comes to housing or transportation.

The most important conclusion from the workshops (and of all of CHAM's consultations over the years) is that there are numerous benefits of, and synergies created by, using the WHO framework to drive the work that needs to occur locally, nationally and internationally to improve the quality of life of older women. In addition, the costs associated with improvements should be presented as investments, in order for Canada to reap the dividends of increased longevity.

Recommendations

- 1) We strongly encourage your Committee to embed the WHO framework and recommendations in your future reports, and recommendations.
- 2) Combatting ageism is an important first step to improve all situations for older people. Ageist attitudes on the part of policy makers, service providers, the general public, and older people themselves are destructive and could limit positive effects of any policy decisions.