

# Addressing challenges faced by senior women



## Canadian Frailty Network submission to the House of Commons Standing Committee on the Status of Women March 2019

### Canadian Women Living with Frailty

Canadians are living longer than ever, and our population is aging rapidly. By 2030, almost one in four Canadians will be over age 65. But living longer does not mean quality of life is guaranteed.

An increasing number of Canadians – particularly Canadian women -- are living with frailty. Over one million Canadians are estimated to live with frailty with another 1.4 million considered pre-frail. The prevalence of frailty is higher in some regions than others, with Saskatchewan, Nova Scotia, New Brunswick and Ontario having higher rates.

### What is Frailty?

Frailty indicates a state of vulnerability when an individual is more susceptible to major and minor health events including infections, illness and chronic disease and may have functional decline across many body systems. Frailty directly affects quality and quantity of life and can be used as a measure to predict functional impairment, falls, illness, loneliness, depression, reduced life satisfaction, institutionalization and death.

Identifying frailty can help tailor the health and social services provided to the individual and increase their quality of life and that of their caregivers, as well as improve the efficiency, effectiveness and sustainability of our health system. As more Canadians live with frailty, the stress on our health and social services will increase.

Despite Canadian leadership on frailty assessment and measurement, the Canadian healthcare system has lagged other jurisdictions in applying what is known about frailty. Evidence on the effectiveness of frailty treatments is scarce, and almost non-existent by gender. This is especially worrying since we know that those living with frailty should not necessarily get the same care as those who are sick but non-frail.

### How Frailty Affects Women Disproportionately

Research indicates that women are twice as likely to be diagnosed with frailty.

It is estimated that up to 50 per cent of individuals over age 85 live with frailty and since women live longer than men on average, they are more likely to live longer with frailty and in declining health. Consequently, they are also more likely to outlive their partners, often resulting in various socio-economic factors that can contribute to their frailty, such as economic hardship, lack of transportation, loneliness, and housing issues. Outside of this, women are more likely to experience the socio-economic factors that may also influence frailty.

Women are also more likely to provide paid and unpaid caregiving to those living with frailty. Caregivers of those living with frailty can experience their own physical, financial and mental strain resulting in reduced

quality of life which may in turn influence their health. Research has also shown paid caregivers in long-term care facilities, the majority of which are women, are at high risk of burn-out and emotional exhaustion and this is linked to quality of care.

## Physical Factors that Influence Frailty

Some health conditions lead to greater risk for frailty including stroke, diabetes, high blood pressure, arthritis, cancer, chronic obstructive pulmonary disorder, depression, cardiovascular disease and other chronic diseases. According to a study of over 770 diseases, on average, women are diagnosed four years later than men. Older adults who experience fragility fractures, especially in the hip and spine, can take more than 10 years to recover their health-related quality of life, and women only had a 40% chance of recovering, even after 10 years. Having multiple conditions and taking multiple medications can also contribute to frailty.

## Socio-economic Factors that Influence Frailty

Frailty may be influenced by poverty, social isolation and loneliness. It is also associated with many of the inequalities we see in life -- social position, perceived income inadequacy and low levels of education. Those who live in communities with higher rates of crime and poverty are more likely to live with frailty. How a person views her health status also plays a role in managing frailty. Physical activity and a healthy diet are also significant factors in preventing, managing and possibly reversing the effects of frailty.

## What can be done?

We see several broad areas of priority to address the needs of Canada's older adults in a more gender-equitable fashion across the country.

### Value seniors and combat ageism

- Make frailty a focus of national strategies and public policies impacting seniors.
- Implement a national seniors strategy that recognizes the unique needs of older women, and in particular vulnerable populations such as older Indigenous women and elders, female veterans, those who self-identify as LGBTQ2, incarcerated older women, and ethno-cultural minorities.
- Ensure that all federal policies, services and support for seniors take gender differences into account and reflect and respect the principles of truth and reconciliation with respect to Indigenous peoples, particularly women.

### Ensure frailty population data is available for public health planning

- Encourage standardized guidelines for frailty assessment in the provinces and territories, adapting for use with vulnerable populations such as Indigenous peoples and veterans.
- Ensure that federally-funded research concerning older adults, incorporates frailty assessment, common data elements (CDEs) and common outcome measures (COMs) for frailty, including those specific to older women and vulnerable populations such as veterans and Indigenous peoples.
- Ensure that these CDEs/COMs are utilized by all Government of Canada agencies like Statistics Canada.

### Address poverty among seniors

- Develop a national housing strategy for low-income seniors to promote aging in their own homes and providing affordable infrastructure targeted to senior women.
- Fund and implement a national pharmacare program geared to income
- Encourage hiring of older women in the workforce through employment incentives, etc.
- Provide adequate income supports for senior women to enable financial security and healthy retirement such as: geared-to-income subsidies for older women living with frailty, and/or in

remote/underserved communities; and making non-refundable tax credits refundable to ensure those with low or no taxable income can benefit.

### **Promote healthy and active lives**

- Fund programs that promote independence and physical function, and focused on daily living activities that would allow senior women to stay in their own homes
- Support policies to encourage healthy food options and better nutrition for seniors, with specific attention to the needs of older women and older adults living with frailty, including adapting Canada's Food Guide for Seniors and examining with the provinces and territories establishing nutrition standards for care facilities and geared-to-income programs like meals on wheels.

### **Combat social isolation**

- Ensure that Canadians have high-speed internet access no matter where they live, and that service is affordable for seniors (particularly older women living alone) by providing funding for a geared-to-income internet service benefit, and for those that are not eligible, a tax credit.
- Fund programs to reduce social vulnerability in senior women, including innovative programming through seniors' centres and facilities, and online

### **Support caregivers**

- Recognize the financial impact of caregiving, and in particular loss of income during caregiving (and the resulting reduced pension income) and provide a geared-to-income benefit for caregivers which also influences pension income, and make the caregiver credit refundable to ensure those without taxable income can benefit.

## **About Canadian Frailty Network**

*Canadian Frailty Network (CFN) is Canada's only network devoted to improving care for older Canadians living with frailty and supporting their families and caregivers. We do this by increasing recognition and assessment of frailty, by increasing evidence to inform decision making from the bedside to the policy making level, by advancing evidence-based changes to care, by training the next generation of care professionals and scientists, and by engaging with older adults and caregivers. We are a multi-disciplinary national network, nurturing productive multi-sectoral partnerships and collaborations, and always including patients, families and caregivers. Our work spans all settings of care, from acute and critical care to community care, and includes end-of-life care and advance care planning. We are funded by the Government of Canada's Networks of Centres of Excellence (NCE) program (2012 to 2022). For more information, visit: <https://www.cfn-nce.ca/>*

### **Bibliography**

National Seniors Strategy, National Institute on Ageing, [www.nationalseniorsstrategy.ca](http://www.nationalseniorsstrategy.ca)

Andrew, M.K. *et al.*, "Social and Societal Implications of Frailty, Including Impact on Canadian Healthcare Systems," ([\*Journal of Frailty & Aging\*, Volume 7, Number 4, 2018](#)).

Tunsall, Lee, "The Concept of Frailty and How it Can Help Reform our Health System," <https://www.cfn-nce.ca/contact-us/media/backgrounder-the-concept-of-frailty-and-how-it-can-help-reform-our-health-system/>

Morley, John E., *et al.*, "Frailty Consensus: A Call to Action," 14(6). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4084863/>

Borham, Sayem *et al.*, "Incident Fragility Fractures Have a Long-Term Negative Impact on Health-Related Quality of Life of Older People: The Canadian Multicentre Osteoporosis Study," *Journal of Bone and Mineral Research*, published online February 5, 2019. <https://onlinelibrary.wiley.com/doi/full/10.1002/jbmr.3666>

Chamberlain, Stephanie *et al.*, "Who Is (Still) Looking After Mom and Dad? Few Improvements in Care Aides' Quality-of-Work Life," [Canadian Journal on Aging. 38\(1\)](#)

Westergaard, David *et al.*, "Population-wide analysis of differences in disease progression patterns in men and women," (*Nature Communications*, Volume 10, Article number: 666 (2019)). <https://doi.org/10.1038/s41466-019-08475-9>

Bibas L, Levi M, Brendayan M *et al.* (2014). Therapeutic Interventions for Frail Elderly Patients: Part 1. Published Randomized Trials. [Progress in Cardiovascular Diseases. 57: 134-143.](#)