



Addressing the frailty crisis: meeting the healthcare and social services needs of older Canadians

Canadian Frailty Network (CFN)
Written Submission for
2020 Pre-Budget Consultations

July 29, 2019

Recommendations

Recommendation 1:

Establish frailty as a pillar of any comprehensive seniors' strategy.

Recommendation 2:

Undertake a national frailty scoping initiative with respect to older adults.

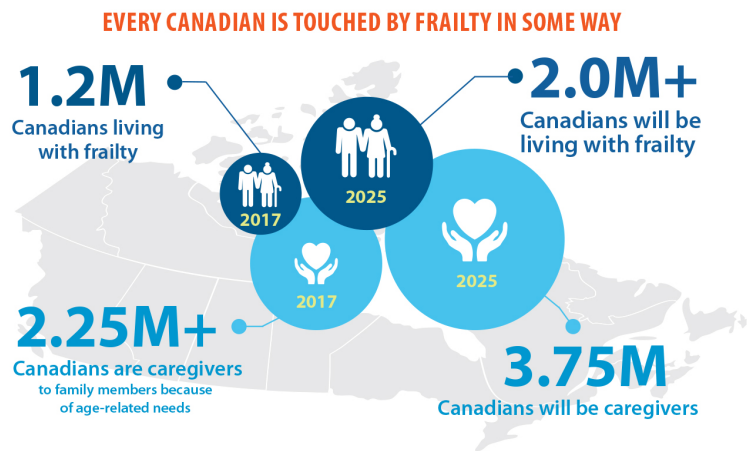
Recommendation 3:

Fund research to produce evidence on frailty and late life issues.

Why does frailty matter?

Canada's older population is growing. People aged 65 plus outnumber children 14 years or less, and the fastest growing segment of older Canadians is over 80.

Approximately 25% of people over age 65 and half of those past age 80 are medically frail.¹ And by 2025, well over two million Canadians may be living with frailty.² And it is not just older adults that are impacted by frailty, it's also their families and caregivers. The number of Canadians providing care to family members because of age-related needs like frailty is steadily increasing too.



What is frailty?

Frailty isn't simply getting older, although the risk of becoming frail does increase with age. Canadian seniors living with frailty are those in whom aging has taken its toll and who are in worse health than what could be expected based on their age.

Frailty is a condition where a person's overall well-being and ability to function independently are reduced, as is the body's ability to cope with normal or minor stresses. This in turn can cause rapid and dramatic health downturn.^{3,4,5} Seniors with frailty are more likely to have multiple medical problems and take multiple medications. They often require supports at home, are much more likely to be malnourished and socially isolated, are frequent users of healthcare and social services, and comprise the vast majority of those in long-term care.

How does frailty impact healthcare and social services?

This growing population is under-recognized and challenges Canadian health and social care systems to improve the quality and quantity of care delivered. Those living with frailty are over-represented in all parts of the system: primary, community and residential, acute/hospital and end-of-life care.

A large, growing proportion of our health and social care spending is, and will increasingly be, focused on older Canadians living with frailty.⁶ Frailty also places large burdens on family and friend caregivers, including financial, social and productivity costs.



But although healthcare costs increase with age and frailty, increased use of healthcare resources may not improve outcomes or quality of life. Improvements in care and realization of socio-economic benefits are not about reducing care. They are about tailoring care to individuals and checking that any contemplated care is effective in a frail population.

Frailty impacts some seniors disproportionately

Research indicates that women are twice as likely to be diagnosed with frailty.⁷ For certain populations such as indigenous peoples and veterans, frailty onset is earlier, and significantly higher. In a study of Indigenous adults over age 65, approximately 50% reported frailty, compared to about 23% for the rest of the Canadian population over 65.⁸ It is suspected that veterans have higher rates of frailty than the general population, stemming from a lifetime of acquired disabilities, chronic diseases typical of older adults, and psychosocial factors.⁹

Climate change events put seniors with frailty at greater risk

Just as Canada's senior population is increasing, so too are the frequency and severity of natural disasters due to climate change. And just like frailty, climate change events do not impact Canadians equally. Those who are older and more vulnerable are at increased risk.

More older Canadians prefer aging at home and may rely on supports but are often far from their families. Extreme weather events can prevent homecare and other services, leaving them isolated and at-risk, particularly when frail. Seniors rely on access to medication, as well as electrical power for medical devices and some mobility aids, and for heat and air conditioning. Those who use scooters, walkers and canes, aren't easily evacuated. If landlines or the internet are interrupted, and as mobile phones run out of power, physically isolated seniors have no way to let others know they are in danger.

Recent catastrophic events linked to climate change and their indelible effect on vulnerable seniors have highlighted these and other risks.¹⁰

Notwithstanding any need to address the root causes of climate change, a public health strategy to protect vulnerable seniors from events linked to climate change is required.

Every senior aging at home needs an emergency preparedness plan, developed with families, friends and neighbours, along with homecare providers. So, too, do retirement residences, long-term care and other facilities. Government and disaster management agencies must consider the unique needs of older Canadians who are frail. Consistent, standardized frailty assessments could support the creation of registries of vulnerable seniors who require more help during disasters.

What can be done about frailty?

We see three broad areas of priority to address the needs of older Canadians and their caregivers:

1. Establish frailty as a pillar of a comprehensive National Seniors' Strategy.

To address the needs of Canada's seniors and their caregivers in a meaningful way, a National Seniors' Strategy led by the federal government is essential. Such a national public initiative would ensure that both healthcare and social factors are fully considered, including nutrition, mobility, housing, community planning and poverty reduction. Federal policy program leadership would also ensure that the needs of vulnerable populations such as women, those identifying as LGBTG2+, indigenous peoples, and veterans are specifically addressed.

However, if we are to successfully address the long-term issues arising from changing demographics, this strategy must be backed by research and evidence, and stratification according to frailty must be a key pillar.

Key elements in a frailty pillar would include:

- Implementation of systematic identification of frailty in all care settings
- Identification of current best practices for frailty in all care settings
- Design of a public health approach for frailty including building frailty awareness and understanding, and addressing nutrition, exercise and mobility, community planning, social isolation and loneliness
- A plan to improve supports for family/friend caregivers of older adults living with frailty

2. Undertake a national frailty scoping initiative with respect to older adults.

To support a forward-looking national strategy backed by research and evidence, a scoping initiative is needed to: identify health and social care components necessary to build a comprehensive national strategy; identification of research and knowledge gaps necessary to improve frailty care; identification of ways to reallocate financial and human resources to improve the quality of life of older adults living with frailty and their family/friend caregivers; recommendations for addressing frailty in vulnerable populations; recommendations and assistance to provinces on evidence-based best practices to assess and prevent frailty. CFN is ideally placed to lead such an initiative, estimated to cost \$2.8 million.

This initiative would be important contribution to a set of forward-looking policies in a seniors' strategy and provide a long-term framework for tackling frailty.

3. Fund research to produce evidence on frailty and late life issues.

Canadian healthcare does not consistently measuring frailty. Our current system is fragmented, with everyone gathering different information relevant to frailty, using different assessment tools, and

reporting information in different ways. Frailty in older adults is under-recognized, under-documented and under-coded in data from medical encounters, hospital discharge summaries and death certificates.¹¹

Simple and effective tools to assess frailty are readily available and can be part of routine healthcare.¹² Some of the most commonly used frailty assessment tools, such as the Clinical Frailty Scale, and Edmonton Frailty Scale,^{13,14} were pioneered by CFN researchers.

Frailty assessment and measurement research allows us to proactively identify treatments¹⁵ to prevent or slow the development of frailty.¹⁶ Care planning can start earlier rather than waiting for a crisis, and can help older adults stay in their homes and communities and be as functional as possible for as long as possible,¹⁷ in turn easing the burden on our health and social care systems.

In addition to improving individual care for seniors, the lack of evidence does not facilitate policy making at a population level using a frailty lens.

Since 2012, Canadians committed to producing frailty evidence and mobilizing it into policy and practice -- researchers, patients and their caregivers, clinicians, policymakers and others – have had a forum in CFN to exchange ideas and learn from completed research. The evidentiary base on frailty and seniors has increased dramatically during this time, and CFN's researchers are significant contributors.

When CFN was funded under the federal Networks of Centres of Excellence (NCE) Program, the program intent was a possible stable 15 years of funding. In providing longer-term funding, the Program recognized that there are no quick fixes when it comes to complex challenges around important issues for the health, safety and well-being of Canadians.

With the sundowning of the NCE program, and an unanticipated earlier end-date for CFN funding through this program,¹⁸ the issue is how to sustain evidence creation and mobilization on the multi-faceted and long-term issues of frailty. Alternative funding is needed to continue a focused, coordinated, network approach to putting frailty research evidence into practice to not just treat, but delay, frailty, and improve older Canadians' quality of life.

About Canadian Frailty Network (CFN)

The Canadian Frailty Network (CFN) is Canada's sole 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, by advancing evidence-based changes to care and policy, and by training the next generation of care professionals and scientists.

CFN brings together the collective expertise, knowledge and talent in Canadian health and social care, including a wide scope of roles and disciplines -- decision-makers, policy experts, clinicians, researchers, ethicists, legal experts -- and always including older adults, their families and caregivers. Together, these groups can advance the dialogue on how to improve care of older adults living with frailty on both clinical and societal levels.

www.cfn-nce.ca



**Canadian
Frailty
Network**

**Réseau canadien
des soins aux
personnes fragilisées**

References

- ¹ Hoover M, Rotermann M, Sanmartin C, Bernier J. (2013). [Validation of an index to estimate the prevalence of frailty among community-dwelling seniors](#). Health Reports, 24(9): 10-17. StatsCanada, Catalogue no. 82-003-X
- ² <https://www150.statcan.gc.ca/n1/pub/91-215-x/2015000/ct001-eng.htm>, Chart 2.1.
- ³ Xue Q. (2012). [The Frailty Syndrome: Definition and Natural History](#). Clin Geriatr Med. 27(1): 1–15.
- ⁴ Clegg A, Young J. (2011). [The frailty syndrome](#). Clinical Medicine 11(1): 72–5
- ⁵ Walston J, Hadley E, Ferrucci L *et al.* (2006). [Research Agenda for Frailty in Older Adults: Toward a Better Understanding of Physiology and Etiology](#). J Am Geriatr Soc 54:991– 1001.
- ⁶ <https://www.cihi.ca/en/health-spending/2018/national-health-expenditure-trends>.
- ⁷ [Brief submitted to House of Commons Standing Committee on the Status of Women by Canadian Frailty Network](#), April 2019.
- ⁸ Walker, J. (2017). [Aging and Frailty in First Nations Communities](#). Canadian Journal on Aging, 1-12.
- ⁹ Orkaby AR *et al* (2018). [The Burden of Frailty Among U.S. Veterans and Its Association with Mortality, 2002-2012](#). The Journals of Gerontology: Series A, 74(8), 1257–1264.
- ¹⁰ Muscedere J, Heckman G. <https://www.thestar.com/opinion/contributors/2019/07/04/older-people-are-at-greater-risk-from-climate-change.html>.
- ¹¹ Evans, S, Sayers M, Mitnitski A, Rockwood K (2014). [The risk of adverse outcomes in hospitalized older patients in relation to a frailty index based on a comprehensive geriatric assessment](#). Age and Ageing 43: 127–132
- ¹² Clegg A, Rogers L, Young J. (2014). [Diagnostic test accuracy of simple instruments for identifying frailty in community-dwelling older people: a systematic review](#). Age and Ageing 0: 1-5.
- ¹³ Rockwood K, Song X, MacKnight C, Bergman H, Hogan DB, McDowell I, Mitnitski A (2005). [A global clinical measure of fitness and frailty in elderly people](#). CMAJ, 173(5):489-95.
- ¹⁴ Rolfson DB, Majumdar SR, Tsuyuki RT, Tahir A, Rockwood K (2006). [Validity and reliability of the Edmonton Frail Scale](#). Age and Ageing, 35(5):526-9.
- ¹⁵ Marshall EG, Clarke BS, Varatharasan N, Andrew MK. (2015). [A Long-Term Care-Comprehensive Geriatric Assessment \(LTC-CGA\) Tool](#). Can Geriatr J, 31;18(1):2 -10.
- ¹⁶ Tavassoli N, *et al.* (2014). [Geriatric Frailty Clinic \(GFC\) for Assessment of Frailty and Prevention of Disability](#). J Nutr Health Aging, 18(5):457-64.
- ¹⁷ http://www.laservices.ca/docs/media/CNW_Survey_Dec09.pdf
- ¹⁸ Williams R, Muscedere J. <https://ipolitics.ca/2019/01/08/federal-funding-may-be-ending-but-frailty-still-matters/>.