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# **Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities**

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**EVIDENCE**

**Thursday, June 8, 2017**

—  
**Chair**

**Mr. Bryan May**



## Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

Thursday, June 8, 2017

•(1100)

[English]

**The Chair (Mr. Bryan May (Cambridge, Lib.)):** Good morning, everybody.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Thursday, May 4, 2017, the committee is resuming its study of advancing inclusion and quality of life for Canadian seniors.

I am very pleased to welcome to the committee a number of officials today with us both here in Ottawa and also via video conference.

To start, from Employment and Social Development Canada, we have Nancy Milroy Swainson, director general, seniors and pensions policy secretariat, income security and social development branch. From the Canadian Mortgage and Housing Corporation, we have Luisa Atkinson, director, first nation housing. From Indigenous and Northern Affairs Canada, we have Lyse Langevin, director general, community infrastructure branch. From Veterans Affairs Canada, coming to us via video conference, is Elizabeth Douglas, director general, service delivery and program management. From Correctional Service of Canada is Don Head, commissioner. From Public Health Agency of Canada, we have Anna Romano, director general, centre for health promotion and chronic disease prevention branch.

This is a very full witness group today, so thank you.

Up first we have, from Employment and Social Development Canada, Nancy Milroy Swainson.

Welcome back.

**Ms. Nancy Milroy Swainson (Director General, Seniors and Pensions Policy Secretariat, Income Security and Social Development Branch, Department of Employment and Social Development):** Thank you.

Mr. Chair and committee members, I am pleased to have the opportunity to speak with you today as you begin your study. As Minister Duclos told you on Tuesday, the Government of Canada has been working to implement a seniors agenda, and that agenda involves initiatives to advance four policy objectives: improving seniors' access to affordable housing; improving the income security of seniors; promoting healthy aging and improving access to health care; and fostering social inclusion and engagement of seniors.

The work of ESDC, directly supports two of these policy objectives; namely, income security and the social inclusion and engagement of seniors.

I am here to speak to you about these, and my colleagues at the table and on video will speak to you about the other elements.

With respect to income security, in 2016-17 it's estimated that \$92 billion was spent on public pensions in Canada for an estimated 7.3 million beneficiaries. ESDC is responsible for these public pensions, which are the first two pillars of the retirement income system.

The old age security program, the first pillar, is a residence-based program financed through tax revenues. Its objective is to provide a minimum level of income to seniors aged 65 and over in recognition of the contribution that they have made to Canadian society and the economy. Also under this program, the guaranteed income supplement is an income-tested benefit on top of the old age security pension that provides additional support to low-income seniors.

To support seniors' income security, the government restored the age of eligibility for old age security program benefits to age 65 from age 67. The government also increased the guaranteed income supplement by up to \$947 annually for the most vulnerable seniors. This measure alone improves the financial security of close to 900,000 single seniors in Canada.

•(1105)

[Translation]

The Canada Pension Plan—which is the second pillar—is a social insurance program that is funded by the contributions of employees, employers and self-employed persons, and by the revenue earned on Canada Pension Plan investments. It covers virtually all employed and self-employed persons in Canada outside Quebec.

The government's recent enhancement to the Canada Pension Plan will improve retirement benefits for future seniors by increasing the replacement rate from one quarter to one-third of pensionable earnings and by increasing pensionable earnings by 14%.

Canada's public pension system has played a major role in reducing the incidence of low income among seniors, lowering it from 21.4% in 1980 to 4.4% in 2015.

[English]

To help extend the reach of these programs, the department negotiates social security agreements with other countries. These agreements coordinate the operation of Canada's public pension programs with comparable social security programs in other countries. These agreements help seniors who have lived or worked in Canada and other partner countries to qualify for pensions based on their affiliation to each country's program. They also help protect the income security and pension eligibility of vulnerable populations such as migrant seniors.

ESDC, through its service delivery arm, Service Canada, continually works to improve the delivery of these programs. For example, due to efforts to automatically enrol certain eligible seniors, approximately 55% of new old age security pensioners no longer need to apply for benefits, but they receive them automatically upon turning 65.

[Translation]

With respect to the objective of fostering the social inclusion and engagement of seniors, through the New Horizons for Seniors Program, the department invests to help ensure that seniors can benefit from, and contribute to, the quality of life in their communities.

The program has five objectives: one, to promote volunteerism among seniors; two, to foster mentoring by seniors; three, to expand awareness of all forms of elder abuse; four, to support the social participation and inclusion of seniors; and five, to provide capital assistance for community programs and projects for seniors.

The program provides over \$40 million each year to small community-based projects that are led or inspired by seniors, and to large pan-Canadian projects that address issues such as elder abuse and social isolation. Since 2004, this program has funded close to 19,700 projects.

[English]

The government's plan to introduce federal accessibility legislation will also have important impacts for seniors by improving their access to services, information and communication technologies, employment, procurement, and transportation services in federally regulated sectors.

According to the 2012 Canadian Survey on Disability, 33.2% of seniors reported having a disability, compared to 10.1% of Canadians aged 15 to 64.

Extensive consultations were held over the past year to inform the planned federal legislation, and on May 29, Minister Qualtrough released the report on what was learned from these consultations.

Employment and Social Development Canada is the focal point for seniors issues across the Government of Canada. However, many departments and agencies are devoted to addressing seniors issues, including but not limited to, those here today. We work closely with our colleagues across the federal government to ensure a coordinated approach to seniors issues and support the government's seniors agenda. We also work with external partners such as experts, community organizations, provincial and territorial governments,

and international organizations to advance shared interests with respect to seniors.

Mr. Chair, committee members, thank you for your attention.

**The Chair:** Thank you very much, and you're well within your allotted time.

I appreciate your bringing up the new horizons for seniors grant. I'm sure all of us around this table have had the opportunity to see first-hand the impact of those maybe small but very focused grants that have done a lot of good for our seniors. Thank you.

I should have said at the outset that we have seven minutes for remarks.

Next we have, from Canada Mortgage and Housing Corporation, Luisa Atkinson.

• (1110)

[Translation]

**Ms. Luisa Atkinson (Director, First Nation Housing, Canada Mortgage and Housing Corporation):** Thank you, Mr. Chair.

It's a pleasure to be here on behalf of Canada Mortgage and Housing Corporation.

CMHC supports the motion to establish a National Seniors Strategy, and we stand ready to support such a measure through a number of existing programs and services.

[English]

CMHC's mission is to help Canadians meet their housing needs. This includes providing assistance to low-income seniors who may not be able to afford suitable housing without government support. We also conduct research and share information on seniors housing. As well, CMHC is the only provider of mortgage loan insurance for multi-unit residential properties, including rental buildings, affordable housing projects, licensed care facilities, and retirement homes.

Research tells us that almost 14% of senior-led households were in core housing need in 2011. This is the most recent year for which this data is available.

Core housing need is a measure of housing affordability that asserts that having to spend more than 30% of your pre-tax income to access adequate and suitable local housing is onerous. The rate of core housing need among senior households was slightly higher than that for all Canadian households. Some 4.6% of senior-led households were in severe core housing need in 2011, meaning they had to spend more than 50% of their income on housing-related costs. This was marginally lower than the rate for all Canadian households.

CMHC recently released seniors housing reports for Canada and all provinces. These reports and a great deal more information on seniors housing are available on our website. We continue to conduct research and provide information on seniors housing markets and also on issues such as accessibility and adaptable housing.

In terms of housing assistance, each year CMHC provides federal funding of approximately \$2 billion to help meet the needs of low-income seniors and families, people with disabilities, indigenous people, and victims of family violence, amongst others. Most of this funding is used to support more than 500,000 Canadian households living in existing social housing units across the country, including senior-led households.

Significant federal funding is also provided through the investment in affordable housing agreements with the provinces and territories. Among other things, this funding can be used to help seniors access non-institutional housing. Funding for the IAH was doubled under budget 2016, with an additional \$504 million over two years to support new construction and renovation of affordable housing, as well as measures to foster safe independent living and housing affordability.

Recognizing that Canada's senior population is growing and needs special attention, the government's budget 2016 also included over \$200 million over two years specifically for seniors housing. This funding is expected to help improve conditions for housing for more than 5,000 low-income senior households across Canada. As of May 31, funding had been committed to more than 930 projects that will assist 3,169 senior households.

The committee will also be aware that budget 2017 included historic funding for housing: \$11.2 billion over the next 11 years. Some \$3.2 billion of this will be provided to provinces and territories to support key priorities for affordable housing, which may, for example, include measures to support independent living so that Canadian seniors can stay in their homes longer.

Budget 2017 also provides for a \$5-billion national housing fund to address critical housing issues and prioritize support for citizens with distinct needs, including seniors. We know from national consultations conducted last year that greater accessibility, availability of wraparound services tied to housing, and more housing options are priorities for Canada's aging population.

I can assure the committee that the needs of seniors are being taken into account as we develop the national housing strategy, which will be launched by Minister Jean-Yves Duclos later this fall.

That concludes my opening remarks, Mr. Chair. I would be pleased to answer any questions.

**The Chair:** Thank you very much.

Now we have, from Indigenous and Northern Affairs Canada, Lyse Langevin, director general of the community infrastructure branch.

•(1115)

**Ms. Lyse Langevin (Director General, Community Infrastructure Branch, Department of Indian Affairs and Northern Development):** Thank you.

Mr. Chair and members of the committee, I thank the committee for this invitation, and I take this opportunity to acknowledge that we are gathered on traditional Algonquin territory.

My name is Lyse Langevin, and I'm here today to represent Indigenous and Northern Affairs Canada. I would like to take this time to discuss the measures INAC is undertaking towards improving the well-being of northerners and indigenous people, including seniors.

The trend toward aging in the indigenous population is slower than in the non-indigenous population. According to the 2011 census, nearly 83,000 individuals 65 years and older identified as indigenous. This represented 5.9% of the indigenous population.

Indigenous elders play a primary role in their communities in order to pass on and carry forward indigenous culture, stories, traditions, values, teachings, and languages to the younger generation. In their families and communities, seniors are vital sources of oral traditional knowledge, wisdom, and cultural continuity.

However, seniors are vulnerable within our society. They encounter barriers to socio-economic well-being, and this reality is even more challenging for northern and indigenous people.

[*Translation*]

Within INAC, the Assisted Living Program provides funding for non-medical social support services to low-income seniors who live on reserve. The program is administered and delivered at the community level by first nations themselves.

In the 2015-2016 fiscal year, the most recent year for which we have complete figures, the Assisted Living Program spent \$106 million and provided social support services to 8,475 vulnerable clients, most of whom were seniors.

The In-Home Care component of this program provides social support services to low-income seniors, adults with chronic illness, as well as children and adults with mental and physical disabilities so that they can maintain functional independence while remaining in their homes and in their communities.

The Institutional Care component of the Assisted Living Program provides financial support to low-income seniors, adults with chronic illness, as well as children and adults with mental and physical disabilities who are unable to live independently and who must be cared for in an institutional setting, such as a nursing home or personal care home.

[*English*]

Providing assisted living program services in the homes of seniors is only possible if they have access to affordable housing that enables them to live in their homes for longer. This is also true for indigenous seniors living on reserve, in rural and urban areas, and in the north.

INAC provides an average of \$146 million annually, directly to first nations, for housing support. This can be used at their discretion to meet a range of housing needs, including adapting the homes of their members, which include seniors. In addition, budget 2016 provided \$554.3 million over two years, starting in 2016-17, for housing. Of this amount, \$416.6 million over two years was provided to INAC to address immediate housing needs on reserve, with \$137.7 million over two years provided to Canada Mortgage and Housing Corporation to also support the renovation and retrofitting of housing on reserve.

The department has already invested \$267.5 million of budget 2016 allocations to support the construction, service, and renovation of 3,300 housing units. This funding also supported 560 projects to increase first nations' capacity related to the maintenance, management, and governance of on-reserve housing, and to improve access to alternative financing. As you are aware, budget 2017 also proposes to invest an additional \$4 billion over 10 years, starting in 2018-19, to build and improve housing, water treatment systems, health facilities, and other community infrastructure.

Furthermore, to address urgent housing needs in the north and in Inuit communities, the Government of Canada provided \$176.7 million in budget 2016, over two years. Specifically from this envelope, Canada Mortgage and Housing Corporation provided a total of \$96.7 million to the three territories through its investment in the affordable housing initiative. INAC provided a total of \$80 million to the three Inuit regions of Nunavik, Nunatsiavut, and Inuvialuit. This funding will enable our Inuit partners to oversee the construction of new housing units and to bring much-needed repairs to existing housing stock.

It is estimated that budget 2016's investment will result in the construction of 193 new housing units. This will reduce overcrowding and help to address related issues that are of particular concern to seniors, such as accessibility and respiratory illnesses. INAC funding is being provided directly to Inuit land claim holders, in the spirit of the Inuit-to-crown relationship. Inuit seniors have played a particularly important role in providing advice on the design of homes so that they meet the socio-cultural needs of Inuit, and better reflect their lifestyles, traditions, and cultures.

In closing, the department has taken action to improve the wellness of indigenous peoples by addressing the socio-economic challenges they face; however, we recognize that much remains to be done. We are committed to continuing the collaboration with indigenous leaders and communities, provinces and territories, and other key partners, on improving socio-economic conditions for vulnerable indigenous seniors in Canada.

I look forward to our discussion today. Thank you.

• (1120)

[Translation]

Thank you. *Meegwetch.*

**The Chair:** Thank you.

[English]

Now we're going to head out to Charlottetown, Prince Edward Island, via video conference. From Veterans Affairs Canada, we

have Elizabeth Douglas, director general, service delivery and program management.

The next seven minutes are yours.

[Translation]

**Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs):** Thank you.

Mr. Chair and honourable members of the committee, it is a privilege to address this committee today.

If there is one thing all Canadians can agree on, it's our debt of gratitude towards our veterans for their service. To put on the uniform of one's country, is to make an extraordinary commitment: to put oneself at risk in the interests of the nation.

[English]

It is this commitment that explains and justifies benefits, services, and programs offered to veterans, supports that are enshrined in legislation and administered through Veterans Affairs Canada.

In this regard, it is a pleasure to provide this committee with an overview of two key programs offered by Veterans Affairs Canada to assist seniors. First I will explain how we support aging veterans in nursing homes and other residential care facilities through the long-term care program. Second, I will outline the home care supports and health services funded through our veterans independence program.

To situate these programs within the broader context, the following is a snapshot of who we serve. As of March 2016, the total estimated Canadian veteran population was just over 670,000 consisting of approximately 600,000 Canadian Armed Forces veterans and 70,000 veterans of World War II and the Korean War.

Our clients, however, comprise roughly 18% of the total veteran population. Today our department serves approximately 92,000 Canadian Armed Forces veterans with an average age of 60 years. We also support over 26,000 traditional war veterans, a predominantly male population with an average age of 92 years, as well as their survivors, primarily women, who are slightly younger, averaging 87 years of age.

I will now turn my attention to long-term care and the home care supports available to promote the health, well-being, and quality of life for this population of elderly veterans and their survivors. Access to health care and related benefits is authorized under—and eligibility criteria are set out in—the veterans health care regulations. It is through provincial or local health authorities that assessments are done to determine whether a veteran needs long-term care or could stay in their home with appropriate home care supplies and supports.

Placement criteria and admission processes are also largely controlled by provincial agencies. As you may be aware, the cost of long-term care varies significantly across Canada as resident fees and co-payments amounts are set by provincial authorities. Provincial rates currently range from a low of approximately \$1,000 per month in British Columbia to in excess of \$3,000 per month in New Brunswick.

The department supports veterans by contributing funding to offset these costs. We ensure that regardless of where a veteran is cared for, the maximum amount they must pay towards their accommodation and meals is currently \$999 per month, and that is for 2017.

As of December 2016, the department was financially supporting just over 6,000 veterans in 1,400 nursing homes and similar facilities that provide nursing and personal care on a 24-hour basis. Just under two-thirds of the 6,000 veterans who are financially supported by Veterans Affairs are living in facilities that are open to all provincial residents.

● (1125)

For the most part, veterans prefer to be in these facilities located in their home communities, close to family and friends, and where they may be co-located with their spouses. In these facilities, veterans have access to the same services and supports as other provincial residents.

The remaining veterans are supported in former veterans hospitals in units where the department has contractual agreements that allow war veterans to have priority access to a set number of beds. In these facilities, we contribute funding to support extra services or an enhanced level of programming for our veterans, for example, more hours of health services such as physiotherapy or occupational therapy, higher staffing ratios of professionals, special on-site recreation programs, or subsidized transportation for off-site activities.

Since June 2016, new partnership arrangements have been negotiated and announced with various provincial health authorities and facilities that were former veterans hospitals. These new arrangements expand access and provide preferred admission to these facilities to a broader group of veterans.

I will now speak about the home care and support services offered to veterans. Introduced in 1981, the veterans independence program, often referred to as VIP, is Canada's largest and longest running national community-based home and community care program. VIP was designed as an alternative to facility-based care to promote independence and aging at home for the rapidly growing population of elderly veterans. The early intervention and support provided through the program provide the benefits of improved long-term health and socio-economic conditions, increased independence and self-sufficiency through delayed or avoided institutionalization, and improved quality of life for both the veteran and their families.

Funding is provided to allow veterans to purchase home care and support services to meet their physical, mental, and social needs and support aging in place, a concept that was and continues to be very attractive to older veterans and Canadians alike. A comprehensive continuum of services is available under VIP including house-

keeping, grounds maintenance, assistance with personal care, services provided by a nurse or other health professional, and access to nutrition through the delivery of nutritious food. Funding also allows for home adaptations that facilitate self-sufficiency with activities of daily living, for example grab bars or widening of doors. VIP services can also be approved to support palliative and end-of-life care.

Coverage for VIP services is approved based on assessed need, and to the extent that they are not provided by a provincial health care system. Veterans Affairs Canada case managers and veteran service agents have authority to recommend and approve most resources including up to \$10,720 per year that can be spent on home care services.

In practice, the average amount spent is much lower, averaging just over \$3,600 per client. VIP home support services, especially housekeeping and grounds maintenance, are the most utilized of our VIP services. To help reduce stress on our aging veterans, funding for the two most popular benefits, housekeeping and grounds maintenance, is paid as an upfront annual grant, thereby eliminating the need for veterans to submit claims to be reimbursed and be out-of-pocket for expenses. The grant is calculated based on the individual's assessed level of need and the rates for services in their area.

● (1130)

The grant provides veterans with discretion to choose the provider of their choice for these services. All other approved VIP services are funded by reimbursement. Either the veteran or the service provider must submit a claim, once the service is provided, to receive funding to cover the cost. This program has a proven track record of providing cost-effective care. Currently, over 91,000 individuals are benefiting from VIP services, including eligible veterans, their survivors, and primary caregivers.

[*Translation*]

In conclusion, I would simply like to highlight a couple of points.

The department remains steadfast in its commitment to ensure appropriate care is available to our aging veterans through a continuum of care. This includes financial assistance to support independence and "aging in place" at home. Funding is also provided when moving to a long-term care facility is the best option for ensuring a veteran's health and well-being.

This brings me to the end of my presentation and I would like to thank you for your attention.

[*English*]

**The Chair:** Thank you very much.

Now we move over to Don Head, commissioner of Correctional Service Canada.

**Mr. Don Head (Commissioner, Correctional Service of Canada):** Good morning, Mr. Chair, and good morning, honourable members of the committee.

Thank you for the invitation to appear before you today as you embark on your study on advancing the inclusion and quality of life for Canadian seniors.

As you may be aware, the responsibility for delivering correctional services in Canada is shared federally, provincially and territorially. The Correctional Service of Canada is responsible for administering court-imposed sentences of two years or more, including conditional release supervision of offenders in the community. Provincial and territorial governments are responsible for offenders on remand, and serving sentences of less than two years, and they have the exclusive responsibility for offenders sentenced to probation as well as for young offenders.

The Correctional Service of Canada, as part of the criminal justice system, and respecting the rule of law, contributes to public safety by actively encouraging and assisting offenders to become law-abiding citizens while exercising reasonable, safe, secure, and humane control. CSC continually works to address challenges facing offenders in the federal correctional system, including changes in demographics, the over-representation of indigenous peoples, and the need to provide effective physical and mental health care.

During the past decade we've gained a greater understanding of the overall offender population profile and it has put new pressures on our organization. This includes an offender population that is older and aging under our care. As well, with changes to some sentencing provisions, we have individuals who will die in our correctional institutions.

The aging process for offenders is believed to be accelerated due to environmental and lifestyle factors that may have impacted their lives prior to their admission to federal custody, including smoking, poor nutrition, lack of health care, and lower socio-economic status. Approximately 22% of federal offenders are between the ages of 50 and 64 years, and approximately 7% of the federal offenders are aged 65 years and older. Currently the oldest individual in the institution is 93 years old, and in the community, under supervision, is 94 years old.

However, age is not the sole indicator of having additional needs. As such, not all offenders 50 years and older require a specialized environment or services. It is the combination of age and functional impairment, often related to the presence of multiple chronic diseases, that determine the unique needs of the older offender.

CSC's policies, programs, and practices attempt to address these special needs and as is the case for all offenders within our care, individual correctional plans and interventions are developed and implemented, which are continually assessed throughout each offender's sentence. A range of interventions are available for older offenders in CSC institutions. Offenders undergo a functional assessment to determine their ability to perform daily living activities upon admission to an institution. Throughout their sentences, they will continue to be assessed in terms of their ability

to function in the environment, resulting in additional health care-related consultations, as well as special accommodations and services, as required.

With respect to health care, CSC faces similar challenges as Canadian communities do in terms of maintaining the level of care required for offenders in an environment of increasing costs and economic constraints. Offenders coming into the correctional system have health needs that are complex and include a higher than average incidence and prevalence of infectious diseases and mental illnesses, high rates of comorbidities, and chronic illnesses.

CSC's health services operate 53 health care centres across Canada that provide essential medical, dental and mental health care. Regional hospitals that provide post-surgical and palliative care, and mental health treatment centres that provide acute care, exist in all five of CSC's regions. CSC also relies on community services to provide other types of specialized care.

Although not exclusive to older offenders, CSC has processes in place for responding to the end-of-life health care needs of offenders. Palliative care within CSC aims to assist palliative offenders in relieving their suffering and improving their quality of living and dying. An offender can be provided palliative care in an institution with the assistance of community support such as volunteers, clergy, and palliative care specialists, or in a CSC regional hospital where nurses are available 24 hours a day.

In some cases the conditional release provisions of the Corrections and Conditional Release Act may be utilized to facilitate care in the community.

● (1135)

As you may be aware, in response to a recommendation from the Office of the Correctional Investigator and to the 2015-16 annual report of that office, CSE is committed to implementing an older-offender strategy for federal corrections that would address the care and custody needs of offenders aged 50 or older. Work is under way to develop the strategy and to complete it prior to the end of this fiscal year.

In closing, I would like to assure the committee that the safety of all individuals, including staff, offenders, and visitors, in federal correctional facilities is of paramount importance to our organization.

Due to the limited time today, I'll conclude my remarks there, Mr. Chair. I welcome any questions that you or the honourable committee members may have later on.

**The Chair:** Thank you very much, sir.



Now, last but not least, we have from the Public Health Agency of Canada, Anna Romano, director general, centre for health promotion, health promotion and chronic disease prevention branch.

**Ms. Anna Romano (Director General, Centre for Health Promotion, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada):** Thank you, Mr. Chair.

I appreciate the opportunity to address this committee on behalf of the Public Health Agency. I'm pleased to spend this time speaking to you about healthy aging and more specifically the issues of inclusion and quality of life for seniors from a public health perspective.

I would like to start off by providing some context regarding the nature of the work that we do at the Public Health Agency. Our mandate is to promote and protect the health of Canadians, including seniors, by supporting interventions that strengthen protective factors and promote healthy living. Promoting protective factors such as individual and community resilience and supportive environments, or working upstream, as we call it in public health, can prevent illness and injury, mitigate the impact of existing health conditions, increase independence, and improve quality of life.

I hope my remarks will demonstrate that at the federal level we are able to promote healthy aging by facilitating collaboration across sectors, disciplines, and professions; conducting surveillance, data collection, and analysis of the factors that influence healthy aging; and disseminating this information broadly.

Starting off with the current picture for seniors, the fact that Canadians are living longer is a public health triumph, but the aging population also means that the number of people living with chronic conditions is expected to increase. Currently 80% of Canadians over the age of 65 have at least one chronic health condition. For example, we know that the number of Canadians living with dementia is expected to increase in future decades. Two out of every three Canadians currently know someone with dementia.

Falls have significant physical and mental health consequences for older Canadians and families and threaten independent living. In Canada, 20% to 30% of seniors experience at least one fall each year, with an estimated cost of \$3.4 billion annually. Falls are the leading cause of older adult traumatic brain injury.

Elder abuse is a serious issue that affects the lives of Canadian seniors and their families and is associated with significant morbidity and premature mortality. An estimated 8.2% of older Canadians experience some form of psychological, physical, sexual, or financial abuse or neglect.

While many seniors maintain good mental health, mental illnesses in later life often occur within the context of life transitions, losses, chronic illness, disability, or social isolation. Almost one in four seniors will be affected by a mental illness during their lifetime.

I'll turn now to the healthy aging investments and initiatives being led by the Public Health Agency. The first area I would like to cover is surveillance of major chronic diseases and factors related to healthy aging. The Canadian chronic disease surveillance system, or CCDSS, is a collaborative network of provincial and territorial surveillance systems led by the Public Health Agency. The CCDSS currently collects data on a range of factors, including dementia,

diabetes, hypertension, mental illness overall, mood and anxiety disorders, and arthritis.

In general, this data can be used to report national estimates and trends over time of incidence, which is the number of new cases, and prevalence, the proportion of the population having the disease. Reliable data through ongoing surveillance supports decision-making about where targeted investments may be needed.

The second area of focus involves working closely with provinces, territories, and other stakeholders to help communities become more age friendly. The age-friendly communities initiative focuses on multiple aspects of community life, including transportation, housing, social participation, and inclusion. An age-friendly community recognizes that seniors have a wide range of skills and abilities, respects their decisions and lifestyle choices, and supports seniors who are vulnerable. In Canada this initiative has strengthened social inclusion in over 1,000 communities by bringing together seniors, caregivers, governments, and other stakeholders to help seniors remain active, engaged, and healthy, both physically and mentally, in their communities.

In the area of dementia, our investments focus on building partnerships to accelerate innovative solutions to delay the onset of dementia, improve the quality of life of Canadians affected by dementia, and support independent living.

● (1140)

For example, we are providing \$42 million over five years to Baycrest Health Sciences for the Canadian Centre for Aging and Brain Health Innovation. We have developed the first national surveillance data on dementia, including Alzheimer's disease. Our investments in surveillance contribute to our understanding of risk reduction, early detection and diagnosis, and effective treatment of dementia. These actions, coupled with efforts to promote awareness and reduce stigma, for example through Dementia Friends Canada, can help reduce the impact of dementia on society and support our aging population.

In the area of injury prevention, we play a critical role in raising public awareness of the risk factors and determinants contributing to seniors' falls. We achieve this through continued investment in surveillance that helps to provide national-level data and evidence-based information on seniors' falls. We have been an active partner in both the Fall Prevention Month collaborative and the biannual National Fall Prevention Conference.

Abuse of older adults usually happens within the family, but it can occur at the hands of anyone in a position of trust or power. Our efforts in the area of elder abuse have focused on developing tools and resources to raise awareness among the general public and health professionals. For example, in collaboration with Justice Canada and Employment and Social Development Canada, we contributed to the federal elder abuse initiative through the development of “It’s Not Right! - Neighbours, Friends and Families for Older Adults”, a series of brochures that we continue to promote. We are also currently supporting the collection of elder abuse data as part of the Canadian Longitudinal Study on Aging, to augment the evidence base.

Finally, with respect to seniors’ mental health, we work with partners to build evidence, share knowledge, raise awareness, and reduce stigma. To give you an example, we provided funding to the Canadian Coalition for Seniors’ Mental Health, in collaboration with Shoppers Drug Mart, to develop resources for seniors and their families on issues such as depression and suicide prevention.

Through this brief presentation, I hope that I have demonstrated how our public health initiatives and investments have contributed to both improving seniors’ health, and promoting their inclusion and quality of life. We look forward to continuing to work with our federal partners and other stakeholders on the social, economic, and physical determinants that affect the health and well-being of Canadian seniors.

Thank you for your attention and for the time you’re dedicating to this topic. I would be pleased to answer any questions.

• (1145)

**The Chair:** Thank you very much.

Thank you to all of you for the very informative and concise reports today.

Before we get into questions, I was remiss. I did not welcome to the committee Nicola Di Iorio. Thank you so much for standing in today.

First up, we have Mark Warawa. You have six minutes, sir.

**Mr. Mark Warawa (Langley—Aldergrove, CPC):** Thank you, Chair.

Thank you to the witnesses for being here.

I’m going to focus my comments and questions on outcomes, practical ways of meeting the needs. Our last speaker was the director general of health promotion. I’ll summarize what I think I heard: You collect data and work with partners and stakeholders to promote possible solutions and prevent falls. It’s data collection and promotion. Thank you for that work. It’s important.

I’m going to share a little story. I was speaking at the Langley senior resources centre about how we can help seniors. How do we prepare for a national seniors strategy to provide for the practical needs? A woman in the audience said, “What do people do if their roof is leaking and they can’t get any help to repair the roof?” I said, “Is that you?” She said, “Yes.” I said, “Let’s talk after.” We did talk, and then we spent the following year trying to get federal funding to help this woman have her leaky roof repaired. She couldn’t afford to

do it herself, and the roof had already been leaking for three years. The walls were expanding, swelling, which indicated there was mould, rot, or whatnot in her walls. That had to be fixed.

After a year of trying to find some realistic, practical way of having her roof fixed, I just took care of her myself, along with the fire department. I provided the funding for the materials, and the fire department repaired the roof. Federally and provincially, there was no way of helping this person. If this person had been left unhelped, she and her partner would have been out of that home—a senior on a disability benefit who couldn’t get any help. You can sense my frustration, after a year of no practical help.

How do we prevent seniors from falling? If they do fall, now they’re a huge expense, and very likely they may end up in bed with pneumonia and passing away. That happens often. If somebody has a stroke or a fall, they need a ramp built. If they don’t have the money, who is going to pay for the ramp? Who is going to pay for the railings inside their home?

We heard from Veterans Affairs. There is a person in case management who will make sure that the veteran’s needs are being met. My father was a veteran of the Second World War, incredibly well cared for, and it’s a model of how we can take care of our aging population. How do we see that model being enacted and put into place, into action? Studies and data collection and promotion are good.

I was actually disappointed with the presentation on housing, where you said, “The committee will also be aware that budget 2017 included historic funding for housing: \$11.2 billion over the next 11 years.” It sounded like it was part of the Speech from the Throne, written by the government. Funding that is being announced for what’s happening over the next two years is practical money.

My question is for CMHC. I feel quite passionate about this. We need to be prepared. We need to put the money where it’s going to be effectively providing the care that’s needed. How do we build the railings? How do we build the ramps? How do we meet the needs of an aging population? Programs and announcements aren’t doing it.

Can anybody tell me how we are going to take care of seniors, in a practical way, in the general population?

• (1150)

**The Chair:** You have about one minute.

**Ms. Luisa Atkinson:** I guess the answer comes to me. Through our investments in affordable housing, in budget 2016 we put concrete examples where funding has been available for seniors. Just in 2016, there was \$200.7 million that was practical funding. Obviously, it didn’t address all the needs, but it’s the start of that conversation.

The national housing strategy, the \$11.2 billion, is the longer-term plan. Right now, while we are developing the longer-term plan for the national housing strategy, budget 2016 is still providing funding so that we can address what we can with the funding that we have.

**Mr. Mark Warawa:** Is it possible that there might have been funds available to help the lady in the situation in the example that I gave?

**Ms. Luisa Atkinson:** It is possible.

**Mr. Mark Warawa:** Good. Thank you very much.

**The Chair:** Thank you.

We now go to MP Sangha, please, for six minutes.

**Mr. Ramesh Sangha (Brampton Centre, Lib.):** Thank you, Mr. Chair.

Thank you, witnesses, for coming here today and for this valuable input.

In Brampton, I was an entrepreneur for a long time working in the legal profession. I came across many clients, and I have seen Canadians going into old age, and my own experience tells me that, more and more, Canadians want to work for a long time, especially when they're self-employed. They want to be in the workforce for a long time.

At the same time, the labour force data survey shows that Canadians are entering into the workforce later in life, but they want to remain active in the workforce for a longer time.

In what ways can the government encourage older workers to remain in the workforce?

I think Nancy could answer that question best.

**Mrs. Nancy Milroy Swainson:** You're absolutely right. The labour force participation of seniors has increased pretty dramatically over the past decades, moving from 15.6% in 1976 up to 26.2% in 2016, for the 65- to 69-year-old population. That's not quite a doubling, but close to it, in that period. The government has put in place a number of measures related to both supporting their participation in the labour force and, in terms of income security, supporting their continued participation.

For example, we have programs to support retraining and to upgrade skills development, which support moving into new positions and keeping up with technology. Budget 2017 announced the creation of the workforce development agreements, which combine some other programs into one simpler, more strategic, flexible program, with an additional \$900 million over six years. This isn't dedicated just to seniors. It's dedicated to a number of populations, but the program has been consolidated, and funding has been added to it.

At the same time, within the pensions program, for the purposes of old age security, Canadians can defer taking their old age security pension at 65, up to and including age 70. For each month they defer, they get a higher permanent benefit. If a Canadian is working until 67 and doesn't want to take their old age security, they don't have to, and then they can take a higher benefit later.

The same is true with the Canada Pension Plan. People can defer receipt of their pension if they want to for a higher amount. That said, within the Canada Pension Plan, there is no work-cessation test anymore, so Canadians can both work and collect their CPP at the same time if they need to reduce their work hours but still need support from a pension plan. That's flexibility that's been provided.

Also, with respect to the income-tested portion of the old age security program, we have the guaranteed income supplement. There is an exemption for the first \$3,500 of employment income, which doesn't reduce your GIS benefit at all, so it allows Canadians to work and retain more of those funds.

The final thing I'll mention is that, with respect to the Canada Pension Plan, for Canadians who remain in the labour force but take their pension—so let's say they retire and take their pension at 65 but continue to work—they can continue to build what we call a post-retirement benefit. So for every year they work up to age 70, they can get another 1/40 of their pension added to their CPP, and that is cumulative for each year they work, and it's indexed for life.

• (1155)

**Mr. Ramesh Sangha:** We see poverty in seniors increasing more and more, and it's six times higher than it was earlier. As you have already told us, many steps are taken by the government to remove poverty among seniors. How will these steps taken by the government really influence the decision of seniors to work for longer periods and to remain in the workforce to improve their quality of life and their way of living?

**Mrs. Nancy Milroy Swainson:** The measures I flagged in my previous answer provide the flexibility for seniors who decide that they want to continue working past the age of 65. At the same time, the age of eligibility for the old age security program was scheduled to begin increasing in 2023 to reach age 67, and that would have had a negative impact on the people aged 65 and 66 who actually cannot continue to work for whatever reason. The government restored that age to 65 years of age, which, again, supports Canadians who are in that young elderly portion, if you will, who need support when they can't work.

We have measures to support those who remain in the labour force and we also have measures that support those who cannot remain in the labour force.

**Mr. Ramesh Sangha:** Thank you very much.

**The Chair:** Now over to MP Blaney, please, for six minutes.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Thank you so much, all, for being here today.

My first question is going to be for you as well, Nancy. Many seniors have experienced in our riding and other ridings excessive wait times in receiving their old age security. They are also often put in the position where they are waiting for their application for the guaranteed income supplement to be processed. What we are seeing is a compounding of their financial crunch.

Can you just explain to us why this wait time is happening, and if there is going to be a fix to this systemic issue?

**Mrs. Nancy Milroy Swainson:** What I want to do first is tell you the things we're doing to expedite the process. I acknowledge that there are some Canadians who do wait a fair amount, but, in fact, there have been a lot of efforts in the department put forward to make sure Canadians don't wait, and get the benefits to which they are entitled at the time they are entitled.

I did mention automatic enrolment. We introduced this in two different phases for old age security. The first phase was in 2013 and it used Canada Pension Plan contribution information we already had available as a proxy for residence, so if someone had made 40 years of contributions to the Canada Pension Plan, we were pretty confident they had 40 years of residence and so we were able to automatically enrol that population.

• (1200)

**Ms. Rachel Blaney:** Is there an automatic enrolment process for GIS as well?

**Mrs. Nancy Milroy Swainson:** That will be coming at the end of 2017. The people who will be automatically enrolled for GIS are those who were automatically enrolled for OAS because we have sufficient information on hand for them, so starting next year they will be able to automatically enrol the population of seniors who are low income who were automatically enrolled for GIS.

**Ms. Rachel Blaney:** One of the things we've seen—I'm the seniors critic so we've heard of it—is that a lot of low-income seniors, not even knowing about the GIS program, are coming to see us years after because they're in devastating circumstances and then we're able to finally support them and get them enrolled in that program. This sounds good, but is there a way of working with CRA, where you already have a comprehensive understanding in that department of where people are financially, to find something that's going to work so that we keep those impoverished seniors out of poverty?

**Mrs. Nancy Milroy Swainson:** You're absolutely right. We want to make sure they get the benefits they are entitled to. We do work with CRA, and in fact send out correspondence to seniors every year, who, based on data we get from CRA on their income, we believe are eligible. We write to them to tell them they could be eligible. Would you like to apply for GIS? We're also piloting, for example, a combined application for those who cannot be automatically enrolled, where if you apply for OAS you automatically apply for GIS. That wasn't the case in the past; it was two separate applications. This will make it much easier for people to automatically apply for GIS at the same time as they apply for OAS.

**Ms. Rachel Blaney:** Thank you so much.

I'm going to talk to you, Lyse. One of the things you talked about was the \$4-billion announcement around community infrastructure. Specifically, how will this be dedicated to seniors and seniors'

housing? We've heard a lot from indigenous communities specifically that are looking at really making sure that their seniors stay in the community as they really need to be supported and housed in a positive way.

I've been asked by a lot of my over 20 indigenous communities about seniors housing in the community, so I'm just wondering if this will play a role in that.

**Ms. Lyse Langevin:** Budget 2017 builds on the historic investments of budget 2016, of which \$416 million over two years was dedicated to housing. The dollars go to the first nations and they decide how they allocate it within their housing projects.

These investments are addressing priorities of the indigenous community such as health care, education, housing, and other critical infrastructure that can be related to seniors. We are working in partnership with first nations, Inuit, and Métis to ensure that these investments will lead to positive change.

As per the budget text, we have to engage with indigenous people to define how these amounts will be allocated.

**Ms. Rachel Blaney:** Anna, one of the things I was interested in was the age-friendly communities program that you were putting together. I'm really curious about the general costs associated with such endeavours. Is it harder to implement this kind of program in smaller communities across Canada?

**Ms. Anna Romano:** I'm not sure we've necessarily done the analysis of whether it's more difficult in a smaller or larger community. I'm going to check my stats. For example, about 800 communities are age-friendly in Quebec, 300 in Ontario, only 28 in Manitoba, so the numbers vary across the country.

I can tell you a little about the steps to establish an age-friendly community. The first step is to raise awareness of why it's important to have those types of supports available for seniors, and then establish an advisory committee that includes older adults from the community to get their input, then securing municipal commitment to the project.

We have established an evaluation guide at the Public Health Agency. It's available on our website, and any community can use it as a guide. It has the steps you need to take to establish an age-friendly community.

**Ms. Rachel Blaney:** Do you have any idea of the smallest community that is working in this program?

**Ms. Anna Romano:** We don't have any up north. We have one in New Brunswick, which I'm guessing is probably a smaller community. I can certainly report back to the committee with a little analysis of the size, whether there's an impact there.

●(1205)

**Ms. Rachel Blaney:** That would be amazing.

**The Chair:** Thank you so much.

Now we'll move over to MP Ruimy, please, for six minutes.

**Mr. Dan Ruimy (Pitt Meadows—Maple Ridge, Lib.):** Thank you everybody for being here as we continue our study. There isn't an easy solution. It's very complex and sometimes when we look at the government to solve the whole problem, that's not going to be the answer. We can provide framework, some funding, but at the end of the day, as you mentioned, to get these types of communities, the municipalities and the provinces have to start to be a part of that, or else it's not going to work.

Ms. Romano, we talk about dementia. Do you have any stats for us on that?

**Ms. Anna Romano:** Sure, if you want stats, I can go to my stat book here.

**Mr. Dan Ruimy:** What kind of numbers are we looking at?

**Ms. Anna Romano:** I'll give you some basic stats around population projections. In 2015, for the first time in Canadian history, the number of persons aged 65 years and older exceeded the number of children aged 0 to 14. I think this committee knows that. In terms of the proportion of Canadian seniors with dementia, the prevalence of dementia increases with age group, from 0.8% in the 65- to 69-year age group to 24.6% in the 85-plus age group.

**Mr. Dan Ruimy:** Are we seeing an increase in dementia over the last decade?

**Ms. Anna Romano:** Yes. I want to check here because I don't want to give the wrong numbers. The prevalence of Alzheimer's disease and other dementias is increasing, it's 7.1% over the last...I don't have exactly since when, but the trend is going up.

**Mr. Dan Ruimy:** Even in my riding of Pitt Meadows—Maple Ridge, I see seniors every day. I talk to them on the streets, at the local coffee shops, and I see a lot of great things going on. When they're involved, engaged, and out volunteering, they're healthy and happy; the quality of life is great.

But when they're not, when they're stuck at home...and I'm starting to see that dementia is becoming more prevalent. Nobody really understands how we deal with it. Families don't know how to deal with it. That's the part that scares me because we can build houses; we can offer subsidies; we can do a lot of things, but when it comes to dementia, I think that's where people lose it. They don't know what to do.

Could you expand a little more on what public health initiatives are being taken on that?

**Ms. Anna Romano:** Sure. I'll start with the basic issue around stigma. You'll never get to quality of life for someone with dementia unless you address the issue of stigma. People need to have an understanding of what it's like to have the disease.

That's partly why we invest in the Dementia Friends initiative, which really is about raising awareness of what it's like to live with the disease. From our perspective, that's job number one.

Our second large investment, as I mentioned in my remarks, is in Baycrest. That is basically a hub, and it leverages.... We've put in \$42 million, and there are other partners and stakeholders that bring it up to over \$100 million, to get products and services to market that will help people living with dementia and help caregivers who are caring for people with dementia. The idea is to share best practices across the country.

To the point that was raised earlier by the honourable member, at the federal level there really is only so much we can do, because a lot of it does come down to provinces and territories and the individual municipalities. We hope that with the contributions we make in the area of data, surveillance, and sharing best practices, we can make a difference.

●(1210)

**Mr. Dan Ruimy:** I have only a little time left. Recently, the federal government made deals with mostly all the provinces, except for one, for funding for home care and mental health care. In British Columbia, we have about another \$785 million for home care.

Could you tell us how you see that home care being executed? Are there expectations? Are we going to measure this? What are we hoping that the provinces will do with this home care funding?

**Ms. Anna Romano:** It's a very good question. It really should be directed to an official from Health Canada, because it does fall under their mandate.

**Mr. Dan Ruimy:** Fair enough.

**The Chair:** Thank you.

MP Dhillon, please, for six minutes.

**Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.):** Thank you for coming and testifying before us today.

My first question is for Corrections Canada. According to a study conducted by the Canada Mortgage and Housing Corporation, the proportion of aging or older offenders, usually defined as those who are over the age of 50, has increased sharply since 2006 and is expected to increase further over the next few years. What are the reasons for the increase in the aging population in the custody of Correctional Services Canada?

**Mr. Don Head:** One of the main reasons for the increase in the number of offenders aging in the institutions is due to the length of sentence. In fact, 47% of those over 50 are serving an indeterminate sentence, a life sentence. They continue to be under our care for the rest of their natural life, whether it's in the institution or out under supervision. As those individuals serve through a life sentence, reach that mark of 50, and continue on, those numbers increase for us. We've also seen situations where historical crimes have been solved and individuals coming into the system are older than when they committed the crime, so there's some relationship there as well.

**Ms. Anju Dhillon:** Do you know if the majority of those are aboriginal or of aboriginal descent?

**Mr. Don Head:** Yes. They represent a small number of those 50 and older. Similar to the presentation that was made earlier in terms of the aging of the aboriginal offender population, we do not see the same number of aboriginal offenders who are as old as non-aboriginal offenders.

**Ms. Anju Dhillon:** Would you be able to send us this information?

**Mr. Don Head:** Most definitely.

**Ms. Anju Dhillon:** Thank you.

I'm sharing my time with MP Di Iorio.

**Mr. Nicola Di Iorio (Saint-Léonard—Saint-Michel, Lib.):** Thank you, esteemed colleague.

Everybody in this room is becoming, obviously at different rates, a senior. My question is asked for everybody in this room and everybody we interact with in a regular day. I'll ask my question first and I'll expand a bit later.

It appears to me that when we become seniors, not much is expected of us. We are part of society currently. We're all part of society. We will continue to be part of society. We were raised and evolved with the fact that something is expected of us, and we make a contribution, to a variety of degrees.

My question is mostly directed to Madame Romano and Madame Milroy Swainson, and to some extent to Mr. Head also, and the two others if they want to participate. As I said, we'll all become seniors at some point. What work do you do in that respect? Obviously, human beings have to be dynamized. We have to face something that makes us get up in the morning and gives us a positive outlook on life, to whatever means we may possess.

My mother is 85 years old. She still works. She's a volunteer, but she gets up in the morning and she has a lot of things that keep her busy and keep her going. She has illnesses. She has some medical conditions that she has to address.

• (1215)

**Ms. Anna Romano:** You've actually very eloquently articulated the vision that we have at public health in terms of healthy aging and what that means. It absolutely means being able to contribute and living optimally at all stages of life, including later in life. In terms of something concrete, going back to the concept of an age-friendly community, it really does capture that notion that seniors do have lots to contribute. Unless they can actually get to the community centre to do the volunteer work, or are aware of activities within their

community that they can participate in, then it's a waste of their talent, wisdom, and contributions that they can make in that community.

**Mr. Nicola Di Iorio:** To Madame Milroy Swainson, Kaiser Wilhelm II was told after the First World War that people wanted to have pensions. He said, "Sure, we'll give them pensions. At what age do they die?" They said, "Well, they die at 65." He said, "So fine, from 65 on we'll give them a pension." That's how the age 65 was determined. That was the life expectancy, the upper end of life expectancy. Obviously, now life expectancy has increased a lot. Should we review our model?

**Mrs. Nancy Milroy Swainson:** I think you're absolutely right. I agree with Anna from the Public Health Agency of Canada. We do know that seniors have a contribution to make well past the age of 65, whether it is in the paid labour market—and we're doing things to support their engagement in the paid labour market—or whether it's volunteerism. Seniors devote a lot of time to volunteer activities. The community relies on that work, so we certainly support that. There's caregiving as well. Seniors provide a great deal of support to family members, whether spouses or friends and family, and all of those are important to be supported.

The one thing I'll mention and that I did reference is the new horizons for seniors program, which has been commented upon. We absolutely use that program to support the social engagement, the continued partnership of seniors in communities. Whether they're involved in mentoring programs, whether they're involved in raising awareness for initiatives to remain engaged, whether they're supporting volunteer initiatives, that particular program is critical for continued engagement of seniors.

At the same time, in addition to supporting them to engage themselves, we're trying to raise awareness on issues that might prevent their full participation. In reference to elder abuse, the new horizons for seniors program has invested a great deal in elder abuse awareness, and wants to support awareness about how it's not acceptable. It needs to be addressed. You want to provide seniors with safe environments to participate, engage, provide care, and so on.

Absolutely, the door doesn't close at age 65. There are lots of contributions that people could make after that age.

**Mr. Nicola Di Iorio:** Thank you, and I want to thank every one of you for your participation and the work that you do on behalf of Canadians.

**The Chair:** Thank you.

Now over to MP Vecchio.

**Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC):** Thank you very much.

CMHC, I just want to start with you, tagging on to the question by MP Warawa. He was talking about the rehabilitation of homes, and I want to see if the residential rehabilitation assistance program, RRAP, still exists, and if so, how much additional money was put into the 2016 or 2017 budget?

**Ms. Luisa Atkinson:** I don't believe it does exist any further. It's a program that is offered for first nations only, at this point, but through the investments in affordable housing, which is joint with the provinces and territories, the provinces have the flexibility to design and deliver their programs—

**Mrs. Karen Vecchio:** Is there more money available, then, for those rehabilitation programs, less money available, or about the same?

**Ms. Luisa Atkinson:** I would say that there was an increase with budget 2016 in terms of affordable housing that includes renovations and rehabilitation.

• (1220)

**Mrs. Karen Vecchio:** I dealt with that program for many years. On April 1 it would open, and on July 1 it would close because there was no more money left. There was more money being put into it, so I want to make sure that program is still available, but it's just changed. It's flowed into a different system.

**Ms. Luisa Atkinson:** It's changed, exactly.

**Mrs. Karen Vecchio:** Moving on to Lyse, thank you very much for coming in today. You were talking about RRAP, so this is something that will go on to that.

One of the things we talk very often about is transparency and accountability when it comes to first nations. We've heard the horrific stories about Attawapiskat and all those sorts of things. When it comes to transparency on housing, I think it's extremely important that we continue to invest, but I also want to make sure that those investments are being properly used.

Do we have an analysis of that information that comes back, or an audit of the program that is specifically earmarked for housing?

**Ms. Lyse Langevin:** It is an interesting topic. The dollars are allocated to the first nations, and they are responsible for managing their own finances.

**Mrs. Karen Vecchio:** Yes, but is there anything to learn that earmarked money for housing is getting to exactly where it needs to go?

**Ms. Lyse Langevin:** For the budget 2016 dollars, yes, there are mechanisms in the contribution agreements, for example, for a certificate of construction and so on.

**Mrs. Karen Vecchio:** I'm glad to hear that. Thank you.

I want to move on to Elizabeth.

Elizabeth, regarding the veterans independence program, it's a fantastic program, and I'm glad to hear that so many people are enrolled. I fully agree on transparency and accountability, but I am also concerned with red tape.

A lot of times we talk about nutritional access programs and things of that sort, and as we know, we have a lot of aging veterans, and sometimes even that paperwork can be difficult. Is there too

much red tape with some of these programs, or is there a way we can streamline it better so that we're making sure we honour those veterans without making it such onerous work for them?

**Ms. Elizabeth Douglas:** Indeed, we looked at streamlining the program, and to that end, we now have grants in place for housekeeping and for maintenance. That has been hugely successful. Those were the services that were requested most frequently and are our most used services, so as a result, there is no application process; there is simply a grant.

**Mrs. Karen Vecchio:** In the constituency office I had a gentleman who would come to visit me every month. I would just fill out his paperwork and send his receipts in because three times they had been sent back, so I just did the paperwork for him, and we got him back on track.

I want to just make sure that those services are easy for our veterans. I know that from my own personal experience there were hiccups. When people are sending in those receipts to show they have the nutritional programs, let's just recognize that some of these people are 92 or 94 years old. If there is a "t" that's not crossed or an "i" that's not dotted, is there a way that we can just continue working with them rather than sending an application back because it wasn't filled out properly? Is there something we can do better for them?

**Ms. Elizabeth Douglas:** Yes, our providers of nutritional programs fill in and send in the claims so it is not the veteran who fills in the claim.

I'm not sure when you filled out those forms for a veteran—

**Mrs. Karen Vecchio:** What was the date that it changed?

**Ms. Elizabeth Douglas:** Was it 2006?

**Mrs. Karen Vecchio:** It was 2016.

**Ms. Elizabeth Douglas:** I'd have to go back and look at that specifically, but it is optional that the providers themselves send in the paperwork and the claim. That might help with the veteran and the amount of paperwork.

We are always trying to streamline and find better ways to serve our veterans, so we'll certainly look into this. Thank you very much.

**Mrs. Karen Vecchio:** Excellent. Thanks so much.

I have quick question for Nancy with ESDC.

When we're talking about the changes to the Canada Pension Plan and the enhancement there, we can see that it will be for future seniors. Does it have any impact on our seniors today? At the end of the day, when we're looking into the money that we're going to have in this pool, where does the money come from?

**Mrs. Nancy Milroy Swainson:** It won't affect current senior recipients. The enhancement will increase the replacement rate and it will increase the amount of insured earnings that are covered. It will accumulate over 40 years, essentially. It will take someone starting in 2019 over 40 years to accumulate full benefits.

The resources for those benefits are coming from the contributions of employees, employers, self-employed people, and the return on investments. Per the legislation under the Canada Pension Plan, these enhancements are fully funded. They are essentially paying for themselves as we go.

• (1225)

**Mrs. Karen Vecchio:** Thank you so much.

**The Chair:** Now we go over to MP Long, please.

**Mr. Wayne Long (Saint John—Rothesay, Lib.):** Thank you, Chair.

Thank you to all of our witnesses this afternoon. It's very interesting testimony. As my colleague said, none of us are getting any younger, so we need to dive into this issue right away.

I want to start by making a few comments. Obviously the population is aging. We know the stats. We know that 5.8 million Canadians are 55 and over versus 5.9 million who are 14 and under. The trends are certainly staggering and going in the wrong direction.

I want to touch briefly on the initiatives that our government is doing. Obviously the first thing is the increase in the GIS and how significant that is. It's basically helping 900,000 seniors. I believe it's lifting 13,000 seniors out of poverty.

Ms. Milroy Swainson, can you talk about how significant the increase to the GIS is and what impact you're seeing that having on seniors in our country?

**Mrs. Nancy Milroy Swainson:** The guaranteed income supplement is the income-tested portion. The increase that took place in July of 2016 was \$947 per month for the lowest-income single seniors. It was directed to single seniors, because the data shows that while old age security and GIS combined can raise most couples who are recipients out of low income, that's not the case for all single seniors. That's why it was directed to the lowest-income single seniors.

You're right, there were 13,000 single seniors raised above the low-income rate, and of those 13,000, 12,000 were women, so it's certainly supporting poor women. For those who were not raised above the low-income cut-off, which is a measure that we use within Canada, the depth of poverty for those who still remain below the low-income cut-off was reduced by 23%, or \$723 per year. So 900,000 Canadians benefited from it, and 13,000 were raised above the low-income cut-off.

**Mr. Wayne Long:** As you said, \$947 may not seem like a lot to some people, but it is to a single senior living with low income.

**Mrs. Nancy Milroy Swainson:** It's a 10% increase. Imagine a 10% increase in your income in a given year.

**Mr. Wayne Long:** That's fairly significant.

I stand to be corrected on this, but I do believe double the amount of women over men are living past 85. Can you just comment on how important that supplement would be for women? I think you just quoted the number of 12,000 out of 13,000.

**Mrs. Nancy Milroy Swainson:** That's correct. Women live longer. We know that. We also know that for the women who are certainly seniors right now, the labour force attachment was lower,

so they will have lower CPP benefits, on average, for various reasons. Not only are they living longer but they also tend to have a lower income, so more women rely on OAS and GIS as their principal source of income. About a third of the seniors who receive the guaranteed income supplement top-up had incomes below \$2,000, other than OAS and GIS. That's a pretty dramatic support for them.

**Mr. Wayne Long:** I'm a new politician, but when I was campaigning in 2015, the number of seniors who felt left out, neglected, was just staggering. I'm glad to see that the GIS is having an impact on those seniors.

I'd like to switch over to housing and talk about the significant investment that our government is making in housing. Obviously, we've doubled the base from \$2.2 billion to \$4.8 billion. We're investing I think over \$11 billion in housing, the national housing strategy, which I'm certainly thrilled about.

I know certainly in my riding, Saint John—Rothesay, our premier and our government announced \$61 million for an investment in affordable housing, which is significant. Obviously, our government has just pledged \$200 million over the next two years, again, in the investment in affordable housing.

Ms. Atkinson, can you just talk about how significant and meaningful that investment is, and how it will impact seniors, because we all know that it's important to keep seniors in their homes with affordable, accessible housing. Can you just talk about that investment and what it will mean?

• (1230)

**Ms. Luisa Atkinson:** It is a historic investment. I think, as we develop a national housing strategy and we focus on the Canadians who need it the most, including seniors, we will see a big impact to the most vulnerable Canadians.

We still don't have the details because we're still working them all out with the national housing strategy that will be announced in the fall, but the work that's being done right now is very much aligned with trying to make sure that we see some outcomes in housing.

As one of the honourable members mentioned earlier, it's about working with the provinces, and the territories and the communities and the municipalities, as well as the housing proponents, because as a whole we can do a much better job of helping our seniors.

**Mr. Wayne Long:** Ms. Romano, with respect to the health of seniors and affordable housing, accessible housing, would you agree that this investment is significant for the health of seniors to stay in their homes?

**The Chair:** Very briefly.



**Ms. Anna Romano:** Just quickly, the basic theory around the social determinants of health is that if you don't have a good place to live, then your health will deteriorate, so, yes.

**Mr. Wayne Long:** Thank you.

**The Chair:** Now over to Mr. Zimmer for five minutes, please.

**Mr. Bob Zimmer (Prince George—Peace River—Northern Rockies, CPC):** Thank you, Mr. Chair, and thank you, witnesses, for coming today.

I'll start with Ms. Langevin.

I represent a northern B.C. riding, Prince George—Peace River—Northern Rockies. We have a lot of reserves up there, a lot of seniors on reserves, too. I've seen far too many stories of seniors living in poverty, even though there have been allocations of funds to provide housing, to provide care. The way the funding model works is the funding for seniors goes to the reserve, and then the reserve is responsible for providing the housing. Correct?

**Ms. Lyse Langevin:** That is correct.

**Mr. Bob Zimmer:** The question I have here is who oversees the projects that you talk about? Let's say we're having a facility that's going to house a senior on reserve. We know the funds are disbursed. What accountability measures are in place to ensure the projects are built or operated as expected?

**Ms. Lyse Langevin:** Everyone, including first nations governments, supports transparency and accountability. Since last summer, we have been working with indigenous organizations, including the AFN, on ways to enhance mutual accountability. We're reaching out to community members and leadership through comprehensive online engagement and planning in-person sessions, too, across the country over the coming months on that topic. When it comes to—

**Mr. Bob Zimmer:** I think what I want is a more specific answer to the question. I hear a line and I hear different things that sound fine, but I still see a lot of dollars that are going for projects and I don't see the accountability. Maybe it is there. I just don't see it.

Ultimately, what does that structure look like? The funds have been allocated to reserve X to provide seniors' housing and seniors' care. How do we make sure that this money is going to get to the seniors who need it the most?

I want to know, is it somebody who goes out there? Is there an officer who goes out who ensures that certain services are being provided for the funds that have been allocated? That's what I'm looking for, a tangible answer to the question.

**Ms. Lyse Langevin:** In terms of the budget 2016 money that was allocated to the various projects across the first nations on reserve, the contribution agreements, as I mentioned earlier, do have a requirement to have reporting against the outcome of the project, and it is monitored by the department. It's in different forms of construction certification, inspections, and so on.

**Mr. Bob Zimmer:** Okay. However, we still see situations where the results aren't actually coming forward on the ground for the money that's been expended. In terms of somebody out there who sees that the money hasn't been spent properly, then what? How do we ensure that seniors...? We still see seniors in squalor and poverty.

My riding has been pretty good, but when you go into the Far North, where it's very cold most of the year, these are the situations where it's unacceptable to have a senior who is not able to eat properly or live properly. In a case where somebody hasn't spent the money properly, how is that being monitored to make sure it's rectified as soon as possible?

• (1235)

**Ms. Lyse Langevin:** I have a kind of two-pronged approach to the answer to your question.

In terms of what happens when we witness a project that didn't come back with a certification, the budget 2016 money just started now, so we're starting to see the end of these projects. I'll have to get back to you for that answer on what the actual process would be.

In terms of the selection of projects and does the money go to the seniors, in terms of the selection of projects, that's where it would all start, versus did it get built properly or not? In terms of the selection of the projects, it is all based on proposals that are sent in by the first nations themselves.

**Mr. Bob Zimmer:** I don't think that's really answering the question, though, to be fair. I know you're representing INAC. What I'm trying to say is that this has been going on for a long time. This isn't something that's starting as of the money allocated in 2016. This was going on when we were in government. I've been here since 2011, and we've seen these stories repeatedly, stories of money getting issued to reserves and seniors still living in squalor. We can't keep doing the exact same thing and expecting a different result. We just can't.

That's what I'm looking for: how are you going to do this differently to ensure that the money being spent is being spent in the right way to take care of aboriginal seniors on reserve? That's what I want an answer for. How is INAC ensuring that's going to happen?

**The Chair:** That's your time, but I'll allow a brief answer.

**Ms. Lyse Langevin:** We take accountability seriously. Our contribution agreements between our government and first nations do contain strong provisions, such as audit possibilities, to ensure the funds are used as intended.

**The Chair:** Thank you.

MP Blaney, please, for three minutes.

**Ms. Rachel Blaney:** Elizabeth, most veterans want programs based on needs rather than on a complex service base. Will the federal government adopt this integrated services approach recommended to Veterans Affairs Canada by the Gerontological Advisory Council and begin by expanding the eligibility for programs at Veterans Affairs Canada to all surviving war service veterans, not just to clients of the department?

**Ms. Elizabeth Douglas:** We constantly review our programs and their eligibility. I would have to get back to you with a list of any updated changes to eligibility that are over and above the two programs that I came to speak of today.

Thank you. That's noted.

**Ms. Rachel Blaney:** Luisa, the 2015 Senate report about on-reserve housing recommended several things. Recommendation 2 states:

That the Canada Mortgage and Housing Corporation allocate sufficient funds to the On-Reserve Non-Profit Housing Program, also known as the Section 95 program, in order to address the growing shortage of housing on reserve; and

That the CMHC explore options to ensure greater flexibility in the way funding is allocated for the On-Reserve Non-Profit Housing Program, in particular, to allow for multi-year commitments which would give communities adequate time to organize [for] construction.

Has this happened?

**Ms. Luisa Atkinson:** We are in the process of working directly with the communities to explore those flexibilities.

In terms of the budget envelope, we are at the disposal of the government and obviously the national housing strategy and the \$4 billion my colleague mentioned earlier, and how that's going to roll out in the future.

**Ms. Rachel Blaney:** In the communities I serve, there are a lot of remote and rural indigenous communities. I think of one community in particular, Kingcome, where the river is actually changing because of climate change. Every year they're having to put their houses up higher, and it's a huge burden on that community. I'm wondering about how you're working with those communities to create long-term housing strategies.

• (1240)

**Ms. Luisa Atkinson:** At CMHC we work very closely with the communities. We have staff who go into the communities directly to help them identify their needs, and they listen to what their needs are and really understand where they want to go as a community. As my colleague said, it really is up to the communities to give us an indication where they want to go.

Then we work together between departments, between other non-profits, and we try to come together to help on a community plan to see if we can see some impact on the future of the housing.

**Ms. Rachel Blaney:** When I think about that community, one of the things they shared with me was that, if you walk along their streets, you see they have these lovely cement things that the water hoses are in, in case there's a fire. CMHC came in, told them that's what they needed, and then left with the keys, so the people who built them actually couldn't get into them, and they don't have the water pressure to actually make them work. There are all of these hoses across the community and these lovely cement boxes that are of absolutely no use to the community.

When you talk about actually doing that work of consultation, in what instances does that not happen, and have you measured the outcomes and what that means for those communities?

**The Chair:** That's your time, but I'll allow for a very brief answer, please.

**Ms. Luisa Atkinson:** Thank you. We work very closely with communities. I'm not familiar with the situation that you're speaking of directly, and we aren't responsible for the infrastructure outside the house, so I'm a little confused about the example.

**Ms. Rachel Blaney:** Okay, maybe it was a different department then.

**Ms. Luisa Atkinson:** We do work very closely and we build plans together. We have operating agreements and strong relationships with about 489 of the communities in total across Canada, and we continue to strive to work with more communities as we move forward.

**The Chair:** Thank you very much. That concludes this round.

We do have some committee business that we need to attend to, but I want to thank all of you for your testimony here today. It's a lot for us to think about. Looking at the list here of homework that many of you have in terms of bringing further information to this committee, I think almost everybody is on this list, so thank you for the future information, as well.

We will be suspending for a brief moment. We will go into camera, so I do need to ask everybody to vamoose. Thank you very much, everyone.

*[Proceedings continue in camera]*







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