



**Canadian  
Frailty  
Network**

**Réseau canadien  
des soins aux  
personnes fragilisées**

**Written Submission for the Pre-Budget  
Consultations in Advance of the 2021 Budget**

Submitted By:

Dr. John Muscedere, Scientific Director & CEO, Canadian Frailty Network (CFN)

## CFN recommendations

### Recommendation 1

That the government provides continued investment in research to action programs, innovative health and social care research in frailty and healthy aging, as well as, information supports and clinician/caregiver training related to frailty for Canada's older population through a federal funding commitment to CFN in the amount of \$70 million over 10 years.

### Recommendation 2

That the government recognize CFN as a leader in collaborative, coordinated research and knowledge translation poised to assist in the development of a *National Seniors Strategy*, whose work supports the Minister of Seniors and Minister of Health's mandates as well as other health and social care policies supporting Canada's most vulnerable older adults, and by extension all seniors and their caregivers in Canada.

### Recommendation 3

That the government acknowledge that health and social care for seniors requires a long-term investment for the **enablement** of healthy aging and the **prevention** of frailty through evidence-based, multi-disciplinary health and social care practices and policies for which CFN is uniquely positioned to lead this work and achieve success for Canada.

## Introduction

CFN appreciates the opportunity to submit a pre-budget submission to the House of Commons Standing Committee on Finance for the 2021 federal budget.

Since 2012, CFN has been working to improve the health and social care of older adults living with frailty and their caregivers through a pan-Canadian network of public and private stakeholders. Our work improves care for all older Canadians, especially those that are most vulnerable. CFN is currently funded by the Networks of Centers of Excellence (NCE) program and as the NCE prepares to sunset in 2022, CFN's work will be lost if new federal funding is not realized. Our work continues to support many of the government's key mandates including those of Innovation, Science and Industry, Health and Seniors as well as Canada's Charter of Rights and Freedoms.

## Background

Today, one in every four persons over the age of 65 in Canada is living with frailty and that number jumps to one in two by age 85.<sup>1</sup>

Frailty is a medical condition of reduced function and health. Older adults living with frailty are more likely to be hospitalized, require long-term care, and die. In the last decade, frailty has exploded in importance. Once misunderstood, frailty is now identified as a precursor to diseases like Alzheimer's and dementia<sup>2</sup>, has been identified as a better measure of outcomes from COVID-19 than either age or co-morbidities<sup>3</sup>, and we know that over 80% of people living in long-term care (LTC) in Canada are living with frailty.<sup>4</sup> Increasingly, frailty is identified as a key link in healthy aging research. As frailty overarches most disease states and many disabilities, it has been recognised as one of the most significant healthcare issues of our time. As Canada continues to age, CFN's work is more important now than ever.

Canada's investment in frailty research through CFN has enabled us to build the largest and most comprehensive research portfolio and knowledge base on frailty in Canada. Canadians have, and continue to be, leaders in frailty research and clinical care. In fact, Canadian frailty assessment instruments are used world-wide, including the Clinical Frailty Scale (CFS) and the Edmonton Frail Scale, both created by CFN funded researchers. CFN's foundation of evidence-based information and best practices have been shared across the nation to provide Canada's clinicians working in all care settings with vital, evidence-based data on aging and older adults.

Frailty becomes more common with increasing age but most importantly, frailty is **NOT** an inevitable part of aging. CFN is working to reduce frailty in older adults, and in doing so we also work to prevent the onset of chronic diseases, dementia and disability. CFN's work further informs health and social care on how to serve these vulnerable older adults when frailty is present thus improving care and support. There is no other organization in Canada focused solely on frailty and its impacts on our policies, our economy, and our healthy aging. We are asking the government to find continued funding to enable CFN to help flatten the curve on frailty and enable Canadians to age well, experiencing less illness and need for hospitalization prior to their deaths. CFN's work further supports a "good death", one that is not marred by months of hospitalization or years of existence instead of quality of life.

## Economic Impacts of Frailty

Frailty is linked to higher consumption of healthcare resources. Of the \$264 billion spent on healthcare in Canada in 2019, 44% or nearly **\$116 billion dollars is spent annually on people over the age of 65**, although they make up only 16% of the population.<sup>5</sup> The largest category of this health spending goes directly to acute care or hospital costs.<sup>6</sup> In addition to this, the operating costs to care for the **7% of Canadians over the age of 65 that are living in LTC homes is \$22 billion dollars annually, which is estimated to increase to \$71 billion by 2050.**<sup>7</sup>

CFN funds research to action projects that will help to reduce the need for LTC housing and extended acute care stays by keeping older adults healthy, living at home and able to contribute to the work force. CFN's focus has been to ensure frailty assessment occurs in all care setting so that frailty status can inform care and lead to behaviour changes that can mitigate frailty. As the number of centenarians is set to rise from 10,000 people in 2019 to over 90,000 in 50 years time<sup>8</sup>, CFN's work in healthy aging and behaviour change is vital since maintaining one's health results in a better quality of life and significant healthcare savings.

Older Canadians who are healthy contribute significantly to our economy. Currently, 40% of seniors who work past the age of 65 are self-employed<sup>9</sup>. Additionally, seniors generate \$10.9 billion in economic value through volunteering and they raise \$4 billion annually for Canadian charities<sup>10</sup>. Twenty percent of all volunteer work in Canada is done by older adults over age 65, making our communities stronger.<sup>11</sup> Healthy aging is the key to Canada's future economic growth.

## Frailty Research to Action – Bending the Curve on Frailty

CFN's work directly supports many directives within the mandates of the Minister of Seniors and the Minister of Health. Through our research and knowledge translation efforts we propose to shift the aging function curve to a state in which we decrease the time spent with reduced physical, emotional, cognitive and social function throughout the human life span (dashed green line, Figure 1). This will require the adoption of a public health approach for the enablement of healthy aging and CFN is uniquely positioned to catalyze this.

One of CFN's initiatives to prevent and reduce frailty has been the implementation of our AVOID Frailty - Take Control public health campaign. AVOID is an acronym highlighting evidence-based interventions for older adults in A- Activity, V- Vaccination, O-Optimized Medications, I-Interaction and reduced Isolation, and D-Diet and Nutrition, at the population level. (Figure 2; includes English and French language equivalent). The implementation of CFN's AVOID Frailty interventions will be assessed across Canada in age friendly national implementation centres or "living labs".

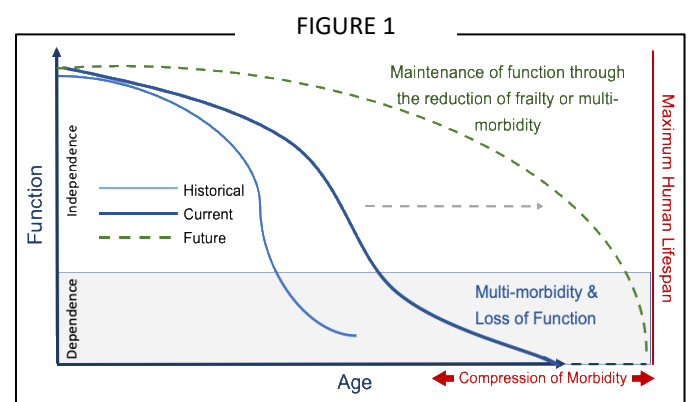


FIGURE 2



Extended funding to CFN will enable continued development of a Canada-wide holistic platform which will see the development of living labs where interdisciplinary teams will work with citizens in different communities to test proven behavioural change and social engineering techniques to promote the sustainable adoption of AVOID Frailty interventions to enable healthy aging. All centers will investigate interdisciplinary collaborative approaches for the optimal implementation of AVOID Frailty leading to healthy aging and prevention or reduction of frailty. Additionally, current evidence suggests that lifestyle modification inclusive of increased physical activity and cognitive stimulation, are demonstrating better results than pharmacological interventions aimed at reducing Alzheimer's, and other forms of dementia.<sup>12</sup> This work has the potential to significantly contribute to flattening the demand curves for institutionalized LTC of older adults in Canada leading to higher quality of life.

Through our 2019 Cross Canada Collaborative tour, CFN identified research gaps, including Indigenous frailty research as an emerging priority. Fifty percent of First Nations elders are frail at age 65 – double the national average.<sup>13</sup> Keeping elders in their communities as they age supports the Government of Canada's mandate to improve life in Indigenous Communities by ensuring that elders remain at home, in good health to pass on traditions, language, and wisdom to their families. With renewed government investment, CFN can expand our focus on frailty in indigenous elders and work more closely with First Nations to co-develop a program such as AVOID Frailty that aligns with cultural traditions, beliefs, and values.

CFN has also identified further gaps in areas of frailty research that need to be filled. No policy or program can be effective without evidence-based research to support its implementation and as the importance of frailty to healthy aging becomes more clear, additional work with specific groups of older adults is imperative. For example, older adults from the LGBTQ2+ communities and older adults who are new immigrants to Canada experience social isolation and loneliness in different ways than other older Canadians, and frailty in these communities requires further study. Similarly, further research is required on frailty and cannabis use, as cannabis use increases among Canada's seniors.<sup>14</sup> Similarly, the impact of climate change and extreme weather events on an aging population requires better research and mitigation strategies need to be put in place.

Canada currently has just over 300 geriatricians<sup>15</sup>, while the number of Canadians over 85 is expected to quadruple to 3.3 million people in the next two decades.<sup>16</sup> While these experts have training in frailty, this number of geriatricians is not nearly enough for Canada, therefore the training of allied health care providers is critical. CFN has begun to develop frailty training modules for a variety of care providers, and with extended funding, we will continue to expand these educational modules to cover more care settings and train more front-line staff in frailty assessment, care, and prevention strategies. There is no other organization in Canada poised to both create and broadly disseminate these important frailty focused training sessions. CFN's work in this area alone will have long standing economic impacts for Canada's future.

There is a need in Canada for the development of a National Seniors Strategy as articulated by the government and many organizations/experts including CFN. CFN is well positioned to be a key driver in ensuring the strategy supports Canada's most vulnerable older adults by conducting the preparatory work necessary for its development and to conduct the pre-requisite public engagement. With sustained funding, CFN can build the foundation upon which the National Seniors Strategy will be built and will ensure that no older adults are left behind in its conception.

## Conclusion

CFN would like to thank the Standing Committee on Finance and the Government of Canada for the opportunity to provide input into Budget 2021.

Canada's population is aging and will increasingly do so for the next 50 years.<sup>17</sup> As a result, the number of Canadians aging in a poor state of health is rapidly rising and the work of CFN is more important now than at any time in Canada's past. The COVID-19 pandemic has illustrated the precarious state of aging in Canada as ninety-seven percent of those who have died from COVID-19 were over age 60, many were over age 80 and most were living with frailty in long-term care.<sup>18</sup> This submission has outlined how an ongoing investment in CFN will continue to improve and shape health and social care for the 1.5 million older Canadians living with frailty<sup>19</sup> and their 3.75 million family caregivers<sup>20</sup>, while enabling healthy aging and having a positive economic impact for Canada. The loss of CFN's impacts to Canada would be disastrous and CFN respectfully requests that this investment be approved in Budget 2021.

### CFN - Resource Allocation 2022-2032

Area of Focus	Budget/year for years 1-3	Budget/year for years 4-6	Budget/year for years 7-10	10-year Total Budget
<b>1. Research &amp; Knowledge Translation</b>	<b>\$3,800,000</b>	<b>\$3,550,000</b>	<b>\$3,000,000</b>	<b>\$34,050,000</b>
<b>2. Consultation work - National Seniors Strategy</b>	<b>\$200,000</b>			<b>\$600,000</b>
<b>3. Frailty Information Services</b>	<b>\$800,000</b>	<b>\$750,000</b>	<b>\$500,000</b>	<b>\$6,650,000</b>
<b>4. Frailty Programs</b>	<b>\$1,000,000</b>	<b>\$1,570,000</b>	<b>\$2,300,000</b>	<b>\$16,910,000</b>
<b>5. Advocacy</b>	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$2,500,000</b>
<b>6. Staffing, software, hardware, virtual office etc.</b>	<b>\$900,000</b>	<b>\$930,000</b>	<b>\$950,000</b>	<b>\$9,290,000</b>
<b>TOTALS</b>	<b>\$6,950,000</b>	<b>\$7,050,000</b>	<b>\$7,000,000</b>	<b>\$70,000,000</b>

<sup>1-20</sup> All footnotes/references available [here](#).