

Expression

Bulletin of the National Advisory Council on Aging

Twenty Years of Action...

Twenty years ago, interest was just beginning to grow in the eventual impact on Canadian society of two separate developments: the lengthening of life expectancy owing to advances in science, and the aging of the huge group of baby-boomers born in the post-war period. What would be the numbers? How would they affect us? Could we cope? To advise it on matters concerning seniors and the aging of the population, the Canadian government created the National Advisory Council on Aging (NACA) in 1980.

Over the past two decades, the Council has acquired a solid reputation as a champion of seniors and an advocate of public measures to adapt to the new demographics. NACA's position papers, recommendations, reports, bulletins and other publications (more than 150) have influenced the debate and helped make governments, analysts and the general

public more aware of the role and needs of seniors.

Today, NACA's work with governments and the public is more critical than ever.

In exactly ten years, the first baby-boomers will be reaching the age of 65. Will our society's perceptions of aging, retirement and the value of seniors have changed? And will the necessary support and services have evolved accordingly?

This issue of *Expression* is both a look back on NACA's first 20 years and a look forward into the future. On this 20th anniversary, NACA invites all Canadians to contribute to the reflection and action needed to adapt our society to the inevitable changes that will be brought on by the aging of Canada's population.



Patricia Raymaker, Chairperson



NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experiences and expertise to advise the federal Minister of Health, his/her colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. In October 2000, NACA members are:

Patricia Raymaker, Chair, ALTA
E.T. Don Holloway, NFLD
Joyce Thompson, PEI
Mary E. Cooley, NS
Eileen Malone, NB
Lloyd Brunet, NWT
Jean Claude Duclos, QC
Yvette Sentenne, QC
Gérald Poulin, ONT
Michael Gordon, ONT
Anne Skuba, MAN
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■ Setting the stage

In 1980, the first task of the newly formed Council was to examine the situation of Canada's seniors and the implications of the demographic trends. In 1981, NACA's first publication, *Priorities for Action*, presented a synopsis of the situation at the time and recommended that action be focused on, among other things, the public perception of aging, retirement income, housing, learning and development opportunities and health services for seniors. NACA's every endeavour during the last 20 years sought to clarify and advance these issues, and to make governments and citizens aware of the need to prepare for the aging of the Canadian population.

■ Over the years

In 1982, NACA was asked to participate in the drafting of the non-governmental organizations (NGO) report to the federal Minister of Health in preparation for the United Nations World Assembly on Aging. It also chaired the committee for the Second Canadian Conference on Aging. *Moving Ahead with Aging in Canada* was published for this conference, which took place the next year.

In 1983, NACA published its first *Writing in Gerontology* on the economic impact of Canada's retirement income system. There followed 16 other *Writings*, a series dedicated to in-depth studies on subjects ranging from sensory loss to Alzheimer's disease and end-of-life issues. Year 1984 saw the first issue of *Expression*, the bulletin you are reading now. More than 60 issues have been published on subjects of interest to seniors: the retirement system in Canada, the new technologies, living in rural communities, bereavement, alternative medicines, volunteer work and intergenerational support. *Expression* is one of NACA's most popular publications; some issues have been reprinted more than ten times.

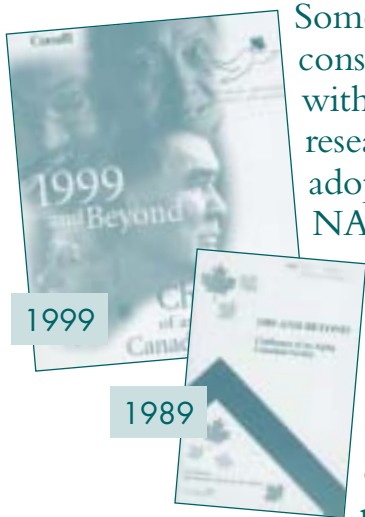




■ Listening to seniors

From the very start, NACA felt that reaching out to Canadian seniors was essential and it therefore sought the advice and feedback of seniors and their organizations. A first series of cross-Canada consultations, entitled “Listen to Me,” took place in 1984. Many other consultations, collaborations, conferences and symposiums have enabled NACA to stay abreast of seniors’ concerns and benefit from the advice of experts on a wide variety of subjects, including housing, the safety of older drivers, medication use, packaging design, Aboriginal seniors, late-life marital disruptions, home care and pharmacare.

■ Taking position



Some of these consultations, combined with reflection and research, led to the adoption of positions by NACA — some 20 in all — published as *The NACA Position on...* papers. NACA’s recommendations have touched on most of the major sectors requiring planning and

action on the part of governments: care for seniors, informal caregiving, training in gerontology, public perceptions of aging, community services, health technologies, privatization of health care, and home care. These documents, submitted to the federal Minister of Health and widely disseminated, are NACA’s strongest tool for change. NACA’s positions have done much to keep issues relating to seniors and population

aging in the forefront of government and social concerns. NACA’s strong recommendations have not always been easy to hear or to heed, but they have had their impact on the evolution of government policy and Canadian society.

Many other reports and information have been published in various collections, including *Forum* (to inform public opinion), *Info-Âge* and *Aging Vignettes* (statistics on Canadian seniors), and the *Challenge* papers (to promote collective action). Two publications in the latter series have had an extremely important impact: *1989 and Beyond* examined the situation of seniors since NACA’s creation and outlined what was anticipated and what measures needed to be taken over the decade to come; *1999 and Beyond*, published last year to mark the International Year of Older Persons, took stock of the situation since 1989, restated the challenges, and recommended the measures NACA now considers essential if our society is to adjust successfully to population aging.

■ Progress Report

There have been many positive changes since NACA’s creation 20 years ago, a good number of which have been supported and sustained by NACA’s action. NACA’s next project is to prepare a “report card” that will attempt to tell us how far we have come and how well we fare as a society in adapting to the demographic situation.

On many fronts, the news is encouraging — but the International Year of Older Persons ideal of “a society for all ages” is still a distant vision.



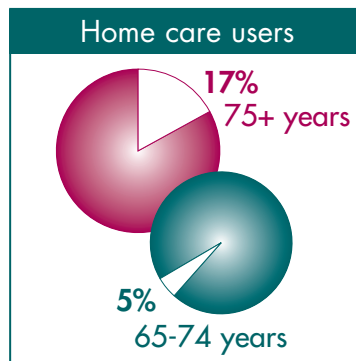
■ Home care



Community-based health and social services contribute to seniors' ability to live independently in their homes and participate in meaningful social activities despite physical limitations. Since its

creation, NACA has recognized the importance of shifting the emphasis from institutional to community-based health care to meet the needs of a growing seniors population. From the limited and largely disconnected services available in the 1970s, home and community services have expanded in range and availability across Canada. During the 1990s, public home care expenditures doubled in nearly every province and territory. Services are now commonly provided through single entry systems, which should permit assessment of individual needs and timely access to appropriate support. Partly as a result of improved access to home and community care, the rate of admission to health related institutions has

decreased from 7.5% in 1986 to 6.8% in 1996¹. In 1996, 5% of seniors aged 65-74 and 17% of seniors aged 75+ used some form of home care service². While this growth of home care



services is encouraging, there are indications that the current supply is not fully meeting seniors' needs.

Despite the increasing demands, home care remains an underfunded component of the health care system and is poorly integrated with other health services. The result is a lack of continuity in meeting the varying health needs of seniors and an unreasonable burden of responsibility for care placed on seniors' family and friends (who provide 80% of care to frail seniors at home and 30% of care in institutions). The challenge for the future is to improve access by integrating home care within the publicly-funded health care system across Canada and to ensure the quality of services by developing national standards.

■ Housing

Appropriate, safe and affordable housing is a key component of seniors' independence and quality of life. More than other age groups, seniors require a broad range of housing options that meet their physical, mental and social needs. Since 1980, "barrier-free" housing design has been developed to allow people of all ages and ability levels to function fully and safely within the home environment. Home automation technologies are now available to enhance safety, security and convenience. To



¹ Tully, P. and Mohl, C. Older residents of health care institutions. *Health Reports*. 1995, Vol. 7, No. 3: 27-30.

² Federal, Provincial and Territorial Advisory Committee on Population Health. Use of home care services. *Statistical Report on the Health of Canadians*. Ottawa: Health Canada, 1999: 144-146.

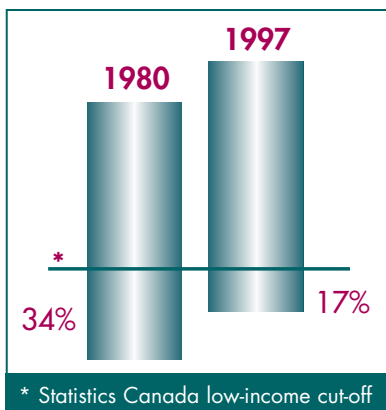


facilitate access to services and to social support, innovative housing options have been introduced. All of these promising developments need to become more widely available. As well, there is a need for clear housing standards for the variety of housing options being developed for seniors, particularly those involving group living arrangements.

■ Financial status

The economic well-being of seniors overall has improved dramatically during the past two decades: in 1997, 17% of seniors had incomes below Statistics Canada’s low-income cut-off, compared to 34% in 1980

(the LICO represents an income level where people spend a much higher proportion of their income than the average Canadian for food, shelter and clothing)³. These



improvements are due largely to developments in the public pension system in the mid-1960s, in particular, the establishment of the Guaranteed Income Supplement for low-income seniors and the Canada Pension Plan/Quebec Pension Plan (CPP/QPP), to which all working Canadians contribute. In 1997, changes were made to contribution rates and investment strategies of the CPP/QPP to ensure that these plans can continue to provide pension income for tomorrow’s

retirees. In 2000, the income threshold for reduction of Old Age Security (OAS) benefits became fully indexed to inflation, thus stopping the erosion of benefits which affected increasing numbers of seniors since the income threshold was introduced in 1989.

Acronyms

CPP/QPP: Canada Pension Plan/Quebec Pension Plan

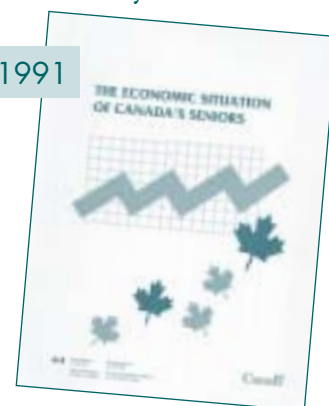
LICO: Low-Income Cut-Off

OAS: Old Age Security

RRSP: Register Retirement Savings Plan

Despite the overall progress in seniors’ financial well-being, significant pockets of poverty remain, particularly among seniors who are unattached (widowed, divorced or separated, never-married). In 1997, 49% of unattached senior women and 33% of their male counterparts had incomes below the LICO⁴. Increasing the amount of public pension benefits for these seniors is no less important now than it was 20 years ago.

Many people believe that poverty among seniors will be eliminated as “baby-boomers” retire. The reality is that the financial status of these middle-aged adults is very diverse. Only 40% of these workers have access to private, employer-sponsored pension plans, and low-income “boomers”



³ National Council of Welfare. *Poverty Profile 1997*. Ottawa:1999.

⁴ Lindsay, Colin. *A Portrait of Seniors in Canada*. Third Edition. Catalogue No. 89-519-XPE. Ottawa: Statistics Canada, 1999.



contribute much less to Registered Retirement Savings Plans than their richer counterparts⁵. Until economic disparities among working Canadians are redressed, public pension programs will continue to play a determining role in ensuring the financial well-being of tomorrow's seniors.

■ Work and retirement



1992

The percentage of older workers aged 55-64 and of seniors in the labour force declined steadily from the late 1970s until about 1995. This decline reflected major changes and downturns in the economy. The

unprecedented numbers of early retirees who left the workforce voluntarily with a satisfactory retirement income transformed the image of retirement from one of disengagement and decline to one of freedom and fulfilment. Less visible in the public eye were the involuntary retirees for whom retirement was not attractive, nor economically viable, and who had difficulty finding other employment.

In recent years, the distinction between work and retirement has blurred, with increasing numbers of workers returning to full-time or part-time paid work after retirement and more people indicating that

they have no intention of retiring⁶. Many workers indicate that they would like to retire gradually, that is, to go from full-time to part-time employment in the last two years of work⁷. Hopefully, the coming decades will see the development of more flexible work options to allow older adults to continue to fulfil themselves through paid work and maintain a satisfactory income level.

■ Volunteer work

Seniors have always contributed to their families and communities in a host of unsung ways. In recent years, the extent and value of some of these contributions has begun to be documented, thus helping to provide a more balanced image of the role of seniors in society. For example, although, at 23%, the proportion of seniors who are formal volunteers is lower than the national average of 31%, seniors donate the highest number of volunteer hours. The annual market value of voluntary assistance to others by persons aged 55 and older is valued at over \$10 billion. Awareness is growing that the well-being of individuals and communities depends a good deal on the "social capital" to which seniors are major contributors. Much more needs to be done concretely by society to recognize and encourage volunteerism, for instance, through employer programs that allow older workers to reduce paid-work hours

⁵ National Council of Welfare. *A Pension Primer*. Ottawa:1999.

⁶ McDonald, Lynn. The dawn of a new era in aging: Challenges for boomers. Retirement? Paper presented at the 28th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology. Ottawa, November 4-7, 1999.

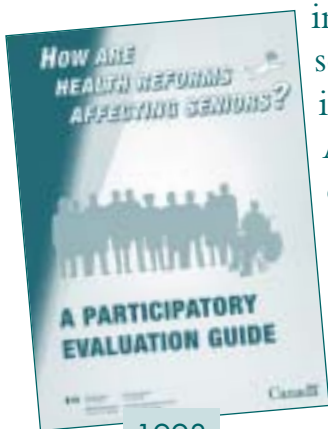
⁷ Marshall, Victor. Re-thinking retirement: Issues for the twenty-first century. Paper prepared for the International Symposium on Restructuring Work and the Life Course. Toronto, May 7-9, 1998.



to engage in meaningful unpaid community roles.

■ Policy

The past 20 years of policy-making for an aging Canadian society have shown that efforts in one policy area that ignore other areas result in fragmentation, duplication and even conflict. All dimensions of life are inter-connected: health affects income, income affects access to services, housing affects independence and so on. After reviewing the development of Canadian policy in health, income security, social services and housing, NACA concluded in 1991 that



1998

“what is needed is a multi-

sectoral aging policy that involves all levels of government”⁸. Since then, the federal, provincial and territorial Ministers responsible for Seniors have developed a National Framework on Aging to guide a more coordinated approach to aging policy in Canada. This Framework directs policy-makers in all sectors to develop and evaluate policies with reference to the values considered by seniors themselves to be essential to their well-being: independence, dignity,

participation, fairness and security. It also provides a database of aging and seniors policies in all sectors and jurisdictions to monitor changes and watch for potential inconsistencies.

■ Onward and forward

In the 20 years since NACA was created, the reality of seniors’ lives has improved in many ways. The meaning and image of aging have evolved. As the momentum increases to address the challenges — and harness the potential — of an aging Canadian society, NACA will continue to provide balanced and credible advice to policy makers. It will also pursue its work of informing Canadians so that they can act on their communities and elected representatives to bring about the necessary changes.

2001 International Year of Volunteers

The United Nations has declared 2001 the International Year of Volunteers (IYV). Canada has set five objectives for the year:

- Celebrate volunteerism
- Promote volunteering for all
- Expand the definition of volunteerism in Canada
- Improve voluntary organization infrastructure
- Develop the voluntary sector knowledge base.

Volunteering is a fundamental expression of belonging and citizenship. In Canada, 23 % of seniors give of their time to formal volunteer activities; 58% participate in informal volunteer activities outside their home. Not only does their volunteer work contribute to healthy communities, it has a positive effect on their own health and well-being.

Be a volunteer!

⁸ National Advisory Council on Aging. *Intergovernmental relations and the aging of the population: Challenges facing Canada*. Ottawa: 1991.

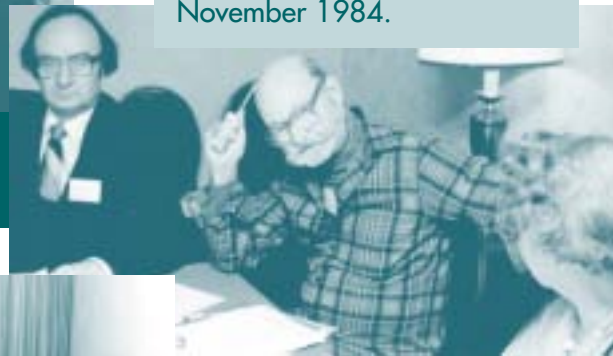


NACA Highlights — 20 years



The first appointed members for NACA, 1981. With the late Sylvia McDonald, chairperson.

Seniors discussing at "Listen to me!", a program to increase seniors' participation in decision-making, Toronto, November 1984.



"Listen to me!" consultation, Montréal, 1984.



The current Council extends its sincere thanks and warm wishes to all past members and chairs who have served NACA and Canadian seniors over the last 20 years.



Meeting new Minister of State for Seniors, George Hees, during the Canadian Association on Gerontology Conference, Calgary, October 1987.



Debating the subject of women in an aging society in Halifax, Nova Scotia, October 1988.



Council chairperson, the late Charlotte Matthews, presenting NACA's "Barriers to Independence" Report to the Minister of Health and the Minister Responsible for Seniors, respectively Perrin Beatty and Monique Vézina, May 1989.



NACA meets Governor General Ramon Hnatyshyn in celebration of the Council's 10th Anniversary, September 1990.

A thank you to outgoing chairperson, Blossom Wigdor, at a farewell dinner, January 1993.



Live cross-Canada television broadcast of the Forum on medication use and seniors, hosted by Jacqueline Pelletier, January 1995.



Federal Minister of Health and chairperson Patricia Raymaker at the launch of *1999 and Beyond*, November 1999.



Minister Allan Rock, NACA members and guests at the celebration for NACA's 20th Anniversary, May 2000.



Recent NACA Titles

The NACA Position on Home Care

No. 20 (May 2000)

NACA makes 15 recommendations to governments and stakeholders. Home care needs to remain at the forefront of discussions on how to revitalize the health care system. Real progress must be made toward the development of a national system of home care to ensure that Canada is ready to meet the challenges of an aging population.

1999 and Beyond. Challenges of an Aging Canadian Society

(November 1999)

This report takes stock of the situation of seniors today by addressing most aspects of life and trying to anticipate what the situation of future seniors will be in the short and medium term. It outlines the issues, challenges and opportunities facing public policy makers and other parties interested in the aging of the population and sets out indicators of a Canadian society responding successfully to these challenges.

Aging and the Health Care System: Am I in the Right Queue?

(Forum Collection, October 1998)

This publication addresses the “waiting” that seniors must face when trying to access the health care system. It contains the integral text of a keynote address given by Dr. Dorothy Pringle at CAG’s 26th Annual Meeting in October 1997.

Dr. Pringle addresses the topic in three areas: waiting for restorative surgery; waiting for a long term care bed; and waiting for assistance. She concludes that we must examine and question the social values underlying the wait.

How Are Health Reforms Affecting Seniors? A Participatory Evaluation Guide (1998)

This guide is intended as a practical resource to help evaluate how well existing or new health and social services and/or policies are meeting the needs and expectations of seniors and their caregivers, based on their own criteria and values of what constitutes good care.

Expression

Volume 13, No. 3 *Dealing with Depression*

Volume 13, No. 2 *Seniors of Tomorrow*

Volume 13, No. 1 *Senior Friendly Communities*

Coming Soon...

The NACA Position on Enhancing the Canadian Health System

This report examines an insidious threat to both the overall cost and the fairness of health care in Canada: that of the highly variable and growing personal expenditures across the country for services not insured by the Canada Health Act (CHA).

Expression

Volume 14, No. 1 *The Canadian health care system*,
January 2001

Volume 14, No. 2 *Fraud, telemarketing and seniors*,
April 2001

Volume 14, No. 3 *Legal matters*, July 2001

Report Card

NACA is presently working on the production of a Report Card that will look into different issues to assess how well we fare as a society in adapting to the demographic situation.