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Expression

Bulletin of the National Advisory Council on Aging

Dear Prime Minister,

For twenty-five years, the National Advisory Council on Aging (NACA) has provided information and advice to the Government of Canada on all matters relating to the aging of the Canadian population and the quality of life of seniors. To celebrate this milestone in our history, we are pleased in this special edition of "Expression" to review the work accomplished so far and point to the areas that need special attention if Canada is to cope effectively and humanely with the aging of its population.

This issue is based on the workshop "Dear Prime Minister", hosted by NACA at the annual conference of the Canadian Association on Gerontology (CAG) that took place in Halifax, in October 2005. The goal of the Workshop was to review policy advances of the past twenty-five years and the NACA activities that supported these advances, and to identify and discuss key priority issues for Canada's seniors – now and in the future.

NACA hopes this special edition of Expression will provide our country and your government with a valuable and viable guide to the needs and accomplishments of its aging population. While we report positive changes on a few aspects of seniors' safety and health, we continue to consider Canada ill-prepared for the important demographic changes about to occur.

Sincerely yours,

**NACA Acting chairperson,
and NACA members**

Government of Canada
National Advisory Council on Aging
Gouvernement du Canada
Conseil consultatif national sur le troisième âge

Canada

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 experience and expertise to advise the federal Minister of Health, his colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

Gilbert Barrette, QC
Lloyd Brunes, NWT
Bubs Coleman, SK
Bhupinder Dhillon, BC
Robert Dobie, QC
Reg MacDonald, NB
Verdon Mercer, NL
Roberta Morgan, YK
Mohindar Singh, MB
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Brief history of NACA

During the 1960s and 1970s, there was growing recognition within the federal government that Canada's population was undergoing a demographic shift: the population was aging and seniors needed to be considered in the development of government policies and programs. On May 1, 1980, the National Advisory Council on Aging (NACA) was established by Order-in-Council with a mandate to provide the Minister of Health with advice on all matters relating to aging of the Canadian population and the quality of life of seniors.

NACA interprets this advisory role as providing well thought out, timely and credible recommendations on current and upcoming issues. To accomplish this, NACA:

- reviews the needs and problems of seniors and recommends remedial action;
- maintains contact with national, provincial and local institutions and groups involved in aging or representing seniors;
- distributes information;
- publishes reports; and
- stimulates public discussions on important issues of aging.

NACA determines the priorities needing policy action by consulting with seniors, by sharing information with seniors' advisory councils, seniors' organizations and service providers across Canada, and by tapping the experience and knowledge of its members. NACA may also receive direct requests from the Minister of Health to examine specific issues and make recommendations.

Photo: Roberta Morgan

Health Minister Tony Clement meets with NACA members, February 2006.

Influencing policy

NACA's voice is far-reaching. Apart from the Minister of Health, its audience includes parliamentarians, the media, stakeholders, seniors, caregivers and the Canadian public at large. NACA's studies, reports and recommendations reach governments and their administrations across the country. NACA members contribute to the dissemination of knowledge and advice through activities in their respective regions of Canada. By informing a wide variety of individuals and groups throughout the country, NACA is able to educate and influence key decision-makers.

NACA augments its policy role by transmitting policy research findings and policy advice of organizations whose positions it endorses. It also lends support to other champions of current or emerging issues that seek to better the life of Canadian seniors.

Over the course of its 25-year history, NACA has had an impact in many policy areas. The following offers a glimpse of the advances in four main areas affecting Canadian seniors' well-being: perception of aging, seniors' health, the health care system, seniors' income, and seniors' housing.

Perception of aging

In 1980, negative stereotypes towards aging were commonplace. To quote one of the first NACA members, Canadian seniors were viewed as "old, a burden, and utterly useless, if not senile." NACA fought this ageist perception by:

- establishing "principles" that clearly stated what rights seniors should have in Canada;
- publishing and disseminating a position paper on the *Image of aging* in 1983 that sought to properly balance attitudes towards seniors; and
- issuing, in 1999, 2003 and 2005, issues of *Expression* dedicated to busting the stereotypes and describing the valuable contributions of seniors to the well-being of Canadian families and communities.

Today, there is a more informed recognition of the importance of seniors to Canada's social fabric. There is also a growing knowledge of the diversity among seniors – some seniors age in better health and have a greater capacity than others. While NACA applauds this progress, important issues remain. Ageism is a social disease that is alive and well in Canada. It wastes precious human potential, degrades and dehumanizes, and is a common factor in the phenomenon known as elder abuse or the abuse of older persons.

Seniors' health

During the last 25 years, seniors' life expectancy has increased and Canadians can now expect to live more years without disability. The rates of many chronic diseases, such as heart disease and hypertension, also dipped slightly. A higher percentage of Canadian seniors consider their own health as very good or excellent.

While NACA cannot take credit for all the improvement in seniors' health, much of its activities over the last 25 years were directed at creating a greater awareness of the process of aging and the particular health needs of seniors. NACA's *Writings in gerontology* provided important information for professionals, seniors and caregivers on selected seniors' health issues such as sensory losses, mental health and technology. Other publications aimed at the wider public stressed the link between lifestyle and healthy aging, and promoted health and prevention in the areas of health practices, medications, fraud, mental health, intergenerational harmony, injury prevention, and many others.

Seniors and the health care system

There have been many advances in health care in the last few decades, thanks to improved diagnostics and better treatments of many diseases. Yet, as any Canadian knows, there are significant challenges and threats to the quality of – and accessibility to – Canada's health care system. Many of the system's shortcomings significantly affect seniors: the long waiting times for certain procedures, the high cost of medications, the shortage of home care and community services, the threat of privatization, and the shortage of geriatricians and palliative care.

NACA has always spoken with a strong voice in defending – but also in reforming – a health care system that should be capable of meeting the needs of Canada's seniors. This is especially important as Canada faces the aging of its population. Over the years, NACA published reports and position papers to draw attention to the issues of health care reform: *Determining priorities in health care: The seniors' perspective; How are health reforms affecting seniors?; Aging and the health care system; The privatization of health care; Home care*; and *Enhancing the Canadian health care system*. NACA also submitted briefs to both the *Romanow* and *Kirby* Commissions on health care reform.

Seniors' incomes

The improvement in seniors' incomes between 1980 and today is one of Canada's true public policy success stories. In 1980, 21% of seniors had after-tax incomes below Statistics Canada's low income cut-off. Today, this figure is below 7%. The improvement in seniors' incomes is largely a result of the maturation of Canada's public pension system (CPP/QPP, Old Age Security, Guaranteed Income Supplement). However, this system has now reached its optimum level and we are unlikely to see further improvements in the comparative situation of seniors.

The sustainability of the public pension system was at risk and for many years NACA called on the Canadian government to make reforms to secure it. Measures have since been taken to safeguard the CPP. NACA published an issue of *Expression* called *Canada's retirement income system: Myths and realities* to better inform its readers about Canada's system of income support.

Unfortunately, the economic well-being of some seniors continues to be at risk and NACA released a position paper in 2005, *Seniors on the margins – Aging in poverty in Canada*, highlighting causes and possible solutions to the plight of low-income seniors. Certain groups, among them older women, unattached seniors and immigrant seniors, are at particular risk of poverty.

Seniors' housing

Since 1980, the increasing use of "barrier-free" housing design has allowed seniors of varying physical/cognitive abilities to continue to live independently. NACA contributed to improvements in this area by publishing *Housing an aging population: Guidelines for development and design*. While there is now more awareness of the need to adapt living spaces and a construction industry boom in special units for well-to-do seniors, much of the social housing stock built in the 1970s is in a state of disrepair and unsuited to seniors. There needs to be a much wider range of housing options for ordinary seniors as they age. More supportive housing and assisted care living would allow seniors to "age in place" within their communities and delay or prevent institutionalization. NACA's position paper on *Supportive housing for seniors* lays out some of the urgent needs in this area. As pointed out in *Aging in poverty in Canada*, still too many seniors spend a disproportionate amount of their income on housing.

Pressing issues

Over the years, there has been a growing awareness of the need to prepare responsibly for population aging, along with some shifts in policy and attitude. Yet seniors continue to have serious concerns over certain issues – often persistent issues – that threaten their health and quality of life. The presentations and discussions that took place during the *"Dear Prime Minister"* workshop confirmed some of the more pressing areas of concern. Canada's publicly-funded, universally accessible **health care system** has served Canadians well, but it presents weaknesses in several areas that particularly affect aging and the well-being of seniors.

Health promotion and disease prevention

Canada's health care system primarily focuses on cure and treatment rather than making significant efforts in promoting good health and preventing disease. More public effort needs to be put into health promotion and disease prevention strategies, to maintain the health of those who are aging well and to improve the health of those with diseases or who are at risk for serious problems.

During the "*Dear Prime Minister*" workshop, Dr. Elaine Gallagher[1] urged the federal government to support new policies for prevention and stated that many injuries are preventable through falls prevention programs. She also pointed to the precarious situation

1. Associate Professor, Nursing; and Associate Director, Centre on Aging, University of Victoria, BC; Chair, CAG Health and Biological Sciences Division.

of seniors in emergency situations, including recent natural disasters in Southeast Asia and in New Orleans, and urged governments to take seniors' vulnerability into consideration when developing emergency preparedness plans.

Dr. Verena Menec[2] stressed the importance of adopting a health promotion approach that recognizes the diversity of seniors and the interrelationship between the determinants of health and active aging (economic, health and social services, lifestyle, social and physical environments). NACA supports this approach and believes that, in designing and delivering health promotion and disease prevention programs, particular attention should be given to marginalized groups, who are at higher risk of poor health. These groups include those with low incomes, poor housing conditions, or those lacking social support from family or friends.

Recent reports indicate that babyboomers are not as health-conscious as was previously thought, so a wide dissemination of information would yield tremendous health benefits.

There is a great deal of evidence to show that health promotion and disease prevention strategies (falls prevention, physical activity, healthy eating, etc.) can improve health – even very late in life. Many chronic diseases that shorten life and/or decrease quality of life for seniors (diabetes, heart disease, osteoarthritis) are modifiable by health promotion, health education and disease prevention programs. Reforms in health care that will allow for a larger role in health promotion and disease prevention would improve the health not only of seniors but of the entire population.

Primary care reform

Problems can develop quickly with seniors, and waiting times often aggravate benign conditions and increase the risk of hospitalization. This situation contributes to loss of autonomy, increased suffering and higher health costs. Reforming primary care would have a positive impact on seniors by offering them timely access to their health care practitioners. Because seniors often have multiple health conditions, they would also benefit from health care settings in which practitioners from various disciplines work in teams. Changing the way physicians are paid (e.g., less fee-for-service) would improve incentives for practitioners to spend more time with each patient. As mentioned previously, reforming primary care to allow for a larger role in health promotion and disease prevention would improve everyone's health.

Geriatric training

The health needs and metabolism of seniors are different from those of younger adults. Unfortunately, training and education in gerontology is sadly lacking in Canada. As Dr. Peter Donahue[3] pointed out during the Workshop, "... unless things change, there will be a shortage of qualified professionals

2. Canada Research Chair in Healthy Aging and Director, Centre on Aging, University of Manitoba; Chair, CAG Social Sciences Division.

3. Assistant Professor, Faculty of Social Work, University of Calgary, AB; Chair, CAG Educational Gerontology Division.

and service providers to meet the needs of our aging population." The primary care physician is only one member of an entire team of health care professionals requiring specialized geriatric training in order to meet the complex health care needs of an aging population, including nursing, physiotherapy, occupational therapy, psychology and social work. Strategies must be employed to develop a workforce of health care professionals with the necessary awareness and skills to work with older adults.

Home care

Home care and home support services help seniors maintain their independence; it improves their quality of life and can prevent and/or delay institutionalization. The health reforms of the 1990s brought about a major transformation in the hospital sector, specifically shorter hospital stays. Yet home care has not received funding in proportion to hospital cutbacks. Limited access to hospital *and* home care forces seniors to rely to a greater extent on families, who already assume 80% of seniors' home care needs; the stress and financial hardship of caregiving can lead to neglect, caregiver illness or burn-out. In its position paper on *Home care*, NACA pointed out that seniors living in the community must often pay out-of-pocket for necessary services or do without. Publicly-funded home care and home support also vary widely across the country, and even within provinces and territories. Nancy Guberman,[4] a presenter at the Workshop, proposed that "...in line with recommendations from the *Romanow Commission*... home care be considered as an essential service and integrated into the *Canada Health Act*," and she suggests that it not be restricted to mental health, palliative and post-acute care.

Long-term care

Long-term care facilities provide room and board and on-site health services. Most seniors today and in the future will not require long-term care residency. However, given the increasing numbers and life expectancy of Canada's seniors, there will likely be an increased demand for long-term care for the oldest old. There are some excellent long-term care facilities in Canada (reported on in the Fall 2005 issue of *Expression*) and their operating principles should apply to all facilities throughout Canada. As it is, there are critical flaws in the way Canada cares for its older citizens in long-term facilities and serious inequities between Canada's provinces and territories in the way care is delivered and billed. Problems include:

- lack of public funding and affordability;
- uneven basis for the cost of long-term care across Canada;
- lack of quality control in institutions;
- lack of accountability by care providers;
- lack of respect, dignity and choice for residents; and
- lack of consideration for volunteers and families.

4. Professor, School of Social Work, Université du Québec à Montréal; CAG Social Policy and Practice Division.

Many organizations have expressed concerns and made recommendations to improve long-term care in Canada. NACA expressed its strong support for the policy recommendations of the Canadian Healthcare Association, as laid out in *Stitching the patchwork quilt together: Facility-based long-term care within continuing care* (2004) and enjoins the Canadian government to take action to ensure the humane care and equal treatment of Canada's seniors residing in long-term care establishments.

Prescription drugs

Through advances in pharmacology, prescription drugs have become an essential element in health care, often replacing or delaying hospitalization or surgical intervention. But seniors, who take more prescription drugs than any other group, have had to face a 200% rise in drug costs per household over the last 25 years. While virtually all seniors are covered by some type of prescription drug insurance – either public or private – the extent of this coverage varies significantly from province to province, leaving some seniors vulnerable to financial hardship. NACA, in its special report *Waiting for Romanow...*, recommended that a "national, comprehensive publicly-insured or publicly/privately-insured prescription drug plan be established."

Mental health

Mental health is another increasingly urgent area for action, especially as concerns Alzheimer Disease and related dementia (ADRD). Some researchers believe that over the next 25 years, Alzheimer Disease – together with other forms of cognitive impairment – will prove to be the costliest disease in Canada (currently, 8% of those over 65 years of age and 30% of those over 80 are affected; direct and indirect costs are 5.5 billion dollars a year, or 15 million dollars per day). Workshop participants supported NACA's recent position paper on *Alzheimer Disease and related dementia*, stressing the need for the federal government to collaborate with other key partners to develop a National Strategy that designs policies and funds programs to diminish or eliminate the many challenges that make Alzheimer Disease and related dementia such devastating diseases for seniors and their families.

Dr. Kathryn Oakley[5] also pointed to the importance of studying the effects of technology, isolation and palliative care on the mental health of individuals, and of focussing significant resources on mental well-being and the prevention of mental illness in seniors.

How are Canadian seniors faring?

Over the years, NACA has sought not only to explore and report particular problems affecting Canadian seniors, but also to monitor and evaluate the overall situation and Canada's response to demographic aging. At the end of the 1980s, NACA published *1989 and beyond… Challenges of an aging Canadian society*. In 1999, the International Year of Older Persons gave visibility to aging issues. NACA took the opportunity to publish *1999*

5. NSERC Research Associate, HOTLab, Carleton University, Ottawa, ON; Chair, CAG Psychology Division.

and beyond… Challenges of an aging Canadian society, taking stock of progress over the previous 10 years and drawing attention to areas needing urgent action to respond to the upcoming population aging. This review of the situation pointed to many problems, but also to the dearth of consistent data in certain areas. This prompted NACA to develop efficient tools to monitor the situation of seniors in Canada.

In consultation with gerontology experts, national seniors' organizations and federal government officials working in aging and seniors policy, NACA identified the best measures to assess performance in key policy areas. These were to provide answers to questions in five key areas:

- How healthy are seniors?
- How is the health care system serving seniors?
- How well are seniors faring economically?
- What are seniors' living conditions?
- How are seniors participating in society?

In 2001, NACA published its first *Report card on seniors in Canada*, which identified major areas for attention in this decade and sought to sustain the momentum for policy action. It demonstrated the need for improvements, among others, in the areas of health care reform, health promotion, injury prevention, fraudulent crimes against seniors, inadequate levels of physical activity and income.

This first *Report card* established a base line against which to measure progress. NACA undertook to publish interim reports, and a full Report card every five years. It was felt that over time, the data collected would produce a sharper picture by bringing to light information that was currently unavailable. NACA published an interim *Report card* in 2003, calling on governments to undertake action as soon as possible in the most critical unaddressed aspects of seniors' well-being, particularly in health promotion and health care.

Coming in 2006: NACA's 2nd Report card

Baby-boomers will soon start to join the ranks of seniors in great numbers. How prepared is Canada for the significant changes it will incur? NACA's second full *Report card on seniors in Canada* will be published in 2006, revisiting the indicators developed in 2001 and using new data to determine if progress has been made.

In NACA's view, much remains to be done. The policies and measures needed to adapt to the demographics must be seen as benefiting not only seniors, but the whole of Canadian society. This country needs to invest in the promotion of health and the prevention of disease, the participation of seniors in community life, a more responsive health care system, support for caregivers and a number of the other areas recognized by seniors, seniors' organizations, practitioners and participants at the Workshop.

NACA urges governments to create and adapt policies to ensure the sustainability and responsiveness of its systems for all generations... because in Canada, most people live to be seniors.

NACA MEMBERS – 1980-2006

NACA's success over the last 25 years can be attributed in great part to the collective efforts of its members across Canada. They are:

Joel W. Aldred, *Ont.*
Frank Appleby, *Alta*
Gilbert Barrette, *Qc*
Marisa Barth, *Qc*
Chuck Bayley, *BC*
Ronald Bayne, *Ont.*
Madeleine Bélanger, *Qc*
Maurice Bérubé, *Qc*
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Jeanne Chartier, *Qc*
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