

We are all in this together: An Aging Strategy for New Brunswick



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An Aging Strategy for New Brunswick**

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Dedication

The Council on Aging dedicates this strategy to the memory of the late Annabelle St. Laurent, who was a valued member of the council.

Terms and Definitions

Persons 65 years and older are sometimes referred to as elders, older adults or persons who are aging. For the sake of simplicity, in this strategy, the council decided to use the term “senior” to describe those 65 years and older.

In addition, this strategy uses several terms that may not be familiar to all readers. Therefore, they have been marked with an asterisk (*) and defined at the end of the strategy in the Glossary.



Message from the Council on Aging Co-chairs

On behalf of the New Brunswick Council on Aging, we wish to thank Premier Brian Gallant for the opportunity to assist in the leadership of this important initiative.

The council is pleased and proud to present this strategy to the Government of New Brunswick, and looks forward to an implementation plan being developed that sequences the actions within the context of other government initiatives and the fiscal realities of New Brunswick.

This aging strategy is an action-oriented plan designed to create a sustainable system and to respond to the challenges associated with our aging population. The strategy sets the stage to ensure a more responsive system where seniors can remain independent and engaged in their communities for as long as possible. It also represents a broad range of services and supports that are and will be available for those who may eventually need them.

New Brunswick seniors represent a significant segment of our population. They continue to make an important contribution to our society and have a strong voice in our province. To ensure a positive aging experience, seniors need to be treated with respect. It is equally important for seniors to be encouraged to stay healthy and active. Appropriate supports must be in place to facilitate healthy aging.

The council listened to more than 40 stakeholder groups and a variety of researchers to help guide the development of this strategy. The personal stories of those New Brunswickers who participated in the online public engagement were significant in helping the council identify what can be done to ensure challenges can be overcome for those seeking support to age independently in their communities.

This must not simply be a document for today; to effect the essential change required, politicians, civil servants, service providers and the public must accept that many changes are necessary. To that end, the council recommends that government establish an oversight body to monitor the implementation of the key elements of the strategy. This feature alone distinguishes this plan from other reports, which in the absence of follow-up and accountability, simply take shelf space.

Thank you to all New Brunswickers and stakeholders who participated in the engagement process. Your input has helped to ensure this strategy focuses on the needs you have identified. As well as, we wish to thank the team of public servants who provided essential support and direction to the council.

Sincerely,

Ken McGeorge and Dr. Suzanne Dupuis-Blanchard
Co-chairs
New Brunswick Council on Aging

Highlights

The *Aging Strategy for New Brunswick* includes several actions to be realized during the next 10 years that will ensure a positive approach to aging.

Person-centred approach

This strategy calls for a shift in the mindset of all those involved in providing care and support to seniors. All New Brunswickers are encouraged to get involved in the conversation about aging and recognize that it is a natural process to embrace, rather than view as a disease. It urges all service providers to adopt a person-centred approach. Seniors and their families will be more engaged as a partner in determining what they need, when they need it and where they need it. The focus will be on the senior rather than the policies and practices that have been in place for many years.

Access to care and supports

Improving access to health care and long-term care* supports is fundamental to health and well-being. This strategy includes a major reform of the primary care model. It will improve access to family physicians, mental health specialists and other specialized health-care professionals for New Brunswickers. This strategy also proposes that community resources be expanded to ensure that New Brunswick seniors in all areas of the province will have access to service providers who can offer care and support. To this end, existing service providers will be encouraged to broaden their services so that seniors can access appropriate supports to meet their needs within the community.

The care community

Another highlight of this strategy relates to the care community. This strategy includes the development of a human resources plan to ensure that those working in the human services sector will be inspired to follow this career path. In addition to a recruitment strategy, paid and unpaid caregivers will have access to improved education and training as well as incentives to retain this valuable workforce.

Transforming the system of care and support

The strategy calls for a major transformation of the health and long-term care systems with respect to how seniors receive services. New and innovative ways of providing seniors with care and support will be implemented. The strategy calls for a new *Long-Term Care Act* be enacted. In addition, government will take advantage of the research available to inform public policy and, based on evidence, adopt best practices so New Brunswick can be the best place to age in Canada. The overarching theme of the strategy is “aging in place.” This strategy will make sure that seniors get the support they need to stay at home and live as independently for as long as possible. Living healthy, active lives will be promoted from an early age through the actions in this strategy.

A dementia strategy for New Brunswick

This strategy calls for the development of a dementia strategy to ensure that we are prepared for the surge of dementia in New Brunswick. The dementia strategy will focus on improving the care given to those with dementia as well as enhancing the support available to their caregivers. A dementia strategy for New Brunswick will align with a proposed *National Dementia Strategy*. With this disease on the rise, more emphasis will be placed on early diagnosis.

Moving forward

What sets this strategy apart from others is the collaborative approach used to develop it and the partnership approach being encouraged to ensure it is implemented. A structure will be put in place to provide oversight, monitoring and evaluation to ensure that the strategy is actioned. Government and non-government stakeholders will be engaged jointly in the implementation of the actions. They will also identify indicators of success and report on the progress being made. In addition, this group will serve as a forum for ongoing collaboration to unify stakeholders providing care and support to seniors in New Brunswick.

Preface

Celebrating life experience



Aging is a natural process that occurs progressively in each individual. Aging should be embraced rather than considered a disease.

Most New Brunswick seniors lead very healthy and active lifestyles. They travel, participate in sporting events, belong to clubs, volunteer with community groups, get involved in various organizations and many remain active in the paid labour force beyond the age of 65. Others are taking care of their grandchildren or other family members, while some seniors assist elderly neighbours and friends by taking them to doctor appointments, shopping and social events.

Seniors make many valuable contributions to our communities. Research suggests the positive impact of seniors on the economy will increase in coming years as the baby boomers enter retirement.

In addition, seniors have a wealth of knowledge about how our province has evolved. Their vast experience, insight and wisdom are so important to our society.

Many seniors have lived through situations that most of us cannot even imagine. Some have expressed the desire to reflect on their life experiences and welcome the chance to share their stories with their loved ones as well as with others in their community.

Seniors can be an inspiration for upcoming generations. When given the opportunity to interact with our youth in different social settings, both generations benefit.

We must all recognize the significant and continuing contributions seniors make to their families, communities, workplaces and society.



Why we need changes

The following statistics relate to New Brunswick and in some instances make comparisons to other provinces and territories or to Canada as a whole. They paint a convincing picture of why changes are needed. The most significant drivers of change are our rapidly aging population and current financial situation.

Our demographic shift

- New Brunswick has a total population of 756,780.^[1]
- In New Brunswick there are 147,929 seniors which is equal to 19.5% of our population.^[1]
- By 2038, with the current trend, it is expected that 31.3% of the New Brunswick population will be seniors.^[2]
- In Canada, seniors make up about 16.5% of the population.^[1]
- By 2038, seniors will represent 24% of the Canadian population.^[2]
- Of the 147,929 seniors in New Brunswick 41.5% of them or 61,390 are 75 or older.^[1]
- The average life expectancy in New Brunswick is about 81 years. In 1930, the average life expectancy was about 61 years.^[3]
- 79% of seniors own their home.^[4]
- 26.5% of seniors in private households live alone.^[4]
- 47.42% of New Brunswick seniors live in rural communities* while the rest live in urban areas.^[5]
- 20.05% of Canadian seniors live in rural communities while the rest live in urban areas.^[5]
- During the last 20 years, there has been an average net increase of about 50 seniors per year moving into the province.^[6]
- During the last 20 years, there has been an average net loss of 1,250 youth ages 15 to 24 in the province.^[6]

Complex and increasing health challenges

- 35.8% of New Brunswick seniors have a disability that affects their activities of daily living.^[7]
- More than 3,000 seniors living in private households suffer from some form of dementia.^[8]
- In 2014, it was reported that 39% of seniors in New Brunswick have three or more chronic health conditions,* which includes hypertension, arthritis, gastric reflux, depression, chronic pain, asthma, diabetes, heart disease, cancer, respiratory disease such as emphysema or chronic obstructive pulmonary disease, mood disorder other than depression.^[14]
- In 2013-2014, it was reported that about 52.3% of New Brunswick seniors had high blood pressure or hypertension.^[21]
- In 2014, it was reported that about 20% of all New Brunswickers had three or more chronic conditions compared to 11.2% in 2011.^[22]

- Six in 10 persons reported to have three or more chronic conditions in 2014 were under the age of 65.^[22]
- In 2014, hypertension was the most prevalent chronic health condition among all New Brunswickers with 27% of the population experiencing this condition.^[22]
- In 2014, nearly 71% of New Brunswickers aged 45 to 64 were overweight or obese. This is higher than the national average, which indicates that about 63% of Canadians aged 45 to 64 were overweight or obese.^[21]
- In 2014, 62.9% of seniors were overweight or obese compared to 59% of seniors in Canada overall.^[21]

Seniors provide Informal care

- 61.4% or 70,120 New Brunswick seniors live with their spouse.^[4]
- 15.5% of New Brunswick seniors provide unpaid care to others.^[9]
- 27.2% of the population over the age of 15 provide unpaid hours of assistance to others.^[9]

Education, employment and income

- In New Brunswick, 46.4% of seniors have some post-secondary education compared to 49.4% of seniors across Canada.^[10]
- In New Brunswick, 34.1% of seniors have less than a high school education compared to 29.8% of seniors across Canada.^[10]
- 19.8% of seniors are working and have an average employment income of \$18,435.^[11]
- In 2014, seniors in New Brunswick were reported to have an average total income of \$31,664 while the average income of all New Brunswickers was \$38,586.^[11]
- In 2014, seniors in Canada were reported to have an average total income of \$38,940 while the average income of all Canadians was \$45,942.^[11]
- The cost of living in New Brunswick has risen by 43.81% during the last 20 years (1995 versus 2015, Consumer Price Index* all items).^[12]
- The cost of living in Canada has risen by 44.52% during the last 20 years (1995 versus 2015, Consumer Price Index, all items).^[12]
- 13% of New Brunswick seniors make charitable donations, the highest proportion among all age groups.^[13]

Increasing support needs

- About 4,700 seniors in New Brunswick are receiving home support services*.^[15]
- About 5,570 seniors in New Brunswick live in a nursing home*.^[15]
- About 4,500 seniors in New Brunswick live in a residential facility* other than a nursing home.^[15]

Our current systems and processes

- 19.5%, averaging 394 of acute care* hospital beds per day, are used by patients who no longer require acute care but are waiting to be discharged.^[16]

- Currently, a long-term care assessment takes an average of 90 days to complete.^[17]
- About 20% of New Brunswickers do not have drug coverage.^[18]
- In 2014-2015, the government spent an estimated \$3.46 billion on health and social services¹. This represented 39% of the total provincial budget^[19]
- Projected health-care cost per capita will increase from \$3,711 in 2009 to \$4,261 by 2020.^[20]

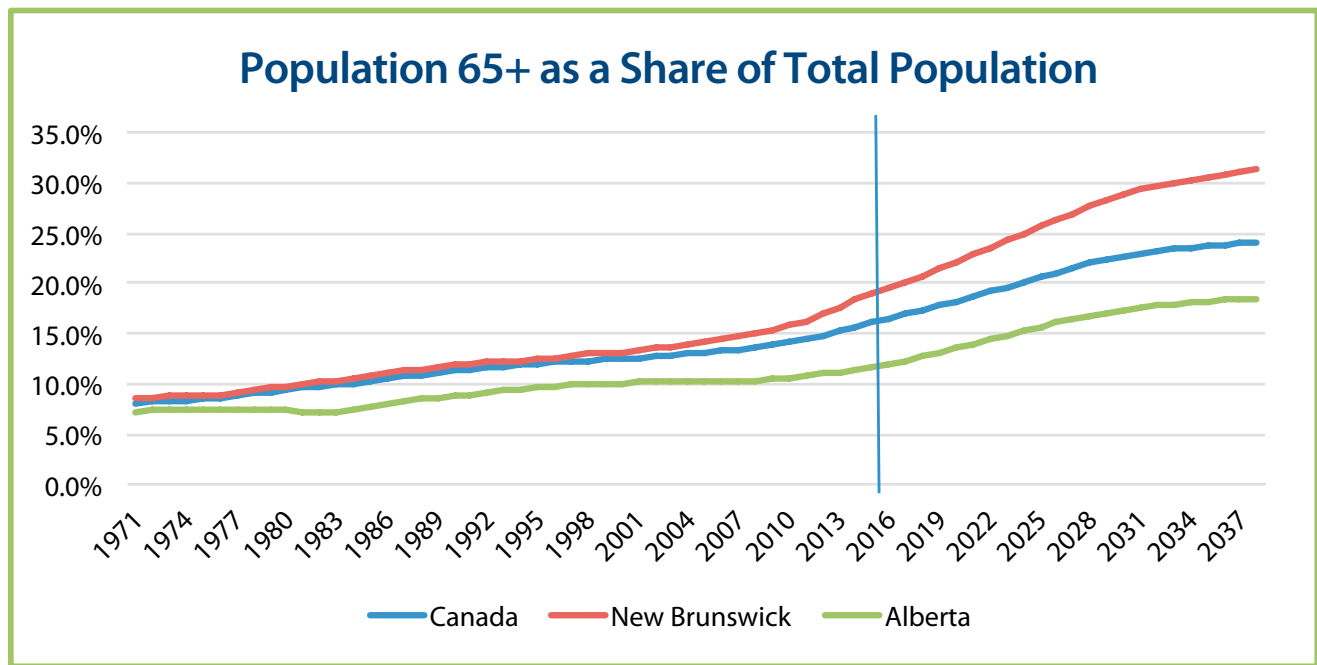
1 Social services include long-term care and wellness.

The challenges

One of the greatest challenges seniors face is ageism*. Ageism refers to discrimination against a person based on age. Changing societal attitudes to promote the value of our senior population is imperative. To reduce ageism, the stereotypes people hold about aging need to be recognized and efforts must be made to overcome them. Every person, regardless of age, must be treated as a valued individual.

As with many countries, Canada is dealing with a growing number of seniors.

As shown in the following figure, the New Brunswick population over the age of 65 as a share of the total population was similar to the rest of Canada through 2000. Since 2000, the share of New Brunswick's senior population has grown much faster than Canada as a whole. Currently, nearly 20% of New Brunswick's population are over the age of 65 whereas about 17% of the overall population in Canada are seniors. New Brunswick has the highest proportion of its population over the age of 65 compared to other provinces. Projections indicate that by 2037, the proportion of New Brunswick's population that will be over the age of 65 will have increased to a greater extent than any other province and Canada overall.



Sources: Statistics Canada CANSIM Tables 052-0005 and 051-0001.

Most seniors have expressed the desire to remain in their own homes and live independently for as long as possible. This can create challenges as many find programs and services difficult to navigate and struggle financially. Those living on a fixed, low income, find it very difficult to maintain a home, cover the cost of services they may need and pay for the necessities of life.

Having an illness or disability can also create financial hardship for many seniors. Dementia is dramatically on the rise, and many New Brunswick seniors are living with three or more chronic health conditions. The challenges are even greater for those who are living with unpreventable illness or a disability.

The families of many seniors do not live in New Brunswick and are unable to provide physical care and support when needed. These seniors have little choice but to rely on the services of paid caregivers, and their community, for assistance.

Another challenge is the disparity between rural and urban communities in New Brunswick. There are fewer service providers in the rural areas, meaning fewer support options when seniors need them.

Many of our youth leave the province and those who stay often move from the small rural community in which they grew up to an urban centre for employment. Service providers in rural communities have difficulties finding staff because the youth workforce is unavailable and the current workforce is aging.

The cost of delivering health care and social services in New Brunswick is at an all-time high, and costs continue to rise.

Our current model of health care focuses on treating illness rather than encouraging prevention and promoting healthy lifestyles. Too many seniors are in hospital beds, waiting to be placed into a more appropriate setting – whether at home, with the appropriate support, or into a residential facility such as a special care home* or nursing home. Leaving seniors in hospital beds for long periods is an indicator that there are gaps in the system. Research shows that within days of being placed in the hospital, a senior's physical mobility and mental well-being are significantly decreased.

There is still a significant lack of coordination within the seniors' continuum of care and support. A silo approach has led to inefficient use of resources and potential duplication of effort among community organizations, government departments, health authorities and researchers.

We have a fragmented delivery system that is not sustainable. The lack of collaboration among the players is resulting in poor service for clients. Thinking differently about how seniors receive services will be another challenge. More focus must be given to the individual's needs and less on the system and processes. Having care and support workers adopt a more person-centred philosophy is imperative so that seniors can access the appropriate programs and services, at the appropriate time, in the appropriate place.

Legislation and regulations related to long-term care are outdated and do not easily allow the system to invest in more innovative models of care and support to seniors.

These and other challenges that prevent a positive aging experience in New Brunswick must be overcome and demand action.

Taking action for New Brunswick's seniors

To make sure there is a clear plan to make aging in New Brunswick a positive experience, Premier Brian Gallant appointed 17 New Brunswickers to the Council on Aging in February 2016. The photo below shows the Council members with Lisa Harris, Minister of Seniors and Long Term Care as well as Lisa Doucette, Assistant Deputy Minister from Social Development and Claude Allard, Associate Deputy Minister from the Department of Health.



Members of the Council on Aging

- Suzanne Dupuis-Blanchard, Co-chair, Moncton;
- Ken McGeorge, Co-chair, Fredericton;
- Jean-Luc Bélanger, Dieppe;
- Ian MacDonald, Fredericton;
- Anne Marie Gillis, Saint John;
- Haley Flaro, Fredericton;
- Rinette Côté, Lac-Baker;
- Marianne Mallia, Upper Kingsclear;
- Jacqueline Matthews, St. Stephen;
- Ron Toivanen, Bathurst;
- Steve Epworth, Sackville;
- Annabelle St. Laurent, Tracadie-Sheila; (*deceased*)
- Cindy Donovan, Saint John;
- Flora Dell, Moncton;
- Carolyn Wrobel, Moncton;
- Sanjay Siddhartha, Miramichi; and
- Dan Gillis, Moncton.

Mandate

The Council on Aging was mandated to guide the development of an aging strategy to address both short-term (one to three years) sustainability and long-term (10 or more years) transformational change. As part of this exercise, the council was asked to develop a vision for aging in New Brunswick. This vision would serve as the foundation for an actionable framework on issues affecting seniors and the aging experience in New Brunswick. The scope of this framework is intended to reach beyond government services and public policy to shape the roles and responsibilities of all stakeholders, including individuals, families, communities, service providers, researchers, business, and non-profit organizations. It also goes beyond the care continuum and provision of services and takes a broader view of the aging experience, including health and wellness, family and social life, community participation, lifelong learning, employment, income, housing, and food security. These are all areas that impact healthy aging by affecting individual health and well-being, as well as society as a whole.

Process

The council began their work in March 2016 and concluded in November 2016.

The development of the strategy began with information gathering. The following documents were reviewed during the council's deliberations:

1. The Collaborative for Healthy Aging and Care, 2012
2. Living Healthy, Aging Well: A Report by the Premier's Panel on Seniors, 2012
3. Home First, 2014
4. New Brunswick's Wellness Strategy, 2014
5. Voices on Seniors Care, 2015
6. Engaging Aging: Senior Engagement Sessions in NB September 9-16, 2015
7. Alternate Level of Care Summit, 2015

Members received information related to what is happening in New Brunswick and around the world to meet the needs of seniors.

To kick off its mandate, the council members attended the Opportunities Summit for Health and Aging hosted by Premier Gallant.

The council held a number of working meetings to consider the information it received and to determine what it should include in the strategy.

To wrap up the process, the council held a session with a panel of key stakeholders who offered advice on the strategic direction proposed within the strategy.

The process included:

- presentations from government departments and regional health authorities to describe existing strategies and programs;
- a workshop with community stakeholders to discuss what was working well and what needed improvement;
- presentations from stakeholders to share perspectives on what an aging strategy could include;
- an engagement session with representatives from various First Nations communities in New Brunswick;
- a one-day session with researchers to hear about the work being done in New Brunswick and around the world related to healthy aging and care; and
- an online public consultation to hear from all New Brunswickers.

What the council learned

Throughout the process of developing this strategy, the council was honoured to have learned from all those who shared their concerns, passions and ideas about aging in New Brunswick.

From New Brunswickers

In the development of the strategy, it was important to listen to the voices of seniors and their families. Therefore, New Brunswickers had a chance to share their experiences related to aging through an online consultation, which took place between June 1 and July 8, 2016. More than 125 stories were shared with the council.

Seniors talked about their aging experience or their experience in helping an aging family member or friend. New Brunswickers talked about what healthy aging meant to them; they shared their hopes and fears about aging, what they thought was working well and what they thought needed to change to improve the aging experience in New Brunswick.

From the stories that were shared, the council heard that maintaining physical health is key to healthy aging. Seniors also said that it is important to have good nutrition and a holistic mindset that includes mental health, spiritual health, social interaction, volunteerism and community engagement.

Seniors clearly stated that they want to remain as independent as they possibly can, preferably in their own homes or in their own communities. When they do need assistance, seniors want to be treated with dignity and respect and have a say in the services and care they receive. Many indicated a desire to be able to die in the comfort of their home.

Seniors want to be recognized as valuable members of society for what they contribute. They want opportunities to share their knowledge, skills and wisdom. Seniors want to live in communities that consider their needs. They desire age-friendly communities where social attitudes to them are positive, the physical environment is accessible and community services are available.

Seniors expressed several concerns regarding the care workforce including access, training and accountability.

They also identified personal finances as a barrier to aging independently – struggling to afford the basics of daily living and increasing prescription and medical costs. Many noted female seniors are among the most disadvantaged in our society. They have not had the same workforce opportunities for pensions and savings as men, and they are living longer than men are.

They commented on the difficulty they have in finding information about services, how to access the services they need in a timely manner, as well as the limited availability of public transportation.

Many raised concerns about the quality of our long-term care system, including the quality of care and the level of qualifications of staff in residential facilities.

It was clear that in some areas there are challenges in providing services to seniors in their Official Language of choice.

Generally, comments indicated there is frustration with potential waste and mis-spending. The public acknowledged the importance of growing the economy and that there is a need to have an action plan for the aging population.

From our First Nations communities

The council was privileged to have members of some of New Brunswick's First Nations communities participate in an informative discussion related to aging.

The council was inspired by how First Nations culture boasts a deep sense of family and community. Family, friends and the broader community play a significant role in supporting older adults in First Nations culture. We hope all New Brunswickers embrace the teachings from our First Nations as they relate to the respect given to their elders.



During the discussion, the following issues were raised specific to aging within a First Nations community:

- A lack of senior care infrastructure in communities, particularly long-term care facilities and seniors' centres, is detrimental to maintaining cultural linkages among generations.
- Elders are essential to community life. They are keepers of knowledge and act as historians and advisors to the community. Currently, if a senior must move to residential care, he or she must leave the community.
- First Nations communities experience a great deal of caregiver burnout, as respite care* beds are only available outside of their communities.
- First Nations people require long-term care services in their own language.
- First Nations community health-care centres do not link to hospitals or health practitioners outside of their communities. Privacy rules make it difficult to share medical information.

From government and community stakeholders

The council acknowledges that in New Brunswick there are initiatives led by government and other stakeholders to respond to the challenges some seniors face as they age. While it would be impossible to mention all stakeholders and their ongoing plans, the following describes a number of initiatives.

Government is implementing a number of measures to serve seniors within the following strategies:

- *The Home First Strategy;*
- *The Poverty Reduction Plan for New Brunswick;*
- *New Brunswick's Wellness Strategy;* and
- *Rebuilding Health Care Together: The Provincial Health Plan.*

Individual community groups and seniors' organizations are delivering programs and services to seniors. These groups, often run by volunteers, help many seniors remain active and connected to their community. These groups play an extremely important role in helping to serve the needs of seniors in New Brunswick.

Municipalities play a key role in developing age-friendly communities. Many have taken strides to become age-friendly communities. For example, the City of Moncton's application to join the Global Network of Age-Friendly Cities was accepted by the World Health Organization (WHO) in March 2016. L'Association francophone des aînés du Nouveau-Brunswick (AFANB) has had great success in recruiting 12 out of 40 francophone communities to adopt an age-friendly communities approach.

The *Horizon Health Network* is working to ensure seniors receive timely and quality care by the appropriate providers, in the appropriate environment, at the appropriate time. Plans are underway to develop a centre of expertise in aging and eldercare.

The *Vitalité Health Network* is working with physicians and government to take a community-based approach to serve seniors. Among other initiatives, they are looking at how nursing homes may be able to offer a variety of services to seniors in the community as well as to their residents.

The *New Brunswick Human Service Coalition* consists of organizations representing workers in community residences and special care homes as well as those who provide support to seniors and families in their homes. They are working collaboratively to improve these support services, particularly through addressing issues such as wages, training and working conditions.

The *New Brunswick Medical Society* produced the *Voices on Seniors Care* report that shares input from a number of key stakeholders on how to improve senior care in the province.

A great deal of research and innovation is taking place in New Brunswick related to healthy aging, by our universities, innovation networks and associations. We are fortunate to have access to the researchers dedicating their careers to looking for innovative ways to promote healthy aging and to exploring the factors associated with aging. It is critical that this valuable research be used to inform public policy and encourage innovation in the area of healthy aging and care.

New Brunswick's Collaborative for Healthy Aging and Care brings diverse stakeholders together to discuss how New Brunswickers want to experience aging. The group explores how stakeholders can forge unique partnerships to execute community-based initiatives that build capacity, inform policy and drive policy and system change.

In summary, it is apparent that New Brunswick is engaged in improving the aging experience.

That said, there is no doubt that New Brunswick's demographics and financial situation continue to pose a significant challenge. This strategy acknowledges and, in some cases, identifies possible solutions, to the challenges faced by seniors and the gaps in existing services.

This strategy represents an opportunity to improve, innovate and collaborate.

Core principles

The council approached the development of this strategy by applying the core principles from the *Living Healthy, Aging Well* report, with slight modifications.

10 Core Principles for a Comprehensive Vision of Aging in New Brunswick

Respect	▶ Value knowledge, wisdom and skills of seniors and acknowledge the considerable contributions they make to their families, communities and society.
Collaboration	▶ All ages unite around a common vision for aging in the province, respecting the differences in age, gender, individual resources, culture and abilities. This vision is embraced to develop partnerships across government agencies, private and not-for-profit sectors.
Meaningful Participation	▶ Recognize and value the skilled contributions of older adults in the paid labour force and volunteer sector. Flexible employment options and practices are integral to ensure age-friendly employment practices.
Age-friendly Communities	▶ Communities enable the full participation of older adults in local economic, social, civil and cultural life through the development of age-friendly policies and programs.
Equity	▶ Achieve equity across generations, regardless of age. Achieve equity across official cultures, regardless of official language and official cultural practices.
Independence	▶ Increase independence of all adults by enabling them to live safely and securely in the residence of their choice.
Choices in aging	▶ Support people to age in place by providing accessible transportation options, affordable community-based housing, and responsive and appropriate home-based services.
Lifelong Learning	▶ Encourage and enable lifelong learning.
Wellness	▶ Proactively develop wellness and health promotion strategies to ensure all adults remain active and independent longer.
Continuum of Care	▶ Create a coordinated and seamless continuum of care that provides vulnerable older adults and their families with options to live and die in a dignified, respectful manner, while experiencing high-standard care.

Following the adoption of these principles, the council created a Vision for Aging in New Brunswick.

A Vision for Aging in New Brunswick

Early in the development of this strategy, the council acknowledged that:

- seniors have worked hard to build our society;
- aging should be seen as a stage of life that should be celebrated;
- a culture of wellness must be embraced so that all citizens are able to enjoy a high quality of life;
- service and support need to be responsive to our cultural diversity;
- communities need to be encouraged to become age-friendly to help seniors live safely and stay engaged in community life; and
- development of the strategy must be guided by evidence-based research and best practices.

From this viewpoint, the council created the following vision for aging in New Brunswick:

Healthy aging is a positive lifelong experience that occurs in a supportive age-friendly community.

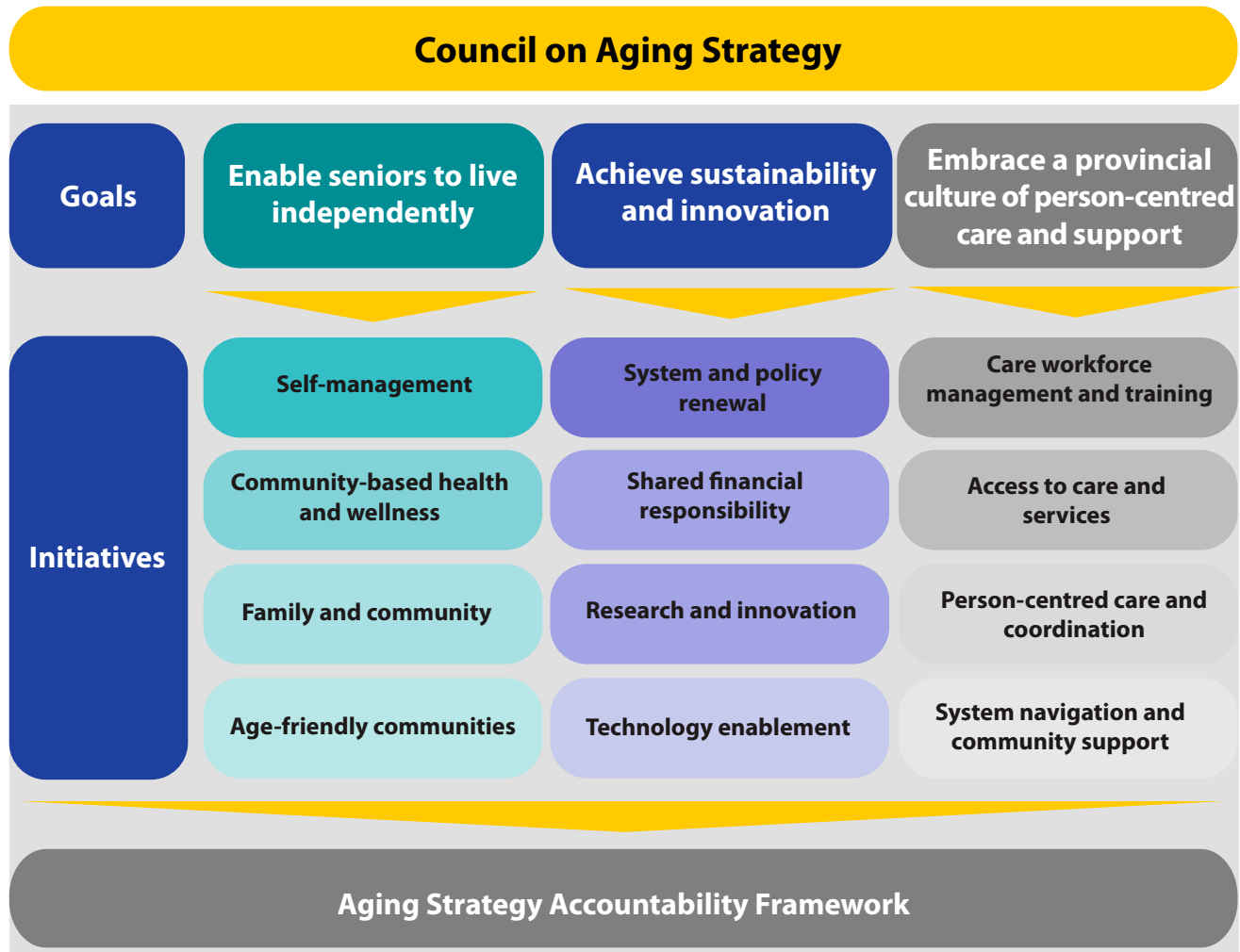
- New Brunswickers respect, recognize and value older citizens in our families, communities and society.
- New Brunswickers encourage age-friendly communities that embrace contributions of our seniors, celebrate cultural diversity, overcome ageism and reduce inequities.
- New Brunswickers understand that many determinants impact our mental, social, spiritual and physical health, and we take the responsibility to support ourselves and each other as we age.
- New Brunswickers deserve high quality, affordable, efficient and person-centred care* and support services that promote a culture of wellness, responsibility, independence and a high quality of life for all seniors.



The aging strategy

This strategy complements the many initiatives already happening in New Brunswick.

The strategy identifies three main goals. Each goal has four initiatives, and each initiative has a number of actions.



In addition to identifying goals, initiatives and actions, this strategy is intended to be a unifying document to allow all stakeholders – from government departments and health authorities, to community leaders to individuals – to move forward in an integrated and aligned manner. It should be noted that this strategy will be supported by an implementation plan that will prioritize the actions, identify indicators and measures and assign responsibility for execution. Regarding actions that require implementation by individuals, community and associations, the council

recognizes it has limited authority to compel action. Therefore, the intent is for the strategy to set a vision for moving forward together. Making this vision a reality requires collaboration and a coordinated effort from many partners.

In summary, this strategy creates a New Brunswick where seniors can live independently for as long as possible. Acknowledging the reality of our demographics and our fiscal situation, we will enable innovation and strive for financial sustainability. In addition, we will embrace a culture of person-centred support to ensure our seniors have what they need, when they need it and where they need it.

Goal 1: To enable seniors to live independently



New Brunswick seniors have stated they want to remain in the home of their choice and in their community for as long as possible. Equally important to seniors, is that when they do require services, they want timely access to appropriate programs and supports for daily living.

New Brunswickers must consider early in our lives what we will need to age well, live safely where we want to live and be able to do what we want in our communities. New Brunswick needs to move from a system focused on health care to one of prevention. However, it must be recognized that it takes time to embed change in society.

Every individual must take responsibility for his or her own well-being whenever possible. While some people have diseases and health issues that are unpreventable due to their genetic make-up, many chronic health conditions can be avoided or at least they can be better managed. Individuals need to be aware of their lifestyle choices and make changes when possible to increase their likelihood of living healthier, independent lives. As we age, our personal health habits can determine our overall level of health. Other factors, referred to as social determinants of health* also play a role.

“I want to be able to stay in my home for as long as I possibly can, and would like to feel that the services I need are available to me in my own community. . .”

“My hope is to stay in my own home. When the time comes, I would like to be assessed for in home care to allow me to be as independent as possible”

When a senior faces a health issue, family and friends often provide help, if possible. They do what they can to keep the senior living at home. However, these informal caregivers* need support and appropriate training to deal with a senior's needs.

Communities play a critical role in helping seniors enjoy a good quality of life. Seniors' organizations must continue to promote healthy active lifestyles and encourage seniors to stay involved in social and learning activities.

A barrier to seniors staying involved is often the lack of public transportation options in their community. This is an issue in both urban and rural New Brunswick. Community non-profit groups have filled this gap in some areas and offer a service to seniors, which is often referred to as Dial a Ride*.

Municipalities can help increase a senior's independence by becoming "age-friendly". In an age-friendly community, policies, services and structures related to the physical and social environment are designed to help seniors age actively. In other words, the community is set up to help seniors live safely, enjoy good health and stay involved. In an age-friendly community, sidewalks are well lit and kept in good shape; buildings have automatic door openers and elevators; and seniors take part in all sorts of community activities, such as visiting museums or libraries, taking courses or volunteering for charities or civic duties.²

While individuals assume personal responsibility to age well, family, friends, community groups, volunteers and municipalities need to be prepared to offer support to seniors in their aging journey.

In order to achieve this goal, the council has identified the following four initiatives:

1. Self-management;
2. Community-based wellness programs;
3. Family and community; and
4. Age-friendly communities.

"As they grew older, and into their ending stages of life, they were very proud, fiercely independent, and terrified of being forced from their home that they had worked so hard to build. I hope that we are able to choose to live as independently as my parents did, while realizing that our support system will be smaller to draw from."

² <http://www.phac-aspc.gc.ca/seniors-aines/afc-cao-eng.php#sec2>

Initiative 1: Self-management



Self-management is a practice that suggests individuals take responsibility for their behaviour, well-being, finances and care needs. However, it must be recognized that not all seniors have the same capacity to do this, so making sure that supports are in place to assist those who are vulnerable is important.

To do this, people require information to guide them in making good choices to help them stay healthy and take better care of themselves, especially if they have a chronic health condition. In 2011, 18.2% of a proportion of the population in New Brunswick had three or more chronic health conditions. In 2014 that figure had risen to 20%.

“Both clients and care providers have problems with information systems and the communication and coordination between them along the seniors’ care continuum.”

It is important to recognize information for the public must be easy to understand in consideration of the literacy rates among New Brunswickers.

Giving seniors and their families the opportunity to make their own choices about their care and support needs and allowing them the flexibility to use resources as they see fit is also a principle of self-management.

Actions

1. Continue and accelerate the implementation of the following Home First initiatives:
 - 1) Senior's Health, Well-Being and Home Safety Review** – This involves voluntary early intervention measures to deliver home consultations to seniors and their caregivers, aged 65+, providing information on wellness, health and social services that will help to create safe and healthy home environments for seniors. In addition, eligible seniors can apply for financial assistance (up to \$1,500) for small in-home repairs.
 - 2) Rapid Rehabilitation and Reablement Services for Seniors** – This will provide seniors with intensive rehabilitation to allow them to recover from illness and injury and return home faster following, or in prevention of, a hospital stay. Once they have recovered, reablement services can help a senior regain the skills, confidence and independence needed to enjoy a high quality of life. Services are provided through the Extra-Mural Program (EMP), with the assistance of home support services and designated special care homes that provide transitional rehabilitation beds.
 - 3) Community Based Dementia Care** – This initiative will deliver essential dementia care services in the community by collaborating with community partners such as geriatricians, allied health professionals, the Alzheimer's Society and service providers.
 - 4) Technology Based Assistive Tools** – The use of technology enabled home based care systems, such as Carelink, that can provide remote monitoring for families, will be promoted for wider use across the province.
2. Create affordable community programs that offer assistance such as home repairs, lawn care, snow removal, shopping and transportation to get to appointments or other events and help seniors continue to live in their own home.
3. Conduct a public awareness campaign to inform seniors and their families of the importance of early financial planning, estate planning, preparing wills and power of attorney, avoiding financial abuse, preparing advance directives* and other financial matters.
4. Develop resources and implement a social marketing campaign to promote healthy living, lifestyle changes, the role of the individual and family and self-management of chronic health conditions.
5. Explore best practices relating to self-managed care and implement a long-term care funding model that is easy to understand and allows seniors and their families to make informed decisions as to what services are best suited to meet their needs and where best to obtain them.

Initiative 2: Community-based health and wellness



Social, recreation and wellness programs are provided by a variety of local and non-profit groups in communities across New Brunswick. It is important that these programs intentionally and actively engage seniors. These initiatives are opportunities to promote social connection for seniors and reduce isolation, which is critical to ensuring mental well-being. Taking an asset-based development* approach allows stakeholders to come together to build on strengths in order to improve recreation and wellness programs and address barriers that impact seniors' ability to participate. These organizations can also play a part in identifying at-risk seniors within their community.

There is an opportunity for non-profit groups to work together to promote their shared goals of keeping New Brunswickers healthy and engaged in their community.

Actions

1. Implement illness prevention and health promotion in health services to reduce rates of social isolation, falls, preventable chronic health conditions, infectious disease, obesity, mental illness, tobacco use and alcohol use.
2. Identify and bridge gaps in current community services by investing in *Wellness Strategy* initiatives that prioritize lifelong wellness, with an emphasis on seniors, to improve their health and quality of life.
3. Engage the non-profit community to improve seniors' physical recreation programs by enhancing training opportunities for recreation leaders to increase the quality and quantity of physical activity programs for seniors.
4. Encourage seniors to get involved with non-profit organizations to develop and deliver quality peer-led inclusive physical activity and recreation programs to improve health and quality of life.
5. Provide opportunities for seniors to share their skills and knowledge with community initiatives related to food security, such as community gardens and food preparation.
6. Endorse programs in the poverty reduction plan that offer healthy and affordable food to vulnerable seniors.
7. Partner with existing community programs that offer information on nutrition, menu planning, cooking and wellness.
8. Consider establishing a tax on unhealthy foods, with the potential revenue directed toward healthy aging initiatives.

Initiative 3: Family and community



Informal caregivers who generally are families, friends, neighbours and community groups, play a vital role in providing a support system for seniors. Many informal caregivers are providing care to an elderly family member while still employed which can lead to fatigue, absenteeism from their jobs and, in some cases, stress-related illness.

These caregivers need support and they need to know where to turn when they require information regarding what is available in the community to assist the senior.

To make sure they are able to provide the best care and support to the senior, it is essential they have training to deal with the senior's care needs. Caregivers also require information related to their needs.

Without incentives and other forms of help, these caregivers may not be able to provide this valuable service.

In addition to providing a support system for seniors, informal caregivers, including family, friends, neighbours and the community at large, influence the social environment for seniors. Social environments that value and respect seniors' skills and knowledge, provide them with

"I think that offering financial subsidies to informal caregivers would help this situation."

"There is a lack of caregiver training."

a voice and promote social connections that positively influence their physical and mental well-being.

Volunteers play a key role in helping seniors in their community. More people need to be motivated to spend time with seniors volunteering. There are many ways to help seniors, from running an errand, lending a hand with home maintenance including mowing grass and shovelling snow to providing a listening ear. To those many New Brunswickers who do volunteer and often go unrecognized, society should be grateful.

Actions

1. Develop resources, including a caregiver toolkit, and provide education and training to support informal caregivers.
2. Create incentives for families who support or act as caregivers to their loved ones. For example, encourage employers to be flexible when employees need to provide care to a senior family member, consider implementing caregiver tax credits or financial benefits.
3. Identify and communicate best practices related to quality respite care and increase respite options to include night respite.
4. Encourage positive attitudes towards aging and seniors.
5. Raise awareness and develop initiatives to prevent and respond to intimate partner violence and abuse of seniors.
6. Promote intergenerational* opportunities for youth and seniors to interact so they can share stories, learn from each other, develop greater understanding and compassion for the different generations and increase awareness of ageism (discrimination against a person based on age). An example of this would be to have a pre-school centre within a nursing home.
7. Engage with First Nations communities to share best practices and learn from each other different cultural approaches to aging.

Initiative 4: Age-friendly communities



In an age-friendly community, seniors feel safe, valued, respected and are more engaged in their community. Age-friendly communities support the physical and mental well-being of seniors.

Work is being done at the federal level to align the age-friendly communities initiatives with dementia-friendly communities initiatives, as both aim to create places where seniors, which include people with dementia, can live, stay active and be independent for as long as possible. Both initiatives support inclusiveness and complement each other.

An age-friendly community:

- recognizes that seniors have a wide range of skills and abilities;
- understands and meets the age-related needs of seniors;
- respects the decisions and lifestyle choices of seniors;
- protects those seniors who are vulnerable;
- recognizes that seniors have a lot to offer their community; and
- recognizes how important it is to include seniors in all areas of community life.³

“Every community should have an age-friendly advisory committee to develop comprehensive and integrated planning strategies to ensure that older adults are fully included in all aspects of community life. We not only need to do better in meeting the needs of seniors, we cannot afford not to do better.”

³ <http://www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php#sec2>

Actions

1. Implement the New Brunswick Age-Friendly Recognition Program⁴ which is endorsed by the Public Health Agency of Canada and the World Health Organization (WHO) and align funding to municipalities and rural communities with the following age-friendly dimensions:
 - Outdoor spaces and buildings;
 - Transportation;
 - Housing;
 - Social participation;
 - Respect and social inclusion;
 - Civic participation and employment;
 - Communication and information; and
 - Community support and health services.
2. Work collaboratively with the public, private and non-profit sector to create innovative housing models for seniors that include co-housing*, intergenerational housing, senior friendly neighbourhoods and portable rent supplements*.
3. Require that new or renovated public infrastructure such as hospitals, schools, roads, sidewalks, parks, and trails, be designed using standards that would make them age-friendly.
4. Coordinate transportation and land-use planning initiatives to offer convenient, accessible alternatives to driving to help older adults enjoy a safe, active, healthy lifestyle and remain engaged in the community.
5. Promote awareness of how the private sector can be certified as age-friendly businesses.

⁴ http://www2.gnb.ca/content/gnb/en/news/news_release.2016.09.0921.html

Goal 2: To achieve sustainability and innovation



The long-term care and health-care systems in New Brunswick continue to face increasing pressures. To have programs and services in place for those who need them as they age, existing resources must be used efficiently for the greatest impact. To do this, we must be innovative and find more cost-effective ways to serve the aging population.

Government cannot do this alone. The responsibility for providing care and support to seniors must be shared among the government, private sector, non-profit organizations, the academic community, researchers, local community groups, individuals and families.

Advances in technology can aid in aging care and help maintain independence. Wearable technology is the term applied to a range of technical devices that the user wears throughout the day and sometimes at night. These devices are mainly focused on tracking a person's actions and physical symptoms related to health. However, there are also devices that can make life easier for both senior wearers and caregivers as they can monitor daily activities, send alerts, and prevent falls. The private sector must be encouraged to develop affordable, state-of-the-art technology that will meet the needs of today's seniors. Innovation is a key to making sure seniors can stay independent.

"There is a lack of public knowledge on new technologies available to support healthy aging."

Government recognizes that public policies related to long-term care are out of date and must be revised to ensure higher quality services are provided with greater accountability from all involved. It is essential that when public policy is developed or revised, policy makers think “outside the box” and be innovative to reflect the changing needs of seniors. Innovation in policy-making then needs to carry over to practices and the services delivered. Risks must be taken to transform the system so that it is responsive to the needs of seniors, their families and caregivers.

In addition, if the long-term care and health-care systems are to be sustained, individuals must be encouraged to plan early for the cost of their future aging needs.

“My husband is self-employed and at 68, he can’t afford to retire.”

During a crisis, it is difficult to deal with financial matters such as getting a power of attorney signed and making sure a will is up-to-date. Having these documents prepared and up-dated regularly can reduce the stress families deal with when a senior loved one becomes ill and needs care.

“The general cost of living simply goes up year after year, while my pension remains the same.”

However, many seniors and their families are not sure what is involved in getting legal papers prepared or where to find the information they need to proceed. Providing people with appropriate information must be a priority.

“Home care in the province is in a very sorry state. It could be better managed with a central office, rather than pay administrative costs to 50 or 60 agencies.”

In the current system of health care, better coordination is required among health-care professionals. Often, seniors have to deal with a number of different health-care professionals; this can be confusing and harmful. For example, if care staff do not know what medications a person is taking, they may prescribe other medication that can interact negatively. Health-care professionals involved in a person’s care must be able to access up-to-date information for the individual. It will be particularly important to optimize the value of the expanded role of pharmacists in the provision of health care.

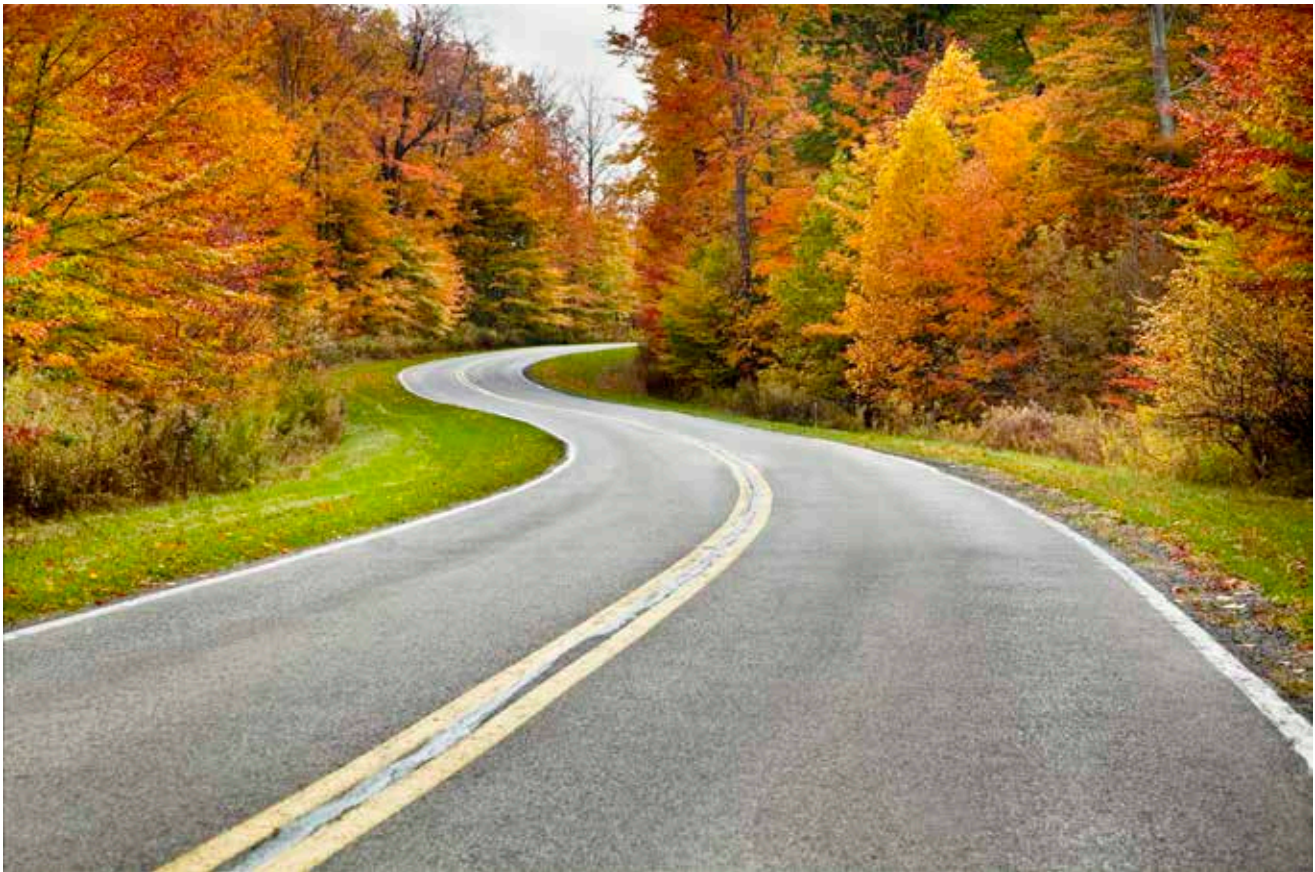
In addition, the long-term care system for seniors must be transformed. We need to evaluate what services are being offered and how. The sector needs to work together to be more innovative. We must work together to undertake research and follow best practices to better serve seniors and their families.

Currently we have a payment-driven system. Long-term care should be more person-centred and look at what is needed to prevent hospitalizations and trips to the emergency rooms. There also needs to be more integration between long-term care service providers and the health-care system to make the transition between the hospitals to other care settings a smoother process. Furthermore, while we once thought that providing care in a residential setting was the only safe option for seniors it has now been realized that it can be as safe, often more comfortable and potentially more economical to provide care and support in the home. The system needs to be modernized and adapted to the change in the public’s preferences.

In order to achieve this goal, the council has identified the following four initiatives:

1. System and policy renewal;
2. Shared financial responsibility;
3. Research and innovation; and
4. Technology enablement.

Initiative 1: System and policy renewal



The seniors' continuum of care and support needs system-wide, transformative changes to shift the focus from finding the right care facility for seniors to one that puts emphasis on prevention of illness, where possible, and the promotion of well-being.

Outdated legislation restricts the ability of the health care and long-term care systems to meet the needs of today's seniors appropriately. When laws and policy have been in place for a very long time, they need to be reviewed and revised to ensure that barriers to providing innovative and integrated services related to the seniors' continuum of care and support are removed.

"It is time to bite the bullet and make decisions that are unpopular in order to bring the cost of aging in NB under control."

Transforming a system that has been operating in the same manner for years requires making significant changes to the way business is conducted within the seniors' continuum of care and support. There is no choice but to transform the health-care system.

The reforms that will occur within the health-care system will have a significant impact on how the long-term care system will need to be transformed. All partners must look at their practices and make sure they are being as effective and efficient as possible.

Research demonstrates that when health-care professionals work collaboratively it helps strengthen health-care systems and improve patient outcomes. Collaborative practice in health care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings.⁵

In addition, better alignment, coordination and collaboration are required among partners within all government departments and the community and business stakeholders. We must work together to ensure that efficiencies are achieved.

Actions

1. Revise legislation and standards related to long-term care and create a new *Long-term Care Act* in collaboration with stakeholders and citizens:

The following highlight some of the key elements that should be addressed in the legislation:

- Person-centred care;
 - Client rights;
 - Financial assessment;
 - Eligibility, co-payment, and discharge;
 - Quality and access to care and supports;
 - Inspections, compliance, and enforcement;
 - Governance* of not-for-profit long-term care providers, including minimum requirements for board competency and performance;
 - Prevention and reporting of abuse and neglect;
 - Screening and training of staff and volunteers;
 - Medication management;
 - Use of chemical and physical restraints; and
 - Personal assistance services.
2. Improve and implement consistent provincial standards with national best practices for quality of care, in nursing homes, special care homes, and home support services and monitor adherence to the standards.
 3. Improve the process for inspecting long-term care facilities to ensure they are providing the best quality of life for seniors.

⁵ http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1

4. Monitor and support service providers' compliance to the *Official Languages Act*.
5. Enhance accountability for government funding and service quality expectations, with clear agreements and effective contract management for nursing homes, special care homes*, home care, and other long-term care providers.
6. Work in partnership with the New Brunswick Association of Nursing Homes to continue to improve processes, quality of care and to find operating efficiencies within the nursing home sector.
7. Explore and implement best practices around nursing home governance including board competency and training.
8. Promote resource sharing for nursing homes, special care homes, home care and other long-term care providers.
9. Revise the long-term care financial policy to support vulnerable seniors wishing to live at home by recognizing the increasing expenses arising from health, disability and support service costs.
10. Shift the focus of funding from institutional care to wellness, home support and affordable housing.
11. Identify and accelerate the implementation of solutions to support sharing of personal information between government departments and care providers across the seniors' continuum of care and support. For example, remove current legislative barriers, and define and expand the implied consent to circle of care*.
12. Support the enhancement and implementation of provincial wellness-related policy across all government departments with a focus on obesity and tobacco-free living.

Initiative 2: Shared financial responsibility



The financial responsibility for the seniors' continuum of care and support must be shared among seniors, their families, community organizations and all levels of government. New Brunswickers should start early to think about what they will need to age well and how they will pay for those services. While many seniors have prepared for their long-term care needs, others will still require financial assistance to meet these needs. Programs that encourage and support seniors in their quest to become entrepreneurs need to be considered to help seniors supplement their income. These seniors are also providing a significant contribution to the economy.

Overall spending for the Department of Health and the Department of Social Development, combined, is more than \$4 billion. Based on current demographic trends, technology advances that enable people to live longer and inflation, the total spending for these departments will be greater than \$7 billion by 2030. This demonstrates that change is necessary to continue to offer quality services to those seniors who need them.

The research community has made it known that it is available to offer assistance in monitoring and evaluation to ensure resources are being used in the most effective and efficient manner. Research can play an important role in the development of policies, practices and services.

Actions

1. Implement the *National Strategy for Financial Literacy*⁶, which would include initiatives to:
 - Engage New Brunswickers in preparing financially for their future years as seniors;
 - Help current seniors plan and manage their financial affairs by identifying and supporting volunteer groups of retired financial advisors to assist with financial management decisions;
 - Improve understanding of and access to public provincial and federal benefits for seniors; and
 - Increase tools to combat financial abuse of seniors, such as those offered by the Financial and Consumer Services Commission of New Brunswick.⁷

*An early milestone of the [National Strategy for Financial Literacy—Count me in, Canada](#) was the publication of the *Seniors Financial Literacy Strategy* to enhance the financial literacy of current and future seniors.*

2. Prioritize the Federal/Provincial Targeted Initiative for Older Workers (TIOW) Program⁸ which is designed to help unemployed older workers get the skills they need to find and keep new jobs, or start their own businesses in order to keep them contributing to the economy and support the *New Brunswick Economic Growth Plan*.
3. Explore and promote ways to reduce the financial burden for individuals and assist in planning for future long-term care needs, such as: long-term care insurance options and savings plans for long-term care similar to Registered Disability Savings Plans (RDSPs)⁹.
4. Ensure that New Brunswickers can access appropriate, consistent, and affordable drug coverage, by continuing to improve and communicate the changes to government-sponsored drug plans, and conduct appropriate reviews of the process used to approve as well as to determine which drugs are covered and which ones are not.
5. Identify, promote and advertise seniors' low-income programs in the Service New Brunswick service centres to recipients of the Guaranteed Income Supplement.

⁶ <http://www.fcac-acfc.gc.ca/Eng/financialLiteracy/financialLiteracyCanada/Documents/SeniorsStrategyEN.pdf>

⁷ <http://www.fcnb.ca/lifestages/financial-resources-for-seniors.html>

⁸ http://www.esdc.gc.ca/en/training_agreements/older_workers/index.page

⁹ <http://www.cra-arc.gc.ca/rdsp/>

Initiative 3: Research and innovation



Research and innovation that help seniors and service providers actively manage their state of well-being and health are essential for transforming from a system originally developed to respond to acute care needs, to a system that is proactive, focused on illness prevention and promotion of healthy aging practices.

New Brunswick has the highest proportion of seniors among the Canadian provinces and a strong history of innovation. As a “living lab,”* New Brunswick is well positioned to serve other jurisdictions as a unique testing ground for new policies and solutions. It is important, however, to seek collaboration on solutions with multiple partners already active in social innovation.

Actions

1. Enable and embrace a culture of social research and innovation on healthy aging and the seniors' continuum of care and support in New Brunswick.
2. Become Canada's social innovation leader in aging through:
 - Exploring opportunities to establish national centres of excellence;
 - Improving coordination of research;
 - Identifying priorities for aging solutions; and
 - Sharing of research results.
3. Identify public, private and non-profit sector partners to work together to create innovative solutions to fill gaps that exist in providing care and support to seniors.
4. Improve New Brunswick's ability to leverage federal research and innovation funding to pilot national aging initiatives.
5. Establish a permanent living lab on aging in New Brunswick.

Initiative 4: Technology enablement



Technology can help maintain seniors' safety, establish new social connections, and improve seniors' ability to live independently. However, many seniors are intimidated when it comes to using electronic devices such as tablets, smart phones and laptop computers.

With the introduction of new applications for technology that are customized to seniors' needs, it is important for seniors to become accustomed to using these devices to assist them in aging.

Offering technology training to seniors will help them be more comfortable and open to using electronic devices.

In addition, New Brunswick's health and long-term care systems must also utilize the latest technology available. It is important that health-care professionals are able to access an individual's health information to better coordinate care services. In this way, seniors will feel confident that all care providers are well informed as to their medical situation.

Enhancing the use of technology should lead to increased efficiency in the system.

Actions

1. Complete the implementation of the following electronic health information systems, and enable the information that is gathered to more easily be shared to assist research related to the health of the population:
 - Electronic Medical Records (EMR);
 - One Patient – One Record;
 - Inter-Resident Assessment Instrument – Long-Term Care Facilities (inter-RAI – LTCF);
 - Drug Information System; and
 - Community Information Technology Strategy.
2. Explore all opportunities to advance Smart Government* objectives to support efficient service delivery to seniors.
3. Identify and implement potential technology solutions, such as care scheduling, information and referrals to services to support seniors and caregivers based on their specific needs.
4. Work with community organizations to deliver technology literacy* training programs for seniors.

Goal 3: To embrace a provincial culture of person-centred care and support



New Brunswickers have confirmed they want to be engaged and participate in the planning and development of the programs and services that are available to them. They want to make sure their values, cultural background, religious beliefs, social circumstances and lifestyle choices are considered. Above all, when receiving services, seniors want service providers to demonstrate compassion, empathy, and respect.

It is important that the aging experience is positive. This means the care and support they receive must focus on the person.

Person-centred care is a way of thinking and doing things. It requires professionals to work collaboratively with seniors and their families when making decisions about the senior's care. It means thinking about things from the person's point of view. It not only considers the person and their family's perspective, it engages them in the decision-making as it relates to care and support.

In the past, seniors had to accept what programs and services were available to them. Today, programs and services need to be more flexible to meet seniors' needs.

There are many different aspects of person-centred care, including:¹⁰

- respecting people's values and putting people at the centre of care;
- taking into account people's preferences and expressed needs;
- coordinating and integrating care;
- working together to make sure there is good communication, information and education;
- making sure people are physically comfortable and safe;
- emotional support;
- involving family and friends;
- making sure there is continuity between and within services; and
- making sure people have access to appropriate care when they need it.

The current health-care system must adopt a person-centred care approach. This requires that professional health-care workers have geriatric training so they understand the needs of seniors better and how best to serve them. Hospitals as well as communities need to be "age-friendly."

In addition, leaders within the health and social services systems must embrace a person-centred culture and inspire others in their organization to put the person and their family at the centre of any care plan. Research indicates that listening to the voice of those receiving services and having them participate in their care plan can have positive effects on their health.

While access to appropriate health care is essential, the goal is to avoid unnecessary hospitalization of seniors or placement in long-term care facilities. To achieve this goal requires community supports including home support services to be available.

We need to attract formal caregivers* to this field of work and they must receive appropriate training and incentives to keep them working in this field.

Some areas of New Brunswick do not have home support agencies that offer care and support to seniors within the community. This poses problems for those seniors who still live at home but may need some support.

To help in this situation, existing service providers in these areas should extend the services they provide to their specific client group to seniors in the broader community.

For example, more nursing homes in New Brunswick could open their doors to seniors in the community and offer services to them, as well as to the seniors who reside in the home. Around the world, nursing homes are implementing a program referred to as *Nursing Homes Without Walls*. These facilities offer health and social services to those in need of long-term care, but who do not need the level of care that would require them to reside in the nursing home. The concept means that current nursing homes would provide programs and services to the community, potentially outside the walls of the actual nursing home. It could involve offering meals on

¹⁰ <http://pickerinstitut.org/about/picker-principles/>

wheels, exercise classes, a blood clinic, and other services to those not living in the nursing home and welcoming the broader community to access needed services.

To achieve this goal, the council has identified the following four initiatives:

1. Care workforce management and training;
2. Access to care and services;
3. Person-centred care and coordination; and
4. System navigation and community support.

Initiative 1: Care workforce management and training



Those working in the human services sector, including workers in community residences and special care homes as well as those who provide support to seniors and families in their homes, are essential partners in providing care and support to those in need and it is vital that these caregivers are qualified and well-trained.

“Seniors not able to live alone and who need to be in assisted facilities to receive supervision are not cared for by qualified personnel.”

“A parent at home receives services to help them stay at home, but some of the caregivers don’t have the qualifications to meet the person’s service needs.”

“Some of these workers are working two jobs to make ends meet and I question their qualifications.”

Not only it is critical to ensure the existing care workforce have the skills they need to provide excellent care to our aging population, but since the need for these workers will increase as the proportion of our senior population continues to increase, we must promote this as an attractive career option in New Brunswick.

If people are to be encouraged to enter this field of work, there must be proper education and training, a fair wage and opportunities to advance in their career.

Actions

1. Develop a comprehensive human resource plan for those working in the human services sector who provide services to seniors and their families:
 - Promote the senior care sector career options with secondary and post-secondary students and institutions;
 - Establish an “attractive wage” and salary scale based on training, certification, and evaluation;
 - Develop career paths and ladders by clarifying the knowledge, skills, experience and requirements needed for progression throughout the care workforce;
 - Develop incentives to attract and retain care workers;
 - Expand formalized scope of practice for care workers to improve services for seniors;
 - Require increased geriatrics and dementia training in post-secondary education programs;
 - Highlight the importance of geriatric studies to associations, health professional schools, the post-secondary education sector and the Maritime Provinces Higher Education Commission; and
 - Promote a vocational training model related to care aid within high schools.
2. Implement aptitude evaluations, core competency training requirements and performance management for formal caregivers to enable person-centred care.
3. Promote opportunities in the senior care workforce to immigrants and individuals seeking employment using the experiential learning initiative¹¹ as an example.

¹¹ http://www2.gnb.ca/content/gnb/en/news/news_release.2016.08.0732.html

Initiative 2: Access to care and services



Timely access to family physicians, medical specialists and mental health services is a major issue for seniors in New Brunswick but even more so in rural areas of the province.

Our current model of providing health and long-term care must change to make better use of existing community resources to fill gaps in services that exist in the current system.

Health care represents the government's biggest budget pressure but it also is a service that has a big impact on the quality of the lives of our seniors. Unfortunately, some people face barriers to health care services including physical inaccessibility, socio-cultural issues or the cost of non-insured health services (e.g., eye and dental care, mental health counselling and prescription drugs). Poor access to health care comes at both a personal and societal cost.¹²

If we are to become one of the healthiest provinces in Canada in the next 10 years, we must make major changes to the way health-care services are provided. We need to introduce more health-care services in communities to support families in their health-care choices and ensure better access to health-care professionals.

"We have a family doctor but booking ahead two months in advance does not take care of my emergency needs. Many trips to the emergency room could have been avoided if Nurse Practitioner services were available."

"It is a hardship to maintain a family doctor when you reach our ages. Our doctors are retiring as well. We were both lucky to have found a family doctor, but others are not."

"When you have to wait a year or more to see a specialist for your health issues, it makes everyday living pretty rough."

¹² <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/cphorsphc-respcacsp07i-eng.php>

Actions

1. Reform the primary health care model for seniors through pilot projects in the community that will improve relevant and timely access to care, services and specialists. For example:
 - In-home health care;
 - Online dispatch centre;
 - PRIME model;
 - Community health centres; and
 - Access to geriatric specialists.
2. Evolve and expand role of community resources where there are gaps in services to provide a combination of care, respite, rehabilitation, recreation and volunteer supports. For example:
 - Long-term care facilities;
 - Nursing homes;
 - Senior resource centres;
 - Senior groups;
 - Community centres;
 - Parish nursing;
 - Nurse practitioners;
 - Paramedics;
 - Volunteers; and
 - Adult day centres.
3. Improve the long-term care assessment process so it is more timely and easier for seniors and their families to complete and access the right services at the right time and in the right place.
4. Create a comprehensive waitlist management program to improve access to services that includes, but is not limited to the following:
 - Extra Mural Program assessments for home modifications, equipment, safety and individual exercise programs;
 - Access to medical equipment to support mobility for home-based services;
 - Consolidate home-based medical equipment loan programs;
 - Housing modifications;
 - Care services, specifically surgeries; and
 - Refusal and transfer policy.
5. Coordinate timely access to specialized medical health care services*, including surgical, and mental health care and find ways to increase access to the next available specialist.
6. Examine access to services in the language of choice and recommend standards for delivering services in both Official Languages.
7. Support the *Action Plan for Mental Health in New Brunswick*¹³ and ensure that its renewal has a focus on seniors.
8. Create mobile crisis intervention training and support in care facilities and the community for complex cases such as those dealing with dementia.

13 <https://www.gnb.ca/0055/pdf/2011/7379%20english.pdf>

Initiative 3: Person-centred care and coordination



Person-centred care means that the needs of the senior come first. It means service providers across the seniors' continuum of care, and support must put the senior and their families as the focus of their policies and practices and involve the senior and their family in the decision-making process.

Making sure that seniors and their families are engaged in making decisions about their needs is very important. By implementing a culture of person-centred care, the aging experience for seniors will be improved.

In addition, those providing care and support to seniors must work together in a more coordinated way.

Changing the culture within a system requires leaders to champion the behaviours required to adopt the change.

Leaders must be able to recognize the need for change and be willing to lead the change.

Those providing care and support to seniors will more readily adopt the new culture and implement the required behaviours into their practices when it comes from senior leadership.

"The care is too often not appropriate and seniors are neglected."

"Hospital staff in this setting just do not have the time or training to deal with dementia patients."

"The individual is often not listened to, nor asked for their opinions. Families are not recognized as being capable caregivers..."

"My mother had walking limitations for a period of seven months before finally getting her surgery. The waiting time was too long with the pain."

Actions

1. Develop and implement a provincial dementia strategy that will align with the proposed National Dementia Strategy.
2. Engage and educate leaders in the care and support community to champion a person-centred culture throughout the province and incorporate it into their vision, mission statements, values, policies, practices, and decision-making processes and actions.
3. Implement a provincial training program to adopt a person-centred culture.
4. Develop and implement a senior-friendly hospital strategy.
5. Protect citizens' rights to be treated fairly and with dignity and respect, regardless of their age, gender, language, ethnic origin, gender identification, sexual orientation, economic status or religious beliefs (or non-beliefs) by creating a seniors' ombudsman.
6. Assess and improve seniors' service experience throughout the seniors' care continuum, including:
 - Early detection and diagnosis;
 - Hospital discharge process;
 - Home support services; and
 - Toll-free Seniors' Information Line¹⁴
7. Encourage and support the enhancement of the Chimo* helpline to include support for seniors, families and other individuals in reporting suspected elder abuse.
8. Establish a care management and coordination program for complex care that has the responsibility to communicate and coordinate services across all health and long-term care providers.
9. Establish stronger guidelines to resolve overmedication and prescribing practices for all prescribers.
10. Develop and implement a palliative care strategy that includes considerations for person-centred and community-based options.
11. Provide more appropriate care, with minimum standards for environment and staff training, to those seniors who are unnecessarily in an acute care bed in hospital (referred to as Alternate Level of Care* patients), due to a lack of options, primarily those who have dementia or who are awaiting to be placed in a setting more appropriate to their needs.

¹⁴ http://www2.gnb.ca/content/gnb/en/services/services_renderer.201360.Seniors_Information_Line.html

Initiative 4: System navigation and community support



The current health-care system and senior care continuum can be very confusing. Most people are not sure what services are available in their community or where to start to search for them. New Brunswick seniors and their families want information related to programs and services to be readily available, accessible and understandable.

While some seniors are able to use the Internet to find what they are looking for, others are not able to do so. Thus, it is important to have a physical space where seniors or their families can go to get information they require. To avoid being identified as vulnerable it might be possible to consider integrating a seniors' resource centre with a local coffee shop or other place that seniors frequently visit.

New Brunswick seniors have said they would find it even more helpful if there was a person who they could contact to assist them in their search for programs and services.

The community must commit to helping seniors in their efforts to find the information they need to support their aging needs.

"It is very hard in New Brunswick to get information, it is not available without asking and sometimes you don't know what to ask.

There should be more information to help seniors."

"I am the sole caretaker for my parents, and while I tried to take care of them for three months, I just could not do it alone. At the time, I was not aware of the social services I could access for help."

"I have consulted seventeen potential sources for help, all to no avail. Better access to information and training should be available to individuals and family members to adequately and safely care for family members..."

Actions

1. Establish a community-based single point of contact to offer seniors information on supports and services available in the community and from government.
2. Develop a coordinated electronic user-friendly guide and database of current community, non-profit, private, and government services.
3. Establish a seniors' navigator role to coordinate and provide guidance to seniors and their families who need assistance in accessing services.
4. Make changes within the Service New Brunswick service centres so that they are more "senior friendly".

Moving forward – A collaborative approach

This strategy is aspirational and sets a vision for how to improve the way in which seniors receive care and support to ensure a positive aging experience. We must work together to achieve the goals that have been set to ensure we have a sustainable health and social system for the future.

It will be vital to the success of improving the aging experience for seniors in New Brunswick that implementation be a shared responsibility. The council urges all partners that have a stake in the aging experience of New Brunswickers to take responsibility where their sector is implicated. Using a collaborative approach, representatives from the private sector, research community, universities, non-profit organizations, professional associations, local community groups and all level of governments, and from the council must be involved in making sure that this strategy moves from ideas to action.

The council recommends that the government develop a clear implementation plan that will identify who will be responsible for the various actions and establish timelines for implementation. Those responsible to operationalize the implementation of this strategy should have, but not be limited to, the following responsibilities:

- unify the various government departments and stakeholders involved in moving the strategy forward;
- identify actions with the greatest impact on seniors' healthy aging and care, and make them the priority for implementation;
- ensure the implementation of the actions in the strategy;
- develop and track indicators and measures to assess the impact of the strategy;
- monitor and report on progress both to the Premier and to the broader public; and
- recommend revisions to the strategy, as may be needed.

The council recommends that secretariat support continue to be provided from within the government to support the implementation of this strategy.

Where existing structures exist, they should be used to implement actions within the strategy. For example, the Priority Delivery Units that have been created within the provincial government to ensure that there is better coordination between all government departments for cross-departmental initiatives.

Making the vision within this strategy a reality will require leadership. Every stakeholder must recognize that he or she has a role to play in making life better for New Brunswick seniors.

While allocating ownership to actions within this strategy brings a sense of responsibility to all stakeholders, there must also be some accountability. Therefore, measures and targets will be established in conjunction with the research community including the New Brunswick Health Council, to allow for reporting on accomplishments and achievement of the desired outcomes.

The following are examples of measures and targets that could be considered:

- the rate of overweight and obesity for youth aged 12-17 will be reduced from 25.3% to 22.8% by 2020
- the percentage of seniors receiving services in their own homes versus in a nursing home or special care home will be increased from 35% to 36% by 2018.
- the percentage of patients with access to a family doctor within 48 hours will be improved from 30% to 35% by 2020.

The exact measures and targets will be identified as part of the implementation plan and monitored regularly to ensure that progress is being made to achieve results.

Appendix A – Glossary

Term	Definition
Acute care	Hospital-based acute care is a key component of the continuum of health-care services in Canada. It provides necessary treatment for a disease or severe episode of illness for a short period. The goal is to discharge patients as soon as they are healthy and stable. ¹⁵
Advance directives	Advance directives are legal documents that describe what you want for your medical care, finances and estate. They allow you to clearly outline your decisions about end-of-life care and who will act on your behalf when necessary. Advance directives take effect only when you become unable to make decisions. ¹⁶
Ageism	Prejudice or discrimination on the grounds of a person’s age. (Oxford dictionary)
Alternate Level of Care (ALC)	This is the percentage of acute care hospital days used by patients who no longer require acute care but are waiting to be discharged to a setting more appropriate to their needs. The vast majority of ALC days are associated with elderly patients
Asset-based Development Approach	A strength-based approach that focuses on the positive assets that exist to build capacity to create positive change (rather than a problem-based, needs approach). Assets include skills and knowledge of individuals; the connections and reach of organizations; resources, material and infrastructure; as well as supports and services of local institutions.
Chimo Helpline	Chimo is a provincial crisis phone line, accessible 24 hours a day, 365 days a year to all residents of New Brunswick that provides a listening ear, helpful information, crisis intervention and referrals to more than 4,000 resources in the province.
Chronic health condition	A chronic health condition is a prolonged condition that generally cannot be prevented by vaccines or cured completely. It lasts more than 12 months, may require continuous treatment, and is severe enough to result in some limitations on day-to-day activities.
Circle of care	This is a term commonly used to describe the ability of certain health information custodians to assume an individual’s implied consent to collect, use or disclose personal health information for providing health care, ¹⁷ in circumstances defined in the <i>Personal Health Information Privacy and Access Act</i> .

15 Canadian Institute for Health Information (2016). Acute Care. Retrieved from: <https://www.cihi.ca/en/types-of-care/hospital-care/acute-care>

16 <http://www.cancer.ca/en/cancer-information/cancer-journey/advanced-cancer/advance-directives/?region=on#ixzz4PWAYK2m>

17 <https://www.ipc.on.ca/wp-content/uploads/Resources/circle-of-care.pdf>

Term	Definition
Co-housing	The Canadian Co-housing Network describes cohousing as neighbourhoods that combine the autonomy of private dwellings with the advantages of shared resources and community living. Cohousing neighbourhoods tend to offer environmentally sensitive design with a pedestrian orientation. They typically range from 10 to 35 households emphasizing a multi-generational mix singles, couples, families with children, and elders. The concept came to North America in 1988 from Denmark, where it emerged in the early 1960s.
Consumer Price Index	The Consumer Price Index (CPI) measures the cost variation of pre-defined “goods” (including food, shelter, household furnishings and equipment, transportation, health and personal care, recreation, education and reading materials, alcoholic beverages and tobacco).
Dial a Ride	A term used for a variety of programs that are established by non-profit community groups to offer transportation options to seniors, students and low-income persons. These programs rely on volunteers and in some instances involve a bus or the use of personal vehicles.
Formal caregiver	Those persons who are paid to give care.
Governance	According to the United Nations on Educational, Scientific and Cultural Organization (UNESCO), governance refers to the provision of direction and oversight of management – those who run the organization – to ensure that the organization is achieving the desired outcomes and to ensure that the organization is acting prudently, ethically and legally.
Home support services	Seniors can get home support services if they need assistance with personal care needs or with essential light housekeeping tasks. Personal care needs may include help with dressing, bathing, grooming and transferring. Housekeeping tasks may include activities such as cleaning, laundry, meal preparation and other household tasks. Home support services can also be provided as a respite service. Seniors can pay for these services themselves or get assistance from government if required.
Informal caregiver	A person who is not paid to provide care. Often informal caregivers are family members and friends who provide care to individuals who are either temporarily or permanently unable to function independently.
Intergenerational	Is something that relates to, involves, or affects several generations.

Term	Definition
Living lab	A living lab is defined as a user-centred, open innovation ecosystem based on a systematic user co-creation approach integrating research and innovation processes in real life communities and settings. ¹⁸
Long-term care	Long-term care refers to a range of personal supports, physical, social and mental health services required by individuals who, because of long-term functional limitations, need assistance to function as independently as possible.
Nursing home	There are 66 licensed nursing homes in New Brunswick with 4,587 beds providing nursing home services* to residents. Most nursing homes are independently owned by a board of directors and are formed under the province's <i>Companies Act</i> , as non-profit organizations.
Nursing home services	Nursing home services are for individuals who are medically stable and who need access to nursing care 24 hours per day, seven days per week. Services in nursing homes emphasize the resident's physical, social and psychological independence. These services include resident care, resident support and general administration. Nursing homes are staffed with registered nurses, licensed practical nurses, resident attendants, dieticians, personnel in laundry, kitchen, activation, rehabilitation, maintenance and administration.
Person-centred care	In person-centred care, health and social care professionals work collaboratively with people who use services. Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their health and health care services. It is coordinated and tailored to the needs of the individual and ensures people are treated with dignity, compassion and respect. ¹⁹
Portable rent supplements	The government's Rent Supplement programs provide assistance to households in need so that they may obtain affordable, adequate and suitable rental accommodation by subsidizing rents in eligible rental dwellings. Portable rent supplements are assigned to a person rather than to a landlord to give the eligible individuals the freedom to choose housing that meets their needs.

18 <http://www.openlivinglabs.eu/FAQ>

19 The Health Foundation (2014). Person-Centred Care Made Simple. P.3. Retrieved from: <http://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf>

Term	Definition
Primary health care	Primary health care means the first level of contact of individuals, a family or the community with the health system and the first level of a continuing health-care process and may include health education, promotion and prevention at the individual or community level, assessment, diagnostic services, intervention and treatment.
Residential facility	Residential facilities are approved under The Family Services Act to provide care and supervision to individuals in need of special assistance. They include special care homes and community residences. Clients using these services require some assistance or supervision with mobility, individualized assistance/supervision with personal care and activities of daily living (tasks related to personal care; e.g., eating, dressing, grooming, indoor mobility, transfer, bathing, foot care and bowel and urinary management).
Respite care	<p>Respite care involves short term or temporary care of a few hours or weeks. Respite care is designed to provide relief to the informal caregiver, usually a family member. Respite care can be provided by an informal system of family members or friends or through the services available under the provincial long-term care programs such as:</p> <ul style="list-style-type: none"> • Day Activity Centres for Seniors provide caregiver relief, social support and meaningful social/ recreational activities in a group setting; • Relief care gives support to families or caregivers. Temporary relief can be provided in a person’s home, a special care home or a nursing home.
Rural communities	Rural communities are defined as areas with fewer than 1,000 inhabitants.

Term	Definition
<p>Seniors’ continuum of care and support</p>	<p>The seniors’ continuum of care and support refers to the range of health and social services available to seniors, including primary care (including prevention and health promotion), institutionally based care, and community and home-based services that promote health maintenance, rehabilitation and palliative care at the end of life²⁰. In New Brunswick, the continuum includes:</p> <ul style="list-style-type: none"> • primary health care; • long-term care; • home care and home support; • community residences; • memory care homes; • generalist care homes; • special care homes; • nursing homes; • Extra Mural Program; and • hospital and acute care.
<p>Smart government</p>	<p>This term refers to the use of innovative policies, business models, and technology to address the financial, environmental, and service challenges facing public sector organizations.²¹</p>
<p>Social determinants of health</p>	<p>There is a complex set of factors or conditions that determine the level of health of every Canadian. The Public Health Agency of Canada list the determinants of health as:</p> <ul style="list-style-type: none"> • income and social status; • social support networks; • education and literacy; • employment/working conditions; • social environments; • physical environments; • personal health practices and coping skills; • healthy child development; • biology and genetic endowment; • health services; • gender; and • culture.

20 Canadian Medical Association (2010). Funding the Continuum of Care. Retrieved from: <https://www.cma.ca/Assets/assets-library/document/en/advocacy/PD10-02-e.pdf>

21 <http://www.igi-global.com/dictionary/smart-government/45119>

Term	Definition
Special care home	Special care homes are privately owned and operated residential facilities in New Brunswick. They provide residential services to clients (adults and seniors) who do not require a high level of care and professional nursing services on a regular basis; specialized care bed homes provide residential services to seniors with dementia who do not require nursing care services regularly.
	This refers to services provided by surgical and medical specialists that are not provided by a primary health care provider (general practitioner or nurse practitioner).
Technology literacy	Technology literacy is a general understanding of technology, such as computers, iPads, mobile devices and digital household appliances; so that a person can function effectively in a technology-dependent society where rapid technological change is the norm.
Wellness	Wellness is the optimal state of health and well-being of individuals and groups. It is the ability of people and communities to reach their fullest potential, both in terms of health and in terms of fulfilment of purpose. The active pursuit of good health and the removal of personal and societal barriers to healthy living are key elements to achieving wellness. ²²

²² Government of New Brunswick (2014). New Brunswick's Wellness Strategy. P.6. Retrieved from: <http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/Wellness-MieuxEtre/NewBrunswickWellnessStrategy2014-2021.pdf>

Appendix B – Data sources

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2. Statistics Canada, Population Projections for Canada, Provinces and Territories
3. Statistics Canada, Life Tables, Canada, Provinces and Territories
4. Statistics Canada, National Household Survey 2011
5. Statistics Canada. Labour Force Survey Estimates, 2015. CANSIM Table 282-0003
6. Statistics Canada. Taxfiler data, 2015. CANSIM Table 051-0012
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15. New Brunswick Department of Social Development, Nursing Home Services – Monthly Caseload Trends
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17. Department of Social Development, Long-term Care Branch administrative files
18. Statistics Canada, Canadian Community Health Survey, 2011
19. New Brunswick Health Council – The Cost of Chronic Health Conditions to New Brunswick – June 2016 (Government of New Brunswick, Consolidated Financial Statements, Volume 1, Public Accounts for the fiscal year ended 31 March 2015)
20. <http://www.cia-ica.ca/docs/default-source/2013/213054e.pdf>
21. Statistics Canada. Table 105-0502 - Health indicator profile
22. New Brunswick Health Council – Chronic conditions and health service quality: Are we meeting the need? – October 2016

Appendix C – Acknowledgements

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Aaron Smith	Ernst & Young Consulting Senior Manager, Health Advisory Services
Alexander MacKinnon	Ernst & Young Consulting Senior Consultant – Advisory Services

* Secretariat staff

Appendix D – Council on Aging Member Profiles

To participate as a member of the Council on Aging, the government sought individuals to represent different perspectives on aging including: seniors, families, medical professionals, caregivers, academics and researchers, representatives from non-profit and community organizations, businesses, municipalities, First Nations, the labour force, and those with intergenerational and dementia perspectives, as well as those living in rural areas.

Below are the profiles of the Council members:

Member	Region	Profile
Ken McGeorge B.S.,D.H.A.,C.H.E.	Fredericton	Ken is the former president and chief executive officer at York Care Centre. Having worked for many years as a health service executive Ken has developed a broad knowledge of the health and social system. Ken was involved in transforming the York Care Centre into a Centre of Excellence in Aging Care in Atlantic Canada.
Dr. Suzanne Dupuis-Blanchard, Ph.D., R.N.	Moncton	Suzanne is an experienced nurse with more than 20 years working in community health nursing and gerontology. As Director of the Center for Aging Research at l'Université de Moncton Suzanne has a great deal of knowledge on the diverse aspects of aging-in-place as well as number of other age related topics.
Jean-Luc Bélanger	Dieppe	Jean-Luc is the Directeur général de l'Association francophone des aînés du Nouveau-Brunswick. He has several years of experience working on a number of social issues in New Brunswick including the Acadian Seniors' (50+) Games. He has worked with a number of francophone municipalities to encourage them to adopt age-friendly practices.
Dr. Ian MacDonald	Fredericton	Dr. MacDonald is a retired family physician having worked several years in Fredericton. He is the founder and Chair of the Capital Region Seniors and Retired Physicians (NBMS). Dr. MacDonald is also a facilitator and Chair of the Fredericton Cancer Support Group.
Anne Marie Gillis	Saint John	Anne Marie is a retired registered nurse and nurse instructor and the Board chair of the Saint John Multicultural and Newcomer Resource Centre.

Haley Flaro	Fredericton	Haley is the Executive Director, Ability NB. She has initiated several unique and successful community-based services and projects in rural and urban communities including services for persons with a mobility disability, seniors, persons living in poverty and youth.
Rinette Côté	Lac Baker	Rinette is a retired Associate Professor of Nursing, Université de Moncton Campus d'Edmundston. She has expertise in adult health problems and aging, including palliative care and long-term care for the elderly.
Marianne Mallia	Upper Kingsclear	Marianne has a PhD in Psychology and Education. She has professional experience in education, business, mental health and health and wellness. Marianne is a Board Committee Member on the Third Age Centre St. Thomas University.
Jacqueline Matthews	St. Stephen	Jacqueline has held the position of President and Vice President of Fundy Region Transition House Inc. She has a business background with significant years of community involvement, including working on women's issues related to domestic violence. Jackie is an experienced caregiver to a senior spouse
Ron Toivanen	Bathurst	Ron has years of experience working as a human resource professional and has been involved in strategic initiatives, project management, budgeting, policy and procedure development.
Steve Epworth	Sackville	Steve is president of Epworth Consulting Inc. (ECI) - a company dedicated to assisting First Nations and Aboriginal associations in the Atlantic Region towards building stronger native communities.
Annabelle St. Laurent (deceased)	Tracadie-Sheila	Annabelle was a registered nurse who worked for several years in hospitals in New Brunswick. She had years of experience in geriatrics as well as working in psychiatry, community mental health and addiction services. Annabelle also worked as a nurse with the Extra-Mural program in Miramichi.
Cindy Donovan	Saint John	Cindy is the Administrator of the Loch Lomond Villa Nursing Home. She has a great deal of experience in resident-centred care methods and philosophy. Cindy has gathered innovative ideas from other jurisdictions to enable resident-centred environments for the elderly, particularly those suffering from dementia.

Flora Dell	Moncton	Flora has an educational background in gerontology with experience in active living for older adults, physical activity and aging, as well as being on various advisory boards for arthritis and osteoporosis. She was the first woman on the Council for the Town of Riverview, New Brunswick and works to improve the health of older adults. She was instrumental in helping Moncton become a recognized age-friendly community.
Carolyn Wrobel	Moncton	Carolyn has an educational background in sociology and psychology. She is an experienced early childhood educator; youth care worker and family support worker.
Dr. Sanjay Siddhartha	Miramichi	Dr. Siddhartha is the Chief Psychiatrist with the Horizon Health Network in Miramichi. He has years of experience practicing psychiatry with extensive research knowledge. He has worked with older adults, persons with anxiety, depression and eating disorders.
Dan Gillis	Moncton	Dan is the co-founder of Ongozah, a company that connects corporate volunteers and their resources to projects within the non-profit and charitable sector. He is the creator of a technology platform that helps solve world problems and founder of a creative social hub for young entrepreneurs.

