Perspectives on a Provincial Healthy Aging Plan

Summary of Consultations

Newfoundland Labrador

Contents

Forward

We live in interesting and challenging times. In 2006, our province set two national records. We are the first province to have more deaths than births. We also have the highest median age at 41.3 years. In addition, the first of our baby boomers turned 60. We are more healthy and living longer. We are aging in greater numbers! How will our future look?

Perspectives on a Provincial Healthy Aging Plan – Summary of Consultations is the first phase of the *Provincial Healthy Aging Policy Framework and Implementation Plan*. It has come about through a great deal of community consultation. Healthy aging is best seen as a process. It includes health, security and getting involved. This will enhance our lives as we age. Healthy aging begins at birth. It continues throughout life. Healthy aging concerns all age groups. It requires a broad, holistic approach.

This document presents the first part of Government's commitment to address aging. The **Background**:

- **Provides information on the history of the *Provincial Healthy Aging Policy Framework and Implementation Plan***
- **Shows demographics**
- **Relates vision and principles**
- **Defines healthy aging**
- **Describes how health is determined**

The second part describes **Major Themes** that emerged from community consultations. These include:

- **Recognition of Older Persons**
- **Celebrating Diversity**
- **Supportive Communities**
- **Financial Security**
- **Health and Well-Being**
- **Education and Research**

The **Conclusion** is followed by a glossary and references. It provides a brief summary and introduces the *Provincial Healthy Aging Policy Framework and Implementation Plan*. These will be released in 2007.

Background

History

A Ministerial Council will establish healthy aging as a priority for government, including a greater emphasis on promoting healthy lifestyles, preventing illness and injury, and involving seniors directly in planning and implementing programs and services that are important to them.

(Our Blueprint for the Future, 2003)

The Newfoundland and Labrador population is aging. By 2017 20 per cent of our people will be over 65. Forty-five per cent will be over 50 years. What policies, programs and services will our aging population need? How can these needs be identified and addressed now and into the future?

In 2003, the Government of Newfoundland and Labrador made "healthy aging" a priority in *Our Blueprint for the Future*. The Minister of Health and Community Services was asked to lead a Ministerial Council on Aging and Seniors. This is made up of government Ministers from departments that impact aging and seniors. The Ministerial Council was asked to come up with a plan that promotes independence and well-being for seniors.

The Provincial Advisory Council on Aging and Seniors was also established. This is made up of seniors and those with an interest in aging and seniors issues. The Council advises Government on quality of life issues for seniors. It promotes public discussion on aging. The Parliamentary Secretary to the Minister of Health and Community Services was appointed to lead the Provincial Council.

The Government has formed a new Aging and Seniors Division in the Department of Health and Community Services. This shows further commitment to seniors. The Division is a centre of expertise and knowledge on aging and seniors. It works with government and the community. The Division ensures that the voices of seniors are heard as legislation, policies, programs and services are developed. It ensures that research evidence is used to make policy.

The *Provincial Healthy Aging Policy Framework and Implementation Plan* has been a priority for the province. A 2006 discussion document and senior's profile, *Healthy Aging for All in the 21st Century*, was widely distributed to the public.

Forum Participants included:

- Seniors Organizations
- Regional Health Authorities
- Post Secondary Institutions
- Professional Organizations
- Unions
- Community Based Organizations
- Levels of Government

These formed the basis for consultations held in 17 Newfoundland and Labrador communities. Over 1000 people took part.

Consultations were followed by a June 2006 provincial forum. Many organizations with an interest in aging participated.

This document, *Perspectives on a Provincial Healthy Aging Plan - Summary of Consultations*, presents what was heard through community consultations, briefs and submissions, and the provincial forum. There is also a review of research on issues raised at the consultations.

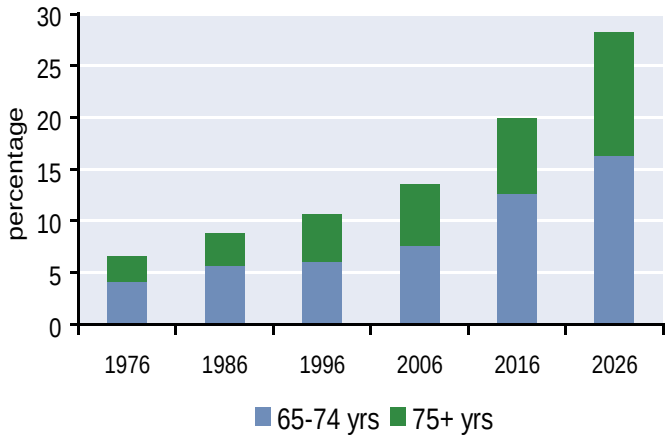
This document reflects the community's vision of healthy aging. Aging is seen to combine the issues of wellness with illness and normal changes that occur with age. It also shows that Government is committed to involve seniors in planning for the future. This will help form the basis of the *Provincial Healthy Aging Policy Framework and Implementation Plan* to be released in 2007.

Our Population

The population of Newfoundland and Labrador is aging faster than that of the rest of Canada. Currently, in 2007, people over the age of 65 make up about 13.9 per cent of the population. This is expected to increase to 20 per cent within 10 years.

It is projected that 28 per cent of the population will be over 65 by 2026. Twelve per cent will be over 75.

Seniors as Percentage of Total Population Newfoundland and Labrador 1976-2026



Source: Economics and Statistics Branch. Dept. of Finance (Medium scenario as of Sept. 2006)

There are differences within the province when it comes to age. For example, the Aboriginal population is younger than the rest of the province. Seniors 65 or older made up only 4.7 per cent of the Aboriginal population in 2001.[1] Seniors in the province overall made up 12.3 per cent.[2]

Aging is key to planning future programs and services in the province. It will also affect communities and regions as they look to share services.

What our population looks like now and what it will look like in 2021

Rural Secretariat Region	Percentage of Population Age 65+	
	2006	2021
Labrador	6.4	14.9
St. Anthony - Port au Choix	15.3	33.1
Corner Brook - Rocky Harbour	15.3	26.9
Stephenville - Port Aux Basques	15.4	30.9
Grand Falls-Windsor - Baie Verte - Hr. Breton	15.7	28.3
Gander - New-Wes-Valley	16.6	29.3
Clarenville - Bonavista	16.6	28.0
Burin Peninsula	12.7	26.0
Avalon Peninsula	12.3	21.6

Source: Economics and Statistics Branch. Dept. of Finance (Sept. 2006)

A number of factors have added to our aging population. People are more healthy and living longer. The first baby boomers (born between 1946 and 1965) are reaching the age of 60! There is also an in-migration of retired people. These have returned home or have chosen to retire in Newfoundland and Labrador. Of 10,000 people who in-migrated in 2004-2005, 1348 (13.5 per cent) were 50 years or older.

Out-migration of younger people has also added to population aging. This also makes for a low birthrate in our province. In 2005, we were the first province or territory to see more deaths than births in a year. While some might see this as “a perfect storm,” the Government of Newfoundland and Labrador sees it as an opportunity to build on the contributions and resources of an aging population!

This review provides a snapshot of our aging population. It presents both opportunities and challenges. It provides a chance to reflect, and act, on our beliefs about “aging”. Some experts insist that population aging will have serious and costly effects. Others argue that population aging can be managed. Our province is active in working with communities to be more age-friendly and supportive. This will improve the lives of seniors.

The reality of our aging population provided a strong background for community consultation. A stated vision and set of principles were important when receiving feedback on a *Provincial Healthy Aging Policy Framework and Implementation Plan*.

Vision and Principles

For individuals, families, communities, and society as a whole to foster healthy aging in order to achieve optimal health and well-being.

Vision

The vision guiding the *Provincial Healthy Aging Policy Framework and Implementation Plan* is based on that of the National Framework on Aging: *Canada, a society for all ages, promotes the well-being and contributions of older people in all aspects of life.*

It also draws on the vision of the province's Department of Health and Community Services: *For individuals, families and communities to have achieved optimal health and well-being*.

The following vision was recommended by the Provincial Advisory Council on Aging and Seniors and the community consultation process: *For individuals, families, communities, and society as a whole to foster healthy aging in order to achieve optimal health and well-being*.

Principles

The principles below are based on those of the National Framework on Aging. These were recommended by the Provincial Advisory Council on Aging and Seniors. The community consultation process endorsed them as forming the basis of a *Provincial Healthy Aging Policy Framework and Implementation Plan*.

Dignity: **Being treated with respect; recognized for one's contributions; and having self-esteem.**

Self-Fulfillment: **Having the chance to reach one's full potential with access to educational, cultural, spiritual and recreational resources.**

Social Inclusion: **Being accepted and able to fully take part within our families, communities and society.**

Independence: **Being in control of one's life, making one's own choices, and being able to do as much for oneself as possible.**

Healthy aging has been defined by Health Canada as:

...a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions.

Safety and Security: **Having enough income as one ages; having access to a safe and supportive environment free of fear, exploitation and violence.**

Fairness: **Having diverse needs seen as equal, no matter one's age, gender, racial and ethnic background, disability, or status.**

Healthy Aging Defined

"Health" refers to physical, mental and social well-being. "Healthy aging" refers to people making the most of overall well-being as they age. This includes those who are well, frail, disabled or need care.

Perfect health is not required for healthy aging. Making the most of health is key. All people can experience positive health and well-being. This includes those who are impaired or have health issues. One can learn to live well, in spite of limits. This is a true mark of health and strength.

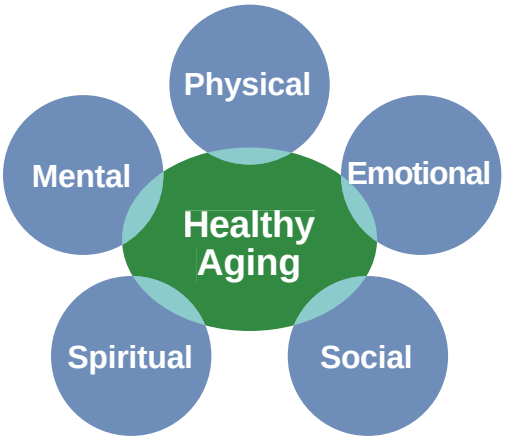
In the past, healthy aging has been described mainly in physical terms. The focus has been more on treating disease. There has been movement towards a new way of looking at healthy aging. Our *Provincial Wellness Plan* supports a healthy aging approach that includes all people.

The Federal/Provincial/Territorial Working Group on Healthy Aging suggests that aging should not be defined as negative. Their approach:

- **Values and supports the contributions of older people;**
- **Celebrates diversity, addresses negative attitudes about aging, and promotes fairness; and**
- **Provides age-friendly environments and opportunities for older Canadians to make healthier choices, which will enhance their independence and quality of life.**

Determinants of Health

In *Healthy Aging for the All in the 21st Century - A Discussion Document* we discussed factors that affect our health as we age. These were identified by the World Health Organization. These factors are called "the determinants of health". They must be taken into account for a *Provincial Healthy Aging Policy Framework and Implementation Plan* for this province.



During consultation, people were asked to describe factors that impact health, well-being and healthy aging. These echoed those put forth by the World Health Organization.

Income and Social Status – Wealth is an important factor in health. Social status affects health. It determines the degree of control people have over their own lives. This affects their ability to make choices and take action.

Social Support Networks – Support from family, friends and communities helps people deal with difficult situations. It also helps them maintain a sense of control over their own lives.

Education – This provides knowledge and skills for daily living. Education allows people to better take part in the community and world of work.

Employment and Working Conditions – Meaningful employment, economic stability and a healthy workplace promote good health.

Physical Environments – Factors such as air and water quality, housing and safety impact health.

Genetics – Our physiological make-up is important to our health. We may be prone to factors that affect our health.

Personal Health Practices and Coping Skills – These prevent disease and promote self-care. Good coping skills allow people to take care of themselves, solve problems and make good health choices.

Healthy Child Development – Good prenatal and early childhood care promotes health.

Health Services – Health services prevent disease, and promote and restore health.

Gender – Men and women differ as to their risk of a number of illnesses. Many health issues arise from social roles that are linked to gender.

Culture – Rich culture supports health. It promotes creativity and preserves tradition.

(Adapted from Prince Edward Island's Health Promotion Framework, 2003[3] and the Public Health Agency of Canada website, 2006)

These determinants of health are reflected throughout the rest of this document.

Major Themes

Recognition of Older Persons

"Seniors' social participation benefits Canadian society as a whole. It is important that governments and volunteer organizations avoid adopting ageist attitudes that discount seniors' diversity, interests and needs."

(Helen Coleman, National Advisory Council on Aging, 2006)

A *Provincial Healthy Aging Policy Framework and Implementation Plan* must help ensure that the wisdom, skills, abilities and contributions of people as they age are ingrained into the fabric of society.

Value and Worth

The consultation process identified recognition of older persons as a factor in healthy aging. Quality of life is enhanced when one has the respect of others and feels honoured and involved. It was stated that seniors need to have a voice, a sense of worth, and feel part of the community. Seniors wish to have input on decisions that affect them.

We heard that some communities believe that seniors are recognized and valued. This is not the case for other communities. We know that seniors contribute in many ways. They are often the backbone of volunteer programs. Seniors contribute to formal religious organizations. Yet, they often do not feel valued.

It was said that efforts to promote the value of seniors include formal recognition of older persons and seniors' organizations. Some feel that there should be "an inventory of senior's organizations" that can be accessed by everyone.

Participants expressed a need for seniors to develop assertiveness and advocacy skills. It was felt that seniors' organizations engage seniors and give them a voice. Their roles are varied, but they are all active and social.

They include:

- **The Seniors Resource Centre of Newfoundland and Labrador**
- **Canadian Association for the Fifty-Plus**
- **Newfoundland and Labrador Pensioner - Senior Citizens/50+ Federation (with more than 200 community based groups)**
- **Retired Teachers Association of Newfoundland and Labrador**
- **Federal Superannuates National Association**
- **Newfoundland and Labrador Public Service Pensioners Association**
- **The Canadian Pensioners Association**

Social Inclusion

A recent study, A *Profile of Social Isolation in Canada (2006)*, reports that while "social integration and the participation of older adults in society are often considered indicators of healthy aging and healthy communities there are increasing numbers of seniors who are at risk of being socially isolated."[4]

Many seniors live alone. Statistics Canada (2001) states that 22.7 per cent of Newfoundlanders and Labradorians over 65 live alone. Almost 70 per cent live with a spouse, child or grandchild[5]. We heard that many people who live alone are socially active. They are taking care of themselves and are content. We were also told that there are seniors who feel alone. Factors such as the death of a spouse, retirement, poverty, dependence, and/or poor health add to social isolation.[6]

Some seniors described not being able to take part in social activities. They described limitations such as lack of accessibility and high fees.

Participants discussed out-migration. Many older adults no longer have family in their community or the province. This puts them at risk for social isolation.

Participants stated a need for places for seniors to socialize. It was said that community groups should act as a point of call to help or provide companionship for seniors.

Age-friendly communities ensure social inclusion. Participants felt that there is a need to find new ways to make sure that all voices are heard and needs are met. This includes seniors and those who are vulnerable. It was clear that older persons want to be involved in their communities!

Ageism

Ageism is a term put forth by Dr. Robert Butler in the 1960s. It refers to age-based discrimination and stereotyping. Ageism is widespread throughout the world and in many cultures.

Participants said that ageism exists in our province. It was felt that the main reason for this is a lack of understanding of aging. Many examples of “ageist” attitudes were shared. Poor images of aging and older persons were identified. It was said that the media requires input from the public as to what images and messages are not acceptable.

We heard that care providers often show poor attitudes and lack knowledge of the aging process and older persons. Comments were made with respect to hospitals, long-term care homes, personal care homes and the community. Workers such as doctors, home support workers, nurses, and social workers were discussed. Research states that working with older persons is a last career choice for university students enrolled in health care programs. We heard that raising awareness among care workers should begin now.

Poor attitudes and lack of knowledge on aging were stated as common among the young. Educating young people on their heritage and culture was offered as a way to address “ageism”. Learning about aging should be part of school. Ageism awareness programs should focus on youth and parents.

Participants said that activities between generations are needed to address “ageism” and forge bonds. Learning about the skills and experiences of different generations was seen as key. Skills transfer between generations occurs in both directions.

For example, older people may teach bread-making or snowshoe-making. Younger people may teach computer use. Many seniors in the province are "losing" grandchildren to out-migration. It was stated that an Adopt-a-Grandparent program would help create links between generations. This would better show the value and worth of people as they age.

Seniors need to see aging as positive. Participants discussed their own feelings on ability and disability as they relate to age. People were asked to question their own feelings on this issue. Social marketing could address this by showing older persons in a positive light.

We heard that education is the key to combat ageism. A *Provincial Healthy Aging Policy Framework and Implementation Plan* must work to replace poor attitudes with positive images and beliefs.

Celebrating Diversity

Older persons in Newfoundland and Labrador are not all alike! They have different needs. They also have much to offer. The unique nature of people from infancy to adulthood is well understood. Older adults are often shown as being all alike. Consultations clearly show that older persons are unique. Older persons also make up a number of life stages.

Lifespan Perspective

"We need to integrate seniors' activities with those of the general population, such as the arts, social, and cultural activities".

Participants stressed that there is great age diversity among older adults. Those between 65 and 74 years are referred to as young-old. This group may still be working or newly retired. They may have few health problems. Young-old are socially active. They do not see themselves as old.

The middle-old group is between 75-84 years. They may have health problems and some loss of mobility. They are often widowed. The middle-old are out of the workforce. They need more support. The middle-old often describe themselves as elders.

The greatest need for support is among the oldest-old, 85 years or older. They are more likely to have major health issues. The oldest-old need a lot of help to live their lives[7].

Many people do not fit the profile of their age group. Some people in their 90s shared stories about berry picking, making wine and growing potatoes. Some in their 60s described using support services to assist with daily living.

We heard that one size does not fit all. Participants described health and service providers who assume that all people over 65 have the same needs and interests.

Those who provide service to seniors should be aware of the age groups that make up the "seniors" group. Each has needs to be taken into account. We heard that seniors have diverse skills and abilities. They want to take part in planning their future. Seniors are active volunteers. Their works support their communities.

Language and Culture

Participants said that the diversity of the province's aging population should be celebrated. A better understanding of different cultures in our province is needed.

The need for sharing between generations was discussed. Aboriginal, and francophone and multicultural seniors referred to differences in language and culture. We heard that seniors who have immigrated to Newfoundland and Labrador bring their traditions, values and culture. Preparing food, special events and holidays, and sharing customs are important to seniors.

It was said that we need more details on the diversity of our aging population to increase our knowledge. These can be found through research. It was noted that recognizing differences involves using alternate forms of communication such as:

- **Braille;**
- **Large print; and**
- **Different languages, including sign language.**

We heard that those in health care need to be more aware of cultural differences within our province. These should be taken into account when older adults have to move from their region for health services. This move may involve leaving family and friends. It may also involve leaving a culture and way of life.

Aboriginal Peoples

Aboriginal peoples took part in consultations on healthy aging in a number of ways. Some were involved as individuals. Some took part in public consultations in Labrador as members of informal groups. The consultation team also met with seniors and elders from Conne River.

Aboriginal peoples often report strong support and sharing between generations. We heard that seniors tend to feel safe when they live with family

or with family support. Some spoke of the need for Aboriginal elders/seniors to live in or near their home community. This should even be so when they are ill and require high levels of care. The Mi'kmaq seniors of Conne River felt supported by their community and the services within it.

It was also stated that Aboriginal seniors who live without family support feel less safe. Some seniors will not ask for help because they fear that there will be costs. Some seniors report stress due to concern for younger members of their communities who are dealing with poverty, addictions, violence, or other abuses. Housing for seniors is still a concern.

The situations of the Labrador Inuit, the Labrador Innu, the Miawpukek First Nation, members of the Labrador Metis Nation and the Federation of Newfoundland Indians are unique in many ways. Aboriginal peoples in this province have different histories and cultures. It is important to know and respect these differences. We must work with the federal government and Aboriginal groups to improve the health of Aboriginal peoples.

Geography

The geography of our province includes many small rural and remote communities over a large area. This poses many challenges. We heard that geography creates different realities among older people. The *Provincial Healthy Aging Policy Framework and Implementation Plan* must take our geography into account. Where we live can impact healthy aging.

Participants noted that many seniors in our province do not live in or near service centres. This limits access to needed services such as banking, shopping and health. Transportation and its costs are also issues.

Seniors in some remote parts of our province described having trouble getting services. Some have to travel by snowmobile or boat. Access to affordable healthy food is also an issue. This has a long-term effect on healthy aging.

Attachment to community is very strong in this province. This is in spite of geographical challenges. Older adults want to stay in their own communities for as long as possible.

Persons with Disabilities

"With age often comes disability, and persons who live with disability also age."

Through consultation, we heard that older persons with life-long disabilities find aging more challenging. The onset of age-related chronic conditions impacts them to a greater degree. There is a need to understand the impact of aging on persons with disabilities. Seniors with lifelong chronic disabilities are among the strongest advocates of "aging in place". They feel that persons with disabilities should have the support to live as independently as possible.

"We heard there is a need for affordable and appropriate transportation and greater assistance with drug costs."

Participants also said that seniors with life-long disabilities are at greater risk of poverty. They often suffer from unemployment or low income throughout their lives. It may be confusing to move from income support programs to programs that are in place for seniors.

In summary, we heard that seniors with disabilities face similar challenges to those of other seniors. These are often made worse by a life-long disability.

Gender

Men and women age differently. This was confirmed through the consultation process. Women live longer than men. Statistics Canada (2003) listed life expectancy for females in this province at 81 years. It was 75 years for males.[8] Women tend to live longer, but most of these years are spent in poor health.[9] Men and women face different health issues as they age. Women are more likely to suffer from arthritis, cataracts, glaucoma and mental illness. Older males are more likely to suffer from diabetes and heart disease.[10]

Women face widowhood for longer times. We heard that this often results in decreased income and increased dependency. Males and females face

different challenges with the loss of a partner as they age. Making meals may be an issue for a widowed man. Men tend to have fewer social supports. Women tend to be more socially active and likely to volunteer. It was felt that widowed women are at risk for isolation. They often rely on others to access services.

"There should be more support for her choice of having decided to work in the home."

Participants stressed that women tend to have less income than men in old age. This is partly due to their absence from the workforce during childbearing years.

Men and women are at different risks from violence and sexually transmitted diseases. Some differences in health and well-being are biological. Many are the result of the different ways that society treats men and women.

Supportive Communities

A number of factors make for a supportive community. Towns and cities were a strong presence at the consultation sessions. This reinforced the message that we need to work together! An age-friendly community was said to include:

- **Affordable transportation;**
- **Affordable and accessible housing;**
- **Home support;**
- **Intergenerational activities;**
- **Religious and social activities;**
- **Recreational and leisure activities; and**
- **A safe and secure environment.**

Working Together - Age-Friendly Communities

Participants were asked to state what is needed to have age-friendly communities. Their message was: “pool resources, maximize opportunities, come together, and coordinate”! It was noted that the province, through the Aging and Seniors Division, supports a more organized approach to planning for an aging population. Progress has been made in many areas of the province to become more age-friendly. Stories of success involved regional coordination, the community taking part, and building on the strengths of regions. A one size fits all approach does not work. It was also felt that links between seniors’ organizations, community groups and business are needed.

The involvement of towns and cities was deemed crucial. It was noted that we might need to further define their role in healthy aging. For example, a gap in municipal support was linked to a lack of community meeting sites for seniors.

The importance of age-friendly communities is shown by the recent commitment by our province to take part in a national study (Age-Friendly Rural/Remote Communities Initiative). Its goal is to identify factors that promote age-friendly communities. The results of this study will be shared with all regions in our province.

Transportation

Participants were asked what makes for supportive communities. They stressed the need for affordable and accessible transportation. There is an absence of public transportation in rural communities. This makes it hard for seniors to socialize. It also makes it harder for them to meet basic needs such as health visits and shopping for food. Lack of transportation leaves seniors to rely on others. Seniors in urban areas are also challenged in finding transportation that they can access and afford. Community transportation is needed in all regions of the province. It was felt it should be subsidized and made available to seniors.

Participants identified options to allow seniors to access and afford transportation. These included:

- **Affordable regional taxis;**
- **Businesses working together to offer transportation to seniors so they can access goods and services; and**
- **Multi-use of school buses.**

Participants discussed volunteer drivers who help older adults access services and events. It was said that some compensation should be put in place to cover costs for people who volunteer. It was felt that we cannot rely only on volunteers.

Other transportation issues included the need for better roads throughout the year. Improved ferry services were discussed. It was said that fees should be reduced for seniors who depend on ferries.

In summary, we heard that partnerships in the regions are needed so that seniors can access and afford transportation.

Housing

In Newfoundland and Labrador, 84 per cent of seniors own their own homes.[11] Most (93 per cent) live in the community. Seven per cent live in long-term care and personal care homes. We heard from many seniors that owning your own home can

be “a blessing and a curse”. The cost of upkeep on an older home can be a burden.

We heard that a senior’s home is a source of comfort. We also heard that seniors feel pressured to leave their homes as they lose mobility. Obstacles such as stairs and narrow doorways may be issues. Others remain in places that are not safe. These barriers also force them to depend on others.

“A key principle in designing housing options is to enable individuals to maintain their independence as long as possible.”

Participants said that there should be more help for older adults who own homes. They said that the home heating oil subsidy should extend to cover heating with wood and electricity. Help with home repairs and upgrades is an issue. Many people require modifications to their homes as they age. The need for responsive policies and programs was expressed. It was noted that there is a two-year wait list for the provincial home repair program. Some seniors were not aware of the Newfoundland Labrador Housing program to assist with home modification.

There are other provincial programs in place to assist people with housing. These are carried out by Newfoundland Labrador Housing. They include:

- **Public rental housing;**
- **Rent supplement;**
- **Community-based rental housing;**
- **Mortgage subsidy programs; and**
- **Affordable housing.**

It was said that an age-friendly community is one where seniors can access and afford housing. Options include seniors’ residences with two bedrooms and well equipped bathrooms. In larger centres, apartment buildings and condominiums are options. Buildings should be affordable, have common spaces and offer recreation. Public or subsidized housing is an option. Rent is set to income on a scale.

It was said that builders should use universal design building principles. All new homes should be accessible and suited to an aging population. Housing design should meet the needs of older adults with disabilities and/or lack mobility. These should include:

- **Ground level entrances;**
- **Wider halls for wheelchairs and walkers; and**
- **Elevators in buildings greater than one-storey.**

We heard that community supports should help seniors remain in their own dwellings for as long as possible. Informal supports include meals, transportation, lawn mowing and snow shovelling.

"Because so many people live in a home they all have to be fed and changed and exercised at certain times – there is no choice or dignity or privacy for many people living in long-term care homes."

Most older adults in our province live in residences. A small number live in long-term care and personal care homes. It was said that, if required, there should be better access to long-term care and personal care homes. People should be able to maintain personal relationships in long-term care homes. For example, couples should be free to stay together. The need for supportive environments for those with complex needs was also discussed.

Participants said that many long-term care and personal care homes in our province require renovations. They do not support large buildings with many residents. Smaller, more personal options are preferred. Single or semi-private rooms with private bathrooms are favoured. Some expressed dissatisfaction with current practices in the delivery of care to older persons in long-term care homes. For example, it was noted that most long-term care homes offer a bath once a week. Participants expressed the need to ensure that standards of care are put in place and observed.

In summary, we heard that seniors need affordable and accessible housing. Housing policies, programs, and services should respond and be sensitive to the needs of an aging population. Existing long-term and personal care homes need upgrades to promote access, privacy, comfort, dignity and respect for seniors.

Literacy, Education and Communication

Participants told us that a supportive community fosters lifelong learning. People with low levels of education should be able to understand how to access services. The 2003 International Adult Literacy and Skills Survey showed that 85 per cent of Newfoundland and Labrador seniors have low levels of literacy. It was said that Government must address literacy for all in the province.

A need was expressed to be mindful of different literacy levels when communicating with older adults. Many who provide services to seniors use language that is hard to understand. Written material is often hard for seniors to read. Seniors are often not aware of programs and services that they can use. It was said that information should be given in such a way that it is clear to all people in the province.

Many said that those who provide services to seniors need to be more aware of the age-related changes to vision. It was noted that the print size on prescription bottles is so small that many seniors have trouble reading them. It was advised that guidelines such as those of the CNIB, Clear Print Accessibility Guidelines, be applied to all written material for seniors. The document you are now reading uses an age-friendly font, size 12 and proper spacing as per the guidelines described above.

We heard that lifelong learning is important to healthy aging. It was recommended that Memorial University of Newfoundland and the College of the North Atlantic expand learning for older adults. Course discounts for seniors at these institutions may be an option. Seniors who are lifelong learners are better able to become involved in their communities.

Unpaid Caregivers

The abilities of family caregivers change with time. Caregivers are sometimes aging themselves. They may provide support to older adults and friends.

They may also support young children or young adults. Two thirds of seniors in Canada are helping others on their own.[12]

It was said that communities should create and support caregiver groups and respite programs. Unpaid caregivers were said to be essential and need support. Participants felt that funding models used in our province need to be revised. These should allow family caregivers to be paid. They should also allow a greater subsidy for home support.

There was a great deal of discussion on the kinds of supports needed to help older adults remain independent. It is sometimes assumed that when financial support with formal caregiving is put in place, family and friends will be less likely to provide support. Research suggests the opposite. The 2002 National Evaluation of the Cost-Effectiveness of Home Care showed that "as care needs increased, clients were more likely to receive more formal care and more informal care."[13]

It was said that efforts should be made to provide social and recreational programming for seniors. Respite programs should be offered to seniors in their own homes. This should help avoid burnout of unpaid caregivers. Respite outside the home may cause confusion and resistance. Respite in personal care or long-term care homes requires a home-like space.

Aging Workplaces

The impact of aging in the workplace was discussed during consultation. The first of the baby boomers turned 60 in 2006. The median age has been going up. Newfoundland and Labrador has a median age of 41.3. This is the highest in Canada. We heard about the impact of an aging workforce on health care and other occupations. Concerns have been expressed in the media about the graying of professions such as nursing and police.

A report by the Conference Board of Canada (March, 2006) described the impact of aging on the future

workforce. It advised that:

- **Immigration be increased;**
- **Women be encouraged to have more children; and**
- **People be encouraged to stay in the workforce.**

It was said that employers need to be open and flexible. This will allow aging workers to remain in the workforce. Flexibility could take the form of part-time work and flexible hours. Part time work should not reduce pension benefits. It was also said that employers need to understand that older workers are often juggling a job. They may have to support aging parents and children. Benefits should reflect changes in the family.

It was said that the end of mandatory retirement will combat the myth that people cannot be productive in the workplace after 65. Many felt that retirement should be by choice. They also felt that the number of skilled people will decrease as the population ages. All will come to recognize and depend on the skills of older adults.

Participants said that some people will have trouble doing their jobs as they age. It was advised that safeguards be put in place. These would allow people to understand the impact of their limits. It would also allow them to ease into retirement at a proper pace.

It can be hard to move to other kinds of work and activity when one “retires”. It was felt that we should get away from saying “entering retirement” or “being beyond one’s child-bearing years”.[14] Some suggest that we refer to it as reaching a new phase in life. This language puts more weight on continued active involvement and contribution. It may still involve work, but under different terms.

Financial Security

Income

Financial security in our province is measured using Statistics Canada's after-tax Low Income Cut Off Criteria (LICO). The amount and depth of poverty are also considered. The Provincial Poverty Reduction Strategy states that only 2.1 per cent of people over 65 are poor. Financial well-being of seniors is getting better nationally and provincially. Participants applaud this trend. However, it was noted that in 2004, 50 per cent of those 65 years and older in Newfoundland and Labrador received a yearly income of $15,300 or less. This is compared to 50 per cent of seniors nationally at $19,400.[15]

2.1 per cent of seniors live in poverty

50 per cent of seniors have incomes of less than $15,300 per year

It was said that the trend toward greater financial well-being is positive. Concerns were raised as to how well-being is now measured. While only 2.1 per cent of are said to be poor, many participants described living in or near poverty. Seniors often described living on yearly incomes from $13,138 to $15,300.

Participants discussed the provincial Seniors' Benefit. This is a refundable tax credit for low-income seniors. The 2006 maximum credit of $376 is given to any senior with income less than $15,032. In 2006, 16 per cent (11,100) of seniors received the full Seniors Benefit. An added 26 per cent (17,800) received a partial benefit because they had a family income less than $21,482.[16]

It was noted that attempts have been made to address low-income seniors through a 2005 low-income tax reduction. This applied to those with incomes up to $14,600 ($21,900 for a family).

The Old Age Security Pension applies to Canadians, age 65 and over. The 2007 maximum amount is $5903. The Guaranteed Income Supplement applies to seniors who can show financial need. The maximum amount is $7235. In December 2004, 65 per cent (44,209) of Newfoundland and Labrador seniors received the Guaranteed Income Supplement.[17] The federal programs described above and the Canada Pension Plan have been a

help to seniors. Participants still feel that they are on the financial margins.

Statistics Canada stated that Newfoundlanders and Labradorians aged 55 to 64 have the highest levels of poverty, compared to other age groups. This is equal among men and women.[18] Participants said that the Provincial Poverty Reduction Strategy speaks to the extent of poverty. They see that it seeks to improve the lives of this group. It is not clear why so many in this age group are poor. Some suggest lack of education, types of work, and divorce as factors.

"Carefully assess extent of financial well-being."

There are many factors which impact on the financial well-being of seniors. Fixed income, loss of spouse/ partner, home repairs, medications, transportation are all factors. Together these factors impact on seniors in a profound way. We heard of the need to assess the extent of poverty among older persons in our province. It is hard for seniors to improve financial well-being. Public policy affects seniors. It was said that financial security could be achieved through:

- **Higher guaranteed minimum annual income;**
- **Pension indexing; and**
- **Greater subsidies for costs such as housing, health, and medications.**

Some people said that they have no private pensions. It was advised that government ensure compulsory employer-sponsored pension plans. Others said that pensions need to be more secure. A person must be able to count on a pension when retiring. It was suggested that Old Age Security be paid out twice a month, instead of monthly. This would help seniors to budget. It was said that having to apply for the Guaranteed Income Supplement each year should be changed.

Suggested changes to taxes and fees included:

"Eliminate many of the fees we now have to pay."

- **Getting rid of Guaranteed Income Supplement claw backs;**
- **More tax-deferred investment income;**
- **Increased contribution to registered retirement savings plans;**
- **No taxes on funeral costs;**
- **Reduced municipal taxes; and**
- **Reduced cost for car registrations.**

It was said that the federal government should decrease the HST on home heating. Governments should offer tax breaks for caregivers of seniors. Government fees should be reduced or eliminated for seniors.

The need for public health insurance was discussed. Some said that they would support co-payment to ensure universal access.

Others noted that financial requirements limit access to government programs such as drug cards and home support. It was said that government should use income, not assets to define eligibility. Some people have savings, but these can be used up by the cost of uninsured health services. People often need their incomes most during retirement. This is also when they have the least earning power.

It was said that government student grants and employment programs should help seniors. Services such as snow clearing are costly and hard for seniors with little income to access.

Participants said that it is hard to get information on federal government programs such as:

- **Income tax;**
- **Canada Pension Plan;**
- **Disability Pensions;**
- **Guaranteed Income Support;**
- **Spousal Allowance; and**
- **The Compassionate Care Benefit.**

Overall, participants see an increase in the well-being of seniors in our province. However, the impact of policy on seniors needs to be looked at. This is even more so for those with low incomes.

In 2005, Newfoundland and Labrador had the highest proportion of employees (6.8 per cent) working at or below the minimum wage.

Source: Statistics Canada (Sept. 2006) *Perspectives on Labour and Income: Minimum Wage*. Catalogue Nº 75-001-XIE

Financial Planning

Consultation participants said that both young and old need to be taught how to plan for retirement. The role of parents was deemed crucial to educate the young on retirement planning. It was said that the education system could also play a role.

It was said that employers could assist their workers with financial planning. They could offer seminars on personal budgeting. These could include financial and retirement planning. Seminars could be offered to all workers.

It was said that planning could be encouraged using tax deductions for financial planning fees.

Saving for the future poses a great challenge for many in our province. Factors include:

- **Struggling to meet the cost of living;**
- **Debt;**
- **Lack of stable work;**
- **Low wages; and**
- **Large student loans.**

Gender Differences

"My mother's finances cut in half when my father passed away."

Women are not equal in their ability to achieve financial security. In the past, women often stayed outside of the workforce. This denied them access to income and private pensions.

It was said that women who stay at home to care for children should receive financial support. This should apply to full-time and part-time care.

Single and divorced older women are less financially secure. Some are left with the full cost of running a household. Widows face a greater financial burden than widowers.

Health and Well-Being

The Health Care System

Four Regional Health Authorities provide public health care in the province. They offer health promotion and community services. They also provide acute and long-term care.

The Canada Health Act covers physician services, hospital services and medical testing. These have no direct fees. Home support, dental care, ambulance, medications, and medical transport are not covered. The provincial government provides subsidies for some services.

"It is intolerable that a couple with different levels of care cannot live together in one place."

Participants spoke of barriers to services. These may be financial or geographical. They said that you should have access to health care, no matter where you live. Some people were not aware of medical transport assistance. Concern was expressed on how long it takes to be reimbursed. Those from Labrador spoke on the high cost and inconvenience to travel outside of Labrador. The costs of air travel, ferries, meals and lodging were cited. These are increased if an escort is needed. It was said that more tests and procedures should be performed within regions. These would include specialist visits. Better coordination of hospital appointments is needed when seniors have to travel outside of their region. This will reduce financial and physical burdens.

We heard that long-term care homes should be designed to meet the physical, emotional and social needs of older persons. Some in long-term care require special assistance. We heard that older persons want to stay in their regions when long-term care is required. Older people with health issues say that they fear being placed in the "first available bed". This may leave them far from their families.

People living in the community find it hard to maintain care. Access to family doctors is an issue. They said that more resources are needed to train and increase access to health professionals. Concern

was expressed about only being allowed to address one issue during a visit to the doctor.

Education for health professionals was discussed as a way to respond to the diverse needs of older persons. The use of Primary Health Care was seen as a good step. This uses a broad team of community professionals.

Healthy aging goals must reflect our changing population. An aging population will result in greater demand for health services. Current and future needs of seniors must be taken into account to enhance their lives.

Age-Related and Chronic Diseases

Chronic disease and aging often leave seniors with decreased physical, mental, emotional, and social functions. This often causes a loss of independence. A chronic illness is continuous over a long time. It is not easy or quick to resolve. The World Health Organization states that chronic conditions will be the leading cause of disability by 2020.

There is often a lack of effort to restore a loss of function for seniors. It is as if they are expected to decline. Participants said that there is a lack of rehabilitation services for seniors.

People in Canada aged 65 or more were compared to those aged 30 to 64. Thirteen of 20 major chronic conditions are more common among those 65 or older. These are referred to as age-related chronic conditions. Most seniors (81 per cent) have at least one diagnosed chronic condition. Thirty-three per cent have three or more of these.[19]

The following table provides 2003 data on a number of chronic conditions for seniors in Newfoundland and Labrador, and Canada.[20] Some of these can be prevented or managed (e.g. Type II diabetes and high blood pressure). The incidence of some chronic conditions is higher in Newfoundland and Labrador than in the rest of Canada. These include arthritis, high blood pressure, diabetes, asthma and obesity.

There is a lot of work to be done to reduce chronic conditions among seniors in the province.

Prevalence of Chronic Conditions among Seniors (age 65+), 2005 Percentages

Chronic Condition	Newfoundland and Labrador	Canada
Arthritis / Rheumatism*	51.9	45.9
High Blood Pressure*	50.0	44.0
Diabetes*	19.7	14.6
Asthma*	10.8	7.4
Cataracts	18.3	22.1
Glaucoma*	4.2	6.5
Heart Disease	18.9	19.0

Source: Statistics Canada, Canadian Community Health Survey, 2005
* Statistically significant difference

Consultation yielded a great deal of discussion on dementia among older adults. People said there is a lack of understanding of dementia. Concerns were voiced that it is often over-diagnosed. It is common for seniors with some memory loss to be quickly labelled as having Alzheimer's disease.

Participants discussed the need for education on dementia. Research is needed in Newfoundland and Labrador to understand its prevalence. Diagnosis and treatment must be studied. We have to be prepared to deal with dementia (e.g. trained health professionals and housing).

In summary, older people can face challenges to their abilities. These may be the result of age or lifelong chronic disability. Medical conditions may occur with age and require health care. Concerns were expressed around the decrease in cognitive abilities when surroundings are changed (e.g. moving into a nursing home).

Maximizing Independence

Consultation participants said that seniors should be able to function at their maximum level of independence. Rehabilitation programs allow older adults to regain independence. They also reduce the effects of declining function.

It was said that supports should include changes in the home. Equipment can be used to assist seniors to be more independent in their daily lives. It was said there is a lack of service to promote, maintain and restore the abilities of seniors. The costs of prescribed aids can hinder independence.

We heard that when seniors enter the health care system, assessment is focused on self-reports and those of their caregivers. There is little or no assessment as to what they can actually do. The focus is not on helping them improve or make up for changes with age. Home support tends to focus on helping caregivers compensate for the limitations of seniors. Potential to improve is often missed. Ways to promote independence and safety are also missed.

Healthy lifestyles and exercise are needed to prevent illness. Seniors say that there are obstacles that sometimes prevent them from living healthy lives. All agree that there should be a focus on prevention and health promotion. Communities should partner with health professionals to offer exercise, wellness and leisure events.

Healthy living was said to be a key to independence with age. This province is known as one of the least healthy in the country. There have been efforts to promote health and wellness in Newfoundland and Labrador. The new *Provincial Wellness Plan* currently focuses on:

- **Increased exercise;**
- **Healthy eating;**
- **Preventing injuries; and**
- **Reducing smoking.**

This Plan is seen as a step to promote healthy living.

The need to expand the wellness programs to include healthy aging was discussed.

The importance of health promotion and illness prevention was discussed. Exercise, leisure and social events should be affordable and accessible. Partnerships with health and community services should be a focus. It was said that community recreation must shift its focus to meet the needs of an aging population. This includes those who are physically challenged. Time schedules should work for seniors. Indoor and outdoor activities are needed. These include walking, biking and other sports. It was said that current community infrastructure should be used. Community centres and schools should be multi-use and multi-generational. Adequate resources for recreation centres will allow people to take part. Ability to pay would not be a factor. Tax credits to promote fitness could be used. It was said that traditional activities are part of recreational leisure. Community programs would ensure that seniors are active and included.

"Recreation must not focus just on youth."

"More comprehensive home support and home care are needed, including higher levels."

Home Care and Home Support

The issue of home care and home support was raised a number of times during consultation. They exist to allow people to live as independently as they can in the community.

Home care involves home health and home support offered within the home. Its purpose is to:

- **Assist individuals to live independently;**
- **Prevent early admissions to long-term care homes;**
- **Prevent hospitalization; and**
- **Support people discharged from hospital.**

"Provide assistance for basic housekeeping."

Services such as nursing, social work and rehabilitation are the responsibility of the Regional Health Authorities. These are lacking in some regions. A need was expressed for enhanced home care that includes physiotherapy and occupational therapy.
Home support, or non-professional services, are offered to those who meet financial criteria. The Regional Health Authority funds these services.

Those with the financial means can access service from an agency or hire workers themselves. Home support includes personal care, making meals, and housekeeping. This is meant to assist, not replace service through family or support networks. The individual directs home support services.

"The current home support assessment process essentially forces people to leave their homes."

Participants said providing care without home support is a stress on family. It can lead to seniors turning up at hospital emergency seeking long term care. People felt that the current emergency criteria used to access home support should be eliminated. Red tape around access to services should be removed. Increased home support is needed for people who cannot live on their own. Criteria should allow access to low levels of home support services. There was a stated need for the right kind of care in the right setting. This will avoid admission to hospitals and long-term care homes.

Concern was expressed about training standards for home support workers. It was felt that many have little formal knowledge on aging. Many of these workers have poor attitudes about older persons. It was said that they should be willing to multi-task. This could include preparing a meal, light housework and personal care. Concern was raised about the small number of home support workers. This is more so in rural areas of the province where there is competition for employees.

Oral Health, Vision, Hearing and Speech

Seniors are at a high risk for poor oral health. They are also least likely to access oral health services. Poor oral health in seniors can lead to:

- **Trouble eating and speaking;**
- **Nutrition and digestive problems;**
- **Low self-image; and**
- **Social isolation.**[21]

Research shows that poor oral health can lead to early death. Consultations revealed that many seniors have poor oral health because of the cost of services. The current work of the *Provincial Oral Health Strategy* was discussed.

As we age, our vision changes. This creates a greater need for vision aids such as corrective lenses. MCP covers the cost of eye examinations linked to medical illness. Seniors have to pay a $50 fee for routine eye exams. It was advised that vision care be covered as a preventative service. Needs that are still not met for seniors with vision loss include:

- **Transportation;**
- **Access to low cost vision aids;**
- **Peer support; and**
- **Training in daily living skills.**

Hearing loss is an aspect of aging. Hearing loss is the most common sensory impairment in adults over 65 years. It affects more than 30 per cent of Canadians in this age group[22]. We heard that access to audiology services ensures that seniors can take part in society. Participants referred to long wait times for audiology services in some areas of the province. They said that financial eligibility criteria for the Government Hearing Aid Program should be broadened. There should also be a subsidy for other technology such as hearing aid batteries.

The need was expressed to increase knowledge of hearing loss. Communication should be as clear as possible for seniors. It was said that we need to educate the public to address negative images of wearing hearing aids.

Speech, language or voice difficulties are suffered by 6-12 per cent of seniors[23]. These may be due to factors such as:

- **Stroke;**
- **Parkinson's disease;**
- **Dementia;**
- **Brain injury; and**
- **Neurological changes with aging.**[24,25,26]

Swallowing therapy improves ability to communicate, health, independence, safety, socialization and quality of life. Concerns were raised about long wait lists to access these services. It was said that health professionals are often located in major health centres. This poses a challenge for many.

In summary, seniors said that they have trouble getting access to service. Long wait lists and costs for services were raised as issues. There was a call for universal insurance coverage for health services such as dental, hearing and vision care. There was also a call to recruit more specialists.

Medications

Prescription medication was discussed during consultations. It was agreed that costs will increase for medications as our population ages. There was strong support to expand drug coverage for seniors, and to cover more medication.

The current drug program is not universal. Many participants stated the need for a prescription drug program that they can afford. It was noted that many seniors have a number of prescriptions. Each of these requires monthly dispensing fees. Seniors in hospital often start taking medications that are costly. They often cannot afford to keep taking these when they are discharged.

It was said that seniors are often “over-medicated”. Some have a number of complex medical issues. They may visit a number of specialists and receive similar medications. It was said that medications must be monitored.

Situations were described where seniors living at home and in long-term care were poorly medicated. Changes to metabolism during aging are sometimes overlooked. It was felt that seniors are sometimes medicated to manage behaviour. The use and misuse of medication by seniors were discussed as an area that requires more research.

Mental Health and Addictions

There are different levels of mental health among older adults. Some changes that are common in later life may affect mental health. These include:

- **Retirement;**
- **Physical changes such as vision or hearing loss;**
- **Changes in mobility or cognition; and**
- **Loss of relationships or changes in one's social support network.**[27]

Depression among seniors living in households in Canada is between 2 and 4 per cent. Depression rates are higher among seniors in long-term care homes. It is believed that 15 to 25 per cent of these suffer major depression[28]. We must distinguish between dementia and other mental health issues such as anxiety, depression, bipolar disorder and schizophrenia. The *Provincial Policy Framework for Mental Health and Addictions Services* noted that current service models do not reflect the complex and changing mental health needs of older adults. Participants stated that older people with mental health issues often do not receive counselling or other interventions. Instead, they are "over-medicated". We also heard that "bad nerves" are chalked up to old age. This is treated with medication rather than getting to the cause through counselling.

There are gender differences in the incidence of mental health issues. Senior women suffer twice as much depression as males[29]. Men are less likely to report depressive symptoms[30].

Addictions include alcoholism, drug abuse, and gambling. These may have a severe impact on seniors. Age slows metabolism, reduces organ functions and brings about some physical decline. Retirement often means living on a fixed income with more leisure time. An addiction may combine with changes brought on by age to cause major health problems. These are harder to recover from physically and financially.[31] Participants said that some gambling events promote socialization for seniors. They may also add to addiction problems.

Safety and Security

Safety and security for older persons were discussed during consultation. Topics included:

- **Feelings of vulnerability**
- **Abuse and neglect of older adults**
- **Injury prevention**

Many seniors feel safe and secure. Others feel vulnerable in their homes or communities. Participants said that feelings of vulnerability might result from health changes brought on by age. These may increase the risk of injury or illness. It was advised that neighbourhood watch programs be set up to increase safety and security. Phone networks could be set up to "check-in" on older persons. It was felt that medical alert systems and "911" service to all communities would promote a sense of safety and security. A link to the new Provincial Health Line was suggested.

"It is important to ensure support for older persons who may be subjected to elder abuse."

Elder abuse and neglect were discussed. It was felt that public awareness needs to be raised on this issue. Between 4 per cent and 10 per cent of older adults in Canada suffer one or more forms of abuse or neglect.[32] It is hard to measure the incidence and degree of elder abuse. Ways to address or prevent abuse were discussed. Seniors must become their own advocates. Peer monitoring and the use of peer advocates were described as means to combat elder abuse.

The *Provincial Violence Prevention Initiative*[33] involves a province-wide violence awareness and education campaign. The campaign targets the abuse of older persons. The Violence Prevention Initiative also involves a training program with modules on elder abuse. These can be used by health and community service providers.

Preventing falls by seniors was discussed. Statistics Canada states that falls cause more than 90 per cent of all hip fractures in seniors. Twenty per cent of seniors who fracture a hip will die within a year. Forty-four percent of these falls are due to slips, trips or tumbles. It was said that affordable aids such as bath rails and walkers are needed to protect against

falls. Participants voiced a need to raise awareness on this issue. Seniors need to be educated on how to prevent falls.

End-of-Life Care

Palliative care and end-of-life care describe health care with a focus on “achieving comfort and respect for the person nearing death and maximizing quality of life for the patient, family and loved ones”.[34]

People are living longer. The number of seniors is growing. This has led to an increase in the need to enhance end-of-life programs. Participants shared concerns that respect, dignity, and support for families are lacking. The final moments for many seniors lack dignity. Little respect is shown for their contributions in life.

A number of palliative care programs and services exist in Newfoundland and Labrador. These are offered in hospitals, long-term care homes and in the community. Access to home care provides many with a choice as to where care is received. This relieves burdens on family caregivers. It allows patients and families to achieve the best possible quality of life during this time.

The end-of-life care program was recently expanded. Much work has been done in the area of palliative care. It was felt that this needs to be expanded throughout the province. More research is required to inform decisions.

Education and Research

Recruitment, Training and Retention of Health Care Professionals

Research states that working with older persons is a last career choice for university students enrolled in health care programs. We heard that education

among care providers should begin now and continue. Training in the area of aging and seniors in all health care fields is lacking.

Training courses and modules on aging are needed. These can be added to general curricula. The search for a Chair in Healthy Aging at Memorial University of Newfoundland has been underway. This helps ensure that knowledge and attitudes on aging are addressed through the formal education system.

A need exists to educate and inform health care professionals on the benefits of working with an aging population. Participants described situations where it was felt that working with seniors lacked glamour. This work may have been viewed as less important than working with other age groups.

Research and Planning

The need for research and planning was expressed through consultation. Planning must be based on research at all levels. It was felt that research should involve those who live in the province. Decisions impacting policies, programs and services should be based on best evidence.

It was advised that a strong focus be placed on research in aging and seniors. The need to enhance research in this area was seen to be important.

Key areas that require further research include dementia, medication, age-related chronic illness, end-of-life care, elder abuse, mental health and addictions.

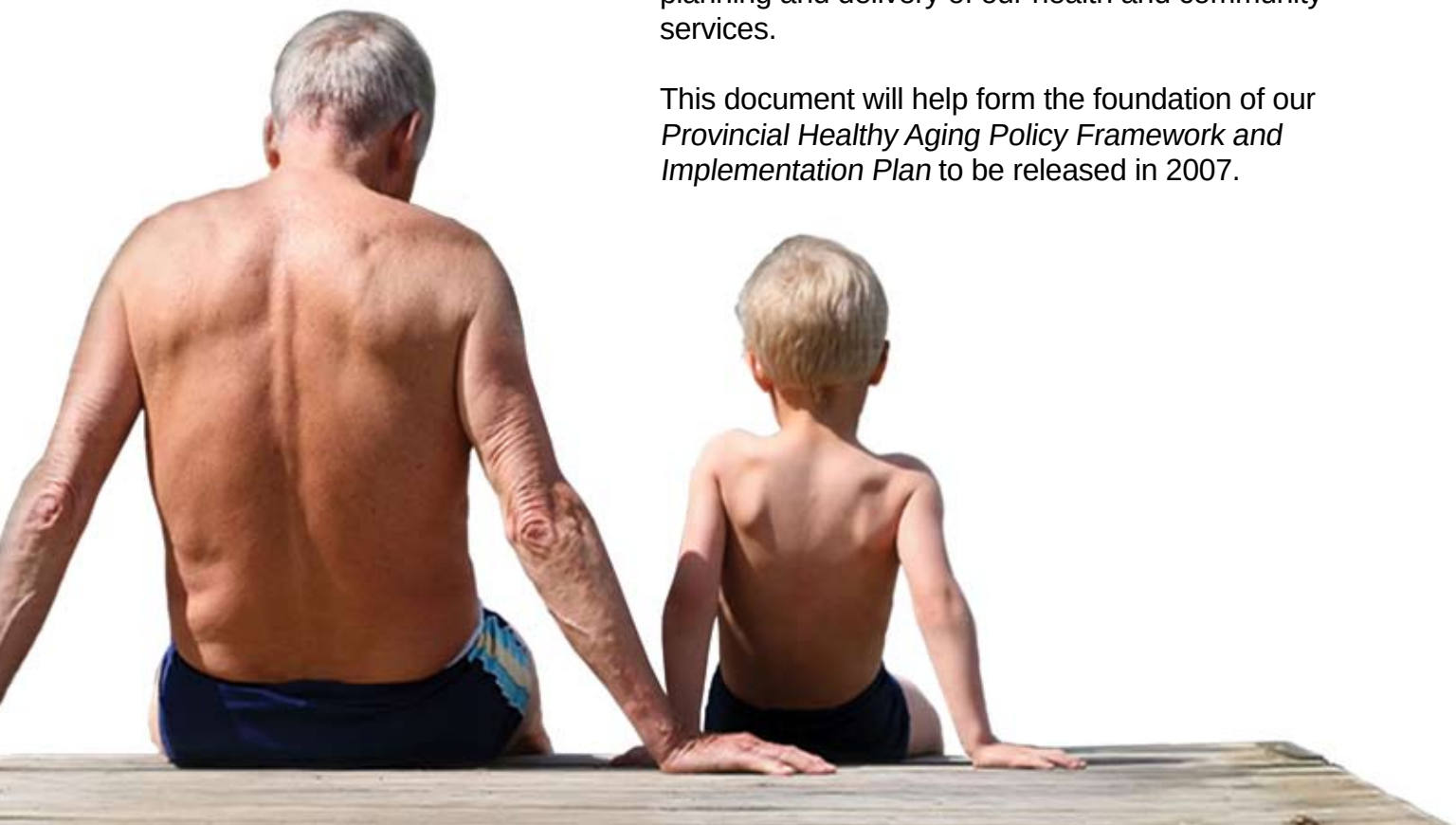
Conclusion

Perspectives on a Provincial Healthy Aging Plan – Summary of Consultations presents the results of what was heard through 17 community consultations, numerous briefs and submissions, and the provincial forum. It also includes a preliminary review of research on issues raised in our consultations.

There were many reflections and suggestions from participants. It was clearly identified that our population is aging and a need exists to critically assess policy, programs and services through an age-friendly lens. It was recognized that while a foundation of work has been established, through government strategies and community initiatives, there is still much to be done.

The greatest challenge identified was the need to balance the unique, individual strengths of people as they age with the current societal tendency to focus on weakness and loss. It was felt the depersonalization of people based on age contributed to policies, programs and services which support greater levels of vulnerability rather than independence. The need exists to address the competing philosophies which currently exist in the planning and delivery of our health and community services.

This document will help form the foundation of our *Provincial Healthy Aging Policy Framework and Implementation Plan* to be released in 2007.



Glossary and References

Age-Friendly - generations are valued equally and support each other.

Ageism - stereotyping and discrimination against people because they are old. Ageist attitudes are based on a lack of information.

Aging in Place - a process where people grow older in familiar and comfortable surroundings. They get what they need to maintain an independent lifestyle.

Aging Workplaces - work environments where the average age of workers is increasing over time.

Audiology - the study of hearing disorders and the rehabilitation of people who are hearing impaired.

Baby-boomers - people born between 1946-1965 in countries, such as Canada. There was a marked increase in the birthrate during that period.

Caregiver (informal) - one who provides care without pay to family and friends in need of support due to physical or mental health issues.

Chronic Condition - an illness, functional limitation, or cognitive impairment that is expected to last at least 1 year. This requires ongoing care.

Dementia - a progressive brain dysfunction that includes loss of memory, judgment and reasoning, and changes in mood and behaviour.

Determinants of Health - social and economic factors, physical environment, behaviour and biology that combine at every stage of life to determine health.

Disability - limits on daily activities due to a health issue.

End-of-life Care - same as “palliative care”, this refers to healthcare that is focused on comfort,

respect and quality of life for a person nearing death.

Healthy Aging - a lifelong process of making the most of health that involves physical, social and mental wellness, independence, quality of life and enhancing life-course transitions.

Home Care - professional and non-professional services in the home to assist one to live independently, prevent early admission to a long-term care home or prevent hospitalization.

Home Health - professional services provided in the home.

Home Support - non-professional services that allow those who require assistance with daily living to remain in their own homes or independent living units. This often prevents, delays or takes the place of an institution. This includes personal and behavioural supports, household management and respite.

Independence - freedom from the control of another.

Intergenerational - programs and practices that strengthen relations between children, youth, adults, older adults, and families.

Lifespan Developmental Perspective/Model - sees the individual as always changing from birth to death. Crisis and change are constant in life.

Lifelong Learning - learning throughout life. The main purpose is to give learners the skills required to continue self-education beyond the end of formal schooling.

Literacy - the ability to understand and use printed information in daily activities, at home, at work and in the community.

Long-Term Care Homes - residential care homes designed for people who require long term healthcare or require extensive care.

Mental Health - a positive state of mental well being. This is not simply an absence of mental illness.

Mid-Old - people 75 to 84.

Older-Old - people 85 and over.

Oral Health - refers to the health of the mouth. This includes the teeth, gums, and supporting tissues. The most common oral health problems are cavities and gum disease.

Palliative Care - the same as “end-of-life care”. This refers to healthcare that is focused on comfort, respect and quality of life for a person nearing death and the family.

Personal Care Homes - licensed residential care homes that provide care to more than four residents who require supervision and assistance but do not require on-site professional care.

Population Aging - the increasing proportion of the population over age 65.

Primary Health Care - the first contact people have with the health and community services system (e.g. family doctor, nurse practitioner, community health nurse, paramedic, social worker)

Seniors - people age 65 years and older.

Social Inclusion - ensuring everyone, regardless of experiences and circumstances, can achieve their potential in life.

Universal Design - creating environments that are usable by as many people as possible regardless of age, ability or situation.

Young-Old - people age 65 to 74 years.

Endnotes

[1] Statistics Canada (2001) *Population reporting an Aboriginal identity, by age group, by province and territory*.

[2] Newfoundland and Labrador Statistics Agency. Government of Newfoundland and Labrador. (2001) Community Accounts. *Population Change. Demographic Accounts 1996-2001*. Based on Statistics Canada Censuses.

[3] Government of Prince Edward Island. Health and Community Services Agency (2003). *Circle of Health: Prince Edward Island's Health Promotion Framework*. Charlottetown: The Quaich Inc.

[4] Keefe, J. et al. (2006) *A Profile of Social Isolation in Canada*. Report prepared for the Federal/Provincial/Territorial Committee of Officials (Seniors)

[5] Statistics Canada (2001). Census of Population. *Population in private households, showing living arrangements, by province and territory* (table).

[6] Keefe, J. et al. (2006) *A Profile of Social Isolation in Canada*. Report prepared for the Federal/Provincial/Territorial Committee of Officials (Seniors)

[7] Kathleen McInnis-Dittrick (2002). *Social Work with Elders: A Biopsychosocial Approach to Assessment and Intervention*. Boston: Allyn & Bacon.

[8] Statistics Canada. *The Daily*, Wed. Dec. 21, 2005 http://www.statcan.ca/Daily/English/051221/d051221b.htm

[9] Canadian Association of Social Workers (2006). *The Declining Health and Well-being of Low-Income Women in Canada: A Preventable Tragedy*. Ottawa.

[10] Gilmour, H. and Park, J. (2005) "Dependency, conditions and pain in seniors" in *How Healthy are Canadians? Health Reports Supplement 2005*. Volume 16. Statistics Canada catalogue 82-003.

[11] Statistics Canada (2001). 2001 Census.

[12] Statistics Canada (2004). *Canadian Survey of Giving, Volunteering & Participation*. Catalogue no 71-542-XIE. p. 48

[13] Hollander, M. and Chapnell, N. (2002) *Final Report of the National Evaluation of the Cost-Effectiveness of Home Care*: Synthesis Report. P. 13.

[14] Sterling, Mary Lou (2004) in "What Do We Expect From Seniors?", a transcript of presentations sponsored by the New Brunswick Advisory Council on Seniors, available online on November 23, 2006, at http://www.gnb.ca/0402/PDFPublications/Fredericton-August2004.pdf

[15] Government of Newfoundland and Labrador, Newfoundland and Labrador Statistics Agency. Community Accounts. *Sources of Income by Seniors, 2004*.

[16] Government of Newfoundland and Labrador. Department of Finance (based on income data from Canada Revenue Agency).

[17] Government of Canada. Department of Human Resources and Social Development Canada. (2006). *Statistical Bulletin, Canada Pension Plan, Old Age Security (Sept. 2006)*.

[18] Government of Newfoundland and Labrador. Department of Human Resources, Labour and Employment. *Reducing Poverty: An Action Plan for Newfoundland and Labrador*. P. 6.

[19] Gilmour, H. and Park, J. (2005) "Dependency, conditions and pain in seniors" in How Healthy are Canadians? *Health Reports Supplement 2005*. Volume 16. Statistics Canada catalogue 82-003.

[20] Statistics Canada. (2003) Canadian Community Health Survey.

[21] Gordon, Michael (2005) "The Importance of Oral Health" in *Expression. Bulletin of the National Advisory Council on Aging* Volume 18, No.2.

[22] Public Health Agency of Canada, Division of Aging and Seniors (2006) "Hearing Loss: Info-sheet for seniors". Available online.

[23] Canadian Association of Speech-Language Pathologists and Audiologists. "Fact Sheet on Communication Disorders and Aging". Available online on October 27, 2006.

[24] Bellis, T. J., Nicol, T. and Kraus, N. (2000) "Aging Affects Hemispheric Asymmetry in the Neural Representation of Speech Sounds" in *The Journal of Neuroscience*, January 15, 2000, 20(2):791-797

[25] Speech-Language Pathology and Audiology (Brochure). Division of Education and Human Sciences: Mississippi University for Women, available on October 27, 2006, at http://www.muw.edu/speech/brochure.html

[26] Albert, M.L., Durso, R. McNamara, P., Obler, L.K. (1992) "Speech Monitoring Skills in Alzheimer's Disease, Parkinson's Disease and Normal Aging" in *Brain and Language*. January 1992. 24(1): 38-51. Orlando: Academic Press.

[27] Powell, S. (2004) "Meeting the Mental Health Needs of Seniors" in *Stride Magazine* (2004) http://www.stridemagazine.com/articles/2004/q1/mental.health

[28] Conn, D.K. (2002). "Mental health issues of particular groups: Seniors living in long-term care facilities". *Writings in Gerontology – National Advisory Council on Aging: Mental Health and Aging.*

[29] Mood Disorders Society of Canada. "Quick Facts : Mental Illness and Addiction in Canada. Guelph." Cited in Whalen, David (2006). "The Mental Health Needs of an Aging Population." Canadian Mental Health Association – Newfoundland and Labrador Chapter (unpublished paper).

[30] Murray, J. et al. (2006). "Primary Care Proessionals' Perceptions of Depression in Older People: a Qualitative Study". *Social Sciences and Medicine*, V. 63. p. 1363-1373. (Cited in Whalen, D. *The Mental Health Needs of an Aging Population*. Canadian Mental Health Association – Newfoundland and Labrador Chapter, unpublished paper).

[31] Sommerville, M. (2006) "Seniors and Addictions: A Bad Gamble" in *Expression*, V.19 (4), Bulletin of the National Advisory Council on Aging. Ottawa: Government of Canada.

[32] Statistics Canada. (2004). *Family Violence: A Statistical Profile*, 2004

[33] Government of Newfoundland and Labrador (2006). *Taking Action Against Violence, 2006-2012*. Women's Policy Office

[34] Health Canada (2004). "Palliative and End-of-Life Care" Available at http://www.hc-sc.gc.ca/hcs

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