



Seniors' Health, Housing and Income in a Global Age-Friendly Community

**Conference Report &
Policy Recommendations**



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A Note from our President

When the plans for the 2008 COSCO conference began the title of Seniors Health, Housing, and Income in a Global Age-Friendly Community was chosen. Actually 20 topics are reported in the attached summary.

COSCO wanted to bring seniors from all over the province together to listen to the experts in many areas important to older adults. Over 400 people, mostly seniors, listened to 56 expert presenters.

The “best practices” from each area are listed for each topic in the report. Seniors need be proactive in working together to obtain these goals. Modern day decision makers listen only to groups with the power of numbers and strong advocates. The future for seniors in BC will be directly proportional to the actions taken by seniors to ensure that their personal needs are met and that Canadian society develops in ways future generations will cherish. Accurately predicting the future is impossible, but some things seem clear.

Increased numbers of seniors will live active lives in better health for 30 plus years in retirement.

Financial Planning for retirement must be a life long priority to fund long lives. Many of today’s pension plans whether offering defined benefits or defined contributions, either private or public, are not actuarially sound. Changes must be made.

Many seniors will work either full or part time after retirement. Some will work because they need to and others because they want to. Seniors have a good work ethic, are reliable and have years of experience. The economy of BC needs them.

Seniors will be a larger demographic group in the population. If we can unite to act on our needs and advice, politicians will listen and act.

Modern technology must be used by seniors to ensure that they are informed about their needs so that they can be proactive on their own behalf.

Ageism must be eradicated. Seniors like all adults must be involved in decisions that affect them. Those with severe disabilities should have a seniors' advocate acting for them with caregivers when they can not represent themselves.

Seniors will continue to volunteer, they like to help others but they are not cheap labour. At the very least they should not be "out of pocket" when they work hard for others.

The future for BC Seniors will be good if we work hard to promote our needs and remain firm on issues that could weaken or strengthen the very fabric of Canada.

Sylvia MacLeay

President

Council of Senior Citizens' Organizations of BC

Reflections

In the last eight years, the Council of Senior Citizens' Organizations of British Columbia (COSCO) has been the undisputed voice fighting for seniors' rights and the protection of social programs. This fight has been very challenging but it helped us to strengthen COSCO and at the same time allowed us to make common cause with a good number of kindred organizations.

In the struggle of fighting for seniors' rights and a civil society we gained a lot of anecdotal knowledge which showed us in broad terms the direction we should be going. We recognized that: "letting the young folks do it ", was no longer appropriate, nor was the attitude towards seniors of: "Dearie, don't worry, we'll do it for you." This is not an endearment but a patronizing form of ageism.

The other thing we faced in the development of public policy was the perception that seniors were an undue burden on the state and therefore a threat to universal social programs. Nothing reflected that more than the Provincial Government's cuts to Pharmacare and other seniors' entitlement programs. The Finance Minister's mantra was, "Let the rich seniors pay." Even well-meaning people thought they knew what was good for seniors, and when we told them that seniors knew what's good for seniors, we were looked upon as uppity and ungrateful.

We in the leadership of the seniors' movement were determined to enact a paradigm shift from the present government view that seniors constitute an undue burden on the state, to a view which seniors and progressive voices adhere to: namely that society should celebrate our increased longevity and that we recognize seniors as greatest under-utilized resource in society.

In COSCO we have exercised and applied this underutilized resource by developing programs of "seniors helping seniors" and by insisting "don't plan for seniors – plan with seniors".

The Conference Seniors Health, Housing and Income in a Global Age – Friendly Community was our way of showcasing the important issues for seniors, the changing attitudes of seniors and

the necessary changes in attitudes towards seniors. There is no doubt among the conference participants that we made progress on all counts, but we have a long way to go. Forces of the status quo are deeply entrenched and we see some already fighting back by giving only lip service to the principle of “planning with seniors.” My hope is that more and more seniors will promote the utilization of that under-utilized resource and join us in building that Age Friendly Community, Province, Country and the World.

As the chair of the conference organizing committee, I’d like to thank all committee members for their outstanding contribution, also all the funders without whose help we could not have done it, and also all the presenters who contributed to the quality of the proceedings. Most of all I’d like to thank the participants who have gone back to their communities and hopefully applied the knowledge they have gained in building Age-Friendly Communities.

Art Kube was President of COSCO and chaired the conference planning committee. He is now the President of the National Pensioners and Senior Citizens Federation.

Introduction

It is with great pleasure that we bring to you this report. It is not only a record of the issues discussed at The Conference on Seniors' Health, Housing and Income in a Global Age-Friendly Community in September 2008, but also a resource for seniors who desire an overview of some issues that are salient to their well being in our province. It is personally an honour to be involved with the Council of Senior Citizens' Organizations of British Columbia (COSCO) in this project. While there are a multitude of seniors' groups in the province, in acting as an umbrella organization COSCO has the potential to provide a strong united voice that may effectively influence policy and improve the quality of life for seniors everywhere.

The purpose of this report is to identify and describe issues that are of importance to BC seniors. We close each section by identifying policy recommendations that refer to key actions that could immediately be undertaken by governments and communities to enhance the health and wellness of seniors.

It is our hope that this report serves as a valuable source of information for Senior British Columbians, and as a guide for those who are in the position to make policy that may impact the health and happiness of seniors in our province.

Thank You
Robert Savage

Health Literacy

Literacy refers to “the ability to understand and use reading, writing, speaking and other forms of communication as ways to participate in society and achieve one’s goals and potential.” Health literacy is related to literacy, but is more specifically defined as “the ability to access, understand, evaluate and communicate information as a way to promote, maintain, and improve health in a variety of settings across the life-course” (1). The topic of health literacy is placed at the beginning of this report, because it is a core issue that has a role in the promotion of any health related topic that follows in this guide. Simply, health literacy “relates more directly to the ability to access information, to make appropriate health-related decisions and to understand and manage interaction with the health care system (2).

As it currently stands older Canadians are burdened with the lowest levels of health literacy of any age group (3). The outcomes of low health literacy include: increased hospitalizations, inappropriate use of medication, higher rates of chronic disease such as diabetes, poor self-management of chronic disease conditions, higher mortality, and in short, difficulties in using the health care system (4,5).

Examples of strategies to address health literacy were presented at the Conference. One such strategy was the Computer for Elders’ Learning Project, and while this program failed to attract individuals with the lowest levels of health literacy, the participants did increase their confidence in computer, reading, and writing skills (6). Another initiative developed through the National Literacy Program, is a set of guidelines developed to make medication labelling easier for all individuals to understand (7). Additionally, the Older Adult Literacy Resource Manual and Workshop was described. In this program, trainers of literacy tutors, and others, are informed of the particular needs of older adult learners (8). A final example is the Mental Fitness for Life Program, an 8-week series of workshops, intended to improve older adults’ skills in the areas of: goal setting, critical thinking, creativity, positive mental attitude, learning, memory, and

speaking one's mind (9).

The programs described are excellent examples of strategies to address the issue of low health literacy in older adults. Unfortunately, many of the programs developed thus far have been short term and are not well supported. Consequently, health literacy among older adults remains an issue that needs to be addressed in BC and Canada (10).

Policy Recommendations:

- Develop a comprehensive BC-wide strategy to improve low levels of literacy and health literacy in British Columbia, and provide BC residents, especially older adults, with the supports they need irrespective of their levels of literacy or health literacy (11).
- Make BC seniors a driving force in the development of this strategy.

Falls & Falls Prevention

A brief look into statistical data pertaining to falls among the elderly provides ample evidence displaying the seriousness of this risk to health. Falls in Canada for example, result in 84 percent of injury-related hospitalizations in the 65 and over population (1). Further, 40 percent of all nursing home admissions are the result of a fall, and where a fall results in a hip fracture, 20 percent of these individuals will die within one year of the fracture (2, 3). In British Columbia this translates each year into 852 fall-related deaths, and 10,091 hospitalizations (4).

A fall is the result of many factors (5-7) and preventing falls may be approached on an environmental (8-10) or individual level (11, 12). Examples of environmental changes that may decrease falls include modifications to one's home, and at a broader level making communities more age-friendly. In the home for example, reducing clutter, removing loose rugs, and altering slippery floors can help in reducing the risk of a fall. In the community, improvements to uneven sidewalks, poor lighting, and ensuring stairs have handrails can contribute to the prevention of falls.

At the individual level, some exercise programs have been effective in decreasing falls. For example, weight bearing aerobic activity combined with a stretching and flexibility component has been found to decrease falls by 22-40 percent (13, 14). Similar positive results were found in seniors who participated in Tai Chi to improve fitness and balance (15, 16).

Many successful programs have been developed that use a multi-factor approach. For example, in 2006, a project by Dr. Vicky Scott and colleagues helped home support workers and seniors take an active role in preventing falls. In this program the participants used a falls prevention checklist to identify and reduce risks. The program was a success and over the six-month study period, falls were reduced by 43 percent (17).

The key message here is that we have discovered strategies to reduce both the risk of falls, and the number of falls in older populations. The challenge now is to translate the success found in small study samples, to wide scale programs that may benefit

all British Columbian seniors.

Policy Recommendations: (18)

- Build awareness of the importance of falls and falls prevention, and let seniors drive this process.
- Increase funding to encourage seniors to participate in groups and make their own communities “age-friendly”.
- Support risk assessment and prevention of falls due to osteoporosis, vision problems, and side effects of medications (19).

Healthy Eating & Activity for Seniors

The COSCO Conference held a workshop on healthy eating and activity for seniors. The focus of the discussion was a new B.C. government publication titled Healthy Eating for Seniors. This document represents a positive step because the guide was developed for seniors and in consultation with seniors. Further, it is available online in English, Punjabi, and Cantonese, and print copies may be ordered for free by calling 1-800-465-4911 (1).

The guide begins by providing a simple fact: that seniors have higher rates of chronic disease such as high blood pressure, high cholesterol, heart disease and cancer than the rest of the population. While in no way trying to blame the victim, it is noted that many of these conditions can be controlled or prevented altogether through healthy eating and regular physical activity. Such a claim is well supported in the academic literature (2-6). Taking this reality into account, the book offers a wealth of advice on how seniors may improve the way they eat and subsequently, the way they feel.

The book represents excellent progress in terms of information regarding healthy eating. Additionally with a distribution of 160,000 copies, it is a welcome relief to know this book is getting into the hands of BC seniors where it belongs.

Moving to the topic of activity, it was noted in the workshop how physical activity has the potential to positively impact individuals of all ages on a physical, spiritual, emotional, intellectual, and social level.

Unfortunately, in Canada as of 2003, a mere 27 percent of men, and 17 percent of women aged 65-74 may be considered physically active (7). Additionally, research suggests that simply providing information about the benefits of physical activity is not effective in increasing participation among older adults (8). Thus, new strategies must be developed, and COSCO feels recommendations from the World Health Organization may guide us in this search. Most importantly, the key to maintaining physical activity lies not only within the individual, but also within one's immediate family, surroundings, and community (9).

Accordingly, programs must be developed to enhance the social support networks of seniors in British Columbia.

Policy Recommendations:

- Consult with seniors regarding how to increase participation in exercise and physical activity programs.
- Let all seniors “invest” in their own health by providing a tax credit towards funds spent on engaging in physical activity.

Proper use of Medication

Samoy and colleagues have reported that 25 percent of hospitalizations in British Columbia's largest hospital are drug related (1). Further, 16.2 percent of these drug related incidents were the result of non-compliance.

Non-compliance is simply the misuse of a medication as it was prescribed, and in elderly populations, non-compliance rates run as high as 50-60 percent (2). While non-compliance, or non-adherence as it is also labelled, is a multi-dimensional phenomenon, failure to take a medication is one significant component (3). The overall cost of non-adherence in the United States in 1997 was estimated to be approaching \$100 billion (4). Given that Canada's population is approximately one tenth the size of the U.S., and factoring in a modest 3 percent inflation rate in the healthcare sector, it is possible that costs of non-adherence in the Canadian population in 2008 may run as high as \$14 billion.

It is clear that dealing with these issues will not only save lives (there are approximately 10,000 deaths per year in Canada due to adverse drug events), but also dollars in our health care system (5). The following principles of safe medication use were presented at the COSCO conference:

- Knowledge (know your medications)
- Directions (understand dosing information)
- Storage (understand storage instructions)
- Side Effect Awareness (learn about side effects and maintain a diary)
- Interactions (learn about drug interactions)
- General Knowledge (6).

It is interesting to note here the impact that low health literacy may have on a senior's ability to implement these principles.

A number of excellent recommendations to address the issue of health literacy and impact on medication compliance have been

outlined in the National Literacy and Health's publication *Good Medicine for Seniors: Guidelines for Plain Language and Good Design in Prescription Medication*. These include organizing and presenting information so that it makes sense to the patient across one's entire contact with the health care system. It is further recommended we empower seniors by way of compliance-enhancing strategies, tools, and interventions (7). It is time now to implement these strategies so that all individuals, regardless of health literacy level, may safely use medications.

Policy Recommendations:

- Establish a National Drug Formulary to provide accurate information on the quality, effectiveness, and price of prescription drugs.
- Shorten the patent protection in Bill C-91.
- Prohibit drug manufacturers from offering inducements to doctors, pharmacists, and other medical professionals.
- Re-instate the 2001 BC Pharmacare Program.
- Increase collaboration and partnership between Health Canada, university researchers, doctors, pharmacists, patients, and caregivers to ensure success.
- Expand the Chronic Disease Self-Management Program (8).
- Increase funding for programs and research initiatives designed to enhance health literacy in Canadian seniors.

Mental Health

Mental health has been defined as the overall functioning capacity of the individual. The group and the environment interact with one another in ways that promote subjective well-being, and the optimal development and use of mental abilities. The achievement of individual and collective goals must be consistent with justice, and the attainment and preservation of conditions of fundamental equality (1).

The primary jurisdiction for the delivery of mental health services in Canada is the provincial and territorial governments (2). According to BC Mental Health & Addiction Services, the lifetime risk of developing a mental disorder is close to 25 percent (3). Further, mental health results from the interplay of external (housing, income, services, and mobility) and personal factors (social, spiritual, physical, and emotional) (4). As such, mental health spans across many of the topics presented in this report.

One such example is in the context of mental health literacy. Here, it is important to remember the impact that knowledge and beliefs have upon one's ability to recognize problems, and to seek mental health and addiction information and help (5). Literacy issues play a role in the success of mental health initiatives, thus it is important to develop plain language materials, and to involve consumers in all stages of the development, production, and testing of materials. In this regard, COSCO emphasizes the importance of involving seniors in the process of developing mental health materials and programs that are to be directed to older individuals.

Another example attesting to the broad scope of mental health is Home Care. The Seniors' Mental Health and Home Care study has concluded that "in order to preserve and promote seniors' mental health there is a need to enhance the capacity of home care to identify and support seniors' mental health issues both through the type of services provided, and the way in which they are provided" (6). Simply, home care makes a contribution to mental health by promoting independence, providing social interaction, assisting in the recognition of mental health issues,

and by providing information and support to seniors and family caregivers. On a positive note, governments recognize the importance of home care services in dealing with issues such as mental health. This may be contrasted with the reality that strategic thinking and funding decisions have not shifted in a manner necessary to support the implementation of these services (7).

Policy Recommendations:

- Develop a National Policy on Mental Health.
- Involve seniors in the process of developing mental health programs and materials that are to be directed toward older individuals.
- Recognize the expanded role that home care workers can provide in the domain of mental health, and increase financial support to this sector.
- Use the World Health Organization's Global Age-friendly Cities: A Guide as a template to build healthy communities.

Social Connectedness

Social isolation has been defined as “less social contact than someone wishes causing loneliness or other emotional distress” (1). In normal aging, a senior’s social circle may grow smaller due to factors such as illness, disability, loss of a spouse or friend, and poverty. It is in our best interest to combat these changes because social participation and social support are both strongly connected to good health and wellness over the life course (2). The interaction of poverty, a function of one’s income, with social participation displays conceptually how income may act as a social determinant of health.

The World Health Organization has developed a number of recommendations to address the issue of social connectedness. These recommendations are the result of focus groups held with older people in 33 cities throughout the world. Keys to enhancing social participation include:

- Accessible transportation
- Affordable activities
- Increased range of opportunities
- Awareness of activities and events
- Encouragement to participate
- Further integration of generations, cultures, and communities (3).

In the province of British Columbia, the development of the Intergenerational Toolkit in the fall of 2008 is an example of an excellent resource that may be used to address one dimension of social participation (4). It is unfortunate however, that the next step of the process often falls short of expectation or fails. Simply, the Intergenerational Toolkit may become a resource, like many others, that sits idle because older people are unaware of its existence. The next step in the process must be to proactively get this resource into the hands of older people so that future intergenerational programs may be developed, for seniors by seniors.

Finally, it is also important that we immediately address the key social determinant of health, namely income. In this regard, we must ensure that all Canadian seniors who qualify are receiving their due from the Canada Pension Plan and Guaranteed Income Supplement. Likewise, we must eliminate the income based OAS clawback and reduction in Age Credit.

Policy Recommendations:

- Address the issue of inadequate income, and the role this social determinant of health has upon ones' ability to remain socially connected.
- Ensure that programs developed, such as the Intergenerational Toolkit, are easily made available to older people, and to seniors' organizations.
- Work with seniors to develop new, affordable, and accessible social activities.

Seniors Abuse & Neglect

The BC Centre for Elder Advocacy Support is guided by the maxim “all seniors in BC have the right to live with dignity, safe from abuse of any kind” (1). The goal is an admirable one, and we have many challenges to overcome prior to its realization. As it currently stands, it is estimated that between 4 - 10 percent of BC seniors will report some form of abuse in their lives (2).

The abuse of older adults varies across a spectrum that includes neglect, physical, sexual, emotional, psychological, medical, financial, and legal abuse (3). Alarming is the fact that the majority of this abuse is committed by family members. In many cases the abuse is difficult to identify, and very often cases go unreported due to fear of reprisal, loss of care, or simply not knowing where to report the abuse. Additionally, many seniors may remain silent, fearing that reporting such abuse would signal to agencies a sign of incompetence. Outreach is clearly needed in this area, and COSCO supports expansion of the work currently carried out by the BC Association of Community Response Networks (BCACRN). This network was established to increase public awareness of elder abuse and neglect, and to create support networks within communities around the province.

It is important to distinguish here that the previously mentioned incidence of abuse does not include the victimization of the elderly that occurs by way of fraud. Under this realm, fraud involves credit cards, bank accounts, mortgage schemes, and the performance of unneeded home repairs conducted by way of traditional mail, telemarketers, door-to-door salespeople, and the Internet (4). The Canadian National Advisory Council on Aging has reported that more than 50 percent of all reported victims of fraudulent telemarketing were over the age of 60 (5). A staggering fact considering individuals in this age group represent less than 15 percent of our total population (6).

It is interesting to note that senior abuse and neglect may interact with many other topics listed in this report. For example, not knowing how to report abuse and seek help may be a function of literacy, and also mental health status. Similarly, in the case of

financial abuse, it is reported that one important characteristic of the victim is social isolation (8). Additionally, social isolation on the part of the caregiver has also been found to be a contributing factor in these abusive relationships. Thus, while we must continue with the very focused work provided by the BCACRN, it is worthwhile to note that building healthy communities, where older people interact and participate socially, also plays an important role in the prevention of senior abuse and neglect.

Policy Recommendations:

- Increase awareness of elder abuse and develop support programs of elder abuse prevention.
- Increase funding of the BCACRN so that their work may reach all BC communities
- Increase funding of home care, as this work contributes by reducing social isolation.
- Involve seniors in the process of building healthy communities, and in identifying opportunities to increase social participation among their peers.

Aging with a Disability

It is important to begin this section by defining exactly what is meant by disability. A disability is defined when a person has difficulty in performing the activities of daily living including: getting out of bed, walking, grooming, using the toilet and possessing control over these bodily functions, bathing, and eating. (1-2). On a general level, older people report more disabilities than younger people, and older women tend to report more disabilities than older men. According to the Participation and Activity Limitation Survey conducted by Statistics Canada, as of 2001, approximately 41 percent of all Canadians aged 65 and over have at least one disability. Given that the proportion of our population aged 65 and over will continue to increase in the years ahead (3), taking steps to enhance the lives of those living with a disability has the potential to impact the quality of life of many Canadian seniors.

COSCO embraces the concept that an “an age-friendly society would also be a disability-friendly society” (4). The disabled have the right, as we all do, to participate meaningfully in our communities. Unfortunately, research carried out by the Canadian Centre on Disabilities Studies in 2008 has found that many older people with disabilities remain “socially isolated due to issues with community and housing accessibility, lack of financial resources, lack of transportation and disability supports, inadequate community policies to accommodate their needs, gender-specific issues and negative societal attitudes” (5).

Clearly there is a great deal of work ahead if we are to improve the lives of those individuals who are living with a disability. While there are many dimensions regarding care and improving the lives of disabled people, the focus here will be on home support. In British Columbia, home-support is provided by trained individuals known as community health workers. COSCO feels that in many cases these individuals are both poorly trained and poorly paid. Sharman and colleagues have reported that there is a trend in BC characterized by a reduction in the number of persons under care, disruption in the continuity of care, and a

decline in the quality of care (6).

Specifically, between 1993/1994 and 2004/2005 “the absolute number of home support clients declined by almost 50 percent, from 59,857 to 30,323 individuals” (7). This trend has continued to the present day and it forces women who are society’s traditional caregivers into the position of providing unpaid care for individuals who are in need (8). Step one to improve the lives of those aging with a disability, is to halt the deterioration of care that is currently under way in this sector.

Policy Recommendations:

- Increase dialogue between the disability and aging sectors with governments, non-profit agencies, and consumers (9).
- Eliminate the trend towards casual employment in the home care sector and increase the continuity to those currently under care (10)
- Increase quality and quantity of care for people with disabilities.

Seniors' Housing

Most Canadian seniors (over 90 percent) spend the majority of their lives living in a private household (1). Further, approximately two-thirds of these older Canadians own their residence, while one-third live in rental accommodation. The remaining 10 percent of Canadians who are unable to remain in a private home, live under a number of conditions ranging from homelessness (171 seniors are homeless in the greater Vancouver region alone) to supportive housing and institutionalized living (2). This basic need of housing and shelter is intertwined with the social determinants of health and issues of income and poverty.

While the topic is broad and incorporates many dimensions, the first concern of COSCO is simply that no senior should be spending more than 30 percent of his/her income on housing. This issue is especially pronounced in the BC rental market where vacancy rates are in the neighbourhood of 1.3 percent, and landlords have been accused of using loopholes in the BC Residential Tenancy Act to raise rents by up to 15 percent in a single year (3). Such an issue is especially salient to older people who live on fixed incomes, derived from the Old Age Security Program (OAS), the Canada Pension Plan (CPP) or Quebec Pension Plan (QPP), and private savings (4).

Having introduced the topic of income, a second major concern of COSCO is that no senior in Canada should be subjected to living in poverty. Interestingly, Canada has no definition of low income or poverty. As a result, the National Advisory Council on Aging has chosen to use the low-income cut-off (LICO) to measure this condition. While, Canada has made progress in this area since 1980, as of 2003, a substantial 258,000 seniors are still living below the after-tax LICO.

A third concern of COSCO is the shrinking stock of senior rental housing. We insist that money be immediately directed into the construction of non-profit rental housing for seniors in our province. This means the housing is to be designated for seniors only, rather than hard to house adults as is the current practice in British Columbia. The practice of placing hard to house adults in

designated seniors housing is woefully inappropriate.

The purpose of this section was to provide an introduction to some of the major issues in the realm of seniors housing. In the pages ahead, the more specific topics of independent living, assisted living, and long-term care, will be introduced.

Policy Recommendations:

- Construction of non-profit rental housing for seniors.
- Approach seniors housing issues with the goal of keeping housing costs below 30 percent of one's income.
- Eliminate loopholes in the B.C. Residential Tenancy Act that cause seniors to lose their homes or face large rent increases.
- Adjust government income programs so that no Canadian seniors are living in poverty as defined by the after tax low-income cut-off or LICO.

Independent Living

Remaining independent in one's home, and aging in place is a goal held by a majority of people as they age (1-3.). At the COSCO Conference "independent living" was defined as:

- Living alone or with a partner in your own house or apartment.
- Living alone or with a partner in a rented home or apartment.
- Living alone or with a partner in a seniors' residence which may or may not provide cleaning and meal services.

It was further noted that independence reflects a sense of dignity and self worth and contributes to one's happiness and well-being. As a result, COSCO supports all public policies and programs that enhance the ability of seniors to age in place. These include a universal homecare and home-support program, an accessible public transportation system, an affordable safe home maintenance design and construction program, preventative and curative health services delivered free of ageism, and programs that help one cope with chronic conditions

This goal of aging in place is in harmony with efficient health care because care for individuals in the home is less expensive than in institutional settings (4). COSCO applauds the Denmark model where a seven days per week/ twenty-four hours per day, universal Homecare/Home-support program has improved seniors' quality of life and independence, all while reducing health care costs (5).

Looking to future generations of older people, now is the time to make important decisions such as incorporating principles of universal design into the building code. A home that incorporates such principles can easily and inexpensively "adapt and customize to meet the ever-changing needs of (a) family.... through the stages of life from young family to empty-nester to senior citizen." (6) As a specific example consider that it currently costs in excess of \$80,000 to convert a home to accommodate a disabled person. Such costs are dramatically reduced in homes that incorporate about \$1200 worth of features in the design and building phase. These design principles include such simple changes as building doors with wider frames, and installing plumbing that could be

easily lowered to accommodate an individual in a wheelchair (7). In short, a disability-friendly home is an age-friendly home, and an age-friendly home benefits all members of a family and a community.

Policy Recommendations:

- Immediate design and implementation of a universal 24-hour per day/ 7 days a week home care and home-support program.
- Engage seniors in the dialogue that is necessary to design an appropriate universal home care program.
- Address the issues of income that threaten one's ability to age in place.
- Incorporate principles of universal design into the building code so that our stock of senior-friendly homes continues to grow.

Assisted Living

One way to approach the many living options available to older individuals is to look at these options along a continuum of care. Such a continuum moves from independent living to congregate living to facility living (1). Independent living is supported by home health services such as home care and home-support. Congregate living is further categorized into two service areas, namely supportive housing and assisted living. Supportive housing includes assistance with meals, laundry, housekeeping, emergency response, and social connectedness. Assisted living includes all of the above, with the addition of limited care. Under all three service categories, home care nursing and rehabilitation is performed in the client's home whenever possible and is incorporated into the care continuum as required. Finally, facility living is concerned with the service area of residential care and under this domain 24-hour nursing care is provided in an institutionalized environment.

COSCO believes that care across the entire continuum must be approached using the guiding principles of dignity, independence, fairness, participation, and security (2). So how do such principles translate into the realm of assisted living and complex care? First, we need to break down any stigma associated with assisted living and celebrate that this form of care is far more economical than long-term care, and remember that these individuals are valued members of our society (3-4). Second, such facilities should be built in all neighbourhoods so that older people who enter into assisted living will be able to do so without leaving the neighbourhood they have lived in for most of their lives (5). Third, staying in one's neighbourhood when moving to assisted living must be an option available to both high and low-income Canadians.

These provisions assure that older people may age comfortably in surroundings that are familiar to them, maintain connections to family and friends, and live their lives with a sense of psychological safety that contributes to good health and well-being (6). COSCO therefore emphasizes the importance of aging in the community

and defines such as independent living, assisted living, complex care, long-term care, and palliative care all centrally located within the same campus of care.

Policy Recommendations:

- Ensure assisted living environments are available to seniors in their own neighbourhoods regardless of income level and net worth.
- Promote public or non-profit facilities over private and for-profit facilities.
- Legislate that all assisted living facilities and long-term care facilities be required to have a tenants' council.
- Increase funding to intergenerational programs geared at maintaining one's connection to the broader community.
- Develop initiatives across a spectrum that includes enhancing the assisted living options for both urban and rural seniors.

Long Term Care

Long-term care refers to nursing homes and residential facilities that provide 24-hour care and supervision to individuals who are no longer able to live in their homes or an assisted living facility (1). In British Columbia admissions to subsidized nursing homes or subsidized beds within a private facility are managed by the Regional Health Authorities. The provincial mix of for-profit versus non-profit long-term care facilities varies and in B.C. approximately 70 percent of publicly funded nursing homes are not-for-profit while 30 percent are for-profit (2).

In a policy paper prepared in 2008 by the Physicians of BC, the provincial government has been “critiqued for changing definitions and numbers to conceal the fact that although new beds are being created, many beds are being closed” (3). It is further reported that in spite of new construction, from 2001 to 2004 our province experienced a net decline of 1,464 residential care beds. This short-term focus paradoxically provides little financial incentive over the long-term. The Physicians of BC remind us that with a decrease in long-term care beds, seniors will have to rely on home care services which are also decreasing, and will simply manage until crisis results, and they end up under care in the much more expensive emergency rooms of our province.

COSCO must emphasize an observation made by the Physicians of BC that the moratorium on the construction of long-term care beds in Denmark was “accompanied by a significant increase in home care and home support funding,” something that has not been carried out in the British Columbia setting (5). Consequently, our key recommendation in the realm of long-term care is increased funding towards home care and home support, an action that will enable older BC seniors to age in place and ultimately decrease the demand for long-term care beds in our province. Similarly we emphasize the importance of operating a dual system during this time of transition so that seniors who are currently in need of long-term care will have access to new beds.

Policy Recommendations:

- Increase funding for home care and home support for BC seniors, and establish a 24-hours per day/ 7 days per week program.
- Ensure that seniors with dementia are housed separately from other seniors and that they receive the specialized care they deserve.
- Address the need to provide culturally sensitive services to a diverse set of seniors with various ethnic origins.
- Ensure that language, culture, sexual orientation, and religion are not barriers to senior care.
- Involve BC seniors in the process of developing and expanding home care and home support programs.

End of Life Care/ Palliative Care

Palliative care is a term that is often used interchangeably with hospice care, and such care is designed for those individuals with terminal illness (1). The modern hospice movement was founded in 1967 by Dame Cicely Saunders in London, England. "This movement specialises in pain control and the aim of the hospice.... is to give people with painful and terminal diseases the best possible quality of life" (2). As such, the movement very much represents a philosophy of dying with dignity.

COSCO feels the options for end of life may be summarized as falling into one the following four categories (3):

Remaining at home – this is a desired option by many patients and the benefits include familiar surroundings, and ideally family or friends nearby who can provide some or all of the care.

Residential or long-term care – the patient moves into a facility that may be publicly funded, or part public and part private, or run by a non-profit organization, or totally private.

Hospice care – The patient must be close to the end of life and is provided with accommodation in comfortable surroundings. Nursing care is provided but no special treatments or interventions are done, however pain management is provided. Loved ones are encouraged to spend as much time with the patient as possible, and religious and ethnic traditions are encouraged and respected.

Palliative care – the patient spends his/her last days of life in a hospital palliative ward. Medical care to prolong life as well as pain management is administered. Patients may be allowed to go home if their condition improves and will be re-admitted when necessary. Good quality care is given, but it is expected the patient will be there only a short period of time (a period of days in most cases).

One of the major difficulties with care provided in the home is the question of who pays for medication, supplies, care workers, and equipment when these are to be provided outside of the hospital setting (4). In BC, since February 1, 2001 residents who wish to receive care in their homes can receive funding from the province

through the BC Palliative Care Benefits Program. This program covers the costs of palliative medications, medical supplies and medical equipment (5). While BC has made this accomplishment in the area of palliative care, COSCO feels these improvements must only be viewed as a beginning as there are many areas in which the need for improved service remains. For example, pain management must be provided to individuals in a timely fashion regardless of the setting in which they choose to spend their final days. Additionally, the rooms in residential care often house more than one patient, so privacy is an issue. Finally, very little is offered to caregivers who experience grief, stress, and who often take a financial loss of wages over the duration of care. The publication of A Provincial Framework for End-of-Life Care by the Ministry of Health in 2006 is a promising step, however the framework needs to be implemented rather than simply published if it is to do any good (6).

The Ministry of Health has adopted the term end-of-life care because the terms hospice and palliative care have often been associated specific disease categories such as cancer. In making this choice the province is sending out the “intention to offer specialized, holistic services to the wider group of people approaching death” (7). Hospices remain an integral part of the program, however, and are deemed appropriate for individuals who need regular assessment but do not require the full services of a hospital, whose needs cannot be met at home, or do not wish to die in their own home.

The British Columbia Hospice Palliative Care Association (BCHPCA) reports that of the 27,000 persons who died in BC in 2007, it is estimated only 22 percent of these individuals had access to hospice palliative care. COSCO therefore supports the BCHPCA in stating that legislative change needs to be undertaken to support the initiatives outlined in A Provincial Framework for End-of-Life Care, and specifically that hospice palliative care must become a core funded service in our province (8).

Policy Recommendations:

- Ensure that all individuals in the province have access to care while remaining in the home, long-term care, hospice, or palliative care, and respect the choice of the individual in regards to where care is to be provided.
- Ensure that all individuals have timely access to pain management regardless of where they choose to spend their final days of life.
- Ensure that religious and ethnic traditions are respected regardless of which setting an individual chooses to spend his/her final days of life.
- Enact the legislative change necessary to make the goals of The Provincial Framework for End-of-Life Care a reality.
- Make hospice palliative care a core funded service in our province.

Seniors Organizations

Social participation and social support are well established as contributors to good health and wellness in older people (1). A seniors' organization provides a vehicle for participation and it also has the potential to provide seniors with a voice in the broader community. The Council of Senior Citizens' of British Columbia (COSCO) is an umbrella organization representing over 75 senior organizations in BC and has taken the role of providing this voice (2). We therefore encourage all seniors who are not yet involved with COSCO to join us in providing a common voice for seniors in our province.

At the COSCO Conference Roy Romanow noted that "Canada's history has taught us that frequently our dreams are best shaped through community action" (3). We believe that building age-friendly communities is a core issue that drives the health and well-being of not only seniors but all British Columbians. If you are reading this report as a member of a senior organization we encourage you to seek out and take advantage of the many programs that are already in place to help you and your organization grow.

These include but are not limited to:

- New Horizons funding programs (4)
- Seniors in Communities funding (5)
- BCRPA Everybody Active Seed Grants (6)
- Community Health Promotion Fund (7)
- Canadian Million Dollar Roundtable (8)
- Localmotion (9)
- 2010 Legacies Now Funding (10)

In addition to the opportunities listed COSCO would like to state that it supports the development of the guidelines presented in Seniors in British Columbia: A Healthy Living Framework (11). In regards to promotion of senior organizations, we are especially interested in expansion of public transportation, including

handyDART, as transportation can be an issue in social isolation and community involvement. Further we support the creation of an Aging in Action campaign to support volunteering in older people including expanded grant opportunities. Finally we support making the Active Aging Symposium an annual event, as increased dialogue helps to expand the voice of seniors in BC.

Policy Recommendations:

- Expand New Horizons funding opportunities.
- Implement the BC Healthy Living Framework.
- Continue the involvement of seniors in the creation of Age-friendly communities.

Technology and Aging

Canada is currently ranked 13th out of 17 industrialized nations in terms of technological innovation (1). This does not bode well for health care and home care for seniors as technology has the potential to offer many benefits.

In the area of health care, the slow rate at which we are adopting the electronic health record puts seniors and all British Columbians at a disadvantage in comparison to other jurisdictions. The government of BC is applauded for its persistence in the development of the Physician Information Technology Office (2). While implementation of the electronic health record is under way, we are late to innovate and have been put into a position where we are coming from behind to catch up.

COSCO therefore encourages the government of BC to take the lead and anticipate future change in the technological realm. In this area a number of technologies are emerging that could enhance the potential to care for older people in their own communities thereby enabling them to age-in-place and remain outside of expensive long term care beds.

One such technology is passive home monitoring of individuals, a relatively simple technology that has the potential to enhance home care efficiency and relieve some burden upon unpaid caregivers. Another technology involves medication reminders. While a reminder/dispensing device may sound trivial, this type of device has the potential to save billions of dollars per year in Canada (see our section on the proper use of medication). As another example, numerous technologies (such as videoconferencing) are in place that could assist in decreasing social isolation. Additionally, complete systems that combine features of stand-alone technologies, smart homes, and telehealth are being developed by consortiums in Europe and the United States (3-4). Finally, telecare, teleconsultation, and telemedicine, all have the potential to increase our ability to care for our citizens in their own homes and to equalize service to remote and rural communities. The major barrier to many of these technologies in Canada is the negotiation of the legal and regulatory framework

in which such care is to be provided (5).

COSCO encourages governments at the federal and provincial levels to expand funding opportunities for research into these emerging areas so that in the future Canadians may benefit from leading the world in innovation rather than coming from behind. We envision cooperation involving government, business, academic research institutes, and seniors' organizations that could provide the synergies required for BC to become a world leader in the delivery of health and home care.

Policy Recommendations:

- Reform the legal and regulatory framework to enable health care technologies.
- Increase funding to British Columbian Universities specializing in technology that may assist in enabling seniors to age-in-place.
- Cultivate the synergies required to become a world leader in innovation.

Social Determinants of Health

In the Canadian setting the social determinants of health (which include: aboriginal status, early life influence, education, employment, food insecurity, social exclusion, unemployment, housing, income, health care services, and social safety net) have a greater influence on health than biomedical factors (1). In spite of our reputation as a leader in the development of health promotion and concepts of population health, “implementation of public policies in support of health has been woefully inadequate” (2). It is beyond the scope of this report to address each determinant of health individually, thus we will focus here on the interaction between health and income.

The key factor within the income realm is inequality, a condition that:

- Enforces social hierarchies causing stress for those at the bottom
- Erodes social bonds
- Decreases social capital
- Limits the amount of resources poorer individuals possess to deal with injury, disease, and illness
- Results in less investment in resources for promoting health among the poor (3).

COSCO believes this is especially important as older British Columbians, especially those on fixed incomes, experience an erosion of economic resources as they age.

Reducing the health disparities that result from income inequality requires a collaborative effort among researchers, communities, policy makers, and practitioners (4). Raphael and colleagues have made some recommendations regarding the Canadian setting, and COSCO considers the following to be crucial if we are to achieve a climate of fairness and equity for seniors:

- Provide a guaranteed minimum income
- Remove barriers to social and health services

- Create policies that ensure affordable housing is accessible
- Restore health and social services spending to the average level of the Organisation for Economic Co-operation and Development (OECD) nations
- Require that provincial social assistance programs be funded at levels that assure health (5).

Action regarding income inequality is needed immediately as those individuals who live in poverty are subject to further socioeconomic status decline when they become ill (6). In making a connection between income and health, and by committing to a proactive reduction in inequality, it is likely that governments may reap the benefits of such actions downstream as healthy seniors remain out of expensive long term care beds.

Policy Recommendations:

- Restore health and social services spending to the average level of OECD nations.
- Approach seniors housing issues with the goal of keeping housing costs below 30 percent of one's income.
- Adjust government income programs so that no Canadian seniors are living in poverty as defined by the after tax low-income cut-off.

Income

While the issue of income has been discussed somewhat in the previous section on the social determinants of health, COSCO feels that because of the vital importance of this factor in health and well-being, further words are necessary as this report nears a close.

First, it is important to address the perception that seniors are well off and faring better than they have ever been. Such perceptions have been “supported” with the use of statistics that display today’s seniors as possessing the highest aggregate level of accumulated assets. COSCO believes this statistical construction of reality does not reflect the reality faced by many Canadian seniors. Aggregate income data in terms of families instead of individuals has the effect of disguising the circumstances of the more dependent senior members of many family units. Such an analysis allows policy makers to arrive at the misguided conclusion that few seniors live in poverty today (1).

Second, the erosion of seniors’ income comes in many forms, including inflation and actions undertaken by all levels of government. Similarly, many of today’s seniors not only function as unpaid caregivers to their own parents, but also make expenditures from their own limited incomes to supplement shortfalls in this care. Increases in the Guaranteed Income Supplement (GIS) have in no way come close to matching the increases in the costs of food, energy, and housing. COSCO believes in a civil society where the eradication of poverty must become a priority for governments at all levels. Simply put, COSCO wishes to raise the awareness of the contributions that seniors have made to this country and pursue actions that will allow all seniors to live the balance of their lives in dignity (2).

Policy Recommendations:

- Expand housing and health options for seniors based on their own needs and preferences, including affordability so that they may remain independent for as long as possible.
- Address the issue of inadequate income, and the role this

social determinant of health has upon ones ability to remain socially connected.

- Vertically expand the Canada Pension Plan/Quebec Pension Plan (CPP/QPP) to address poverty issues among seniors.
- Prevent the establishment of a two-tier health system.
- Support or compensate grandparents who are raising their grandchildren or are providing them with free day care.
- Make BC seniors a driving force in the development of these strategies.

Community Level Health Promotion

One of the invited speakers at the COSCO Conference, Dr. Pieter Steyn has reminded us to recognize the importance of the community in turning neighbourhoods into elder friendly places. According to Dr. Steyn, “The main indicators for ‘elder friendliness’ address basic needs, promoting social and civic engagement, optimizing physical and mental health and well being, and maximizing independence for people who are frail and disabled” (1). While many of the topics in this report have commented upon programs and policies addressing these issues, it is important to note that “even the best-intentioned national or international healthy public policy initiatives may fail to have the intended impact at the local level and may even result in serious harm because of ignorance of local conditions” (2). Here COSCO emphasizes the ideal of “seniors helping seniors” and stresses the importance of consulting with seniors in each neighbourhood where programs are to be developed. Only through this diligent approach can we truly develop a community that is age-friendly, and therefore municipal government has a crucial role to play.

To better understand the role of community, the Los Angeles County Health Department has produced a Healthy Community Health Aging document with a simple theme that COSCO believes is a great reminder to those of us interested in making positive change in our communities (3). The theme of the document is “spot the obvious” and a few examples illuminate the importance of this theme. In the area of social participation, accessibility to events must be easy (no memberships required), affordable (with no hidden costs), and in addressing social isolation a personal invitation goes a long way. Consider further how many of the following “obvious” areas may require attention in your own community from your municipal government:

- Pedestrian friendly streets
- Smooth walking surfaces
- Public toilets
- Adequate signage

- Enforcement of traffic laws that make walking and bicycling safe
- Level entry into buildings
- Sidewalks wide enough to accommodate wheelchairs
- Traffic islands
- Adequate timing at crosswalks

All of these changes come from actions that are taken at the municipal level and thus COSCO emphasizes the importance of seniors being involved in their own communities so that the next step in the process may be taken without due delay. Simply put, “spot the obvious” must be followed with “fix the obvious”.

Policy Recommendations:

- Consult with seniors’ in individual communities do develop appropriate strategies to enhance healthy aging.
- Develop strategies to reach out to isolated seniors and make them a part of the local community.
- Identify and address the “obvious” in our communities and take action to remedy these problem areas.

Closing Remarks and the Age-Friendly Community

The topic of health literacy was placed at the beginning of this report because it is a core issue that has a role in the promotion of any health related topic.

Similarly, the concept of an Age-friendly community is placed at the end of this report because COSCO believes this framework to be a key take-home message for its readers.

It is hoped and recommended that the WHO's Global Age-Friendly Cities and the Federal/Provincial/Territorial Ministers Responsible for Seniors Age-Friendly Rural and Remote Communities be used as a lens in the development of new policy and legislation directed towards older people (1-2).

These guides provide numerous suggestions covering the built environment, transportation, housing, income, social participation, social inclusion, civic participation, communication, community supports and health services.

It is important that these headings become more than just a new set of political buzzwords.

Transportation for example means that we take action to ensure that affordable transportation is made available to seniors, is frequent, reliable, and takes seniors to the travel destinations they desire.

Likewise, civic participation means that we empower seniors to contribute to their communities by expanding volunteer opportunities, and reducing barriers that are present to those seniors who wish to continue working. This means we combat ageism in the workplace, increase flexibility to accommodate older individuals and we make it the social norm to value seniors' contributions in our communities.

It is important to close by stressing that the WHO's Global Age-friendly Cities is intended for use by all levels of Government, volunteer groups, the private sector, and citizens' organizations. Finally these guides are recommended as they were developed

in consultation with seniors around both Canada and the world.

Of course COSCO does not wish to suggest that this in any way means senior voices “have” been heard. Instead, it is seen as the beginning step in the development of policy formulated in concert with the ideal of “seniors helping seniors”.

Footnotes

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- (6) See Commission on the Social Determinants (2007).

Income

- (1) From a presentation by R.A. Lockhart, at The Council of Senior Citizens' Organizations of BC Conference held Oct., 1 & 2, 2003.
- (2) From a speech delivered by former COSCO General Vice President Pat Brady.

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(2) Mittlemark, M. (2001). Promoting social responsibility for health: health impact assessment and healthy public policy at the community level [Electronic version]. *Health Promotion International*, 16 (3), 269-274.

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Resources for Seniors

Websites:

- www.actnowbc.ca
- www.coscobc.ca
- www.hc-sc.gc.ca
- www.hospicebc.org
- www.who.int

Phone Numbers:

- Alzheimer Society BC 1-800-667-3742
- BC Center for Elder Advocacy Support 1-866-437-1940
- BC Housing Directory 1-800-257-7756
- BC Hospice & Palliative Care Association 1-877-422-4722
- BC Mental Health and Addiction Services 604-524-7016
- Chronic Disease Self-Management Program 1-866-902-3767
- Seniors Services Society 604-520-6621

