



POLICY PAPER

Aging in Place

Prepared by Heritage Saskatchewan
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Executive Summary

Individuals and groups are driven by the *Living Heritage* they share; the values, beliefs and ways of living, that include the standards and practices, inherited from past generations and passed on to future generations. This *Living Heritage* also affects the way communities as a whole relate to older adults. It is generally understood that older adults live healthier more active lives when they remain in their own homes and communities as they age. The importance of *aging in place* has led the World Health Organization to promote the creation of *age-friendly* communities. As Saskatchewan's population is rapidly aging, there is an urgent need to understand and support the elements of successful *aging in place*; specifically to develop a provincial strategy for older adults that recognizes the role of *Living Heritage* in daily life and provides recognition and support for age-friendly and dementia-friendly communities.

Introduction

When calculating potential population growth, a number of elements are considered to impact the outcome including: immigration and emigration, interprovincial migration, the number of non-permanent residents, birth and death rates. The Statistics Canada report, *Population Projections for Canada (2013 to 2063), Provinces and Territories (2013 to 2038)*, highlights suggest:

The proportion of seniors (aged 65 and over) in the population would increase from 15.3% in 2013 to between 23.8% (scenario H) and 27.8% (scenario L) in 2063. **The increase in the share of seniors would be most pronounced between 2013 and 2030, a period during which all members of the baby boom would reach age 65 and over."**

The number of older seniors (aged 80 and over) would continue to increase rapidly in the coming years, particularly between 2026 and 2045 as the baby-boom cohort enters these ages. According to the projection scenarios, the population aged 80 and over would increase from 1.4 million in 2013 to between 4.0 million (scenario L) and 4.9 million (scenario H) by 2045, representing about 10% of the total Canadian population.

The sex composition of older seniors would also change considerably: among persons aged 80 and over, there would be about 83 males per 100 females in 2063 in all scenarios, up from 61 in 2013.

The number of centenarians (persons aged 100 years and over) would multiply nine times over the next 50 years, from 6,900 in 2013 to 62,200 in 2063 according to the medium-growth (M1) scenario.

As population aging continues, **all provinces and territories would see an increase in the proportion of the population that is aged 65 and over in the coming years.** This share would vary widely however, from a low of 7.7% for Nunavut (scenario M5) to a high of 35.9% (scenario M2) for Newfoundland and Labrador in 2038.

The population profile for Saskatchewan included in the above report suggests:

The median age of the population of Saskatchewan is projected to increase from 37.1 years in 2013 to between 39.6 years (scenarios M5 and H) and 42.7 years (scenario L) in 2038. **From 14.4% in 2013, the proportion of the population aged 65 and over in Saskatchewan is projected to reach between 19.4% (scenario M5) and 22.7% (scenario M3) in 2038.** These values remain lower than the projected averages for the Canadian population in all scenarios.

This rapidly aging population has already made a significant impact not only on the economy, but also on cultural and social programs and services. Although aging is a natural process individuals are often encouraged to defy its inevitability through diet, exercise, personal hygiene products, cosmetic surgery, and so on. Getting older is often considered to be a time of loss; loss of energy, productivity and capacity in general which in turn leads to an overconsumption of health care. Society's sense that younger / newer is better is an idea baby boomers have started to reconsider. The belief that older adults will become nothing more than an economic liability is problematic because it denies the many positive contributions older adults make to communities on a daily basis. The Nova Scotia Department of Seniors 2017 document, *Shift: Nova Scotia's Action Plan for an Aging Population*, includes a definition of such ageism: "Ageism is stereotyping and discrimination based on a person's chronological age and engrained in our thinking and ways of relating. Getting older does have its challenges; but we need to understand that aging is not a precise marker of capacity or ability to participate." The document also identifies a number of ways older adults contribute to their communities by providing "help to sustain families, work places, communities and the province a whole. They care for others, work on community projects, donate time and money to charitable causes, run businesses, participate in full-and part-time employment, and get involved in politics. They are leaders, guides, and mentors, sharing a wealth of knowledge and experience. We all benefit when we value, encourage, and support these diverse contributions." As noted by Ted Fishman in his book, *Shock of Gray*, "how societies treat the growing number of elders within their population will be influenced both by cultural traditions [*Living Heritage*] as well as current and future economic realities." This policy paper aims to highlight the importance of taking a holistic approach to aging in place; developing age-friendly and dementia-friendly communities and ensuring that multiple sectors are involved in the development of programs and services for an aging population.

Approaches

The Public Health Agency of Canada is working to address the issues of older adults in a more holistic way through the World Health Organization's (WHO) age-friendly community model. They have developed an *Age-Friendly Communities Evaluation Guide* that "provides information and tools to measure indicators of age-friendliness." It recognizes the eight domains developed by the WHO: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment opportunities; communication and information; and community support and health services. Over 40 indicators are identified in the guide to measure the outcomes of age-friendly activities. However, one of the challenges has been limited community coverage and in Saskatchewan the number of age-friendly communities grows very slowly. The Saskatchewan Seniors' Mechanism (SSM) is involved in promoting and recognizing age-friendly communities throughout the province.

The SSM, a non-profit organization, works to enhance quality of life for older adults throughout the province. In addition to their work to promote age-friendly communities they also work to raise awareness of the issue of elder abuse; defined by the Provincial Legal Education Association as, "an act or behaviour by anyone, including a caregiver, which results in harm to an older person's well-being or safety." As in all cases of abuse, the issue is one of "power and control." Moreover, elder abuse can take many forms including: "financial abuse, emotional abuse, physical or sexual abuse, or neglect." Ageism is often a factor in cases of elder abuse where assumptions are made about an individual's emotional or cognitive ability based on age. The SSM is also currently in the process of developing a provincial Seniors' Strategy.

The Mental Health Commission of Canada (MHCC) has recognized that older adults can face many challenges including not only the stigma of age but of mental illness as well. Moreover, "older adults from the LGBTQ2+ community and/or from different backgrounds and cultures may encounter additional stigma." To address these concerns the MHCC has developed a *Mental Health Strategy for Canada* as well as *Guidelines for Comprehensive Mental Health Services for Older Adults in Canada* and an impact assessment tool to assist with implementation.

According to the Alzheimer Society of Saskatchewan report, *Rising Tide: The Impact of Dementia in Saskatchewan 2008 to 2038*, "the excess demand for long-term care (LTC) required by dementia patients will increase more than 11 times" within that timeframe. This excess demand means there will also be "higher severity levels" and more reliance on "community-based care and informal support." In addition, this will lead to many more informal caregivers, (family and friends) without adequate resources and support which "places an additional burden on their ability to cope while providing the level of quality care required." The document also indicates that by 2038 over 28,000 residents will be living with dementia or 2.3%

of the population. The Alzheimer Society of Saskatchewan (ASOS) is working to promote a dementia-friendly communities model that focuses on the built environment, availability of support services and the importance of social networks, opportunities for civic engagement and greater awareness among health professionals and care givers.

The 2018 Saskatchewan Population Health and Evaluation Research Unit (SPHERU) report, *“An Overview of Healthy Aging Strategies in Rural and Urban Canada,”* tells us that “since 2005 provincial healthy aging strategies have been developed in all provinces except Saskatchewan.” British Columbia, Ontario, New Brunswick, Nova Scotia and Prince Edward Island all have a Seniors Strategy. Alberta, Ontario, Quebec and Newfoundland all have a Ministry focused on older adults’ issues. The Government of Canada announced the creation of a Ministry of Seniors in 2018.

Preliminary work at the provincial level includes *A Health Profile of Saskatchewan Seniors 1992 - 2003* and the report, *Saskatchewan’s Provincial Policy Framework and Action Plan for Older Persons*, 2003. However, according to the SPHERU report referenced above, these reports have not been followed up with action or further reports. Saskatchewan still has no single provincial department or ministry to oversee the interconnected set of issues older adults face.

Results

The public response to addressing issues or concerns to older adults usually fall within a ministry of health. This reflects the current thinking that older adults inevitably become a health problem and therefore overlooks the many other challenges they face and the possible solutions a more holistic approach might identify. It also fails to recognize and build on the many positive contributions older adults make to their communities identified above. Ongoing research and data collection like that done by SPHERU is needed to understand the full range of issues older adults deal with at the local level.

The 2013 SPHERU report, *“Healthy Aging in Place: Rural Healthy Aging Interventions – findings from a longitudinal study in rural Saskatchewan”* identified issues of concern to the rural aging population including: public transportation, housing, social interaction and physical activities, in addition to health services, home care, and the reliance on family and friends for support. As the report shows, place matters and the needs of older adults are shaped by where in the province they live. Those living in smaller cities, rural and remote communities face different challenges that those who live in larger, urban communities.

Transportation presents challenges for older adults in Saskatchewan with limited options available. Not being able to drive coupled with limited public transportation hinders older adults' ability to travel to medical appointments, visit with friends and family or participate in social activities. This situation is compounded in rural and remote communities where public transportation is no longer an option.

Housing is another challenge since aging in place requires accommodations that are near family and friends, within familiar surroundings and that provide safety and security. Obviously housing must also be accessible for a range of physical abilities. Housing must also be affordable and appropriate which links to another challenge: the sufficiency, sustainability and security of financial resources. Savings and pension plans may not be enough to support those living longer.

There are various housing options for older adults in Saskatchewan that include: retirement communities, assisted living, low-cost housing programs and personal care homes. Each of these options provides a range of programs and services depending on resident needs. These options are privately-run businesses, licensed and monitored by the Ministry of Health, which means the cost varies significantly depending on the quality of care provided. Many who find themselves in need of such accommodations face an abrupt and not insignificant increase in their cost of living. Moreover, navigating this system is a challenge for both the residents and their families who are unfamiliar with the multiple options and processes involved.

'Special care' homes/nursing homes are designed to provide respite care, adult day programs, convalescence and palliative care. They are operated directly by the Saskatchewan Health Authority or another provider contracted by the Authority. Residence in these homes is based on a medical teams' assessment of an individuals' care needs; usually the individual is no longer able to cope on their own and requires level 3 or level 4 care. The Canadian Institute for Health Information (CIHI) report *"Health Care in Canada, 2011: A Focus on Seniors and Aging"* states that "On any given day, an estimated 4,400 are waiting for such placements."

Caring for older adults in an institutional setting is not only expensive, it also tends to isolate them from their families and their community; creating a gap between the older generation and the younger generation. This trend places the younger generation at a significant disadvantage because it fails to nurture meaningful relationships between the generations through which knowledge and experience are shared that in turn strengthen community ties. Young people need opportunities to interact with older adults in order to know them, appreciate and learn from their knowledge and experience, and pass those lessons on to their own children. Older adults need opportunities to interact with younger people in order to minimize health risks, and remain as active as possible within their communities.

To combat the various challenges older adults confront on a daily basis, many find support and comfort in social and physical activities. As reported by SPHERU in their 2013 report, project participants identified the important role of church groups, seniors' centres and learning opportunities. Leisure activities have also been found to play an important role in coping with the impacts of dementia. In her article, *"There is life after diagnosis" Dementia, Leisure and meaning-focused coping*, Rebecca Genoe at the University of Regina's Faculty of Kinesiology and Health Studies explores how leisure activities "contribute to positive emotions while coping with memory loss." Particularly beneficial in the early stages of dementia, leisure activities provide opportunities to connect with family and community.

Conclusion

All levels of government as well as the not-for-profit and for-profit sectors, share an ethical and moral responsibility to ensure the highest possible quality of life for the older adult population and that means facilitating programs and services that support aging in place. Health issues are the leading challenges from both a social and economic perspective. However, the social determinants of health clearly indicate that there is much more to health than treating disease and/or injuries.

The *Canadian Index of Wellbeing - Saskatchewan Report, (2019)* includes data for indicators across several domains that relate to the concerns of older adults and their contributions to community life including: Community Vitality (1 - 8), Democratic Engagement (6), Healthy Populations (1 - 3, 7 and 8), Leisure and Culture (1, 2, 3 and 5), Living Standards (2, 4, 5 and 6), Time Use (6 and 7). The trends identified in this report reflect the general impact of efforts to provide programs and services over the past two decades. The data provided in the report can be used to compare the overall population to the population of older adults in order to better understand the particular circumstances of Saskatchewan's older adult population and the communities where they reside and subsequently develop more effective and efficient programs and services. (See Appendix A for more details from this report)

Implications

Without a comprehensive strategy, older adults living in Saskatchewan continue to face a number of challenges, both physical and emotional, in addition to a confusing range of costly programs and services. Moreover, programs and services to address the diversity of these issues are uncoordinated making them both less effective and less efficient. As the ageing population will continue to rise in Saskatchewan, there is an urgent need to develop a strategy that will guide decision-making processes and the allocation of resources. Such a strategy will identify intergenerational, culturally appropriate initiatives, guide the coordination and promotion of age-friendly and dementia-friendly communities, inform the coordination of timely information services, and take into account the many contributions of older adults; in other words, the *Living Heritage* that will be passed on to future generations.

A limited understanding of *Living Heritage* (the values, standards and practices and the assumptions that inform them) contributes to each of the concerns referenced above. Creative solutions need to be considered; for example, one way to create opportunities for intergenerational sharing is for high school students to participate in community work, either visiting or volunteering to help older adults within their homes. Such opportunities would enable the students to recognize and appreciate the value of older adults and their contribution to the community. Some universities are providing opportunities for students to live among older adults as well. Students are required to spend some time with residents in exchange for reduced living costs while a student. This creates a culture of valuing older adults and can also reduce loneliness and depression that older adults often feel.

Recommendations

Acknowledging older adults as valuable contributors to society is the only way to ensure their welfare and quality of life. Improving and maintaining a high quality of life for older adults depends on providing programs and services that are affordable, accessible and appropriate. In order to do this, an understanding of the role of *Living Heritage* in daily life is essential. *Living Heritage*: our value, beliefs, and way so living, shape our sense of identity, belonging and place, influencing our choices and coping methods at all stages of life. Creating intergenerational, cross-cultural and multidisciplinary approaches is fundamental to successful aging in place. For example: reminiscence programs allow for individuals, old and young, to share life experiences learning from each other, they also allow individuals from various cultural backgrounds to share in their common humanity through sharing the great diversity of life experiences.

1. Support intergenerational, cross-cultural and multidisciplinary approaches towards improving older adults' lives

In order to address the complex and diverse issues of the aging population, a holistic approach is essential. Both government and non-government organizations must be part of the solution not to mention, local community leaders. Pooling resources, expertise and knowledge will naturally result in the most effective and efficient programs and services that.

At the provincial level, several ministries need to become involved in a collaborative, multidisciplinary approach including but not limited to health, social services, justice, education, and central services, in order to address the range of issues older adults confront. At the municipal level, communities must inform themselves about age-friendly initiatives. Advisory committees should include community leaders and senior officials tasked with understanding *Living Heritage* and the criteria for age-friendly communities; set milestones and monitor progress towards the goals. Working groups focusing on a specific area could be tasked with providing recommendations to the advisory committee on the same.

On the non-government side, there is also a need to support organizations that are already working to address issues related to the aging population. The Alzheimer Society of Saskatchewan, Saskatchewan Seniors' Mechanism, Saskatchewan Population Health and Evaluation Research Unit and Heritage Saskatchewan are taking an active role on aging issues in the province. These organizations benefit from the work of the World Health Organization, the Mental Health Commission of Canada and the Public Health Agency of Canada who are also working on aging issues at the international and national level.

2. Support Age-friendly and Dementia-friendly community development

The World Health Organization has led the way in promoting age-friendly communities. In Canada, the Public Health Agency has provided leadership and at the provincial level the Saskatchewan Seniors Mechanism has introduced communities to the concept. Age-friendly communities work not only for older adults but for everyone throughout the life cycle. Within age-friendly communities, residents are encouraged to fully participate in meaningful ways, each according to their ability, to create a strong sense of belonging and place. Age friendly communities support aging in place by building strong community connections through intergenerational and cross-cultural sharing; which in turn reduces elder abuse and isolation and contributes to the safety and security of residents, as well as presenting many opportunities for businesses. The benefits for all residents multiply when people of all ages, abilities and cultures interact.

The Dementia Friendly Communities movement also has international support. The Standing Senate Committee on Social Affairs, Science and Technology was tasked with examining dementia in Canada. The subsequent report *Dementia in Canada: A National Strategy for Dementia-friendly Communities* (November 2016) makes twenty-nine recommendations for a national dementia strategy. In Saskatchewan the Alzheimer Society of Saskatchewan (ASOS) launched the Dementia Friendly Communities Initiative in 2016. A Municipal Toolkit is now available online.

3. Support and participate in the development of a Provincial Strategy and Action Plan for Older Adults in Saskatchewan

A strategy is crucial to address the issues faced by a growing population of older adults. The situation requires long-term thinking about how to facilitate aging in place. Saskatchewan is one of the few provinces without such a provincial strategy. Prince Edward Island and Nova Scotia have developed strategies and provide comprehensive examples of what is needed in the province.

A provincial strategy for older adults must take into account several complex and diverse issues. This includes consideration of culturally appropriate provision of programs and services to older adults. In particular, consideration for the traditions and beliefs of Indigenous communities; in other words their *Living Heritage* must be understood. For example, practices like smudging are used as a healing intervention, and such practices can be used to heal seniors when faced with health or social problems in their communities.

The strategy also needs to take into account the role of technology. New technology including robotics and artificial intelligence can enable older adults to remain in their homes. They can also be used to track and assess health status and communicate with health personnel.

In addition, the strategy will inform evidence-based policy making. This involves using data and indicators to track progress over time, and monitor the effectiveness of programs and services. The Canadian Index of Wellbeing (CIW) recognizes eight domains that contribute to and affect the wellbeing of Canadians: Community Vitality, Democratic Engagement, Education, Environment, Healthy Populations, Leisure and Culture, Living Standards, and Times Use. Each domain has 8 indicators giving a total of 64 indicators in total.

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