

CanAge 



VOICES of Canada's Seniors: A Roadmap to an Age-Inclusive Canada

August 2020

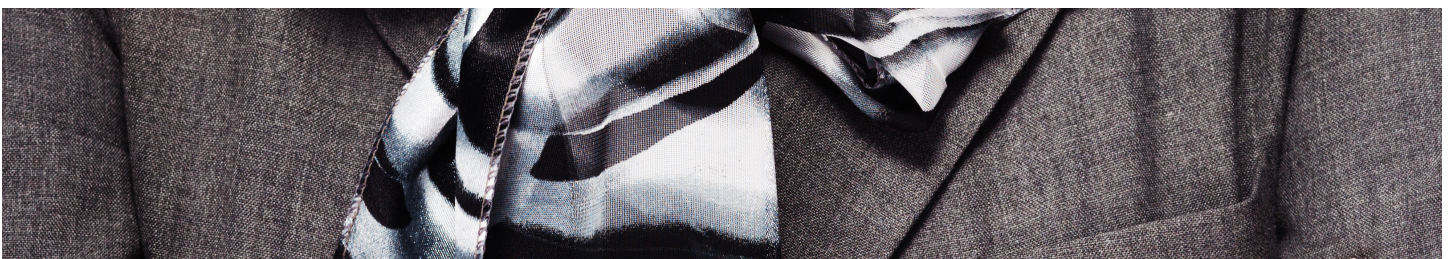


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A photograph of an older man with white hair, smiling, with a young child sitting on his shoulders. They are in a field of tall grass under a bright sky. A large red triangle is overlaid on the left side of the image, containing the word "Introduction" in white.

Introduction

CanAge is Canada's independent nonprofit seniors' advocacy organization.

CanAge educates, empowers and mobilizes people on the issues that matter most to seniors and their families. We believe every Canadian – independent of age – deserves a vibrant, connected, and meaningful life with equitable access to the resources needed to thrive.

As a pan-Canadian organization, CanAge knows that older Canadians are diverse in their experiences, perspectives, passions, and contexts. As a group, Canadian seniors will represent 23% of the population by 2030.¹ Politically engaged, Canadian seniors are consistently the most active voter group at the polls, with approximately 72% of seniors indicating that they vote in every election and nearly 80% voting in the last 2 federal elections.²

Yet older Canadians are often marginalized because of their age. This is particularly true of those who live in long-term care homes, as we have witnessed during the COVID-19 pandemic.

What this pandemic has taught us as a country is that no one single organization or government can “fix” seniors’ issues. Only by truly working together in a multi-sectoral approach can we leverage the creativity of individuals, the compassion of caregivers, the power of communities, the expertise of professionals, and the impact of organizations.

To this end, CanAge has consulted broadly from coast to coast to coast. We engaged in evidence-based reviews, highlighted best practices and identified stubborn or complex issues. We viewed these issues through diverse lenses to ensure that we represented the varied experiences of often marginalized communities.

This Roadmap is extensive. It is supposed to be. It is about system change. It is about replicating and scaling innovative practices. It is about re-orienting a nation. It is about laying the groundwork for an Age-Inclusive Canada. Join us. We can only do it together.

Our mission: to advance the rights and well-being of Canadians as they age.

Our vision: for older Canadians to live vibrant and connected lives.

Our work: turning intent into impact, measuring success through tangible results by engaging supporters, taking action, and changing lives for the better.

We are pleased to present **VOICES: A Roadmap to an Age-Inclusive Canada.**



The 6 Compass Points of this Roadmap are:

- V** Violence and Abuse Prevention
- O** Optimal Health and Wellness
- I** Infection Prevention and Disaster Response
- C** Caregiving, Long-Term Care, Home Care and Housing Resources
- E** Economic Security
- S** Social Inclusion

Under each Compass Point we map critical issues. We provide recommendations and practical steps with the aim of improving the lives of older Canadians now and in the future.

Not every issue is dire. Indeed, excellent work is being done by individuals, caregivers, communities, professionals, and organizations across this country. This Roadmap charts these landmark achievements and makes recommendations that build on their successes.

We recognize the many achievements, deep expertise and lived experiences of older adults and their supporters across Canada. We recognize you.

These recommendations are drawn from your successes and your enduring challenges. We acknowledge and appreciate your leadership, your resilience, and your stories. We could not have come this far without your insight. We can only go further with your support.

CanAge will use this Roadmap in our advocacy and program efforts, selecting key initiatives for our focus.

We invite you to use this Roadmap to support your work, your focus, and your investment.

Together we can truly make Canada an Age-Inclusive country.



Lens Statement

As we prepared an analysis of the current situation facing older people across Canada and proposed solutions, we sought to look through the lenses of a variety of diverse perspectives in order to raise and address issues of marginalization within the context of seniors' lived experiences. These policy lenses include:

- Accessibility, neurodiversity, and cognitive impairment
- Indigenous rights and experiences
- Ethno-cultural diversity
- Immigration and newcomer status
- Sexual orientation and sexual expression
- Gender and gender expression
- Access to justice
- Human and civil rights
- Intersectionality
- Life course perspective
- Socio-economic status
- Trauma-informed experience

It's time to listen.

It's time to amplify.

**It's time to act on the
VOICES of Canada's seniors.**



V Violence and Abuse Prevention

Pre-COVID-19, elder abuse and neglect was already experienced by approximately 1 in 6 Canadian seniors although this number is considered significantly under-reported.¹ Financial, physical, emotional/psychological, institutional, sexual, chemical/pharmaceutical, and other forms of abuse are regularly experienced by Canadian seniors.² Older adults are often neglected by family, caregivers, and increasingly, society at large. These forms of mistreatment can be the result of purposeful harm or, in many cases, a lack of understanding on the part of those in caregiving roles who are most trusted by seniors.

Since COVID-19, elder abuse and neglect appears to have significantly increased due to financial constraints, isolation, and being required to stay home with one's abuser. Many elder abuse and neglect response agencies are anecdotally reporting a significant increase of calls and reports since March 2020. Canada is critically short of resources, awareness, response, and research directed to elder abuse and neglect.

Issue #1: Awareness

There is both a lack of awareness of the prevalence of elder abuse and neglect, as well as significant stigmatization due to ageism, family violence, and falling prey to frauds and scams.

Recommendation #1: Establish the Federal Office of the Seniors' Advocate

- In order to ensure that Canada is equipped to become an Age-Inclusive country, the Government of Canada should establish the Office of the Seniors' Advocate. The Canadian Seniors' Advocate should provide systemic oversight and leadership on issues related to current needs of Canadian seniors, as well as provide insight, analysis, and direction to government on the future needs of our aging population.

Recommendation #2: Provincial and Territorial Offices of the Seniors' Advocate

- While several provinces have already created Offices of the Seniors' Advocate, all Canadian jurisdictions should implement this important office to provide leadership, insight and systemic investigations into issues which affect seniors in their province or territory.

Recommendation #3: Elder Abuse Campaign

- Implement a national elder abuse and neglect awareness campaign to destigmatize elder abuse and neglect, including a focus on COVID-19 and social isolation. Provincial and territorial governments should support and leverage elder abuse and neglect campaigns locally.

Issue #2: Resources

People seeking help to address elder abuse and neglect do not know where to go for help.

Recommendation #4: 1-800 Hotline

- Create a staffed and funded national 1-800 toll-free hotline which Canadians can call to get connected with local resources in their area. Track elder abuse and neglect reporting data and use that data to support evidence-based policy, planning, and funding.

Issue #3: Responses

Canadians need consistent and appropriate elder abuse responses for this growing social problem. Local elder abuse and neglect response services are unable to respond adequately or simply do not exist. Investment in these resources is critically important now and in the future.

In order to respond to elder abuse and neglect systemically, Canada needs also to consider the feasibility of a Canadian Adult Protective Services (CAPS) agency. This is not impossible in a country with a division of powers.

Indeed comparator countries which have a similar division of governmental powers have created and supported non-governmental organizations working with government and local stakeholders to create elder abuse response systems. Canada should research and engage in a comprehensive feasibility study for a CAPS agency.

Elder abuse and neglect organizations are critically important in educating, training, awareness-building, and response. However, due to lack of sustained investment, they struggle to not just meet the current, growing need, but to simply exist. Today, in several provinces, elder abuse and neglect organizations do not exist or only operate based on fluctuating volunteer support.

Recommendation #5: Fund Elder Abuse and Neglect Organizations in Each Jurisdiction

- Each province and territory should appropriately fund an elder abuse and neglect response organization, including the Canadian Network for the Prevention of Elder Abuse at the federal level.

Recommendation #6: Feasibility Study – Canadian Adult Protective Services

- Develop and fund a feasibility study regarding the creation of a non-governmental Canadian Adult Protective Services Agency. Involve and fund the Canadian Network for the Prevention of Elder Abuse and local provincial and territorial elder abuse networks to assist in conducting this feasibility study.

Issue #4: Research

There is very limited research to inform policy about elder abuse and neglect in Canada, despite its significant and growing incidence.

Recommendation #7: Academic Grants

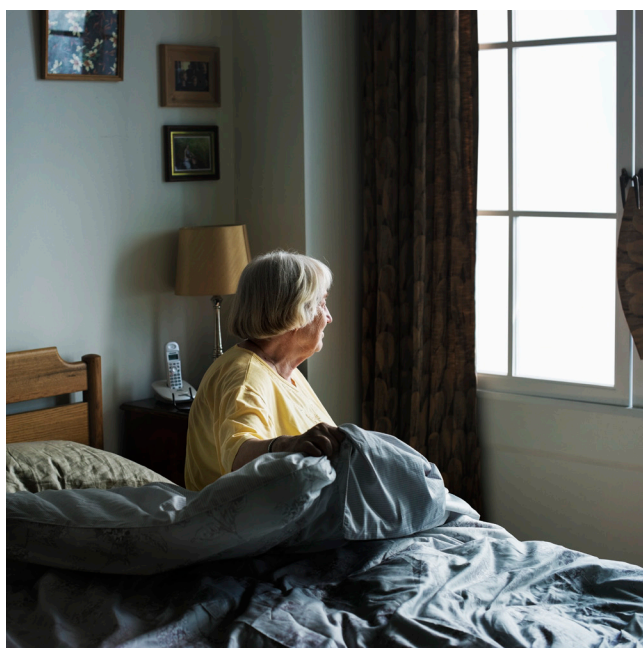
- Invest in academic and community-based research to better understand and respond to elder abuse and neglect. Provide sustaining funding to the National Initiative for Care of the Elderly (NICE) network (www.nicenet.ca) and others conducting research in the field of elder abuse and neglect.

Recommendation #8: Data Collection

- Require federal, federally funded or federally regulated agencies to collect data related to elder abuse and neglect.

Recommendation #9: Disaggregated Data

- Ensure that any federal, provincial or territorial collected data about elder abuse and neglect is disaggregated to identify various racialized, gendered, and marginalized populations so that responses can be appropriately directed and invested. Publicize this data regularly so that it can be used widely as a basis for research and to grow awareness of the issue.



Issue #5: Financial Institutions

Financial institutions need minor changes to the Personal Information Protection and Electronic Documents Act (PIPEDA) to allow them to report elder abuse and neglect or suspected mental incapacity appropriately. Financial institutions also need binding regulatory oversight from the Financial Consumer Agency of Canada in responding to elder abuse, mental incapacity, and undue influence.

Recommendation #10: Definitions

- Amend PIPEDA s.7(3)(d.3) to define “financial elder abuse” and “mental capacity”.

Recommendation #11: Reporting

- Amend PIPEDA to update the list of persons and organizations to whom financial institutions are allowed to report, in order to align with provincial reporting systems.

Recommendation #12: Data Collection

- Require all Canadian financial institutions to collect data on suspected elder abuse and neglect and mental capacity issues, reportable to their designated regulator semi-annually, with this information made publicly available.

Recommendation #13: Regulation

- Change the Seniors Voluntary Banking Code to a binding regulatory requirement of the Financial Consumer Agency of Canada and amend the Code to include the requirement to request that a Trusted Contact Person be sought from the client. Provide financial institutions with Legal Safe Harbour to protect them from liability for appropriately reporting reasonable concerns related to suspected elder abuse and neglect.



Optimal Health and Wellness

Health and wellness are the cornerstones of positive and active aging in Canada. Canadian seniors deserve equitable access to healthcare regardless of locale or income.

Our health system must invest in preventive care and well-being initiatives emphasizing nutrition, movement, sleep, mental health, and social activity in addition to acute and chronic care services.

It is critical that Canada have adequate numbers of healthcare professionals with the specific training required to meet the needs of an aging population. This staffing is far below what Canada currently needs, and there is as yet no established pathway for the age shift.

Issue #6: Sensory Health

Seniors' sensory health requires expanded prioritization. Further investment and coverage to increase treatment options and reduce wait times are urgently needed. Investment is also specifically required in the area of sensory restorative health.

Recommendation #14: Eyesight

- Increase funding and patient choice for cataract, glaucoma, diabetic retinopathy, macular degeneration, and other eye-related healthcare needs.

Recommendation #15: Hearing

- Invest in hearing health and provide hearing device grants or subsidies.

Recommendation #16: Oral

- Provide affordable and accessible dental care for all seniors, including hygiene and restorative work.

Recommendation #17: Touch

- Prioritize research, funding, and treatment options around tremors, post-stroke sensory loss, spasticity, and arthritis.

Recommendation #18: Feet

- Include foot care health in provincial healthcare coverage and provide podiatry services. Include foot care as part of covered care at home, including in retirement and long-term care homes.



Issue #7: Dementia and Cognitive Impairment

With the profound increase of dementia and cognitive impairment in our aging population, systemic and individual supports must be embedded not just within the Canadian healthcare system, but also within communities and families.¹

Recommendation #19: Capacity Assessments

- Make mental capacity assessments timely, equitable, and affordable. Integrate mental capacity assessments into health and social services to cover the cost of medically needed capacity assessments.

Recommendation #20: Dementia-Friendly Systems

- Increase focus and prioritization of the development of dementia-friendly healthcare, communities, and systems supports. Prioritize timely diagnosis, response, and treatment of dementia.

Recommendation #21: Dementia Education

- Invest in education and resources to support front-line healthcare workers learning about and managing dementia.

Recommendation #22: Destigmatize Dementia

- Create a public awareness campaign to destigmatize dementia. Stigma is one of the most profound barriers to early detection and treatment, as well as economic security and social inclusion of those living with dementia. Work with persons living with dementia, families, caregivers, communities, and medical professionals to ensure both a multi-pronged and targeted approach to the campaign.
- In that campaign, underscore that discrimination based on a dementia diagnosis is a violation of human rights and contrary to the UN Convention on the Rights of Persons with Disabilities, to which Canada is signatory.

Recommendation #23: Adult Day Programs

- Invest in more day and social programs for persons living with dementia, including for non-Alzheimer's forms of cognitive impairment and early-onset dementia.

Recommendation #24: Innovation to Support Diagnosing and Living with Dementia

- Prioritize investment and innovation in technology and digital supports to aid persons living with dementia in living full, engaged, and vibrant lives.

Recommendation #25: Implementation of National Dementia Strategy

- Implement the newly adopted National Dementia Strategy and ensure adequate investment to operationalize the strategy. Encourage research and innovation in the search for a cure and for effective treatments.

Issue #8: Mental Health and Substance Abuse

Mental health issues and substance abuse are on the rise in the seniors' population. These seem to be increasing in the era of COVID-19, particularly with social isolation and loneliness.² Yet, stigma and lack of care options for seniors remain barriers to treatment and well-being.

Recommendation #26: Psychogeriatrics

- Invest in sector capacity building specifically for psychogeriatrics. Increase grants, placements, and medical fellowships to increase the number of psychogeriatricians in Canada. Allocate more funding towards allied healthcare professionals to develop expertise in geriatric mental health and addictions.

Recommendation #27: Screening

- Regularize screening for depression and anxiety for older adults, particularly in isolated, long-term, or congregate care settings.

Recommendation #28: Grief Supports

- Develop community-based grief programs and supports.

Recommendation #29: Research

- Invest in academic and community-based research to better understand how older adults' mental health and addictions present, and differ from, that of younger people.

Recommendation #30: Education and Destigmatization

- Develop and implement more educational programs for Canadian seniors about mental health to reduce the associated stigma.

Issue #9: Increase Sector Capacity in Geriatrics

Canada urgently needs to develop sector capacity in geriatric health and social care to meet the needs of the rapidly aging population.³

Recommendation #31: Rotations and Training

- Work with the regulatory health colleges and educational institutions to require geriatric rotations and/or training modules for all physicians and healthcare professionals.

Recommendation #32: Rural Capacity

- Increase the number of general practitioners and nurses in non-urban centres with a specialty in geriatrics.

Recommendation #33: Financial Incentives to Create Sector Capacity

- Create financial incentives through educational grants to support an increase in students studying geriatric health and social care generally, then practicing in Indigenous, rural and remote communities specifically.

Issue #10: Rehabilitative Care

Seniors need dedicated time and resources from their healthcare providers for rehabilitation and recovery, as well as the required accessibility devices to regain and maintain well-being.

Recommendation #34: Coverage

- Change the criteria to determine the coverage of rehabilitation, physiatry, occupational therapy, and other allied rehab care supports to a medical needs basis, rather than the current time-limited provisions. Coverage should be determined by the treating healthcare provider and not expire after a fixed number of weeks.

Recommendation #35: Billing

- Work with the healthcare colleges and associations to find a new funding model for healthcare visits, such as annual salaried or block-billing for geriatric health visits. Geriatric assessments cannot be done in five-minute intervals.
- Provide necessary top-up or gap coverage for necessary assistive devices to ensure mobility, accessibility, and inclusion. Wheelchairs, motorized mobility devices, walkers, grab bars, canes, toilet risers, commodes, lifts, bathing supports, and hospital beds are critically important for well-being and aging in place.

Recommendation #36: Acute Care

- Integrate more physiotherapy, physiatry, occupational, and rehabilitation health supports into primary healthcare settings, including hospitals, urgent and/or acute care centres, rehabilitation facilities, complex and/or extended care units.

Issue #11: Wait Times

Canadians have unequal access to needed surgical interventions and diagnostic imaging. They too often face health deterioration because of significant wait times. This can be particularly true in rural, remote, Northern, and Indigenous communities.

Recommendation #37: Prioritize Investment into Key Areas

- Prioritize heart and bypass surgeries, orthopedic repair including knee and hip replacements, cancer care, CT and MRI scans.

Recommendation #38: CIHI Benchmarking

- Establish benchmarking for wait times by the Canadian Institute for Health Information (CIHI) for bypass surgery, CT and MRI scans, and cancer surgery, none of which are currently measured.

Recommendation #39: Non-Urban Diagnostic Imaging

- Develop surgical and diagnostic imaging capacity to better serve rural, remote, Northern, and Indigenous communities.

Issue #12: Inter-Jurisdictional Practices

COVID-19 has highlighted the need for modernization of practice regulations in regards to inter-jurisdictional practices. Canadian health and social care providers need increased ease and mobility to practice across Canadian jurisdictional borders, particularly as the use of distance e-health treatments is on the increase during COVID-19. This is especially evident when a healthcare provider is licensed within one Canadian jurisdiction, but the patient may be in another part of the country for a limited period of time.

Recommendation #40: Update Rules

- Work with professional colleges and self-regulatory organizations to modernize rules of practice to further allow for interprovincial mobility, virtual cross-jurisdictional visits, increased access, and non-location-based treatment (i.e., Zoom appointments).

Recommendation #41: Modernization

- Modernize criteria and guidelines for telehealth medicine across jurisdictions, particularly in light of COVID-19.

Issue #13: Innovation

Canada needs to invest in innovation focused on digital provision of health and social supports, particularly in the time of COVID-19. Advances are required in research, innovation, education, and knowledge mobilization on aging.

Recommendation #42: Sustain Canada's 3 Networks of Centres of Excellence in Aging

- Support Canada's three networks of Centres of Excellence in the field of aging beyond the end of the 2023 planned phase-out of the NCE program.
 - » AGE-WELL (www.agewell-nce.ca)
 - » Canadian Frailty Network (www.cfn-nce.ca)
 - » NICE Network National Initiative for the Care of the Elderly (www.nicenet.ca)

Recommendation #43: Technology

- Invest in age-friendly technology, startups, incubators, and commercialization of research to produce products and services in the health and consumer markets that are accessible, scalable, fast-to-market, and build capacity in Canada's AgeTech sector.

Issue #14: Hospice, Palliative and End-of-Life Care

Hospice, palliative, and end-of-life care (HPE) are not adequately accessible or culturally appropriate for the large majority of Canadian seniors. This is particularly true for seniors with dementia and seniors who live in long-term, congregate, or hospital care settings.⁴

Despite having a mortality rate 4.3 times higher than seniors without dementia, HPE are rarely offered or provided to seniors with dementia. They are less likely to be referred to palliative care teams, are prescribed fewer palliative care medications, and are infrequently referred to, or are in fact, denied access to hospice care.^{5,6}

Recommendation #44: Dementia

- Work with stakeholders such as Alzheimer's Societies and healthcare providers to integrate HPE care into dementia supports.

Recommendation #45: Dying at Home

- Expand HPE care into home settings. Government and stakeholders in the sector should work with home care providers and families to increase education and training for HPE at home.

Recommendation #46: Advance Care Planning

- Integrate legal education on substitute and supported decision-making, rights, and Powers of Attorney/Representation Agreements (or local provincial equivalent) into health and social care training as a required component of licensing. Support healthcare training to support conversations about the importance and benefits associated with advance care planning.

Recommendation #47: Medical Assistance in Dying (MAiD)

- Ensure equitable and accessible access to appropriate medical assistance in dying (MAiD). Develop resources to support education of patients and healthcare professionals about disability rights and supports, HPE care, and MAiD. As MAiD qualifications develop and modernize, ensure expanded access and knowledge tools are made available to individuals, caregivers, and healthcare professionals.

Issue #15: System Change

As our population ages at an unprecedented rate, we are moving into uncharted territory with regards to health care provision, policy, and resource planning. We need to ensure that an age-focused lens is applied to all medical, social, health, infrastructure, and support programs moving forward.

Recommendation #48: Identify Inequities

- Identify age-based health inequities and barriers to health access through increased research, data collection, and knowledge mobilization.

Recommendation #49: Sector Building on Aging

- Invest and prioritize in sector-building on aging, including: creating educational incentives to enter needed fields required to support an aging population; integrating professional and employee development for health and social care workers in geriatrics; and designating a specific investment envelope for innovation and technology to promote age-inclusivity.

Recommendation #50: Pharmacy Integration in Care

- Support pharmacy integration, polypharmacy controls, and deprescribing programs to reduce adverse effects of medications and to support tracking of prescriptions. Work with pharmacist colleges and associations to cover all qualified scope of practices and areas of care, particularly to support healthcare in rural, remote, Northern, and Indigenous communities.

Recommendation #51: Digital

- Work with the private sector and AGE-WELL, CFN and NICE to develop digital and technological health and wellness transformation opportunities for an aging population. Embed requirements of knowledge mobilization to allow for easy-to-understand uptake of best evidence.





Infection Prevention and Disaster Response

COVID-19 has shown us the critical importance of proactive and robust infection prevention measures. While investing in the needed research and development of a COVID-19 vaccine, Canadians must ensure that they stay as healthy as possible to combat this illness. This means additional investment in infection prevention, both for this pandemic and any that will follow.

Additionally, climate change is increasing both the frequency, duration, and impact of natural disasters. Yet Canada lacks a seniors' disaster response strategy. No country, or community, can claim age-friendly status without one.

Issue #16: Vaccine Uptake and Reform

Older adults in Canada currently are significantly under-vaccinated, leading to poor health outcomes and the spread of infectious diseases.¹ However, the Canadian review, approval, and purchasing system for vaccines is ineffective and leads to considerable health inequities. This system needs to be improved along with vaccine education and uptake before a COVID-19 vaccine is ready. This is as true for existing diseases with available vaccines as it is for COVID-19. A focus on fixing the system now and keeping our seniors' population vaccinated is imperative to improve health resilience and reduce the load on critical and emergency care.

Recommendation #52: Fully Cover Best-In-Class Seniors' Vaccines

- Fully cover all seniors in Canada for the three modern, best-in-class vaccines most beneficial to their well-being: high dose flu, pneumonia, and shingles, as currently only 3% of all seniors are up-to-date on their adult vaccinations.²

Recommendation #53: Federal Approval Reform

- Replace the current volunteer National Advisory Committee on Immunization (NACI) with a permanent arms-length federal body, to speed up and streamline approval processes and prioritize vaccine modernization.

Recommendation #54: Purchasing Reform

- Centralize vaccine purchasing under a federal mandate for distribution to the provinces and territories, consolidating purchasing power and supply chain management. Ensure that all Canadians have the vaccines they need, regardless of location.

Recommendation #55: Education

- Work with partners to create needed educational materials for seniors and healthcare providers to educate about the importance of older adult vaccinations, increase knowledge of vaccine coverage, address vaccine hesitancy, and encourage vaccination uptake.

Recommendation #56: Barrier-free Distribution and Uptake

- Adult vaccinations must be available with as few barriers as possible to ensure effective distribution and uptake. Pharmacists must be able to distribute all adult vaccines. In the time of COVID-19, all innovative distribution measures must be considered including at-home vaccinations, drive-thru vaccination sites, and other outdoor physically-distanced sites.

Issue #17: Prioritize Adult Vaccination During COVID-19

Seniors are the most vulnerable population to COVID-19 infection and death. As a result, they have been tragically and disproportionately affected by the virus.³ The loss of life due to COVID-19 has been shameful.

It is critically important for seniors to stay as healthy as possible in order to improve their chances of not succumbing to COVID-19. To that end, they must be prioritized to get all the other recommended vaccines in order to avoid pre-existing weakened states resulting from influenza, shingles, or pneumonia.

Recommendation #57: Seniors Covered and Prioritized for COVID-19 Vaccine

- Fully cover the cost of a COVID-19 vaccine for all seniors. Prioritize seniors, as the most high-risk group, for the COVID-19 vaccine.⁴

Recommendation #58: Designate Immunocompromised Status to Seniors 70+

- During the COVID-19 pandemic, include all people 70 and older as "designated immunocompromised" due to their high-risk status for infection. Being designated as immunocompromised will provide seniors with immediate increased coverage for certain vaccines such as the most effective pneumonia vaccines.

Recommendation #59: Prioritize Caregivers

- During the COVID-19 pandemic, designate all paid or unpaid caregivers of older adults in the high-risk category and prioritize their adult vaccinations including a COVID-19 vaccine. Start with paid and unpaid caregivers of older adults living in congregate or long-term care.

Issue #18: Adult Vaccine Schedule and Uptake Tracking

Overwhelmingly, older adults do not know: a) how important adult vaccines are, b) when or how to get them, c) how much they cost, or d) what is covered. Part of the reason why is that Canada does not have an Adult Vaccine Schedule. This is a key contributing factor to the very low adult vaccination uptake.

Record-keeping of adult vaccinations is very poor, and most seniors do not know the correct schedules for their vaccinations, which version of a vaccine they may have received, and if or when they received it.

Recommendation #60: Adult Vaccination Schedule

- Create an easy-to-understand national campaign with a clear schedule for all adult vaccinations similar to existing schedules for children and youth.

Recommendation #61: Adult Vaccination Registry

- Create a modern, integrated, and digitalized adult vaccination registry. This is especially critical in the time of COVID-19.

Recommendation #62: Vaccines in Long-Term Care Homes

- Institute vaccine requirements for long-term care and congregate care seniors' settings, similar to children and youth school programs.

Issue #19: Infection Control in Long-Term Care and Congregate Care

Currently, infection control in long-term care and congregate care settings is very difficult to manage, leading to significant spread of infection, illness, and tragic loss of life. This needs to improve immediately.

Recommendation #63: National Standards

- Create pan-Canadian long-term care and congregate care infection control quality assurance standards. Prioritize vaccines in long-term care and congregate care settings. Incorporate the Vaccination National Standards into National Long-Term Care Quality Standards.

Recommendation #64: COVID-19 Infection Control Standards

- Establish pandemic infection and testing protocols specific to COVID-19 in long-term care and congregate care settings (i.e., don't use flu testing protocols for COVID-19). Upgrade infection protocols in long-term care and congregate care, including designating these settings as priorities for PPE, testing, screening, and visitor education. Require regular, unannounced on-site inspection, for upgraded infection control.

Recommendation #65: Home Care Infection Control

- Providers of care at home should also be prioritized for PPE, testing, screening, and education.

Issue #20: Disaster Response

Seniors are disproportionately harmed by climate change and natural disasters such as heat waves, floods, drought, fires, snow, and windstorms.⁵ While working to remedy this crisis, Canada must also ensure an appropriate, actionable plan to support vulnerable seniors during climate change events and natural disasters.

Recommendation #66: Pan-Canadian Seniors' Disaster Plan

- With the support of the Public Health Agency of Canada, create a pan-Canadian disaster plan for seniors, including for those in long-term care and congregate care settings, community settings, Indigenous, Northern, rural and remote communities.

Recommendation #67: Community Response

- Create easy-to-understand implementation guidelines for community response to support seniors during climate change and natural disasters. Include information and resources that can be accessed during a disaster that are not dependent on electricity. Work with key stakeholders and agencies to implement these programs. Create a neighbourhood seniors' "check-in" system to ensure older adults are safe, and when they are in need, to connect them with emergency or social services.

Recommendation #68: Heat

- Establish maximum temperatures for long-term care homes and congregate care settings. Require air conditioning in all existing and newly built common and residents' rooms, and retrofit existing care facilities for effective cooling.

Recommendation #69: Snow and Debris Clean Up

- Work with municipalities and community-based organizations to organize snow removal and post-storm debris clean up. Prioritize municipal clean-up crews to vulnerable seniors.





Caregiving, Long-Term Care, Home Care, and Housing Resources

Caregivers include both professional paid workers, such as home care workers, as well as unpaid supporters such as family members or friends. Caregivers are integral parts of the health and social care of older Canadians and we simply do not have enough of them. With the age demographic shift, we are likely to have significantly fewer in future (the “Dependency Ratio”). Canada needs to significantly advance policies to create new paid professional caregiving staff, while also addressing the needed workplace flexibility and government financial support for people taking care of loved ones without pay. Caregivers allow for many seniors to age at home, which is both the overwhelmingly preferred option of seniors, and the least expensive form of care.

Long-term care is in crisis across Canada. It is often institutionalized and outmoded. It is chronically underfunded, understaffed, and in dire need of significant investment to meet the needs of current and future seniors. This gap in resources, funding, regulation, and public attention has been laid bare by the deaths of Canadian seniors during COVID-19. Canada’s dismal performance among OECD countries in deaths of older adults shows how far we must go to improve our approach to long term care and how many lives can be saved if we do.³

Housing in the community remains a key priority as 92% of all Canadian seniors will continue to live at home and never go into long-term care or congregate care housing.⁴

Dependency Ratio:

Canada's total demographic dependency ratio is projected to rise to 84 dependents for every 100 people of working age by 2056, as the proportion of seniors increases.¹

DID YOU KNOW?

Canada has approximately 4 million self-identified family caregivers to an aging parent. A third of caregivers spend 10 or more hours a week providing care, with most travelling 30–60 minutes to reach their care recipient.²

Issue #21: Family Caregiver Supports

Family caregivers need greater support, assistance, and relief in order to continue to provide the almost 75% of all seniors' care in Canada. This is especially true as the population ages and more care will need to be provided by relatively fewer people.

Recommendation #70: Essential Caregiver Program

- Ask Federal, Provincial and Territorial governments to work with stakeholders to define, develop, and implement national standards for an Essential Caregiver Program for Seniors. This Essential Caregiver Program can be scaled up from the Ontario Caregiver Organizations' pilot program, which defines essential caregiving, establishes training standards and supports a caregiver ID program.

Recommendation #71: Change the Caregiver Tax Credit to a Refundable Tax Credit

- Amend the federal Canada Caregiver Tax Credit to become a refundable tax credit from its current earned tax credit requirement. Many caregivers are not in the paid workforce, because they are at home providing needed care. This particularly negatively impacts women who disproportionately provide the bulk of unpaid care in Canada.⁵

Recommendation #72: Community Adult Care Hubs and Increased Respite Care Services

- Create Community Adult Care Hubs which bring together respite supports, adult day programs, and childcare to support people of all abilities and build intergenerational and inclusive communities. Respite supports should include affordable options for hourly, daily, weekly and monthly respite care, including overnight care.

THE RECIPE FOR LONG-TERM CARE REFORM

- National Quality Standards
- National Regulator
- Federal and Provincial Funding Increases
- Staffing Reform
- Infrastructure Funding and Upgrades
- Emotion-Focused Care Models
- Infection Controls and Vaccines

Issue #22: Long-Term Care National Quality Standards

Canada has no National Quality Standards or national licensing standards for long-term care, which has led to substandard conditions in many homes across the country. National Quality Standards are needed to ensure that seniors get the dignified care they need and deserve, regardless of ownership of the long-term care home or the postal code where they live.

Recommendation #73: F/P/T Working Group with Long-term Care Stakeholders

- Establish a Federal/Provincial/Territorial Long-term Care Working Group, which includes both seniors and caregiver organizations, to study and make recommendations for the positive transformation of long-term care in Canada.

Recommendation #74: Fund a Feasibility Study of Adopting and Adapting the Australian Long-term Care Regulator Model for Canada

- In contrast to Canada's performance during COVID-19, Australia has experienced relatively few deaths of seniors in long-term care. Fund a feasibility study focussing on how Canada might adopt and adapt the Australian model of Long-Term Care regulation.⁶ This Australian model includes a national arms-length regulator that oversees licensing, quality standards, and has the ability to suspend licenses and issue fines. This model works in a federated nation and can be created in such a way where it would not offend the division of powers.

Recommendation #75: Federal Funding of Long-term Care

- Designate specific federal fund transfers to the provinces and territories for long-term care, attached to the new National Quality Standards and requirements. Federal funding should flow to the provinces and territories to support long-term care homes premised on them implementing the National Quality Standards.
- Federal funding be allotted to long-term care under a separate agreement similar to the Canada Health Act.

Issue #23: Long-term Care Residence Staffing Reform

Long-term care staffing issues have reached a crisis state. Pre-COVID-19 staffing shortages in long-term care were well-documented and a consistently pressing concern. Since COVID-19, staffing shortages have reached the breaking point. Staff in long-term care are often underpaid, may have to work several jobs with unpaid travel time, and often have to work in difficult and unsafe conditions.

In Ontario, 80% of nursing home administrators reported having difficulty scheduling shifts, which can impact their ability to meet regulatory requirements. They reported that of the positions to be filled, personal support worker positions were the most difficult to fill.⁷

Recommendation #76: Staffing Ratios

- Establish staffing ratios and increase staffing numbers. Include both staff-to-resident ratios as well as establishing healthcare staffing ratios of doctors, registered nurses, licensed practical nurses, rehabilitation care providers, social workers, and personal support workers. Stop downloading healthcare to personal support workers in long-term care.

Recommendation #77: Living Wages, Benefits and Pensions

- Increase pay for staff, particularly personal support workers, to ensure living wages are achieved, including pensions and benefits. Encourage full-time work at one long-term care location. This will improve employee engagement, create stable staffing and care relationships while decreasing the potential of cross-home infection spread.

Recommendation #78: Pay Staff by Work Performed, Not Location

- The financial compensation of home and long-term care staff is half of what hospital staff receive, with the same qualifications. Financially compensate health and social care staff for the work they perform, not the place where they perform their work responsibilities. Pay equity should be established among long-term care, home care and hospital care settings.

Recommendation #79: National Strategy for the Health & Human Resources (HHR) Sector

- Care provision requirements for the aging population will increase. In order to adequately meet these requirements, as well as meet long-term care residence staffing needs while avoiding retrieving staff from other care sectors such as home care, Canada urgently requires a national strategy for the health and human resources necessary for current and future needs. Provinces and territories must work collaboratively with the federal government, on a F/P/T basis, to create and implement this strategy with key stakeholders in the sector.

Recommendation #80: Immigration Priority for the Aged Care Sector

- Establish home care and long-term care worker immigration as part of the skilled worker priority status. This should be integrated as part of a broader integrated health and human resources aged-care staffing strategy. Recruitment expertise should focus on aging and dementia care. Reinstate the Live-In Caregiver Immigration Program with updated care recruitment needs. Prioritize recruitment expertise in aging and dementia care.

Issue #24: Infrastructure Investment and Upgrades

More long-term care residences will be needed to meet the needs of Canada's aging population, even with robust investment in home care. New federal, provincial and municipal investments must be made in the creation of new residences. New residences should not be institutional. Retrofitting current older long-term care residences or redeveloping other existing housing assets will also be needed to raise the standard of acceptable living for residents and to improve the health and social well-being of Canadian seniors needing long-term care.

Recommendation #81: Build More Long-Term Care Homes

- Canada urgently needs to build more long-term care homes to support our increasingly frail older adult population who cannot have their care needs met in the community.

Recommendation #82: Build More Smaller Residences, Dementia Villages, and Streamline Campus of Care Regulation

- Invest in creating smaller residences with approximately 10-25 residents. Create new dementia villages rather than large institutional long-term care homes. Change and modernize long-term care, assisted living and independent living regulations allowing for campus-of-care models to more easily function. Currently, campus-of-care homes are often subject to upwards of four forms of health and housing regulation resulting in blockages to aging in place.

Recommendation #83: Single or Couples Rooms with En Suite Bathrooms

- Retrofit older long-term care homes and build new ones with the following: one-bedrooms with en-suite bathrooms, along with some couples' rooms with en-suite bathrooms. Avoid shared or ward rooms with shared bathing facilities. Long-term care homes should increase privacy, dignity, and quality of life, while reducing the risk of infection spreading via shared facilities.

Recommendation #84: Rural, Remote, Northern, and Indigenous Long-Term Care

- Expand long-term care options in remote and Indigenous communities. Develop specific dementia care capacity in these communities, especially in Indigenous communities to prevent losing a generation of elders to urban centres – often the same generation who were taken from their homes and into Residential Schools.

Issue #25: Change the Long-Term Care Model of Care; Prioritize Rights and Dignity

Long-term care is currently highly institutionalized and often based on the medical model of care. This leads to poor health, low quality of life, and staff dissatisfaction. Canada needs to modernize and deinstitutionalize long-term care to particularly meet the needs of an increasingly older, frail, and cognitively impaired resident population.

Recommendation #85: Emotion-Focused Care

- Change the model of care to an emotion-focused or transformative model such as the Butterfly Model (www.dementiacarematters.com), the Greenhouse Project Model (www.thegreenhouseproject.org), the Eden Alternative (www.edenalt.org), or similar non-medical models.

Recommendation #86: Residents' Bill of Rights

- Create a standardized core Residents' Bill of Rights to be integrated into provincial and territorial long-term care legislation and National Quality Standards.

Recommendation #87: Residents' and Family Councils

- Embed the requirement for Residents' Councils and Family Councils in each long-term care home as part of National Quality Standards. Integrate these two types of Councils into provincial and territorial legislation. Ensure that these Councils have substantial rights and direct high-level linkages to long-term care home management and administration.
- Provinces and territories should support and fund provincial governing associations of Residents' Councils and Family Councils.

Recommendation #88: Keep Couples or Companions Together

- Develop regulations and programs to keep couples or companions together in the same long-term care home, and where possible in the same rooms if that is their preference. Prioritize the relationship over differentiated care needs.

Recommendation #89: Privacy

- Increase physical privacy in long-term care homes to support personal choice and dignity. Ensure that residences have rooms where couples or groups can spend private and uninterrupted time. Invest in creative solutions to dissuade other residents from coming uninvited into a residents' room. Create appointment and door-knocking protocols to reduce staff entering a resident's room unannounced.

Recommendation #90: Digital Investment to Reduce Isolation

- Invest in digital innovation and technology for health and social care in order to decrease isolation and loneliness. Invest in robust wifi in resident rooms as a right. Prevention and reduction of social isolation and loneliness of residents in long-term care can be achieved by implementation of the following: smart-technology integration, video visits, virtual museum and cultural visits, virtual concerts or modern music online providers, on-demand movies and entertainment, social media, computer and technology-supported communication, and other online activities.

Issue #26: Home Care

Seniors do not have adequate, publicly funded home care allowing them to age in place affordably, or at all. Home care must be profoundly reformed to provide a meaningful quantity of appropriate, high-calibre care to allow seniors to age in place. Home care workers must be paid a living wage with appropriate benefits to ensure both current workforce sustainability and to attract new workers to the home care field.

Recommendation #91: Transform the Current “Home Care Worker” Model, with an Integrated Multi-disciplinary Team Model of “Care at Home”

- Instead of having only personal support home care workers provide the bulk of home care assistance, transform the model to integrated Care at Home. Invest in expanding geriatric multi-disciplinary team hubs, which provide in-home visits and robust integrated home supports. Bring the care teams to the house of the community-dwelling senior. Add significantly more Care at Home supports, both in terms of hours and type of care provided.

Recommendation #92: Increased Quantity, Quality, and Types of Care at Home

- Invest in providing increased quantity and quality of Care at Home, which is equitable across Canada, and not dependent on postal code or one’s ability to privately pay. Establish Care at Home as the primary model of care for aging in place, covering medical, social, and personal care needs. Adopt the Nordic Model for Care at Home.⁸

Recommendation #93: Directed Federal Funding Transfers Tied to Outcomes

- Directed funding from the federal government to provinces in the area of home care should have specific reportable metrics and spending priorities. While the 2017 federal budget included funding to the provinces of \$11 billion over 10 years, beginning in fiscal year 2017-2018, divided between home care and mental health initiatives, little measurable improvement has occurred. This and any future direct federal funding for home care investment must be targeted, measured, and have reportable indicators, to avoid being subsumed in general provincial revenues.^{9,10}

Issue #27: Housing Affordability

Some Canadian seniors do not have adequate, affordable, and accessible housing options to allow them to age in place. Housing affordability is particularly challenging in urban centres or where housing stock is limited.

Recommendation #94: Housing Innovation for Seniors

- Support innovative aging in place models such as Homeshare projects, co-housing solutions, naturally occurring retirement communities (NORCs), cooperative housing models, and integrated low-income or affordable seniors’ housing.

Recommendation #95: Homelessness or Risk of Homelessness

- Create appropriate programs including accessible transitional and shelter options for older adults who find themselves precariously housed, at risk of homelessness, or homeless. Provide protection for seniors in assisted living or long-term care residences during periods of extended hospitalization to ensure they don’t lose their housing.

Issue #28: Support Aging in Place

Seniors need policy changes and flexible supports to allow them to age in place.

Recommendation #96: Change the Home Renovation Tax Credit to Per Person

- Amend the Home Accessibility Tax Credit from a \$10,000 per dwelling tax credit to a \$10,000 per person tax credit. Study and reevaluate the tax credit amount to reflect the increased need in order to age in place. Implement an appropriate higher tax credit amount if required.

Recommendation #97: Government Land Grants and Guarantees for Seniors' Housing, Including Long-Term Care

- Federal, provincial, territorial, and municipal governments should develop land grant programs to support aging in place housing initiatives, including long-term care.
- Governments should develop and support loan guarantee programs allowing for development of innovative housing models to support aging in place.

Recommendation #98: Update Municipal Bylaws for Age-Friendliness

- Municipal governments should develop age-friendly bylaws including increased opportunity for in-law suites, laneway housing, intergenerational co-housing options, and building codes.
- Age-Friendly Model Bylaws should be developed with aging and law reform experts which can be easily adapted and adopted by local municipalities.





E Economic Security

Seniors need increased flexibility in the time of COVID-19 to make choices about staying in the workforce longer and how to manage their money most effectively. This includes the ability to earn money, develop, and access retirement savings, and also to ensure the protection of pensions.

Issue #29: Funding Retirement in Uncertain Times

Canadian seniors are living longer. In precarious economic times, they need to make their savings stretch further than ever before. Prior to COVID-19, most Canadian seniors faced a material risk of outliving their tax-deferred savings.¹ This is especially true in the time of COVID-19 where expenses have often risen, and assets may have depreciated or are unstable.

Recommendation #99: End Mandatory RRIF Withdrawals Completely

- Currently, seniors must start withdrawing from their funds at the age of 71. While the minimum required withdrawal for all types of RRIFs has been reduced by 25% for the year 2020 as a COVID-19 response, it does not go far enough. Canadians are living longer and should be allowed to make their own decisions about investment withdrawals, particularly in these uncertain times. The number of seniors who work past 71 (and are thus punitively taxed by forced RRIF withdrawals) increased from 15% in 1995 to 24% in 2015² and is predicted to be higher in the COVID-19 era and in years to come due to increased financial need.

Recommendation #100: Allow Tax-Free Withdrawals of up to \$15,000 per year, for up to three years, from RRIFs and RRSPs During COVID-19

- Allow tax-free withdrawals of up to \$15,000 per year from RRIFs and RRSPs by persons over age 60. This would provide much-needed access to funds for unforeseen expenses during uncertain financial times.

Recommendation #101: Defer RRSP Capital Gains During COVID-19

- During the time of COVID-19 defer RRSP capital gains taxes for up to three years to allow those in need to access their own funds without taxation penalties.

Recommendation #102: Refundable Tax Credit During COVID-19

- Create a \$500 for a single person and \$800 for a couple refundable tax credit to offset increased costs for deliveries, transportation, and support services for people over the age of 60 for up to three years.

Issue #30: Protect Pensioners from Corporate Default and Protect Deferred Wages

Canadian pensioners need protection from corporate default, particularly during and post COVID-19. Compared to other jurisdictions, Canada significantly lags in its protection of pensioners. In the UK, 90% or more of pensions up to at least \$57,000 annually are protected through a national pension benefit scheme.³ In the U.S. the Pension Benefit Guaranty Corporation protects pensioners; in 2018 a 65 year old's pension is guaranteed up to U.S. \$71,431.⁴ In Canada, only Ontario offers some protection, and that is only "bottom-up" protection of \$18,000 annually.

1.3 million Canadians with corporate defined benefit pension plans are potentially at risk of having their pensions cut. Canada needs pension reform to ensure that pensions of hard-working Canadians are not lost due to insolvency or bankruptcy. CanAge supports the calls of the Canadian Federation of Pensioners and the National Pensioners Federation for needed pension protections.

Recommendation #103: Create Pension Benefit Guarantee Funds Across Canada

- Create Pension Benefit Guarantee Funds for all jurisdictions. Ensure pensioners receive 100% of their deferred wages - the pension their employer committed to. Currently, pension guarantee funds exist only in Ontario.

Recommendation #104: Fully Funded Pension Funds

- Require pension funds to be fully funded to 100%.

Recommendation #105: Recurring Refundable Tax Credit

- Establish a recurring refundable tax credit equal to the annual pension loss experienced by a pensioner. If legislation is amended to ensure pensioners receive their full pension or if a pension insurance program is created, this credit will serve as a backstop to ensure these changes work to protect pensioners.

Recommendation #106: Flexible Pension Reform

- Operationalize modern tax and pension policies to allow for increased options for flexible retirement and a hybrid pension withdrawal and income-earning model.

Issue #31: Dispute Resolution with Financial Institutions

Consumers, especially vulnerable senior consumers, have very little power to resolve complaints against their financial institutions.

Recommendation #107: Ombudsman for Banking Services and Investments (OBSI)

- Make OBSI the single dispute resolution provider for all banking services and investments in Canada. Provide OBSI with binding authority and a robust systemic mandate. Increase OBSI's remit from \$350,000 to \$500,000.

Issue #32: Banking and Investment Sector Seniors' Reforms

There is a significant increase in vulnerable seniors who have diminished mental capacity or are subject to undue influence and financial elder abuse intersecting with financial institutions. Securities administrators such as the Ontario Securities Commission, the New Brunswick Financial and Consumer Services Commissions and the Autorité des marchés financiers (AMF) have been leading the way in seniors-focused reforms and strategies. While banks now have a recently established Seniors Banking Voluntary Code, it is both incomplete in remit and unenforceable in practice.

Banks must continue to provide services which are senior-friendly. This includes moving towards flexible banking options, such as Open-Banking / Postal Banking. Where banks are closing branches, replacement alternative banking options must be made available such as full-service ATMs, particularly in non-urban centres.

Recommendation #108: Trusted Contact Person

- Update Know Your Client (KYC) protocols to ensure that they can include asking for a Trusted Contact Person. Ensure that the KYC process is accessible and is appropriate as clients age.

Recommendation #109: Training

- Ensure that all people who work in the financial sector have competency-based training on elder abuse, mental capacity issues, undue influence, and how to report concerns to the appropriate designated organization.

Recommendation #110: Change Voluntary Seniors Banking Code into Banking Regulation

- Change the Voluntary Code of Conduct for the Delivery of Banking Services to Seniors (Seniors Code) to a mandatory regulation reportable and overseen by the Financial Consumer Agency of Canada (FCAC). Ensure that the FCAC has the ability, mandate, and resources to levy substantial fines in case of regulatory violation.

Issue #33: Workforce Inclusion

As our population ages, our workforce is expanding across generations and employers need to proactively adapt for greater age inclusion.

Recommendation #111: Diversity and Inclusion

- Employers should include age discrimination as part of their Diversity and Inclusion criteria and employment codes. Labour organizations should include guards against, and remedies for, age discrimination in their HR policies and practices.

Recommendation #112: Reduce Barriers

- Reduce barriers to hiring an age-inclusive workforce, as well as promote opportunities for older workers to return to the workforce. Study and adopt transferable best practices from the AARP Multigenerational Workforce Program.

Issue #34: Tax Filing for Seniors

Many seniors do not file their taxes due to accessibility barriers such as the form being too confusing, not being able to afford or travel to an accountant, or lack of knowledge about the importance of filing taxes. This behaviour excludes them from needed programs and benefits.

Recommendation #113: Pilot Program for Automatic Tax Filing for Seniors

- Create and fund a pilot program for automatic tax filing for seniors. Explore with stakeholders whether an opt-in or opt-out is preferable.

Recommendation #114: Embed Prompts in Tax Software for Seniors and Caregivers

- Work with tax preparation and tax software providers to embed easy-to-understand questions and prompts to ensure that seniors and caregivers are able to benefit from maximum tax relief and qualify for needed programs.



S Social Inclusion

Social isolation is often defined as a deprivation of social connectedness.¹ Many older adults report feeling socially excluded and a recent report indicated that 20% of Canadian seniors, pre-COVID-19 pandemic, did not have a single person to reach out to in case of emergency.² A lack of social inclusion can create profound loneliness, financial insecurity and dependence, declining mental and physical health, and increase conditions for abuse and neglect. Social isolation can lead to loneliness, depression, and poor health outcomes which are equal to or even worse than alcoholism, obesity, or smoking.³ Social inclusion is an area where many emerging innovative and exciting practices are being piloted, particularly in the time of COVID-19, which need support and scale.

Ageism is often found as a key underlying cause of social exclusion, discrimination, and social vulnerability. Ageism must be confronted in a similar manner as other forms of discrimination such as racism, sexism, or homophobia and proactively challenged as a fundamental breach of rights.

Social inclusion requires significant community engagement and sector capacity building. Canada should adopt leading programs and practices as well as support vitally important knowledge hubs, such as the United Way's CORE Program, across the country.

Issue #35: Loneliness and Social Exclusion

Seniors experience the highest degree of loneliness and social exclusion of any age group. The consequences of loneliness significantly decrease life expectancy, physical well-being, and mental health. Being lonely is as harmful as smoking 15 cigarettes a day, and poses a significant risk for mortality.⁴

Canada needs to confront its current epidemic of loneliness face-on. We should consider adopting the UK's models of safeguarding to address neglect, exclusion, and social disconnection.

Recommendation #115: Create Mid-Range New Horizons for Seniors (NHS) Grants Focused on Social Inclusion

- Allow New Horizons for Seniors Program grant holders to receive up to three years of funding which would give enough time to develop relationships with funders and partners, build trust, and make positive change with program participants. The federal government should work with philanthropic and grantmaking organizations to support various funding models to allow for greater sustainability and effectiveness of the NHS Program.

Recommendation #116: Community-Based Programs

- Invest in innovative community-based programs that connect lonely or socially isolated seniors to local programs and supports. Adopt the United Way's CORE program across Canada.
- Invest in inclusive programming such as dementia-friendly public libraries.
- Prioritize investment in culturally and linguistically inclusive programming in both long-term care and community settings.

Recommendation #117: Men's Loneliness

- To address men's loneliness, invest in local programming such as Men's Sheds, sporting leagues, debating societies, and socially connected exercise classes such as the Vancouver-based Choose to Move program which combines fitness and friendship.

Recommendation #118: In-Person Wellness Checks for Isolated Seniors

- Implement well-being checks for isolated seniors, similar to the UK's and France's postal programs. Door-to-door well-being checks could be incorporated into Canada Post's programming alongside other community-based programs.

Issue #36: Seniors and Technology

Digital literacy and the use of technology has never before been so critically important as it has been in the time of COVID-19. Seniors are now having to use technology for everything from social engagement to healthcare visits to ordering groceries and supplies. It is critical to prioritize and develop capacity for digital literacy and technological inclusion of seniors.

Recommendation #119: Libraries, Schools, and Community Organizations

- Create digital literacy and technology lending and training programs through local libraries, schools, and nonprofit or community organizations. Working with stakeholders, support community-based in-person and distance digital training for seniors. Invest in digital and technology lending or low-cost technology purchase programs for seniors.

Recommendation #120: Rural Connectivity

- Continue prioritization and investment in rural connectivity, as many rural communities have significantly older populations who have difficulty connecting to health and social services in person. Video based services like remote healthcare and mental health services require access to high-speed networks.



Issue #37: Transportation

Lack of accessible transportation options creates isolation and barriers to social inclusion and well-being.

Recommendation #121: Rural Transportation

- Invest in programs that offer inclusive transportation options for seniors in rural areas. Work closely with community-based service organizations to create rural inclusive transportation options such as grants for purchasing community shuttles and supporting van services, delivery services, and cooperative rideshare programs.

Recommendation #122: Rural Roving Services

- Work with community-based organizations to develop regional hubs that provide a range of roving health and social service programs to Northern, Indigenous, rural and remote isolated seniors.

Recommendation #123: Bicycle Pathways and Foot Pathways

- Develop more segregated bicycle and pedestrian pathways to increase transportation options that are age-friendly, safe, and healthy.
- Augment bike-share programs with age/ability-inclusive, senior-friendly “tricycles”.

Recommendation #124: Urban Transportation

- Promote awareness of urban and municipal transportation options including those provided by public and nonprofit organizations. Invest and publicize “travel training” programs to support seniors in learning public transit systems, in a safe, supportive manner. Subsidize transportation costs for low-income seniors.
- Invest in accessible inclusive public transportation infrastructure.

Issue #38: Address and Reduce Ageism

Ageism is the most socially normalized form of discrimination and constantly reduces social inclusion, promotes negative stereotypes, limits social interaction, and reduces economic security.⁵

Recommendation #125: Reduce Workplace Ageism

- Eliminate all forms of ageist mandatory retirement, and provide workplace options for job transformation and accessibility accommodation. Have private and public employers specifically include age and ageism in their diversity and inclusion policies, human resources, and employee engagement programs.

Recommendation #126: Ageism in the Media

- Encourage media and corporations to reject the negative portrayal of older adults and ageist stereotypes, and promote images of positive, diverse imagery of aging.

Recommendation #127: Canadian Anti-Ageism Campaign

- Create a Canadian Anti-Ageism Campaign. Develop anti-ageism modules for inclusion in educational curricula about discrimination and rights.

Recommendation #128: Age-Inclusive Communities

- Amend building codes and by-laws to include age-friendliness and accessibility inclusion appropriate for our aging population. Promote investment in age-friendly and dementia-friendly communities. Encourage retail and grocery stores to have age- and dementia-friendly services and checkout lines.

DID YOU KNOW?

Over the next 20 years, the number of people aged 75+ is set to grow by three times in NWT and Yukon, and almost six times in Nunavut.⁶

Issue #39: Indigenous Seniors

Indigenous seniors are at high risk of experiencing social isolation due to factors such as racism, marginalization, linguistic barriers, geographic location, lack of appropriate cultural inclusion, poverty, poor health status, lack of service provision, and historic traumatic experiences.

Recommendation #129: Traditional Language

- Expand traditional language teaching both intergenerationally and in the broader community to support elder inclusion and linguistic longevity.

Recommendation #130: Community and Health Supports for Elders with Cognitive Impairments

- Develop robust Care at Home programming for elders with cognitive impairment and dementia to avoid re-institutionalization in long-term care dementia units, often far from their local communities. Integrate and embed culturally inclusive training and programming for healthcare and social service professionals.

Recommendation #131: Develop Culturally-Appropriate Elder Programming, particularly in the Territories

- Work with local communities and partners to develop non-governmental sector capacity for the provision of culturally appropriate locally-developed programs to support Indigenous elders, particularly in the territories.

Recommendation #132: Traditions

- Make traditions accessible in long-term care and congregate settings by inviting Indigenous community members for traditional ceremonies, providing traditional food and providing a space for family gatherings.

Issue #40: Promote Intergenerationalism

Intergenerationalism brings together previously siloed groups artificially divided by age. Blending generations increases physical well-being, mental health, and social inclusion, providing measurable benefits for both older and younger people.

Recommendation #133: Innovative Intergenerational Programs

- Create and support innovative intergenerational programs and opportunities such as Talk2NICE (telephone support), the Queen's University Community Connections Project (student - alumni friendly phone visits program), the Student Senior Isolation Prevention Partnership (SSIPP), Minds-In-Motion, Adopt a Grandparent / Grandchild, The Big G Program and Toronto HomeShare, which support deeper relationships and address shared social challenges for all ages involved.

Recommendation #134: Intergenerational Day Programs

- Co-locate child care and senior care day programs. Create crafts and engage in physical activities together. Support literacy, numeracy, arts, and mentorship opportunities between younger and older generations.

Recommendation #135: Friendly Visiting Programs

- Work with community-based organizations to support Friendly Visiting Programs, in-person using video technology or on the phone. Model the United Way's friendly visitor programs and Better at Home supports for scale across the country. Work with interfaith organizations to support outreach and engagement to older members of faith communities.





Conclusion: Aging and COVID-19

As Canada's population continues to age, we must move forward as a country to address these pressing needs. This Roadmap for an Age-Inclusive Canada is part of that needed work.

CanAge was privileged to engage with seniors, families, caregivers, faith-leaders, researchers and educators, labour groups, employers, financial sector leaders, regulators, community and issue-based organizations, health care providers, as well as government representatives from all major political parties across the country. We talked to grandparents. We talked with veterans. We talked to federal, provincial and territorial Ministers. We talked to Archbishops. We talked to local community collectives.

We consulted with, and learned from, those people and groups who identify as part of historically marginalized communities.

We honour the experiences and insight of our Indigenous elders, and all those who make our country rich in diversity and tradition.

We talked with everyone we could.

But mostly we listened.

We gathered experiences, stories, frustrations, and successes from across the country.

Then we used evidence-based research, systematic reviews, best practices, and cutting edge academic and scientific research. We incorporated previous public enquiries and commission reports. We mined statistical data.

Throughout, we consulted with seniors in all types of settings during COVID-19, including some of whom remained fully isolated in long-term care homes.

Not every issue was included in this Roadmap to an Age-Inclusive Canada. This Roadmap, like all maps, is a representation of the landscape, but can never include everything. We tried to faithfully lay the course of those who directed us and shared their paths.

But COVID-19 has forever changed the landscape of seniors in Canada.

Heartbreaking and horrifying military whistleblower reports of profound institutional neglect have finally made us confront our passivity regarding seniors' care. Our collective societal neglect.

Our ageism.

Some seniors could not leave their rooms or their residences for months. Many families could not come near their aging parents and grandparents for fear of transmitting the virus to them. Isolation and loneliness have coloured everything.

For some, retirement savings are precarious. Pensions are at risk. Reports of elder abuse and neglect have appeared to skyrocket, including an immediate deluge of COVID-19 frauds and scams.

It is clear there is much to be done. Canada recently signed on as a supporter of the UN Convention on the Rights of Older Persons. But rights need remedies. That is one of the reasons why CanAge is strongly supportive of a Federal Office of the Seniors' Advocate. Rights need champions and protectors.

As a partner in advancing the rights of older Canadians, we invite you to commit to specific and measurable actions that will provide seniors with the supports they need to live the lives they deserve.

Canada requires a new plan. A new paradigm. A new way forward. We at CanAge hope that **VOICES of Canada's Seniors: A Roadmap to an Age-Inclusive Canada** can assist our communities working together with stakeholders and governments, to forge a new road ahead. A road of purpose. Vitality. Health. Connection and well-being.

We now call on all parties and stakeholders to listen to the VOICES of Canada's Seniors.



Laura Tamblyn Watts, LLB
President and CEO
CanAge
Canada's National Seniors' Advocacy Organization

COVID-19 has changed the landscape of Canada's seniors forever.
With only 18% of all cases in Long-term Care, we lost an unconscionable 81% of those lives.

Endnotes

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Authored by the Policy and Advocacy Team at CanAge.
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For further information, please contact:

Diana Cable

Director of Policy and Advocacy

diana@canage.ca

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