

## Strategies for an Aging Population: Maintaining Independence (June 2020)

### Introduction

This Bulletin has been prepared for the benefit of CURAC/ARUCC members to share information and raise awareness of aging strategies. The National Seniors Strategy looks at 12 areas where policy could be changed or created, including affordable housing and income security (1). In 2017, the Federal/Provincial/Territorial Ministers Responsible for Seniors Forum approved aging in community as a key priority and produced two reports that focused on government programs and services.

The first choice for most older adults is to age in place. This refers to a person's ability to continue living independently at home and/or in their community through the provision of necessary supports and services. It became increasingly clear during the COVID-19 pandemic that Canada's capacity to provide safe, high quality care for those no longer able to live independently was inadequate. Extending the period when an older adult can live independently may buy us some time to fix the problem.

The topics that follow are definitions of health, health promotion, independent living, integrating health care and social care, and innovative models of care.

### Towards a New Definition of Health

The World Health Organization (WHO) defines [health](#) as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition has not been amended since 1948 when acute diseases presented the main burden of illness. The definition is impractical because "complete" is neither operational nor measurable.

In 2018, WHO added "aging related" to the International Classification of Diseases coding system. By treating aging as a disease, it enables the systematic collection of data on the mechanisms of aging, diagnostic methods, and anti-aging interventions. One's biological age, rather than chronological age, is a more important indicator of health and potential lifespan. New Brunswick's [Aging Strategy](#) takes a less pernicious approach. "Aging is a natural process that occurs progressively in each individual. Aging should be embraced rather than considered a disease."

A new vision of health from the Netherlands focuses on citizens' functioning and their ability to adapt and self-manage. It shifts the emphasis from a biomedical model to a bio-psychosocial model. It has six dimensions: bodily functions, mental functions and perception, spiritual/existential dimension, quality of life, social and societal participation, and daily functioning. These are called the [Pillars for Positive Health](#).

### Health Promotion

Health promotion activities are intended to help people maintain or improve their health before it is compromised. Various approaches have been suggested.

In 1986, the [Ottawa Charter for Health Promotion](#) was presented to WHO as an action plan to achieve health for all by the year 2000. There are five health promotion action areas: (1) Build healthy public policy; (2) Create supportive environments; (3) Strengthen community action; (4) Develop personal

skills; and (5) Reorient health services. The Charter incorporates three major health promotion strategies: enable, mediate, and advocate.

The [Circle of Health](#) is an interactive health promotion framework developed in Prince Edward Island. It integrates health promotion strategies (Ottawa Charter), determinants of health, social theory, and six key values. These values are sharing, caring, balance, social justice, respect, and choice. It incorporates health promotion and population health theories and Aboriginal concepts of wholeness, while maintaining clarity of language (2).

Governments have not embraced health promotion to its fullest potential. In 1974, the [Lalonde Report](#) called on Canadians to raise “care” to the level of “cure” in the value system of the health care organization. The goal is “not only to add years to our life but life to our years, so that all can enjoy the opportunities offered by increased economic and social justice.”

Two approaches to health promotion often are viewed as opposing: lifestyle versus [social determinants of health](#). But they are better seen as complementary. The social, cultural, and economic context in which the lives of individuals and communities unfold has a great impact, with these determinants usually described: Income and Income Distribution; Education; Unemployment and Job Security; Employment and Working Conditions; Early Childhood Development; Food Insecurity; Housing; Social Exclusion; Social Safety Network; Health Services; Aboriginal Status; Gender; Race; and Disability.

Health services are not a major determinant of the health of a population. Canada is ranked 22<sup>nd</sup> of 30 wealthy developed nations for its public coverage of health care costs. Medicare does not cover drug costs, and coverage of home care and nursing costs varies among provinces. In many other nations these costs are covered by the public health care system (3).

The longevity research of [David Sinclair](#) from Harvard is a good place to start to rethink a public health approach to aging. Here, the emphasis is to prepare for aging by protecting the immune system. Those with a stronger immune system are better prepared to prevent and face infection. Eating a balanced diet that includes foods rich in Vitamin D, such as eggs and sardines, is part of the strategy. Researchers discovered a strong correlation between Vitamin D levels and COVID-19 cases in Europe (4). Many elderly persons have a vitamin D deficiency due to inadequate intake and/or accelerated elimination. The optimal range is 40 to 60 ng/mL, neither too low nor too high. Healthy eating is important for aging well, and the [website](#) for Canada’s Food Guide has useful tips for seniors.

Geographic areas where people live longer than average and have grown old without degenerative diseases like heart disease, obesity, cancer, or diabetes have been referred to as [Blue Zones](#). Individuals with chronic disease disproportionately die from COVID-19, hence persons with a strong immune system and those living in the Blue Zones do not appear to be devastated by the pandemic. The places which met the criteria to be a Blue Zone are Sardinia (Italy), Ikaria (Greece), Nicoya Peninsula (Costa Rica), Loma Linda (California) and Okinawa (Japan). The universal healthy habits are having a healthy diet, having a purpose, staying active, and focusing on family and community. The similarity between Positive Health and the characteristics of Blue Zones is the focus on lifestyle.

Canada’s [Fountain of Health](#) research team offers an evidence-based approach to promote brain health and resilience. The five key actions that can help you stay healthy for life are: physical activity, social activity, brain challenge, positive thinking, and mental health.

## Independent Living

A limiting factor for independent living is physical and cognitive health. According to the Manitoba Population Research Data Repository, “expected disease-free community-dwelling years measures the length an older adult (age 65+) can expect to live in a private residence and be free of the following major chronic diseases: acute myocardial infarction (heart attack), cancer, chronic obstructive pulmonary disease, dementia (including Alzheimer’s Disease), diabetes, end stage renal disease, ischemic heart disease, and stroke.” The median time to a diagnosis (of one of these chronic diseases) from age 65 is about 10 years for males and about 12 years for females (5, p.42). Self-reported impairments increased significantly for the 85+ age group.

The Federal/Provincial/Territorial Ministers (FPT) Responsible for Seniors Forum is an intergovernmental body established to share information, discuss new and emerging issues related to seniors, and work collaboratively on key projects. Their [website](#) includes links to resources in each province and territory.

In 2017, the FPT Seniors Forum approved aging in community as a key priority. They commissioned three reports, of which two have been published:

- 1) [Housing needs for seniors](#)
- 2) [Community supports to facilitate seniors’ aging in community](#)
- 3) Policy options to facilitate aging in community

Housing is an absolute necessity for healthy living, so this makes housing a public policy because governments have a responsibility to provide citizens with the prerequisites of health. It has been estimated that almost one in three people currently living in long-term care could have delayed their admission if they had adequate housing and community supports. Community supports include home care services, home supports, and financial supports.

At a recent CURAC/ARUCC conference, [Don Shiner](#) suggested we get realistic about housing and build “lifetime homes” that evolve with the needs of occupants and benefit future generations. In Vancouver, there is a building bylaw that requires all new housing to have various universal design elements. These include wider doorways, an accessible bathroom on the ground floor, and lever-style door handles.

In addition to mainstream housing, where seniors stay in their usual home or downsize to apartments or condominiums, there are other housing models which help seniors live independently. One housing option for economical and social support reasons is [shared housing](#) between adults. Nearly one-in-three American adults live in a household with at least one adult who is not the household head, the spouse or unmarried partner of the head, or is an 18- to 24-year-old student.

In a co-housing complex, seniors band together to buy land and build a mutually supportive living community that they themselves run. Houses are built as clusters or single-story rows centred around shared spaces such as gardens and walkways. This model promotes social connectedness.

The main idea of the Naturally Occurring Retirement Community Supportive Service model is that seniors themselves have much to contribute to the communities in which they live. It is a public-private partnership that unites residents, volunteers, community agencies, and health and social services.

[The Village](#), located in Langley, B.C., is Canada's first dementia-care facility that does not identify as a hospital or a care home. It focuses on a person's remaining abilities, not on their decline. This is an example of a housing option for vulnerable seniors.

As of 2016, there are 404,000 [multi-generational households](#) and they are home to 6.3% of Canada's population. According to Statistics Canada, 5% of grandparents live with a grandchild. There are many arrangements: having a separate house in the garden, full home with a separate, private apartment, and living in a multi-apartment building. In [Singapore](#), 9% live in three-generation households and intergenerational contact is a dimension of family strength.

Quebec has a rate 2 times that of the rest of Canada for seniors in institutions. Two Quebec gerontologists have started an [Aging at Home, It's Winning](#) social network to encourage the government to make a radical change in the offer of services to the elderly because aging at home is beneficial for everyone.

### **Integrating Health Care and Social Care**

Researchers often point out that we have 13 different health systems across Canada, not just one. Under the Canada Health Act, the following services are considered non-insured: long-term care that is provided by home care programs or in institutions, and community-based programs. Seniors tend to require many types of care, at varying times, from different providers, in a variety of settings along the health care continuum. With 93% of Canadian seniors living in private households, home and community care are the most in demand types of long-term care (6).

The government department responsible for senior care varies by province with each department offering a different basket of services. The Aging Strategy in New Brunswick is the responsibility of the Department of Social Development. Nova Scotia has a Department of Seniors. Prince Edward Island has a Department of Health and Wellness. Manitoba has a Department of Health, Seniors and Active Living. It is not clear which approach works best, but there may be benefits to comparing diverse strategies and developing policy on those that have the best social and economic benefits.

Projects to build care places are complex because such projects must span the divides between health care (medical) and social care (non-medical) and between formal and informal care. Governments need to fulfil three essential conditions when addressing the growing long-term care needs of an aging population. "First, instead of simply expanding the supply of residential long-term care beds, they should plan for "places" within a community-based care continuum, which includes supportive housing, attendant care, adult day programs, and home care. Second, they should establish the conditions that enable promising community-care initiatives to be replicated or expanded. Third, they should channel funds based on patients' needs, rather than on the location of care" (7).

The Canadian College of Family Physicians sets forth a vision for "seamless care, throughout every stage of life, integrated with other health care services." The integrated home-based primary care model is one of the most cost-effective and compassionate forms of healthcare. Implementing this model across Canada will reduce the strain on hospitals and Emergency Departments. Older adults who are homebound have needs that can no longer be addressed by office-based visits (8).

### **Innovative Models of Care for Aging Populations**

Restorative programs, such as the one in [Whitehorse](#), Yukon Territories, are a new innovation in Canada. These programs help seniors regain strength, endurance, functioning and independence after an illness or a stay in hospital so that they can continue to age in place.

Canada and Denmark spend similar proportions of their gross domestic product on healthcare. Denmark consistently outranks Canada on performance indicators. Denmark encourages its citizens to assume responsibility for wellness and it reassures them it will take care of their illnesses. Canada's challenge is that it has insufficient resources for many seniors to live at home independently, but it may be possible to utilize resources more wisely. Danish municipalities proactively conduct annual preventive home visits for all adults over 75 and offer programs for those needing to regain or improve their functional capacity for independent living after an illness or hospital stay (9).

For knowledge to improve the lives of older people, it must be implemented. Canada has pockets of excellence, and there is a need to scale up these innovative approaches to a provincial or national level. For example, together the Fraser Health Authority and the Nova Scotia Health Authority designed the [Community Action and Resources Empowering Seniors \(CARES\)](#) model that led to improvements in a patient's level of frailty. Policy changes and resource commitments are needed to prioritize the healthcare of older adults and their caregivers. There are personal, societal, and economic values of person-centred and integrated care approaches.

### Concluding Message

There are numerous combinations of housing, medical, and non-medical care. Healthcare services are not a major determinant of the health of a population – social and economic factors and individual behaviours are the primary drivers. We need to increase our awareness of the policies proposed in the [National Seniors Strategy](#) and the [FPT Seniors Forum](#), and advocate for their implementation. The Demand a Plan website is in [English](#) and [French](#) and is an advocacy movement for seniors care.

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### References

1. Sinha, S.K., Griffin, B., Ringer, T., Reppas-Rindlisbacher, C., Stewart, E., Wong, I., Callan, S., & Anderson, G. (2016, February). *An Evidence-Informed National Seniors Strategy for Canada* (2nd ed.). Retrieved from <http://nationalseniorsstrategy.ca/>
2. Mitchell, T., & Beattie-Huggan, P. (2006). Bridging the distance between lifestyle and determinants of health approaches: The Circle of Health as a synthesis tool. *International Journal of Health Promotion and Education*, 44 (2), 78-82.
3. Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: The Canadian facts*. Toronto, Canada: York University School of Health Policy and Management. Retrieved from [www.thecanadianfacts.org](http://www.thecanadianfacts.org)
4. Ilie, P.C., Stefanescu, S., & Smith, L. (2020). The role of vitamin D in the prevention of coronavirus disease 2019 infection and mortality. *Aging Clinical and Experimental Research*, 6, 1-4. doi: [10.1007/s40520-020-01570-8](https://doi.org/10.1007/s40520-020-01570-8)
5. Chateau, D., Doupe, M., Prior, H., Soodeen, R., Sarkar, J., Dragan, R., Stevenson, D., &

- Rajotte, L. (2019). *The Health Status of Community Dwelling Older Adults in Manitoba*. Winnipeg, MB. Manitoba Centre for Health Policy. Retrieved from [http://mchp-appserv.cpe.umanitoba.ca/reference/Senior2\\_Report\\_web.pdf](http://mchp-appserv.cpe.umanitoba.ca/reference/Senior2_Report_web.pdf)
6. MacLeod, K. (2012). Integrating care for seniors living at home. *Policy Options*, 33(7), 58-62. Retrieved from <https://policyoptions.irpp.org/fr/magazines/policy-challenges-for-2020/integrating-care-for-seniors-living-at-home/>
  7. Williams, A.P., Lum, J., Morton-Chang, F., Kuluski, K., Peckham, A., Warwick, N., & Ying, A. (2016, February). Integrating long-term care into a community-based continuum: Shifting from "beds" to "places". *IRPP Study: Institute for Research on Public Policy*, 59, 1-45. Retrieved from: <https://irpp.org/wp-content/uploads/2016/02/study-no59.pdf>
  8. Akhtar, S., Loganathan, M., Nowaczynski, M., Sinha, S., Condon, A., Ewa, V., et al. (2019). Aging at home: A portrait of home-based primary care across Canada. *Healthcare Quarterly*, 22 (1), 30-35. doi: [10.12927/hcq.2019.25839](https://doi.org/10.12927/hcq.2019.25839)
  9. Muscedere, J., Barrie, C., Chan, K., Cooper, B., Critchley, K., Kim, P., et al. (2019). Frailty and ageing: Canadian challenges and lessons learned in Denmark. *Healthcare Quarterly*, 22 (1), 14-21. doi: [10.12927/hcq.2019.25841](https://doi.org/10.12927/hcq.2019.25841)