

Current Research in the Seniors Sector

Overview Document

MAY 2008



United Way
of Calgary and Area

BUILDING STRONGER COMMUNITIES

Working Draft

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1.0 INTRODUCTION

The following report is an overview of research that was provided to the United Way of Calgary and Area (UWCA) by stakeholder organizations working to support seniors in the city¹. The United Way received a wealth of information that is evidence of the extensive work being done in relation to seniors and the overall issue of population aging. Contributions made by the organizations included a range of documents from academic research papers, statistical reports, project findings, program descriptions and strategic plans.

The information presented is by no means exhaustive. It does however describe a set of key areas important to older people living in Calgary and the agencies that serve them. The first section provides a snapshot of changing demographics related to our aging population. The second looks at recent policy initiatives and programs at the federal, provincial and municipal levels. The remaining sections are organized around issues areas and include a brief description of key findings from the research, preliminary implication from these findings and questions for the sector to consider. It is our hope that this overview is helpful to support dialogue and collective planning among seniors and senior serving agencies in the Calgary area.

2.0 SHIFTING DEMOGRAPHICS: A SNAPSHOT

Population aging is a worldwide phenomenon that is being driven primarily by the aging of the baby boom generation (people born between 1946 and 1965), decreasing fertility rates, and increasing life expectancy. “Between 2001 and 2006 there was an 18% increase in the seniors population. In the 75+ age group alone there was a 30% increase. Between 2006 and 2011 there will be another 19% increase in seniors. Then in 2011, the rate of increase begins to quicken even more. Between 2011 and 2016 there will be 24% more seniors in Calgary. In 2021, there will be a 25% increase followed by yet another 25% increase within five years in 2026. Another increase of 19% will follow in 2031. This wave of seniors represents a demographic bulge that is currently gaining momentum. Each year that passes brings another increase in an inevitable trend that will profoundly affect service delivery and policy development.”²

This new group of seniors (the baby boom generation) will be more technologically skilled, more highly educated, more accustomed to taking financial risks. It will include more women who have participated in the formal

¹ This overview document is based on a full report that includes a summary of all documentation submitted to the United Way by stakeholder organizations in the sector. The full report contains detailed citations for all of the information presented. For the purposes of this overview, a set of general references is provided at the end of the document. If you would like to find a specific source, please refer to the full document.

² Projections of Calgary Seniors, City of Calgary, May 2008

workforce and who have acquired independent savings. At the same time there are likely to be more people living with disabilities due to age and an increased number of older adults living in low-income households. There will be more seniors in urban areas and these seniors will be older.

In Alberta, the majority of seniors live in private housing and would like to stay there. In 2001, 67% of seniors in Alberta lived in homes that they owned and 88% had no mortgage. Twenty-two percent rented homes; 7% were in provincial housing programs for seniors; and 4% lived in long term care facilities. Approximately 15% of Calgary's seniors are "somewhat concerned" about having enough money for housing. Six percent are "very concerned".

The overall health of seniors is improving in many respects. In 2004, 78% of Alberta's seniors reported that they were in excellent, very good, or good health. The prevalence of chronic diseases has somewhat declined since the 1970s with lower incidence of heart disease, hypertension and arthritis. Canadians over the age of 65 with higher levels of education report higher levels of self perceived health. Fifty-eight percent of 65-74 year olds with a university degree reported excellent or very good health compared with 30% of seniors with less than a high school education. In Calgary, 10% of people over 65 and 40% of those over 85 have some type of dementia. About half of these people live in the community with family caregivers.

The vast majority (55%) of senior immigrants arrived in Canada when they were less than 34 years old and as such have been here for more than three decades. Only nine percent of senior immigrants have arrived since 1991 and seniors account for a very small share of the total new immigrant population in Canada. In 2001, visible minority seniors were 14.6% of Calgary's total seniors' population.

In Canada in 2001, only 4% of Aboriginal people and 3% of the Inuit were 65 or older. Aboriginal seniors made up only 1% of Canada's total seniors population. About half of all Aboriginal seniors in Canada lived on a reserve. Unemployment rates among Aboriginal seniors are double that of non-Aboriginal seniors (13% compared to 5%). In 2001, about 9% of all Aboriginal seniors were living in overcrowded and sub-standard homes. Health status is lower than in general population with 70% of off reserve Aboriginal seniors reporting disabilities.

According to Statistics Canada, 34 percent of Alberta's seniors participated in some form of volunteer work in 2004. This was slightly higher than the national average for seniors of 32 %. Although fewer Alberta seniors volunteered compared to other Albertans (34 percent of seniors versus 49 percent of Alberta residents), seniors contributed more hours on average (254 hours per year versus 166 hours per year).

3.0 POLICY DEVELOPMENTS AND GOVERNMENT INITIATIVES³

3.1 Federal

The federal budget in 2005 provided \$13 million over five years for a National Seniors' Council. The Council was established in March 2007 and has identified two initial priorities: raising awareness of elder abuse and understanding the factors that lead to pockets of low income seniors among unattached seniors, particularly women. The Council advises the Federal Government through the Minister of Human Resources and Social Development and the Minister of Health.

The federal Senate also established a Special Senate Committee on Aging in 2007 that is mandated to examine the issue of aging in Canadian society in relation to a number of areas. The Committee has completed two interim reports that include research, policy questions, issues and options for an aging population.

The New Horizons for Seniors Program was initiated last year and provides \$25,000 grants to non-profit organizations for projects that encourage seniors' involvement and help to reduce isolation. It also provides contribution funding up to \$250,000 for national or regional projects that raise awareness of the abuse of older adults.

Finally, in its budget for 2008, the Government of Canada announced funding of \$13 million over three years to help raise awareness of elder abuse and help in providing support in communities across Canada. This budget also included \$60 million per year to ensure that low income seniors who work can realize greater benefits from their earnings through an increase in the Guaranteed Income Supplement exemption.

3.2 Provincial

Enhancements to the Alberta Seniors Benefit Program were announced in August 2004, resulting in an additional 17,000 seniors being eligible to receive a monthly cash benefit, while current beneficiaries will receive an increase of at least \$60 per year. Other changes include enhanced optical and dental assistance, the elimination of health insurance premiums for seniors, and assistance with education property taxes.

In 2005, the Alberta Government announced increased funding to help provide safe places for seniors leaving abusive situations, resulting in an additional \$455,000 to seniors' safe houses in Edmonton and Calgary for operating costs

³ The section is by no means an exhaustive description of government led policy initiatives and programs. It is rather a summary of information contained in the documents provided to the United Way by organizations participating in this research review.

such as property maintenance, food, supplies and counselling services. An additional \$6 million in grants for the Lodge Assistance Program was announced in the same year to help minimize cost increases to approximately 7,700 low and moderate-income seniors living in lodges, while ensuring lodge operators can continue to provide quality, affordable housing.

In addition, the Seniors Advisory Council for Alberta is responsible for advising and making recommendations to the province on matters relating to Alberta's seniors. It is a government appointed body that reports through the Minister of Seniors and Community Supports.

Following the recent elections Alberta's government renewed Ministerial mandates to achieve the government's priorities over the next 2 years. The new mandate for Seniors and Community Supports includes the following:

- Work with the Minister of Health and Wellness to increase access to quality health care and improve the efficiency and effectiveness of health care service delivery.
- Take the lead in the improvement of quality, supply and client choice in the continuing care system.
- Take the lead in supporting persons with disabilities' independence and self-reliance by providing increased employability incentives, including an increase in the amount that can be earned by Assured Income for the Severely Handicapped (AISH) recipients from \$1000 to \$1500.

Housing and Urban Affairs is expected to take the lead to:

- Develop 11,000 affordable housing units by 2012
- Develop a 10-Year Plan to address homelessness
- Help Albertans stay in their homes through the rent supplement program and the Homelessness and Eviction Prevention Fund
- Make additional public land available for affordable housing purposes.

There are also currently discussions about the creation of an Independent Seniors Advocate (ISA) as an officer of the Legislative Assembly⁴.

3.2 Municipal Programs

The Seniors Services Division (SSD) is jointly funded by the Family and Community Support Services (FCSS), Alberta Employment and Immigration (AEI) and the City of Calgary. The SSD works collaboratively with the City of Calgary (Corporate), the Community and Neighborhood Services (CNS) and community service providers and partners to provide an integrated approach to the development and implementation of Seniors' programs and services in Calgary.

⁴ A fuller description of the ISA is provided in Section 13 of this report.

The SSD is currently comprised of the following four work units:

- Seniors Social Development provides a community development approach to working with partners, both Corporate and community, to address issues affecting seniors.
- The Property Tax Assistance Program provides residential property tax support to low income senior and non-senior homeowners, as well as outreach and referral services to assist senior citizens to access a range of community programs and services.
- The City Links Program provides home maintenance services free of charge to low-income seniors. City Links also provides a safe and supportive environment for the men and women who are workers in the program and who face employment barriers.
- Community Initiatives assists communities to develop innovative community solutions to meet the growing demand for home maintenance services for seniors.

These units, individually and in partnership with each other and other community groups, are responsible for the provision of a range of programs and services to meet the needs of seniors and their families in Calgary.

SUMMARY OF RESEARCH

4.0 HOUSING

Housing and the supports that enable people to age safely within their communities are becoming increasingly important. There is also an important link between appropriate housing and access to community and social services that influences the independence and quality of life for older people. Access to affordable housing and the continued ability to stay in one's home are central issues for older adults in Calgary.

4.1. Key Findings

The vast majority of seniors want to continue to live in their homes communities as they age. The desire to “age in place” is perhaps the one thing that seniors from across socio-economic, cultural and age cohorts have in common. However, the cost of housing, particularly utilities and property taxes, are increasingly problematic. Other key findings include:

- There is increasing demand among seniors for affordable and subsidized housing.

- Approximately 10% of Calgary’s seniors plan to relocate in the next two years if they are unable to access supports (financial and maintenance) to enable them to stay in their homes.
- As older adults age they will need increasing amounts and types of support (home care, support to engage in the activities of daily life) to stay in their homes. The inability to access or pay for appropriate services (maintenance, snow shovelling, yard care) is an important barrier to seniors ability to stay in their homes.
- Seniors with mental health issues are particularly challenged in regards to access to affordable housing as this population is often not permitted into regular seniors’ affordable housing facilities.
- There are a number of federal and provincial programs to support seniors with house maintenance and adaptation. However, many seniors find these programs difficult to access and apply for.

4.2 Preliminary Implications

The growing number of seniors combined with their desire to age in place will mean an increase in demand for home maintenance support, in-home support services and caregiver respite for informal caregivers.

4.3 Questions

There are some excellent community based initiatives to support aging in place for Calgary’s seniors. However, most of these are limited to single communities and the demand for these services continues to far exceed the supply. What is the status of the Home Help Coordinating Committee (HHCC) and how can this Committee support the coordination and expansion of these programs?

The CHR intends to create additional in-home support services to divert the equivalent of 400 long-term care centre beds each year. Are there other strategies to provide support to seniors so that they can access the care they need to stay in their homes?

What are the primary lessons in regards to housing that have emerged from the second phase of the Elder Friendly Communities Project? How can these be applied more broadly to housing initiatives in Calgary? How could the guidelines in the Age-Friendly Cities guide be applied to the housing sector in Calgary?

5.0 TRANSPORTATION

Transportation, including accessible and affordable public transport, is an important component of older people’s ability to remain independent and active. The ability to get around Calgary partly determines seniors’ levels of

civic and social participation and their ability to access community and health services.

5.1 Key Findings

Extensive research into transportation issues for seniors has not been undertaken. However, the work that has been done provides a number of important findings.

- Many seniors see public transportation as confusing and unreliable. It is particularly inaccessible in the winter months.
- For seniors unable to use Calgary Transit, Access Calgary is the main alternative. Demand for Access Calgary services has increased at a greater rate than resources, resulting in service delivery challenges.
- There is a need for more accurate information in regards to Special Needs taxis and Handi-bus access.
- Seniors who are currently driving are concerned about their loss of independence and increased isolation when they eventually lose their driver's license.
- The Kerby Centre and Calgary Seniors Resource Society provide transportation services operated with the use of volunteer drivers. It is increasingly difficult to provide this service as it has become more difficult to recruit volunteer drivers and the cost of providing the service (e.g. gas and insurance) is steadily increasing.
- Availability, affordability, reliability and frequency, targeted destinations, priority seating, and transit stops with benches have been identified as important factors to increase the accessibility and utility of public transit for older adults.

5.2 Preliminary Implications

The link between seniors' ability to move about the city and active aging means that the provision of accessible, affordable and appropriate (transportation routes that take seniors where they need to go) transportation will be increasingly important, especially as the older population grows. In addition there will be a growing need for specialized services such as Handi-bus and special needs taxis to service seniors who can neither drive nor use regular public transport.

Community programs that are currently trying to fill the gap for seniors in public transit service are facing a number of significant barriers (lack of volunteers, liability, cost of fuel and insurance) to service provision.

5.3 Questions

ElderNET is currently hosting a Transportation Planning Table and conducting research into transportation issues for seniors with the U of C. What is the status of the Planning Table and the research? How can this work inform efforts by the City of Calgary and community agencies to more effectively meet transportation needs?

How can we address the cost and liability issues that challenge community initiatives trying to provide specialized transportation services for seniors?

6.0 FINANCIAL CONCERNS

The ability to make ends meet on a fixed income is a growing concern for seniors in Calgary and across Canada. Although federal and provincial programs (CCP, OSA, Alberta's Seniors Benefit Program) provide some financial assistance many seniors are unaware of these services or do not know how to access them.

6.1 Key Findings

Local and national research into income levels and expenditure patterns among seniors present the following main findings:

- In Calgary, seniors' total income has decreased in comparison to a rising consumer price index. In other words, their ability to purchase goods and services has not kept pace with the cost of those goods and services.
- Older adults in Calgary cite out of pocket health expenses for medication and other services not covered by AHC; increasing utility costs and property taxes; and costs associated with transportation as the main factors contributing to their inability to make ends meet.
- In 2000, 16.4% of all seniors fell below the low-income cut-offs⁵ (LICO). For the most vulnerable, unattached seniors, 46.2% were living below the LICO in 2000.
- Whether male or female, unattached seniors with a poor work history, a disability, addiction or mental health issues are at a higher risk of experiencing low income in old age.

⁵ Measures of low income known as low-income cut-offs, were first introduced in 1968. The current definition, based on a 1992 expenditure survey, states that an individual or family that spends more than 54.7% of its income on essentials (food, clothing, shelter) will have little or no income left to spend on transportation, health, personal care, education, household operation, recreation or insurance and as such will be living in poverty. In Calgary, a family of 2 needs to have at least \$26,369 per year to stay above the LICO.

- Across Canada in 1999, 33% of all family units with the income earner 55 to 64 years old had not saved enough to stay above the LICO in retirement. Alberta and Ontario had the highest proportion of families and individuals who had not saved enough.
- Research undertaken by the National Seniors Council indicates that the proportion of seniors living in low income has declined sharply (from 21.3 percent in 1980 to 6.1 percent in 2004), due in part to CPP and the Guaranteed Income Supplement for low-income seniors.
- The Council also states that given that more and more women have entered the labour force, improvements in the financial status of older women are likely to continue into the future.

6.2 Preliminary Implications

There are conflicting findings in regards to seniors at risk of living in low-income situations. Federal studies indicate the proportion has declined to 6.4% nationally while municipal statistics suggest the proportion of low-income seniors in the city is growing. It will be important to confirm the statistics to determine the extent of poverty among seniors and develop plans for the provision of appropriate financial and other forms of assistance.

6.3 Questions

In Calgary out of pocket health care expenses, utilities, home maintenance, property taxes and transportation costs are the main factors presenting financial challenges to seniors. The City's Property Tax Assistance Program is assisting with property taxes and there are a number of home maintenance programs. Are there other initiatives that address utilities and out of pocket medical expenses?

How can we improve coordination of support to low-income seniors to improve access to provincial and federal financial assistance programs?

7.0 HEALTH AND MENTAL HEALTH

Adequate provision of, and access to, health and mental health services are vital to the well-being and independence of older adults. At the same time, it is widely acknowledged that the determinants of healthy aging include much more than health care. Socio-economic status, social and family supports, community engagement and healthy behaviours are some of the additional key determinants of health status in older adults.

7.1 Key Findings

Extensive research has been conducted by the Calgary Health Region in the preparation of its strategic plans for seniors' health care and healthy aging. Findings include:

- The number of adults 65+ in the Calgary Health Region (CHR) will grow by approximately 25% by 2011 (from 104,400 in 2004 to 130,600 in 2011).
- Older adults consume a much larger portion of health care services than other age cohorts and these demands will increase as the population continues to age.
- The demand for home care and transition services has been steadily increasing since 1995. The average home care caseload for long term care went from approximately 4,165 clients in 1995/6 to 8,888 clients in 2005/6, an increase of over 200% in 10 years.
- Utilization of home care or care centre services increases rapidly as seniors' age. For example, in 2001/2 only 6% of 65 to 69 year olds used these services. In the same year 35% of 80 to 85 year olds and 59% of 85 to 89 year olds used these services.
- In 2001, less than 0.50% of the CHR's total operating budget was dedicated to health promotion and disease/injury prevention in older adults.
- Ten percent of people over 65 and 40% of those over 85 have some form of dementia.
- Seventy percent of all residents in Calgary's Continuing Care Centres have been diagnosed with dementia
- Depression is a growing concern, particularly among isolated seniors
- There is an inadequate supply of seniors-focused community-based mental health services and those that do exist are particularly under funded.
- Providing mental health services to Calgary's diverse seniors has been identified as challenge. There are gaps in service and insufficient cultural competency among mainstream outreach and social workers.

7.2 Preliminary Implications

The anticipated growth in the seniors' population over the next few decades will become a serious challenge to the provision of adequate and accessible health and mental care services. Efforts to support healthy aging and to affect the range of health determinants will need to be scaled up significantly to keep seniors healthier longer without overwhelming the health care system.

7.3 Questions

The CHR has prepared two ambitious plans to strengthen the delivery of health care to seniors and promote healthy aging. Considering the multiple dimensions of healthy aging and the variable determinants of health status, how can other community partners collaborate with the CHR to strengthen community-based efforts to support healthy aging and minimize the anticipated strain on health care services?

There is a growing gap between the supply and demand for home care services. It is increasingly difficult to recruit and retain professional home care workers. What occupational strategies can be implemented to increase the appeal of home care support as a profession?

Are coordinated efforts being made to address the gap in specialized mental health services of older adults, particularly diverse seniors?

8.0 PUBLIC ATTITUDES AND AGEISM

Public attitudes regarding older adults have a significant impact on their health, well being and community engagement. Ageism is a process of systemic stereotyping and discrimination against seniors that manifests in a variety of ways often leading to isolation and neglect.

8.1 Key Findings

- The vast majority of seniors in Calgary express their desire to be valued and respected as they age. Loss of status following retirement and negative ageist attitudes leave many seniors feeling that their capacities and experiences are not valued.
- Negative stereotypes about older people range from assumptions about illness, impotence, ugliness and mental decline to perceptions of uselessness, isolation, poverty and depression.
- Ageism manifests itself in many complex ways. There are institutionalized forms in health care and employment where older people are treated differently than their younger counterparts. There is also ageism in social interaction in which older people maybe over accommodated or isolated from other age cohorts.
- Ageist stereotypes and discrimination negatively affect confidence and self esteem, coping skills, cognitive performance, physical functioning, self efficacy, motivation, longevity and mortality rates.
- Studies in Calgary reveal persistent ageism and false assumptions about dependence, disability and incompetence among older adults. Older adults are not immune to ageist culture and many have internalized negative attitudes about themselves.

- Strategies to reduce ageism include: sustained and meaningful intergenerational contact in mixed neighbourhoods and community centers and increased volunteer opportunities; presentation of information and facts about seniors that is inconsistent with stereotypes; an emphasis of the heterogeneity of older adults; and increased social and community roles for older adults.
- Intergenerational programs in Calgary vary greatly in focus, goals, target populations and settings. Literature indicates positive outcomes for both senior and youth participants in the reduction of negative stereotypes and attitudes, increased skills and knowledge and contributions to health and well-being through increased self esteem and reduced isolation.
- In 2005, there were 71 intergenerational programs in Calgary. Preliminary research indicates a desire for additional programming
- In some cities across Canada, seniors' centres are being redesigned as intergenerational centres in an effort to increase contact between age cohorts.

8.2 Preliminary Implications

Overcoming ageism, changing public attitudes about seniors and increasing social inclusion will become increasingly important over the next two decades. This will be important not only to increase the quality of older people's lives but also to enable communities to benefit from the contributions of this growing portion of the population.

8.3 Questions

The CHR had planned a social marketing campaign to promote healthy aging and reduce discrimination against older adults. What is the status of this campaign?

Are there other efforts being made to combat ageism and change public attitudes about seniors? Are there examples of social marketing campaigns from other jurisdictions that could be adapted for use in Calgary?

How can seniors' centres reform to become intergenerational facilities that welcome older adults as well as other age cohorts? Does support to conventional seniors' centres reinforce segregation and stereotypes about aging?

9.0 ELDER ABUSE

Elder abuse is defined as a single or repeated act, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person. National, provincial and local

groups are all concerned about the general lack of knowledge of the issue, the services available, and the mechanisms by which alleged incidents can be reported.

9.1 Key Findings

- Elder abuse can affect any older person, however, some seniors may be more at risk than others: those who are older; female; isolated; dependent on others; cared for by someone with an addiction; seniors living in institutional settings; and those who are frail, who have a cognitive impairment or a physical disability.
- It is difficult to estimate the prevalence and incidence of elder abuse in Canada because of under-reporting, confusion about what constitutes abuse, limitations in victimization surveys and police statistics, or a general lack of awareness about the issue. Nonetheless, available data suggests that between 4 and 10% of older adults in Canada experience some form of abuse. Financial abuse is cited as the most common form of abuse.
- Research in Alberta suggests that the legislative framework is relatively deficient in its ability to guard against and respond to allegations of abuse and neglect. Yet, there are a number of excellent victim focussed initiatives currently being implemented.

Recommendations to strengthen the response to elder abuse from the research include:

- Increasing public awareness through public education programs and social marketing.
- Educate frontline service providers, health care and criminal justice professionals, clergy and the community at large about what to do if abuse is suspected, observed, or disclosed by seniors with whom they are in contact.
- Educate seniors about what abuse is and what they (as victims) can do. Seniors need comprehensible and practical information about reporting and accessing support.
- Increase awareness of available services and make service more accessible.
- Increase senior specific services, particularly shelters for both men and women. Seniors report being most comfortable accessing services that exist specifically for them and that are staffed by older people
- Strengthen positive relationships between seniors and police and other authorities.
- Create financial supports to assist seniors in abusive situations. A central issue that prevents elderly victims from reporting is the fear of becoming homeless.

- Further research into causes, incidents and prevalence; the association between mental health issues, substance abuse and elder abuse; prevalence in rural communities; and, the impact of ageism on elder abuse would help to inform government and agencies trying to respond to the issue.

9.2 Preliminary Implications

Community understanding and awareness of elder abuse is growing. Building a strong network among agencies will strengthen efforts to identify abuse, provide information about services, expand services, strengthen legislative tools and implement education programs for a coordinated response.

9.3 Questions

The Action Group on Elder Abuse (AGEA) is currently leading work to respond to elder abuse in Calgary. What is the status of this work, who are the partners and how can it be supported?

The National Seniors Council prepared a report in 2007 to the federal government that contained a series of recommendations for government action. What has been the government's response and is there a need for further advocacy work at the federal and provincial levels?

10.0 CAREGIVING

Family and friends provide the vast majority of care for seniors across Canada. Without the support of this informal, uncompensated caregiving health and social service delivery systems would likely collapse.

10.1 Key Findings

- Family caregivers are individuals who provide extraordinary, uncompensated care, predominantly in the home setting, involving significant amounts of time and energy for months or years.
- It is estimated that family, friends and neighbours provide up to 80% of all home care to seniors and up to 30% of services to seniors in institutional care. The growth of smaller, mobile and geographically dispersed families in which both adults work is making it increasingly difficult for families to provide care to their older relatives.
- In 2002, 22.5% of Albertans (more than 1 in 5) aged 45 + provided unpaid care for a senior with long-term health or activity limitations. More than half of these were women.
- The economic impact of taking time off work, lost and postponed career opportunities, and the loss of a job all have detrimental effects

on caregivers' long-term financial well-being. Caregivers are often left with little option but to take sick and vacation days and time without pay to meet their caregiving responsibilities. In Alberta, 11.1% of caregivers lost income because of their caregiving duties.

- Most provinces and territories have recognized job protection in their employment standards legislation as part of the Compassionate Care Benefit for those providing end-of-life care. Alberta and the Northwest Territories have not yet done so.
- Eligibility for the Caregiver Tax Credit excludes spousal caregivers, caregivers who do not reside with the care recipient and caregivers of individuals with an income that exceeds \$15,453. Consequently, 90% of Canadian caregivers are ineligible for this tax credit, which has a maximum amount of \$560.
- In 2004, 9% of the seniors' population had a diagnosed dementia. More than half of these lived in the community with family caregivers. These caregivers are twice as likely as caregivers of seniors with physical impairments to be providing constant care. More than 1/3 of them have been providing care for more than 15 years.
- As with other caregiving, providing care for someone with dementia has significant implications for the economic, social and psychological health of the caregiver. Dementia caregivers experience greater negative work complications than other types of caregivers. Depression and loneliness are common and these caregivers may lose friends, families, privacy and leisure opportunities.

10.2 Preliminary Implications

The aging population means that there will be an increasing need for individuals to care for family members, friends, and neighbors with chronic health problems or disabilities. Federal, provincial and regional health and employment policies do not currently provide support to caregivers that is reflective of the critical role these caregivers play in the overall system. Sufficient support for caregivers to maintain their own health and well being while they provide care is instrumental to enabling seniors to continue to live in the community.

10.3 Questions

Eldercare will continue to be primarily the responsibility of families. Considering this and the increasing number of older adults needing support, it is important to ask how much is reasonable to expect of family caregivers. What strategies need to be put in place to provide sufficient levels of respite care? How can we recruit and retain qualified, professional caregivers?

Are there efforts currently being made to reform policy related to caregiving (provincial and federal tax credits, employment policies and labour standards, formal compensation for family caregiver)?

How can employers be encouraged to support employees to fulfill their caregiving role with suffering from lost income and/or income opportunities?

11.0 DIVERSE SENIORS

There was relatively little data specific to Aboriginal or immigrant seniors submitted by organizations in the sector. Almost all of the information in this section is statistical in nature and derived from Statistics Canada reports.

11.1 Key Findings

- In Alberta, Aboriginal seniors account for 1.4% of the total seniors' population.
- As with the general population the number of aboriginal seniors will increase in the next decade from 4% to 6.5% of the total aboriginal population.
- In Canada, one in three North American Indian seniors and 62% of Métis seniors live in urban areas; this is much lower than in the general population. About half of all Aboriginal seniors lived on a reserve.
- Unemployment rates among Aboriginal seniors are double that of non-Aboriginal seniors (13% compared to 5%). Most employed Aboriginal seniors work part time or part of the year. Income levels are also lower. The majority of off reserve Aboriginal seniors reported having some sort of social supports.
- In 2001, about 9% of all Aboriginal seniors were living in overcrowded and sub-standard homes. Health status is lower than in the general population with 70% of off reserve Aboriginal seniors reporting disabilities.
- Immigrants represent a considerably large group among seniors. In 2001, 29% of 65 to 74 year olds and 28% of 75-84 year olds were not born in Canada.
- Many immigrant seniors, and especially more recent immigrants, have different characteristics and may have had different life experiences than those born in Canada. They may have had different labour market experiences, needed to learn a new language as adults, tended to live in more urban areas and may have closer community ties.
- Fifty percent of immigrant seniors who arrived in Canada between 1991 and 2001 cannot speak English or French.

- Recent immigrants are more likely than other seniors to need another person's help to accomplish the tasks of daily living (prep meals, do housework, get to an appointment, and look after personal finances or run an errand).
- Recent immigrants are less likely to have health insurance (only 14% in 2001), experience higher unemployment rates, lower earnings and greater difficulties in matching their qualifications with their employment than immigrants arriving before 1991.
- In Calgary 14.6 % of the seniors population belongs to a visible minority group. This figure has grown 5 times since 1981.
- Challenges facing immigrant seniors recent to Calgary include: isolation, particularly for older immigrant women; language and cultural barriers; lack of community associations; the inability to navigate systems; and barriers to accessing information, services and resources.

11.2 Preliminary Implications

Calgary's population is becoming increasingly diverse. There seems to be a gap in research and programming in relation to diverse seniors. Understanding the issues, assets, challenges and priorities of immigrant and Aboriginal seniors will be an important element of effective planning and programming for seniors in the future.

11.3 Questions

There are a number of excellent initiatives being implemented by immigrant serving agencies and community associations to support recent immigrant seniors. There seems to be a gap in both research and initiatives related to Aboriginal seniors in Calgary. Is this a real gap or was existing information simply not submitted? What is being done in the sector to support Aboriginal seniors?

What else needs to be done to support immigrant seniors?

12.0 ACCESSING SERVICES AND INFORMATION

Staying connected and getting timely and practical information about events, services and resources is essential for active aging. Accessing this information and navigating systems to apply for support and resources is described as confusing and sometimes impossible by many seniors in Calgary.

12.1 Key Findings

- Commonly used formats and vehicles for communication (websites, brochures, and automated voice systems) are not appropriate for many older adults. Attempts to utilize these systems often contribute to increased stress levels.
- Health care and social service systems are perceived as a confusing morass of programs, benefits and restrictions. Many seniors feel application processes are too complicated to complete and thus do not bother trying to access additional resources that they may need.
- Family caregivers also note an inability to access information, particularly in regards to in-home care, housing maintenance and respite care.
- There is a perceived lack of coordination among service providers
- Focus group participants in studies in Calgary recommend the decentralization of information resources to doctor's offices, community centres, shopping centres and seniors communities.
- There are a range of outreach and information services and directories that help to mitigate some of the access challenges facing seniors.

12.2 Preliminary Implications

A major concern among seniors and their caregivers is having easy access to relevant information as they need it. These seniors have a wide range of capacities, resources and community connections, which makes the identification of appropriate formats, site and vehicles for information difficult.

12.3 Questions

The outreach programs, planning tables, agency networks, housing and service directories, forums and resource fairs are all good examples of strategies to more effectively get information to seniors. How can these efforts be augmented?

What strategies can be used to develop widely accessible, versatile mechanisms to communicate information to older adults and their families?

How can government application processes be simplified?

13.0 RESEARCH AND ADVOCACY

The University of Alberta's Research Centre on Aging Policies and Practices (RAPP) is conducting a variety of research related to seniors to support policy development and decision-making. There are also a number of groups and

organizations in Alberta who advocate on behalf of seniors. Most of these are volunteer-based and issue driven, functioning with minimal budgets. Coordination of these research and advocacy efforts is perceived as a growing priority across the province.

13.1 Key Findings

13.1.1 Research

- Research projects at RAPP currently focus on care giving and the economic consequences of care giving, and rural aging and its policy implications.
- The Elder Friendly Community Project is continuing to conduct research related to community development, collaboration and service coordination in pilot neighbourhoods across Calgary.
- This project has identified a set of best practices that could further efforts to build age-friendly communities and strengthen the network of services for older adults.
- The Kerby Centre for Excellence and Network in Applied Gerontology began a collaborative project in 2001 to involve seniors themselves in all aspects of research completed by the Centre. Resilience among seniors was identified as an important first focus for the project.
- Working groups were established as part of this project and follow up work was planned.
- The Kerby Centre is currently investigating volunteering patterns among present seniors compared to baby boomers and elder self-neglect.

13.1.2 Advocacy

- Alberta lacks a province-wide government service to assist and advocate for seniors.
- There are currently 19 provincial government departments involved in the provision of care for seniors. In addition, Regional Health Authorities, municipal governments, police departments, service organizations, private facility operators and seniors groups also assume some responsibilities for the care of seniors.
- The number and diversity of agencies involved has led to omissions, overlaps and an overall lack of coordination.
- In an effort to mitigate these challenges there have been recommendations for the creation of an Independent Seniors' Advocate as an officer of the Legislative Assembly in Alberta.
- The National Seniors' Council is the federal level advisory and coordinating body on issues related to seniors. The Seniors' Council is

currently conducting research on the implications, issues and options for an aging population.

13.2 Preliminary Implications

There is extensive, on-going research being conducted in relation to seniors' well being and the implications of an aging population. The central challenge is to take the findings from this research to inform policy, planning and service delivery by government, the Health Regions, non-profits and communities.

13.3 Questions

How can the work of the RAPP, the Kerby Centre, the Elder Friendly Community project and other research initiatives be more closely linked to policy development and planning for service delivery?

What is the status of the ISA proposal? How would the ISA differ from the Seniors' Advisory Council of Alberta?

What has been the federal government's response to the recommendations set out in the National Seniors' Council interim reports? How can the seniors' serving system in Calgary use the information gathered in these reports to strengthen their planning and advocacy work?

14.0 INTEGRATED PLANNING

There are a number of initiatives at the national, provincial and municipal levels working to support more integrated planning of services for seniors. Service provider agencies, funders, government and seniors and their families all agree that increased coordination and a holistic approach to the development of programming and supports is essential to improved quality of life for seniors and the creation more age-friendly communities.

14.1 Key Findings

14.1.1 *Federal Level Integrated Planning Initiatives*

- ***The Principles of the National Framework on Aging: A Policy Guide*** is a resource guide developed in 1998 as a conceptual tool for government policy planners, decision-makers and other stakeholders in designing and reviewing policies and programs to address the needs, expressed values and concerns of Canadian seniors.
- In November 2006, a **Special Senate Committee on Aging** was established to examine and report on the implications of an aging society in Canada. The committee was asked to look at the issue of

aging in relation to promoting active living; housing and transportation; financial security; abuse and neglect; health promotion and prevention; and health care needs.

- The committee reviewed public programs and services; strategies from other countries; and the appropriate role of the federal government in helping Canadians to age well.
- The committee has completed two interim reports. The first (March 2007) included demographic information; seniors at risk; participation in society and economic life; health; housing and transport; and, intergovernmental and federal interdepartmental cooperation. The second (March 2008) describes priorities issues and strategy options for the federal government to consider in its planning for an aging population.

14.1.2 *Provincial Level Integrated Planning Initiatives*

- The 1998 **Aging Population Study** was a government wide study to review current trends and programs, identify issues and engage Albertans in developing steps to prepare for the aging population.
- The study resulted in the report, ***Alberta for all Ages: Directions for the Future***, which includes a comprehensive set of recommendations organized around 8 themes: Encouraging wellness, healthy lifestyles and good health care; preparing for financial security; promoting more flexible options for work and retirement; ensuring safe, affordable and appropriate housing choices for seniors; encouraging supportive communities; recognizing and supporting informal caregivers and volunteers; preparing the workforce for an aging population; and expanding educational opportunities.
- The **Seniors Policy Initiative (SPI)** was created in 2001 as a cross ministry initiative to build on the recommendations from the population aging study. It involved 18 departments and government entities and was tasked with the preparation of a strategic framework and 10 year action plan ***Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002 - 2012***.
- The framework is based on a population health approach that looks at a combination of interrelated factors, health determinants that cover a broad range of social, economic and environmental conditions that affect people's overall health.
- The 12 health determinants are: Income and social status; social support networks; education; employment and working conditions; social environment; physical environment; biology and genetic endowments; personal health practices and coping skills; healthy child development; health services; gender; and culture.
- The framework is made up of 4 components that work to address many of these health determinants and are the **Government's goals for healthy aging:**

1. promoting health and preventing disease and injury
 2. optimizing mental and physical function
 3. managing chronic conditions
 4. engaging in life
- The regional health authorities are required to submit ten-year continuing care strategic plans to address healthy aging in their constituency. The CHR's plan was described above in the section 7.0.

14.1.3 Calgary-based Integrated Planning Initiatives

- The Seniors Services Intersectoral Planning (SSIP) began in 2003 as an intersectoral, multi-year planning initiative to improve the quality of life of seniors in Calgary.
- SSIP became ElderNET in 2006 and currently has a Coordinating Committee composed of representatives from the City, FCSS, the CHR, Business, Senior's Organizations, community representatives by zone and service provider agencies.
- ElderNET hosts planning tables to bring together stakeholders from across sectors to identify issues and develop solutions about specific topics. There are currently two planning tables (transportation and housing).
- The Elder Friendly Communities project has also provided an opportunity for collaboration among various agencies and is generating valuable information about how this affects community development and service delivery.
- The Calgary Seniors Resource Centre and Alberta Seniors & Community Supports are hosting the Seniors' Services Conference in September 2008. This conference is designed to give seniors' service providers a venue for discussion about seniors issues, and to provide networking opportunities with other service providers throughout Alberta.

14.1.4 Promising Practices for Integrated Planning

Designing services so that they can be provided through a continuum of care has been identified as a model and perhaps a goal for integrated planning. A continuum of care refers to an integrated system of care composed of services and integrating mechanisms that include an array of social, health and mental health services to support individuals as their needs and circumstances change over time. It is based on a holistic philosophy of service delivery and has four major components:

- Access to information and services.
- A sufficient supply of In-Home services that enable older adults to continue to reside in their homes and communities.

- The provision of community-based services through agencies that help seniors and family caregivers to remain independent by meeting their physical, mental, social and financial needs.
- The availability of affordable institutional services for when older people are no longer able to stay in their own homes.

14.2 Preliminary Implications

The desire to age in place is perhaps the most important and widespread trend that affects integrated planning and the need for a continuum of care system. Successful aging in place requires the coordination of resources to appropriately service seniors as they age and their needs change over time. Health and human services in Calgary are already reaching the limits of their capacity, suffering from resource issues and substantial waitlists. These services are not currently well equipped to adequately support older people to age in place. This situation will be seriously exacerbated after 2011 when the numbers of people 65+ begins to increase rapidly.

14.3 Questions

ElderNET is an effective intersectoral planning network that is well established within the community. How can its work be built upon to support a fundamental shift in the way we address the needs and maximize the assets of the aging population? What other stakeholders need to be brought into the network?

Alberta's ten-year strategic framework began with an integrated population health/active aging approach that seems to have been distilled into more conventional health care centric regional plans. How can these plans be expanded to have greater emphasis on the community development/social inclusion elements of healthy and happy aging?

How could the CHR's efforts to support healthy aging be built upon to address more of the non-health care system related determinants of healthy aging (social inclusion/engagement, appropriate housing, transportation, age-friendly community development, etc)?

What are the priorities for the sector over the immediate term (within 12 months), the short term (2-3 years), and the longer term (3-5 years)?

15.0 INNOVATION

15.1 Key Findings

From the literature provided by the organizations, three main innovations in regards to programming for older adults and strategies to address population aging are highlighted below.

15.1.1 *Collaborative Community Development for Older Adults*⁶

The Elder Friendly Community Project conducted a study to look at how collaboration can affect community development and service delivery. The study identified numerous best practices for community development with older adults that could be applied more broadly to initiatives in Calgary and relate to the following areas:

- Philosophy and assumptions underlying the community development model;
- Process of entering the neighbourhood;
- Creating of neighbourhood groups;
- Enhancing seniors' capacity;
- Supporting sustainability of seniors' groups;
- Multi-cultural community development practices with older adults; &
- Dynamics of collaboration

The study also revealed persistent ageism and false assumptions about dependence, disability and incompetence among older adults. Any efforts to promote social inclusion and civic engagement of older adults must be grounded in assumptions about older adults as “untapped resources, whose talents, capacities, expertise and experience we ignore to our collective detriment” (p.135).

15.1.2 *Age-Friendly Cities*

Global population aging and universal urbanization have prompted a movement to create “Age-Friendly Cities”. To this end, the World Health Organization (WHO) in collaboration with the Public Health Agency of Canada (PHAC) has supported research in 33 cities around the world and prepared a comprehensive guide.

Age-friendly cities are defined as cities that support and enable people to age actively by:

⁶ These findings are drawn from the Elder Friendly Community Project report *Community Development and Service Coordination to Enhance Seniors' Quality of Life*, 2006.

- recognizing the wide range of capacities and resources among older people;
- anticipating and responding flexibly to aging-related needs and preferences;
- respecting their decisions and lifestyle choices;
- protecting those who are most vulnerable; and
- promoting their inclusion in and contribution to all areas of community life.

Although relatively high-level, the guide provides important benchmarks that facilitate priority setting and identify areas for specific policy, programming and service delivery initiatives.

15.1.3 Healthy Aging

Similar to the ideas set out above, the concept of healthy (or active) aging helps us to understand and approach aging and older people differently. The concept recognizes that although aging inevitably includes a general decline in health and functional capacity there is profound heterogeneity in the aging process. This heterogeneity suggests that there are certain factors that help to maintain higher levels of health and well being among older adults. The key to healthy aging is to maximize these factors.

Health Canada defines healthy aging as “a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life course transitions”. The behavioural, psychological and socio-economic determinants that have been linked to healthy aging include:

- Healthy lifestyle behaviors (physically active, moderate drinker, non-smoker);
- Resiliency and adaptive coping patterns
- Engagement with life (regular interaction with family, friends, community);
- Positive self-perceptions of aging;
- Social support (strong network of family, friends and neighbours);
- Spirituality; and
- Socioeconomic factors (education levels, housing, income and wealth levels).

15.2 Preliminary Implications

The move towards an active-aging or healthy aging approach and away from a senior’s focused agenda for policy development, planning and programming has been identified as perhaps the most important conceptual shift to strengthen

efforts to enhance the quality of life of older adults and deal with population aging. The creation of age-friendly communities and cities is premised on the idea that stakeholders from across all sectors must come together to look at how communities can promote active aging and increase the social, economic and political inclusion of older people. It moves away from thinking about “seniors” as a marginalized and homogenous group towards including the needs and assets of older adults into mainstream policy and planning dialogue.

15.3 Questions

How can the findings about best practice for community development with older adults be applied to broader policy, planning and programming efforts in the City?

The City of Mississauga has undertaken extensive research and inter-sectoral planning to prepare a comprehensive Older Adult Plan. Are there enough similarities between Mississauga and Calgary to enable the use of Mississauga’s Older Adult Plan as a model? What is the City of Calgary currently doing vis-à-vis age-friendly planning and/or initiatives?

The significant growth and redevelopment in Calgary presents numerous opportunities for the development of age-friendly communities. How can we capitalize on these opportunities?

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