

BRIEF



**CANADIAN
NURSES
ASSOCIATION®**

ADVANCING INCLUSION AND QUALITY OF LIFE FOR CANADIAN SENIORS

**Brief for the Standing Committee on Human Resources,
Skills and Social Development and the Status of Persons
with Disabilities**

October 2017

CNA is the national professional voice of over 139,000 registered nurses and nurse practitioners across Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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Background

The Canadian Nurses Association (CNA) is the national professional voice representing over 139,000 registered nurses (RNs) and nurse practitioners (NPs) in Canada. Canada's RNs and NPs are leaders in improving the health of all Canadians, including seniors.

CNA recognizes that advancing inclusion and quality of life for Canadians age 65 or older is a priority in the development of a national seniors strategy. CNA encourages the federal government to continue implementing policy outcomes through a health in all policies approach that promotes health equity for all seniors in Canada.

Health inequities — those inequalities deemed to be unfair or due to some form of injustice — arise from the social determinants of health, understood as “the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels, which are themselves influenced by policy choices.”¹

Both avoidable and unnecessary, health inequities “systematically burden populations rendered vulnerable by underlying social, economic, and political structures.”² Health equity, on the other hand, occurs when everyone has the opportunity to “attain their full health potential, and no one [is] disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”³ Understanding this *full health potential* through a health equity lens is critical for advancing inclusion and quality of life among Canada's seniors.

According to a national Nanos Research poll, the public strongly supports a greater role for nurses in health-care delivery to seniors.⁴ This role already includes connecting seniors with key health and social supports. Using evidence-based interactions with patients and families, nurses are bringing valuable insights and innovative solutions to improve inclusion and quality of life for Canadian seniors.

As Canada's population of seniors grows, the need for home-based health care will also increase, since about 98 per cent of Canadians say it is important to age at home with access to health care in a home setting.⁵ Yet today, such access is not equitable in Canada, especially for those in need of housing (a basic social determinant of health). With chronic disease (rather than age) being the main reason seniors use our health

¹ (World Health Organization, 2017, para. 1)

² (Krieger, 2001, p. 698)

³ (Whitehead & Dahlgren, 2006, p. 5)

⁴ (Nanos Research, 2014)

⁵ Ibid.



system,⁶ equitable home care is crucial for providing seniors with the complex care they need and alleviating hospitals of a significant financial burden. Consequently, access to home- and community-based health care to improve seniors' quality of life and independence should be part of a national seniors strategy.

CNA is among the stakeholders calling for such a strategy, which would include a robust publicly funded home care system along with support for the more than 8.1 million Canadians who perform caregiving duties for family members. CNA was pleased with the 2017 federal budget commitment to increase funding over the next 10 years for improved home- and community-based care, via bilateral provincial and territorial agreements, and remains steadfast in its support of the government's call for public accountability regarding health dollars transferred to the provinces and territories to improve home care and mental health services.

Among the ways CNA has contributed to national work on greater inclusion and quality of life for seniors are advocating for:

- ▶ Home care through *Better Home Care: A National Action Plan*
- ▶ Family caregiver benefits through a 2016 pre-budget submission
- ▶ A national seniors strategy

Despite the work of CNA and other partner organizations across Canada, additional efforts and investments are required by the federal government to improve access to affordable housing, promote home- and community-based health care, increase income security for seniors and family caregivers, and promote social inclusion for seniors.

Recommendations

Recommendation 1. That the federal government protect low-income households in non-profit co-ops by continuing rent-geared-to-income subsidies

CNA agrees with calls from the Co-operative Housing Federation of Canada and the Canadian Housing and Renewal Association to protect low-income households in non-profit co-ops by continuing to provide rent-geared-to-income subsidies to these households.⁷⁸ The minister of families, children and social development's mandate letter includes "prioritizing infrastructure investments in affordable housing and seniors'

⁶ In 2011, between 74 and 90 per cent of Canada's seniors suffered from at least one chronic condition, while nearly one quarter had two or more (Canadian Institute for Health Information, 2011).

⁷ (Canadian Housing and Renewal Association, 2017)

⁸ Ibid.



housing, including finding ways to support the municipal construction of new housing units and refurbishment of existing ones.”⁹ Access to federal rent-geared-to-income support for vulnerable seniors is critical for promoting home-based health care and healthy aging. Since the absence of affordable housing exacerbates health disparities for seniors who require care, CNA strongly urges the federal government to provide access to affordable housing that promotes aging in place for low-income seniors.

Recommendation 2. That the federal government improve income security for seniors through a more equitable distribution of old age security.

Income is one of the most important social determinants of health. In Canada, income shapes overall living conditions, housing, food security and other basic prerequisites for health.¹⁰ CNA recommends that policies involving income security be assessed for their impact on health. Reducing (and ultimately eliminating) health inequities is a priority for all domains of nursing practice, in collaboration with others both in and outside the health sector.

CNA encourages the federal government to follow through on the minister of families, children and social development’s mandate letter to reduce poverty among seniors by working with the minister of finance to improve the income security of lower income seniors.¹¹ The expected priority of “increasing the Guaranteed Income Supplement (GIS) by ten percent, indexing Old Age Security (OAS) and GIS payments to a new Senior’s Price Index, cancelling the increase in age of eligibility for OAS (65 to 67), and working with provinces and territories [would] ensure adequate and coordinated support programs to address seniors’ poverty.”¹² These changes are necessary for reducing health disparities for seniors.

The federal government can further improve income security for seniors through a more equitable distribution of OAS. Today, Canadian seniors with an individual income of up to \$121,314 are eligible for OAS. But the result of this high threshold means that most receive just \$584 a month.¹³ With a view to having a greater impact for those in need, economists argue that the \$121,314 threshold is too high, and the OAS should

⁹ (Canada, Office of the Prime Minister, 2015, para. 15)

¹⁰ (Mikkonen & Raphael, 2010)

¹¹ (Canada, Office of the Prime Minister, 2015)

¹² Ibid., para. 15.

¹³ (Government of Canada, 2016)



be targeted toward seniors earning under \$45,000 annually.¹⁴ This more equitable OAS distribution would improve seniors' income security and their quality of life.

Recommendation 3. That the federal government promote inclusion by adding a New Horizons for Seniors Program objective that targets groups with a higher risk of social isolation.

Today, "93 per cent of seniors live at home with some formal and/or family caregiving support. Functional limitations associated with aging and/or chronic disease contribute to reduced activity and social engagement for seniors living at home."¹⁵ According to Canada's 2016 census, 28.2 per cent of all households have single occupants, up from 25.7 per cent in 2001 — as a result of the aging population and higher life expectancy.¹⁶ Not only can social isolation "contribute to a decline in health and well-being, . . . the risk of fall-related injuries (which are more serious) increases as people age."¹⁷ Against this, a meta-analysis on mortality risk and social relationships reports that those with strong social relationships increase their likelihood of survival by 50 per cent in comparison to those with poor social relationships.¹⁸

While social inclusion is critical for promoting healthy aging, seniors are particularly at risk due to changes related to aging (e.g., frailty, loss of a loved one) that limit participation in social activity and reduce their social network. Poverty, relative deprivation, racism, discrimination and stigmatization further increase seniors' risk of being socially isolated. It is therefore important for seniors' community programming to promote social inclusion (while also being inclusive of race, gender, gender identity, gender expression, sexual orientation, and disability).¹⁹ To mitigate risk factors associated with social isolation, CNA recommends that the federal government expand New Horizons for Seniors Program community-based projects through a new objective that promotes inclusion by addressing groups with a higher risk of social isolation.

¹⁴ (Alini, 2017)

¹⁵ (Canadian Nurses Association [CNA], 2016, p. 1)

¹⁶ (Statistics Canada, 2017)

¹⁷ About 40 per cent of long-term care admissions occur after an older person falls (CNA, 2016, p. 1).

¹⁸ (Holt-Lunstad, Smith, & Bradley Layton, 2010)

¹⁹ The literature shows that Indigenous people, LGBTQ groups, visible minorities, immigrants and newcomers have an increased risk of social isolation. These individuals are also more likely to have fewer social interactions and lack a sense of belonging to their community (see National Seniors Council, 2014).



Conclusion

The CNA *Code of Ethics for Registered Nurses* states that nurses should “endeavour, individually and collectively, to advocate for and work toward eliminating social inequities.”²⁰ As CNA advocates for such policy options the federal government can reduce social inequities by (1) providing access to affordable housing that promotes aging in place, (2) improving income security for vulnerable seniors, and (3) expanding the New Horizons Seniors Program through a new objective that promotes social inclusion.

²⁰ (CNA, 2017, p. 5)



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