
BRIEF

Prime Minister's Task Force on Seniors

Presented by:

COMMUNITY HEALTH SERVICES (SASKATOON) ASSOCIATION LTD.

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TABLE OF CONTENTS:

I. Community Based HealthcarePage 3

II. Overview of Seniors in SaskatchewanPage 7

III. Key Issues for Saskatchewan SeniorsPage 9

 a. Financial SecurityPage 9

 b. Seniors and HousingPage12

 c. Health Care Page17

 d. Safety and SecurityPage 25

 e. Aboriginal Issues Page 27

 f. Caregiver Issues Page 29

 g. Transportation IssuesPage 31

 h. ConclusionPage 33

Appendix APage 34

Appendix BPage 35

I. COMMUNITY HEALTH SERVICES (SASKATOON) ASSOCIATION: COMMUNITY BASED HEALTHCARE

Who We Are

The Community Health Services (Saskatoon) Association, which sponsors the Saskatoon Community Clinic, is a primary health service provider operating in the Saskatoon and district community. The Association has approximately 10,000 members. It provides primary health care services to 30,000 people from Saskatoon and area.

Established in 1962 by pro-medicare citizens and health care providers, we were one of the first health care co-operatives in Saskatchewan. From our beginnings, our ultimate goal has been and remains to build a healthy population by offering a holistic approach to patient health care.

Our model is one of a community based, member involved organization. We advocate consumer-sponsored alternatives in the planning, organization, financing, and delivery of health services. We put this alternative into practice. Principal features of our sponsored health care model includes the provision of a variety of services in one location, group medical practice, and better use of other health professionals. We also emphasize prevention and education, and promotion of remuneration of health service professionals on the basis of salary or other alternatives to fee-for-service. Our support focuses on diagnosis and treatment, referrals, disease prevention and patient education.

We support progressive reform in health policy. We also strongly support the Canadian health care system and the five principles encompassed in the Canada Health Act of universality, accessibility, comprehensiveness, portability, and of a publicly administered system. We also support the Romanow report's recommendation of a new principle of accountability.

OUR MISSION

Our mission is to help our members, the people who use our Clinic and those who live in our community gain health and well-being through a co-operative partnership of consumers and providers of health services.

What We Do

We have built a strong, multi-disciplinary group of over 130 health professionals who work together as a team to provide a wide range of services and programs from three sites in Saskatoon and in an outlying rural community. We also provide physician services in centres located in rural Saskatchewan, and as well, to a significant number of patients who travel in from rural Saskatchewan to use our services.

Our annual operating budget is approximately \$8 million, the majority of which comes from Saskatchewan Health. We also receive funds from the Federal government (albeit limited), fee-for-service, and from member fees. In addition, some Clinic programs receive supporting funds through donations received through the Saskatoon Community Clinic Foundation.

Besides offering care for the whole person, we encourage and assist individuals to play a role in their own health care by participating in health promotion programs and serving on our Board of Directors.

We also understand that the health of people is the end result of the interplay of many issues. As such we speak out on and act on social and economic issues that affect health, including:

- social and economic factors such as racism and poverty that profoundly compromise the health of the people we serve
- further development of consumer sponsored primary health care centres in our province and nation
- environmental impacts on the health and well-being of people
- support for publicly funded health care
- advocacy for the community clinic model of primary health care
- support for programs to improve the lives of people who are most at risk, including children, youth, Aboriginals, disabled persons and seniors

In addition, through the efforts of our Board and staff and often in collaboration with the Saskatchewan Community Co-operative Health Federation, the Saskatchewan Health Coalition and other organizations, our organization takes every opportunity to lobby local, provincial and Federal decision makers on these issues. We also work to provide members with organized information and support so that they will be able to act in an informed way to defend and promote publicly funded health care and to support other health related actions.

Our Work With Seniors

The Saskatoon Community Clinic takes an active interest in the issues affecting seniors. As part of the Clinic's health model of consumer-empowered involvement in health care, seniors constitute an important group within the Clinic users and membership. Approximately 20% of our client population are over the age of 65.

All of our health care providers work in some way with seniors - whether that be our pharmacists in helping seniors with their medication needs, our Occupational Therapist in assisting with activities of daily living or physicians working with seniors on health issues.

In addition, the Saskatoon Community Clinic has been a leader in the Saskatoon community in providing social and mental health programs to seniors in a primary health care environment. In the early 1970s, the Community Clinic established a counselling program targeted specifically to seniors using our Clinic. This program continues today. It includes a group program for the frail elderly who are still living independently in the community; gerontological counselling services for at-risk seniors; and a volunteer-based seniors visiting program. Given the changing demographics of Saskatchewan, in the 1990s the Community Clinic introduced a program targeted specifically to Aboriginal seniors. This program includes groups, one-on-one counselling and visiting.

The Saskatoon Community Clinic offers subsidized transportation to clients participating in our seniors' groups, as well as for Community Clinic medical appointments for low-income, mobility-impaired seniors. This program is offered through an endowment fund received through a Health Canada funding source in the 1970s.

In response to the growing population of seniors and to their age specific needs the Clinic actively invites seniors to lend their "voice" to matters of interest. To this end, we have established a Seniors Advisory Committee.

The Seniors Advisory Committee is a consultative body through which seniors involved in the Clinic can provide advice, assistance and feedback on services and initiatives that affect not only seniors who use the Saskatoon Community Clinic, but all seniors in Saskatoon. The committee is not health specific, but a large component of senior's issues are in the area of healthcare.

The Committee provides a meaningful forum for seniors to discuss needs and expectations of seniors in order share information and identify changes. The committee's goal is to enrich and enhance the lives of seniors in Saskatoon by assisting seniors in gaining access to services and programs that can have a positive impact on in their lives.

The Advisory Committee is an advice-giving body that works to:

- Act as a public forum for issues discussion and information sharing on important community senior issues.
- Advise on the concerns and identify barriers faced by seniors.
- Advise on the development and operation of programs relating to seniors.
- Assist in developing worthwhile activities and services pertinent to senior matters.
- Build a community consensus for senior projects and programs.
- Form partnerships with the community.

- Explore and develop activities/issues, which will promote positive senior relations in the community.

Members of the Committee are seniors. They provide advice and feedback on senior's issues directly to the management and to the Board of Directors for the Clinic.

Concluding Remarks

Community clinics are an exciting model of health service delivery that reflects the current discussion within a number of provincial and national studies including the Romanow Report.

Our Association membership is expanding, our service utilization increases annually, and we remain an integral part of the Saskatoon community. We are a partner, and we believe in partnerships. We believe in the community of health organizations and work in partnership with the Saskatoon Health Authority. In addition, we are continually striving to build new relationships within the Saskatoon and district community. We also work at the national level in partnerships and collaborations with organizations and associations that share our view of community based, holistic health care.

II. OVERVIEW OF SENIORS IN SASKATCHEWAN

Seniors are an important group. They represent our parents, our grandparents, our friends, and neighbours. They are an integral part of our neighbourhoods. They are valued citizens enriching our country with their past contributions and through future contributions.

Saskatchewan finds itself in a unique and challenging situation. Saskatchewan's population of seniors has been growing steadily for a number of years. Today, at 15% of the population, seniors continue to constitute a larger percentage of the Saskatchewan population than any other province in Canada. This is even considerably larger than the Canadian average of 13 per cent.

While the trend mirrors what is occurring across Canada, Saskatchewan's aging populations has its own unique attributes. Firstly, the growth of seniors in Saskatchewan's population has accelerated, and will continue to do so into the future. Alongside this wave of new retirees will be an increasing number of elderly seniors.

With this, Saskatchewan will continue to lead the country into the future as having the highest percentage of seniors. The future Senior population projections indicate that by the year 2020, approximately one in six Saskatchewan residents will be 65 years of age or older.

“...I am going to live longer than my mother and father. I am healthier and there are so many options for health care to keep me alive. The only thing I wonder if I will be able to afford to get help when I need it...”

Mrs. M. W. - Saskatoon

In addition, Saskatchewan will see a sizable growth in the number of senior women. These women will typically earn lower retirement incomes. It will also see an expansion of the aboriginal seniors population. In parallel, Saskatchewan will also experience a declining working age population.

Lastly, a further defining feature is that Saskatchewan's population of seniors is dispersed across the province. The lack of critical masses of seniors means that the system recreates support mechanisms, centre-by-centre, and community-by-community.

The province's policy makers are struggling to find means to respond, particularly in an environment of growing demands on an already strained provincial health and social support system. Clearly, the future view is one filled with challenges.

Already it is known that **future growth in seniors will escalate fiscal demands** placed on the province by their numbers. These seniors will need (and demand) better

quality services. We also know Saskatchewan is unique in Canada in the number of and **high proportion of seniors**.

Saskatchewan is also unique because it has a **declining working age population** with implications on the province's ability to finance programs to support its aging population. We also know that the impact of the **growth in aboriginal seniors** is uncharted and unmeasured.

This discussion comes at a time when Saskatchewan is struggling against drought, farm crisis, and a sluggish economy propped up by a resource base tied to the whims of world markets. Ultimately, Saskatchewan is a province confronted by numerous fiscal obstacles, to which "the light at the end of the tunnel" is a distance away. Establishing solutions in response to the needs of a growing senior population must be a priority for all levels of government. However, Canada's Federal government must in the end take responsibility for providing national leadership and fiscal assistance to aid the province's work and effort around seniors. The Federal government role is to support Saskatchewan in its efforts to find answers to addressing the needs of its growing seniors population. **Solutions must reflect Saskatchewan's realities.**

Ensuring a quality of life for seniors no matter their age, their gender, their income, their health, or their social status is the defining feature of the Canadian state. It must remain an implicit part of the Canadian Federal government work in establishing future programs and policies for seniors. In addition, incorporated into the discussion are the principles that define the future for seniors in Saskatchewan -- the principles of dignity, independence, security, fairness, and participation.

It is the intent of this brief to add a Saskatchewan perspective to the national discussion on the themes affecting Canada's aging population.

Recommended Actions Areas

- ✓ **Increased funding from the Federal government as a necessary component of allowing Saskatchewan to address and find solutions to its population problems.** In the future transfers must grow and the current Federal per capita-based funding formula must begin to recognize the increased funding needs and requirements of provinces, such as Saskatchewan, with its higher percentage of senior and elderly residents and a large Aboriginal population.
- ✓ **Work with the provinces in the identification of solutions that reflect the needs of the province.** Involving the province in discussions and dialogue around this issue is a necessity and will ensure a partnership approach in implementation.

III. KEY ISSUES FOR SASKATCHEWAN SENIORS

A. FINANCIAL SECURITY

Financial security for seniors is an important concern of the Community Health Services (Saskatoon) Association. The quality of life for all seniors depends on their ability to pay for basic necessities of life. This includes food, shelter, and daily living needs, but also quality of life necessities such as transportation and social activities.

“...I think that over 90% of the seniors living in Saskatoon Housing Authority buildings are on OAS and the supplement (Saskatchewan). Even if their housing is subsidized, it is still hard for them to afford even essentials and for sure, nothing that would be considered a luxury...they live like paupers...”

Anonymous - Saskatoon

Senior's require basic incomes that allow them to live in independence and with dignity.

There have been improvements in the incomes of seniors over the last number of years. However, before congratulations are out, all levels of government must be cognizant that a large number of Saskatchewan's seniors are still reliant on inadequate public pensions and programs. This is particularly the case of Saskatchewan senior women who are subject to lower income levels and thus higher levels of poverty.

In our work in the community we experience many seniors who are unable to afford medications, medical devices and other health services that fall outside the publicly funded system. In addition, through our work we have also identified a large number of seniors who are unable to afford other quality of life items like transportation or access to other services (hair cuts, etc.) that we recognize as important in their lives.

Recommendation Action Areas

Public Pension Plans

The Community Health Services (Saskatoon) Association believes our public pension programs are not adequate to meet the needs of Canada or Saskatchewan's aging populations. The pre-eminent pension issue faced by our Federal government is that of finding ways to provide the elderly with incomes that are reasonable by prevailing standards in society, and to make sure that those incomes are equitably distributed among the seniors.

- ✓ Regular reviews of public pension plans to ensure that these programs are protected into the future. Government must take steps to ensure that all publicly managed pension and benefit programs are soundly managed,

accountable and responsible to Canadian citizens. Programs must keep pace with an ageing population; otherwise governments will find themselves in a catch-up mode as they attempt to meet the needs of low-income seniors.

- ✓ **Increase funding to Old Age Security (OAS).** OAS provides the basic support to Canadian seniors. Increased funding will allow seniors to purchase special needs items, such as health related products, special transportation needs, etc. This program is essential for those Canadians who are unable to access or benefit from work related pension programs.
- ✓ **Special top up for seniors in poverty.** In addition, a special top up should be added to support those seniors who face particularly dire financial situations.
- ✓ **Maintain support for the Canada Pension Plan (CPP).** Political and financial groups oppose a publicly managed system and are continuing to attack the integrity of that system. In the late 1990s there were serious proposals to reduce or eliminate the plan. There is strong support for CPP across Canada. Survival of the CPP is essential to ensuring seniors incomes in their retirement years.
- ✓ **Income tax solutions must be geared to provide assistance to those in need.** Many tax actions do not work for seniors living on restricted or reduced incomes. Non-refundable tax credits guaranteed by the age, disability, or medical amounts, are of no use to people who pay no income taxes. One group at high risk is seniors at the top end of the low-income category. When they receive money from personal investments it is often clawed back from public pension income they would have received had they not had these extra savings. In Saskatchewan this translates into many senior women surviving on incomes of \$12,000/year and even less.
- ✓ **Indexing and more tax brackets.** While the addition of indexing was essential to protecting senior's incomes from erosion, it is also essential to recognize that more Federal income tax brackets are necessary as an initial 17% is too high.
- ✓ **Sales tax reductions or credits.** Sales taxes are regressive taxes and the GST/PST put a disproportionate burden of taxes on lower income people. In addition, both GST and PST place additional burdens on senior's incomes immediately upon the expenditure.
- ✓ **Cost of living increases.** Seniors incomes rise slowly and modestly. Unfortunately these increases are far from mirroring the increases that senior's experience in their day-to-day living costs. A market basket approach should be employed in making public pension plan adjustments -- reflecting accurately the cost of seniors needs and include, for example:
 - Occupancy insurance

- Property taxes and utilities
- Maintenance, repairs and upkeep
- ✓ **Support for independence through the tax system.** Seniors independence could be supported through creative programs and credits within the tax system. Housing renovations, adaptations and repairs are major financial burdens for limited income seniors and examples of small or low cost activities which can not only ensure seniors stay in their homes longer, but also live in safe and functional environments.
- ✓ **Consideration of regional factors such as remote locations, differing costs of living, availability of services.** The majority of Saskatchewan's seniors live outside of a major urban center. This presents different challenges such as availability of medical services, transportation costs, incidental cost of living differences, etc. Every effort should be made to maintain them in their communities as long as possible through creative programs and incentives.

Private Pension Plans

Saskatoon's Community Health Services Association believes that private tax supported pension programs should not be considered by either Federal or provincial governments to be a replacement for current public programs. These plans are important and need to be supported, but should only be considered as adjuncts to public plans.

- ✓ **Stringent management and oversight by government is required of all private sector pension plans.** Given the recent occurrences of fraudulent activity in the stock market and by private companies, it is essential that government promote high levels of diligence. This can be done, for example, through the provision of increased scrutiny by regulatory bodies in Canada, visa via enhanced accountability legislation. In addition requirements could be changed to force more involvement of stakeholders. For example, notifications to plan members of financial stress within the plans.
- ✓ **Adequate consumer protection legislation to provide consumer protection.** Seniors may be subject to illegal and unethical behaviors in their dealing with professional and non-professional financial service providers. It is necessary to ensure private sector companies and individuals meet standards set by government in the provision of financial services.

Policy - General pension issues

- ✓ **Enhanced Senior's voice in government.** Over the past number of years, policies by all levels of government have not reflected issues confronting seniors

economic viability. Policy must be developed with consideration of the impact of that policy on the well being of seniors in all parts of Canada. This may include regular seniors roundtables or seniors committees in every province to provide advice and feedback.

- ✓ **Teaching financial management to all generations.** It is necessary to encourage, educate, and to provide seniors with assistance in management of their financial matters.
- ✓ **Reinstatement of funding for and commitment of strong support for federal programs.** The current Liberal government created the CHST, reducing overall funding to the provinces for programs that support citizens. These actions have left provinces strapped and struggling to meet the expanding pressures of an aging population that has created cash flow crunches.

B. SENIORS AND HOUSING

The Community Health Services (Saskatoon) Association has identified housing as an important priority area for Saskatchewan seniors. Housing is important to seniors, not only as shelter, but also as a source of continuity and a symbol of independence. It has also been established that while other factors impact on the well being of Saskatchewan seniors, healthy living environments for seniors contribute to a senior's long-term emotional and physical well being.

Many Saskatchewan seniors want to stay in their homes. They want to enjoy their independence for as long as possible, to avoid the loss of the family home so synonymous with the path towards institutional care. Moving into a new home means a change of community, change of attitude, and change of relationships.

“Government’s must be careful not to force seniors to stay in their own homes. Staying in your own home may not be emotionally or economically wise, yet a senior may feel pressured to remain in their own home by virtue of the direction set by government.”

Katherine - Saskatoon

Equally, there are many seniors who want to move into a supportive housing environment. They can no longer afford nor do they have the ability to care for their own home. Or they are looking to address issues of isolation and transportation.

Ultimately, the changing demographics in the senior population in Saskatchewan indicate an increasing future need for living accommodations that reflect a diverse set of needs of our aging seniors. Saskatchewan seniors want a range of housing options from which they can choose the arrangement that best suits their needs.

Housing options include remaining in their current dwellings, sharing a residence with others, moving into a retirement community or a congregate living facility or more care intensive depending on the level of independence. In each case, the choice for the senior depends upon income, health status, and family situation.

While a senior's health status plays a significant role, **our Association also believes that one of the primary factors determining a seniors housing choice is affordability.** From our experience working with seniors, affordability means a senior's ability to cover rental costs, general upkeep and major maintenance costs, as well as general expenses such as property taxes, municipality taxes and charges, condo fees, and utilities.

The Community Health Services (Saskatoon) Association also believes that Saskatchewan seniors also face issues of availability in the area of specialized housing. There are long waits, especially for enriched housing and nursing homes. In many cases Level One and Level Two care is no longer available. In other cases individuals in between Level Two and Level Three fall between the cracks because of the limited amounts of nursing care beds available. For others, finding affordable housing, which provides needed services and care is not available.

“Sadly, there are many examples where seniors are in desperate need for Level Three care, but because they aren't sick enough, they sit on waiting lists...it creates these enormously stressful situations. You just about wish they would get sicker because then they would be moved up on the waiting list...”

Sandy - Saskatoon

The Community Health Services (Saskatoon) Association also believes that Saskatchewan's rural seniors face additional impediments when it comes to housing. The majority of rural Saskatchewan seniors are still living independently and in their own homes. In many cases a good portion of them are even in their farm homes. However, unlike their urban counterparts, they find their living choice decisions (when they reach the point of deciding on their next step) are compounded by the lack of alternatives.

In some rural areas there tends to be fewer alternative housing options and less support programs and services available, particularly in Level Four and Five care.

“When my grandmother went into a nursing home, they didn't have a bed in our community of Macklin, so they had to put her in a spot in Bigger...my grandfather had to drive almost 2 hours to visit her.

Anonymous - Macklin

This situation is being exacerbated by the changing demographics of rural Saskatchewan that is seeing the disappearance of towns and communities.

For rural seniors, isolation and other factors of geography also present a barrier. Age, lack of understanding about housing

programs within and outside their communities, a sense of stigma and low incomes may mean a lack of knowledge of social programs or a reluctance to use them. Thus the rural elderly may linger on in substandard homes that will only become more dilapidated with time.

The Community Health Services (Saskatoon) Association believes that many of Saskatchewan’s seniors, rural and urban, find themselves spending a significant portion of their life in a nursing or care home. Unfortunately, when Saskatchewan's seniors reach that phase of their lives when care is needed, they are confronted with the question of affordability for their long-term care. Thus, even though Saskatchewan residents pay an income-tested charge based on annual income for their long-term care, they face costs that may be eating up the majority of their income. In some cases, seniors have relayed experiences of these fees leaving them with little or no disposable income to spend on other essential necessities.

Just as significant for a great number of Saskatchewan's seniors is the lack of beds in appropriate facilities. Saskatchewan’s current ratio of beds per 1,000 population aged 75 and over is the second highest of all provinces. This signals that the system is currently under strain, and with an increasing population of seniors, the province can expect to experience future shortages and waiting lines.

“The provincial government has done some really good work in developing public housing for seniors. There needs to be more work in this area.”

Jim - Saskatoon

Lastly, it must be recognized that many families would like to care for their senior parents. The system, unfortunately, does not encourage or support this approach. In many ways, the system may act to discourage this approach by virtue of lack of support for respite care, tax incentives, etc.

Recommendation Action Areas

Independent Living

The Community Health Services (Saskatoon) Association believes that independent living is an important condition to building healthy environments for seniors and government should support and assist seniors in their efforts to remain in their own homes.

“Saskatoon has some excellent models that the government should look at... the Eden Care Model at **Sherbrooke Community Care Centre** and **Abbeyfield House** are a couple of examples. It is clear there are alternatives, it is just a matter of going out to look at what is happening.”

Ione - Saskatoon

- ✓ **That a partnership of the three levels of government, the community and the consumer be established to generate opportunities for social housing**

development and examine new and creative methods of delivering social housing to seniors.

The creation of opportunities to address social housing needs requires a collaborative effort of government, the community, and social housing consumers. A partnership of this nature would facilitate the pooling of limited resources and ensure that solutions meet the needs of those they are intending to serve.

- ✓ **That the Federal government and financial institutions be encouraged to assist not-for-profit housing corporations in their efforts to increase housing stock.** The availability of capital is a major obstacle to the provision of social housing. Government's should work to develop programs that assist these entities access capital. Amending policies such as these to assist existing social housing providers to expand their housing inventory would be an important step.
- ✓ **Expand Federal loan and grant programs to assist seniors to adapt and renovate their homes to meet aging related needs.** Older structures may not meet the living needs of seniors and in some cases may create potentially dangerous situations for seniors. These adaptations may include safety bars or wheelchair ramps.
- ✓ **Expand Federal programs and policies to support and recognize the burden of general house maintenance expenditures on seniors.** Senior homeowners may postpone maintenance and improvement expenditures because they are unable to afford these expenses on their limited incomes. As a solution, the Federal government could provide sales tax exemptions, loans and grant programs.

Specialized Housing

The Community Health Services (Saskatoon) Association believes that seniors should have ready and reasonable access to specialized housing. Every effort should be made by governments to ensure the creation of adequate housing that meets the special needs of seniors.

- ✓ **A national housing strategy and program to support housing for Canadians.** Federal government contributions to housing in Saskatchewan need to be increased. The Social Housing Agreement (SHA) marks the Federal government's withdrawal from the social housing field in favour of the province. Two factors are important: under the Social Housing Agreement funds from the Federal government for

".... the system demoralizes seniors...I know one senior who had to file for legal separation in order to ensure that her husband could afford the care home he was in, and pay for the house that she lived in. After 50 years of marriage, this is what it came to...."

Anonymous - Saskatoon

housing is decreasing each year to 2038, after which it will no longer provide financial support to Saskatchewan. Second, CMHC pays a pre-determined percentage of subsidies or operating losses in the shared-cost programs (from 50% to 75%, depending on the program and the province). At present, the Federal contribution under these programs is capped at its 1995-96 level, leaving the province exposed if costs increase. The province's limited resources restricts its ability to expand its funding to housing programs, and does not facilitate the expansion of housing for low and middle-income seniors.

- ✓ **The Federal government must take a leadership program in the development of research activities on housing needs in Canada.** Without national leadership the provincial responses to changing national demographics result in haphazard and piecemeal approaches to addressing housing issues for seniors. Leadership is necessary to ensure the development of future housing that meets and provides flexible approaches to the evolving needs of seniors.
- ✓ **Create programs that will assist municipalities in lowering the cost of building affordable housing.** It is essential that local government be supported in their efforts to create affordable housing to meet the needs of its citizens. The government must look to local municipalities for partnership and agreements in supporting housing initiatives for seniors.
- ✓ **Create/expand programs and services through the CMHC that assist individuals or organizations to build or support specialized housing for seniors.** Various housing models exist that offer many alternative solutions for seniors in their efforts to choose living arrangements that suit their needs. CMHC has been successful in delivering a number of programs that address supportive living for seniors. These programs should be enhanced.
- ✓ **Ensure adequate funding to programs that assist renovations and upgrades to current subsidized housing.** It is imperative that housing be maintained to ensure the safety and security and availability for seniors of adequate living arrangements. Seniors need to be able to access programs that support fundamental structural changes to assist in their living longer in appropriate surroundings.
- ✓ **Support families who choose to care for elderly members.** Some seniors are choosing to remain with their families rather than move into some form of institutional or supportive housing. It is important that the Federal government encourage families through mechanisms that may include tax incentives, adaptation grants, etc.

Rural Housing Issues

The Community Health Services (Saskatoon) Association believes that the Federal government must recognize the specialized needs of rural seniors and through

various Federal departments establish a leadership role in supporting rural seniors and in assisting rural seniors in the transition from one age group to another with as much care, support and dignity as possible.

- ✓ **Audit Federal-housing programs to ensure they reflect the special circumstances of rural Saskatchewan seniors.** Federal programs are directed to seniors living in high-density urban centers. Rural seniors are choosing to remain in their communities and with their families rather than move into the city or into some form of institutional or supportive housing. This is particularly true as it is often the case that elderly people will find themselves institutionalized a great distance from their family and friends, depending on availability of nursing and care homes.

Long Term Care Homes

The Community Health Services (Saskatoon) Association believes there is a dire need for the provision of funds to support long-term care.

- ✓ **Reinstate Federal transfers to the province to support health care.** The Federal government has made significant cuts to Federal transfers for social programs in Canada. These cuts have had a significant impact on the province of Saskatchewan where there is a limited population and an economy that has been damaged by numerous catastrophic occurrences such as drought and BSE.
- ✓ **Funding for long-term care needs to be supplemented with direct transfers to the provinces.** Often increased health care demands are resulting in nursing and care homes being short of money. Many are charging residents (or their families) for many things that used to be provided (e.g., diapers, medications, personal care products, hair cuts, dispensing fees for drugs). Some residents are being charged more for things in such places as shops and laundry rooms than they would pay in the community.
- ✓ **The Federal government should work with the provinces to develop supporting legislation that ensures adequate regulation of private nursing and care homes.** With the increasing reliance of the system on private sector services, all levels of government must be diligent in ensuring appropriate legislation to protect seniors.

C. HEALTH CARE

Saskatchewan's health care system provides a range of health services and support to seniors in their communities and in their own homes. Seniors, by virtue of their

presence as a large percentage of the population and age related conditions, are significant users of Saskatchewan health care. For seniors health care issues focus on:

- a. More visits to physician
- b. More hospitalization
- c. Longer hospital stays
- d. More dental care
- e. More eye care
- f. Significant changes in social and personal life circumstances

“Saskatchewan spends 40% of its budget on healthcare. You would think that with that much money, people would feel that they get the care they need when they need it...”

Rose - Wakaw

The Community Health Services (Saskatoon)

Association believes that it is the role of the health system to keep seniors healthier, longer. The extent to which our health care system can achieve this goal, can and will play a fundamentally important role in determining our senior’s quality of life and long-term health. It is also key to attaining optimum use of public health care resources.

All levels of government would be well served by focusing significant efforts on preventing and delaying the onset of disabilities and health problems in the elderly. This is especially true among women, who live longer, and who may experience higher frequency of disabilities. Efforts at prevention must also be extended to the chronic diseases and impairments that cause disabilities.

We recognized that this goal includes more than the health system. It is a multitude of areas such as income, independence, and family. The Community Health Services (Saskatoon) Association however, also believes that health care plays an integrating role. As such, rather than a medical doctor driven model, **the Association views the primary care model as the most effective model for providing comprehensive holistic coordinated health services to seniors.** Professionals must play a greater part in the planning of services, care must be developed as a function of needs expressed by the seniors accessing the services, and great care must be accorded to the work of health care teams. In several cases, financial resources will be needed to promote implementation of the conditions necessary for integrated care.

“Homecare services in Saskatoon are very good. It is reassuring to know that there will be someone coming in to help you in your home on a regular basis.”

Jean - Saskatoon

The Community Health Services (Saskatoon)

Association also believes that the appropriate use of medications may assist in delaying the onset of health problems and may assist in maintaining the health of seniors longer and more effectively. Use of medications, over the counter or prescribed, as well as complementary are all important tools in dealing with the “aches

and pains” of aging. Seniors must be able to access and then to utilize these products as they need and are required.

Affordability for seniors has become the number one issue around medication use. Seniors are the largest users of pharmaceutical products. Sharp increases in the cost of drugs over the past few years have led all governments to re-examine formularies, and programs to assist seniors and low income people, and then to seek ways of reducing costs. As such, the impact of higher costs has been significant, and to some degree is jeopardizing their health particularly when they cannot afford full regimes of medication, or more importantly can't afford the medication at all.

Our changing healthcare system is resulting in some services once available only in hospitals and institutions being delivered at home. Government's have come to rely on homecare as the solution to rising hospital costs but also as solutions for better care. It is an issue of such magnitude that the Romanow Report made a number of comments on the issue.

Homecare plays a significant role in Saskatchewan's health care support for seniors. Saskatchewan seniors rely on home care as an important part of the services they receive to remain in their homes. The Saskatoon Health Authority's Health's Home Care Program helps many seniors with health problems, which may need acute, palliative, or supportive care, in order to live independently, longer, in the comfort of their homes. While ensuring that seniors are not unnecessarily in institutions such as hospitals and care homes, it is nonetheless recognized by the Community Clinic that appropriate services need to be in place and available when needed. For example, many seniors ready for institutional care experience delays and waiting lists prior to their move into care homes or supportive housing. This leaves them in their own homes longer than necessary or is safe and support is important. Further, with the strategy of "emptying" hospital beds, seniors find themselves at home, caring for themselves, in a less than optimum healthy state.

In Saskatchewan, access to many homecare services is funded by public dollars and is readily available. Other services are income tested. **The Community Health Services (Saskatoon) Association is concerned that more services need to be covered as income testing creates hardships on some seniors.**

It is also noted that a higher percentage of lower income individuals enter homecare setting than those with higher-incomes (higher income people may access other service providers as their income allows), meaning that seniors

“Government’s need to understand that rural people face different issues than city people.

We use to be fairly independent of the city. Now with the new health districts, we give them money, and they tell us what to do. We don't feel like we have a voice...when I have to go into an institution, I have no idea where I will end up.”

John - Waldheim

with poorer health in turn create a greater need for care. Thus under the current health model, homecare demand is significant and may be creating strains on the system. **The Community Health Services (Saskatoon) Association believes that funding for homecare is a priority issue.** The Saskatchewan system faces underfunding issues and will continue to face these issues as there are and will be increasing need. Public spending on homecare has not risen at a rate comparable to the demand.

Homecare is an important mechanism for assisting Saskatchewan seniors. It is vital in maintaining independent living for seniors and people with disabilities. Homecare assists active, resourceful seniors to participate in and contribute to society.

Saskatchewan rural communities face even greater challenges when it comes to healthcare. **The Community Health Services (Saskatoon) Association, through its work in rural Saskatchewan, believes that all levels of government need to ensure there is an awareness of challenges facing rural seniors.** There is uneven development among Saskatchewan communities and different potential. Some communities have a large and expanding population base, while others are shrinking. This pattern has affected the way services have been delivered today, and future delivery strategies must respond. To date, regional restructuring in health care, education, and municipal governance has resulted in significant changes, and a loss of services.

Through our work with clients, the Community Health Services (Saskatoon) Association recognizes that mental health issues are an area of profound concern for seniors. In their senior years, individuals are subject to significant upheavals in their personal and social lives, caused by changes such as widowhood, loss of friends and family, relocation to new surroundings, caring for ailing loved ones, social isolation, and depleting financial resources. Many also experience cognitive changes, hearing loss, sight impairment and mobility problems. Others must cope with or support those who are experiencing chronic or acute health conditions more prevalent in later years such as diabetes, heart conditions, cancer, respiratory problems and osteoarthritis. These disruptions and changes make seniors particularly vulnerable to depression, suicide, feelings of hopelessness and addictions.

In addition, the Community Health Services (Saskatoon) Association believes that the health of a senior encompasses access to hearing, vision, and dental care. Many seniors have not had access to employer sponsored plans throughout their life and are now suffering from age related or work related hearing impairments, weak and declining vision, and poor dental health. These areas

“Complementary therapy made all the difference when I had bone cancer. It meant, I believe, that I did not experience the side-effects of chemo like hair loss and tiredness.”

Gordon - Saskatoon

are currently not generally funded, yet can have significant impact on the physical and emotional health of a senior. It can also determine their ability to maintain independence.

Finally, new complementary treatments and therapies are becoming commonplace. Many seniors use such therapies and support greater integration of them into our health system. It is necessary to look at ways for these complementary therapies to be entertained within the mainstream, and to ensure the appropriate use and support for them.

Recommendation Action Areas

- ✓ **Reinstate and increase health Federal transfers to the province.** Paying for more and more services is eroding the universality in the system. The Federal government cut health care transfers to provinces resulting in the reduction of services and support for seniors. Funding to provinces needs to be restored and increased.
- ✓ **That the Federal and Provincial governments work with relevant stakeholders to develop a national strategy on seniors.** The Federal government must work with other governments and sectors to support the development and coordination of a national strategy on aging that looks at national health programs, set benchmarks and solve issues for Canada's seniors.
- ✓ **Include seniors' voices as part of Health Care discussions.** Governments are not listening to what seniors want and need. Seniors are an important part of the Canadian system and their views on the delivery of health services in Canada must be included and considered.
- ✓ **Larger role for Federal government in promoting national aspects such as preventative medicine.** The Federal government should take an active role in the education and dissemination of information on preventative health care. They should also be involved in creating, funding, and supporting agencies in Canada who work to promote preventative health care. Essentially, encourage the health and well being of seniors through the promotion of lifestyle changes. **It is noted that the Community Health Services (Saskatoon) Association has been a leader in this area through its senior programs and is a model upon which the Federal government could build more programs to support seniors.**

Pharmaceutical Products

- ✓ **Develop a national strategy on pharmaceutical products.** Strengthen the role of Canadian Coordinating Office for Health Technology Assessment (CCOHTA), to include single entry reviews and develop a Federal/Provincial/Territorial

Strategy on pharmaceutical, pricing, reimbursement, and distribution. This is a logical next step to the work that follows on the recommendations of Romanow and from the creation of the CCOHTA. Ministers Responsible for seniors should be amongst the key players that participate in such a discussion. As well individuals and organizations like **Community Clinics** should also be invited as they can bring attention to the particular concerns of seniors.

- ✓ **Study the pricing of medicine products.** The Federal government should initiate studies on the cost of pharmaceuticals, both generic and patented. These studies should investigate the high cost of prescription drugs, and recommend ways to reduce their costs.
- ✓ **Develop a national immunization strategy for seniors.** As part of a national strategy on preventative measures, a national program should be developed on the immunization of seniors.
- ✓ **Initiate a review of over the counter medications.** The misuse and inappropriate use of over-the-counter (OTC) medication continues to be a serious problem that is not being addressed. Seniors are major utilizers of OTCs and the use and impact upon seniors should be reviewed for potential action.
- ✓ **Work to improve the information provided to health professionals and consumers concerning medication.** The Federal government should look to facilitate the more appropriate utilization of medications by seniors. Enhance opportunities for everyone involved to collaborate on education programs that will increase seniors' knowledge and enable them to become informed consumers of medications. Seniors learn about medication from a variety of sources, as do health professionals. These sources need to be up-to-date, objective, and sensitive to seniors' needs.
- ✓ **Expand and share the growing body of knowledge about effective policies, programs, and projects related to medication use by seniors.** The Federal government has a role in assisting governments and organizations to adopt and expand interventions found to be effective in medication usage, as well, to assist, and to establish "best practice" standards. Every effort should be made to provide information to seniors and health providers to assist in reducing the health risks associated with the inappropriate use of medications caused by non-compliance and inappropriate utilization.

Complementary Therapies

- ✓ **The Federal government should encourage objective evaluation of both natural and herbal remedies.** This is a growing area of interest and of impact on the health system. The government has a role in expanding the research on

and knowledge base of seniors, caregivers, and health care providers in the utilization of alternative therapies in conjunction with appropriate medication utilization.

- ✓ **Work to improve the information provided to health professionals and consumers concerning complementary medication.** Enhance opportunities for all players to collaborate on education programs that will increase seniors' knowledge to enable them to become informed. Look at methods and opportunities for the integration of complementary therapies into the health system.

Home Care Issues

- ✓ **The Federal government should take a leadership role in the development and coordination of a national homecare strategy as part of the Canadian health system.** Canadians want to know that homecare is considered to be an integral part of Canada's health care system and that it will be supported by all levels of government in Canada. They want to see national discussions on homecare and that this issue is included in discussions nationally on health care.
- ✓ **The Federal government should make sure that when services that are publicly funded in an institution are then provided in the home, they continue to be publicly funded.** Every effort must be made to ensure that homecare is a universal program by eliminating user fees and stemming privatization. The current system is a blend of private and public arrangements. Homecare must be considered as part of the discussions on health reform in Canada.
- ✓ **The Federal government should increase transfer payments.** Again, the funding issues in homecare are directly related to the level of funds provincial government have available. It is essential for funding to be enhanced to stop the cutbacks and maintain services, and prompt follow-up steps to enhance homecare so that it can live up to its promise and potential. It is essential for the Federal government to play a role in restoring and enhancing homecare programs as part of a Federal funding program that supports Canadian seniors.
- ✓ **The Federal government should support national studies into homecare models in order to facilitate the development of an effective national model for homecare delivery.** Research should be undertaken to develop a model of homecare support based on a team model that includes health and social service professionals. An effective and efficient delivery mechanisms for homecare should be studied, tested and implemented across Canada.
- ✓ **The Government should ensure that seniors are involved in all national discussions on homecare delivery.** Seniors must be directly involved as full

participants in all decisions that affect their lives. This includes making improvements to the continuing care system so it can strengthen and grow to meet this population's changing needs.

Mental Health Issues

- ✓ **The Federal government must support and encourage the development of primary health care services that include mental health workers as team members.** Family physicians are usually a senior's first point of contact with the health system regarding mental health problems. Ready access to mental health specialists within the primary care service team ensures the right service provider will be seen, service will be coordinated, and treatment will be provided in a timely manner.
- ✓ **The Federal government must support and encourage community-based programs and services that address the significant mental health concerns of isolation, loneliness, addictions, grief and depression that face many of our seniors.** The senior years are a time of significant personal and social upheaval for many individuals. Programs must be in place to support individuals with these changes.
- ✓ **The Federal government must ensure ways of improving information about and access to seniors support services.** This includes finding means to break down barriers to such support services including finding ways to enhance transportation services for seniors and ensuring that low-cost leisure and education activities are available.
- ✓ **The Federal government needs to enhance communication and cooperation among all levels of government related to seniors in all areas of concern to their health and well-being.** The purpose of such collaboration is to foster or improve links among social services, housing, health and education in order to better address issues of isolation and loneliness among seniors in a comprehensive manner.

Rural Issues

- ✓ **The Federal government should recognize the demographic differences in current and future demand for homecare between provinces and regions.** For seniors, there are regional differences across Canada (i.e. climate, distance, etc.). There are differences between rural and urban issues. These factors mean seniors have a variety of needs that are defined by their place of residence. Any funding program by the Federal government needs to recognize and address these differences.

Other Senior Health Issues

- ✓ **The Federal government must ensure that the Canadian health system reflects a whole person approach to senior's care that includes dental, hearing and vision health as important in the overall well being of seniors.** Many seniors find themselves in a situation where they receive publicly funded healthcare, but are not able to afford basic necessities like glasses to read or repairs to their teeth. Governments must recognize these health issues are significant and their costs are equally onerous.

“The dental system needs to be brought under control. Seniors cannot afford to have work done on their teeth, especially if they are a low income senior. But even us who aren't low income are faced with significant dental costs.... makes you want to get all your teeth removed just so you don't have to worry about being able to afford dental work...”

Jim - Saskatoon

- ✓ **Income levels of seniors impacts on the ability of seniors to provide secure and safe living environments for themselves.** The affordability of housing for seniors as well as the hearing aids, new glasses, suitable footwear or aids are examples of basic living aids which would help enhance seniors well being. Government must work to ensure that seniors have appropriate incomes visa via the public pension system. It is noted that given Saskatchewan's large senior population, who reside in their own homes, and are generally women, income is a major factor for their ability to pay for quality of life items.

D.SAFETY AND SECURITY

The vast majority of Saskatchewan seniors live their lives without experiencing any form of crime or abuse. However, Saskatchewan seniors share in a growing national concern about security and safety issues. **The Community Health Services (Saskatoon) Association understands these fears and believes every citizen of Saskatchewan has the right to live in a safe and secure environment.**

It is important that Saskatchewan seniors are provided with an environment where they can live in dignity, where there is protection from abuse (verbal and physical), and where they can live without fear. Seniors need to feel a part of solutions that are developed by being involved in discussions around safety and security, and seniors need to see government provide overt support for these issues through adequate resource allocations for policing, education, victim support, etc.

Seniors also need to be able to access their communities safely. Municipalities must be able to provide adequate lighting in public places, street and sidewalk cleaning, wheelchair curbs and ramps, etc. **The Community Health Services (Saskatoon) believes that every effort must be made to provide seniors-friendly public infrastructure.**

Recommendation Action Areas

- ✓ **Income levels of seniors impacts on the ability of seniors to provide secure and safe living environments for themselves.** The quality of senior's housing would help enhance senior's security and well being. Government must work to ensure that seniors have appropriate incomes visa via the public pension system and thus good quality housing. It is noted that given Saskatchewan's large senior population, who reside in their own homes, and are generally women, income is a major factor for their security and safety.
- ✓ **Increased support and programing designed to reduce the victimization of seniors through housing grants and new subsidized housing.** Government should lead in the creation of programs which assist municipalities to adapt individual homes of seniors, to create new housing infrastructure to meet the needs of an aging population, and to assist towns and villages across the province to identify sources of funding to implement modification in housing infrastructure to address the needs of a rural aging population.
- ✓ **Provide support to local governments that will assist them in the development of infrastructure to support seniors.** Most local governments are unaware or unable to afford enhancements to public infrastructure that will add to the quality of life and safety of seniors. Programs should be developed to encourage local government's to provide adequate housing to their seniors.
- ✓ **Provide a proactive, coordinated response to elder abuse.** Distribute information to seniors, families, and caregivers about the forms and stages, potentiality, and dangers of elder abuse. Recognize that abuse and neglect of older adults is a national problem. We must engage in public education programs designed to reach senior adults, as often, seniors themselves do not recognize that they are being abused, victimized or involved in criminal activities.
- ✓ **Ensure legislation will support and facilitate custodial agencies in their efforts to protect seniors from abuse.** There are instances when financial institutions may see a need to share personal financial information with the family or the Public Trustee if there are concerns about financial abuse. This action may be, by provincial and Federal legislation, prohibited particularly if there will be a breach of confidentiality by disclosing personal financial

information without the consent of the person to whom it relates. This issue is particularly relevant in this era of new legislation to address privacy issues of citizens.

- ✓ **Implement/ review legislation and laws to ensure they will promote the protection of seniors.** A number of legal remedies are available to Canadians in dealing with the problem of senior's security issues. Review legislation to ensure that they meet the needs of Canadian seniors. For example, elder abuse and neglect. This would include legal safeguards found in the *Criminal Code* for example, dealing with physical abuse, assault, and neglect. In every province there is legislation dealing with the powers of attorney, and guardianship. All of these laws have been soundly criticized for inadequacies in responding to elder abuse and victimization.

E. ABORIGINAL ISSUES

While Aboriginal seniors represent a small proportion of seniors in Saskatchewan, they have a number of special needs that require dedicated attention. In addition, the Community Health Services (Saskatoon) Association has observed first hand the many negative experiences of Aboriginal seniors within the system, highlighting the need for special comment on their circumstances and issues in this discussion.

The Aboriginal community is interwoven with serious economic, social, and systemic problems that have disrupted family life for generations. Traced back to colonization, Aboriginal people have had to overcome in some cases overwhelming obstacles. Nonetheless, tremendous strides and efforts have occurred in the Aboriginal community to come together and address these issues from a cultural, economic, traditional, and social perspective.

Within this environment are the experiences of aboriginal seniors. While aboriginal seniors encounter the same challenges as non-aboriginal seniors, they are also subject to another set of issues that include:

- Discrimination and prejudice has marked aboriginal lives for decades.** Aboriginal seniors are exposed to not only to ageism, but also to the possibility of a system where there may be varying levels of discrimination. They may encounter blatant racism or more systemic problems of a caregiver(s) not understanding aboriginal culture and traditions.
- Communication barriers that range from verbal or language barriers, to non-verbal communication barriers, confront aboriginal seniors regularly.** The majority of young Aboriginal persons speak English; many senior Aboriginal

persons are fluent in their first language and may have only limited English language skills. The issue of communications presents a problem for those seniors who are coming into an urban centre for treatment or require assistance from a range of professional caregivers coming into their community.

Thus, it is essential that individuals in the system be aware of the potential language barriers that may exist for Aboriginal seniors and in particular for elderly Aboriginal seniors. In addition, some Aboriginal seniors may lack the necessary literacy skills to read and write. They may also be unable to function effectively within the complexities of a fast paced society. Again, support includes ensuring a clear understanding of these challenges and attempts to ensure that these individuals are empowered within that system to exercise control.

- Care giving issues in the Aboriginal community takes on a different meaning as the culture looks at families to tend to their seniors.** Funds and programs exist in the general community to support families who have young children, however, there is limited support for respite care for seniors. Aboriginal families who may be caring for elderly parents find the system does not support the common practice in the aboriginal community of caring for elders.
- Housing presents a challenge for Aboriginal seniors.** Aboriginal seniors may be uncomfortable and out of place in mainstream seniors housing. This may even extend into homecare services where there are typically non-aboriginal caregivers in the system. Consideration in the development of future housing and community support services such as homecare must examine the needs of aboriginal seniors. These services must look to addressing the needs for aboriginals for a quality environment representative of their traditions and culture.
- Aboriginal seniors also face greater economic obstacles.** Like most seniors dependent on public programs, the system does not adequately meet their income needs. In particular, the higher incidence of chronic health problems, intertwined with numerous support issues, exacerbates economic problems faced by Aboriginal seniors.

It is the belief of the Community Health Service (Association) that all levels of government must turn their attention to issues affecting today's Aboriginal seniors. This will ensure these individuals receive the care they need today and into the future.

Recommendation Action Areas

- ✓ **The Federal government work with Aboriginal communities and Aboriginal people and Aboriginal leaders to identify the issues facing aboriginal seniors and the solutions to those issues.** Much discussion and action is required. The government must begin immediately to address problems, identify and implement solutions to assist aboriginal seniors.

F. CAREGIVER ISSUES

Caregivers play a significant role in the day-to-day lives of seniors in Saskatchewan. These individuals provide long hours of work to a parent, a spouse, siblings, children, friends, or others that needs care. They do this without pay or compensation. It is clear that in the absence of these invisible workers, the health care system, as we know it, would not function.

Unfortunately, caregivers' invaluable contribution is often unrecognized and generally undervalued. This leads to unnecessary burden of stress and increased costs for them, as well as for care receivers, families, and the health care system.

“...there are solutions. All one has to do is look to Europe and some of the very progressive models. Look at what Sweden is doing...they have a system that provides quality care to their seniors”

Gordon - Saskatoon

It cannot be overstated that inadequate support in the health care system, and limited services and resources to support caregivers creates enormous stress on these individuals. Further, with no government financial supports, and in some cases restricted employment flexibility and limited respite alternatives, caregivers may feel isolated. Ultimately, these experiences will lead to increased distress and burnout.

The Community Health Services (Saskatoon) Association believes the problems experienced by caregivers will grow as the population continues to age and live longer. Saskatchewan's growing population of both seniors and elderly will mean increased pressure on informal caregivers. Indeed, without action to support these individuals, it is probable that they will begin to exit the system. Clearly, the solution lies in more support for them through such efforts as a team based approach that recognizes that support for caregivers is integral to successful care.

Recommendation Action Areas

- ✓ **Include caregiving as a discussion under the Canada Health Act and ensure that caregivers are involved in all policy development discussion on the Canadian health care system.** Home and community care is not covered under

the *Canada Health Act*. The Canadian home and community care system is a mixture of public and private arrangements, and local and regional organizations delivering the care. It is essential that all aspects of the system be included in policy development discussions for future strategies and direction. Caregivers must be considered as part of the vision for health care reform.

- ✓ **Increase supports to allow informal caregivers tools to balance work and caregiving and ensure that caregivers are not faced with a decision between caring for their family members or their future financial security.** The Federal government has begun to make to CPP and EI to allow coverage of informal caregivers who have left the workforce temporarily to care for ailing family members. This is an important step as care giving is not universally supported by employment and can lead to a loss of current and future income, and lost employment-related benefits for caregivers. Further expanding this initiative will ensure both the needs of the caregiver and care receiver are met. Further, employers also need to be encouraged to offer benefits and support to employees who are caregivers (i.e. family leave, child care, adult dependent care, flexible working arrangements, job support and respite).
- ✓ **Increase recognition nationally of the importance of the homecare system and of the work of informal and formal caregivers by initiating a national public awareness campaign on national legislative policies related caregiver issues.** The promotion of care giving needs to be a priority to build awareness of care giving in Canada as a public and community health issue. This issue needs to be integrated into current health care policy as a way to encourage public discourse and collective action.
- ✓ **The Federal government should examine the provision of financial compensation in the form of a direct payment as a way to recognize and support family caregivers.** Direct compensation in the form of a caregiver allowance should be investigated and a pilot program to measure its effectiveness on sustaining the care-giving relationship should be established in Saskatchewan.
- ✓ **The Federal government has a key role in ensuring that the voice of the informal caregiver and the senior is considered in all discussion.** The focus of patient-directed care must be recognized and valued in order to recognize the centrality of the client and family caregivers and the importance of their role in the system.
- ✓ **The Federal government must recognize regional variations that impact on caregivers and respond accordingly.** Rural seniors and their caregivers experience even greater challenges that are reflective of less support, infrastructure and service availability, distance, costs, etc. It is essential when

establishing programs to assist caregivers that special consideration be given to rural providers.

G. TRANSPORTATION ISSUES

Transportation is an issue of great interest to Saskatchewan seniors. Saskatchewan is a province of great expanse, both in its rural areas and, although not as obvious, in its urban centres. The province has over 800 rural towns and villages, and two major centres, where an abundance of land has allowed cities to grow flat and wide. The result is that senior's transportation is more than an issue of convenience. For Saskatchewan seniors, transportation is a necessity of life and an important component in achieving full participation in their community.

The Community Health services (Saskatoon) Association believes that having access to a range of activities is important to the health and well being of seniors and ultimately to their communities. This includes medical/social services and recreation, shopping, and socializing. These are collectively, crucial elements in a senior's ability to retain a full life and involvement in the community. As such, transportation, particularly in Saskatchewan is an issue of significant concern.

While there is a view that public funding supports what are considered to be essential services, many seniors find that the full ranges of necessary transportation services are unavailable. Equally important to note is that these restricted transportation alternatives means there are even more limited options available to seniors for transportation to the "fun things in life".

Seniors in urban centres have access to a range of public transportation services. They nonetheless experience daily challenges that include cost of the service (even a bus pass can be expensive particularly for those individuals operating on a low-income budget) and access. Access is restricted or there limited access and availability for special needs services, but also seniors who can still "walk to the bus" may not be able to get on due to physical impediments or there is no space for their walker or scooter.

"Many people don't understand that quality of life is more than just being alive. It is getting out to see people, shopping, going to the library...."

Katherine - Saskatoon

Rural seniors face an equal number of challenges. They may not have available or affordable transportation services. For example, communities with small populations may find it difficult to develop cost-effective public transportation.

These rural seniors also experience transportation challenges when they visit families or when they require treatment in another community. The Saskatchewan Transportation Company (STC) offers seniors' discounts on fares as well as a monthly pass for those traveling for medical purposes. Nonetheless, these services require that the senior on a limited income can afford even the reduced fares available. Further, how do seniors travel from their homes to the service, and then once they arrive at their destination, travel within the visiting centre. Seniors have also expressed concerns with respect to travel to other provinces and cities to visit families or specialized medical care.

Saskatchewan seniors expect their governments to ensure the provision of safe and affordable transportation for older persons. The overarching goal for any transportation policy is to keep seniors mobile and thus able to access all the opportunities available in their communities. **The Community Health services (Saskatoon) Association believes that solutions to senior's transportation question must also include availability, accessibility, and affordability.**

Recommendation Action Areas

- ✓ **The Federal government should look to address the issue of transportation of seniors and persons with disabilities through special programs and grants to communities.** Develop programs and funding to provide to participating cities and towns to help design and operate a transit program that best fits the needs of older adults in their communities.
- ✓ **The Federal government should look to tax incentives or tax credits to subsidizing costs of transportation provided by caregivers.** Caregivers need to be supported in their efforts to assist seniors. A policy option might be to specify that tax credits will be offered to cover time away from work to drive family members for medical appointments, thereby encouraging family members to provide transportation. In addition, policymakers could support the expansion of more formal ride sharing opportunities such as are found in volunteer transportation programs that are supported by Federal dollars.
- ✓ **The Federal government should move to ensure a national public relations campaign that supports municipalities in their efforts to address personal issues of seniors around public transit.** Policymakers must look to national discussions on transportation issues for seniors. Included must be efforts to address the problem with public transportation most commonly cited by seniors, address fear of crime, security mechanisms such as good lighting, heating in bus stops, emergency call boxes, and security personnel, and safety mechanisms such as bars, lifts, climate issues, etc.

- ✓ **The Federal government must ensure that senior's issues are addressed in national discussion on transportation.** Lack of attention to transportation needs of seniors when Federal and provincial policy is being developed is a commonplace occurrence. It is important that senior's issues be considered in these discussions to ensure comprehensive and representative travel policies are developed for the country.
- ✓ **The Federal government must work to support regional transportation efforts for medical purposes.** One of the most common concerns voiced by users of the Community Health Services (Saskatoon) Association who require treatment outside the community to medical care, is firstly the lack of regional transportation and then the affordability of that transportation if it exists.
- ✓ **The Federal government must work to support national transportation strategies.** It is essential for Canada to have a national transportation plan that offers good accessibility to major highways, bus service including the need to subsidize that service, and both local and international air travel. Provincial and Federal government must work together to co-ordinate existing transportation services and programs more effectively.

H. CONCLUSION

Addressing seniors concerns has been a theme for a many, many of years. It has been studied and analyzed, and has resulted in countless committees, reports, and recommendations.

Community Health services (Saskatoon) Association believes that the problem has been studied enough, and solutions are available and are realistic.

Government's must act NOW.

APPENDIX A

COMMUNITY CLINIC SENIORS ADVISORY COUNCIL

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APPENDIX B

Resources:

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