Seniors

The health care needs of seniors were a frequent topic for discussion in the Conversation on Health. Many of the issues important to seniors, such as long-term care, home care and community care are covered in detail in their own chapters. This section focuses on seniors and their interaction with the health care system. The importance of addressing issues related to the cost of health care, accessibility and service delivery, demands and the quality and safety of care were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of Seniors.

Costs of Health Care

Many seniors are concerned about the costs of health care and maintaining an active lifestyle. Participants worry about losing extended health benefits when they retire and the added costs this entails at a time when their income is declining or fixed. There is concern that extended health insurance is very difficult for seniors to purchase and that without that coverage there are many services and products that they have to pay for. Medical Service Plan premiums and the PharmaCare plan are two areas where costs are seen to be out of line with what seniors can afford. Many seniors feel that they have paid into these programs for their whole working lives and that these costs should not continue to be a burden for them as they age.

Participants suggested it would be less expensive to provide the services seniors require to maintain their health, than to deal with the consequences of not meeting these needs, such as increased demand for acute and long-term care. Seniors are concerned about the costs of transportation and how this expense limits their ability to live active, social lives. Many suggested supporting programs to address transportation expenses, providing access to community centres, increasing social integration, and ensuring seniors eat well as ways to increase the quality of senior’s lives and limit their need for expensive medical care.
Accessibility and Service Delivery

Many participants feel that services for seniors lack continuity and coordination. Some suggested that programs for seniors should be consolidated under one ministry to facilitate access and ensure seamless service delivery. Others suggested that there needs to be a seniors advocate or ombudsman to make recommendations to government about how best to deliver services for seniors and assist them in accessing those programs. Many feel that there is a lack of information about available programs and that too often the information that is available is not in a senior-friendly format. Participants suggested that there should be one phone number that seniors could call to obtain information about all of the available services and programs.

I suggest you examine how UK, Australia, New Zealand and other countries organize health care for older people particularly frail older people. They provide not only medical care at home by primary health care teams but also acute and rehabilitative hospital care specifically designed to meet the complex needs of people with multiple illnesses, mobility, sensory and cognitive impairments.

– Web Dialogue, Victoria

Demands on the Health Care System

Many seniors feel they have unjustly been singled out as a burden on the health care system and that their contribution to the system over the course of their lives is not recognized in the sustainability debate. While it is clear that the population of British Columbia is aging, many participants feel that this factor is not a primary cause of increased health care spending. Others point out that seniors today are living healthier lives than any generation in the past and that this will result in a lower demand on health care services than has been predicted.

We heard about what a problem seniors’ are, but in fact, senior living is no longer characterized by failing health and lose of independence. This generation that is over 65 is healthier and living longer than any previous generation and most older people in British Columbia have active lives and different expectations. Some people call this the ‘new, old’.

– Provincial Congress, Vancouver
Quality of Care and Patient Safety

The quality of care for seniors was raised as a concern by participants. They worry that some seniors are abused and neglected and feel that there is no authority that is adequately tasked with addressing this issue. Complaints by seniors need to be taken seriously if abuse and neglect are to be eliminated.

Many are concerned that seniors can be negatively affected by excessive and misused prescription medications. They are concerned that there is insufficient control and monitoring of prescription medications for seniors and suggest that pharmacists could be asked to play a greater role in overseeing drug usage. Others believe that there is a need to do more to ensure that senior’s residences are safe and suited to their needs. They feel health authorities should play a bigger role in inspecting homes and ensuring that safety features such as bath bars and non slip stair treads are installed to prevent falls.

Conclusion

Many participants feel that seniors should be treated with greater respect and dignity in the health care system. The perception that seniors are being blamed for increasing health care costs was seen by most as unfair to those whose effort and contributions built the health care system British Columbians are working to sustain. Many participants feel that an emphasis on prevention, improved access and service delivery, and healthy, active living will shift the perception of an aging population from being a burden to being an opportunity to improve the lives of seniors while controlling costs.

I appreciate the need to be realistic, but are we adopting an attitude as a culture that caring for our aged citizens is too expensive? A civilization that makes millionaires of its sports and entertainment heroes but questions whether it can afford to care for the pioneers who made these luxuries possible is troubling.

– Regional Forum, Fort St. John
Seniors

This chapter includes the following topics:

- Funding and Costs
- Demands on the System
- Service Delivery
- Quality of Care and Patient Safety
- Accessibility and Support
- Health Human Resources
- Education and Health Promotion

### Related Electronic Written Submissions

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### Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including:

- Wait-Lists and Wait-Times
- Residential Care
- Death and Dying
- Palliative Care
- Assisted Suicide
- Home Care or Support
- Community Care
- Assisted Living
- Persons with Disabilities
Funding and Costs

Comments and Concerns

Seniors’ incomes, retirement and pensions
Programs and services for seniors

• Comments on seniors’ incomes, retirement and pensions:
  • Expecting seniors to live on $22,000 a year is unrealistic and results in many seniors living in poverty.
  • Seniors on low incomes are over-paying for services.
  • Seniors on low incomes are not accessing services because they believe they need to pay and cannot afford to.
  • Many seniors cannot afford private health care services.
  • People on fixed incomes feel extremely vulnerable, particularly due to the rising costs of goods and services.
  • The loss of benefits with retirement can cause financial hardship.
  • I am 64 years old. In order to stay healthy, I need to continue to be able to eat organic food and supplements. I also need to be able to continue to have access to physiotherapy, acupuncture and massage therapy. This costs money. Yet, the outdated laws on mandatory retirement in British Columbia will force me to retire next year. This will mean a drastic reduction in income. As a result my health will decline. Why not change these outdated laws and allow me to continue to work so that I can take care of myself appropriately?

• Comments on programs and services for seniors:
  • The government of British Columbia is not spending enough money on the health and well being of seniors.
  • A number of programs are being cut that would help keep seniors healthy. Programs that get seniors out of their home prevent them from being isolated, get them out doing exercises and provide valuable outreach services, are being cut because of funding issues.
  • Funding is being found and allocated towards the Olympics, yet little is being extended towards seniors’ health services.
People face difficulties when trying to purchase extended health care coverage at age 65. There is inadequate and misdirected funding and little information available in this area.

The PharmaCare cost-sharing of medications does not work for seniors or for young people (18-30) who cannot afford their medications and most often do not have added private medical plan drug coverage. These people stop taking their medications or drastically reduce them and often end up in emergency.

Hearing aids could be refurbished but are not because the manufacturers want to sell new ones.

In Ontario, the people do not have to make contributions for medical coverage, except for 100 dollars per year to cover prescription charges. How do they manage this?

**Ideas and Suggestions**

- **Seniors’ incomes, retirement and pensions**
  - Programs and services for seniors

    - Ideas about seniors’ incomes, retirement and pensions:
      - Reinstate benefits after retirement.
      - If seniors have paid income taxes in British Columbia for 20 years they should be given a free bus pass or a ticket to allow them to hire a taxi once a week to shop.
      - Income assistance for low income seniors should be provided to offset the cost of certain aids and treatments, such as hearing and vision aids.
      - The mandatory retirement age is out-dated and should be changed.
      - The pension plan should ensure that seniors have money for food, shelter, physical activity and recreation.
      - British Columbia Medicare premiums are far too high for seniors. Those who are living on a fixed budget need better coverage. The seniors who have been paying into the system for so long need to be better looked after.
      - Society should provide supplemental funding, over and above pensions, for basic medical needs (dental, eye care and socialization).
• **Ideas about programs and services for seniors:**

  - I think it would save our medical system a lot of money if we could refurbish hearing aids, glasses and other medical aids for low-income seniors and others.
  - If services could be provided based on savings to the health plan relative to the costs of hospitalization, rather than on their ability to pay, more seniors would be likely to access services.
  - Ideally there would be long term funding for a Seniors Resource Coordinator/Supervisor in our community who could organize programs for seniors at every level in a central location.
  - Offer financial incentives for seniors and pre-seniors for community facilities such as gyms and pools.
  - Offer discount bus passes to seniors for transportation.
  - Fund senior’s centers! A healthy body and mind costs little.
  - British Columbia should start a recycling program for health aids for seniors (including glasses and hearing aides).
  - Not everyone is covered by a dental plan and not all dental plans are the same, but the issue is that seniors who retire often lose the coverage that they had. Seniors should be able to put money away in a health spending account throughout the course of their lives so they can draw on it once they are retired. Health spending accounts should be protected from taxation while people are working.
  - There is a need for targeted funding to help seniors get active.
  - Government should introduce a bill to allow seniors to be covered up to 700 dollars per year every few years in hearing aide expenses.
  - Seniors should have a different cost-of-living index to working people, as their needs are different.
  - Seniors should have all medical services paid for.

• **Aging is not the problem or the source of the burden on the health care system; it is the cost of the last five years of a person’s life that is the problem.**

• **Governments should acknowledge and recognize that seniors built our province and are entitled to priority treatment and respect and should receive priority funding over addicts, street people and youth.**
• Charge fair and equitable costs for various support and care levels to elderly people who are well-off.

• Review the policies and rules of the Workers’ Compensation Board regarding funding for seniors.

• Drop the health care premiums for seniors just like the Alberta Government did.

• There should be portability of funding, no matter where seniors want to live (home, assisted living or long term care).

• Extra funding should come from Ottawa to finance the flow of the elderly population to the west.

**Demands on the System**

**Comments and Concerns**

• We are part of an aging demographic in British Columbia. Today, about ten per cent of the population is over 65. By the time we get to 2020 or 2026 we will have over 25 per cent aged 65 and over. That is going to impose some major challenges to the health care system. The aging demographic is already posing challenges for us today.

• As our population ages, huge demands are placed on our health care system, both in terms of numbers, cost per capita and cost as people get older and consume larger chunks of health care. People are aging and living longer. People are living ten to 15 years longer than they would have 30 years ago through the advances of technology, new medications and new ways of treating diseases.

• When listening to the news and to discussions about the budget and the deficit in relation to health care, the emphasis is always on the amount spent on caring for the elderly as we are now living longer. It seems like the elderly are being singled out and described as a burden on society.

• Most policies are predicated on the erroneous assumption that seniors have excessive incomes and resources and can cope with cuts and the downloading of medical expenses. In actual fact most seniors have very limited resources.

• The increasing retired population is not typically paying the level of income taxes they once were. British Columbia is the retirement place of choice for many Canadians, who paid health care premiums in other provinces where they lived healthy lives but who are retiring to British Columbia at a time in their lives when they need medical services more than ever.
• The increasing number of elderly residents in British Columbia is not a serious contributor to the demands placed on the health care system.

• I appreciate the need to be realistic, but are we adopting an attitude as a culture that caring for our aged citizens is too expensive? A civilization that makes millionaires of its sports and entertainment heroes but questions whether it can afford to care for the pioneers who made these luxuries possible is troubling.

• Policies like cuts to Pharmacare, home care, de-listing services previously covered by the Medical Services Plan, the closing of public/non profit complex care facilities and the promotion of for profit facilities, the conversion of senior housing to hard-to-house adults housing and the closure of hospitals and contracting out of hospital services are concerning to seniors and advocacy groups.

• The baby boomers may not receive the care they are entitled to as they age, despite paying into the system their entire lives.

• Abortions reduce the younger demographic that could otherwise be brought up to support the elderly in the future.

• Seniors’ lives are no longer characterized by failing health and loss of independence. The generation that is over 65 is healthier and living longer than any previous generation. Seniors in British Columbia have active lives and different expectations. Some people call this the new old.

Service Delivery

Comments and Concerns

• In British Columbia, when it comes to delivering the broad range of seniors care, we are leaders. We are the model of best practice in this province and that is something that I am very proud of.

• There are age cut-offs for certain types of care or services including surgeries for seniors.

• Seniors are often given lesser priority for acute problems.

• Inadequate dental care can increase malnutrition in seniors.

• Currently there is no assistance offered by the province for those suffering from age related hearing loss.

• Many people, especially vulnerable seniors, have a pervasive fear of the health authorities and are afraid that speaking out might affect their ability to access needed health services in the future.
• Drugs, alcohol, gambling and addictions issues for seniors are not being addressed properly.

• There is a lack of awareness of depression related conditions among seniors.

• A participatory community-based study of the care and support needs and issues of seniors living in the areas of Castlegar and Kootenay Lake found that 88 per cent of seniors needed some or total help with housework, 73 per cent needed help with minor home repairs, one-third needed help with shopping and one-third could not manage these tasks at all. Walking, housekeeping and light gardening as well as exercise programs were identified as sources of activity with 38 per cent wanting to do more physical activity and 43 per cent wanting more social activity. The most common method of transportation was getting a ride with friends or family because taxis are too expensive and the handy dart is too difficult to organize. Doctors’ offices were the most common source of information for seniors regarding care and support services. Pharmacists, local newspapers, family, health brochures and public health units were the next most common sources (the internet and politicians were only used by 14 per cent.) Fifty-four per cent of seniors wished to live in different types of housing while 46 per cent wanted to remain in their homes. 81% indicated that they had a primary care giver (most frequently seniors’ children).

Ideas and Suggestions

Delivery of Specific Programs for Seniors
Implementation of Programs for Seniors

• Ideas about the delivery of specific programs for seniors:

  • More social activities and dancing should be available to seniors and people suffering from depression.
  
  • There should be a drop-in location for seniors to go to talk about mental health problems.
  
  • Feet are one of the first parts to wear down in the elderly and for them to be healthy in old age they need services that provide foot care.
  
  • Increase the availability of publicly funded day care programs.
  
  • Identify and provide programs for seniors with mental health and addictions needs.
  
  • Institute senior mentorship programs.
• Block watch seniors centres and other community initiatives need to be focussed on seniors so that they are able to live at home.

• Develop programs to support dementia clients.

• Every two years seniors should have access to an Elders tune-up that would include a health check for dentures, glasses, and hearing aids.

• Mobile clinics should be instituted to service apartment buildings with many elderly residents.

• Extend and increase community-based wellness programming for seniors to reduce hospital admissions.

• Expand the provision of a variety of affordable community-based social and recreation programs.

• Increase social programs for seniors who are confined to their homes.

• Registered Massage Therapists (RMTs) assist seniors to meet the many challenges of healthy aging. They can teach seniors how to move and lift to avoid future injury, and how to stabilize themselves to avoid falling.

• The work that the Council of Senior Citizens' Organizations of BC in health literacy, education for seniors on accident and sickness prevention and health promotion, elder abuse awareness, the mature safe diving programs and seniors advocacy is beneficial and more programs like these should be supported.

• **Ideas about the implementation of programs for seniors:**

  • We need to consider the timing of closure of existing programs, facilities and services, so that the new service provides a seamless continuum of care.

  • There should be no gaps between services and seniors should not be made to feel that they are a financial burden on the system.

  • If fragmentation exists in seniors' services then coordinate it under one ministry to deal with topics such as geriatric health care and all other seniors' needs.

  • The Ministry of Health should work with other ministries to ensure supports for seniors are always present.

  • The Ministry of Health should take back control of providing counselling for gambling addictions.

  • There should be a Ministry for Seniors. Resurrect the office of seniors that was under the Ministry of Health. Seniors should participate and be part of the decision-making in government.
• A Planning Board for Older Adults could report to the minister, link to health authorities and service providers, have legislative authority and an ongoing mandate with links to the academic community and research. This board would operate with a certain level of autonomy, would be broadly representative, and would be clearly accountable for the implementation of plans and the distribution of targeted resources for community health.

• Link the primary health care charter with seniors’ health.

• I suggest you examine how the United Kingdom, Australia, New Zealand and other countries organize health care for older people, particularly frail older people. They provide not only medical care at home by primary health care teams but also acute and rehabilitative hospital care specifically designed to meet the complex needs of people with multiple illnesses, mobility, sensory and cognitive impairments.

• One way of engaging older adults is looking at the idea of leaving a legacy. We are all looking at how we can make it a better world for our kids and grand kids. There may be a way of getting them involved with that message.

• There is a need for a new approach to elder care. The elderly should be brought into daycares and schools for the benefit of both young and old.

• The challenge is really integrating a framework for healthy aging, with the life cycle, and the recognition that there are going to be some changes that we all will have to accommodate.

• Stop lumping seniors together. Recognize the different cohorts (65-75, 75-85, 85+) and their needs. Rural communities will require creative solutions. It will not be one size fits all. It is not realistic to expect rural communities to give up their senior population to larger communities for the convenience of bundling health care.

• There is a need for health clinics for seniors, open 24 hours a day and seven days a week and adequately staffed. These could have an effective triage system that could be carried out by a nurse practitioner, in order to avoid emergency visits.

• In England, the Royal Society for Prevention of Accidents has a programme called Amnesty Slippers, where older people living alone are encouraged to give in their old, worn out slippers for brand new ones. I think this would be a good idea for the elderly of British Columbia.

• The Vancouver Island Health Authority should visit buildings containing senior residents to find out from building superintendent what problems exist that can be helped.
There should be an ombudsman that would help seniors and their families work through the system to find the services that are needed as well as lobbying for those that do not yet exist.

The elderly should be given a sticker for their wall or fridge with the health line number and their CareCard number on it.

In Australia there is a Men Shed where men of all ages go. It is somewhere for them to hang out and work on cars, and so on. It is population based, rather than age based.

The cost of Lifeline Alerts should be covered.

Learn to take care of elders with respect, dignity and compassion.

Seniors deserve our respect and compassion. We are not dealing with a commodity to be bartered to the lowest bidder. The strength of a community can be measured by how they take care of and treat their most vulnerable citizens.

Programs have to be sensitive to the reservations of older adults (for example, some people will not go to a seniors’ centre but prefer to exercise with people of the same age. There should be older adult programs in general and integrated community centres).

The whole notion of the policy equivalent of population health, where you are engaging the elderly in all aspects of society should be explored. Social inclusion of the elderly is necessary as is prevention, acute care and end of life services, to create a broader framework of which integrated care is a significant part.

There is a need for a way of monitoring and assessing the health of seniors that is proactive, rather than waiting until crisis. This could be done through home visits.

In Penticton we have a very active Seniors Computer Club. At present we have well over two hundred members. We also have about 15 volunteer instructors. Using a computer helps keep the mind active and the Provincial Government would do well to establish similar computer clubs across the province to assist in keeping seniors healthy.

Mills Memorial would like to be involved in physical rehabilitation of the elderly. This initiative would require more space and staffing within the hospital.

In an area lacking a centralized hospital with trained specialists, referral of seniors to a gerontologist, for a specialized examination, could lessen the number of medical conditions which develop later into medical emergencies.

There is a need for a geriatric assessment unit in the North.

Is it time for an "Older Adults Health Care Charter?"
Quality of Care and Patient Safety

Comments and Concerns

Elder Abuse

- Comments on elder abuse:
  - Up to seventy-five per cent of seniors having surgery have permanent cognitive damage afterwards.
  - Families of elderly can push for dramatic interventions against the wishes of the senior.
  - Many seniors have difficulty managing finances and this can result in family members controlling seniors’ money.
  - Seniors are often abused and neglected. This needs to be addressed and reported if suspected. Outreach may be a solution. There is no clear authority for dealing with elder abuse.
  - Seniors overuse prescription pharmaceuticals.
  - Dementia may be a result of medication interaction or over medicating.

- The lack of ability of seniors to select their caregiver is troubling.
- The aging population has poorer health in general due to the high incidence of chronic disease, lifestyle choices and poor nutrition.
- Quality of life does not depend on when you retire. Retirement can be a major cause of disease for seniors. They may have had an active life, and then suddenly have nothing to do.
- Geriatric care quality is a concern and is currently negatively impacted by unions and their work-to-rule regulations.
- There is a need to ensure that communities and centers are age friendly. Depending on where you live, some of the sidewalks are not ideal.
- There is a lot of concern about seniors falling and the costs of that to the health care system.
- Political action by seniors has a long way to go in Canada. They currently have little political influence.
- Is there any constitutional underpinning for a statement on the right of senior citizens to satisfactory general health? Recently a week-long series by CTV (a
television station) included the story of Alice who found herself homeless for the first time at age 70. Do seniors under such conditions have a right to satisfactory general health with a commensurate commitment, duty or obligation by society at large, acting through governments?

**Ideas and Suggestions**

**Elder Abuse**

**Care for Seniors**

- **Ideas about elder abuse:**
  - Encourage seniors to live cooperatively to support each other through taking on advocacy roles for friends and colleagues.
  - There is a need for a seniors’ advocate to act as a liaison between families and seniors.
  - Support senior advocate organizations, social workers, and so on. Hospitals should also have objective seniors’ advocates on staff who are employees of the health authority.
  - Doctors need to take senior's complaints about verbal threats from family members more seriously.
  - There needs to be a system where concerned people can voice the need for help for a senior who will not ask for help themselves.
  - Create a separate number for phone calls related to complaints of elder abuse.
  - There should be a registry for health care workers convicted of abuse.
  - The Auditor General should look into the abuse of elders.

- **Ideas on how to care for seniors:**
  - Many seniors are over-medicated or suffer from reactions to medication that can lead to hospital admission. Pharmacists should have greater role in overseeing prescriptions and flagging potential problems.
  - Individuals should be monitored to ensure medications are taken correctly.
  - Gel packs of medication which non-medical people can administer at appropriate times would help to avoid accidental overdoses.
  - Seniors could take responsibility to identify and supply data sheets related to their medical history for paramedics and home care workers.
Every human being deserves medical care through their entire life, and families and society should be involved. We should observe and listen to our ethnic and aboriginal community on how they care for their elders.

Listen to the health care providers, we know how to fix the system and move more decision-making into the hands of individuals.

Assist seniors to make home and surroundings safe.

Building code changes are needed to facilitate the installation of bath bars for seniors and disabled and non-slip treads on stairs.

Every room in a hospital should have automatic clock with automatic calendar (on wards) to alleviate confusion of people. Clubs should raise money to have this service in the hospitals for the patients.

Seniors are a powerful voting block and should have a louder voice in political issues.

**Accessibility and Support**

**Comments and Concerns**

**Availability of Resources for Seniors**

- Comments on availability of resources for seniors:
  - The elderly may be accessing services or using medical system for social reasons.
  - There is little information available to seniors on how to navigate the system.
  - There is a lack of advocacy resources for seniors.
  - Today’s culture is youth-based: seniors are frequently marginalized.
  - Isolated rural retirement communities in British Columbia do not have many services for seniors.
  - There is often no one to explain technological situations to seniors (such as problems with the telephone company, and so on) and there is a lack of accessible information on services.
  - There are not enough handy dart buses and passengers are often not secured properly.
Most people are not prepared for aging. Since the Government has cut funding to community resources, seniors no longer know where resources are in the community.

HandyDart services are available and provide a good service. The drivers are friendly and as it can also carry patients in heavy cuts to federally funded computer training programs have made it difficult for seniors who want to learn how to access web-based information.

Travel to appointments can be difficult for seniors, particularly for those who live in rural areas and have to travel in the winter.

The National Council on Aging out of Washington has created an age-friendly facility locator. We have about 2,500 facilities on it that have met the criteria of being age friendly. We have a 13 to 16 page application form for facilities. It defines what an age-friendly wellness centre is. They are creating a database, defining what makes a park age-friendly, and so on. This provides more information on access and more best practices for the professionals to create the environments that become more welcoming.

It can be difficult for older people to stay in smaller rural communities.

The senior health care has improved a considerable amount since the Interior Health has been developed in Cranbrook and the surrounding area.

Hospitals in small towns such as Princeton might not be fiscally efficient, but they are important for seniors. Seniors are moving to bigger areas in droves, only to be closer to a hospital.

It appears that our most vulnerable citizens are suffering the most and are the least likely to fight back or demand the service they require. This is probably due to their vulnerability and inability to ask for help, sometimes as a result of their deteriorating health.

For elderly people, the cost of travel to doctors can be high.

Many seniors may do not see themselves as at risk and therefore they may not want to access outreach services.

Seniors care does not receive media attention.

For seniors, a one-size-fits-all approach does not work from a physical, cultural or socio-economic perspective.

In Australia there is a Men Shed where men of all ages go. It is somewhere for them to hang out and work on cars, and so on. It is population based, rather than age based.
• My semi-retired father is currently only able to eat soup or other mashed foods due to the fact that he has lost all but two or three of his teeth. As the current medical system stands there is no support to remedy this problem. With the bare bones pension my parents currently live on, he can have all his teeth pulled within a hospital but will then be left with no means of eating as dentures are not considered a necessity within our health care system. However, the system will cover the inevitable intravenous life support and bed-stay he and many others can look forward to as a direct result of the lack of financial aid for dental care in the Province.

Ideas and Suggestions

Availability of Resources for Seniors
Accessible Public Transportation for Seniors

• Ideas about availability of resources for seniors:
  • Information and promotion of seniors’ services is currently very passive and often consists of a bulletin board or a bunch of pamphlets. We need to support a more active interaction between seniors and the organizations and resources that exist to provide them with services.
  • Walk-in clinics should be located near seniors’ facilities.
  • Establish a paid coordinator position to coordinate information about community and health services in regionally and in each community.
  • Encourage the participation of seniors in social and physical activity programs by providing assistance for participation such as buddies to accompany seniors to programs and transportation for seniors to programs.
  • Develop senior-friendly information services (for example, live people versus a recording, provide accommodations for people with hearing, vision or cognitive impairments, and so on).
  • Put together videos of resources for seniors. Teach businesses what they can do for seniors.
  • Create a 24 hour phone line that seniors can call for any problems they encounter. This would also give them someone to call for banking, groceries, trips to the doctor, and so on.
  • Foster the growth of seniors’ communities and mutual support networks.
  • We need more accommodation for seniors, in all levels of accommodation and care models.
• Social isolation planning can help seniors to access services. Theoretically what would happen is you would come into a centre and you would be met by a navigator. The navigator would help develop your plan based on three questions: what do you want to do? What is stopping you and how do we get beyond that? What do you think you need? You answer those three questions and then you go off into the social network stream. There, you are assigned a facilitator. And that facilitator asks: who is important in your life? What kind of connections do you have? What kind of support do you need? And they build a social network usually of about ten people that surround you. Some of it could be geared towards helping you do your grocery shopping or your banking. It might involve finding someone to help you get up in the morning or making sure that you get to bed at night or take your medication on time. In this way services are tailored to the specific needs of individuals.

• Create a BC Health Guide style book for older adults (who to call for food, rides, access bus, meals on wheels, advance directives, and so on).

• There are consultations going on in terms of developing age-friendly communities and the idea of age-friendly communities should become a focus in British Columbia.

• Ideas on accessible public transportation for seniors:
  • Provide seniors with physical assistance to use public transportation.
  • More hours are needed on weekends and evenings for handy dart services. Wait times for pick up are too long.
  • Create schedules and routes that consider a senior’s physical strength and endurance and winter and night services that consider increased needs in winter and dark conditions.
  • Provide senior friendly public transportation services.
  • Develop/expand affordable transportation alternatives for seniors who cannot physically or cognitively use buses.
  • Assess streets and sidewalks for wheelchair, walker and scooter accessibility.
  • Provide financial support for seniors who need overnight accommodation and transportation to access services.
  • Extend seniors’ bus pass program to include handy dart services.
• Raise the profile of seniors and aging.

• Focus on engaging seniors, because many elders feel disenfranchised and tend to suffer from depression.

• Encourage inter-generational activities.

• Talk with seniors to determine the nature of their concerns and needs. Find ways to keep seniors more involved in their community.

• With the idea of a Senior's Leadership Board seniors’ organizations and frontline workers would be represented, along with academics and researchers and would have the opportunity to take advantage of having a multi-stakeholder group where people are going to be listening to each other and their expertise coming from different perspectives.

• We need to encourage education and improvement around legislation related to seniors policy (such as end of life agreements, wills and so on), and a long-term financial commitment from provincial and federal governments are needed to support standardized and regulated, government services.

• Establish seniors’ health centres next to recreation centres. Support collaboration between health and other community centres and address the fragmentation of services. Establish a volunteers’ program.

• Provide more support services for elders living off reserve.

• Give authority over health care to First Nation governance bodies.

• Design communication tools to assist seniors.

• At 75, my dad will not walk 1,000 feet to the shopping mall if there are not benches along the way for him to stop. He is the stereotype of how people used to think, whereas you now have things like the Seniors’ Olympics on the rise at the other end. The question is: how do we offer the services to fit a diverse group of people’s needs?

**Health Human Resources**

**Concerns and Comments**

• There are too few skilled specialists for seniors.

• Some doctors do not want to work with seniors.

• Many doctors do not understand the needs of elderly patients.
• Gerontology will soon be paid less than other branches of medicine, including general practice.
• It can be tough for geriatrics to compete with more glamorous practices.
• For many seniors, seeing a doctor is understood as the only legitimate form of health assistance.

**Ideas and Suggestions**

• There is a need for incentives to attract more professionals into gerontology.
• There is a need for a higher number of life-skill workers, with a skill base geared towards seniors.
• Recruit and attract staff to the senior sector by providing more flexibility regarding job sharing, more casual hours, part time work, child care packages and work and life integration
• There should be specialized geriatric teams in hospitals to provide increased skills to manage increased complexity of care.
• Registered Nurses could also be used to better monitor the health of elderly patients that need more frequent consultation, but not necessarily with a doctor.
• There should be a dedicated person at the clinic to track health records and direct follow-up (follow-up for at-risk patients, avoid costs associated with complications, and so on).
• More volunteers are required to help out seniors.
• Provide equitable opportunities for training and compensation for attending training to work with seniors.
• People need better education and support for workers to work with seniors.
• Build exposure to geriatrics through family practice residency.
• More specialized training is needed for HandyDart drivers. More staff are needed on buses to help with wheel chair clients.
• For seniors, a case manager has significant benefits. They provide one point of contact to manage all different services and options and are able to follow patients through the system, so continuity is not lost.
Education and Health Promotion

Comments and Concerns

Seniors’ Health Education

- Comments on seniors’ health education:
  - There are few resources available for elderly people who are concerned about keeping healthy and want limit their need to use the health system in the future. There is little interest in designing healthy living programs specifically for seniors (such as yoga programs).
  - Government branches should work together to lead a strategy for the education of seniors to let them know what is available to them in terms of health services (for those 65 and over). Coordinators should be mandated to take a training course.
  - The best way to provide education is word of mouth because you can spend millions on advertising. You can spend millions on materials but the best way to reach the elderly is word of mouth because that is their traditional way of communicating.
  - The new population of seniors is very educated.
  - We have a lot of information. The BC Recreation and Parks Association did the community consultation on active aging. There are lots of recommendations and lots of promising practices around how to promote active aging. We are incorporating that into a provincial active aging plan that is coming out in October.
  - There is the rural and remote guide that is coming out that particularly identified the benches in rural and remote areas. The Village of Alert Bay is one of our pilot sites and they have commissioned a First Nations contractor and he is creating all these First Nations benches along commuter routes to their Municipal Hall or bingo or wherever. There is lots of guidance that is coming out in this area.
  - Seniors are not taking responsibility for their own health care or taking preventative measures, such as exercise to help them maintain their health.
  - Many seniors have physical afflictions caused by arthritis, lack of exercise or a lack of knowledge of how to exercise. Many of these people need physiotherapy. Many of these people just need exercise, but are afraid because they are not sure what to do or how to get moving again. It can be as simple as a daily walk, but a senior who is
nervous or shaky on his or her feet might not try walking alone. It costs much more to care for a person who is immobile, than it does to keep a person mobile.

- Why focus on active aging? This should be a focus for all ages.
- There are five secrets of longevity based on research done on three hotspots of longevity. There were these five factors that they all have in common. It is about the quality of life in those later years. They do not smoke, they put family first, they are physically active every day, they eat the right amount of fruits, vegetables and grains, and they are socially connected.

**Ideas and Suggestions**

**Seniors’ Health Education**

**Promoting Seniors’ Fitness**

- **Ideas about seniors’ health education:**
  - There should be ongoing educational opportunities for seniors.
  - There should be education available on prevention. Seniors should look into what is available.
  - Be proactive by educating people about aging the process and what services are available through forums, in house visits or nurse monitoring.
  - We need education programs for physicians on community supports.
  - Create more information networks (for example, through the internet, 1-800 lines, advertising, doctors and others, and seminars).
  - Hold seminars in the work place to educate people on aging and resources in the community.
  - Information should all be accessible in one place, like a brochure, listing all services, specific to the community.
  - Eating healthy is more expensive and time consuming and ways to do this should be taught to seniors through, for example, tips in the newspapers, inserts in checks, bills, and so on. Perhaps programs could be started where seniors could cook together and take home a week’s worth of healthy meals.
  - There is a need for active senior living residences that would teach seniors to be active partners in their health care.
  - Better education is needed for all who deal with seniors.
• **Ideas about promoting seniors’ fitness:**

  - Dedicate time, place (like a fitness gym) and people who understand the physiology of seniors’ bodies to teach seniors how to solve or deal with the problems they have individually.
  
  - People in their 50's and 60's have a different attitude than the previous, older generation. They are more active and more interested in participating in their own health care. Exercise for this population should be a major focus: make it easier to access and cheaper.
  
  - There should be more encouragement of seniors to maintain a healthy active lifestyle and try to maintain their own health rather than be admitted into a long term facility.
  
  - Group rehabilitation and exercise programs provide excellent models of health promotion programs geared towards seniors. These include:
    
    a. Osteofit, a program in Burnaby;
    b. the Healthy Heart program; and
    c. Living with Chronic Disease (a six week program).
  
  - Concentrate on wellness by partnering health with recreation, community, and so on as wellness partners.
  
  - Being over 80, walking half a mile a day really keeps you feeling healthy.

• We need to focus on the prevention of health issues for seniors.

• Make information senior friendly, understandable and available.

• Once or twice a year, local papers could publish a list of the available services.

• Promote wellness clinics for seniors.

• The increased costs that come with aging can be reduced with comprehensive, community-based wellness plans that encourage fitness, education and counselling. These programs allow seniors to remain active and independent as long as possible and could also help reduce falls.

• If the interest for prevention is there, then seniors should be able to get a yearly physical exam. Currently one cannot get a physical at all.

• With sustainability in mind, British Columbia must enhance its promotion of healthy aging. While there is a strong lifestyle component to healthy aging, on the medical side there is a need for earlier intervention, before conditions become critical or chronic.

• Encourage financial planning for seniors.