



# Healthy at any age: Understanding wellness across the lifespan



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In a society that values youth and physical appearance, aging may seem like something to try to avoid. But everyone ages. It's natural.

Canada will soon be a super-aged society—20 per cent of the population will be over age 65 by 2024. There's never been a time when addressing healthy aging was of greater importance. While there are actions individuals can take, healthy aging must also be a societal priority.

## Big ideas



- Health is impacted by genetics, thoughts and actions, as well as the environment, including access to services and equity.
- An individual may have a chronic disease and still experience healthy aging if the condition is managed.
- It's never too late for individuals to make healthy changes to our mindsets, physical activity, nutrition and social activities.
- Inequality across the lifespan impacts health outcomes for groups and individuals. In older age, ageism can affect our ability to age well.

## How RTOERO supports healthy aging

RTOERO is committed to supporting healthy aging through our programs and services. Eighty-six per cent of our 81,000 members across Canada agree that RTOERO deeply cares about the future of retirees in Canada and 80 per cent feel that their membership is essential to their healthy, active retirement journey.

### Ongoing learning opportunities

We offer regular [webinars](#) and other learning opportunities to our members. We cover topics directly related to healthy aging and other interest topics that help support ongoing learning—which can support brain health.

### Advocacy

We advocate for critical policy improvements to address urgent needs now and create a more secure and compassionate future for everyone. Our [advocacy issues](#) directly connect to healthy aging. Learn more at [vibrantvoices.ca](http://vibrantvoices.ca).

### Non-profit group insurance for education retirees

We provide essential [health, wellness and travel benefits](#) so our members can enjoy their retirement journeys with confidence. As part of our extended medical plan, members have access to Teladoc, an expert medical opinion service.

### Funding for geriatric training for health care professionals

A key focus of the RTOERO Foundation is to [fund programs to provide training for health care practitioners](#) in supporting older populations.

### Imagery and articles to support healthy aging

Through our [award-winning magazine Renaissance](#) and other communication materials, we're intentional in sharing imagery and articles showing a range of aging experiences and covering both the individual and societal role in healthy aging.

### Addressing ageism

Ageism is a barrier to healthy aging. Preventing and eliminating ageism is embedded across our organization, including our foundation's work and advocacy program.

## Opportunities for social connection

Our members connect through [local districts](#) and enjoy social events, travel, learning opportunities and volunteering. Our districts run [goodwill programs](#) to reach out to members and others in their communities who might need additional support.

## Awareness of social isolation

Each October, the RTOERO Foundation runs a [social isolation awareness month](#). Throughout the month, members participate in challenges to help them learn more about social isolation and take actions to support themselves and others to prevent social isolation and the loneliness it can cause.



# RTOERO Chair in Geriatric Medicine

In 2014, with the support of members, RTOERO created an [endowment for the RTOERO Chair in Geriatric Medicine at the University of Toronto](#).

Dr. Paula Rochon, the current chair, and her group conduct research on aging and older adults and the societal and health challenges facing older adults. They also work to make sure health care practitioners and professionals in related fields understand the latest research and how it may apply to their work.

The endowment is valued at \$3 million and supports the chair's research program. The interest from the endowment continues to support ongoing research.

## Highlights:

- 27 trainees have worked with Dr. Rochon since the start of the chair in 2014
- The research group has published more than 120 articles
- The group received federal funding to support its work

## Current areas of focus:

- Improving providers' understanding of how to more safely and effectively prescribe drugs to older people
- Identifying and understanding factors associated with aging well, and understanding potential challenges, such as loneliness and caregiving
- Improving health and social care for older adults through science and advocacy

## What is health?

Health is more than the absence of disease. The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being.

Our genetics determine about 25 per cent of our health. There's a lot of potential for variability. At every stage of life, individuals can make choices that support health or diminish it. Overall health is also impacted by factors individuals have less control over, including income, social support networks, inclusion and physical environments.

## What is healthy aging?

Being free from disease isn't a requirement of healthy aging. Many people will develop different conditions as they age and, when managed, the conditions will have little impact on well-being. The WHO defines healthy aging as the process of developing and maintaining the functional ability that enables well-being in older age. Environments play a key role. Well-designed communities help individuals adjust to the loss of function and other challenges—they can be equitable, safe, accessible and supportive.

There's a lot of diversity across populations when it comes to functional ability. Everyone's healthy aging journey is different, but all individuals have the potential to age healthily with access to information, resources and support.



*“There are so few truths that are true for everyone, especially as we age.”*  
Fran Berkoff, registered dietician and contributor to [Renaissance Magazine](#).

# Healthy aging factors individuals control or influence

## Mindset

People who practice positive thinking tend to live longer. Positive thinking is linked to better health outcomes, including lower risk of chronic disease and memory loss, less isolation, faster recovery from injuries and more.

Beliefs about aging are an essential factor. Self-directed ageism can impact whether individuals believe they can learn new skills or think a health issue is inevitable versus being something they can affect through behaviour. Research has shown that the association between ageism and health is strongest with self-directed ageism.

*“A positive perspective on aging is, I think, a means to having a sense of confidence and a sense of hope. That’s part of it. If we believe that functional losses and negative physical changes are just to be expected and there’s nothing we can do, then we aren’t going to bother taking up healthy habits.”* Gail Low, Associate Professor, University of Alberta

## Physical activity

Incorporating strength training, aerobic activity, and balance exercises into routines supports functional ability and can also help to remind individuals that they are strong and capable. Physical activity supports brain health, mental health and helps prevent various diseases. It can also improve recovery from injury. The recommendation for adults over 65 is 150 minutes per week of moderate-intensity aerobic activity and muscle strengthening at least twice a week.

There’s evidence that inactivity increases with age, but the good news is it’s never too late to become physically active. While there are recommended targets, any physical activity will provide benefits, so there’s no need to take an all-or-nothing approach.

**Bone health:** Osteoporosis is a disease often associated with older age—it’s most common among Canadians age 50 and older. At least one in three women and one in five men will break a bone due to osteoporosis in their lifetime. Exercise slows the rate of bone loss and helps to build muscle, which can prevent falls. Nutrition is also key to preventing and managing osteoporosis.

## Nutrition

Good nutrition can prevent various diseases and supports mental health. But it can seem complicated. More than 33 per cent of Canadians over 65 are at risk of poor nutrition. With age, the human body becomes less efficient at absorbing and using nutrients. Different health conditions can affect dietary needs. And cost, convenience and food preferences are factors too. Food is also about more than nutrition—for some, it's cultural and social. For others, mealtime can be challenging or uninspiring because of mobility issues, social isolation or the loss of taste and smell.

Individuals can seek support through community programs offered by public health units or seniors centres to help them plan a healthy diet based on preferences and resources. Information is available online from Canada's Food Guide, Dietitians of Canada and Osteoporosis Canada.

"More whole grains, eating more fruits and vegetables, those kinds of messages don't change. As you get older, typically, you don't need quite as much to eat. Your calorie needs are a little bit less. So, we want to make sure that people learn how to maximize what they eat. You're going to eat more of the healthy things." Fran Berkoff

## Connection and purpose

Many people experienced isolation because of the COVID-19 pandemic. There's now a greater understanding of the value of social connection to well-being. Having strong relationships can support stress management, mood and motivation and even influences positive behaviours, like exercise. Social connection reduces risk of dementia, heart disease, and mental health issues.

Getting involved in different activities is a great way to build and maintain social connections and also provides a sense of purpose. Feeling a sense of purpose is connected to health benefits as well and overall quality of life.

"It's not necessarily how much they're doing, but just that they're part of something meaningful to them. If people aren't engaged, they lose skills and are at higher risk of cognitive decline, depression and developing dementia," Kathleen Bailey, PhD, clinical psychology, initially quoted in RTOERO's Renaissance magazine and RTOERO's social planning e-book titled Your life by design.

# The impact of society and culture on healthy aging

## Access to appropriate and timely health care

There's a shortage of geriatric specialists across the country—there are just over 300 in Canada. While it's essential to increase the number of medical students who pursue geriatrics as a specialty, it is also critical to make sure general practitioners and other health care professionals have training in supporting older populations.

Availability of data is also an issue. Many of the health protocols in use today were based on studies that didn't include women. Still today, research results aren't always reported by sex, making it hard for clinicians to use the information to make informed treatment decisions.

Health needs become more complex with age, and there are sex differences in how people will respond to treatments. Individuals are at risk of prescribing cascades and other issues if clinicians don't understand how to work with older adults and don't have access to the data to support treatment decisions. Health care providers can also help to catch issues like loneliness and elder abuse.

*“Gerontology should become more of a specialty. It should be given due ‘justice’. We need to provide the extra training that makes it a specialty (example: end-of-life care, the aging body and medications, psychology). We need to create value for gerontology — the whole culture of geriatrics.”* Anita Plunkett R.P.N., initially quoted in the RTOERO advocacy position paper on geriatric health care.

See our [position paper on geriatric healthcare](#) for more on the needs and opportunities in this area.



## Aging in place and age-friendly communities

Older adults want to remain independent. And it would be in society's best interest to support that desire by helping people stay in their homes if that's their preference. Health care costs increase on the continuum from home care to long-term care to acute care. With proper teams skilled in physical and mental health and support for home accommodation, Canada's older adult population may live in their own homes and communities free from the stress entering long-term care can inflict.

By creating age-friendly communities that promote and support healthy aging, we can make aging in place possible for more people. According to the Government of Canada, "In an age-friendly community, the policies, services and structures related to the physical and social environment are designed to help seniors' age actively.' The community is set up to help seniors live safely, enjoy good health and stay involved." Age-friendly communities:

- support health and well-being by addressing the social determinants of health, including the need for housing, food security, social inclusion and access to services
- foster respect for everyone, regardless of age, creating a more accepting, supportive and equitable society
- support independence by helping people age in place safely – to stay in their homes or communities as long as they wish or are able

*"The major risk is to invest only in 'bricks and mortar' - buildings and facilities. Instead, we need to invest in human resources and in relationships with seniors, their loved ones and other community stakeholders. A close community safety net needs to be built around the most vulnerable and isolated seniors."* Dr. Paule Lebel, initially quoted in the [RTOERO position paper on geriatric health care](#).

## Ageism, inequality and privilege

Ageism is rampant in society and is a barrier to healthy aging. It impacts physical and mental health, access to medical treatment, adoption of risky health behaviours, and risk of violence and abuse. When ageism intersects with other biases, disadvantages increase, worsening the impact on health and well-being.

### What is ageism?

Ageism is stereotypes (thoughts), prejudice (feelings) or discrimination (actions) on the grounds of a person's age. According to the WHO's Global Report on Ageism released in 2021, *ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity across generations.*

The impact of biases, inequality and privilege on healthy aging starts well before older age. The WHO states that, *"A large proportion (approximately 75%) of the diversity in capacity and circumstance observed in older age is the result of the cumulative impact of advantage and disadvantage across people's lives."* This highlights the importance of eliminating inequity across the lifespan and having programs in place that address the foundations of healthy aging, including supports for mental and physical health, nutrition support, transportation and community connections, civic engagement and more. Another term for this is social determinants of health.



## What are the social determinants of health?

Social determinants of health are non-medical factors that impact health outcomes for individuals and groups. They include:

- Income and income distribution
- Education
- Unemployment and job security
- Employment and working conditions
- Early childhood development
- Food insecurity
- Housing
- Social exclusion
- Social safety network
- Health services
- Aboriginal status
- Gender
- Race
- Disability

*“If we are looking at people who are older now, they would have grown up in an era where women may have been less likely to go to university, may have been more likely to hold caregiving roles, may have had their pensions reduced by breaks to have children. These inequalities have an impact.” Dr. Paula Rochon*

See our white paper on ageism for more information.





## Big questions

These questions can help individuals, teams within workplaces, or volunteers in organizations reflect on healthy aging.

- When reporting on the latest wellness trends, do we investigate the impact of the activities on various ages?
- What are my perceptions of what it means to age well?
- Am I aware of how inequality and access to resources impacts healthy aging, and careful not to represent aging well as only the responsibility and choice of the individual?
- When reporting on COVID-19, have we portrayed older adults as a homogenous group that is frail and in need of protection?
- When working with data or survey results, do I group all older adults together into a single group (e.g. 65+) or do I break the age groups up further to allow for more patterns and information to emerge? If running surveys, do we ensure we offer enough age ranges to allow patterns to emerge?
- Do I know where to access services to support healthy living in my community?
- Are there things we do within our organization that might create barriers to healthy aging for individuals we serve or employees?

RTOERO is a bilingual trusted voice on healthy, active living in the retirement journey for the broader education community. With 81,000+ members in 51 districts across Canada, we are the largest national provider of non-profit group health benefits for education retirees. We welcome members who work in or are retired from the early years, schools and school boards, post-secondary and any other capacity in education. We believe in a better future, together!

Connect with us:



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