

# Geriatric Health Care



**“Practised properly, health care is not a business at all, but a calling.”**

Henry Mintzberg OC OQ FRSC



The “business” of health care fails many Canadian seniors – especially our eldest.

Today Canadians age 65 and older account for 18.6% of the population. Statistics Canada predicts this will rise to 20% – one in five Canadians – by 2024. This trend will increase as the younger baby boomers turn 65. Many of these older adults are financially challenged.

COVID-19 was a huge test of Canada’s overall health-care system. Sadly, the system consistently disappointed, despite the heroic efforts of many dedicated health-care professionals. The failure was no more evident than within Canada’s older population. This cannot continue. Nor can fragmented, siloed or patchwork solutions continue. It’s time for a complete health-care system overhaul – especially for those who are most vulnerable.

**“We need new accountability models built on evidence-based research. We need to study the whole population and what it’s like to grow old – look at what everyone needs along the journey and change the perspectives on health and aging. COVID-19 has shown us the cost of not investing.”** Dr. Paula A. Rochon

## OPPORTUNITIES



### Universal Pharmacare

Canada needs a national pharmacare program that ensures access to medications and treatments essential to well-being and health. We are the only developed country in the world that has a universal health-care plan with no universal drug coverage. Economics indicate universal health coverage is cost-effective: It would centralize infrastructure, provide Canada with superior leverage for negotiating drug prices and guarantee the whole country benefits from the deals. Pharmacare is now fragmented, with a few provinces offering some drug coverage. The solution demands a national initiative.



### The Conversation

- Why doesn’t Canada have universal drug coverage? Why are we the only developed country in the world with a health-care system that excludes a drug plan?
- What are the barriers to a national health plan? Explain why Canada doesn’t have one.
- Are you aware that economic analyses indicate it’s more cost-effective for Canada to have a national pharmacare program than not to have one?
- Does your party support a national health plan?
- What do you think about medication cost sharing between the federal government and the provinces as a further step towards universal healthcare?
- What are you doing for financially strapped older adults who may have to choose between purchasing the necessities of everyday life – like food – or their medical prescriptions?

# Geriatric Health Care



## Aging in Place

Beyond the inability to secure life's necessities, in many cases it is difficult for adults over age 65 to live at home when the costs of equipment and remodelling living quarters for health issues are unaffordable. Older persons often reluctantly leave home for long-term care residences even though these situations cost more, both financially and emotionally. For compassionate and economic reasons, it is best practice to keep older adults with health challenges at home as long as possible. 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 – where they want to be – free from the stress entering long-term care usually inflicts. Managing their health care must start before situations become acute. Successful home-care programs remove a considerable burden from the long-term and acute care situations.

"The fight must be led by seniors themselves and supported by health professionals because they know their needs and have concrete, realistic and acceptable solutions to suggest." Dr. Paule Lebel

## The Conversation



- What are you doing to help older persons receive the health care attention they need while living at home as opposed to moving to long-term care facilities?
- What support is available to the elderly to make home alterations to accommodate health challenges? Who should older persons contact when they need to alter their homes for health reasons?
- Can you describe how the current policy supports keeping older adults at home while properly attending to their health needs? How is the policy evaluated? When was the last time it was evaluated?
- Can you describe the investment in home care versus long-term care versus acute care? Are sufficient funds invested early in the continuum, where it makes most sense economically and in terms of Canadians' well-being?
- Do seniors and caregivers have a direct voice in developing and improving services designed for them?

"COVID-19 has shown us the cost of not investing...nothing and no one in health care can be marginalized. We need to focus on every aspect and all work together for solutions. No stopgap. We have to think everything through. That's the conversation we need to have." Dr. Paula A. Rochon

“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

“If we had over 7,000 children die in institutions during the pandemic, the institutions would have been closed down. The death rate in long-term care during COVID-19 is a national disgrace that needs immediate attention and response from all levels of government.” Margaret Gillis

## Long-Term Care Homes

During the COVID-19 pandemic the health-care system failed one of Canada’s most vulnerable populations – residents of long-term care homes – they were understaffed, under-stocked, unprepared, underpaid, under-skilled, under-protected and under-serviced, and lacked the space to protect residents during COVID-19 outbreaks. The International Longevity Centre Canada reports 82% of all COVID-19 deaths in Canada have occurred in long-term care homes.\* This percentage was the worst among 14 developed countries. The death rates were especially high in privately owned institutions. Tragically, these facts should not shock any level of government. Reports on the conditions that allowed this tragedy have been presented to governments over the past decades. The Armed Forces have provided their own 2020 assessment – describing situations in long-term care that were deeply disturbing and an egregious reflection of ageism at its worst manifestation.

\*As of June 2020



## The Conversation



- What immediate steps have you taken to improve conditions in long-term care homes? Are you collaborating with all levels of government to fund the changes and programs that need to be implemented?
- Will there be a public inquiry into the long-term care situation we experienced with COVID-19? Why not?
- Are you demanding the hiring of more permanent staff in long-term care residences?
- Canada needs a national plan for long-term care homes with national standards and processes for robust accountability. What are you doing to work towards this goal? How can the federal government and the provinces work together to ensure national long-term care standards are implemented?
- What are you doing to ensure staff are properly trained in geriatric care, receive ongoing training and are properly paid to recognize the importance and complexity of the care provided?
- Describe the inspection process now in place. How frequently are the residences inspected? Are the visits in-person, at random and without advance notice?
- Long-term care homes should all be not-for-profit to ensure processes and benefits truly serve and respect their constituencies. What steps are you taking toward making all long-term care homes not-for-profit?
- Have you recently visited any long-term care homes to see conditions for yourself? Have you consulted with any residents in long-term care homes?

## Healthy Aging

Many older people live in conditions that are unfavourable to well-being: Social isolation can trigger mental, emotional and cognitive distress and worsen chronic health problems, such as high blood pressure, heart or respiratory disease, or diabetes, etc. It may also lead to various forms of elder abuse, as seniors become prey to financial or other abusers. Current health-care services often do not detect these situations because the focus is solely on physical health. Communities and various levels of government can establish processes to help isolated older persons and evaluate their overall well-being.



## The Conversation

- How do we currently evaluate how older adults living alone are faring in terms of their emotional lives? What resources are there to help them? Are they well publicized?
- Do you believe current programs fairly protect our elderly from social isolation? What solutions are you investigating?
- What are you doing to make the public aware of these problems?

## Geriatric Training

Basic education and training relevant to geriatrics and gerontology should be essential in any health-care or psychosocial program. Insufficient time is invested in recognizing and understanding older adults' needs. Programs should be developed throughout the whole pipeline of health-care workers to ensure that people who train in geriatric care earn the respect and salaries reflecting their education. Geriatric training should lead to careers – careers worthy of full-time positions with respectable remuneration, incentives and benefits. COVID-19 proved insufficient training, patchwork teams and underpaid, overworked staff can be deadly. Specialized training for managers of these services should be mandatory.



“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 (for 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

“Working in senior health care needs to be a respected designation.” Margaret Gillis

## The Conversation

- Canada currently has only 300 geriatricians serving the older population. Half are in Ontario. Do you support removing the cap restricting the number of graduates specializing in geriatrics? How have you expressed your support?
- Why doesn't Canada have enough workers trained to meet the physical and mental health needs of older adults?
- How do you propose to resolve the fact that many staff working with the elderly cannot find full-time positions, are underpaid and overworked, and have no benefits?
- Do you support special post-graduate programs and diplomas to help create careers in geriatrics for health-care and psychosocial service workers? What have you done about it? Would you want to work toward a position that can rarely find full-time work with benefits, respect or a fair salary?
- When was the last time you spoke directly with staff involved in caring for older persons?



**INFLUENCE:  
THE POWER OF ONE**

Meet, phone and write to elected officials and people of influence and stakeholders. **Promote and demand:**

- National pharmacare.
- Investment in holistic at-home health-care programs to minimize the number of older persons entering long-term care.
- Evaluation and financial support of “at home” health care needs for the elderly.
- A national plan for long-term care homes with national standards covering facilities, staffing and resident programs and a robust evaluation process.
- Detection of social isolation among older persons and pertinent solutions.
- Awareness campaigns to alert the public to older adults’ mental health issues and indicators of any type of abuse.
- Reviews of health-care and psychosocial education programs to include geriatric and gerontology training.
- Additional health-care programs and credentials to distinguish health-care workers dedicated to geriatric practice.
- Advancement and promotion of geriatric health care as a career regardless of sector.

**TIPS**

- Probe all political parties for their views on older adults’ issues. Accept no excuses for who is in power or not – what action have they taken?
- Encourage all levels of government to fund – together – the necessary initiatives and programs.
- Encourage family members, friends and community organizations to add support to these initiatives. Each “Vibrant Voice” is a vote in the right direction.
- Always ask for timelines and measures of evaluation. Ensure they know you are tracking progress on specific issues.



**INFLUENCE:  
THE POWER OF MANY**

Illustrate your strength. Solicit the help of family, friends, neighbours and community.

- Approach elected officials together.
- Organize meetings in which people of influence see your strength in numbers. Make them understand your influence.
- Collaborate with not-for-profit organizations and associations sympathetic to Vibrant Voices advocacy programs.
- Organize volunteer programs. Contribute to initiatives that help improve older persons’ lives.
- Organize community events for the elderly or that include older persons. Seek out older people who need help attending or participating.
- Organize programs that bear witness to older adults who may be isolated, need help and can’t speak for themselves.
- Help set improved standards of community care for the older people living in your area.
- Start petitions and persist.

**TIPS**

- Research how to submit valid petitions to government.
- Get older people involved in the plans. Let their voices anchor the plans.
- Create community task forces to share the work and the rewards.

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Please also refer to Vibrant Voices' brief *Seniors Strategy* –  
designed as a companion brief to *Geriatric Health Care*.