

# Healthy Aging for All: A Shared Responsibility



Submitted to:  
Department of Health & Community  
Services  
Healthy Aging for All in 21<sup>st</sup> Century  
March 31, 2006



## Acknowledgement

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*The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) is the professional organization representing all 6300 Registered Nurses and 80 Nurse Practitioners in the province. In pursuit of its vision, “Healthy People in Newfoundland and Labrador”, ARNNL exists so there will be excellence in nursing, public protection, quality health care, and healthy public policy.*

Registered Nurses (RNs) work collaboratively with seniors to assist them to achieve and maintain optimal health in all settings of service delivery throughout the province. As such, RNs have a good understanding of the needs of our province’s aging population, the challenges associated with supporting seniors to maintain their health and independence as they age and the reforms needed to improve the quality of services provided to seniors in our province. ARNNL urges Government to move quickly on the development of its healthy aging framework in order to be in a position to initiate the fundamental changes required to meet the needs of our aging population. ARNNL welcomes the opportunity to contribute the nursing profession’s expertise and perspective to the development of the healthy aging framework and related strategies to support healthy aging.

This response will represent the profession’s views on the proposed

vision and principles for healthy aging and related discussion themes put forth in the discussion paper “Healthy Aging for All in the 21<sup>st</sup> Century.”

## **Vision**

The vision, “For individuals, families and communities to foster healthy aging in order to achieve optimal health and well-being” is comprehensive and broad. RNs like the fact that the vision:

- Recognizes that aging is a normal process that begins at birth rather than a particular age (e.g., 65 years);
- Advocates a shared responsibility for health- everyone and all ages have a role in achieving healthy aging; and
- Enables a health determinants approach to healthy aging, i.e., recognizes that health is influenced by factors outside the health system.

ARNNL believes the vision could be stronger by clearly articulating the value that ‘our society as a whole is responsible for promoting healthy aging.’ RNs believe it is important to give the message that (a) Newfoundlanders and Labradorians value seniors, (b) our province benefits from seniors’ contribution to their communities, and (c) we, as a society, are committed to working with seniors to create the conditions needed to achieve health and well-being and thereby, promote healthy aging.

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## Principles

Dignity, self-fulfillment, social inclusion, independence, safety and security, and fairness are very appropriate and meaningful principles to guide the development, implementation and evaluation of policy and services to enable healthy aging in the future. Processes need to be developed to ensure the principles are widely known and understood by elected officials, bureaucrats in the various departments of government, and the public sector as a whole. RNs believe that government must take ownership for ensuring the principles are understood and applied to the decisions, policies and programs of all government departments/sectors and not viewed as the sole responsibility of the health and community services sector.

## Recognition of Older Persons

Ageism is rampant in society. There is often the mistaken perception that seniors are the least likely population to contribute to society and most likely to draw heavily from social programs. There is a real fear that the aging senior population will become a social and economic burden to our province. The epidemiological trends provided in “Healthy Aging for All In the 21<sup>st</sup> Century- Seniors Profile” (Department of Health and Community Services, 2006) do not support these myths. These and

other myths must be corrected.

Some strategies for dispelling ageism and fostering a positive image of aging include:

- Seniors must have meaningful involvement in making decisions about their own health and the programs and services that affect their health.
- Create a position to advocate for the rights and interests of seniors and assume a leadership role to advance seniors’ issues and initiatives with government services and programs.
- Work with seniors on the implementation of a public awareness campaign to discount ageist attitudes against older persons. The campaign needs to correct common prejudices and set the record straight about the contribution seniors have made and continue to make to the province and country.
- Ensure primary and secondary education curricula provide learning experiences with seniors and address the joys and challenges of aging. Sustained intergenerational opportunities for children, youth and young adults to interact with seniors have been shown to be a win-win situation. Our educational programs and community organizations need to avail of seniors as a resource for the next generation and more importantly, need to normalize aging.



- Develop models/templates that youth groups and community organizations can use to capitalize on seniors as a resource to their programs and activities.
- Expand programs that increase emphasis on ‘seniors helping seniors’, e.g., leading exercise programs, teaching fall prevention, visiting shut-ins, etc.
- Encourage professional schools and faculties to develop creative strategies to educate students/providers about healthy aging, seniors’ issues, and the opportunities and challenges of providing services to seniors.

### Celebrating Diversity

ARNNL is pleased that Government recognizes the need to “create a more level playing field for all seniors” and will strive to accommodate differences in gender, age, heritage, disability, income, and geography. Government needs to continue its efforts to plan for the aging of the baby boomer generation. This generation’s expectations about aging will differ from today’s seniors as they will be healthier, more educated, and more financially independent. They will want options and demand choice in how they are supported as they age and moreover, they will expect to be actively involved in determining their options and choices.

Some considerations for creating a

more level playing field and improving equity include:

- First and foremost, decisions must be determined on the basis of the assessed needs of seniors where they live, work and play.
- Policy makers and service providers should use the epidemiology of seniors’ health to guide policy and program decisions, i.e., do not ‘lump’ all seniors together for planning purposes (for example, seniors in the 65-75 year age range have different issues than older seniors in the 75+ or 85+ year age ranges as they are generally healthier, have more social supports, etc.).
- Provide income security as it is one of the most cost-effective steps government can take to support independence and healthy aging; this is especially true for older, single women who are more likely to be poor compared to married or single male seniors.
- Develop a plan to implement a provincial “aging in place” program; whereby, there is increased opportunity to support seniors to remain safely in their own community whether it is in a rural or urban setting, or a particular cultural or aboriginal community.
- Provide subsidies to seniors who need support to travel for basic services that are not available in many rural com-

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munities, e.g., supermarkets, banks, drug stores, tertiary care centers/appointments and other health care services, etc.

- Provide information, or act as a clearinghouse, to help ensure seniors are accessing available government funding and programs, e.g. housing.
- Address the need for affordable housing options as alternatives to premature personal care or nursing home placement and to increase equity and choice (for example, the financial support to access services in the community is less than that for institutional based services; there is a big difference in the supports provided disabled adults to remain in the community compared with seniors who wish to remain at home).

### Supportive Communities

There is no doubt that our province has a culture of helping each other and especially our neighbors in need. When communities support seniors it reduces isolation and the risk of neglect and abuse. As our communities experience increasing out migration of youth and young adults, there are less young people available to offer a helping hand or provide support to the older adults left in the community. In addition, many young adults are ‘sandwiched’ between caring for their aging parents and their young families while maintaining their

own careers. These issues can have a significant effect on the available women who traditionally provide the majority of home care for family and friends. Registered Nurses and other formal caregivers report they are increasingly needed to coordinate and provide support usually provided by family and friends. These are difficult circumstances and we will need to devise innovative strategies and solutions to ensure individuals, families, and communities are able to maintain our provincial culture of mutual support.

Some strategies for providing support to and engaging our aging population include:

- Expand programs and supports so seniors can help seniors (or others), e.g., mobilize seniors to visit shut-ins, person advice telephone lines, share a personal talent, advocate for needed services, dispel ageist attitudes, etc.
- Engage municipalities in taking ownership of and planning for their aging populations, for example, challenge the Newfoundland and Labrador Federation of Municipalities to embrace the international “Healthy Communities Program.” This comprehensive program involves all sectors in creating healthier living conditions and supports to reduce the risk of disease and promote wellness and will move the

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healthy aging agenda forward. There is a ‘Tidy Town Program’, why not a ‘Healthy Town Program’?

- Expand and fund the regional wellness coalitions to include a focus on healthy aging, e.g., supports are needed to maintain seniors’ environments, such as snow shoveling, exercise programs, wellness clinics, wheelchair availability, etc.
- Expand and/or fund personal care support services such as, accessible community foot care and podiatry programs, home visits by health professionals (Nurse Practitioners, MDs).
- Increase professional resource persons to work with the individual and community to improve support to family caregivers.
- Earmark dedicated funds and/or a sufficient amount of funding in various established programs to promote seniors’ health at the regional/community level, e.g., the provincial home repair program, the Seniors Resource Center (Imagine what they could do with adequate, stable funding?), the wellness grants program, municipal infrastructure grants, etc.
- Explore new models of service delivery and affordable housing options that promote wellness, support independence, and provide options to our institutional

and professional driven models for service. The province needs models that provide a minimal level of support and maintain a maximum level of independence with limited but appropriate professional care. We need innovative home support programs (adult day programs, essential home making, transportation, etc.), home care (chronic care support, professional home visits), assisted living options and a variety of options for facility-based care (personal care homes, congregate housing and nursing home).

- Explore how existing child care programs were established in order to determine if information can be learned to guide the development of models, policies and programs to establish seniors care programs.
- Develop literature to educate the community on best practices for individuals, groups, communities to support healthy aging, to avail of their senior resource, and build capacity for aging (e.g., use plain language, injury prevention strategies, using a seniors’ inclusion lens, etc).
- Consult seniors, regulators, municipalities and stakeholders in the transportation industry to identify realistic solutions to address barriers to accessible transportation for seniors (license restrictions, distance to travel, availability of affordable

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transport, road conditions, etc.).

### Financial and Personal Security

With 50% of seniors reporting an income of \$14,900 or less, the province's aging population requires financial and service support to maintain their health. The vision of healthy aging is important to eventually reduce the need for government supports and services in the future.

Some strategies that have the potential to promote financial security for seniors now and in the future include:

- Educate our younger generation on the importance of and how to plan a financial future that will maintain their desired quality of life as they age.
- Investigate the implications of (a) adding health insurance for long term care as a public service benefit and/or (b) promoting accessibility of long term care health insurance.
- Provide income security for all seniors and especially for older, single women who are more likely to be poor compared to married seniors or single male seniors and who are often discriminated against when their provincial pension is rolled back on receipt of the old age security benefit.
- Ensure that low income seniors access benefits that are avail-

able to them, e.g., guaranteed income supplement, old age security benefits, etc

- Analyze the provincial subsidization model to determine if there are better approaches to public financing for long term care services while improving self-determination and the quality of life for seniors, (e.g., Should the means testing formula be changed to allow seniors to receive a subsidy and use it to maximize their own resources to avail of private services that will prevent or delay the need for fully, subsidized, more expensive, public long term care services? Why are seniors discouraged from maintaining private health/drug insurance with the deduction of premiums from the comfort allowance?, etc.)

ARNNL believes if people are able and wish to work beyond age 65, they should be able to do so. However, we do not believe people should be required to work beyond 65 years of age. ARNNL suggests that stakeholders need to collaborate on the development of new models for working seniors with creative incentives and modified roles and responsibilities, for example, earned pension cannot be impacted, recognize experience, etc.) Nurses stressed they would not expect a 65 year old RN to be able to carry the same workload at the same productivity level as a 45

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year old RN, however, if a older RN so desired, s/he would have much to contribute to her/his colleagues and clients.

## HEALTH AND COMMUNITY SERVICES

ARNNL (2005) developed a policy paper, “Enhancing Services for Seniors,” which advocates four broad areas for government action and health system reform that RNs believe will improve the quality of life for seniors in the future:

- Implement a comprehensive and coordinated service delivery model that is guided by the principles of primary health care and emphasizes using approaches which are affordable and sustainable. The model focuses on promoting wellness, supporting independence and increasing the opportunity for seniors to age in place. ARNNL believes the development and delivery of this model will require the participation of the public and private sectors with the participation of the private sector managed in the public’s interest.
- Adopt a standardized assessment tool that supports evidence based decision making and improves financial accountability and change funding models to address identified financial issues.
- Establish an accountability framework with comprehensive

senior centered standards for care based on best practices for the full continuum of services envisioned in the comprehensive model of care.

- Address staffing and scope of practice issues to allow all health professionals to operate within their full scope of practice while improving quality and cost-effective care.

ARNNL’s rationale and specific recommendations within these broad areas for action are discussed in detail in the attached paper, “Enhancing Services for Seniors”.

In conclusion, ARNNL is pleased to see our Government advancing a health and wellness agenda and to offer the nursing profession’s expertise and perspective in the development of new approaches to support healthy aging. Registered Nurses and Nurse Practitioners have the knowledge and skills to work with their communities to promote healthy aging. RNs are keen to work with seniors, the Department of Health and Community Services and other community partners on the implementation of a healthy aging framework. ARNNL strongly recommends that government ensure their vision for healthy aging becomes a ‘living framework’ that is reflected in all provincial services and programs.

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