

HEALTHY AGING STRATEGY

Healthy People Healthy Families Healthy Communities

What does healthy aging mean for you,
your family, and your community?



Central
Health

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Perfect health is **not** required for **healthy aging**.
Making the **most** of health **is key** to positive aging.
All people can have **good health** and **well-being**.
They can even **do so as they cope** with
impairments and **health** issues.
One can learn to **live well in spite of limits**.
This is a **true mark of health and strength**.

Provincial Healthy Aging Policy Framework



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INTRODUCTION



Central Health is the **second largest** of the Regional Health Authorities (RHAs) in Newfoundland and Labrador, serving a population of approximately **93,906** and providing health and community services to **177** communities divided into **5** health service areas. The region extends from **Charlottetown** in the east, **Fogo Island** in the north, **Baie Verte** in the west to **Harbour Breton** in the south. The geographical area encompasses **more than half** of the total landmass of the island and services **18.3** per cent of the provincial population.

According to Statistics Canada (2017), from 2011 to 2016, Canada registered the **largest increase** in the proportion of seniors **since confederation**. This acceleration of the aging population is the result of the first baby boomers reaching the age of 65. As a result of the rapid increase in the number of people 65 years of age and older since 2011, 2016 marked the first time the census enumerated more seniors (5.9 million) than children 14 years of age and younger (5.8 million). Hence, there is a generational shift in Canada whereby **there are more seniors living in Canada than children** .

The provincial government projects that the population of the Central Health region will **reduce** by about **15.5** per cent over the next 25 years (a decline of about **14,600** people and a decrease of **2.5%** of Newfoundland's overall population). This is the **largest** population change compared to the other RHAs, the province and the country. In addition to the declining population, **the average age of the population is increasing**. By 2036, 2 out of 5 Newfoundlanders and Labradorians will be 65 years or older.

The aging of our population will create many opportunities and challenges, and it is imperative that Central Health play a leading role in developing, **maintaining** and **supporting** programs and services that help seniors age in a **healthy** way.

CREATING A HEALTHY AGING STRATEGY

There are many reasons why it is important to **invest** in a healthy aging program. Seniors are an **invaluable** asset to our community and make a **significant** contribution to family life and society.

69 per cent of older Canadians provide one or more type of assistance to spouses, children, grandchildren, friends and neighbours.¹ In addition, seniors give back to our community as volunteers.

Healthy Aging can **prevent, delay** or **minimize** the severity of chronic disease. Chronic diseases are the most prevalent, costly and preventable of all health problems and cause great human suffering, especially in our aging population. In addition, the economic burden of chronic disease is **growing**. In Canada, chronic diseases are responsible for **67** per cent and **60** per cent of total direct and indirect **health care costs**, respectively. These costs include early death, loss of productivity and foregone income.² This number will surely **increase** as the proportion of our aging population grows.

Central Health recognizes the significant **benefits** of healthy aging for **individuals**, families, **communities** and society as a whole, and is committed to **supporting** people as they **age**. In the Strategic Plan 2011-2014 for Central Health the need for a Healthy Aging Strategy was identified:

¹ Healthy Aging in Canada, A New Vision, A Vital Investment. From Evidence to Action

² Public Health Agency of Canada, 2005a

“The alignment of services must happen along the full continuum of services from helping aging citizens remain healthy and active to ensuring that the appropriate services are available when they need to access them and ensuring services are planned and delivered from an age-friendly perspective”.

In Central Health’s **2014-2017 Strategic Plan** the mission statement stated that “By March 31, 2017, Central Health will have provided **quality** health and community services and programs which respond to the identified needs of the people of central Newfoundland and Labrador within available resources.” One of the indicators identified in the report is ***“implemented a healthy aging strategy to improve services for the aging population and contribute to a healthier population.”***

Central Health believes that **healthy aging** is both an individual and collective responsibility and that collaborative partnership is key to its achievement. The input and support of various sectors, groups and individuals, especially **seniors**, is vital to the **success** of the strategy as the range of factors that influence health extend beyond the health care sector.

The table on the next page identifies Central Health and its many partners.

Central Health and it's partners



Central Health further **believes** that while the foundation for **healthy** aging is laid very **early** in life, it is **never too late** to benefit from healthy living. Healthy aging can be best seen as a lifelong process - a **journey** and not an end.

Central Health has adopted the **Primary Health Care Model** of service delivery for health services and the **Healthy Aging Strategy** operates within this model. Primary health care supports the population health approach to **care** and builds on the capacity of individuals and communities to mobilize assets to **improve** quality of life. The Healthy Aging Strategy also recognizes the **critical need** for treatment services while **highlighting** the need for primary **prevention**. Both treatment services and population health promotion are **important** for healthy aging.

This strategy is in keeping with Central Health's 2017-2020 Central Health's Strategic Plan:

- ***P**erson and Family Centered Care*
- ***L**ower cost through improvement*
- ***B**etter Health for the population*
- ***B**etter care for the individual*

The Circle of Health: Health Promotion Framework

The Healthy Aging Strategy builds on the **Circle of Health: Health Promotion Framework**, a framework endorsed by Central Health. This framework views **health** through a population approach and takes into account the strategies outlined in the **Provincial Wellness Plan**.

Research has shown that there is a wide range of determinants that contribute to **seniors'** health or put them in situations of risk and these determinants rarely exist separately. **Health** determinants cover the broad range of social, **economic** and environmental conditions and include **income** and social status, **education** level, social **supports** network, gender, employment and working conditions, **health services**, physical environment, **culture**, healthy child development, genetics and **personal health** practices and coping skills. Therefore, it is **imperative** that multifaceted strategies be found to address the inter-related risk factors. These determinants will be reviewed as they relate to seniors in this **province** and specifically to seniors in the **region**.

The strategies of the **Circle of Health Framework** are critical to health promotion and have guided the development of the **Healthy Aging** Strategy. It is recognized that the strategies contribute to a comprehensive approach and involve **multiple sectors** and **stakeholders**, and that often a variety of strategic directions are needed to address an issue.

The five strategic areas utilized are:

- **Building** healthy public policies
- Creating **supportive** environments
- **Strengthening** community **action**
- Developing **personal** skills, and
- **Reorienting** health services

The Healthy Aging Strategy for Central Health has drawn on a number of sources to identify **key** issues, the **assets** that exist and a **plan** of action.

A **variety** of providers were consulted and provided insight, **guidance** and **direction** in developing this strategy. Information was also obtained from various regional, **provincial**, national and **international** data sources. Last but not least, this strategy was built on the **knowledge** and **wisdom** of many people, especially seniors from our communities.

DEFINING HEALTHY AGING

Healthy aging views health in a **holistic** perspective and addresses the physical, **emotional**, spiritual and **mental health** needs experienced by all individuals. According to the **World Health Organization** and **Health Canada** healthy aging is defined as “***a lifelong process of opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life, and enhancing successful life-course transitions***”.

Central Health has adopted this definition of **healthy aging**. An important component of the Healthy Aging Strategy is the belief that **perfect** health is **not** a requirement for healthy aging and that individuals can learn to live well in spite of limitations or disease. In addition, healthy aging is most easily **achieved** when physical environments and communities are **safe** and support the **adoption** and **maintenance** of attitudes and behaviours known to promote health and well-being. Likewise, healthy aging is **enhanced** when health services are used **effectively** to **prevent** or minimize the **impact** of acute and chronic disease on function.

GUIDING PRINCIPLES

Central Health's Healthy Aging Strategy is guided by the following principles which are outlined in the Provincial Healthy Aging Policy Framework:

- Dignity:** Being treated with **respect**, recognized for one's **contribution** and having self-esteem.
- Self-Fulfillment:** Having the chance to reach one's full **potential** with access to educational, cultural, spiritual and recreational resources.
- Social Inclusion:** Being **accepted** and able to fully take part in our families, **communities** and society.
- Independence:** Being in **control** of one's life, making one's own **choices**, and being able to do as much for oneself as possible.
- Safety and Security:** Having enough income as one ages; having access to a safe and **supportive** environment free of fear, exploitation, and violence.
- Fairness:** Having **diverse** needs seen as **equal**, no matter one's age, gender, racial or ethnic background, disability or status.

These guiding principles are also inherent in the values of accountability, collaboration, excellence, fairness, privacy and respect which are outlined in Central Health's Strategic Plan.

COMPONENTS OF HEALTHY AGING

The foundations for healthy aging can be divided into **four distinct components**. This strategy recognizes the **importance** and **connectedness** of all four components and is committed to promoting programs and services, which **support** people as they age.

(1) ***Promoting health and preventing illness, disease and injury - enabling*** people to increase control over and **improve** their health. Health promotion focuses on **enhancing** the capabilities and capacities of individuals, **families** and communities to make **healthy** choices and develop healthy and **supportive** environments.

(2) ***Optimizing mental and physical function*** - maintaining **physical** and **mental** functioning is key to **independence**. Research shows that not only can functional loss in seniors be **prevented**, but that many functional losses can be **regained**.

(3) ***Managing chronic conditions*** - healthy **lifestyle** changes can delay or prevent **many** chronic diseases. **Prevention** and early **detection** strategies are **essential** parts of this component.

(4) ***Engaging with life*** - to **achieve** healthy aging it is essential to have close **relationships** with others and to **participate** in regular **activities** that give meaning and **excitement** to life.

GUIDING THE STRATEGY

The aging of the population is a global **phenomenon** that is demanding attention at international, national, provincial, regional and local levels. Literature from many facets has been reviewed and some of the key initiatives that will impact older adults are highlighted within this document. The **Healthy Aging Strategy** for Central Health will also build on existing national, provincial and local initiatives and legislation, which are outlined below.

1. Integrated Pan-Canadian Healthy Living Strategy

At the national level, the **Integrated Pan-Canadian Healthy Living Strategy 2005** provides a conceptual framework based on a population health approach that targets the **entire** population and emphasizes the need for collaborative action. The vision for this strategy is:

“A healthy nation in which all Canadians experience the conditions that supports the attainment of good health.”

This strategy emphasizes **nutrition**, physical activity and healthy **weight**. All three factors have been identified as **important** for maintaining health as one ages.

In addition to the Pan-Canadian Healthy Living Strategy, there are also other national programs **supporting** healthy aging including the National Seniors Council which advises the government on senior’s **issues** and the **Institute of Aging**, established in 2000, as part of the Canadian Institute of Health Research (CIHR).

The goal of the Institute of Aging is:

“To improve the quality of life and health of older Canadians by understanding and addressing or preventing the consequences of a wide range of factors associated with aging”.

2. Provincial Healthy Aging Policy Framework and Implementation Plan

In many provinces throughout Canada, strategies to support healthy aging have been developed. In **Newfoundland and Labrador** the Provincial Government’s Healthy Aging Policy Framework and Implementation Plan was released in July 2007. This framework, which was developed following **extensive** consultations across the province, has been identified as a priority for the province. In the **Central** region **consultations** were held in Baie Verte, Gander, Grand Falls-Windsor, Harbour Breton and New-Wes-Valley.

The **provincial** strategy is an important document that supports **healthy** aging throughout our province and the Healthy Aging Strategy of **Central Health** builds on its foundation.

The **six** priority directions identified in the **provincial** framework are:

- Recognition of older persons
- Celebrating diversity
- Supportive communities
- Financial well-being
- Health and well-being, and
- Employment, education and research

Provincially, goals have been **established** and an Implementation Plan was developed in **2007-2008**. Central Health is represented on the **Interdepartmental Working Group**, which will assist in the further development and monitoring of the plan.

3. Provincial Healthy Aging Policy Framework Status Report (2014)

This status report highlights some of the provincial **achievements** to date in relation to the **six** priority directions outlined in the 2007 Provincial Healthy Aging Policy Framework. Since 2007, the **priority** directions, **goals** and actions have been **reviewed** by the Provincial Advisory Council on **Aging** and **Seniors**, as well as the Interdepartmental Working Group, which comprises of **government** departments and agencies and the regional health authorities, including representation from **Central Health**.

4. Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador

The Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador, also known as “**Go Healthy**”, has identified a set of **wellness** priorities and directions, which will **impact** all age groups, including older adults:

- **Healthy eating**
- **Physical activity**
- **Tobacco control**
- **Injury prevention**
- **Mental health promotion**
- **Child and youth development**

- **Environmental health, and**
- **Health protection**

Under the **direction** of the Provincial Wellness Plan, there are also six **Regional Wellness Coalitions** within the province which advocate for healthy public policy, **implement** strategies to enhance local health promotion initiatives, and develop and support the delivery of community based programs, which support **wellness** practices.³ The mission of the Central Regional Wellness Coalition is:

“To actively promote and support wellness initiatives for the residents of Central Newfoundland by building partnerships, creating awareness, networking, and sharing knowledge using a population health approach.”

Most coalitions have community members from **various** organizations and/or community groups that **focus** on various age groups in the general **population**. Within the **Central Regional Wellness Coalition**, there is a seniors’ representative from a rural geographic area. This committee member actively contributes to raising **awareness** of issues for seniors within the region.

5. Central Health Long Term Care Needs Assessment (2015)

This report provides a **comprehensive** review of LTC services primarily for the aging population, within the central region including **nursing** homes, personal care homes (**PCHs**), home supports, services to adults with disabilities and alternate level of care (**ALC**). The report also considers the **major** factors that are influencing the need for **changes** in long term care services and uses that information to **predict** future needs, to enable

³ Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador

seniors to live as **independently** as possible. **Best practices** from across Canada and internationally were considered in the development of this report.

6. Provincial Food and Nutrition Framework and Action Plan: Eating Healthier in Newfoundland and Labrador

The Provincial Food and Nutrition Framework and Action Plan: **Eating Healthier in Newfoundland and Labrador**, released in the Fall of 2006, has included healthy living for **seniors** as one of their priority areas noting that **healthy** eating and physical activity are important in the promotion of healthy aging and independent living. This framework identifies the need for programs and services, which address **nutrition** and **physical activity** as part of healthy aging and the need for special programs for those **seniors** who are vulnerable.

7. Working Together for Mental Health: A Provincial Policy Framework for Mental Health and Addictions Services in Newfoundland and Labrador

This document, which will guide the **future** development of mental health and addiction services within this province, highlights the needs of four special population groups:

- **Children and youth**
- **women**
- **older adults, and**
- **aboriginal peoples**

The framework notes that current service delivery models do not reflect the **complex** and changing mental health needs of older adults and that mental health and behavioral problems associated with mental health and/or addictions are not a natural part of aging and much can be done to **prevent** deterioration, **restore** health and **enhance** quality of life.⁴ The strategy stresses the need for services that promote **independence** and enhance **quality** of life such as supported housing options, home care not dependent on physical disability, **bereavement counseling**, day programs, home maintenance programs, family support services such as **respite services** and others. Recognizing, supporting and **treating** mental health needs of seniors are important facets in healthy aging.

In November 2016, the provincial Government released ***The Way Forward: A Vision for Sustainability and Growth in Newfoundland and Labrador***, which indicates an action by government to **respond** to recommendations from the **All Party Committee** on Mental Health and Addictions indicating that a comprehensive Mental Health and Addictions Strategy needs to be implemented.

The All-Party Committee on Mental Health and Addictions *Progress Report (dated October 2015)*, notes that “**like any other health issue, mental illness and addictions require a range of high quality and accessible programs and support services to provide individuals with the best possible outcomes and opportunities for recovery**”. The report notes

⁴ Working Together for Mental Health: A Provincial Framework for Mental Health and Addictions Services in Newfoundland and Labrador

that several themes have emerged as a result of the public consultations and review process including:

- **Improving access to services by:**
 - ⇒ Increasing investments in mental health resources
 - ⇒ Addressing wait times
 - ⇒ Ensuring equal access to services
 - ⇒ Increasing awareness of available services and the ability to navigate them
 - ⇒ Enhancing coverage for specialists and medications

- **Improving the quality of care by:**
 - ⇒ Providing patient-centered care
 - ⇒ Increasing the education of health care providers
 - ⇒ Enhancing the use of multi-disciplinary teams
 - ⇒ Ensuring appropriate follow-up
 - ⇒ Increasing the use of Telehealth as a means of improving services

- **Promotion of positive mental health and prevention of mental illness by:**
 - ⇒ Addressing stigma through education and awareness
 - ⇒ Promoting psychological resilience

- **Improving policy and programming by:**
 - ⇒ Applying a harm reduction lens
 - ⇒ Applying a mental health lens
 - ⇒ Increasing opportunities for community engagement
 - ⇒ Applying a recovery-focused lens

- **Strengthening community supports by:**

- ⇒ Building relationships with community partners offering mental health and addictions services
- ⇒ Embedding mental health and addictions within the community
- ⇒ Strengthening financial commitment to partners

The final report of the committee is expected to be released in the winter of 2017. Work is underway at Central Health in many of these areas.

8. Provincial Injury Prevention Strategy

The **Provincial Injury Prevention Strategy** has **important** implications for older adults in the central region. The focus for injury prevention is on **building** the knowledge capacity and structures to **support** older adults in the region to address injury issues. The Provincial Injury Prevention Coalition and the Central Regional Injury Prevention Coalition includes community partners who are **actively** involved in injury prevention and **safety** promotion for older adults. A Falls Prevention Program has been implemented in Central Health. The program is based on components of the Canadian Falls Prevention Curriculum and **encompasses** acute, long term and community care programs. In Central Health injury prevention **priorities** are identified and **initiatives** are developed to keep people of all ages safe from injury.

Falls and Injuries

Falls and injuries can be **devastating** at any age, but especially for seniors.

Research indicates the following:⁵

- **33%** of seniors will experience at least one fall per year, with most falls occurring indoors, **50%** of those seniors will experience more than one fall.
- **50%** of seniors 80 years and older fall each year.
- **95%** of hip fractures among seniors **are caused by falls**.
 - ◆ **Hip fractures** can cause serious health problems and lead to reduced **quality of life** and premature death.
 - ◆ Hip fractures cause the **highest morbidity** in falls.
 - ◆ **Women** sustain about **80% of all hip fractures**. At least **1 in 3 women** and **1 in 5 men** will suffer from an osteoporotic fracture during their lifetime.

Hip fractures are very **costly** to the individual, the **family** and the health care system. It is reported that as many as **20%** of patients with hip fractures die within a year of their injury and that falls are directly accountable for up to **40%** of admissions to long term care.

Central Health has developed a comprehensive **Falls Prevention Program** which is an important component of the Healthy Aging Strategy.

In the central region most falls resulting in hospitalization occur in seniors **75 years and older**. The average length of stay in hospital for this age group is 11.3 days compared to 9.2 days for people 65-74 years and 5.7 days for people < 65 years of age.⁶

⁵ Canadian Falls Prevention Curriculum

⁶ Central Health, Hospital Separation, 1994 - 2005

9. Provincial Poverty Reduction Strategy

Reducing Poverty: An Action Plan for Newfoundland and Labrador released in June 2006 identified those most vulnerable to long term poverty:

- Families led by a **single mother**
- **Single** people, especially single older people
- Persons with work-limiting **disabilities**
- **Aboriginal** people, and
- People age **55 – 64 years**

It is estimated that **20** per cent of people in the **55-64** year age group fall **below the low income** cut off in this province. Seniors, overall, are reportedly better off financially than compared to years ago but many still struggle with **financial difficulties**, especially single older people, most of whom are **women**. This plan aims to reduce poverty through various initiatives.

10. Provincial Tobacco Reduction Strategy 2013-2017

In the 2013-2017 strategy, the **vision** is to **significantly improve** the health of Newfoundlanders and Labradorians by **reducing** the harm **caused by tobacco** use, especially among priority populations. The vision, goals and guiding principles of this strategy are consistent with previous Tobacco Reduction Strategies and are influenced by current evidence, opportunities and challenges. Designed to be **consistent** with established and new health and social initiatives within the province, this **Tobacco Reduction Strategy** provides direction regarding the

development and implementation of tobacco control actions to create a province **free from the harmful effects of Tobacco**. Tobacco is the **second major cause of death** in the world and the **leading cause** of preventable illness, disability and premature death in Canada.⁷

In consultation with the Provincial Tobacco Reduction strategy, there is continuous **effort** and community partnership to strive to **reduce tobacco rates** here in **Central** by CTAC. Educational webinars from **Smoker's Helpline** (SHL) provide review and updates of SHL referral system, such as an **e-referral** program with intent to increase referral rates. National & Provincial programs such as the **Run to Quit** program is supported and promoted in Central and community based smoking cessation programs are offered as needed, in **efforts to assist in quitting smoking**. The helping women quit initiative of the PRTCC, addresses the high prevalence of tobacco use among women in Newfoundland and Labrador (NL).

11. Central Health Regional Stroke Program

According to the 2014 Canadian Community Health Survey, **1.1%** of Canadians reported having effects of **stroke** in the population **20 years and older**. This rate was **1.2%** for the province and **1.6% for Central Health**. Implementation of best practice recommendations for care is required to ensure appropriate and timely access to care, and to improve outcomes and quality of life.

Priorities for Central Health's **Regional Stroke Program** align with provincial priorities, with the goal to implement a coordinated and integrated approach to stroke care based on Canadian Stroke Best

⁷ World Health Organization 2003 Tobacco Free Initiative

Practice Recommendations. The Regional Stroke Steering Committee will **guide** and **support** targeted working groups focused on implementing standards and working through **quality improvement** work in the following priority areas:

- **Hyper acute and Secondary Stroke Prevention:** improve management of hyper acute stroke and TIA, and prevention of secondary stroke
- **Acute and Rehabilitative Care:** implement best practice care related to acute and rehabilitative stroke unit care
- **Public Awareness and Community Reintegration:** Enhance public awareness of stroke and improve access to community resources post-stroke
- **Measuring and Monitoring:** monitor performance indicators

12. Provincial Violence Prevention Initiative

The **Violence Prevention Initiative** is a government-community partnership to find long-term solutions to violence against older persons, which is a social issue of **growing concern**. It can have significant effects on a person's psychological and physical health, social and financial well-being, and **security**. Recent studies suggest that **four to ten** per cent of older adults experience **some form of abuse or neglect**.⁸ This initiative presents a six-year plan for violence **prevention** and identifies seniors as a **vulnerable population**. This initiative recognizes that abuse is an important issue that some seniors face, noting that:

“Elder abuse and neglect are thought to be seriously under-reported”.

⁸ Beaulieu, M., Gordon, R.M., & Spencer, C. (2003). *An Environmental Scan of Abuse and Neglect of Older Adults in Canada: What's Working and Why*. Prepared for the Federal /Provincial/Territorial Committee of Officials (seniors).

13. Active, Healthy Newfoundland and Labrador

This document, developed in 2007 guides government and stakeholders as they work together to **increase engagement** in **physical activity** throughout the province. The framework's intent is to encourage citizens, **including seniors**, to pursue physical activity in order to achieve improved quality of life and health, **enhanced social interaction** and personal fulfillment.

14. Hear Us: Mature Women Speak Project

This 2006 provincial research project was conducted by the Status of Women's Council, Grand Falls-Windsor and it provides **invaluable** knowledge on issues that **impact** women's lives in rural Newfoundland and Labrador. Key issues identified by the mature women were **housing**, care giving, **health care**, transportation, work and **financial well-being**. The findings of this research were also reviewed in the development of the Health Aging Strategy.

15. Seniors Resource Centre

The Seniors Resource Centre of Newfoundland and Labrador is a not-for-profit, **charitable organization** based in St. John's that offers services in Central through programs such as the Community Peer Advocacy, Senior Information Line and Caregivers out of Isolation. Educational events on topics such as **falls prevention** and **diabetes** have been offered on times in various places and throughout the province. The Centre is a **strong advocacy** voice for seniors. The Seniors Resource Centre NL **supports, promotes and enhances** the well-being and **independence** of all older adults throughout the province of Newfoundland and Labrador.

The Seniors Resource Centre NL provides **information** and **referral** to support informed decision-making; facilitates the development and implementation of programs; and works to influence policies **affecting older adults**.

16. Alzheimer's Society of Newfoundland and Labrador

Early referrals and technology enable **remote support** for clients with dementia

The NL Chapter of the Alzheimer's Society has been promoting **First Link** in Central region since spring of 2015. Through First Link, people with dementia are **linked to local health services** and resources that best suit **individual situations**. Clients are able to access Alzheimer Society programs and services to help them and their families learn about **dementia**, talk about their concerns and **live well with the disease**. The progression of dementia brings with it new challenges. First Link provides support and **connects clients to informative workshops** to help them better understand and respond to each phase of the disease with **practical tips** and strategies

First Link clients are **consistently** tracked and supported throughout the progression of their disease and **transition** to different care settings as required.



Connecting with First Link allows clients to:

- **Receive one-on-one or group support**
- **Be referred to local healthcare providers and community services**
- **Meet other people in similar circumstances and exchange experiences**
- **Get help to plan the future**

In the Fall of 2017, Central Health will be partnering with the Alzheimer's Society to offer an **Alzheimer's Family Support Group** (FSG) in the health service areas of: **Grand Falls - Windsor, Botwood, and New Wes Valley**, with a plan to move to other areas as possible. The Long Term Care Social Workers at those respective sites will be **facilitating** with an identified community member. The Alzheimer's FSG will be open to **any family member who has a loved one** living in long term or in the community (e.g., Personal Care Homes, own home, etc.).

The goals of the FSG are to offer families: **knowledge and understanding about dementia**; empowerment to effectively fulfill a caregiving role; and the **opportunity to share personal experiences**, difficulties and learning from others

17. Chronic Disease Prevention and Management

Chronic diseases are defined by the WHO as “**diseases of long duration and generally slow progression**”. Common themes found in their definitions state that chronic disease:

- **Have many causes** but often share common risk factors, i.e. tobacco use, physical inactivity, unhealthy eating and/or excessive alcohol use,
- Usually begin slowly and **develop gradually over time**,
- **Can occur at any age**, although they become more common late in life,
- Can impact quality of life and **limit daily activities**, and
- **Require ongoing actions** on a long-term basis to manage the disease, with **involvement from individuals**, health care providers and the community.

The World Health Organization estimates that **90% of Type 2 Diabetes** and **80% of coronary heart disease can be prevented** or postponed with good nutrition, **regular physical activity**, elimination of smoking and **effective stress management**. Providing effective chronic disease prevention and management strategies and care requires a system that is set up to provide a combination of approaches for **prevention** targeted at primary, secondary and tertiary levels, as well as appropriate and **accessible health services** throughout the continuum of care.

Chronic diseases impact the health of the population, as well as the sustainability of the health care system. According to the 2014 Canadian Community Health Survey (CCHS), over one third of Canadians **20 years and older** had at least **one of 10** main chronic diseases, and many people live with more than one chronic disease. Common chronic diseases

include: diabetes, stroke, **lung disease**, cancer, **arthritis**, chronic pain, **heart disease**, and **kidney disease**.

In comparison to Canadian statistics, Newfoundland and Labrador **has the highest incidence** and rates of many chronic diseases, with **63%** of NL residents over the age of 12 having one chronic disease, and **88%** of NL residents over the age of 65 having one chronic disease. Nearly one third of that group has **three or more chronic diseases**.

The **leading causes** of death in Newfoundland and Labrador are now diseases of the circulatory system, such as **heart disease** and **stroke**, followed by **cancer** and **respiratory diseases**. Higher than provincial and national rates of many chronic diseases and risk factors contribute to these statistics. CCHS 2014 reports Central Health's rate of cardiovascular disease at **6.5%** while the Province and Canada report **5.6%** and **4.8%** respectively. Central Health's rate for those with hypertension is 32.3% while the province and Canada reports 24.8% and 17.7% respectively, and **Central Health's Diabetes reports at 11.3%** with NL and Canada reporting 9.0% and 6.7% respectively.

Close to **70%** of the residents of Newfoundland and Labrador are overweight or obese, not eating the recommended amount of **fruits** and **vegetables** and not getting the recommended amount of physical activity. Residents of Central Health have the **lowest physical activity** rates during leisure time at 42.1%, compared to Newfoundland and Canada reporting 48.3% and 53.7%, and only **23.1%** of people living **in the**

central region report eating the recommended amount of fruits and vegetables.

Increasing incidence of dementia is coinciding with an aging population to create rapid increase in demand for dementia care. Currently, **55%** of residents who live in Long Term Care Homes in the Central region **have a dementia**. There is a need to increase services to enable people with this chronic disease to live as independent as possible.

Data from the Report on Residents of Central Health Hospitalized with Specific Chronic Conditions (released Jan 2014), indicated that of acute care hospitalizations due to select chronic diseases, the majority were due to **COPD (37%)**, followed by Congestive Heart Failure **CHF (26%)**. At that time, COPD was the second Case Mix Group (CMG) and CHF was the fourth CMG that **accounted for all hospital admissions**. Length of stay was higher than expected for both COPD and CHF. Review of health care utilization and environmental scanning data led to Central Health's Senior Leadership team identifying **COPD** and **Heart Failure** as two priority health issues to be addressed by the CDPM Department.

Chronic Disease Prevention and Management is defined as a coordinated, **systematic process** involving various stakeholders, including individuals and communities. Central Health's CDPM Department is tasked with shifting from **usual care** (i.e. illness orientation) to **chronic care** (i.e. wellness orientation), creating a **fundamental shift** in how we think about and provide care leading to **better care** and more **appropriate health service utilization**.

With a strategic focus on **Healthy Living**, Central Health has prioritized the need to effectively **support** people and communities to be healthy, to provide care that focuses on individuals **holistically**, and to effectively integrate this work throughout the continuum of care. The Healthy Living goal in the strategic plan states that Central Health will have **improved capacity** to address population health-related issues within the region by March 31, 2017. The **goals** are being monitored on the Board of Trustees Scorecard and work is progressing towards targets, **in all areas**.

These goals are to:

1. **Implement** components of the Central Health CDPM Strategy
2. Improve supports for **clients and providers** to implement a self-management approach to care
3. **Develop** and **strengthen** community partnerships

The Chronic Disease Advisory Committee finalized and approved a work plan providing direction for the priority areas identified below (including COPD and HF identified above as the priority health issues):

- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure
- Self-Management
- Stroke
- Diabetes

The **5 priority goals** were identified in the work plan to address the identified priorities, which align with 3 components of the Expanded Chronic Care Model: **Self-Management /Develop Personal Skills; Delivery System Design/Re-Orient Health Services;** and **Information Systems**. Goals and objectives have been defined to challenge how Central Health currently provides services in order to sustainably shift how care is provided to people with chronic disease, therefore focusing on **improving access, flow, care processes** and **outcomes for people living with identified high priority chronic diseases**. Current research, national best practice guidelines, Central Health's CDPM Strategy, the Expanded Chronic Care Model and Primary Health care Service Delivery Model **all** provide the framework and foundation to guide development and implementation of this work.

In addition to implementing a CDPM strategy, work is targeted at improving supports for **clients** and **providers** to implement a self-management approach to care, as defined under the Healthy Living strategic direction.

Self-management (SM) is various tasks an individual must undertake to live well with one or more chronic disease. It is **empowering** people with the skills they need to **cope** with their chronic disease, to gain confidence and self-efficacy to deal with medical management, role management and emotional management related to their life, health, and chronic disease. Utilizing a SM service delivery model recognizes the client/patient as a **key player** in the therapeutic relationship and as an active member in their care management and health care team.

The overall goal of utilizing a SM approach/service delivery model is to **strengthen** a person's competence and confidence to manage their chronic disease/health, make **informed decisions** about their care, and **adopt** healthy behaviors. This will then lead to better health outcomes, and more appropriate system utilization.

The CDPM Strategy has a goal focused on having an integrated, **comprehensive** approach to self-management implemented across the region. This work requires two specified areas of focus: to **empower** and **prepare** individuals to manage their health and health care; and to provide and evaluate training and **support** for health professionals to enable them to implement **effective** SM strategies.

A framework defining the components to deliver a **successful** self-management approach to chronic disease management within Central Health has been defined and is being utilized as the **foundation** for the organizations self-management goals and objectives. Over the past two years, the **CDPM Department** has been defining models of care, components, programs and appropriate supports for the implementation of a **sustainable** SM service delivery model, tailored to meet Central Health's needs. This work has developed a **strong foundation** for the implementation of a SM service delivery model.

By investing in a SM approach and developing community partnership, Central Health will **enhance** CDPM to reduce emergency visits and hospitalizations related to chronic disease. **The Improving Health: My Way Self-Management Program** provides sessions that continue to be offered throughout the region.

According to data provided in the Board of Trustees Scorecard, for 2015-16:

- The number of sessions provided for Improving Health: My Way Self-Management Program was **11**
- The number of health service areas offering the Improving Health My Way Self-Management Program was **7 out of 10**
- The number of participants who started the program was **120**
- The percentage of participants who completed the program was **75%** exceeding the target of **70%**

18. Provincial Home Support Review (2016)

The Department of Health and Community Services (DHCS) have contracted the services of Deloitte Inc. to conduct a **comprehensive** review of the Provincial Home Support Program (PHSP). In response to meeting the growing demands of Newfoundland and Labrador's aging population, the DHCS sought to determine whether the PHSP is operating **efficiency** and **effectively** as possible, to identify opportunities to improve capacity and quality of program, and to inform changes required to help ensure the future sustainability of the program. There was representation from Central Health on the Provincial Steering Committee.

On August 16, 2016, the DHCS released the Provincial Home Support Program report completed by Deloitte. The report looks at the **current** state of the program, **highlights key findings** and provides opportunities for **improvement**. Extensive consultations were held by Deloitte with internal and external stakeholders. The review also included a client satisfaction survey, a jurisdictional scan and literature review, data collection and analysis, and regular meetings and workshops.

The report is as comprehensive as it is **valuable**. The DHCS and the Regional Health Authorities (RHAs) will work together with the community stakeholders as we take a closer look at areas where **we are doing well** and **opportunities** where we can achieve a more sustainable system based on present and future demands.

19. Adult Protection Act

The Adult Protection Act (2014) is the legislative authority for the delivery of services to adults in need of protective intervention. It replaced the *Neglected Adults Welfare Act*. **Adult Protection** stems from the belief that vulnerable adults have the **right** to be **protected** from abuse, neglect, and self-neglect. It involves responding to reports that an adult is experiencing **harm**, when that adult may not have the capacity to protect themselves, or may not have the ability to make an **informed decision** about the level of risk. It involves evaluating the level of risk, and evaluating an individual's ability to accept risk factors that occur in their own lives. Adult Protection can involve **providing emergency intervention** if a person lacks capacity and is at immediate risk of harm. Adult Protection involves offering supportive services to an adult that may prevent, or mitigate risks that occur in their lives.

The premise of adult protection is to identify adults in our communities that are at risk due to a lack of capacity to appreciate presenting risks to their health and well-being. Clients receiving intervention through **Adult Protection** are assisted following a thorough assessment of need and follow up through access of available services / resources. The implementation of available services is key to their overall health status.

20. Cervical Screening Initiatives

Cervical cancer is one of the **most preventable cancers**. It is caused by infection with high-risk types of human papillomavirus or HPV. Cervical cancer screening is an **essential** part of a woman's routine health care. It is

a way to detect abnormal cervical cells. Routine cervical screening has been shown to **greatly reduce** both the number of new cervical cancers diagnosed each year and deaths from the disease.

The provincial Cervical Screening Initiatives program works closely with all physicians, nurse practitioners, health professionals and community partners to educate the public on the **importance of regular Pap screening**.

The Central Health Cervical Screening Initiatives Program **participation rate** for women from 21-69 years of age was **52%**. In the Central Region there has been an increase in recent years in the number of women undergoing cervical screening, however the smallest increase has been in the senior age group, especially in women 70 years and older. Several screening initiatives for older women have been introduced in Central. Asymptomatic clients aged 50-69 can **self-refer** to the Provincial Breast Screening Program in the central region. Many seniors avail of this service which provides breast exams, information on breast health and mammography.

21. Canadian Foundation for Healthcare Improvement (CFHI) QI Collaborative – Appropriate Use of Antipsychotic Medication Use in LTC National Pilot Project

Across Canada, more than **one in four** seniors in long term care (LTC) is on antipsychotic medication without a diagnosis of psychosis. The rates vary greatly between LTC homes and jurisdictions, pointing to the potentially **inappropriate** use of these medications. In 2014-2015, Canadian Foundation for Healthcare Improvement (CFHI) worked with 56

long term care homes that agreed to curb the inappropriate prescribing of antipsychotic medication to seniors. Central Health was **1 of 10** organizations across Canada that was successful in being accepted to participate in this **innovative initiative**. Participants received seed funding and training to implement programs to **reduce** and **eliminate** antipsychotic use, along with coaching and mentoring, educational materials, tools, and forums for sharing with other sites.

Central Health's **goal** was to **lower the use** of antipsychotics, and improve the quality of care and quality of life for residents. In 2014, prior to the participation Quality Improvement Initiative, Central Newfoundland had the **highest rate of antipsychotic drug use** amongst residents in LTC without a diagnosis of psychosis in country (approx. 40%). However, the goal of a 15% reduction at the 4 LTC pilot sites in the use of antipsychotic medication in LTC have been **exceeded** to overall reduction of 26% at the conclusion of this pilot project in 2015. In collaboration with Western Health, a New LTC Patient Order Set has been developed and is being implemented in **11** LTC sites to address titration process for reduction of anti psychotics post transfer from acute care. Recent 2016 Q3 data from Canadian Institute for Healthcare Information reported that the sites we have spread to thus far are making **excellent** strides to bring down our overall percentage for inappropriate use of antipsychotics in **LTC**.

DEMOGRAPHIC OVERVIEW

- In 2014, **17.8%** of the people in Newfoundland and Labrador (NL) were 65 years of age and older.
- In 2010, 18% of the population encompassed by the Central Regional Health Authority (CRHA) were **65 years of age and older**.
- In 2010, **25%** of the population encompassed by CRHA were 55 years of age and older.
- Life expectancy at birth in Central Health (2007-2009) is predicted to be 77.1 years for a male and 81.6 years for a female.
- Declining population is observed for all age groups except for 65 years and older, which accounted for about 20% of Central Health's population in 2011. This age group is expected to increase to about **40%** of the population by 2036. It is projected the aging population will increase by 70% in the next 25 years, placing more pressure on the health care system. The median age is also higher –half of the population is living seven years longer compared to the country and 4 years longer compared to the province.
- in 2010, at 43.3 years, NL had the highest median age of all the provinces.
 - ◆ While a 8% decrease is expected in the overall population of Central Health region by 2026, the seniors (65+) population will increase by 28% (Central Health LTC Needs Assessment, EY 2015)
 - ◆ From 2014 to 2026 the total Central Health population will **decrease** by 8% (Central Health LTC Needs Assessment, EY 2015)
 - ▶ The under 65 population will decrease by 21%
 - ▶ The population of seniors (65+) will increase by 28%

POPULATION PROJECTIONS

Population aging in Canada is expected to **accelerate** between 2011 and 2031, as all people in the large cohort of baby boomers reach their senior years. It is projected that by **2025** seniors will comprise **25% of the population**, with 12% being **over the age of 75** years. The provincial median age is expected to increase from 41.7 years to 49 years by 2021. This would mean that almost half of the province's population would then be 50 years of age and older.

People over the age of 65 now account for **18.3%** of the population in the Central region. It is projected that by 2021 these numbers will **increase** substantially to **28%**.⁹ The demographic trends, which are expected to be more pronounced in rural areas, have implications for many sectors, including the health care sector and it calls for **proactive** and **innovative** planning.

An increasing number of seniors are now living in better health. In the past, health was considered from a mainly physical perspective. The focus was on curing or managing disease. There has been a move toward a broader view with all aspects of health and well-being taken into account. This new perspective emphasizes **health promotion** and **wellness**. Knowledge of social factors that affect health of seniors demonstrates the value of independence in health and well-being.¹⁰ The number of frail elderly is growing and it is predicted that the needs for health care service will increase.

⁹ Economics and Statistics Branch, Department of Finance, 2006

¹⁰ Provincial Healthy Aging, Policy Framework, 2007

The demands for long-term care (and community support) are continuously expanding as the average age of residents increases. The challenge is even greater in the central region as the **population is aging faster** than anywhere else in the province. As of April 2016, Central Health has 524 LTC beds (including LTC palliative and respite) throughout the region in 11 facilities. The current occupancy rate at all LTC sites ranges between 95-100%.

The waitlist for LTC placement has grown by **82%** since 2007 and the number of ALC days per year has almost doubled over the past 7 years. In order to meet current demand and anticipated future needs of LTC clients, Central Health required an assessment of existing LTC and community support services and recommendations to address future service needs and residential gaps, with a focus on maintaining clients at the highest level of independence and as close to home as possible. Central Health engaged a consulting firm to help carry out this work.

The **Long Term Care Needs Assessment** report was released in February 2015 and included an analysis of the LTC services being provided, a review of best practices and service models, an analysis of the current population availing of LTC services, recommendations of the types of services that Central Health and the DHCS need to invest in to be responsive to LTC, capital infrastructure estimates and operating costs for recommended residential options and a detailed analysis and capital cost estimates pertaining to the nursing home sector.

MENTAL HEALTH

It is estimated that seniors are among the most **under-treated** populations for mental health issues with more than one third of their mental health issues going untreated.¹¹ The prevalence of Alzheimer Disease and other dementia increases with a longer life expectancy and this will mean an increased need for specialized services such as day programs, respite care, and long term care units.

1 in 13 Canadians over 65 years of age has Alzheimer Disease or a related dementia and 1 in 3 over the age of 85 years have Alzheimer Disease.¹² In a Canadian study on Health and Aging depressive symptoms were nearly twice as frequent in caregivers of people with dementia as caregivers of seniors who did not have dementia. This study also noted that **36%** of the informal caregivers were over the age of 70 years.

Seniors may be less likely to report psychiatric concerns to their family doctor and symptoms may be mistaken as early dementia or other age-related changes. As a result, seniors with common mental health conditions may not receive the appropriate treatment. Anxiety and mood disorders are the most common mental health conditions experienced over the lifespan. In 2012, only **8.5% of Canadians 65 years and over** reported having ever been diagnosed with an anxiety disorder and/or mood disorder.¹³

Three to five percent of Canadians aged 65 and over living in the community have major depression, while **15%** of this population report

¹¹ Canadian Study of Health and Aging Working Group: Canadian Study of Health and Aging, study methods and prevalence of dementia

¹² Canadian Study of Health and Aging Working Group: Canadian Study of Health and Aging, study methods and prevalence of dementia.

¹³ http://www.mentalhealthcommission.ca/English/system/files/private/document/MHCC_Mental_Health_indicators_Jan2015_ENG.pdf

significant levels of depressive symptoms such as loss of energy, decreased interest and pleasure in usual activities, pain and somatic complaints and complaints of memory problems.¹⁴

61.2% of Central Health respondents of the Canadian Community Health Survey (CCHS) in 2014 rated their perceived health as **excellent** or **very good**, which was higher than the province (**60.6%**) and the country (**59.0%**) however; these rates have declined slightly since 2010. This self-rated health indicator measures an individual's perception of his or her overall health. It refers to a person's health in general—not only the absence of disease or injury but also the presence of a physical, mental and social well-being. **Good to excellent** self-reported health status correlates with lower risk of mortality and use of health services. Perception of mental health has declined since 2010 for the province (72.2%), the country (71.1%) and Central Health (70.8%). The self-rated reports of functional health rated as good to full from the CCHS was 79.0% for Central Health, which was the second highest of the RHAs, was lower than the province but higher than the country.

¹⁴ http://www.cpa.ca/docs/File/Publications/FactSheets/PsychologyWorksFactSheet_DepressionAmongSeniors.pdf

DETERMINANTS OF HEALTH

Health and well-being is determined by a range of interconnected factors. These health determinants interact before and during the senior years, and influence the **quality** and **length of life**. It is also important to note that health care providers and decision makers need to recognize the challenge and complex interactions of these determinants, and the effect they have on healthy aging.

Income and Social Status

Research indicates that **income** and **social status** is the **single most important** determinant of health and that “most of the key determinants are closely connected to poverty or its abstinence.”¹⁵ For example, low income can lead to poor diet and housing, lack of social support and decreased opportunities for activity. Income largely determines an individual’s ability to purchase the necessities of life, to participate in activities and to possess a feeling of security.

Studies show that societies, which are reasonably prosperous and have an equitable distribution of wealth, have the **healthiest** populations, regardless of the money they spend on health care.¹⁶ The median annual income of persons aged 55 and over in the Central region in 2011 was \$21,800 and \$18,200 for seniors 65+. This is **below** the national and provincial average and the lowest among **all four regional health authorities** for both age groups.

¹⁵ Poverty Reduction Strategy Newfoundland and Labrador

¹⁶ The Canadian Best Portal for Health Information

Government transfer payment (Old Age Security, Canada Pension etc.) represented 41.5% of the total income of persons aged 55 and over in Central Health Authority in 2011. That number increases to 65.1% for persons aged 65 and over.¹⁷

The province has the **second lowest rate** of seniors' poverty in Canada; with an income level of 12.2% of the total population which falls below Statistics Canada Low Income Cut off (LICO), 20% of those individuals are older adults with the majority between the ages of 55 and 64 years.¹⁸ Single older adults, the majority being women, are considered vulnerable to poverty.

Education

Health status improves with level of education and literacy. Education gives people the **knowledge** and skills they need to make **healthy** choices, to have a better income and more job security, and to participate in the community.¹⁹

In 2006, 41.7% of persons aged 55 and over in the central region had a high school diploma or greater, this number decreases to 31.8% for persons aged 65 and over. It is expected that tomorrow's seniors will have higher levels of formal education as the rates of high school graduates have been increasing.

A low education level coupled with some of the sensory impairments that accompany aging, such as vision and/or hearing loss can cause many difficulties for seniors, including **increased vulnerability** for abuse,

¹⁷ Community Accounts

¹⁸ Poverty Reduction Strategy Newfoundland and Labrador

¹⁹ The Canadian Best portal for Health Information

especially financial abuse, increased risk of medication errors, and increased social isolation. In developing programs and services it is vital to consider literacy skills and to make necessary accommodations.

Social Support Network

Support from **family**, **friends** and **community** influences a person's health. People who are socially isolated and have few ties to other individuals are more likely to suffer from poor physical and mental health, and are more likely to die prematurely.²⁰

There are no statistics available to indicate the number of socially isolated seniors in this region or province, but awareness of the existence of social isolation should be considered in any strategic planning for an aging population.

Most seniors appear to have contact with at least **one** person. Due to out migration some seniors, however are experiencing a decrease in their social support network. Seniors may experience loneliness and difficulty getting basic home maintenance chores completed such as lawn mowing, painting, and snow shoveling. In 2005, **80%** of all home care was provided by relatives and friends.²¹ The majority of caregivers were women, many of whom were older adults themselves.

A strong sense of community belonging is evident in this province, including the central region. In 2009-10, **82.6%** of the central population reported having a **strong sense** of community belonging.²² Furthermore **50%** of the provincial populations are members of an organization.

²⁰ CCHS 2005

²¹ CCHS 2005

²² Newfoundland and Labrador Statistics Agency 2009-2010

Gender

Gender differences exist in income levels, life expectancy, illness, risk for violence and STIs, and programs and services need to reflect the gender imbalance. For example in 2009, women in this province earned a median annual income of \$17,300, whereas men earned \$28,900. This translates to a **40%** less earnings for women compared to men.²³

Women, especially those between the ages of **55 and 64** years and single senior women, tend to have the least income. Older women are more likely to live alone, with inadequate social and material support, in their aging years.²⁴

Life expectancy has continued to increase for both sexes. According to Statistics Canada, the life expectancy at birth for Central Health region was **77.1** years for **males** and **81.6** years for **females**.

Men and women are also affected differently by chronic diseases at different ages. The risk of violence and sexually transmitted diseases are also higher for females.

Employment and Working Conditions

With the recent elimination of mandatory retirement at 65 years of age, more individuals may be working well into their senior years and workplaces need to be **sensitive** to the needs of the older worker. Wellness priorities will also need to be implemented and/or strengthened.

²³ Newfoundland and Labrador Statistics Agency 2009-2010

²⁴ World Health Organization 2002

Health Services

Health services, especially those designed to maintain and promote health, prevent disease and injury, and restore health, contribute to population health. It is reported that **92.3%** of people less than 65 years of age had contact with a doctor in the previous 12 months.²⁵

Physical Environment

Physical factors in the **natural environment**, such as air, water and soil, and in the **human built environment**, such as housing, workplace safety, community, and road design also influence health. Seniors, like all other age groups, will have a greater opportunity to maintain their health if their environment is conducive to **healthy living**. Many sectors outside health care play a role in developing and supporting a healthy environment.

Housing

Most seniors prefer to remain in their own home for as long as possible. This is supported by the fact that in central **90%** of people less than 55 years of age reported owning their own home.²⁶ At times supportive services and/or home adaptations may be needed to enable seniors to remain independent.

The number of seniors availing of home support services has grown by **250%** since March 2006. Home Support is a benefit available within the Community Support Services Program of Central Health, which enables eligible individuals, who require assistance with Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs) to reside

²⁵ Statistics Canada. 2011. Health Profile

²⁶ Community Accounts

independently. Home Support is intended to supplement, not replace, services provided by the individual's family and natural support network.

Eligibility for publically funded home support is based on:

- **Need** for supportive service as determined by the provincial standardized assessment tool (InteRAI-HC)
- **Age** – must be 65 years or older or 18 years or older with a permanent disability
- **Residency** – Must reside in their own home, board and lodging, alternate family care home, apartment, condominium, assisted living unit or shared living arrangement

As of December 1, 2016, there were a total of **1,583** clients availing of home supports: **946** seniors, **257** adults with physical disabilities; and **380** adults with intellectual disabilities.

Health supplies and equipment purchases can also be approved if seniors meet the eligibility guidelines. There are different housing options available in different areas of the region. Seniors apartments and seniors cottages exist, as well as personal care homes and long term care units, and nursing homes. In Central, **6.6%** of the senior population resides in long term care. At the time of this report, there are **524** long term care beds and **1086** personal care home beds within the Central region.

The need to explore and develop alternate housing options given our aging population has been recognized. Central Health, in partnership with seniors, the housing sector, and developers, can be a catalyst in reviewing housing needs of seniors and in supporting creative approaches to meet the housing needs of an aging population. A provincial committee has been

established to assess affordable and accessible housing options for seniors.

Culture

A **rich** cultural life is seen as a contributor to the health of a population, promoting creativity and tradition.²⁷ This province is steeped well in tradition and its impact on aging is great. **A strong sense of family** and community is evident in this province. Aboriginal people often turn to Elders as key sources of traditional knowledge, wisdom and cultural continuity.²⁸ Programs and services that support **healthy aging** must be culturally sensitive.

Genetics

Biological and genetic factors can have widespread effects on senior's independence and health. How long people live, how healthy they will be and the likelihood they will get certain diseases is affected by their genes. A healthy lifestyle and early screening can delay or prevent the onset of some diseases.

Personal Health Practices and Coping Skills

Personal practices such as unhealthy eating, physical inactivity, medication misuse and smoking have been shown to negatively affect health. A person's coping skills, the way in which people relate to the world around them and handle the challenges and stresses of life also influence health. In addition, lifestyle practices are a major contributing factor in many diseases and it is estimated that lifestyle factors account for **50%** of health

²⁷ Circle of Health: Health Promotion Framework PEI

²⁸ Statistics Canada A Portrait of Seniors in Canada

problems. “Encouraging healthy lifestyles can prevent, minimize or even reverse frailty and poor health in old age resulting in better quality of life and savings to the health care system.”²⁹ The lifestyle factors of nutrition, physical activity, medication use and smoking and their effect on health will now be examined from an aging perspective.

LIFESTYLE FACTORS

Nutrition

Nutritional well-being is essential for health, independence, length and quality of life. Therefore nutrition is a **key factor** in healthy aging.

According to Statistics Canada only **15.1%** of those 12 years and older in the Central Health region reported consuming fruits and vegetable five or more times today compared to **25.9%** for the province.³⁰ Special attention needs to be paid to those seniors who are nutritionally vulnerable.

Nutritional vulnerability is often associated with **poverty** but can occur as a result of other factors including limited mobility, limited knowledge of healthy eating practices, lack of transportation, limited time or skill in preparing meals, certain social situations and a variety of health conditions.

For seniors there is an **increased risk of malnutrition** and **nutrient intake deficiencies** because of seniors’ lower caloric requirement, yet higher nutrient requirements, the loss of lean body mass and less physical activity.³¹ The lowest rates of malnutrition are seen in seniors who are independent.

²⁹ Healthy Aging Through Healthy Living British Columbia

³⁰ Statistics Canada, Health Profile December 2013

³¹ Statistics Canada, A Portrait of Seniors

A healthy diet can help reduce health problems associated with the following five health conditions:

1. Cancer
2. Heart Disease
3. Diabetes
4. Osteoporosis
5. Obesity

Physical Activity

For seniors there may be various **barriers** to being physically active including but not limited to lack of programs, lack of transportation, lack of motivation, fear of injury, illness and disability itself, lack of knowledge, cost and other burdens such as care giving.

Within the senior age group, several key populations are particularly vulnerable to reduced levels of physical activity, these include: seniors with low income or low education level, older seniors, seniors in institutions, seniors with illness, disability or chronic disease, isolated seniors and senior women.

Physical activity has been shown to achieve **health-related benefits**, maintain functional ability, enhance psychological health and reduce the risk for chronic diseases. Overall, the impacts of physical inactivity can be quite detrimental to the individual senior and it can also have negative implications for families, communities and the health care system.

Medication Use

Medications are **instrumental** in the lives of many seniors. However, seniors represent a high risk group in terms of the hazards associated with inappropriate use of medications. Seniors at risk may include seniors taking multiple medications, seniors with cognitive impairments, isolated seniors, and seniors with low literacy and the frail elderly.³² Incorrect medication use can pose serious threats to the health and quality of life of seniors and can lead to increased admissions to hospitals and long term care facilities and an increased need for services such as home support.

Seniors are at a greater risk for adverse drug reactions as well as other types of drug-related adverse events due to the number of drugs they take, the higher prevalence of certain **chronic conditions** and age-related changes in the body. The Beers list is an internationally recognized list of drugs identified as potentially inappropriate to prescribe to seniors because they are shown to be ineffective, they pose an unnecessary high risk for older persons or a safer alternative is available. This CIHI indicator is interpreted as the rate of seniors (65+ years) who take a medication identified as potentially inappropriate to prescribe to seniors because they are ineffective. The rate for 2014-15 for Central Health was **71.0%**, which has increased steadily since 2009 and is highest among the RHAs, the province (**69.9%**) and the country (**49.7%**). This is an area that requires exploration.

Substance Abuse and Older Adults

Many older adults begin to have problems with their substance use during times of transition or loss (e.g. forced retirement, bereavement, new or

³² Working Together on Seniors Medication Use: A Federal/Provincial/Territorial Strategy for Action

escalating health concerns, loss of independence. Alcohol and prescribed and over the counter psychoactive medications are currently the drugs of most concern for seniors as mixing many of these medications with alcohol can be **dangerous** or even deadly. Psychosocial factors such as boredom, loneliness and homelessness are linked to higher alcohol use (Royal College of Psychiatrists, 2011) Problems with substance use are often not recognized by health care providers so help is not offered* Older adults are generally less likely to report drinking harmfully however across Canada, 10.9% and 13.6% of those aged 65-74 and 75+ years respectively report exceeding low risk drinking guidelines (Adlaf, 2005).

Smoking

The health and economic impacts of smoking are numerous and well documented. Smoking is a risk factor for **lung cancer, heart disease, stroke, COPD** and other conditions. According to the WHO, smoking is an important and **preventable** cause of death. Overall, smoking rates are on the decline for those 12 and older who smoke cigarettes daily or occasionally, however rates remain higher among males and rates for youth of the province remain unchanged.

A smoker, on average, will die younger than a non-smoker and an older smoker can expect more **disability** and at a **younger age**.³³ Smoking is associated with many diseases including heart disease, stroke, lung disease and some types of cancer. Research has shown that stopping smoking at any age is beneficial with some benefits being immediate. The longer people refrain from smoking the more their health improves.³⁴

³³ Smoking Among Older Adults in Canada

³⁴ The Centre for Social Gerontology Fact Sheet on Tobacco Use and Seniors

CENTRAL HEALTH'S ENVIRONMENTAL SCAN

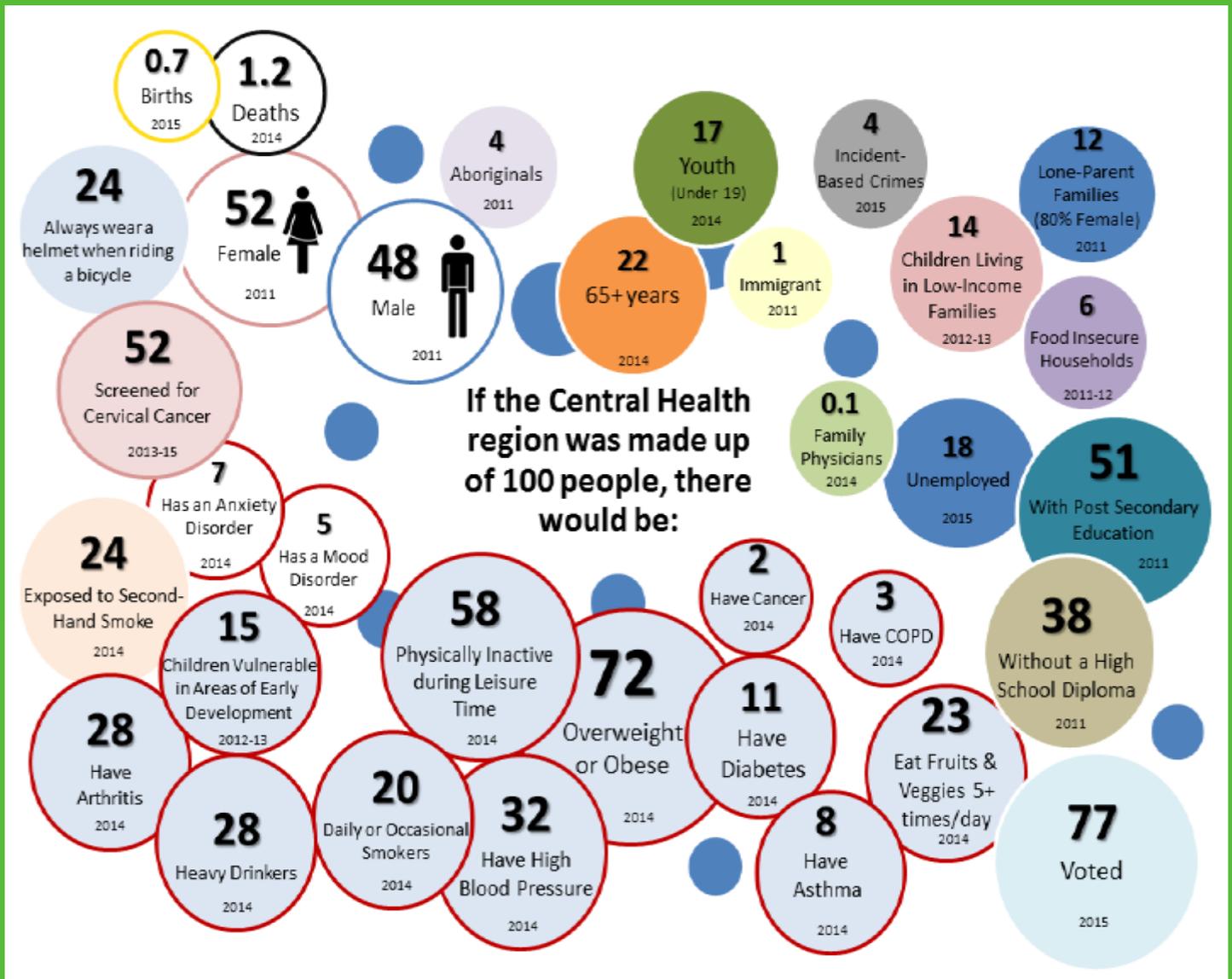
Central Health's Environmental Scan is a comprehensive assessment and current state analysis, focusing on the health status of the people and **communities served** and the **performance of the health system**. The region of focus is central Newfoundland and Labrador, more specifically the catchment area of the Central Regional Health Authority, or Central Health. The information found herein will be utilized to assist strategic and operational planning within Central Health. An environmental scan can be defined as the analysis and evaluation of internal conditions, external data and factors that affect the organization. This information is used to identify **trends** and **factors of change** that affect communities and health system performance for improved strategic planning.

The analysis and evaluation of the internal conditions of Central Health involved an extensive review of corporate documents, internal reporting systems and databases. Input in the development of the scan was provided by **all levels of health care** including senior leaders, physicians, directors, managers, frontline employees and volunteers. External feedback from community partners, municipalities/service districts and the public was gathered from the Primary Care Facilitators and Community Development Nurses responsible for the Community Health Assessment Process (CHAP). Input was obtained from community groups, such as the Community Advisory Committees and public online surveys.

Both the external and internal stakeholders reported the following as areas of concern: chronic disease, life style and behavioural factors, mental

Central Health's Social Determinants of Health Profile

(Central Health's Environmental Scan 2017)



Implementation Plan

It is recognized that all issues identified as concerns are of **paramount importance**, and each demand and deserve attention. **Central Health's Healthy Aging Strategy** is a starting point in addressing some of the issues. It should be noted that some of the issues, such as financial concerns, are being addressed on a provincial or federal level and therefore will not be addressed in this strategy. Additionally, it is necessary to note that some of the issues identified as concerns for the aging population may be better suited to be primarily addressed by another sector, but Central Health can be a catalyst in working with partners to address those issues. However, it is important that Central Health's healthy aging programs and services are provided at **no** or **low cost** to the aging population to help ensure participation.

In March 2017, Central Health identified a need to establish Central Health's Healthy Aging Advisory Council with the intent for the advisory council to provide **leadership** for the planning, implementation and evaluation of an integrated, regional approach to care of people while they age. Additionally, the role of the advisory council is to support healthy aging across the continuum of care based on Central Health's Healthy Aging Strategy and in alignment with Central Health's organizational strategic plan. As part of the recruitment strategy for key external stakeholders, Central Health conducted an "Expression of Interest" process. Internal stakeholders were also chosen based on an expression of interest as well.

Terms of Reference can be found in **Appendix A**.

The framework demonstrates a **commitment** and **partnership** with all sectors of society that includes:

- ✓ Governments
- ✓ Older persons
- ✓ Seniors' organizations and retiree groups
- ✓ Volunteer sector
- ✓ Educational sector
- ✓ Community organizations
- ✓ Business community

This **collaborative** effort is essential to ensuring an age-friendly philosophy throughout our region. Investing in healthy aging benefits all people of all ages. It is part of an approach that seeks to improve well-being by making strategic investments at different times such as during childhood, adulthood, and older age.

Central Health's Healthy Aging Strategy is guided by the following **6 priority areas**, which are outlined in the Provincial Healthy Aging Policy Framework (2007):

Priority #1 Recognition of Older Persons

The goal of this priority is to work toward increased **societal respect** and **regard** for older persons with regards to policies, programs, services and greater **social inclusion of seniors** in our region.

Priority #2 Celebrating Diversity

The goal of this priority is to work toward **ensuring that the diversity** of the aging population is seen and valued in regional policies, programs and services.

Priority #3 Supportive Communities

The goal of this priority is to work toward **enhancing the role that communities play** to support an aging population in our region.

Priority #4 Financial Well-Being

The goal of this priority is to ensure that programs and services are **financially accessible** for seniors in our region.

Priority #5 Health and Well-Being

The goal of this priority is to work toward ensuring that people have the best possible **physical, emotional, social, mental, and spiritual** health and well-being as they age.

Priority #6 Employment, Education and Research

The goal of this priority is to focus on the **impact** of these aspects on the aging population in our region

On March 16, 2017, the Central Health's Healthy Aging Advisory Council identified the following **top 3** priorities for the next 3 years (2017-2020), based on the 6 priorities identified in the Provincial Healthy Aging Policy Framework (2007):

#1. Supportive Communities - This priority direction will work toward enhancing the role that communities play to support an aging population. Provincial and/or regional legislation, policies, programs and services will be used.

#2. Health and Well-Being - This priority direction works toward ensuring people as they age have the best possible physical, emotional, social, mental, and spiritual health and well-being.

#3. Recognition of Older Persons - This priority direction will work toward increased societal respect and regard for older persons; age-friendly legislation, policies, programs and services; and greater inclusion of seniors in our society.

In order for Central Health's Healthy Aging Strategy to be successful, comprehensive multifaceted strategies targeting both individual and population wide influences are needed for each priority direction. Central Health's Healthy Aging Advisory Council has been established to identify an action plan for each priority direction will need to be addressed at each phase of the strategy.

Conclusion

This document clearly identifies that **our population is aging** and the need exists to critically assess policy, programs and services throughout the central region through an **age-friendly** perspective. It is recognized that while a foundation of work has been established within the Central Regional Health Authority boundaries, there is still much to be done.

The development of this **Healthy Aging Strategy** is the first step in addressing some of the concerns of an aging population. The established priorities and actions outlined in this strategy will go a long way in addressing issues and concerns in this region as people age across the continuum of care.

It is noted in the ***Provincial Healthy Aging Framework*** that:

“The greatest challenge is the need to balance the unique, individual strengths of people as they age with current societal tendency to focus on weakness and loss, this has supported programs and services focused on vulnerability rather than independence.”

The first phase of this framework is to establish a commitment and partnership with all sectors of society including governments, older persons, seniors’ organizations and retiree groups, the volunteer sector, the educational sector, community organizations, and the business community; this collaborative effort will continue

Central Health's Healthy Aging Framework and Implementation Plan is part of Central Health's commitment to a healthy communities and healthy people. It defines healthy aging and describes regional demographics in light of our aging population. This plan is based on the provincial and regional vision of healthy aging.

Appendix A



Healthy Aging Strategy Advisory Council Terms of Reference

Membership

The membership will be comprised of:

- *Co-Chairs:*
 - ✓ Regional Director, Long Term Care
 - ✓ Director, Maternal Child & Population Health

- Core Committee Membership:
 - ✓ Director of Health Services
 - ✓ Manager, Chronic Disease Prevention and Management
 - ✓ Director, Emergency, ICU and Medicine Services\ Paramedicine and Medical Transport/Health Emergency Management
 - ✓ Director, Community Support Services
 - ✓ Director, Home & Ambulatory Services
 - ✓ Director, Mental Health & Addictions Services

- External Stakeholders
 - ✓ Alzheimer's Society
 - ✓ Canadian Red Cross
 - ✓ Home Support Agency
 - ✓ Youth
 - ✓ Community Advisory Committee
 - ✓ Municipality
 - ✓ Pastoral Care
 - ✓ Older Adult
 - ✓ CDPM Facilitator
 - ✓ Recreation/Senior's Resource
 - ✓ Government agencies
 - ✓ Seniors' Organization and retiree groups
 - ✓ Volunteer sector
 - ✓ Educational sector
 - ✓ Business community

Purpose

To provide leadership for the planning, implementation and evaluation of an integrated, regional approach to care of people while they age. To support Healthy Aging across the continuum of care based on Central Health's

Healthy Aging Strategy and in alignment with Central Health's organizational strategic plan.

Reporting

This committee will report to:

VP, Long Term Care & Community Health

Links

- LTC QI Team
- LTC Council
- Population and Public Health QI Team
- Mental Health and Addictions QI Team
- Case Management QI Team
- Medical QI Team
- Community Advisory Committees
- Municipal Council

Quorum

A quorum shall consist of 50% + 1 of the total membership

Responsibilities

- To promote the value and worth of people as they age across the continuum of care
- To promote an age friendly approach in the provision of services to individuals across the continuum of care
- To support the implementation of Central Health's Healthy Aging Strategy and identified priority areas

- To measure and achieve results and set targets, indicators, and priorities
- To develop and maintain a network that collaboratively addresses issues concerning healthy aging and to ensure a consistent and coordinated approach to healthy aging initiatives
- To provide a forum for discussion around healthy aging initiatives and programs
- To assist Central Health in preparing for an aging population by ensuring that an age friendly approach is taken in respect to policy development and in the planning for future service delivery
- To identify areas of opportunity within Central Health to develop and/or adapt policies, programs, and services to better support an aging population
- To advise and inform the senior leadership team of Central Health on issues, concerns and needs of people as they age across the continuum of care
- To utilize the Q-Mentum Program Accreditation Standards to ensure best practices are followed regarding the implementation of Central Health Healthy Aging Strategy
- To designate sub committees to work on action priority areas identified by the Advisory Committee

Sub-Committee Membership for Consideration

- Primary Health Care Facilitator
- Public Health Nurse – Community Development Focus
- Rehabilitation Services representative

Ex-Officio membership

- VP, Rural Health
- Adhoc Members as required

Meetings

Meetings will be held face to face or via conference call quarterly or at the call of the Co-Chair

Minutes

Minutes will be recorded by the Co-Chair and will be uploaded to the intranet by assigned administrative support. Minutes will be emailed to external stakeholders.

HEALTHY AGING AT EVERY AGE

**Our partners are working with us on
healthy aging and supportive communities.**

centralhealth.nl.ca

[@CentralHealthNL](https://www.instagram.com/CentralHealthNL)

