

Towards an Elder Health Framework for Ontario

A Working Document

Elder Health Elder Care Coalition
January 2005

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Introduction

For the past two decades there has been a growing awareness in Ontario that the demographic imperative of an ageing population required special consideration and the development of focused policies, programs and systems. Despite numerous initiatives and reports, no provincial elder health framework has ever been articulated. However, in May 2004, Ministers Smitherman and Gerretsen committed in writing to an elder strategy and an elder health framework for Ontario. They also agreed to have the Elder Health Elder Care Coalition act in an advisory capacity to the development of such a framework. Building on and incorporating the work of the paper titled: *Ontario Needs A Framework for Elder Health, April 2004*¹, this paper outlines the key elements of an elder health framework for Ontario.

The development of such a framework is fundamental to a shift in policy that truly addresses the needs of older persons in Ontario. The consequence of continuing along the present course is and will continue to be a huge personal and economic burden faced by *all* Ontarians- not only the elderly. By 2025, one in five Canadians will be 65 years or older. In 2000, 43% of total health expenditures in Ontario were accounted for by services for older persons over 65 years. Those over the age of 75 used approximately a third of provincial health expenditures in 2001.² Moreover, the fastest growing cohort of older persons is now over 85 years of age. Investments, however, have not ensured equitable access to care for many, requiring that we change the way we view older persons and enhance our capacity to provide the best care possible.

An elder health framework orients policy and service delivery decisions based on the inherent values of ageing in place and choice for older persons. It provides the blueprint for services that are integrated, interdisciplinary, tailored to need, and focused on early intervention and prevention. Built on the principle that older persons can and should remain autonomous and active as they age, a framework supports the view that older persons are a “resource to their families, communities and economies”³ and therefore supports the health of the community at large.

The purpose of an elder health framework is to identify the essential elements that must be addressed in the development of provincial policy and integrated services for older persons in Ontario. It outlines the principles and policy directions that must be considered in any decision that affect older persons in Ontario.

¹ This paper was authored by Michael Rachlis (2004) on behalf of the Elder Health Elder Care Coalition with the assistance of a reference group composed of Coalition members.

² Regional Geriatric Programs of Ontario. RGPs of Ontario Fact Sheet, Investing in Seniors Health, 2003. Author.

³ World Health Organization. 2002. Active Ageing. A Policy Framework.p.5. Author.

Definition

An Elder Health Framework for Ontario is an outline, a starting point, a frame of reference and a structure for the development, planning, implementation and evaluation of health policies, programs and systems for elders in Ontario.

The Framework is intended to be used as both a **guideline** for future policy work and a **lens** through which to review current programs and policies. It provides a vision for the future, setting the direction for future policies.

Objectives

The Framework aims to accomplish the following:

1. Heighten awareness of elder health issues and change negative attitudes towards the elderly by informing and guiding the direction and development of policies and programs related to elder health in Ontario.
2. Support the development, delivery and evaluation of a full range of accessible and integrated services in a comprehensive, systematic way for older persons in Ontario.
3. Ensure that interdisciplinary care is a cornerstone of elder health services, programs and policies.
4. Support the health of older persons through health promotion and disease prevention across the continuum of care.

Background

Over the past few decades there have been numerous reports on problems and issues affecting the health of older persons in Ontario. Some excellent and innovative policies and programs have developed as part of this work. For the most part, however, the health system for elders in Ontario remains fragmented, difficult to access, inadequately funded and overly illness-oriented, leaving many elderly persons in extraordinarily difficult situations.

Members of the Elder Health Elder Care Coalition share a commitment to the health and well-being of older people in our communities. The Coalition was created in 2003, following two Elder Health Elder Care Think Tanks (sponsored by the Registered Nurses Association of Ontario and the Ministry of Health and Long-Term Care) which focused on the needs and desires of elders in Ontario. The Coalition is composed of 31 associations and organizations, as well as several individual thought leaders in the area of geriatric care who were part of the original Think Tank group (Appendix A lists the members of the Coalition). At the October 2003 EHEC Think Tank, the idea of developing an elder health framework was proposed. The Coalition later affirmed their support for the development of such a framework and communicated this to both Ministers Smitherman and Gerretsen early in 2004.

The proposed elder health framework is comprised of three broad areas: principles, proposed elder health policy directions, and strategies. The framework centres all initiatives related to elder health on the person rather than on a disease or organization and in so doing facilitates the transformation of the system towards one that provides more comprehensive, integrated elder care. All services for seniors should be built respecting the principles and spirit of the Canada Health Act, so as to ensure access for all regardless of ability to pay. The concepts of accountability and diversity are inherent in each elder health policy direction and strategy.

Principles

Elders in Ontario have the right to be autonomous and make their own decisions, even if it means "living at risk". They also must be involved in the development of policies and programs to ensure that decisions are based on the best interests of older persons.

An Elder Health Framework should adhere to the principles identified in the document "Principles for a National Framework on Aging"⁴ which were adopted by Ontario, the federal government, and the other provinces and territories in 1994.⁵ The five principles are:

1. Dignity
2. Independence
3. Participation
4. Fairness
5. Security

Proposed Elder Health Policy Directions:

Following from the above broad principles are three policy directions upon which health policies and programs for elders in Ontario should be built. These policy directions support an orientation to health rather than illness. They are:

- *Enhance community support for elders*

⁴ The Federal/Provincial/Territorial Ministers Responsible for Seniors. Principles of the National Framework on Aging: A Policy Guide. Division of Aging and Seniors. Health Canada. Ottawa. 1998.

⁵ The Federal/Provincial/Territorial Ministers Responsible for Seniors, with the exception of Quebec, proposed the development of a National Framework on Aging (NFA) in 1994, to assist them in responding to the needs of this population. (Quebec indicated that it supports the Vision and Principles put forth by the other governments, but that it intends to assume full responsibility for the entire range of activities pertaining to health and social services.) Designed as a voluntary Framework, it has as its core, a shared Vision Statement and five Principles that seniors and governments across Canada endorse. Page 4.

- *Establish a comprehensive and integrated system of elder care*
- *Promote recognition of the true health potential of seniors through education, public awareness, health promotion, disease prevention and best practices.*

Embedded within these health policy directions are specific health strategies. The strategies listed below are examples that could be implemented in keeping with the principles and policy directions for elder health.

Enhance Community Support for Elders

Strategies that enhance community support assist older persons to age in place and exercise choice in how they live. Strategies are focused on promoting health and taking into account the determinants of health.

Strategy Examples:

- Provide comprehensive home care including supportive and personal care and homemaking.
- Implement a comprehensive falls prevention program for older persons in long-term care homes and housing targeted to seniors; establish policies that require better lighting in dwellings, street safety (sidewalks kept clear, traffic lights, crime prevention), and accessibility.
- Carry out comprehensive home-safety assessment of dwellings for older persons to assess safety risks.
- Provide accessible transportation (reasonable cost, availability) based on community need and taking into account rural and urban issues.
- Establish a range of supportive housing arrangements at a reasonable cost, based upon established successful models.
- Facilitate programs to ensure adequate income for all older persons.
- Develop respite programs for families tailored to community needs and taking into account ethno-cultural differences.

Establish a Comprehensive and Integrated System of Elder Care

Strategies that support comprehensive and integrated care include a range of care strategies along a continuum of care. Programs must be integrated with existing services so there is coordinated access in local regions. Strategies must also be acceptable, affordable and tailored to local need, emphasizing wellness, taking into account the determinants of health and creating incentives for healthy public policy.

Strategy Examples:

- Establish neighborhood-integrated services taking into account local capacity and strengthen services where gaps exist (information and referral, intake, comprehensive common assessment as appropriate, primary health care).
- Integrate nurse practitioners in all long-term care homes with links to specialized geriatric services.
- Ensure access to geriatric services and strengthen links between academic health science centres and surrounding communities (geriatric outreach).
- Establish a continuum of mental health services, from prevention programs that fund older persons' centres through to geriatric outreach psychiatric services.
- Promote networks or coalitions of community organizations and health-care providers in all sectors to facilitate communication and support seamless delivery of care.
- Provide adult day programs in local regions.
- Develop quick emergency response capacity linked to home-support programs where there is access to interdisciplinary primary health-care teams.
- Designate elder friendly hospitals.
- Develop visual impairment prevention programs (eg. accessibility to corrective lenses, cataract surgery).
- Develop an oral health promotion program.

Promote recognition of the true health potential of seniors through education, public awareness, promotion, prevention and best practices.

Strategies that recognize the health potential of older persons, support positive ageing through a life cycle life course approach by combating ageism, promoting respect for elders and those who care for them and maintaining the rights of older persons to make their own lifestyle decisions and care choices.

These strategies also include ongoing training and education for health care providers to address the special needs of older persons.

Strategy Examples:

- Promote intergenerational programs that increase opportunities for social engagement (eg. school reading programs for older persons and elementary aged children, linking with adolescents).
- Enforce policies and legislation prohibiting discrimination.
- Promote and support public awareness programs that dispel the myths of ageing.
- Fund the development and dissemination of best practices in care of older persons.

- Develop incentives and legislation to promote workplace safety and supportive work environments (barrier-free) to encourage fuller participation in the workforce by older persons and the prevention of injury and disability that contribute to poor health in older persons.
- Enhance expertise of health-care providers related to the health of older persons by increasing access to education programs at the university level.
- Deliver ongoing staff education for all who work with older persons (eg. process of ageing, dementia, depression and addictions).
- Require professional education at the undergraduate level, including interdisciplinary education which educates health-care providers on the health potential of older persons.
- Sponsor fellowships and grants for postgraduate education.

Building Healthy Public Policy

Achieving optimal health outcomes and quality of life for older persons is consistent with and contributes to healthy public policy. Any decisions or initiatives related to elder health and elder care must be seen within a broad framework that acknowledges the determinants of health. It is only possible to address the needs of older persons when basic necessities such as adequate income, acceptable housing, a safe environment and access to proper nutrition are provided. The determinants of health support optimum elder health.

Strategies to address elder health must be based on a population health approach that promotes health and well-being. Health promoting strategies include individual work, small group development, coalition building and the development of social movements. The intent is to build community capacity and help shape policy to support elder health.

Conclusion

Ontarians must be committed to a philosophy of active ageing that supports the contribution of older persons to the life of a community. The traditional illness-oriented approaches to elder care are limiting and do not support health; moreover, they are not sustainable. Older persons are entitled to a quality of life that supports their optimal health, ageing in place and life choices. While the primary target of the Elder Health Framework is older persons, all Ontarians will reap the benefits—personal, social and economic—with the transformation of elder health and elder care in a society that values its oldest members.

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Appendix A: Members of the Elder Health Elder Care Coalition

Advocacy Centre for the Elderly (ACE)
Association of Ontario Health Centres (AOHC)
Baycrest Centre for Geriatric Care
Dr. Whitney Berta, University of Toronto, Department of Health Policy, Management and
Evaluation
Canada's Association for the Fifty-Plus (CARP)
Canadian Pensioners Concerned [Ontario Division] (CPC)
Care Watch Toronto
Community Health Nurses Interest Group (CHNIG-RNAO)
Concerned Friends of Ontario Citizens in Care Facilities (CFOCCF)
Élisabeth Bruyère Research Institute (EBRI)
Gerontological Nursing Association (GNA-RNAO)
Institute for Healthy Aging & Nursing
Older Persons' Mental Health and Addictions Network (OPMHAN)
Older Women's Network (OWN)
Ontario Association of Community Care Access Centres (OACCAC)
Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)
Ontario Coalition of Senior Citizens' Organizations (OCSCO)
Ontario Community Support Association (OCSA)
Ontario Federation of Indian Friendship Centres (OFIFC)
Ontario Home Health Care Providers' Association (OHHCPA)
Ontario Interdisciplinary Council for Aging and Health (OICAH)
Ontario Long Term Care Association (OLTCA)
Peel Senior Link
Wanda Plachta
Dr. Michael Rachlis, Health Policy Consultant
Regional Geriatric Programs of Ontario (RGP)
Registered Nurses Association of Ontario (RNAO)
Specialized Geriatric Psychiatry Programs of Ontario
St. Elizabeth Health Centre
Toronto District Health Council (TDHC)
United Seniors of Ontario
VHA Home HealthCare
Victorian Order of Nurses (VON)