

Living Healthy, *Aging Well*



**A report by the
Premier's Panel on Seniors**

DECEMBER 2012

Living Healthy, Aging Well *A report by the Premier's Panel on Seniors*

Province of New Brunswick
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Foreword

It is my pleasure, on behalf of the *Premier's Panel on Seniors... Living Healthy, Aging Well*, to submit this final report. It has been an honour to Chair the Panel, and I wish to express my appreciation for the opportunity.

As noted in a presentation to the recent *Seniors Summit*, our aging population will be one of the defining public policy themes for the next decade and beyond. This dramatic demographic shift will present an unusually large number of complex and inter-related opportunities and challenges, which in turn will have a fundamental impact on the economic, social and cultural fabric of our province.

During the course of this study, we have learned a lot about how other jurisdictions are coming to grips with a similar reality. There is much in the way of new ideas and best practices that can be adapted to our environment. However, there is also a tremendous opportunity for advancing an innovative New Brunswick based agenda as well.

A lot of thoughtful, creative work has been done in our province recently which can contribute to an agenda for living healthy and aging well. It is now time to engage our people in translating these ideas and ideals into action.

We sincerely believe that the blueprint presented by our Panel in this report can provide the basis for that urgently required next step.

We thank you for the privilege of having been asked to address such a crucially important topic.



John McLaughlin, Chair

Premier's Panel on Seniors... Living Healthy, Aging Well

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Introduction

Society is in the midst of a worldwide seismic shift. People are living healthier, longer lives and this is producing changes— both big and small— for individuals and communities. This demographic shift, precipitated by lower birth rates, longer life expectancy and the aging of the large cohort of baby boomers, will have a significant effect on our economic, social and governmental sectors.

In New Brunswick, this generational shift has just begun and to prepare for it, Premier David Alward appointed a five-person panel in February 2012 to consider both the challenges and the opportunities an aging population presents over the next 10 years.

The recommendations that follow are a blueprint for the Government of New Brunswick to develop a comprehensive vision and associated policies for older adults in our province. It is a framework to enhance and continue public discussion around community development, public policy and programming across all generations. In this report the Panel calls on all New Brunswick residents to engage people in a deep and meaningful conversation around the multidimensional issue of healthy aging and then work together to develop sustainable, innovative strategies for all.

The Panel members are:

Dr. John McLaughlin, Chair
President Emeritus, University of New Brunswick

Dr. Jane Barratt
Secretary-General, International Federation on Ageing

Larry Boudreau
Former Vice-President, Assumption Vie

Pierre Le Bouthillier
Former Chief Executive Officer, Beauséjour Regional Health Authority

Aline Saintonge
Former Deputy Head, Culture and Sport Secretariat

Foundational Principle and Goals

This report is built upon the following foundational principle:

That New Brunswick be a place where aging is a positive experience because we value, respect and recognize the integral role older adults play in our families, in our communities and in our society.

That as New Brunswickers we appreciate the diversity of experiences and understand the different age-related issues facing men and women.

To reflect that foundational principle, the Panel identified 10 core goals for a comprehensive vision of aging in New Brunswick:

1. **Respect:** That we value the knowledge, wisdom and skills of older adults and acknowledge the considerable contributions they make to their families, communities and society;
2. **Collaboration:** That residents of all ages unite around a common vision for the province that respects the inherent differences manifest in age, gender, individual resources, culture and function. That this common vision be embraced by the Government of New Brunswick to develop innovative partnerships across government departments and agencies and with the private and non-profit sectors;
3. **Meaningful Work:** That the skilled contributions of older adults to the paid labour force and volunteer sector be recognized and valued equally. That flexible employment options and diverse workplace opportunities for older adults be an integral part of provincial labour practices;
4. **Age-friendly Communities:** That our communities enable the full participation of older adults in local economic, social, civic and cultural life through the development of age-friendly policies and programs;
5. **Equity:** That we achieve equity across generations, regardless of age;
6. **Independence:** That we optimize the independence of older adults by enabling them to live safely and securely in the residence of their choice;
7. **Age in Place:** That we support the ability of people to age in the place of their choice by providing accessible transportation options, affordable community-based housing and responsive and appropriate home-based services in both urban and rural environments;
8. **Lifelong Learning:** That we encourage and enable learning throughout life and through its many transitions;
9. **Wellness:** That we proactively develop wellness and health promotion strategies to ensure older adults remain active and independent longer; and,
10. **Continuum of Care:** That we create a coordinated and seamless continuum of care that provides vulnerable older adults and their families with options to live and die in a dignified, respectful manner while experiencing a high standard of care.

The purpose of this report is to bring clarity to a complicated and sensitive subject. The Panel hopes to help New Brunswick residents frame the discussion about aging within a broad and holistic context. This can only be achieved through the development of a high-level understanding of the opportunities and challenges, the identification of near-term priorities and by stimulating a robust public engagement process.

The Rights of Older Adults

Throughout its work, the Panel drew upon the United Nations' Principles for Older Persons¹, a document that encourages governments to incorporate identified rights into policy and programs. It is divided into five areas:

1. **Independence:** Ensure access to adequate food, water, shelter, and clothing and health care. To these basic rights are added to the opportunity to have paid work and access to education and training.
2. **Participation:** Older Adults should participate actively in the formulation and implementation of policies that affect their well-being and share their knowledge and skills with younger generations.
3. **Care:** Older Adults should benefit from family care, health care and be able to enjoy human rights and fundamental freedoms when residing in a shelter, care or treatment facility.
4. **Self-fulfillment:** Older adults should pursue opportunities for the full development of their potential through access to the educational, cultural, spiritual and recreational resources of their societies.
5. **Dignity:** Older adults should be able to live in dignity and security and be free of exploitation and physical or mental abuse, should be treated fairly, regardless of age, gender, racial or ethnic background, disability, financial situation or any other status, and be valued independently of their economic contribution.

Ageism is alive and well in New Brunswick and around the world. It is defined as an attitude that discriminates, separates, stigmatizes, or otherwise disadvantages older adults on the basis of chronologic age.² Ageism a serious issue that can have a significant impact on the physical and mental health of older adults. Stereotypical comments such as growing older is a burden to families and society rather than a source of knowledge and wisdom reinforces the image across generation and discriminatory practices.

1 United Nations. "Implementation of the International Plan of Action on Ageing and Related Activities." Social Development Division, United Nations. 74th plenary meeting. [December 16, 1981]. Available: <http://www2.ohchr.org/english/law/pdf/olderpersons.pdf> [Accessed October 24, 2012]

2 "Ageism". *Wikipedia*. <http://en.wikipedia.org/wiki/Ageism> [Accessed November 13, 2012]

The New Brunswick Demographic Context

New Brunswick is a small, linguistically-unique province. About 16 per cent of New Brunswickers are over the age of 65— about 122,000 out of a total population of 755,000. That is slightly higher than the national average of people over the age of 65, which sits at 14 per cent.³ The province's current life expectancy is 82 years of age; 77.5 years for men and 82.8 years for women.⁴ Over the next 20 years, Statistics Canada forecasts the province's population will age faster than the rest of Canada.⁵ Four factors are driving this growth:

- **Baby boom generation:** The eldest of this large, heterogeneous generation, born between 1947 and 1966⁶, turned 65 in 2011;
- **Declining birth rates:** The entry of women into the workforce in the 1960s precipitated a decline in birth rates, which is not expected to rebound;
- **Youth outmigration:** The three-decade long outmigration of educated young people from New Brunswick denied the province an "echo boom"— babies born to the children of baby boomers; and,
- **Longer life expectancy:** The proportion of people over the age of 85 is the fastest-growing population segment with no expectation of abatement.

If New Brunswickers do not fundamentally change the way they view aging and the role of older adults, this demographic force will have a significant effect on how the private and public sectors function and by extension, the lives of New Brunswick residents. To understand the cost of inaction, consider the progression of the post-war population. Back in 1950, as the baby boom was just getting started, the age cohorts got progressively smaller as the age increased. This is a classic population structure, with working age people outnumbering the combined group of children and aging adults. But in 2001, New Brunswick's population began to change as the province felt the triple impact of working age baby boomers, a lower birth rate and youth outmigration. As society looks into the future, things are not shaping up well for New Brunswick. By 2030, no age cohort will dominate. That means New Brunswick residents over the age 65 and those under the age of 14 will combine to outnumber working age adults.⁷

3 Statistics Canada. "Table 051-0001, Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual (persons unless otherwise noted)", CANSIM (database), Version updated September 2012. Available: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo31a-eng.htm> [Accessed October 24, 2012].

4 Statistics Canada. "Table 102-0512, Life expectancy, at birth and at age 65, by sex, Canada, provinces and territories, annual (years)", CANSIM (database), Version updated May 2012. Available: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health72a-eng.htm>. [Accessed October 24, 2012]

5 New Brunswick. Executive Council Office. Major Challenges for the Decade Ahead. 2011 ed. (presentation materials). [Fredericton: Executive Council Office, 2011]

6 Foot, David K. "Boom, bust and echo in the workplace," *Vital Aging*. Vol. 11, No. 2-3. June-October 2005. p. 5

7 Statistics Canada. *Population projections for Canada, Provinces and Territories, 2009-2036*. Statistics Canada Catalogue no. 91-520-X, Ottawa, Ontario. Minister of Industry. June 2010. [Accessed November 13, 2012]

**Median age of the population in the last 90 years;
New Brunswick, Canada⁸**

Census year	Median age, New Brunswick	Median age, Canada
1921	22.2	23.9
1931	22.2	24.7
1941	24	27
1951	24.2	27.7
1961	22.3	26.3
1971	23.9	26.2
1981	28.1	29.6
1991	33.2	33.5
2001	38.6	37.6
2011	43.7	40.6

Statistics Canada predicts the median age gap between New Brunswick and Canada will continue to widen through to 2036.

**Median age projected (2036) according to six scenarios;
New Brunswick, Canada⁹**

Scenario	New Brunswick	Canada
Low-growth	49.1	44.9
Medium-growth (M1)	48.1	43.6
Medium-growth (M2)	49.1	43.6
Medium-growth (M3)	47.8	43.6
Medium-growth (M4)	49.3	43.6
High-growth	47	42.3

8 Statistics Canada. 2012. *Focus on Geography Series, 2011 Census*. Statistics Canada Catalogue no. 98-310-XWE2011004. Ottawa, Ontario. Analytical products, 2011 Census. Version updated October 24, 2012. [Accessed November 13, 2012]

9 Statistics Canada. *Population projections for Canada, Provinces and Territories, 2009-2036*. Statistics Canada Catalogue no. 91-520-X, Ottawa, Ontario. Minister of Industry. June 2010. P. 57

Migration patterns also feed into the story of aging in New Brunswick. As young people continue to leave rural areas for urban centres, it accelerates the 'greying' of rural New Brunswick. This is a world-wide trend but it is exacerbated in New Brunswick because of the decades-long outmigration from the region. Simply put, an increasing number of New Brunswickers look for jobs first at home, then in one of New Brunswick's cities and then, if they are unsuccessful, they leave for Halifax, Montreal, Toronto or the oil fields of Alberta.

In recent years older adults have joined the migration into urban areas to be closer to children and health care services, a trend that is happening across Canada.

The following chart illustrates the percentage change between 2006 and 2011 of people 65 years and older; Canada, New Brunswick, and by urban region.¹⁰

Region	Percent Change
Canada	14.1
New Brunswick	14.9
Fredericton	20
Moncton	17.2
Bathurst	19.8
Edmundston	15.1
Saint John	13.2
Campbellton	12.3
Miramichi	11

10 Statistics Canada. "Population by broad age groups and sex, percentage change (1996 to 2011) for both sexes, for Canada, provinces and territories, and census metropolitan areas and census agglomerations". Statistics Canada. 2011 Census. Version updated July 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/hltfst/as-sa/Pages/highlight.cfm?TabID=1&Lang=E&Asc=1&OrderBy=1&Sex=1&View=1&tableID=21&queryID=5&PRCode=13#TableSummary> [Accessed October 24, 2012]

The regional centres of Fredericton, Moncton, Bathurst and Edmundston have seen the greatest change in the 65+ population. Adapting to this changing population will require age-friendly physical and social environments in addition to continued advancements in technology. However for this change to occur New Brunswick needs one more key ingredient: a cultural shift as large as the demographic change that precipitated it.

Active Aging

New Brunswick is home to 123,630 people aged 65 years and older¹¹; only 3 per cent are nursing home residents¹². Understanding the desires of the other 97 per cent is key to creating policies and programs to serve older adults in our province. For older adults, maintaining their independence and remaining in their communities is paramount and it should be a goal for all. To achieve this, New Brunswick residents should adopt the philosophy of active aging, which optimizes supports around the issues of health, participation and security. At its core, active aging is a personal responsibility. It should begin long before we reach the age of 65 and is about more than just remaining physically active. Active aging refers to continuing participation in social, economic, cultural, spiritual, and civic affairs for all older adults, including those who are ill, frail and disabled.

Health and Wellness

The vast majority of New Brunswickers over the age of 65 lead independent lives in their communities. Maintaining optimum function and through it independence must be the starting point of any comprehensive health and wellness strategy for older adults. Physical well-being and state of mind are joined in a very real way. However, society tends to address physical well-being and state of mind separately, without recognizing how much impact each has on the other. For example, when someone's body is healthy and able, their confidence improves. A positive state of mind can improve a person's ability to manage physical pain, illness and stress.

The story of New Brunswick's aging population is, for the most part, one of improved health, social participation and rich community connections. For older adults in particular, and New Brunswick residents generally, a positive, hopeful, and intrepid state of mind is an essential tool for maintaining a healthy body, regardless of age.

11 Statistics Canada. "Population by broad age groups and sex, 2011 counts for both sexes, for Canada, provinces and territories, and census metropolitan areas and census agglomerations." 2011 Census (data table). Version updated July 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/hltfst/as-sa/Pages/highlight.cfm?TabID=1&Lang=E&Asc=1&OrderBy=1&Sex=1&View=1&tableID=21&queryID=3&PRCode=13> [Accessed October 24, 2012]

12 New Brunswick. Department of Social Development. *Nursing Home Services: Annual Statistical Report, year ending March 31, 2011*. [Fredericton. 2011] <http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/StatisticalReports/NursingHomes/NursingHomes11-e.pdf> [Accessed October 24, 2012]

The best way to live, is to live well. Eat healthy foods, exercise regularly, moderate alcohol consumption, don't smoke and maintain a healthy weight. These are the universal guidelines for healthy living, from birth through to end of life. They are more than just aphorisms; overlaid with other social and economic factors, such as education and literacy, gender, culture, ability, income, geography, health services access, working conditions and housing, they determine the state of our individual health. Direct promotion and support of physical activity, healthy eating, social connectedness, mental fitness, tobacco-free living, vaccinations and blood pressure monitoring are examples of effective wellness promotion that provides measurable health and social outcomes.

Falls prevention is a case in point. According to the Public Health Agency of Canada, falls are the second leading cause of hospitalization for all ages, after motor vehicle collisions. Falls are the cause of 90 per cent of hip fractures and 40 per cent of all nursing home admissions.¹³ Falls prevention programming inform older adults and their families to identify and reduce risk, such as removing throw rugs or adding increased lighting. Screening programs, such as the B.C. Fall and Injury Prevention Coalition (<http://www.injuryresearch.bc.ca>) offers an excellent template for public education and screening. Its activities include mobile clinics, emergency department programs, best practice guidelines, physical activity programs, peer training, medication reviews, hip fracture reduction interventions, public awareness campaigns, staff education programming and applied research.

Wealth and Income

Financial protection is a critical concern to most New Brunswick residents, regardless of age. According to the Public Health Agency of Canada, "There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health".¹⁴ Given the importance of income as a key determinant of health, changes to the comprehensive nature of financial protection of older adults should be a concern for all.

The income of older adults in Canada has improved over the last few decades. In New Brunswick financial security is mostly dependent on public and private pension plans and government transfers upon retirement. Statistics Canada states the median after-tax income of married couples aged 65 and older, in 2010 dollars, rose from \$37,000 in 1990 to \$44,600 in 2006, an increase of 20.5 per cent, averaging 1.3 per cent per year.¹⁵ During that same period, New Brunswick's median after-tax income for that same cohort increased from \$30,000 to \$39,000, an increase of 27 per cent, an average of 1.8 per year. The two most

13 Canada. Public Health Agency of Canada. *Report on Seniors' falls in Canada*. [Minister of Public Works and Government Services Canada, 2005] p. 6. Available: http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/pro/injury-blessure/seniors_falls/seniors-falls_e.pdf [Accessed October 24, 2012]

14 Canada. Public Health Agency of Canada. "What makes Canadians healthy or unhealthy?" [website] <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php> [Accessed November 5, 2012]

15 Statistics Canada. *Median after-tax income, by economic family type, 2010 constant dollars, annual* (CANSIM Table 202-0605). Ottawa: Statistics Canada, 2012. Available <http://www.statcan.gc.ca/pub/12-581-x/2012000/is-rd-eng.htm> [Accessed November 5, 2012]

important contributors to this increase were the growing number of people over the age of 65 benefitting from Registered Pension Plans and Registered Retirement Savings Plans and the higher participation rate of women in the labour force, which resulted in a greater number of women accessing the Canada Pension Plan. A closer look at the income of older adults from 2007-2010, during the recent global financial crisis, shows that the median after-tax income of Canadian elderly married couples decreased from \$46,500 in 2007 to \$46,200 in 2010, a decrease of 0.6 per cent, averaging 0.2 per cent per year. During the same period, the income of New Brunswick seniors increased from \$39,300 to \$41,100, a 4.6 per cent increase, an average of 1.5 per year. This data raises important questions about the potential financial situation of people over the age of 65. In fact, if this downward trend continues it may have a significant impact on the financial health of older adults.

Forecasting the financial well-being of older adults in this era of uncertain economic times is a complex undertaking. Jean Boivin, the Deputy Governor of the Bank of Canada, says it is not easy to predict “how society will adjust to aging and the flexibility it will have to do so... The task ahead is to figure out how to make the right adjustments”.¹⁶ Several factors in the economic landscape will have an impact on the future state of the wealth and income of older adults: the instability of financial markets and impact on investments, the debt and the savings levels, the changing structure and benefits of private pension plans and the cost of living. Similarly, significant changes in the social environment will also be part of the equation such as; the evolution of the family structure, the number of older adults living alone, the actual age of retirement, the increased longevity phenomena and the associated risk of outliving one’s retirement savings.

All add to the complexity of the issue of financial security and its associated risks. The impact of these social and economic factors on groups of older adults vulnerable to income disparities needs to be closely examined. These groups include; women, unattached low-income seniors, people with disabilities, aboriginal peoples, self-employed individuals who do not have retirement benefits and sufficient savings, and older adults with dependents. Further study is essential to determine and project the level of income of older adults in New Brunswick, by region, by sex and by different age groups— youngest (65 – 74), middle (75 – 84), and eldest (85+). A deeper understanding of the wealth and income of New Brunswick’s aging population is required by all levels of government and society to plan and initiate the needed social and economic adjustments.

16 Boivin, Jean. “Aging Gracefully: Canada’s Inevitable Demographic Shift”. [remarks to Economic Club of Canada]. Toronto: April 4, 2012. Bank of Canada. Available: <http://www.bankofcanada.ca/2012/04/speeches/aging-gracefully-canadas-inevitable/> (Accessed November 5, 2012)

Employment and Flexible Work Models

A recent Sun Life Financial survey indicated that only 30 per cent of Canadians expect to be fully retired by age 66.¹⁷ This is unsurprising as the baby boom cohort redefines the very nature of aging. According to the Sun Life survey, the primary reasons for continuing employment include: social interaction and/or something to do, job satisfaction and financial need. In fact, according to Peter Hicks of the C.D. Howe Institute, inadequate retirement income, higher levels of debt and the effects of the economic downturn may also be preventing older adults from retiring as early as they wish.¹⁸

With this in mind, flexible employment options are required for a population that may not be in a position to retire from the paid workforce as expected. It is possible older adults may have the opportunity for a second and even third career if work environments become flexible to accommodate older workers' specific needs. Self-employment is another option for older adults and entrepreneurial public education programs should adapt to provide training and advice to support the development of older entrepreneurs.

Life-Long Learning

Older adults are in the unique position of being able to share great wisdom and life experiences while also continuing their life-long journey of learning. Also, it must be recognized that, for both young and old, learning can happen in places other than formal academic institutions. Schools are only one example of places where learning takes place and, just as lessons do not control where and when they present themselves, they also do not control to whom they are presented. As such, the Panel believes that opportunities for learning should be cultivated at every age.

Looking forward, there are opportunities for civic, economic and social participation for older adults in New Brunswick. The Panel recommends with the Government of New Brunswick, educational institutions, corporate New Brunswick and local non- profits work together to develop a comprehensive life-long learning strategy that includes literacy and enables the continued participation of older adults in the pursuit of knowledge and skills.

It is a different story for New Brunswick's current cohort of older adults. Adult literacy is measured on a scale of one to five, with Level 3 being the base minimum for a person to function in Canadian society. About 90 per cent of New Brunswickers over the age of 65 have

17 Sun Life Financial. Canadian Unretirement Index Report 2012. [February 2012] Available: http://www.sunlife.ca/Canada/sunlifeCA/About+us/Media+centre/News+releases/2012/Survey+reveals+only+30+per+cent+of+Canadians+expect+to+be+fully+retired+at+age+66?vgnLocale=en_CA [Accessed October 24, 2012]

18 Hicks, Peter. *Later Retirement: The win-win solution*. C.D. Howe Institute. Commentary No. 345. [March 2012] pp.8-10. Available: http://cdhowe.org/pdf/Commentary_345.pdf [Accessed October 24, 2012]

literacy scores below Level 3.¹⁹ This leaves the bulk of older adults vulnerable to social isolation and poorer health outcomes. The Panel recognizes this will require greater levels of direct support from governments and local non-profit organizations.

Sharing of Knowledge

Sharing wisdom is built on four core values: inclusion, appreciation, respect, and self esteem. These values are forward looking and they describe a future where the aging population is treated and understood as a national treasure that makes valuable contributions to society. The concept becomes clear when we point to actions that enable it. Anything from implementing ethical and appropriate senior housing models to creating personal connections with isolated seniors are actions that enable sharing wisdom. Older adults' desire to keep learning is matched by their desire to share their existing knowledge in a variety of ways, including:

1. **Peer-to-Peer:** Able-bodied older adults can help others in their age group with disabilities and/or impairments through volunteer work with organizations that serve at-risk adults, including nursing homes, church groups and social development agencies;
2. **Mentorship:** Older adults bring corporate knowledge and project management skills to the labour force, helping to mentor younger workers; and,
3. **Intergenerational Storytelling:** Older adults share their breadth of experience— and the lessons learned— with young people, through both the formal school system and within their own families, passing along societal values and cultural information to younger generations. A good example of this type of learning is found in an 'intergenerational curriculum program' pilot project between a handful of Fredericton, NB, elementary schools and the York Care Centre, which proved to be a rich and rewarding experience for both school children and York Care Centre residents. Matching the personalities and characters of the residents and children, the program provided an opportunity for the two generations to learn a great deal from each other.

Civic Participation

Older adults are already actively involved in their communities through deep, life long connections. They are an essential part of local life and have much to offer in an ongoing dialogue around active aging. In addition, voter participation numbers consistently show that older adults are highly engaged in the electoral process. The right to vote is important to this generation. In the 2011 federal election about 79 per cent of New Brunswick residents aged 65 to 74 voted, above the overall provincial average of 64 per cent. The rate drops after the

19 Marlin, Amanda; Gwen Zwicker, Suzanne Zappia and David Bruce. *Impact of Low Literacy Levels in Rural New Brunswick. Rural and Small Town Programme.* [Mount Allison University. March 2008]. p. 6. Available: http://www.nald.ca/library/research/federal/a114_34_2008e/a114_34_2008e.pdf [Accessed October 24, 2012]

age of 74, to 62 per cent with health as a likely reason for the decline.²⁰ In a recent Statistics Canada report, about 44 per cent of non-voters 75 years of age and older cited illness or disability as the reason for not voting.²¹

Along with voting, older adults participate in other aspects of civic life. For instance, in a 2006 Statistics Canada report on older adults, one in five respondents attended a public meeting in the previous 12 months²². The influence older adults already have on public policy is likely to increase in the coming decades. Managing those expectations will require political parties to develop comprehensive plans that reflect the contemporary face of New Brunswick's older adults.

Volunteering

Older volunteers are very engaged in their communities, because they want to make a contribution to their local community. Volunteering enables older adults to acquire new skills and deepen connections with others. In short, it keeps older adults socially engaged, an important aspect of active aging. Through volunteering, older adults can establish new connections after and during life transitions, such as retirement or the death of a spouse. Self-reported data indicates the baby boom generation's interest in volunteering is for specified projects rather than an on-going commitment to an organization. In particular, baby boomers want stimulating volunteering experiences that align with personal interest and give opportunity for project leadership that allows them to use acquired skills.²³

A national roundtable on seniors volunteering reported that older adults are not approached in recruitment campaigns for volunteers and many would respond by simply being asked. Particular interest was expressed for volunteer opportunities that would allow them to assist other older adults and share their personal wisdom.²⁴

20 Canada. Elections Canada. "Estimation of voter turnout by age group and gender at the 2011 federal general election. [website] Version updated June 6, 2012. Available: <http://www.elections.ca/content.aspx?section=res&dir=rec/part/estim/41ge&document=report41&lang=e#> [Accessed October 24, 2012]

21 Uppal, Sharanjit and Sébastien LaRochelle-Côté. "Factors associated with voting." Perspectives on Labour and Income. Statistics Canada Catalogue no. 75-001-X. Statistics Canada. February 2012. Available: <http://www.statcan.gc.ca/pub/75-001-x/2012001/article/11629-eng.pdf> [Accessed October 24, 2012]

22 Turcotte, Martin and Grant Schellenberg. *A Portrait of Seniors in Canada: 2006*. Statistics Canada. Catalogue no. 89-519-XIE. February 2007. p. 181. Available: <http://www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.pdf> [Accessed October 24, 2012]

23 The National Seniors Council. *Report of the National Seniors Council on Volunteering Among Seniors and Positive and Active Aging*. Submitted to the Minister of Human Resources and Skills Development, the Minister of Health and the Minister of State (Seniors). [Her Majesty the Queen in Right of Canada. 2010] pp.8-9. http://www.seniorscouncil.gc.ca/eng/research_publications/volunteering.pdf [Accessed October 24, 2012]

24 *Ibid.* pp. 15-16.

Age-Friendly Communities

Making cities and communities age-friendly is one of the most effective policy approaches for responding to demographic aging. The World Health Organization (WHO) defines an age-friendly city/community as a place that has an “inclusive and accessible urban environment that promotes active aging”. Within that definition, the WHO identified eight domains that influence the health and quality of life of older people, including:

1. Outdoor spaces and building;
2. Transportation;
3. Housing;
4. Social participation;
5. Respect and social inclusion;
6. Civic participation and employment;
7. Communication and information; and
8. Community support and health services.²⁵

Canada is an international leader in the field of age-friendly cities and communities and member of the WHO Global Network of Age-friendly cities and communities. To date, there are 850 projects worldwide, many lead by seniors, partnered by municipalities and supported by provincial governments. Age-friendly communities in both urban and rural and remote settings are essential components to not only the health and well-being of older people but to the broader communities of this province.

There is an urgent need for all levels of government together with the private sector and seniors organizations to mobilize around building an age-friendly New Brunswick which is inclusive and enabling. Membership of the Pan-Canadian Age-Friendly Community of Practice, an initiative of the Public Health Agency of Canada,²⁶ is not only a clear and measurable objective to achieve but an important medium to exchange best practice and share lessons learned. For instance, Age Friendly Manitoba (www.agefriendlymanitoba.ca) provides an excellent template for creating a province-wide initiative to promote and enable healthy aging. The site provides individuals and communities with information, enables discussion and identifies key people to assist communities in becoming more age-friendly.

To begin to develop age-friendly communities, New Brunswick needs to widen its definition of older adults in New Brunswick. Like any demographic, older adults are not homogenous. Communications and program planning should consider; geography (rural/urban), education level, culture, economic status, gender and language (English, French and non-Official Languages speakers).

25 WHO Global Network of Age-Friendly Cities. World Health Organization [brochure]. Available: <http://www.who.int/ageing/Brochure-EnglishAFC9.pdf> [Accessed October 24, 2012]

26 Public Health Agency of Canada. “Age-friendly communities.” [website] Version updated July 2012. Available: <http://www.phac-aspc.gc.ca/seniors-aines/afc-caa-eng.php#sec5> [Accessed October 24, 2012]

Age-Friendly Environments

Age-friendly environments (cities, communities, public, commercial settings or services) are designed to support and enable older people to “age actively”— that is, to live in security, enjoy good health and continue to participate fully in society. Many aspects of both urban, rural and remote settings and services can contribute to the participation, health, independence and security of older persons in an age-friendly city but baseline information is necessary to set out objectives and measure change.

The WHO's *Global Age-friendly Cities: A Guide* provides important checklists in each of the eight domains including ‘the built environment.’²⁷ Optimal to the age-friendly model is the bottom-up participatory approach that involves older adults analyzing and expressing their situation to inform government policies. Through this approach older people are involved as full legitimate partners at all stages of the process. As the late Bernard Isaacs, founding director of the Birmingham Centre for Applied Gerontology defines it; “Design for the young and you exclude the old.”²⁸ In 2002 the WHO stated that older people who live in an unsafe environment or areas with multiple physical barriers are less likely to get out and therefore more prone to isolation, depression, reduced fitness and increased mobility problems. A safe pedestrian environment, easy access to shopping centres, a mix of housing choices, nearby health centres and recreational facilities are all important elements that can positively affect the aging experience.

Local governments have long been involved in shaping built environment outcomes through its land use strategic planning, development assessment and building approval responsibilities. Age-friendly built environments can make neighbourhoods more liveable for all ages, reduce costs associated with health and aged care and yield a range of social and economic benefits by extending and expanding seniors’ contribution to community life. To achieve these outcomes, informed action is required by a range of key stakeholders within local government such as town planning, engineering, parks and gardens, sport and recreation and also aged and disability services. Furthermore, partnerships across the stakeholder groups, with a special focus on the inclusive voice of older people, is essential to ensure ownership and sustainability.

Housing

Affordable and appropriate housing is critical to the health and well-being of people as they grow older. This issue has been extensively documented by the Atlantic Seniors Housing Research Alliance (ASHRA), which provides an excellent road map to follow to ensure communities have the proper mix of housing options for older adults. The best option is to

27 WHO Global Network of Age-Friendly Cities. World Health Organization [brochure]. Available: <http://www.who.int/ageing/Brochure-EnglishAFC9.pdf> [Accessed October 24, 2012]

28 Isaacs, Bernard. “Why? Design makes products and services more inclusive”. Centre for Design Innovation. http://www.designinnovation.ie/why_society_sec2.html [Accessed Nov. 13, 2012]

enable older adults to remain at home and the most direct way to help older adults remain in private residences is through home renovation and modification rebate and incentives programs, if and when appropriate.²⁹

Two existing programs provide a model for New Brunswick. The Home Adaptations for Senior's Independence (HASI)³⁰ program from the Canada Mortgage and Housing Corporation offers financial assistance for minor home adaptations to help low-income seniors perform daily activities in their home independently and safely. The Veterans Independence Program (VIP)³¹ is a national home care program offered through Veterans Affairs Canada. It provides veterans and their primary caregivers with health and support services, as well as home care services, such as grounds maintenance, personal care, nutrition and housekeeping.

When remaining in a personal residence is no longer possible, mixed housing options such as seniors residences, offer a community-based solution. The bulk of community-based housing has traditionally been provided by private real estate developers. However, low-income older adults require affordable housing options in both urban and rural communities. A New Brunswick strategy that supports the introduction of multi-generational housing, cooperative housing, and secondary suites in private homes could meet the varying needs of older adults. Ensuring an appropriate mix of housing options will require a joint effort between all levels of government and community organizations.

Transportation

Understanding how older adults travel is important. Being able to get around on foot, with assistance, and by motor vehicle is paramount to maintaining independence and are hallmarks of an age-friendly community. Transportation is essential to access health and social services, as well as to participate in the social, civic, and economic life of a community.

In Canada, most older adults choose to drive; 84 per cent of adults aged 65 – 74 drive a car as their main form of transportation. After the age of 85 they are more likely to be passengers, but rarely do they pay for it. About 50 per cent of people over the age of 85 travel primarily as passengers in private vehicles. In comparison, a small percentage choose accessible taxis—nine per cent of women and four per cent of men.³²

29 Shiner, Donald V., Robin Stadnyk, Yvonne daSilva and Kathleen Cruttenden. "Seniors Housing: Challenges, Issues and Possible Solutions for Atlantic Canada. Final report of the Atlantic Seniors Housing Research Alliance (2010)" Atlantic Seniors Housing Research Alliance. [Halifax. 2010] Available: <http://www.fredericton.ca/en/communityculture/resources/Englishwcovers.pdf> [Accessed October 24, 2012]

30 Canada Mortgage and Housing Corporation. Home Adaptations for Senior's Independence. [website]. Available: www.cmhc-schl.gc/en/co/prfinas/prfinas_004.cfm [Accessed October 24, 2012]

31 Veterans Affairs Canada. *Veterans Independence Program*. [website]. Available: <http://www.veterans.gc.ca/eng/services/veterans-independence-program> [Accessed October 24, 2012]

32 Turcotte, Martin. "Profile of seniors' transportation habits." Statistics Canada. Canadian Social Trends. Catalogue no. 11-008. [January 2012] Available: <http://www.statcan.gc.ca/pub/11-008-x/2012001/article/11619-eng.pdf> [Accessed October 24, 2012]

Being dependent upon others, usually family members, neighbours or volunteer drivers, has an impact on a person's ability to actively participate in their community. Older adults are reluctant, just like the rest of us, to ask for a drive to activities they deem non-essential. Practically speaking, this means older adults will ask for help to get to a doctor's appointment but not for an aquacise class at the local community centre. All people, regardless of their age, have the right to be an active member of their community so as New Brunswick develops wellness, cultural and recreational programs for age-friendly communities, attention must be paid to reaching out to all groups.

Walking, while a viable option for some, brings a degree of risk for older adults. Between 1996 and 2001, 34 per cent of fatally injured pedestrians were over the age of 65, nearly triple their proportion in the population.³³ A reminder that age-friendly communities are foremost safe communities.

Special consideration must be given to rural residents, particularly around access to primary health care services. If access is reduced, it could lead to an increase in preventable hospitalizations. This is both expensive for the state and stressful for the individual and their families. Community-based options such as volunteer driving programs, organized health care day trips and carpooling programs could alleviate transportation challenges in under-serviced regions.

Information Access

At the heart of the Panel's work is the recognition that older adults and their families do not have proper access to the relevant information they need to make the right choices for their health and their continued involvement in community life. This is particularly true when it comes to navigating New Brunswick's health care system and its myriad levels and types of services. This is a challenge and the Panel strongly recommends the development of an appropriate and user-friendly province-wide platform that enables the exchange of information, expertise and guidance for older adults and their families. It is important to communicate the benefits of age-friendly communities and active aging in plain language, so the message can be understood.

The Panel knows that is increasingly difficult in the digital age. Multiple channels and platforms, many of them online, have dispersed the audience for public information, forcing governments and community organizations to use a variety of methods to get the word out. While an increasing number of older adults are online, the majority are not, so an engagement strategy must use both traditional and digital methods. For instance, the 1-800 number remains a preferred option for older adults, who like to speak one-on-one with service staff. Traditional media, such as community newspapers, radio and television, can help deliver messages, as can a program of public engagement through seniors' groups and community associations.

³³ *Ibid.*

The Continuum of Care

Balancing the needs and aspirations of older New Brunswickers lies at the heart of the province's transition from a 20th century model of service delivery to a contemporary model built upon the values of independence, collaboration and wellness.

As people age, health care needs increase, moving us through the continuum of care until the end of life. That movement can go both ways, towards greater care or a return to a lower level of care following successful treatment and/or rehabilitation. While health care service delivery is of primary importance, secondary considerations, such as informal care through family and friends and social connections, impact an older adult's journey along the care continuum. A lack of these familial and social supports is one of the strong predictors of admission to acute and then residential care.

For most New Brunswickers, the entry point into this continuum of care is self-care— looking after their own health. Wellness programs and services are essential at this stage. These options can, through simple lifestyle changes, prevent or delay an individual's need for additional, more complex and expensive health services. Providing older adults with self-assessment tools through family doctors, pharmacists or other health care providers, is a convenient way to serve and measure that need.

Beyond self-care, prevention and wellness, lies the province's extensive range of more formalized health care services. Within this largely public system, New Brunswick should consider the following 10 best practices³⁴ in the development of a continuum of care strategy through the following administrative and clinical pathways:

Administrative

1. Enshrine vision statement in policy.
2. A single or highly-coordinated administrative structure.
3. A single funding envelope to maximize efficiencies, effectiveness and quality of care.
4. Integrated electronic information systems.
5. Rewards and incentives for evidence-based management.

Clinical

1. A single or coordinated entry system.
2. Standardized system-level assessment and care authorization.
3. A single system-level client classification system.
4. Ongoing system-level case management.
5. Involvement of clients and families.

³⁴ Hollander, Marcus J., and Michael J. Prince. "Organizing healthcare delivery systems for persons with ongoing care needs and their families: A best practices framework." *Healthcare Quarterly*. Vol. 11 No. 1. [2007] Available: <http://www.longwoods.com/content/19497> [Accessed October 24, 2012]

A continuum of care model may include:

Chronic Disease Management

New Brunswick has a higher level of chronic disease in older adults than the Canadian average.³⁵ Heart disease and diabetes account for the vast majority of chronic disease in New Brunswick, unsurprising since New Brunswick has higher rates than the Canadian average of these disease indicators in people 65+, including smoking, alcohol consumption, obesity rates and physical activity.³⁶ There is a correlation between these factors and levels of high blood pressure and arthritis care³⁷.

Furthermore, in recent years, rates of treatment for dementia in older adults has increased, a growing trend across Canada. According to the Alzheimer Society of New Brunswick, 1.6 per cent of New Brunswickers have dementia; that is expected to rise by a percentage point by 2038.³⁸ Wellness programming that provides cognitive stimulation can prevent or stall the onset of mental decline.

Heart disease, diabetes and mental illness are not exclusive to older adults. These chronic diseases reduce the quality of life across all ages and a robust and properly-funded wellness strategy would be a significant step towards preventing or delaying the progression and severity of chronic disease. In fact chronic disease, rather than age, is the main driver of rising health care costs.³⁹ Further evidence that a population-based wellness strategy is the best prescription for both personal health across all age groups and the provincial budget.

Of particular note is the use of prescription drugs. According to a 2010 study by the Canadian Institute for Health Information, 62 per cent of Canadians over the age of 65 use five or more classes of prescription drugs.⁴⁰ This has public policy and personal health implications. For the older patients, the risk of drug interaction and side effects increases along with the number of drugs prescribed. At the same time adherence to instructions on when and how to take drugs decreases with the increasing complexity of medications.

Ongoing review by physicians of their patients' medication list can help manage prescriptions as can collaboration between health care providers, such as physicians and pharmacists. Regular communication can help alert physicians to issues connected to multiple

35 New Brunswick Health Council. *Portrait of NB Health System through the Eyes of Our Seniors*. [Presentation materials]. [2012]

36 *Ibid.*

37 *Ibid.*

38 Alzheimer Society of New Brunswick. "The Rising Tide; The Impact of Dementia in New Brunswick." *The 'nameless' newsletter*. Alzheimer Society of New Brunswick. June 2010. Vol 1. Available: http://www.alzheimernb.ca/uploads//Website_Assets/newsletter_en.pdf [Accessed October 24, 2012]

39 Canadian Institute for Health Information. *Seniors and the Health Care System: What is the Impact of Multiple Chronic Conditions?* January 2011. p. 8 Available: https://secure.cihi.ca/free_products/air-chronic_disease_aib_en.pdf [Accessed October 24, 2012]

40 Canadian Institute for Health Information. *Drug Use Among Seniors on Public Drug Programs in Canada, 2002 to 2008*. CIHI. [Ottawa. 2010] p. vii. Available: https://secure.cihi.ca/free_products/drug_use_in_seniors_2002-2008_e.pdf [Accessed October 24, 2012]

medications.⁴¹ Prescription drug use is a complex issue, and not limited to older adults. Greater understanding appears to be warranted in regard to prescription practises appropriate use guidelines, affordability criteria and the creation of a catastrophic drug program.

Primary Care

About 92 per cent of New Brunswick residents have a family doctor, one of the highest percentages in Canada, according to the New Brunswick Health Council. However in its 2011 New Brunswick Health System report card, the Council gave the province's primary health care sector a C grade, largely because of reduced access to family physicians.⁴² New Brunswickers may have a doctor but getting in to see them can be a challenge— for both individuals and population health.

Reduced access to primary care can result in lower health outcomes and, as New Brunswick's population ages, addressing this gap in service will become increasingly important. For instance, according to the Council, only 30 per cent of respondents can book a same-day appointment for an urgent health matter; the national average is 45 per cent.⁴³ These barriers to access lead to increased visits to the emergency room, concluded the Health Council, which reports about 66 per cent of emergency room visits in New Brunswick are classified as non-emergencies.⁴⁴ This, according to the Government of New Brunswick's Primary Health Care Framework for New Brunswick, "costs double what it would cost to receive care in a primary health care setting"⁴⁵.

Encouraging all New Brunswickers, including older adults to visit other primary healthcare providers, such as nurse practitioners and community health centres, would alleviate stresses on overburdened emergency rooms and after-hour clinics. Greater collaboration between primary health care providers and community stakeholders to across alternative delivery models, such as an increase in nurse practitioners and/or physician home care is an avenue with merit. As part of the evaluation of new models of practice and delivery, the impact of the traditional fee-for-service physician model to innovation in primary health care delivery models would be of special interest.

Family Care

Caregivers are essential if older adults are to age in place, providing the critical link between formal home care services and a self-care regimen. Often these caregivers are a spouse who is also over 65 and managing their own chronic illness and/or functional decline. In other

41 Frank, Christopher. "Multiple medications in geriatric care,." Advocate. Vol. 17 Issue 2. Summer 2010. Available: <http://www.osmt.org/uploads/Multiple%20medications%20in%20geriatric%20care.pdf> [Accessed October 24, 2012]

42 New Brunswick Health Council. *New Brunswick Health System Report Card 2011*. NBHC. [2011]. p. 34 Available: http://www.nbhc.ca/docs/care_exp_2011/New_Brunswick_Health_System_report_card_2011.pdf [Accessed October 24, 2012]

43 New Brunswick Health Council. *2011 Primary Health Care Survey Results: New Brunswick Overall*. [2011]. Available: <http://www.nbhc.ca/docs/acute/Overall%20NB%20-%20English.pdf> [Accessed October 24, 2012]

44 *Ibid*.

45 New Brunswick. *A Primary Health Care Framework for New Brunswick*. Health Department. [New Brunswick: August 2012] p. 11 Available: http://www.gnb.ca/0053/phc/pdf/2012/8752_EN%20Web.pdf [Accessed October 24, 2012]

instances family care is provided by adult children, who balance caring for aging parents with managing their own busy households and employment.⁴⁶ These family caregivers provide critical support including transportation, personal care, and household activities, along with the overall coordination of primary and tertiary healthcare services.⁴⁷ Understandably, caregiver stress is prevalent. Of particular concern are stress levels for caregivers of individuals with cognitive deficits, such as Alzheimer's disease. According to the Public Health Agency of Canada, 30 per cent of caregivers experience depression, particularly those who lack social supports.⁴⁸ Factors behind caregiver stress include loss of income because of reduced work hours and limited social participation.

Recognizing the caregiver role and offering supports is important for aging in place strategies. Without the caregiver role, formalized services would be unable to meet the need. A caregiver support strategy is needed to support individuals who are at risk of also requiring formalized services. The Australian government and the Manitoba government provide a template for caregiver supports with legislation (*Caregiver Recognition Act*) and designated services, including respite services, family caregiver tax credits and counselling.

Transitional Care

Supporting effective transitions within the continuum of care will reduce preventable hospital admissions and the number of Alternate Level Care clients (ALC). In New Brunswick these patients have been negatively referred to as 'bed blockers', because while they are well enough to be discharged from hospital, they are not able to care for themselves and so wait in hospital for an available nursing home bed. In 2011 in New Brunswick, the percentage of ALC bed days to total inpatient days was 22.5 per cent. The Canadian average is 8.2 per cent.⁴⁹

Follow-up care after discharge can be effective in preventing re-admissions. Also, providing restorative care and ambulatory care options will assist in successfully transiting older adults back home, if rehabilitation is successful. The U.S.-based Long Term Quality Alliance is one of a number of countries (including Australia and the United Kingdom) developing indicators for transitional care processes that provide New Brunswick with a starting point to better understand system gaps and initiate improvements. There is an urgent need for care coordination and on-going measuring and monitoring of transitional care quality indicators.⁵⁰

46 Turcotte, Martin and Grant Schellenberg. *A Portrait of Seniors in Canada: 2006*. Statistics Canada. Catalogue no. 89-519-XIE. February 2007. p. 152. Available: <http://www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.pdf> [Accessed October 24, 2012]

47 Health Council of Canada. *Seniors in Need, Caregivers in Distress: What are the home care priorities for seniors in Canada?* April 2012. p. 26 Available: http://www.crncc.ca/knowledge/related_reports/pdf/HCC_HomeCare_FA.pdf [Accessed October 24, 2012]

48 Public Health Agency of Canada. *Research on Alzheimer's caregiving in Canada: Current status and future directions*. Vol. 25, No. 3/4, 2004. Available: <http://www.phac-aspc.gc.ca/publicat/cdic-mcbc/25-3/c-eng.php> [Accessed October 24, 2012]

49 New Brunswick Health Council. *Portrait of NB Health System through the Eyes of Our Seniors*. [Presentation materials]. [2012]

50 Long-Term Quality Alliance. *Measurement Opportunities and Gaps: Transitional care processes and outcomes among adult recipients of long-term services and supports*. December 2011. Available: http://www.ltqa.org/wp-content/themes/ltqaMain/custom/images/TransitionalCare_Final_122311.pdf [Accessed October 24, 2012]

Rehabilitative Care

Mobility and attitude, rather than age, are bigger indicators whether a patient will recover from injury or successfully manage impairment due to disease. It all comes down to cognitive ability: the higher it is, the higher the rehabilitation results. This is an important consideration for programs that increase muscle strength, balance and flexibility, all of which can decrease falls in older adults, itself a noted cause of disability and admission to residential care facilities. Despite the potential gains for older adults from rehabilitation programs, the rate of participation is often low in older adults because of less aggressive referrals. Rehabilitative care should be an important component of transitional care, enabling older adults to maintain their highest level of functional capacity.

Formal Care

The Government of New Brunswick regulates and funds two types of formal care services: special care homes and nursing homes. Formal care is the most expensive public health care option within a continuum of care system, which means the Government must be vigilant in striking a balance between quality of care and cost of service. In 1997, a family contribution policy was introduced to ensure that residents who are able to contribute to the cost of their care do so. In 2006, the Government of New Brunswick eliminated the value of assets from the formula to determine contribution levels. As a result only the net income from all sources, including the income of the spouse or common-law partner, is now considered.⁵¹

Public education and community-based support services, can reduce demand and increase opportunities for aging in place. In-home assessments, conducted by a healthcare provider, can inexpensively identify adults at-risk and provide supports that can prevent or delay physical and mental decline. This includes guidance on: managing money, using the telephone, grocery shopping, using transportation, housekeeping, doing chores and managing medications. Residential care, although costly, is a needed option for individuals who cannot be cared for in other settings. A review of the financial assessment process for formal care, in particular co-pay models and the subsidization of long-term services, is an important step in the evolution of formal care in New Brunswick.

As the complexity of health problems increase, clients and their families will expect the skill set of formal caregivers to keep pace. In October 2012, the New Brunswick Home Support Association introduced province-wide training to provide a minimum standard, all in preparation for the anticipated rise in complexity of treatment.⁵² It is a positive first step because it will bring consistency to the various post-secondary options and ensure a minimum standard of care and training.

51 Statistics Canada. "Table 202-0605, Median after-tax income, by economic family type, 2010 constant dollars, annual", CANSIM (database). Version updated April 2012. Available <http://www.statcan.gc.ca/pub/12-581-x/2012000/is-rd-eng.htm> [Accessed November 5, 2012]

52 CBC News. *Home care workers to get standardized training*. CBC.ca. Oct. 16, 2012. Available: <http://www.cbc.ca/news/canada/new-brunswick/story/2012/10/16/nb-home-care-worker-training.html> [Accessed October 24, 2012]

End of Life Care

Palliative, or end-of-life, care affects both the patient and their family. Although it is offered across all care settings, a consistent approach to end-of-life care does not exist. The New Brunswick Palliative Care Advisory Committee is developing provincial standards while the Canadian Hospice and Palliative Care Association is also working to improve palliative care through improved employee education. The aim is to provide specialized training to alleviate unnecessary transfers to hospitals and hospices.⁵³

End of life care must also be considered in the context of home care. There can be significant costs experienced during the last six months of life, including increased medication usage and specialized care, which doubles normal expected home care costs. Information on end-of-life care is also desired by family caregivers specifically: pain management, navigation of the health system, respite, practical details about giving care, expectations of disease progression, interacting with the care team, and legal and financial information. Barriers to accessing this information includes a lack of coordinated and consistent providers, 24-hour services, communication skills, emotional/ spiritual support and a respect for cultural diversity.⁵⁴

Conclusion

New Brunswick is beginning to experience the benefits and challenges associated with population aging. This growing societal awareness represents an opportunity for all generations to embrace the aging process as a celebration of lives well-lived. As society works together to address our economic, technological, demographic and social challenges, it can enhance life in New Brunswick by recognizing the knowledge and deep community connections of older adults. That can be done, for example, through the development of age-friendly communities and an integrated continuum of care that values independence, collaboration and community connections. This is fundamental to improving quality of life and ensuring sustainability of services into the future.

New Brunswick is ready to reset priorities for all future policy developments around healthy aging. The first priority must be to ensure an increasing number of older adults are enabled to live independent lives and continue to actively engage in family and community life. The second priority is to provide supports to those older adults who may require services to manage chronic illness, health-harming behaviours and social isolation so they may also contribute to their communities to the best of their abilities. With strategic effort and a commitment by many, healthy aging will be achieved.

53 Canadian Palliative Care Association. *End-of-Life-Care in Long Term Care*. [website] Available: <http://www.chpca.net/projects-and-advocacy/eol-care-in-ltc.aspx> [Accessed October 24, 2012]

54 Health Council of Canada. *Seniors in Need, Caregivers in Distress: What are the home care priorities for seniors in Canada?* April 2012. p. 34 Available: http://www.crncc.ca/knowledge/related_reports/pdf/HCC_HomeCare_FA.pdf [Accessed October 24, 2012]

Older Adults in New Brunswick: The Framework

The challenges of New Brunswick's aging population are not government-specific problems. Rather it is a series of complex issues that requires a societal response. New Brunswick can be a place where aging is a positive experience. That conversation began with a coalition of organizations serving the interests of seniors hosted a Summit on Aging and Seniors in New Brunswick, November 6 – 7, 2012 in Fredericton. To support a continuing province-wide dialogue the Panel has developed a framework that outlines a robust agenda for change under the categories of:

- Policy supports,
- Engage and inform communities; and,
- Legislative agenda.

Policy Supports

Issues related to aging are complex, multidimensional and, within government, cross departments, agencies, boards and commissions. To address the cross-disciplinary nature of aging and support the development of a detailed agenda for the coming decade, the Panel recommends the establishment, within government, of a research and policy development capacity, with qualified and dedicated staff. This policy framework should recognize the rights, needs, preferences and capabilities of older adults in New Brunswick. To support the implementation of the blueprint, the Panel recommends the Government consider the following:

A Minister Responsible for the Aging Agenda

The Minister will establish priorities and coordinate policy development across Government. This is a senior minister and existing member of the Policy and Priorities Committee of Cabinet who will report directly to the Premier.

Aging Adults Secretariat

Its purpose is to support the Minister and the development of age-related public policy. It will also coordinate aging-related issues across all government departments, agencies, boards and commissions and collaborate with community organizations. The Panel encourages municipalities, non-profits, professional organizations and the Government of New Brunswick to work together to address these complex issues, each of which impact

New Brunswick's economy, social supports and culture, based on the three broad themes identified in the Panel's report:

- Active aging and the role of the individual in society, including how aging adults may continue to participate in their communities while also being proactive in the maintenance of their own health.
- Age-friendly communities and the concept of aging in place through both physical and social infrastructure, which enables aging adults to remain connected to their home communities.
- The continuum of care, a client-focused strategy, which ensures patients and their families receive appropriate levels of care within an integrated health system that guides patients through all levels of care.

A Community Advisory Panel

The Advisory Panel will help develop community-based forums and ongoing engagement between government and New Brunswick residents.

Engage and Inform Communities

Implementing this blueprint will require a wide range of groups, including governments, businesses, non-governmental organizations, professional associations, educational institutions and the general public to align their actions around New Brunswick's goal for aging adults. This is a societal goal, rather than simply government policy and requires broad input to develop and enact. It is the role of government to lead the conversation about what the detailed agenda should be and how to achieve it. This will require the Government of New Brunswick to convene, facilitate, enable and partner with various groups and interests to reach a consensus on the public policies and programs required to address the aging adults agenda.

Government-led Conversations

The people of New Brunswick must engage in a transformative conversation on issues related to aging in New Brunswick. While the aging agenda will be felt across government, two departments, Local Government and Environment and Healthy and Inclusive Communities, have a special role to play as the lead departments for the Government's larger community development and wellness agendas. These departments can play a leadership role in community engagement around the issues of:

- **Healthy aging:** That Government create a mechanism for departments to align programs and policies with the principles of healthy aging, specifically the desire of older adults to remain active and independent in their home communities.

- **Age-friendly communities:** That Government, municipalities and non-profit organizations work together to align programs and policies around the principles of age-friendly communities, including issues related to regional planning, housing, transportation and safety.

Other areas of interest for government-led conversations include, but are not limited to:

- **New Brunswick demographic context:** In researching this report, it became apparent to Panel members that we do not fully understand the scope or depth of age-related issues at the regional or local level. The New Brunswick Health Council is doing excellent qualitative research and provides a model for New Brunswick-specific statistical analysis. The Panel recommends the Government expand the development of quantitative data to include issues related to active aging, age-friendly communities and the continuum of care. Of particular interest to the Panel is New Brunswick's growing urban and rural disparity and the disparity in education levels among older adults.
- **Life-long learning:** That Government work with educational institutions, corporate New Brunswick and local non-profits to develop a comprehensive life-long learning strategy that includes literacy and enables the continued participation of older adults in the pursuit of new knowledge and skills.
- **Continuum of care:** That Government create a mechanism for a continuum of care service delivery model and public engagement strategy for New Brunswick that includes the coordination and integration of wellness programming, community-based care, residential care, transitional care and palliative care. It should create an information network where residents can access information from a highly informed resource, similar to the existing Telehealth system.

To fundamentally change the role of older adults in New Brunswick, society must harness the knowledge and energy of the people in our communities. To do that all stakeholders will need to engage, inform and ultimately serve residents in a dynamic and open manner.

Community initiatives

To begin this evolution the Panel recommends the Government and community groups work together to implement initiatives to inform and engage communities on issues.

Healthy Aging

- **Enhanced wellness promotion and community engagement:** Expand upon existing public education program to emphasize the importance of physical activity, healthy eating, social connectedness, mental fitness, tobacco-free living, vaccinations and blood pressure monitoring in the health of aging adults.

- **Age-friendly workplaces educational and promotional tools:** Develop, in partnership with local business and labour organizations, tools to promote and educate employers about the benefits of age-friendly workplaces, including instructions for employers on how to offer flexible employment options such as part-time work, shared positions, phased retirements and flexible schedules for caregivers. This could include an industry summit to discuss strategies for phasing in these changes to New Brunswick's workplaces. There is also an opportunity for the Government of New Brunswick to lead by example, becoming a first adapter of age-friendly workplace policies in its human resources practises.
- **Older entrepreneurs ecosystem:** Support New Brunswick's growing entrepreneurship ecosystem by encouraging community organizations to develop education, training and mentorship programs to support first-time older entrepreneurs.
- **Business development supports:** Consider financial support for first-time entrepreneurs, 55 years of age and older, with some programs designed specifically to women with limited paid employment history.
- **Civic engagement outreach program:** Work with community organizations to develop a program that harnesses the enthusiasm of civic-minded older adults to encourage increased participation among groups that don't traditionally participate, such as young people, new Canadians and people on low-income.
- **Life-long learning:** Work with educational institutions, corporate New Brunswick and local literacy agencies to recommend learning pathways.
- **Volunteer recruitment guide:** Develop in partnership with volunteer governance experts, an information package for non-profits on volunteer recruitment and retention strategies, including removing barriers to participation for older adults.
- **Peer-to-peer assistance:** Encourage community organizations to facilitate peer-to-peer programming between older adults who volunteer and those who use a non-profit's services.
- **Technology training:** Work with community groups and training institutions to consider ways to deliver technology training to older adults who want to upgrade their skills for the workplace or personal use.

Age-Friendly Communities

- **Municipal and regional planning:** Work with municipalities and regional service districts to develop strategic plans that reflect the principles of age-friendly communities, in particular planning considerations in regards to zoning and development.

- **Housing strategy:** Develop a New Brunswick strategy that supports the introduction of multi-generational housing, cooperative housing, and secondary suites in private homes to meet the varying needs of older adults. Ensuring an appropriate mix of housing options will require a joint effort between all levels of government and community organizations.
- **Home modification supports:** Develop a New Brunswick home renovation and modification rebate and/or incentives program to encourage aging in place, that complement existing federal programs.

Continuum of Care Strategy

That the Government, in consultation with appropriate departments, develop a fully-funded continuum of care strategy, which includes a renewed home care strategy to support aging in place to mitigate demand for residential services.

Within that strategy, the Government, in consultation with community and industry stakeholders, develops a series of public education supports and tools to give individuals and families the information they need to traverse the health care system, such as:

- Self-care assessment tools that can be delivered through family doctors, pharmacists and other health care providers;
- Home modification screening program to identify things in a home that increases older adults' risk of injury;
- End of life care navigational supports for family caregivers to address issues of pain management, navigation of the health system, respite, practical details about giving care, expectations of disease progression, interacting with care team and legal and financial information. These supports must be client-focussed rather than system-focussed to ensure individuals and their families are able to manage health care challenges.

Chronic Disease Management

Heart disease, diabetes and mental illness are not exclusive to older adults. These chronic diseases reduce the quality of life across all ages. The Panel recommends the Government develop a robust and properly-funded wellness strategy that includes chronic disease. It should emphasize the prevention of chronic disease and how to delay the progression and severity of chronic disease, including pain and pharmaceutical management.

Primary Health Care Delivery

The Panel supports the Government of New Brunswick's Primary Health Care framework and recognizes the work to date and fully supports the enhancement of collaborative practices, nurse practitioners, physician home care options and reforms to the fee-for-service model for physicians.

Legislative Agenda

The United Nations' Principles for Older Persons provides the Government of New Brunswick with a baseline to incorporate the identified rights of independence, participation, care, self-fulfillment and dignity into policies and programs. The Panel recommends the Government use these principles as a guide as it develops comprehensive policies and regulations flowing out of the Panel's work.

Legislative review and reform is a critical stage toward a 'new' conversation about older adults necessary over the next decade. Referenced by a comprehensive consultations reforms may include:

Charter of Rights for Older Adults

To formally acknowledge the social and economic contributions of older people and enshrines their rights to live free of discrimination based on age.

Caregiver Support

To recognize the role of family caregivers by providing formal supports such as the creation of a *Caregiver Recognition Act*, respite services and family caregiver tax credits and counselling.

An Examination of the Financial Assessment Process for Formal Care

This examination should specifically examine co-pay models and the subsidization of long-term services to mitigate demand and increase aging in place.

Aged Care Workforce Standards

Develop, in partnership with post-secondary institutions and formal care administrators, minimum education standards for Resident Attendant and Personal Support Worker programs.

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The Panel's deliberations are grounded in an extensive body of peer-reviewed and government-related literature that offer provincial, national and global perspectives, existing research results and presentations by provincial agencies.

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