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Aging In Place in Nova Scotia
Identified Needs and Recommendations
From The
Seniors' Advisory Council of Nova Scotia
Presented To
Department of Seniors & Long-Term Care

Compiled and edited by
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At the June meeting of the Seniors' Advisory Council (SAC), Associate Deputy Minister of the Department of Seniors and Long-term Care (DSLTC), Tracey Barbrick, requested that the Council identify ways in which the DSLTC can support seniors to stay in their homes longer and can uniquely support low-income seniors to stay in their place of choice— to age in place. The two questions posed were:

1. What do people need, aside from nursing/home care, to stay in their homes longer?
2. How can we uniquely support low-income seniors to stay in their place of choice?

The SAC Structure and Operating Procedures, Priorities Committee met several times over the summer to draft recommendations to be presented to Council when it meets on September 22, 2022. The committee identified three priorities for the upcoming year, one of being "Positive Aging in Age-Friendly Communities." Therefore, this is a high priority for the Council.

In addition to the committee meetings, the Council members, through email discussions, shared their thoughts regarding the needs and recommendations for aging in place and have formulated the following for the Department of Seniors and Long-Term Care consideration. The identified needs are listed in bullet form (•) and the recommendations for each follow the need.

- AFFORDABLE HOUSING/SUITABLE ACCOMMODATIONS
(As well as sufficient income to maintain the structure, including utilities.)

Recommendations:

- a) The provincial government is helping low-income seniors with the Seniors Care Grant which now includes a heating assistance grant. The SAC is pleased that this grant was initiated by the present government, however, it is insufficient and is being weakened by inflation. The grant should be significantly increased (SAC Recommends \$1000) and adjusted annually by an amount equivalent to the Consumer Price Index (CPI).
- b) Expansion of the services available under the Seniors Care Grant should continue. The SAC is supportive of the work done to date, including recent add-ins. This should be monitored to identify additional essential needs that may be needed.
- c) The income threshold for assistance with home maintenance and renovations is too low. It should be \$37,500, the same as the Seniors Care Grant.
- d) Rent supplements are not keeping up with inflation. Low and moderate-income seniors need the provincial government to establish a rent supplement system that allows for annual adjustments for inflation.
- e) Support intergenerational alternate forms of housing i.e., co-sharing homes
- f) Provide information to contractors/building associations and architects encouraging them to incorporate concepts supporting aging-in-place including accessible designs for any new builds or renovations.

- g) Consider working with the federal government to set a national standard of building codes incorporating universal designs to support the needs of seniors. Share the concepts and designs with the public at home shows and other venues, to encourage this as people plan for their later years.
- h) Provide funding for renovations such as bathroom refits. As people age, showers are easier to get in and out of than a bathtub. Falls prevention is a necessity. There are chairs and other supports available on loan but more permanent set up is a walk-in shower.
 - COMMUNITY BASED MEDICAL SERVICES
(Direct access to a medical doctor or nurse practitioner in a timely fashion including specialist care and care delivered at home such as podiatrists, occupational therapist, osteopaths, etc.)

Recommendations:

- a) A key requirement is adequate communication between the system and the patient and families so they can navigate the system easier to get the care they require. Review the present systems with the intent to make it easier for older adults to navigate.
- b) The SAC adopted the CARP Position Paper on Home Care as part of its Continuing Care Statement submitted to the DSLTC. Home Care must be a priority! The following objectives should guide the improvements to Home Care:
 1. Focus on Person-Centred and Family-Centred Home Care.
 - a. Prioritize dignity, participation, and choice.
 - b. Update Home Care standards and tools to enshrine person- and family-centred values.
 2. Increase Recruitment, Retention and Quality for Home Care Human Resources
 - a. Increase Home Care worker recruitment based on a specific strategy with demographic and labour force projections
 - b. Provide an improved compensation package for workers with generous educational support
 3. Improve Home Care Communication
 - a. Develop stronger communications channels across Home Care, to ensure that Home Care clients and their families receive timely, accurate and useful information.
 4. Improve Public Transparency and Accountability for Home Care
 - a. An up-to-date multi-year and fully funded Home Care Sector Plan is urgently needed, along with more robust public accountability mechanisms such as regular wait-list updates with regional breakdowns, and impartial, accountable, and transparent client feedback and complaint process.
 5. Expand and Untax Home Care Direct Financial Supports
 - a. Increase funding for Home Care, both to expand the number of Home Care service provider agencies and to increase the Caregiver Benefit and the Supportive Care Program.

- COMMUNITY BASED SOCIAL SUPPORTS AND CONNECTIONS
(Improved clubs and recreational facilities for older adults in their communities. For shut-ins or those with limited mobility regular wellness checks from a care giver.)

Recommendations:

- a) Invest in local seniors and community centres to make them barrier free, fully accessible and energy efficient. Older adults need a place where they can attend social events, enjoy games and activities, and be involved in learning activities and information sessions (falls prevention, legal information & technology training). They need safe, accessible, and secure spaces for wellbeing classes, dance activities, music lessons, choral groups and other activities to enjoy their senior years.
- b) Support libraries, recreation departments & senior-serving organizations to offer information sessions, including how-to workshops on recruiting volunteers, grant writing, and organizational management.
- c) For those unable to leave their homes, food delivery and/or meal preparation programs should be supported.
- d) There needs to be a serious review and discussions with the Federation of Municipalities in promoting age friendly communities.

- AFFORDABLE AND RELIABLE TRANSPORTATION
(For medical or social appointments and shopping for essentials -groceries, etc.)

Recommendations:

- a) Many services are available, however; better communications is need so that seniors know about the service and how to access it.
- b) The provincial government must continue to support, and finance improved community transportation networks so that older adults can access local services and have suitable transportation to essential services outside their home communities.
- c) The DSLTC should connect with the Insurance Bureau of Canada to ensure volunteer drivers have suitable and cost-effective insurance coverage for transporting seniors. situations.

- COMMUNICATION TOOLS AND SKILLS
(At minimum reliable telephone service, however; to function effectively today, seniors need access to a computer, broad band/high speed internet service, and training and support service as more support services require online access)

Recommendations:

- a) Provide information in reliable, consistent, plain language using formats older adults can readily access including – newspaper/radio/local TV/and social media, available in their

language of choice where numbers warrant this service. As Nova Scotia's population continues to grow there are those whose first language is not English or French.

b) Technology, such as fall alert systems, are not affordable to everyone. A grant or subsidy to help purchase a smart alert system would be very useful

c) Encouraging folks to plan for aging from a wholistic perspective, not just focusing on their finances. Here is a great checklist that can be built upon:

<https://www.canada.ca/content/dam/canada/employment-social-development/corporate/seniors/forum/aging-checklist/aging-checklist-seniors-EN.pdf>

- EDUCATION AND ASSISTANCE WITH LEGAL ISSUES
(Such as power of attorney, personal directives, etc.)

a) The DSLTC financially support the Legal Information Society of Nova Scotia in providing in person meetings across the province on Power of Attorney, Wills and Personal Directives.

b) The DSLTC have copies of " It's In Your Hands-Legal Information For Seniors And Their Families" available to send to seniors requesting this information.

- RECREATIONAL OPPORTUNITIES

Recommendations:

a) Provide a tax deduction (suggest \$500) for those who provide receipts for participation in active programs (i.e., YMCA, yoga, exercise classes, etc.). Many studies have proven that leading an active life has many benefits and reduces the demands on the health care system.

b) The Department of Communities, Culture and Heritage put more focus on programs for seniors in communities across the province.

- ADDRESS AGEISM IN POLICIES AND DECISIONS

Recommendations:

a) Raise awareness among political and business leaders, health care providers and others so that people are treated with respect and their autonomy is recognized regarding where and how they want to live, provided they have the capacity to do so.

b) Focusing on inter-generational programing so that age-silos are broken down.

There are numerous studies that indicate or prove that improving the social determinants of health (SDOH) will greatly reduce the demands on our health care system. A very recent study published by the National Library of Medicine (PubMed.gov.) concluded that among community-dwelling US adults, three social determinants of health: food insecurity, social isolation, and low educational attainment increase an individual's risk of hospitalization. Additionally, risk of hospitalization increases as the SDOH burden increases. Such studies are evidence that older Nova Scotians need to be supported in their home communities with programs that improve SDOH and that this support will lighten the demand for health care services.

Reference: Wray CM, Tang J, Lopez L, Hoggatt K, Keyhani S. Association of social determinants of health and their cumulative impact on hospitalization among a national sample of community-dwelling US adults. J Gen Intern Med 2022;37(8):1935-1942.

In closing, the Seniors' Advisory Council of Nova Scotia strongly suggests that the strategies, policies and programs to support older adults to age-in-place must be organized and directed by those who are strongly committed making improvements in the lives of older Nova Scotians and who have a primary function to do so. The former Seniors' Secretariat of Nova Scotia, which still exists in legislation, facilitated planning, development, and coordination of policies, programs, and services for seniors in partnership with government departments, seniors' organizations, voluntary seniors' groups, and seniors themselves. This was a system that worked. Such a system requires a devoted individual to lead the work (title to be determined) supported by a dedicated staff working with all government departments and agencies to establish and maintain excellent standards of care across the aging spectrum.

What is needed is a single-entry point to Government regarding seniors' issues and concerns, where programs and services for seniors are promoted and where timely and current information on programs and services to make life easier and more enjoyable for seniors in their home communities is readily available.

Strong and unambiguous leadership is needed which includes listening to senior's groups.