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Dr. Doug Eyolfson

Member of Parliament / Député
Charleswood – St. James – Assiniboia – Headingley

September 22, 2017

Standing Committee on Human Resources, Skills and Social Development
and the Status of Persons with Disabilities (HUMA)
Sixth Floor, 131 Queen Street
House of Commons
Ottawa ON K1A 0A6
Canada

Dear HUMA Committee Members;

It was my honour to host a National Seniors' Strategy Consultation in my constituency on August 22nd which was attended by nearly 100 constituents and stakeholder representatives. We also received several phone calls emails from constituents who were unable to attend the event and who provided their input. Comments made at the consultation event and a sampling of emailed input are included in this brief, along with a scan of the written feedback forms provided by those who chose to submit them.

Affordable housing, income security and quality of life are all major concerns of the aging population in my riding. The need for innovative housing programs which are tailored to meet the different needs of individuals on every level – financial, physical, mental and emotional – was a recurring theme. The idea of tax credits for fitness programs, volunteering, and employment were mentioned by several people as well as the pressing need for a guaranteed annual income. Pension programs and the current tax system are a major concern for the aging population. Their quality of life is greatly impacted by the pressing need for affordable housing and financial security.

Several outstanding ideas were presented by my constituents that I believe are truly worthy of consideration and implementation in a National Seniors' Strategy. Your efforts in this study are genuinely appreciated.

Sincerely,

Doug Eyolfson



MP Doug Eyolfson National Seniors' Strategy Consultation August 22, 2017

Comments from Participants:

➤ Housing

- Suggestion for **innovative and creative housing** (other than “brick and mortar”) – to have supports to keep them in their homes/communities; for e.g. **having university students living in complex to assist**
- Live in Kiwanis Courts (**not for profit 55+ residence**) – the average age is 94 – can no longer live in these homes; **people are admitted in stages of dementia; those who are able are their ‘social workers’ – they need more care which is not provided at these homes**. If we complain, they say, “this is not a nursing home – if you don’t like it pay another \$1000 and move to a nursing home”
- All levels of government have to get moving right away on housing - boomer generation needing to get into seniors housing and there are not enough - needs to be done/addressed right away
- **There is housing for seniors with money – but for anyone who does not have money or is single, there is a lack of affordable housing and have nowhere to go. Low income seniors lack of housing is in epidemic stages**
- We need to start exploring what **Denmark/Netherlands is doing (partners for life) – co-housing/assistance serves social, economic benefits for all**
- There is a fortune in **RRSP investments** in this country – money can be sheltered to age 71, until then that reserve remains untouched – suppose government passes bill to **allow 55+ for home renovations/assistance to ease their Activities of Daily Living** (scooters/attendants, etc.); this will also contribute to the economy (hiring contractors, permits, taxes which increases government revenue). Allows for an orderly transition of wealth through economic activity in the community and for families; this would **give seniors an opportunity to enjoy the rewards of their hard work;**
- **In Quebec, group homes** similar to golden girls – **have 5-6 residents with one attendant living in**
- WRHA – **if on oxygen, not allowed to live in 55+ housing; need oversight to these programs – reprehensible to be able to terminate residency in 90 days when they no longer fit qualifications; Need advocacy on these matters**
- **Panelling process – which takes 6 months - interfering with planning for housing (get approved for a residence but have to wait for panelling) – frustrated (personal experience with Mother)**
- Too often we look at bricks and mortar as solutions rather than looking at people – if senior income is less than \$2200/month there are limitations on housing options. **The need for lower income housing to address the tsunami of people who will soon be 65 or older**
- **Need more choices for housing for different stages of abilities/need**
- **Very costly to system to have people waiting in hospitals for nursing homes**
- **EI – seniors do not get access to EI benefits that they have paid into all their lives (becomes part of general revenue) - why not provide access to that money for seniors**
- Live in own house – with my taxes right now, it is not affordable housing

➤ Income security

- **Eliminate mandatory minimum RRIF withdrawals/payouts – as they age seniors need capital more – taxation on withdrawals and if don't have employer sponsored pension. Allow people to take money out of RRIF for renovations.**
- **Given that our population is older/living longer, needs to be a major reform of entire pension system.** Some companies still have mandatory retirement age of 65. In terms of RRSP, the age to collapse plans need to be raised to 75-80. **Mandatory withdrawal for RRIF's needs to be altered or eliminated to allow seniors to control their own flow of income.**
- **Taxation – still being taxed on OAS (its income) – why do we need to keep taking taxes till we're 100?**
- **GIS is pittance – too low to be of any real value**
- **Job creation for seniors – affirmative action program from federal government for seniors who want to continue working**
- **The different levels of government need to look at the different strategies to coordinate efforts and ensure there is a minimum income**
- **The carbon tax affects everything - any increases that companies face will be passed on to consumers – the impact on seniors needs to be carefully considered**
- **Income tax system is convoluted – seems to work against senior couples who lose one another; couples that are getting by, then one spouse dies, there is a loss of income and an increase in tax income – its wrong**
- **Rules for taxes to GIS – qualification still needs senior to be in starvation income – how come we have stats can tell us that this amount is what's considered a starvation level and we allow that – this country can do better than that**
- **Pension is locked in and can't access it and may be forced to sell house – get a minimum (which is max apparently) and so I'm stuck; some people don't know that they're in this situation soon**
- **Interested in possibility of government inducements/incentives (tax credit) for philanthropists and relatives to support seniors**
- **Guaranteed annual income – lots of different plans have been tried (OAS, GIC, CPP) and very costly to maintain – with a guaranteed annual income, people of all ages benefit (Dauphin experiment)**
- **Caregivers tax credit should be refundable - we're saving the government money, then government should increase the benefits (provincial) – all levels of government need to work together**
- **Concerned about peoples attitude to income tax – tendency to consider all seniors as one population – some are very wealthy some are very poor; carbon tax has to occur so that we can breath; income tax used to be graduated to hit higher income population (used to be at 85% for higher income – now it only goes up to 50%). Taxes provide us with the benefits and believe that we should all pay it but on a fair level – am glad to do that. One tax is unfair are how drug expenditures are not considered until you've spent a minimum amount.**

➤ Quality of life

- The **WHO Report on Aging and Health** —purpose is to get everyone in world to **function the best they can at their age - Would like MP/government to consider this report**
- Decision that government makes for seniors as they get older; I spend six months in home community and six months in a senior community – the senior one is better because of supports. In home community, 90 year old neighbour with dementia is in danger – all alone
- **Panelling process – in a Personal Care Home, there are people who are admitted who are waiting for supported housing – they are not happy to be there; backlog in both programs**
- **Social and physical isolation – need improved transportation/mobility accessibility to social programs**
- Higher rate of suicide of completed suicide for men 65 and older – improving programs for all seniors and senior men
- Volunteering -encourages seniors – to increase social circle, maintain contact; if they **volunteer on a regular basis, will they qualify for a tax benefit from the government?**
- **Loneliness/isolation is one of the biggest health risk of seniors – upon retirement, there is no consistent source of information regarding resources – need federal education programs**
- Fitness passes for seniors should be reduced substantially because of reduced health costs - **Tax credit for gyms/centres - and members**
- Many years ago we had Participaction – now focussed solely on obese children; what about a social marketing process to encourage seniors to engage in active living
- People who cannot hear well leads to social isolation – they don't want to go to events because unable to hear what is being said

➤ Local issues

- **Federal government needs to pay attention to healthcare services being cut in Manitoba – may be in contravention to Canada Health Act already**
- **Dementia - many people get it prior to formal diagnosis – need services/early intervention;**
- **Primary caregivers are also aging – strain on finances/families – need far more supports for caregivers (emotionally, mentally, financially)**
- **St. James 55+ Centre and Civic Centre funding – worthwhile project for senior residents and families of all ages**
- **Quality of life depends on everyone's attitude – there is a negative attitude towards aging – needs to be addressed/delivered in an educational/social media program**
- Allard School building is empty – make it into a seniors centre

Constituent Email Input

- Has there been any **progress on funding for access to fitness programs for the elderly**? My husband and I, retirees from jobs with unions that provide Healthy Living Access programs, renewed our annual fitness access passes in the City of Winnipeg pools and gyms. It costs \$837 this year, but is not something we can do without. Access to weight rooms, pools and exercise programs like Aquacize are essential to our health and well-being. My husband has cardiac issues and I have mobility issues that are not going to go away, but make exercise essential. That being said, **it would be an incentive to more older people to get involved in fitness programs if there were some form of tax incentive**
- Dear Ministers Responsible for Seniors,
I'm writing you today about your next meeting on September 13-14 on the needs of seniors across Canada. I'm also writing my MP to make him/her aware of this very important issue and to ensure that he/she considers seniors health care needs when meeting with his/her constituents.
The Canadian Medical Association (CMA), and the over 51,000 Demand a Plan supporters, will continue calling for high quality seniors care everywhere in Canada. We urgently need a national seniors strategy and we must care for our elderly population now!
As the CMA recommends in its pre-budget submission to the House of Commons Standing Committee on Finance, we need immediate:
 - **targeted funding to support the development of a pan-Canadian seniors strategy to address the needs of the aging population.**
 - **capital investment in residential care infrastructure, including retrofit and renovation, as part of the federal government's commitment to invest in social infrastructure.**
 - **Increased awareness of the new Canada Caregiver Credit, including amending it to make it a refundable tax credit for caregivers.**
 - **explicit operating principles for the home care funding that has been negotiated with the provinces and territories to recognize funding for caregivers and respite care as eligible areas of investment.**
 - **action to convene an all-party parliamentary international study that includes stakeholders to examine the approaches taken to mitigate the inappropriate use of acute care for elderly persons and provide support for caregivers.**Of the utmost importance:
 - **Our country needs a federal minister for seniors. This federal minister should have a mandate to improve seniors care across the country and be solely dedicated to the needs of our growing seniors populations.**Implementing these recommendations is essential to stitching together the elements of community-based and residential care for seniors. Fixing seniors care in Canada will go a long way toward fixing the whole health care system.
We cannot wait any longer - real leadership is urgently needed.
- **The development of a Senior Advocate Act and the development of the Office of Seniors Advocate are needed in the province of Manitoba, and in all provinces and territories in Canada, to represent the unique needs and concerns of seniors who will soon comprise 25% of the population, and to strengthen the relationship between seniors and government.**
As in British Columbia, the Seniors Advocate is tasked with monitoring the provision of senior's services; analyzing the issues of concern and impacting seniors' welfare; and advocating for the interests of seniors.
As well, the Seniors Advocate may also:
 - identify and analyze systemic challenges faced by seniors;

- collaborate with persons who deliver seniors' services for the purpose of improving the efficiency and effectiveness of service delivery;
- promote awareness, by seniors, their caregivers and their families, of systemic challenges faced by seniors, and of the resources available to seniors;
- makes recommendations to government and to persons who deliver seniors' services respecting changes to improve the welfare of seniors.

Key services within the scope of this position include health care, housing, income supports, personal supports and transportation.

Canada's first seniors advocate says similar positions are necessary in every province to protect a vulnerable population that is too often neglected.

"I think that seniors are a diverse group of people with diverse needs," says Isobel Mackenzie, who was appointed British Columbia's seniors advocate in March.

"Having an office that can focus on those issues that affect significant numbers of seniors is important to ensure that they don't get drowned out in all of the other competing agendas."

I would suggest the inclusion of Elder Abuse, fraud and scams targeting the elderly, discrimination based on age or disability, changing long term care, and the challenges facing seniors in rural Manitoba/Canada.

The World Health Organization in their World Report on Ageing and Health report (http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf) regarding Changing mindsets about long-term care: a political and social challenge:

The problems and injustices of current systems of long-term care often do not receive the attention they should. In part, this is because many of those who are directly affected lack political voice or organized representation.

Most national governments lack a focal influential agency that can highlight and champion these issues. In many cases, the division of roles and responsibilities among national and local government departments is unclear and confusing. This hinders the coordination of an integrated system of health care and social care and support, and obscures lines of government accountability.

Long Term Care is just one of many issues facing all seniors in Canada, and to try to solve these issues requires a concentrated effort from one Office otherwise the issues get pushed to the bottom of the pile or are held over for further investigation and discussion that is passed on to various departments.

Manitoba has been a leader in recognizing Caregivers and the associated problems inherent to balancing the well-being of the Caregiver and the needs of those receiving the care. There needs to be more support given to the Caregivers who may suffer financial hardships as well as caregiver fatigue and ill health themselves and may no longer be able to provide the caregiver duties.

With the Liberal Party's help, seniors in Manitoba, and all of Canada, need a singular voice that will listen to seniors' concerns, investigate and analyze the impact services to seniors, and recommend to government changes as needed to enhance the lives of seniors.

The development of a Seniors Advocate Act and the office of Seniors Advocate for Manitoba's seniors, and for all provinces without a Seniors Advocate, this would reduce the workload on government by shifting this to an office that is independent, senior-centric, and collaborative in its undertakings. Implementing changes and policies without the involvement of the end user (seniors) is tantamount to failure to engage and succeed. The Office of Seniors Advocate can bridge the gap between government and seniors, and as creative as seniors are, some creative and innovated suggestions may be forthcoming to benefit all.

After reviewing the National Seniors Strategy, it became apparent that in order to know whether the National Strategy is working effectively to enhance the lives of seniors in Canada, one needs to measure the effectiveness through data gathering, but more than that is needed to really know whether these measures are truly helping those they impact, one needs an ear to the ground, where seniors feel safe and comfortable giving kudos as well as feedback on the end result in real terms.

Funding for the offices of Seniors Advocate may be hard pressed expense for some provinces and territories; and it may behoove the government to take the lead and consult with the provinces on a cost sharing basis for a set timeframe of 5 years to establish the position and measure the end results. The time saved by having this Office involved in the affairs of seniors will free up time from a variety of government portfolios and offer a concentrated return for money spent.

Seniors are the backbone of this country and seniors are the most consistent group of electors.

- I wish to voice my concern and the concern of others who are **dealing with Celiac Disease and approaching our senior years. The thought of not being able to have the proper type or amount of food as one ages is very terrifying, not to forget also, that the wrong type of food could and would accelerate one's demise.** I hope you will consider these points as you develop your National Seniors' Strategy.
- **My income has been significantly reduced since my husband's death in March 2015. Meanwhile, my daily living expenses for housing, food, utilities and other necessities has risen significantly.** Fortunately, I do not require prescription medications, so I do save on those costs. However, dental and optical costs still have to be paid from my own income, since the private insurer has a deductible that must be covered annually before I receive any benefits from the insurance plan. That is a catch-22: do I continue to pay the premium in case I have unexpected need for coverage of a major medical or prescription or dental services: or, do I stop paying the premium and hope for the best that I will continue to have expenses less than the cost of the deductible each year?

Because my flexible income is not so flexible as it once was, it makes for hard choices about making donations to many good causes in the community. Do I give to a political party? Do I give my grand girls money for university or sports outings? Shall I buy myself a new dress and pair of shoes for the family wedding this summer? Can I get another couple of months wear out of my runners before I have to replace them?

These things may seem petty to others. For me, choosing between the many good choices I could make is sometimes fraught with unexpected expenses. Like when my back door was smashed in by an intruder who stole my purse and wallet while I was working in the front yard raking the grass this spring. The costs of replacing the door, locks, and my purse and wallet really ate a hole in my savings account, because, once again, the deductible on the home insurance is such that a claim is not practical.

So, now, when the party wants support, I am short of cash to help you. I shared none of these things with the group at the meeting. Rather I talked about how I try to support my friends who are becoming deaf and isolated from community and family because going out to visit is just too difficult. My troubles seem minor in comparison, but it doesn't fill my bank account with extra money to give to good causes most days. So, I hope you will understand that even if I do not send money, I do support your work to try to improve life for folks.

And, I do not mind paying my taxes as long as it is going to be spent wisely and fairly in helping create a safe place for families and individuals.

- **Quality of life and well-being:** After attending the public consultation at the Seniors Center in Winnipeg, Manitoba, I would like to submit for consideration a change in model of care that impacts the Quality of Life and Well-being of all seniors, but as well as those already in institutional care facilities. It may stimulate more creative and freer thinking on what seniors need to live and age well in our societies. During my Diploma Nursing program training from

1970-1972, I had the opportunity to visit several facilities that house seniors.

It struck me as **odd to maintain seniors in an institutional environment that is a under the medical model of care**. We as a society do not care for children under the medical model, and there are no doctors or nursing caring for children in child care.

The medical model of care is more institution-centered and over the years the model tried to include the person as part of the circle of caring right up until the present, where there is talk of person-centered care in these facilities. The medical model of care is still reflected in its policies and procedures and regulations. Looking at the Standards of Personal Care Homes, it rarely ever mentions the direct care of the person. I believe using the medical model of care for seniors - be it in Home Care or Supportive Housing or Community Care - influences how the care is provided and is again not person-centered. It fosters the idea that aging is some how a disease and ought to be managed and treated as such. As well from the commercial stand point, the beauty industry for one is constantly suggesting that looking old is not a good thing and one needs to look young to be regarded as good looking or valued.

All of the above tends to create a negative image or impression of seniors as something undesirable. I believe that many of the problems reported in these types of facilities, and probably one of the main reasons why no one wants to be put in one of these places, stems from the attempt to provide care to people under the medical model of care unused in hospitals. Reading the Canadian Centre for Policy Alternatives' (CCPA) book called They Deserve Better. The Long-Term Care Experience in Canada and Scandinavia demonstrates the difference in models of care used to care for seniors. Canada's medical model of care and Scandinavia's social model of care where the person is the center of all that surrounds and impacts them. Everything is done to maintain and enhance the quality of life and autonomy and independence. **If the model of care in Canada were changed to reflect the value and rights of the person, then the care model that would best reflect this would be the social model of care. If the social model of care is used to think about housing needs, social needs, well-being and quality of life, we might be able to come up with a wider number of choices for housing needs and meet the needs of seniors.**

If the model of care was changed to the social model of care for those in care facilities. It would impact and change the "policies and regulations and standards to more accurately reflect the needs of the person - to allow them to live as they would normal had they been able to do so. This is so important as mentioned in a World Health Organization report on the loss of autonomy and independence of many older people and those who are most vulnerable is a looming concern and infringes upon the human rights of people. I would like to propose that a Committee be struck to review the literature and create a focused task group first envision the possibilities that are now available when there is a change in the model of care from a medical one to a social one that will enhance the lives of seniors in Canada.

- **A national strategy should include reference to "Quality of Life" and aim to keep seniors in their place of residence as long as possible. The result should ease the burden on bed space in hospitals and lessen the demand for assisted and total care facilities.** My experience has been that no matter the illness or rehabilitation, the remedy most often used is 'Diet & Exercise'. I can attest to the veracity and results of such advice. Obesity seems to be on the rise with the attendant and earlier onset of some sort of illness. Education concerning healthier choices is a must. Part of suggested solution would be to have more facilities modeled on the ReHab Centre in Winnipeg and elsewhere. Their programs for stroke and cardio rehab are excellent. In

Winnipeg, for instance, there should be a facility in each quadrant of the city. Most importantly **cost of attendance and participation should be affordable to the average Senior. To that end, a total or partial tax credit for membership should be instituted.** In most cases that I have witnessed those medically referred for rehab do attend but leave after the three month program citing cost and overcrowding as the reason. Currently the cost of a full membership is about 5600.00 for a senior. The 'seniors' Select program has restrictive hours between 11:00 am and 3:00 pm. Cost is prohibitive for many seniors on a fixed income.

- I read with interest your latest missive and it is indeed time to start talking about seniors before their needs become critical. I am 68 and fortunately, independent, relatively healthy and able to afford what I need. Not all seniors are as lucky as I. In Edmonton, Alberta, for instance, I know several people aged 70 or thereabouts who are living on the poverty line. One 70-year-old, who is unable to walk and requires a respirator, a sleep apnea machine, hearing aids, many medications and assisted housing, feels that she is lucky in that her pension very nearly meets her needs. She has no leeway for discretionary spending. She certainly has no sense of security that her needs will be met, should she become more dependent on caregivers. **As rent for assisted living housing continues to rise, and the pension doesn't, there will soon be a gap that needs to be addressed. This is but one example of seniors who are "on the edge", financially. Part of the Strategy must, therefore, address the issue of income security for seniors. CPP and OAS clearly are not enough, particularly in provinces where disability pension is withdrawn when OAS kicks in.** Another issue is prevention of disease and other medical conditions by exercise, diet and counselling. As I said, I consider myself lucky; I have access to an excellent exercise program: deep water equalize for (mainly) seniors at PanAm Pool. We have recently been able to obtain a gradual-descent ladder that helps many of us with arthritis and other mobility issues to enter and exit the pool with safety, if not ease. It is not a perfect system, by any means, but provides a measure of dignity to those who could not exit the pool by means of the vertical ladder system that is prevalent in most pools. **This type of exercise program provides more than just exercise; it provides women and men who are mainly retired with the opportunity to socialize, to meet new people and to share a common interest.** There are Seniors' Centres that provide this service as well, and many people use them as an essential service, not just a nice way to pass an afternoon. There is **a great need for transportation,** however, that would allow seniors to reach the very places that they need to get help for their various conditions. Handy Transit, for instance, is a low-cost alternative to taxis or "get your daughter to drive you" service, but it is not available to many people. But what about people who have no access to these services, because they live in rural areas, or who are just not able to get to them? I have spoken several times to MPs, MLAs and City Councillors about the possibility of a fitness strategy for seniors. Too often, they are left to discover the programs on their own and find the fees daunting. It costs over \$450/year for access to aquatic programs at PanAm. I am extremely grateful that as a retired teacher, I have a half-price program through the Manitoba Teachers Society. Many people are not aware of these special programs open to members of the civil service, the military, police, etc. Information and counselling is essential and provided in a spotty fashion, even spottier now that the Conservative provincial government is cutting back on social services. The four-point plan you mention: 1) **Affordable housing - too often is an issue when the housing required for quality of life is either not geographically accessible or too expensive. This much be addressed either by grants or tax incentives or other means. One small point that is often ignored is that having a pet, either a dog or cat, becomes a sticking point when seniors' housing is planned.** NO PETS ALLOWED is what we continually hear. Not good when a service animal is necessary for the person's well-being. 2) Income security - as above. 3) Quality of life and well-being - in a time when the

Conservative provincial government is cutting everything but the tax rate, many services in medical, social and community programming are being eliminated. This creates an unfair burden on the vulnerable seniors. One woman, for example, who is 90, must now take a three-bus transfer to visit her doctor because the clinic has been moved. She is ineligible for Handy Transit. In winter? How is this frail woman going to get to the clinic? The Conservative provincial government has further indicated its disdain for seniors' well-being by cutting many services related to hip, knee replacement surgeries and the inevitable cataract surgeries that continue to increase in demand for our aging population. 4) Local issues - include the inevitable comparisons between the services available to your constituents and those in outlying areas. Candace Bergen's riding, for instance, lacks a lot of services we take for granted, and her riding is close enough to the City for her constituents to drive in, provided they do have a vehicle or at least access to one. Living in Boissevain? **Having to get to Winnipeg to access vision care and specialists' appointments is getting harder and harder to bear for seniors.** Thank you for this opportunity to give you my two cents' worth.