*Position Statement*

COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA

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# Seniors and Healthy Aging

## A Position Statement

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Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, January 2011.



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# Seniors Health Issues

Alberta seniors represent a growing and culturally diverse population, with lifestyles, incomes, health status and personal and social needs that can vary dramatically. Population projections estimate that by 2031, one in five Albertans will be a senior (Alberta Demographic Planning Commission, 2008).

Seniors today are generally living longer, are healthier, and are economically better off than seniors of previous generations. However, the older they are, the more likely they are to live alone, be women, have a chronic illness or disability and be less affluent.

The most **common chronic conditions** reported by seniors living at home are arthritis, high blood pressure and allergies while dementia and incontinence are the more likely conditions to necessitate admission to a long-term care facility. The incidence of **dementia** increases with age. While dementia affects one percent of persons under age 65, it affects 35 percent of persons over 85 years of age. Furthermore, because women tend to outlive men, the majority of seniors with dementia are women (85 percent). On average, women live more years with dementia and, therefore, more women than men are likely to be living in long term care facilities (Canadian Healthcare Association, 2009).

There is growing evidence that the incidence of **mental illness** is increasing in older adults. The consequences of loss, sorrow and grief as a result of life events affect many older adults, causing ongoing negative mental health outcomes. Anxiety, depression and perhaps substance abuse are examples of the mental health problems that may arise as people navigate these transitions in later life (Canadian Mental Health Association, 2010).

Older adults are vulnerable to **family violence**, particularly emotional or financial abuse. When older adults are victimized, they are twice as likely to be victimized by someone who is responsible for their care. Adult children and spouses are the most likely perpetrators in these cases (CARNA, CLPNA, CRPNA, 2008).

Canada's aging population has increased the concern about how best to meet the care needs of older Canadians. Recent evidence demonstrates that an increasing emphasis on community-based care, for example, increases the care giving burden for other family members (CIHI, 2010). In turn, **caregiver distress** may increase older adults' vulnerability to abuse. At the same time, given the growing proportion of older adults in

the population, the number of older adults in institutional settings is continuing to grow, and individuals in these settings may also be vulnerable.

A sustainable health care system must rely on the informal support network to help keep seniors at home and avoid institutionalization for as long as possible. Informal caregivers who are at higher risk of distress may require additional resources or respite care to continue providing care.

## Healthy Aging

Currently, most seniors live independently in the community and enrich our society with their experience, wisdom, community spirit and volunteerism. It is vital to ensure that they remain healthy, safe and as independent as possible as they age. Our health care system primarily focuses on a curative approach rather than health promotion and disease prevention. A focus on the latter is needed in order to help people maintain optimal health and quality of life as they age. Doing so is also one way to effectively manage health system pressures.

Health encompasses the physical, mental and social well being of individuals and this implies that policies and programs that promote mental health and social connections are as important as those that improve physical health status (Federal, Provincial and Territorial Committee of Officials (Seniors), 2006).

Good physical and mental health requires that the social determinants of health, including affordable and appropriate housing in one's own community, adequate income, education, social networks and transportation are present. This necessitates a cross-sectoral approach at all levels, from government ministries to grass roots service delivery to ensure that the needs of seniors are appropriately addressed. Cross-ministerial coordination and partnerships are the keys to real system transformation (Canadian Mental Health Association, Ontario, 2010).

## Registered Nurses – Part of the Answer

The vast majority of registered nurses in Canada practice in institutional, community and home-based settings where they are in close contact with a large segment of the seniors' population. Registered nurses are seen by the public as accessible and non-threatening, which allows them to initiate therapeutic relationships built on trust. **Registered nurses often provide the first line of contact with the health care team and are well positioned to mobilize resources and initiate interventions. They are**

**in an ideal position to contribute to the establishment of policies, programs and partnerships to support healthy aging**.

Registered nurses have always been in the front lines caring for older adults. They have provided hands-on care, supervision, administration, program development, teaching and research, and to a great extent are responsible for the rapid advance of gerontology as a specialty (Ebersole et al, 2008). The Nursing Interventions Classification (NIC) describes evidence-based core interventions in gerontology which communicate the nature of nursing in this specialty practice area (Bulechek, Butcher, & McCloskey Dochterman, 2008).

**Seniors and their families are entitled to care that is respectful and responsive to their needs.** In health-care decision-making, in treatment and in care, registered nurses work with persons receiving care, including families, groups, populations and communities, to take into account their unique values, customs and spiritual beliefs, as well as their social and economic circumstances (CNA, 2008).

The College and Association of Registered Nurses of Alberta (CARNA) believes that **registered nurses have the skill, expertise and capacity to take a leadership role in supporting and enhancing client-centered care across the continuum of health-care experiences and services**.

## The Following Beliefs Guide Action for Seniors and Healthy Aging

These beliefs form the foundation for evidence-based decision-making, policy development and care planning.

1. **Seniors make a significant contribution to the richness of Canadian life and to the economy. Supporting healthy aging is a social responsibility.**
    - Registered nurses, individually and collectively, recognize the significance of social determinants of health and endeavor as much as possible to advocate for policies and programs that address these determinants (CNA, 2008).

2. **Social policy and health service programs for seniors should be compliant with the *Canada Health Act* (1985) principles. They should be:**
    - accessible
    - publicly administered

- comprehensive
- portable
- universal

3. **The principles of primary health care, as defined by the World Health Organization (WHO) should guide seniors' health and healthy aging strategies. The principles of primary health care include:**
   - use of appropriate technology
   - accessibility of services
   - public participation
   - intersectoral collaboration
   - health promotion

4. **Age-friendly primary health care addresses the specific health needs of older persons and also benefits people of all ages (WHO, 2004). Age-friendly, community-based primary health care should incorporate action in three major areas:**
   - improving the attitudes, education and training of health care providers so that they can assess and treat conditions that afflict older persons and empower them to remain healthy
   - adapting primary health care management systems to the needs of older persons
   - making physical access easier for older persons who may have mobility, vision or hearing impairments

5. **Healthy aging can delay and minimize the severity of chronic diseases and disabilities in later life, thus saving health care costs and reducing long-term care needs.**
   - Experts believe that the health care costs of an aging population will be manageable within the context of a sustainable health system—especially if the mental and physical problems due to chronic diseases and injuries can be prevented or delayed until the very end of life. This phenomenon, referred to as the "compression of morbidity" can be a direct outcome of healthy aging and its many benefits (World Health Organization (WHO), 2005).

- Alberta's health system must appropriately balance curative care with health promotion and disease prevention.

**6. A client-centered approach is required to effectively address needs of seniors.**

- Health services for seniors should be based on the health needs of the seniors population.
- Seniors need to be the primary decision-makers regarding the level of care they want for themselves.
- Registered nurses support seniors by providing information they need to make informed decisions related to their health and well-being (e.g. providing information regarding the health service implications of various housing options).
- Registered nurses provide nursing services in collaboration with their client[1], significant others and other health professionals (CARNA, 2005).

**7. Investment in community supports is required to ensure seniors can remain healthy.**

- **Priority should be given to supporting health promotion and prevention programs targeting healthy aging** - e.g. programs that promote healthy lifestyles and prevent illness and injury including good nutrition, active living, immunization, smoking cessation, prevention of falls, and prevention of illnesses that can lead to chronic health problems.
- Supportive living arrangements, with **appropriate and flexible home care services**, should be expanded across the province to meet the needs of an aging population.
- **Capacity to offer community based health promotion and prevention programs targeted at healthy aging should be supported in all health system providers' business plans**. There should also be a specific plan to develop, implement, measure, monitor, and evaluate progress in implementing healthy aging strategies.

[1] The term *client* can refer to patients, residents, families, groups, communities and populations.

**8. Healthy public policies that support strategies and programs to address determinants of health are needed to support healthy aging.**

- Intersectoral partnerships involving Alberta Health & Wellness, different levels of government, the housing industry, corporate sponsors and seniors groups can work collaboratively to design communities where seniors can "age in place", retain supportive social networks of family and friends, and continue to experience a positive quality of life.
- Equitable drug coverage should be supported for seniors wherever they live – their own homes, supportive living or continuing care.
- Informal caregivers should have access to programs providing respite care services, skills training as well as appropriate funding to reimburse for out-of-pocket expenses such as supplies and transportation costs.

**9. Health system reforms are needed in community and continuing care settings.**

- Specific requirements for continuing care settings should be developed in regulations under the Alberta Health Act to provide:
  - required programs in areas related to falls prevention and management, skin and wound care, continence and bowel care as well as pain management
  - direction regarding issues of personal care, bathing, oral care, foot and nail care, transferring and positioning techniques, mobility devices and end-of-life care
  - evidence-based staffing plans addressing staff mix, staff scheduling, and continuity of care provider. There is a consistent, strong relationship between RN staffing levels and positive patient outcomes in both acute and long-term care settings (Needleman et. al., 2002; Horn, 2008). It is clear that there is a relationship between higher levels of RN hours in nursing homes and community services and improved client outcomes (Horn et. al., 2005; O'Brien-Pallas et. al., 2001, 2002).
- Funding for current seniors programs and services should be reviewed to ensure that incentives are implemented for taking a primary health care approach to services for older people.

- Facility living spaces for seniors requiring 24-hr nursing care and whose needs for care are unpredictable should be expanded to meet the needs of an aging population.
- Home care services should be expanded across the province to support people and enable them to remain independent and in their own homes as long as possible.
- Virtual education programs focused on seniors' health issues should be accessible to health care providers providing services to seniors in community and continuing care settings, as well as to seniors themselves.

# Glossary

**Belief** – A statement, principle, or doctrine that a person or group accepts as true.

**Primary Health Care** – Primary health care was identified by the World Health Organization (WHO) at the 1978 conference at Alma Ata as a strategy to achieve "health for all."

> Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national system bringing health care as close as possible to where people live and work, and constitutes the first elements of a continuing health-care process. (WHO, 1978, p. 413).

**Determinants of Health** – These include income and social status, social support, education and literacy, employment and working conditions, physical and social environments, biology, genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture (Public Health Agency of Canada, 2003).

### Common Housing with Service Terms

**Continuing Care** – In Alberta, the continuing care health system is made up of three streams of care: home living, supportive living, and facility living (Alberta Health and Wellness, 2008).

**Home Living** – The primary housing option for persons who are able to live independently and with minimal support services. Home living is the housing option for persons who choose and who are able to maintain active, healthy, independent living while remaining in their family home as long as possible. In order to support continued independent living, basic Home Care services may be provided and/or the individual can purchase services from another agency. (Alberta Seniors and Community Supports, 2007).

**Supportive Living** – Supportive living means a philosophy and an approach for providing services within a housing environment. It provides a home-like setting where people can maintain control over their lives while also receiving the support they need. The building is specifically designed with common areas and features to allow individuals to "age in place." Building features include private space and a safe, secure and barrier-free environment. Supportive living promotes residents' independence and aging in place through the provision of services such as 24-hour monitoring, emergency response, security, meals, housekeeping, and life-enrichment activities. Publicly-funded personal care and health services are provided to supportive living residents based on their assessed unmet needs (Alberta Seniors and Community Supports, 2007).

**Levels of Supportive Living** – The Supportive Living Framework identifies four distinct levels of supportive living in Alberta:

- Residential Living – Level 1
- Lodge Living – Level 2
- Assisted Living – Level 3, and
- Enhanced Assisted Living – Level 4 (Includes Designated Assisted Living)

As resident needs increase, so does the level of supportive living service (Alberta Seniors and Community Supports, 2007).

**Designated Assisted Living/ Designated Supportive Living/ Designated Supportive Housing** – The term "designated" refers to spaces within a supportive living facility where there is a contract between a regional health authority and a housing operator. Under the contract the facility operator provides health and support services based on assessed need. The regional health authority, in collaboration with the operator makes decisions regarding admission and discharge. Regional health authorities differ in terms of their target populations for these spaces, type and availability of health care staff, and the services that the operator must provide as part of the contract (Alberta Seniors and Community Supports, 2007).

**Seniors Lodges/ Enhanced Lodges** – Seniors lodges are supportive living facilities operated under the *Alberta Housing Act* that are designed to provide room and board for seniors who are functionally independent or functionally independent with the assistance of community based services. "Enhanced Lodges" describes a new generation of lodges. While seniors lodges typically provide services as described in Lodge Living – Level 2, some provide additional services that would place them in Assisted Living – Level 3 or even Enhanced Assisted Living – Level 4. Some enhanced lodges have

developed specialized areas in the facility to provide services for persons with Alzheimer's disease and other dementias (Alberta Seniors and Community Supports, 2007).

**Facility Living** – Facility living includes "nursing homes" under the *Nursing Homes Act* and "auxiliary hospitals" under the *Hospitals Act*. Persons with complex and chronic health needs who require support and 24-hour registered nursing care are placed within these institutional settings (Alberta Seniors and Community Supports, 2007).

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