

MOVING TOWARD A SENIORS STRATEGY FOR SASKATCHEWAN

Where we are now

At different times and in various settings, we have heard older adults **expressing concerns** pertaining to various issues affecting them negatively. The list could be quite long but for the purpose of this exercise, we have chosen six.

- First, **accessibility to timely health services:** (just think of Sally who went to Emergency when she was suffering from severe abdominal pain, had to wait 4 hours to be seen and then, when admitted for further testing and observation, was set up on a stretcher in the hallway for the next day; or think of George who was assessed as a candidate for long term care but because of lack of space, is occupying a bed in the hospital).
- A second concern often referred to is the ability to **remain in your own home** for as long as possible with ready access to all necessary services. Home care used to provide many of these support services (help with dressing, bathing, eating, house cleaning, laundry, etc. but not any more. You are on your own. If you can afford to purchase these services, fine; but what about those who cannot?
- Third, the affordability of **care homes.** (Consider the case of Joe and Lucy, both in their 80's, with a basic income of CPP, OAS and GIS, who have been living in their apartment with the help of some purchased special services but who can no longer manage this situation. They looked at an Assisted living space but the going rate is a minimum of \$3500 to \$4000 a month. Lucy who is starting to suffer from some form of dementia cannot imagine the thought of having to move into a memory care facility where the cost is \$5000 a month and up.) Or again, the case of Roger who has been looking after his elderly father but who now requires special care but when he looked into the possibility of placing him in a special care home, he couldn't believe the cost of placing him there, even after factoring in the provincial special care home benefit which has a ceiling of \$2000.
- Fourth, the **transportation** issues. Transportation can be a challenge in the urban centres (distance between bus stops, the infrequency of bus service outside of early morning and late afternoon rush hour, etc.) but imagine how much more of a challenge it can be for older adults living in the rural areas. Think of the predicament Ralph finds himself in: he can no longer

drive because of his poor eyesight, his children have all moved away, and he has to go to the city weekly for dialysis treatment. Bus service was his mode of transportation but that is gone.

- Fifth, the sufficiency, sustainability and security of their **finances**: (your nest egg might have looked reasonable at some point but now that you are living much longer, will it suffice, especially with the continued low return on your investments and the continued rise in the cost of living; your private company pension – is it protected from the effects of company bankruptcy?)
- Finally, the concern around **social isolation** and the effect on their physical and mental health. The lack of social contact, interaction, stimulation not only has a negative impact on one's health but also opens the door to such dangers as elder abuse.

A complex situation, even more so when one throws in different variables such as rural vs urban, wealthy vs poor, healthy vs not so healthy, living alone or with someone, with or without family nearby.

Where we would want to be

If we could wave our magic wand and envision a close to ideal situation/ community/society where most of these concerns had been addressed, what would we be looking at? Could it be Tiger Lily Saskatchewan, a community where:

- Local officials, elected or otherwise, were sensitized to the need to view, deal and serve ALL their citizens, regardless of age, sex, health or wealth as equally deserving of attention;
- Medical services were readily available at little or no cost and in a timely manner (personal physician, nurse practitioner, specialist, exploratory tests, prescription drugs, and if need be, a bed in a hospital, in a long term care home or in a palliative care unit);
- Various housing options were available and affordable, depending on circumstances, in a continuum of care (living in your own home, assisted living, personal care home, long term care home);
- Needed auxiliary services were accessible and affordable to allow those who can and want to remain in their own home for as long as they can (such as home care, home maintenance, yard work, house cleaning,

laundry, meal preparation or delivery, personal care such as help in bathing, dressing, eating, etc.);

- Structures, infrastructure and services were readily accessible by all;
- Various means of transportation, whether in the city or in the rural area, were affordable, easily accessible and in a timely manner;
- Basic income sources for older adults (OAS, GIS and CPP) were adjusted and indexed so that those who are on fixed income can meet the ever increasing cost of living; possibly a system of guaranteed income;
- Government financial support was available to those who need to move to a care home (Personal care Home, Assisted living or Long term Care home) but without the means to do so;
- Legal measures were in place to protect the pensions, their indexation and other insurance benefits of those who retired with a government or company pension;
- Community planning and programming were geared to reducing the social isolation of older adults and encouraging inter-generational active participation.

But for now, **the question for us is:** How do we get from Where we are now to Where we would want to be? What needs to happen to get us there? What actions need to be taken? Who is best placed to contribute to the transition? What would be some of the enabling factors?