



Provincial Healthy Aging

Policy Framework



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Forward



Message from the Premier

Seniors make a substantial contribution to the growth and prosperity of our province. In fact, they have truly shaped the society in which we live today. We owe seniors our gratitude and respect. And, they deserve a province that supports them in living healthy and as independently as possible. As Premier of Newfoundland and Labrador, I am pleased to introduce the Provincial Healthy Aging Policy Framework which aims to achieve this objective.

The Healthy Aging Policy Framework outlines the key issues and strategic directions which will prepare our province to respond to the needs of seniors now and in the future.

Over 1,000 Newfoundlanders and Labradorians provided valuable input into the development of this policy framework so that it builds on the strengths, attributes and accomplishments of our current seniors population, which in turn assists in planning to meet the diverse needs of our people throughout their entire lifespan.

Our government will support this policy framework by investing strategically in its key directions. Additionally, through other initiatives we will work to ensure that we continue to support seniors throughout our province. We have fulfilled the commitments we made to seniors by improving access to prescription drugs, increasing the seniors benefit, eliminating the mandatory retirement age and placing a focus on health promotion. We will continue to build on our accomplishments to create an age-friendly province that values our history and is prepared for our future. I thank everyone who participated in the development of this plan and our government looks forward to working with stakeholders in its implementation, for the betterment of our senior population.

A handwritten signature in black ink that reads "Danny Williams". The signature is written in a cursive, flowing style.



Message from the Minister

As Minister of Health and Community Services, and the Minister Responsible for Seniors, I am pleased to present the Healthy Aging Policy Framework for Newfoundland and Labrador. This policy framework is the result of our government's commitment to make healthy aging a priority. Furthermore, it is truly representative of what the people of our province desire, having been developed based on the public input during the province-wide consultations held last spring.

Healthy aging is a lifelong process which affects us all. It encompasses physical, social, mental, emotional and spiritual well-being. The Healthy Aging Policy Framework lays out the major themes and factors which support healthy aging by drawing in the opinions gathered from individuals across the province. It outlines six priority directions together with a series of goals and actions to establish healthy aging in the province. These include Recognition of Older Persons, Celebrating Diversity, Supportive Communities, Financial Well-being Health and well-being, and Employment, Education and Research.

The goal of the policy framework is to provide key directions for government to prepare for the needs of an older population. An integrated one-year action plan has been developed to begin this process. The implementation plan involves several government departments and various action items are being supported through established government initiatives, such as the Poverty Reduction Strategy, the Recreation and Sport Strategy and Action Plan, the Provincial Wellness Plan and the Violence Prevention Initiative.

It is our government's vision to have a supportive, age-friendly province where seniors can make a contribution to their communities, and in turn, our communities support senior residents in living as independently as possible. We all want the best quality of life for our families, our friends and ourselves. And, through this framework we are building the foundation to achieve this.

A handwritten signature in black ink, appearing to read "Ross Videman". The signature is fluid and cursive, written in a professional style.

Introduction

The changing demographics in our province offer us a chance to reflect on its character, strengths and challenges. Newfoundland and Labrador is unique and compelling. Our development, in light of an aging population, will be that of a distinct province.

Healthy aging means that people can make the most of their health and well-being. It is a life-long process that begins at birth. When we all recognize life-long healthy aging, we create a culture of respect for older adults in our province.

Healthy aging preserves and adds to our quality of life as we age. This promotes independence, and physical, social, mental, emotional and spiritual well-being. Healthy aging involves smooth transitions throughout life. Life experiences must be valued, no matter one's age. This gives us a better sense of the importance of the lives of seniors. We can all celebrate aging.

It is believed that 20 per cent of the people of Newfoundland and Labrador will be over age 65 by 2017. More than 45 per cent will be over age 50. In 2007, those over 75 make up 6 per cent of the population. This is likely to increase to 7.5 per cent within 10 years and 12 per cent within 20 years.

We must embrace the contributions and value of all ages. This will allow us to respond to demographic changes as they relate to aging. Legislation, policies, programs and services will have to be reviewed. The *Provincial Healthy Aging Policy Framework and Implementation Plan* shows Government's commitment to a new vision. It reflects a promise to the people of this province. Many of these people took part in provincial consultations on healthy aging. A new vision of aging brings respect for all persons. This includes special recognition of the value and contribution of older adults who are as much a part of our future as our past.

In 2003, the Government of Newfoundland and Labrador made "healthy aging" a priority in *Our Blueprint for the Future*. The Minister of Health and



Community Services, as Minister Responsible for Aging and Seniors, was asked to lead a **Ministerial Council on Aging and Seniors**. The Council consists of government ministers from departments that impact aging and seniors. A list of the Ministers who took part in the plan can be found at the end of this document.

The **Provincial Advisory Council on Aging and Seniors** was set up. This is made up of 12 individuals. The Council offers advice to Government on quality of life issues for seniors. It supports public discourse on aging. A list of council members who took part in planning can be found at the end of this document.

Government formed the **Aging and Seniors Division**. The Aging and Seniors Division is located within the Department of Health and Community Services but has a focus that crosses all of government. It acts as a centre of expertise and knowledge on aging and seniors. The Division provides advice and supports the making of policy. Its partners include:

- **Other provincial government departments**
- **Seniors organizations**
- **The federal government**
- **Other provinces and territories**
- **Other sectors**

Healthy aging is not the sole responsibility of any one department or agency. The division must partner with the community to carry out its mandate.

The Aging and Seniors Division has been working with an **Interdepartmental Working Group**. Members are drawn from various government departments and agencies and the regional health authorities. They are involved in the *Provincial Healthy Aging Policy Framework and Implementation Plan*. This group will help develop and monitor the plan.

The Provincial Healthy Aging Policy Framework and Implementation Plan is a priority for the province with extensive public consultations contributing to its development. In 2006, *Healthy Aging for All in the*

21st Century, and a Senior's profile were shared with the public. These formed the basis for consultations. Over 1000 people from 17 Newfoundland and Labrador communities took part.

- **Marystown**
- **Bonavista**
- **Clareville**
- **Carbonear**
- **St. John's**
- **Mount Pearl**
- **Gander**
- **New-Wes-Valley**
- **Happy Valley-Goose Bay**
- **Grand Falls-Windsor**
- **Baie Verte**
- **Harbour Breton**
- **Rocky Harbour**
- **Corner Brook**
- **Stephenville**
- **St. Anthony**
- **L'Anse-au-Clair**

Consultations were followed by a provincial forum in June 2006. A cross-section of organizations with an interest in aging took part.

The companion document to this *Plan - Perspectives on a Provincial Healthy Aging Plan - Summary of Consultations* - presents what was heard through community consultations, briefs and submissions, and the provincial forum. It includes a preliminary review of research on issues raised during consultations.

This *Provincial Healthy Aging Policy Framework and Implementation Plan* is part of Government's commitment to a healthy province. It defines healthy aging and describes provincial demographics in light of our aging population. This plan is based on the provincial vision of healthy aging. Its principles were developed and endorsed through consultation. This forms the basis for 6 priorities outlined in this Plan. The implementation plan and accountability framework, subject to available funding, will be developed annually. However many of the internal government initiatives will require little or no funding and can be incorporated within current departmental budgets

Our aging population is both a resource and a challenge when planning programs and services. The aging of our population is a chance to reflect, question, and even change our beliefs about aging.

What is Healthy Aging?

Health Canada defines healthy aging as “a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions”.² We accept this definition of healthy aging as the basis on which we have developed the *Provincial Healthy Aging Policy Framework and Implementation Plan*.

Perfect health is not required for healthy aging. Making the most of health is key to positive aging. All people can have good health and well-being. They can even do so as they cope with impairments and health issues. One can learn to live well in spite of limits. This is a true mark of health and strength.

Healthy Aging in Canada: A New Vision, A Vital Investment. From Evidence to Action. (2006) suggests that it is time to turn away from defining aging as negative. This approach:

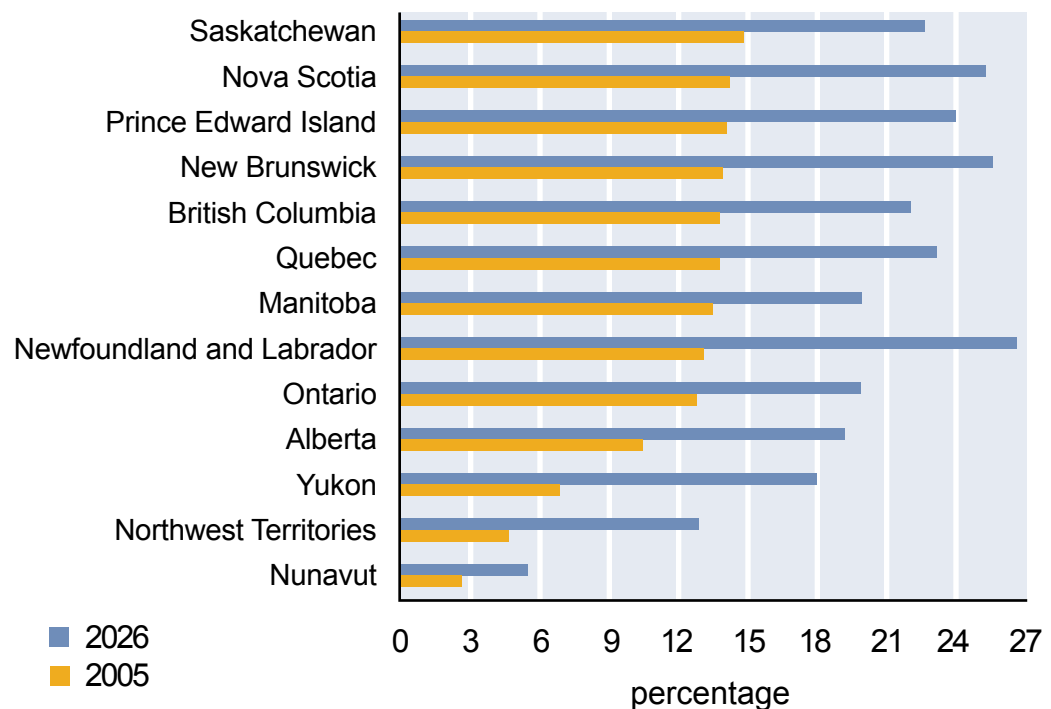
- **Values and supports the contributions of older people;**
- **Celebrates diversity, addresses negative attitudes about aging, promotes fairness; and**
- **Provides age-friendly environments and opportunities for older Canadians to make healthier choices, which will enhance their independence and quality of life.**³



Demographics

The population of Newfoundland and Labrador is aging fast. Over the last 30 years, it has aged faster than any other province in the country⁴. The median age of 41.3 years is the highest in Canada. Currently, in 2007, people over 65 make up about 13.9 per cent (69,000) of the population in this province. This is likely to increase to 20 per cent within 10 years. Fifty- five per cent of the province’s seniors are females.

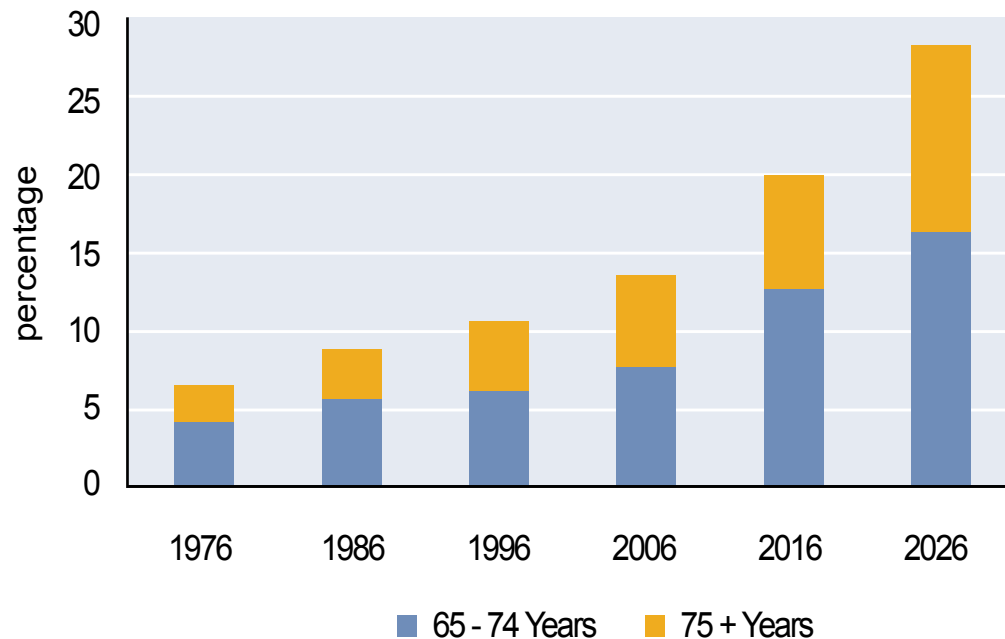
Seniors as a Percentage of Total Population, by Province and Territory, 2005 and 2026



Sources: Statistics Canada, Censuses of Canada; Population Estimates, Population Projections for Canada, Provinces and Territories, 2005

The following chart shows the aging of the population over time. There is an increasing proportion of seniors each decade between 1976 and 2026.

Seniors as a Percentage of Total Population, Newfoundland and Labrador, 1976 - 2026



Source: Economics and Statistics Branch, Dept. of Finance (Medium scenario as of Sept. 2006)

There is a unique set of factors that make for our aging population. People are living longer. They are healthier today. Life expectancy was roughly 72 years in the early 1970s. Today it is 78 years⁵.

There was a high birthrate between 1946 and 1965. The first “baby boomers” are now in their 60s. This group is quickly adding to the great increase in the proportion of seniors.

The birthrate began to decline in the mid 1960s. It continues to decrease. This leaves less young people to balance the scale.

Migration is playing a role. Many young people are leaving the province (out-migration). Those coming to the province are often former residents who return home to retire.

There are differences within the province when it comes to gender and aging. Men and women differ in life expectancy. For men, it was 75 years in 2003. It was 81 years for women.⁶ The following table shows the increasing proportion of women among the “older old”⁷.

NL Seniors’ Population, by Gender 2005

Age	Men	%	Women	%	Both Sexes
65 - 69	10,343	49	10,611	51	20,954
70 - 74	8,187	48	8,809	52	16,996
75 - 79	5,921	44	7,534	56	13,455
80 - 84	3,558	40	5,367	60	8,925
85 - 89	1,670	33	3,395	67	5,065
90 +	635	27	1,715	73	2,350
Total 65+	30,314	45	37,431	55	67,745

The Aboriginal population in our province is younger than the rest of the province.^{8 9} Seniors age 65 or older make up about 5 per cent of the Aboriginal population.¹⁰ Seniors make up about 13.9 per cent of the provincial population as a whole.¹¹

Shifting demographics point to the need for legislation, policies, programs and services that respond to changes as the population ages.



Vision and Principles

The vision below guides the *Provincial Healthy Aging Policy Framework and Implementation Plan*. It is based on the vision of the National Framework on Aging and that of the province's Department of Health and Community Services. This vision was endorsed by the Provincial Advisory Council on Aging and Seniors and through community consultation.

Our vision is ***for individuals, families, communities and society as a whole to foster healthy aging in order to achieve optimal health and well-being.***

The Government of Newfoundland and Labrador supports the following principles. These were also endorsed by the Provincial Advisory Council on Aging and Seniors and through community consultation:

Dignity: Being treated with respect; recognized for one's contributions; and having self-esteem.

Self-Fulfillment: Having the chance to reach one's full potential with access to educational, cultural, spiritual and recreational resources.

Social Inclusion: Being accepted and able to fully take part within our families, communities and society.

Independence: Being in control of one's life, making one's own choices, and being able to do as much for oneself as possible.

Safety and Security: Having enough income as one ages; having access to a safe and supportive environment free of fear, exploitation and violence.

Fairness: Having diverse needs seen as equal, no matter one's age, gender, racial and ethnic background, disability, or status.

The vision and principles form the basis of the *Provincial Healthy Aging Policy Framework and Implementation Plan*. Priority directions are grounded in the vision and principles.

Priority Directions

The Government of Newfoundland and Labrador is embracing six priority directions to promote healthy aging. Within five years we will demonstrate success in the priority directions of:

- **Recognition of Older Persons** through increased societal respect and regard for older persons; age-friendly policies, programs and services; and greater social inclusion of seniors in our society;
- **Celebrating Diversity** by ensuring that the diversity of the aging population is seen and valued in provincial policies, programs and services;
- **Supportive Communities** by enhancing the role that communities play to support an aging population;
- **Financial Well-being** by improving the financial well-being of seniors through identification of opportunities; improving knowledge about government services and programs; and encouraging financial and retirement planning;
- **Health and Well-being** by ensuring people as they age have the best possible physical, emotional, social, mental, and spiritual health and well-being; and
- **Employment, Education and Research** by focusing on the impact of an aging population on employment, education and research.

Pursuing these priority directions will involve strong collaboration with all sectors of our society. These include seniors, the volunteer sector, community organizations, and the business community, to name a few. Together we will meet the challenge.



Recognition of Older Persons

Healthy aging involves seeing the value and worth of what people have to offer as they age. People's strengths and resources are emphasized. Contributions they make over time are also valued.

Ageism impedes recognition of older persons. This is hurtful discrimination. Ageism stereotypes people. It is common to hear that all seniors are forgetful, frail or are not sexually active. These myths do not reflect the true diversity of seniors.

Ageism is unfair. It prevents people from being seen for their true merits. It also prevents access to resources and opportunities. Ageism deprives us all of important contributions. People are left out because they are older.

During consultations, one participant said that she sometimes feels like she has a label on her forehead with a "best before" date! "It is as though there is this arbitrary age, be it 50 or 65, after which one is considered "old" or not so good anymore".

Respect for older members is often missing in our culture. This priority direction reflects the most basic and most significant building block of the *Provincial Healthy Aging Policy Framework and Implementation Plan*. It seeks to promote respect for older adults in the province. Age-friendly communities must be nurtured. Generations should be valued equally and support each other.

Dispelling myths about older adults will reduce ageism. Older persons will be recognized for all they have to offer. Seniors will be shown as they are with all their diversity. Past, present and future contributions of seniors will be embraced.

Contributions of seniors are considerable and varied. There is formal volunteer work through groups and organizations. About 30% (23,000) of the province's seniors volunteer through a group or organization. They participate on town councils, church councils,

service clubs and local community development initiatives. In Newfoundland and Labrador, the average number of hours a senior contributes to volunteer initiatives is 206 hours per year.¹²

Older persons also transfer valuable information to younger people through storytelling and example. Many older adults help family with childcare and other forms of support. They help older friends and neighbours by:

- **Driving them to events and appointments;**
- **Being there to listen; and**
- **Helping out when things are difficult.**

Recognizing the value and worth of people as they age is essential to healthy aging. This priority direction will work toward increased societal respect and regard for older persons; age-friendly legislation, policies, programs and services; and greater social inclusion of seniors in our society.



Priority Direction Recognition of Older Persons

This priority direction will work toward increased societal respect and regard for older persons; age-friendly legislation, policies, programs and services; and greater social inclusion of seniors in our society.

Goal 1	Increased recognition of seniors in our province.
Positive images and attitudes	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Develop and launch a public awareness campaign. This will promote positive images and attitudes with regard to aging. It will also counter myths and stereotypes. > Support an annual Seniors Fair and Exposition. This will highlight programs for, and by, seniors. > Celebrate October 1 each year as International Day of Older Persons. > Recognize seniors in June each year through <i>Seniors' Month</i> events.
Seniors' volunteer contributions	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Highlight the role of seniors as volunteers through promotional works. > Annual Provincial Seniors Recognition Awards.

Goal 2	An age-friendly lens is used when developing and reviewing provincial legislation, policies, programs and services.
Age-friendly lens	Examples of actions to achieve this include: <ul style="list-style-type: none">> Establish a cross-government working group to develop and implement an age-friendly lens tool and put it in place.> Support a cross-government working group to assess the impact of adding age to the Human Rights Code.> Ensure that information needed by seniors is prepared, sent out and advertised in a range of communication forms.> Support networking for seniors' organizations. This will foster their input in public policy.
Goal 3	Seniors are increasingly visible in society.
Social inclusion of older persons	Examples of actions to achieve this include: <ul style="list-style-type: none">> Promote the societal benefit that comes about through the expertise of seniors.> Support regional community groups that allow seniors to work with/for other seniors.> Support and showcase inter-generational activities.> Support diversity in seniors' organizations and activities to ensure all seniors are included.

Celebrating Diversity

Celebrating diversity is about valuing differences. We recognize that knowledge and experiences differ. We each have our own ways of meeting life's challenges and sharing our views.

Many of our differences are to be celebrated. Our cultures make us unique. Not all life experiences are pleasant. Yet, we can still value the diverse perspectives that they bring. Our differences can be a resource that we draw on as we age together in a healthy way. One of our greatest strengths as a people is our resilience!

Not all older adults are alike. A “seniors’ perspective” will sometimes have many lenses. For example, using a seniors’ perspective may mean looking at a policy or program through the eyes of a senior with a lifelong disability. A seniors’ perspective may involve that of a senior in a remote or First Nations community. Sometimes, a number of lenses will have to be applied. This priority direction is about seeing our differences as we age. These can be taken into account as policies and programs are developed and reviewed.

There is great age diversity among older adults. In 2006, about 38,600 Newfoundlanders and Labradorians were “young-old” (between the ages of 65 and 74); 22,700 were “mid-old” (75-84 years); and about 7,500 were “older old” (85 or older).

Some older adults are living with lifelong disabilities. In fact, in 2001, about 36 per cent of people aged 65 or over in our province were living with a disability. Some older adults are living in good health without limitations. Others are starting to experience disabilities that come with age-related chronic conditions, such as arthritis or dementia.

Experiences of older women may be different from those of older men. Women tend to live longer than men. Men and women face different health issues as they age. For example, older women are more likely to suffer from arthritis. Older males are more likely to suffer from diabetes and heart disease¹⁶.



Women are at higher risk for violence throughout their lives¹⁷.

The provincial consultations reported great differences among older adults in terms of whether they lived in rural, remote or urban communities. The greatest concentration of seniors (65 and over) lives on the northeast Avalon Peninsula. Smaller numbers of seniors are spread throughout the remainder of the province. There are many communities where seniors represent half of the population.

The interests and contributions of seniors are important, no matter where they live. Research shows that Newfoundlanders and Labradorians are very attached to their communities¹⁸. There was a sense during the consultations that attachment to community is stronger in rural and remote communities.

The 2001 census stated that there are 875 Aboriginal seniors in this province. There are four distinct cultures: Inuit, Innu, Mi'kmaq and Métis¹⁹. The Government of Newfoundland and Labrador will work with the federal government and Aboriginal peoples to ensure aging in a healthy way is a priority.

Most Newfoundland and Labrador seniors speak English as a first language. There are about 320 French speakers over age 65. There are about 500 seniors whose first language is neither English, French, nor one of the Aboriginal languages²⁰.

This priority direction, Celebrating Diversity, will further our knowledge about our differences. It will include diversity in the planning of policies and programs to benefit seniors.

Priority Direction Celebrating Diversity

This priority direction will work toward ensuring that the diversity of the aging population is seen and valued in provincial policies, programs and services.

Goal 4	Provincial policies, programs and services reflect different stages of aging.
Lifespan perspective	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Programs and services recognize that those at different stages of aging differ in their expectations and requirements. > Planning of programs and services will target “midlife” and “older” adults. > Ensure that communication materials reflect the diversity of persons as they age.
Goal 5	Provincial policies, programs and services include consideration of the impact of gender throughout life including later years.
Gender analysis	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Cooperate with the Women’s Policy Office to ensure that gender analysis is applied when developing legislation, policies, programs and services for seniors. > Assess gender equity in policies that relate to financial security and well-being of seniors.

<p>Goal 6</p>	<p>Provincial policies, programs and services reflect the uniqueness of language, heritage, culture and spiritual expression including during later life.</p>
<p>Uniqueness of persons</p>	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Receive input from seniors of various cultural groups when developing policies, programs, and services impacting on seniors. > Support diversity awareness training for health and community service providers highlighting later life. > Explore providing materials in a number of formats. This will include different languages, Braille, audio, video and large print. > Help document the diversity of life experiences of seniors. A number of means will be used, including oral histories.
<p>Goal 7</p>	<p>The uniqueness of Aboriginal peoples of all ages, including later life, is recognized and respected.</p>
<p>Uniqueness of aboriginal elders/seniors</p>	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Work to include feedback from Aboriginal seniors in legislation, policies, programs and services. > Work to include feedback from Aboriginal seniors in the implementation of the Northern Strategic Plan for Labrador. > Work with the Federal Government and Aboriginal peoples to improve the health and well-being of Aboriginal seniors. > Support networking of Aboriginal and non-aboriginal seniors.

Goal 8	Provincial policies, programs and services recognize the impact of geography on persons as they age.
Geographic Differences	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Identify opportunities and challenges for seniors in remote, rural and urban communities. > Support community development that meets the needs of aging in remote, rural and urban areas. > Ensure that a rural lens is applied when forming legislation, policies, programs and services that impact seniors in rural and remote communities.
Goal 9	Provincial policies, programs and services take into account the unique needs of persons living and aging with disabilities.
Persons living and aging with disabilities	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Research the impact of aging on persons with disabilities. > Use research and analysis to create policies, programs and services to better support individuals living with disabilities.

Supportive Communities

An age-friendly community includes appropriate, affordable and accessible transportation, housing, and support services. People are able to take part in inter-generational, religious, social, and recreational events. The environment is safe and secure.

A concern was raised during the consultations as to the need for appropriate, accessible, safe and affordable transportation. The absence of public transportation in rural communities is an issue. This makes it hard for seniors to take part in social events. It also impedes daily activities such as shopping and getting to health care appointments.

Many older adults in our province live in residences in their own communities. Less than 7 per cent live in long-term care and personal care homes. Seniors need affordable, accessible, safe and energy efficient housing. A key to housing design is to allow people to maintain their independence for as long as possible. Energy poverty is a growing concern in Canada. This is even an issue in households that are mortgage free. Rising energy costs force many to choose between heating and eating. Community supports are required to preserve seniors' independence.

Housing policies, programs, services and designs are needed to respond to an aging population. There should be timely access to home support, long-term care and personal care homes. These supports should be as close to an individual's home community as possible. Long-term care and personal care homes require upgrades to enhance access, privacy, comfort, and dignity.

A supportive community fosters lifelong learning. This allows seniors to be more involved. An international survey showed that 85 per cent of Newfoundland and Labrador seniors have low literacy levels. A supportive community ensures that people with low literacy are able to access needed services. There is a need to take literacy into account when we communicate with older adults.

Two thirds of seniors in Canada are assisting others.²² Unpaid care is key to having age-friendly communities. We need to recognize and promote the work of unpaid caregivers. Activities, such as caregiver groups, can be used to support their efforts.

For the most part, in Canada, the older we are, the greater our sense of community. We must try to ensure that our communities support an age-friendly approach.



Goal 11	Improved access to transportation systems by older people.
Responsive transportation services	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none">> Promote age-friendly public transportation.> Encourage municipalities to develop age-friendly transportation.> Encourage private business to offer transportation services to seniors.> Promote volunteer drivers programs.
Safe and secure transportation options	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none">> Promote signage and road markings that are age-friendly.> Promote best practices in road and sidewalk design and maintenance.> Promote recreation and leisure for the public, as they age, through accessible trails and side roads.> Balance safety with dignity and independence when a senior's driving assessment is required.

Goal 12	Improved range of housing opportunities that support healthy aging.
Range of housing options	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none">> Support partnerships to assess the need for a range of affordable and accessible housing options. Partners will involve government, the public, the regional health authorities, and others.> Support affordable and accessible rental housing for seniors through the Affordable Housing Program.> Continue to provide rent supplement for low income persons, including seniors, residing in Newfoundland Labrador Housing.> Reduce rent for seniors living in Newfoundland Labrador Housing from 30 to 25 percent of net income per month.> Support and enhance the Provincial Home Repair Program.> Identify and support other programs and services that allow seniors to maintain or modify current housing.> Endorse affordable housing design and construction. Universal design guidelines will promote accessibility for all including seniors.> Assess the role of assistive technologies in helping seniors remain in their homes and communities.> Increase seniors' knowledge of housing options.

Age-friendly assessment

Examples of actions to achieve this include:

- > Apply the age-friendly lens to policies, programs, and services that address seniors housing.
- > Assess and address seniors housing issues such as property taxes, home heating costs and other home expenses.

Supportive housing options

Example of actions to achieve this include:

- > Research on housing requirements and supportive care needs of persons as they age.

Provincial housing requirements of Aboriginal elders/seniors

Examples of actions to achieve this include:

- > Encourage the Federal Government and Aboriginal peoples to improve housing for Aboriginal seniors living on reserves.
- > Consider the provincial housing needs of Aboriginal seniors within the *Aboriginal Off-Reserve Housing Trust*.

Long term care

Examples of actions to achieve this include:

- > Assess current long term care and personal care homes throughout the province. A plan will be developed to address gaps in services.
- > Support best national and international practices when planning changes to long term and personal care homes.
- > Explore alternate options in long-term care.

Goal 13	Improved literacy and education for seniors that promote lifelong learning.
Literacy and education	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Assess the extent and impact of seniors' literacy in Newfoundland and Labrador. > Support community-based learning that reaches out to seniors with low literacy. > Support inter-generational learning to enhance seniors' literacy. > Promote lifelong learning through affordable education and training. > Promote sensitivity to seniors' literacy such as providing information using alternative means.
Workplaces support lifelong learning	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Encourage workplaces to promote lifelong learning.
Information and communication	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Adopt age-friendly communication. > Support seniors' access to new technologies, such as banking machines, automated telephone systems, computers and the Internet. > Encourage the public library system to be age-friendly. > Support communication that ensures that seniors have information on public programs and services. > Support a provincial <i>Guide to Programs and Services for Seniors</i>.

Financial Well-Being

Research has shown that financial security for seniors has been increasing over the past 25 years. Many seniors, and soon-to-be seniors, are still living on low incomes at or near poverty levels.

Many participants at the public consultations said that they were having financial difficulties. In 2004, half of Newfoundlanders and Labradorians 65 years and older had a yearly income of \$15,300 or less.²⁴ Statistics Canada reports that people in Newfoundland and Labrador aged 55 to 64 have the highest levels of poverty, when compared to other age groups.²⁵

About 65 per cent of Newfoundland and Labrador seniors receive the *Guaranteed Income Supplement*. This is a federal benefit for low-income seniors.²⁶ Sixteen per cent of seniors receive the full *Newfoundland and Labrador Seniors' Benefit*. An additional 26 per cent of seniors receive a partial Seniors' Benefit.²⁷

It is important to understand what contributes to low-income. Lack of education, some types of work, and marital breakup has been described as factors. Low incomes leave little for pensions and savings. Those who are retired often live on fixed incomes. Yet, expenses may increase with chronic health issues and/or the loss of a life partner.

Older adults often incur increased home maintenance costs. They may no longer be able to do repairs themselves or no longer have the help of a partner. Seniors sometimes require costly changes to their homes to improve access and safety. Some older adults can no longer drive due to loss of vision. They must resort to using taxis. Drug costs have increased. All of these factors have a profound impact on seniors.

More research is needed to define and measure the impact of low income. In addition, research needs to measure how various policies affect seniors' financial well-being.

Planning and saving can be a challenge for many. Financial well-being for seniors may be improved through:

- **Improved taxation and pension benefits;**
- **Increased access to government programs;**
and
- **Increased subsidies.**

Financial education and planning are needed long before retirement. Planning should be a priority for parents, the education system and employers.

Single, divorced and widowed older women often face major financial challenges.²⁸ Women tend to be at a disadvantage when it comes to financial security. Many have worked less outside the home. This has left these women with little access to private pensions and other incomes in old age.

This priority direction involves planning for the future and working to address differences. It aims to improve the financial well-being of people as they age.

Priority Direction Financial Well-Being

This priority direction aims to improve the financial well-being of seniors through policies, programs and services. It identifies opportunities; improves knowledge about government services and programs; and encourages financial and retirement planning.

<p>Goal 15</p>	<p>Identified opportunities, through policies, programs and services, to improve the financial security of older adults.</p>
<p>Financial well-being in later years</p>	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Review measures currently used to assess financial well-being in later life. > Create, use and assess a process to measure financial well-being in later life. This will include a gender analysis. > Take part in a federal/provincial/territorial development of a “cumulative impact assessment tool”. This will be used to assess the impact of policies and programs on the financial security of seniors and identify ways to respond.
<p>Review financial policies</p>	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Review policies and programs at all levels of government that impact the financial well-being of seniors. An age-friendly lens will be used. > Explore models which support best practices of unpaid family care-giving. > Support policies and programs that promote financial well-being for an aging population.

Goal 16	Older adults have enhanced knowledge of government services and benefits.
Information for seniors	Examples of actions to achieve this include: <ul style="list-style-type: none">> Assess and enhance ways to better inform seniors.> Work towards improving the process for seniors to apply for financial supports.> Speed process times for applications under provincial assistance programs for seniors.
Goal 17	Opportunities to access financial and retirement planning are increased.
Financial and retirement planning	Examples of actions to achieve this include: <ul style="list-style-type: none">> Promote adding knowledge of financial and retirement planning to the education system and early employment.> Promote continued education of financial and legal advisors to counsel clients as they age.> Promote financial planning among the public especially the young to mid-aged population.

Health and Well-Being

The physical, emotional, social, mental and spiritual aspects of well-being are concerns to an aging population. In the past, health was considered from a mainly physical perspective. The focus was on curing or managing disease. There has been movement towards a broader view with all aspects of health and well-being taken into account. This new perspective emphasizes health promotion and wellness. The focus is on strengths rather than weaknesses. Knowledge of the social factors that affect our health shows us the value of independence and interdependence in health and well-being.

Meanwhile, ageism still exists in society. It leads some people to believe that living in an institution is always a part of growing older. For example, when some seniors become less mobile, they may not be given the opportunity for rehabilitation. When seniors need help to manage their own health, other people believe they have to act on behalf of the older person.

As noted, Newfoundlanders and Labradorians have a strong sense of community. This is even more so for older persons. In this province, those with a sense of community report themselves as having better health.²⁹

Yet, in 2005, about 92 per cent of those 65 and older in Newfoundland and Labrador had at least one chronic condition.³⁰ Thirteen of the 20 most common chronic conditions in Canada are linked to age.³¹ Yet, we are living longer as we find new ways to prevent disease and manage it.

The incidence of many chronic conditions such as arthritis, high blood pressure, diabetes, asthma and obesity is higher in Newfoundland and Labrador than in the rest of Canada. There is room to improve.

Prevalence of Chronic Conditions among Seniors (age 65+), 2005 Percentages

Chronic Condition	Newfoundland and Labrador	Canada
Arthritis/Rheumatism*	51.9	45.9
High Blood Pressure*	50.0	44.0
Diabetes*	19.7	14.6
Asthma*	10.8	7.4
Cataracts	18.3	22.1
Glaucoma*	4.2	6.5
Heart Disease	18.9	19.0
Obesity	15.4	15.1

Source: Statistics Canada, Canadian Community Health Survey, 2005; compiled by the Newfoundland and Labrador Centre for Health Information.
* statistically significant difference

Medications play a role in dealing with chronic conditions. Their cost was described as significant during consultations. Government helps cover some of these costs. Those on tight budgets are faced with:

- **Eligibility criteria;**
- **Dispensing fees;**
- **Co-payments; and**
- **Lack of coverage for some medications.**

Many people do not have private insurance for medication costs that are not covered by government. Improper use of medication among older adults requires more research.

Dementia is a chronic condition that affects 8 per cent of Canadians over age 65. Dementia is much more common among those over 85 (25 per cent).³² Research is required to find proper treatment models. We also need to research our ability to care for persons with dementia. During consultations, we heard that we must distinguish between dementia and mental health issues.

Mental health varies among older adults. There are some changes common in later life that can affect mental health and emotional well-being. These include:

- **Physical changes such as vision and hearing loss;**
- **Conditions that affect mobility or cognition;**
- **Retirement;**
- **Loss of relationships; and**
- **Changes in one's social support network.**

Some older adults have had a lifetime of mental health issues. There is a lack of recognition of mental illness and addictions among older adults.

Elder abuse refers to actions that harm an older person or puts the person's health or welfare at risk. Canadian research states that 4 to 10 per cent of older adults are subject to one or more forms of abuse or neglect. This often results from the actions of someone who is trusted or relied on by the victim.³³ The goal of the provincial *Violence Prevention Initiative* is to prevent abuse and neglect among all people including older adults in the province.

This priority direction supports all aspects of health and well-being in an aging population. This involves cooperation on policies and programs to address lifelong health and well-being.



Priority Direction Health and Well-Being

This priority direction works toward ensuring people as they age have the best possible physical, emotional, social, mental, and spiritual health and well-being.

Goal 18	Older persons demonstrate improved health and well-being in target areas.
Wellness	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Target middle-age and older persons in priority areas of the <i>Provincial Wellness Plan</i> (healthy eating, physical activity, tobacco control, and injury prevention). > Promote representation of seniors on Regional Wellness Coalitions. > Support wellness grants aimed at seniors through implementation of the <i>Provincial Wellness Plan</i>.
Healthy eating	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Support healthy eating for seniors through the <i>Provincial Food and Nutrition Framework and Action Plan</i>. > Promote the revised <i>Canada's Food Guide</i>. > Support Meals on Wheels and explore and support Wheels to Meals options (e.g. shared kitchens). > Target seniors at risk of poor nutrition.

Recreation, Sports,
and leisure

Examples of actions to achieve this include:

- > Support older adults through *Active, Healthy Newfoundland and Labrador: A Recreation and Sport Strategy for Newfoundland and Labrador*.
- > Promote the national goal of a 10% increase in physical activity among seniors by 2010.
- > Explore the feasibility of provincial “Seniors Games”.
- > Promote increased recreation and physical activity for seniors in personal care and long-term care homes.

Tobacco reduction

Examples of actions to achieve this include:

- > Help older adults quit smoking through the *Provincial Tobacco Reduction Strategy*.
- > Support a campaign to raise awareness of the effects of second-hand smoke.

Prevent falls and
injuries

Examples of actions to achieve this include:

- > Carry out work that targets seniors as part of the *Provincial Injury Prevention Plan*.
- > Support the networking of organizations involved in injury prevention among seniors.
- > Promote assistive devices and medical alert systems as ways to ensure safety and support independence.

<p>Palliative and end-of-life care</p>	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Launch and monitor the <i>Short Term End-of-Life Home Care Program</i>. > Support access to palliative services and specialists. > Support skills development for palliative care staff and volunteers. > Support grief programs and pastoral care. > Support research into palliative care models.
<p>Goal 20</p>	<p>The prevalence of chronic disease and conditions is reduced</p>
<p>Chronic disease and conditions</p>	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Launch a <i>Chronic Disease Prevention and Management Strategy</i>. > Ensure that health promotion is age-friendly. This includes efforts to prevent and manage communicable and chronic diseases and conditions. > Partner to reduce chronic diseases and conditions. > Support collaborative care models. This will involve improved self-management for those with chronic diseases and conditions. > Partner to improve programs for those with Alzheimer’s disease and other dementias. > Enhance training for health care providers who treat people with Alzheimer’s disease and other dementias. > Research dementia care.

Goal 21	Increased policies, programs and services supporting independence, mobility and safety of older persons.
Independence and mobility	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Improve access to occupational therapy and physiotherapy. This will help people live independently. > Improve access to equipment and assistive devices that help people live independently and safely. > Review the <i>Special Equipment Assistance Program</i> and financial eligibility criteria. > Ensure use of assessment tools designed to recognize independence and mobility.
Goal 22	Increased support for a lifelong approach to protect oral health, vision, hearing and speech.
Oral health, vision, hearing and speech	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Ensure that the provincial <i>Oral Health Plan</i>, under development, promotes lifelong oral health. > Cover basic dental services for low-income seniors through the <i>Newfoundland and Labrador Dental Health Program</i>. > Review subsidies for vision care. > Review the <i>Provincial Hearing Aid Program</i>. > Improve access for older adults to professional services that relate to oral health, vision, hearing and speech.

<p>Goal 23</p>	<p>Older adults have improved access to needed medications.</p>
<p>Access to medications</p>	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Support the Senior Citizens Drug Subsidy within the Newfoundland and Labrador Prescription Drug Program. > Assess the impact of dispensing fees on seniors. > Use education and research to promote proper use of medication by seniors.
<p>Goal 24</p>	<p>Older adults have improved skills and supports to achieve positive mental health and avoid addictions.</p>
<p>Mental well-being, and addictions.</p>	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Support the <i>Provincial Policy Framework for Mental Health and Addictions Services</i> as it relates to older persons. > Promote links between the provincial Seniors Mental Health Consultant, the regional health authorities, and the community. > Ensure that seniors' mental health is part of the <i>Provincial Wellness Plan: Wellness Paper: Mental Health Promotion</i>. > Assess geriatric psychiatry and other mental health and addictions services for seniors. > Improve mental health services for those living in personal and long-term care homes. > Ensure that healthy aging is part of the developing provincial <i>Substance Use Strategy</i>. > Link with the <i>National Framework on Substance Abuse</i> as it relates to seniors. > Support research on seniors' mental health and addictions.

Goal 25	Improved legislation, policies, programs and services which work toward older adults being free from violence and neglect.
Violence against older persons	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none">> Partner with the Provincial <i>Violence Prevention Initiative</i> to revise policies and programs as they relate to abuse and neglect of older adults.> Launch an awareness campaign on elder abuse.> Promote response systems to prevent and address the abuse and neglect of vulnerable adults.> Promote the annual World Elder Abuse Awareness Day (June 15).> Develop a legislative framework for long-term and community support for adults. This will include those who are vulnerable.> Promote education and training in prevention and intervention in the abuse and neglect of older adults.> Support research on the abuse and neglect of older adults.

Employment, Education and Research

Employment, working conditions and education impact our health. They also impact healthy aging. Older adults are a valuable human resource which is often untapped. We can all benefit from the wisdom, skills and abilities of seniors.

As the population ages, there will be a lack of skilled workers in some industries and some regions of the country.³⁴ This appears to be the case in this province. Efforts are being proposed to address the risk of shortages. These include phased retirement and workplace flexibility. These efforts will support older workers.

Mandatory retirement has become out-of-date. Government has acted to support this direction. Changes to the *Human Rights Code of Newfoundland and Labrador* protect seniors from employment discrimination. The myth is dispelled that people cannot be productive in the workplace after age 65.

As the population ages, there is greater need for education and research on its impact on society. Those who support the elderly need to be trained to respond to their needs.

Working with older persons is the last career choice for most university and college students enrolled in health care programs. Career promotion in this area is needed.

Employers will have to research and plan for future human resource needs. Employment flexibility is advised for older workers. Perks, such as advancement opportunities for older workers, can be used to retain them. Employers should provide lifelong learning to allow employees to adapt to changes.

Research informs policy and supports planning. A strong focus should be placed on research in aging and seniors. Research should be carried out

with support at all levels. It should be collaborative. Research should involve potential recipients and providers of services. A comprehensive aging and seniors profile for this province will be needed as a baseline for this research.

The consultation process revealed a number of key areas for further research. These include:

- **Dementia;**
- **Medication use;**
- **Age-related chronic illness;**
- **End-of-life care;**
- **Elder abuse; and**
- **Mental health and addictions.**

Other research areas are being considered to ensure a full research plan is developed and implemented.



Goal 27	Knowledge of aging and the impact of population aging are brought into the work, education and research environments.
Education, training and recruitment	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Encourage post-secondary institutions to offer training in age-friendly approaches, in targeted areas. > Promote the enhanced training of home support workers. > Support training in age-friendly approaches, for workers in the healthcare system. > Support training in age-friendly approaches, for citizens, volunteers and unpaid caregivers. > Work with the <i>Violence Prevention Initiative</i> to promote training to prevent, recognize and intervene in the abuse and neglect of older adults.
Goal 28	Improved knowledge of aging and seniors is reflected through evidence gained through research.
Evidence gained through research	<p>Examples of actions to achieve this include:</p> <ul style="list-style-type: none"> > Support a working group to explore research models, develop a framework, and promote research on aging and seniors. This will include government, education, community, regional health authorities. > Support research in critical areas. > Support work on a comprehensive aging and seniors' profile.

Implementation Plan

Government joins many partners in implementing the *Provincial Healthy Aging Framework and Implementation Plan*. Many actions are underway through current programs, plans and strategies. However, there are many new priorities. The *Framework and Implementation Plan* is long-term. It will be carried out over five years.

Measuring Success

We must track progress, evaluate success, and make needed changes to ensure success. An implementation and accountability framework for Year 1: 2007-2008 will monitor progress and measure Government's commitment to support healthy aging.

The Aging and Seniors Division will oversee the *Framework and Implementation Plan*. While progress will be reviewed on an annual basis, a prioritization exercise will also occur on an annual basis to determine next steps in the coming year. Both progress of current and proposed actions for the coming year will be reviewed by the Interdepartmental Working Group on Aging and Seniors. The review will be submitted to the Minister Responsible for Aging and Seniors. The Minister will make yearly recommendations on next actions to the Ministerial Council on Aging and Seniors. Government will report yearly on progress in the six priority directions. The Minister Responsible for Aging and Seniors will give a yearly statement of progress to the House of Assembly.



Moving Forward

The development of the *Provincial Healthy Aging Policy Framework and Implementation Plan* has been a priority of government since healthy aging was supported in *Our Blueprint for the Future*. It reflects government's commitment to a new vision of healthy aging. This vision will impact government's role in an aging society. It will provide a new way of doing things. The community will adopt new values. These will reshape life and work to fully embrace the aging population.

Government has been working to provide support to seniors since *Our Blueprint for the Future* was first put forth. The *Provincial Healthy Aging Policy Framework and Implementation Plan* builds on many government efforts. Within the Plan, Government is able to introduce more coordinated long-term solutions. This will ensure that all people grow as they age.



Appendices

Appendix A: Glossary of Terms

Age-Friendly - generations are valued equally and support each other.

Ageism - stereotyping and discrimination against people because they are old. Ageist attitudes are based on a lack of information.

Aging in Place - a process where people grow older in familiar and comfortable surroundings. They get what they need to maintain an independent lifestyle.

Aging Workplaces - work environments where the average age of workers is increasing over time.

Audiology - the study of hearing disorders and the rehabilitation of people who are hearing impaired.

Baby-boomers - people born between 1946-1965 in countries, such as Canada. There was a marked increase in the birthrate during that period.

Caregiver (informal) - one who provides care without pay to family and friends in need of support due to physical or mental health issues.

Chronic Condition - an illness, functional limitation, or cognitive impairment that is expected to last at least 1 year. This requires ongoing care.

Dementia - a progressive brain dysfunction that includes loss of memory, judgment and reasoning, and changes in mood and behaviour.

Determinants of Health - social and economic factors, physical environment, behaviour and biology that combine at every stage of life to determine health.



Disability - limits on daily activities due to a health issue.

End-of-life Care - same as “palliative care”, this refers to healthcare that is focused on comfort, respect and quality of life for a person nearing death.

Healthy Aging - a lifelong process of making the most of health that involves physical, social and mental wellness, independence, quality of life and enhancing life-course transitions.

Home Care - professional and non-professional services in the home to assist one to live independently prevent early admission to a long-term care home or prevent hospitalization.

Home Health - professional services provided in the home.

Home Support - non-professional services that allow those who require assistance with daily living to remain in their own homes or independent living units. This often prevents, delays or takes the place of an institution. This includes personal and behavioural supports, household management and respite.

Independence - freedom from the control of another.

Intergenerational - programs and practices that strengthen relations between children, youth, adults, older adults, and families.

Lifespan Developmental Perspective/Model - sees the individual as always changing from birth to death. Crisis and change are constant in life.

Lifelong Learning - learning throughout life. The main purpose is to give learners the skills required to continue self-education beyond the end of formal schooling.

Literacy - the ability to understand and use printed information in daily activities, at home, at work and in the community.

Long-Term Care Homes - residential care homes

designed for people who require long-term healthcare or require extensive care.

Mental Health - a positive state of mental well-being. This is not simply an absence of mental illness.

Mid-Old - people 75 to 84.

Older-Old - people 85 and over.

Oral Health - refers to the health of the mouth. This includes the teeth, gums, and supporting tissues. The most common oral health problems are cavities and gum disease.

Palliative Care - the same as “end-of-life care”. This refers to healthcare that is focused on comfort, respect and quality of life for a person nearing death and the family.

Personal Care Homes - licensed residential care homes that provide care to more than four residents who require supervision and assistance but do not require on-site professional care.

Population Aging - the increasing proportion of the population over age 65.

Primary Health Care - the first contact people have with the health and community services system (e.g. family doctor, nurse practitioner, community health nurse, paramedic, social worker)

Seniors - people age 65 years and older.

Social Inclusion - ensuring everyone, regardless of experiences and circumstances, can achieve their potential in life.

Universal Design - creating environments that are usable by as many people as possible regardless of age, ability or situation.

Young-Old - people age 65 to 74 years.

Appendix B: Ministerial Council on Aging and Seniors

- **Honourable Ross Wiseman, Minister of Health and Community Services**
- **Honourable Tom Hedderson, Minister of Tourism, Culture and Recreation**
- **Honourable Tom Rideout, Minister Responsible for Aboriginal Affairs**
- **Honourable Joan Burke, Minister of Education and Minister Responsible for the Status of Women**
- **Honourable Tom Marshall, Minister of Finance**
- **Honourable Tom Osborne, Minister of Justice**
- **Honourable Trevor Taylor, Minister Responsible for the Rural Secretariat**
- **Honourable Shawn Skinner, Minister of Human Resources, Labour and Employment and Minister Responsible for Newfoundland Labrador Housing**

Appendix C: Provincial Advisory Council on Aging and Seniors

- Marg Adey, St. John's
- Beryl Belbin, Forteau
- Leo Bonnell, Clarendville (Chair)
- Phyllis Gard, Springdale
- Don Holloway, Marystown
- William Kean, St. John's
- Joan Marshall, St. John's
- Graham Mercer, Carbonear
- Florence Oliver, Happy Valley-Goose Bay
- Flo Paul, Gambo
- Violet Richards, St. Anthony
- Marina Simon, Cape St. George
- Oliver Tucker, St. Jones Within

- Mariam Lyall, Happy Valley-Goose Bay
(past member)

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