



**BC NURSES'  
UNION**

*Standing up for health care*

## POSITION STATEMENT



# SENIORS' HEALTH AND WELL-BEING

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# BC NURSES' UNION BELIEVES THAT:

- > All seniors have a right to health care and social supports that maintain and promote their well-being.
- > The health and well-being of seniors can be supported through policies that promote equitable access to the social determinants of health.
- > The health and well-being of seniors is enhanced through policies that recognize the diversity of the older adult population.
- > Seniors require supportive, age-friendly communities to maintain and enhance their health and well-being.
- > Nurses and health-care workers can play a crucial role in promoting the health and well-being of seniors.

## DIVERSITY

While statistics affirm that Canada is experiencing population aging and that British Columbia (and in particular, Vancouver Island) is home to many of these seniors – they also hint at the diversity of the aging population. A closer look at BC's senior population reveals distinctions not only along the continuum of age and geographical location but also with respect to gender, race, sexuality, ethnicity, place of birth, languages spoken, socio-economic status, education, family structure, and health status.

As the population ages, one of the most significant factors to consider is that women increasingly outnumber men: from nearly two-to-one for those 85 years of age and older, to five-to-one for those 100 years of age and older.

These statistics remind us that while aging impacts the whole population it has particular significance for women. For instance, "the gender income gap increases with age: [in BC] the median income of single women over the age of 85 is \$23,710, which is 19% lower than the median income of single men over the age of 85".<sup>4</sup> This can mean that some senior women are not able to meet basic health needs. This economic disadvantage is even more pronounced for older Indigenous women, women of colour, and immigrant women, who often face economic and social disadvantages over a lifetime.

## BACKGROUND

Like many countries, Canada is experiencing population aging. This is due in part to declining birthrates and increasing life expectancy.\* Though population aging has been a reality for a number of decades it has been accelerating over the past few years as the baby-boom generation have begun entering older adulthood. In 2015, Statistics Canada noted that for the first time in the nation's history there were more persons aged 65 years and older than children aged 0-14.<sup>1</sup>

\* *First Nations, Metis and Inuit Peoples have higher birthrates, lower life expectancies and a significantly younger population.*<sup>2</sup>

1. Statistics Canada. 2016. *A portrait of the population aged 85 and older in 2016 in Canada*. Released May 3, 2017. Ottawa. <http://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016004/98-200-x2016004-eng.cfm>
2. Statistics Canada (2016). *Aboriginal peoples in Canada: Key results from the 2016 Census*. Released October 25, 2017: Ottawa. <http://www.statcan.gc.ca/daily-quotidien/171025/dq171025a-eng.htm>
3. Grant, T., & Agius, J. (2017) *Census 2016: Canada's seniors outnumber its children for first time in survey history*. *Globe and Mail* <https://beta.theglobeandmail.com/news/national/census-2016-statscan/article34882462/?ref=http://www.theglobeandmail.com>
4. Ivanova, I. (2017) *Poverty and Inequality Among British Columbia's Seniors*. Canadian Centre for Policy Alternatives: B.C. Office. [https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2017/04/ccpa-bc\\_seniors-inequality.pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2017/04/ccpa-bc_seniors-inequality.pdf)

## A LIFE COURSE PERSPECTIVE

One way of understanding how all these factors might shape the health and well-being of an individual is through the adoption of a life course perspective that looks at the circumstances and activities of an individual over time. This perspective enables us to understand how particular life experiences can “have immediate effects, [on people] but can also affect lives years or even decades into the future”.<sup>5</sup> It enables us to reflect on how individuals with seemingly similar life experiences can have very different health outcomes as they age and conversely how a similar health event can be experienced very differently based on previous circumstances.

For instance, a diagnosis of congestive heart failure might impact a retired professional with strong family support in ways that are significantly different from someone of the same age with a high-school education, whose employment history was shaped by casual work, and who is now solely dependent for care on an aging spouse. Such social and economic advantages and disadvantages can have a multiplying effect over time equipping some to age more “successfully” than others.

A life course perspective invites us to think about older adulthood and the health and well-being of seniors as both an issue of chronological age and its effects and one that is influenced by environmental, political, social, economic, psychological and biological/genetic processes – beginning well before an individual turns 65. Over the years the effects of these processes can have a significant impact on two crucial indicators of the health and well-being of seniors: functional capacity and chronic conditions.<sup>5a</sup>

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Functional capacity can be understood as a set of “health-

related attributes that enable people to be and do what they have reason to value”.<sup>6</sup> For instance, many seniors place a premium on maintaining independence with respect to basic activities of daily living like bathing and dressing, and instrumental activities of daily living like shopping and meal preparation. Maintaining and enhancing the functional capacity necessary to perform these crucial tasks has been shown to enhance life satisfaction and well-being and is a key marker of healthy aging.

Across the population there are those seniors who exhibit high functional capacity and who require minimal, if any, assistance; others who are experiencing a decline in capacity and may need some form of care and support; and those who are coping with a significant loss of capacity who may require more daily support and care. The most common limitation for those aged 65 and older was an inability to perform housework independently. Other functional challenges include shopping and meal preparation. For those 85 years of age and older challenges to functional ability can have a significant impact on the performance of activities of daily living. For instance over 10% of seniors in this age group were unable to bathe or walk without help,<sup>7</sup> a percentage that rises significantly for those who are experiencing serious health concerns like the 60,000-70,000 people in BC who are living with dementia.<sup>8</sup>

Some of this decline or loss of functional capacity is due to age-related changes such as a reduction in muscle mass and sensory function that can impact a person’s ability to shop independently or bathe without assistance. Social and structural determinants of health, like a person’s socio-economic status, can accelerate these losses, hastening the decline in functional capacity at an earlier age and magnifying the challenges they face as their age advances. In other instances, the presence of chronic health

5. Komp, K. & Johansson, S. (eds.) (2015). *Population Ageing from a Lifecourse Perspective. Critical and International Approaches*. Bristol: Policy Press, 258 pp.

5a. Chapko, D., Staff, R. T., McNeil, C. J., Whalley, L. J., Black, C., & Murray, A. D. (2016). Late-life deficits in cognitive, physical and emotional functions, childhood intelligence and occupational profile: a life-course examination of the Aberdeen 1936 Birth Cohort (ABC1936). *Age and Ageing*, 45(4), 486-493. <http://doi.org/10.1093/ageing/afw061>

6. World Health Organization (2015). *World Report on Aging and Health*. Geneva, Switzerland. [http://apps.who.int/iris/bitstream/10665/186468/1/WHO\\_FWC\\_ALC\\_15.01\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/186468/1/WHO_FWC_ALC_15.01_eng.pdf)

7. Canadian Institute for Health Information. *Health Care in Canada, 2011: A Focus on Seniors and Aging (HCIC)* <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC1677>

8. <http://www.health.gov.bc.ca/library/publications/year/2016/bc-dementia-care-guide.pdf>

and complex medical conditions, like heart and respiratory disease, dementia, diabetes, or arthritis, can have a significant influence on functional ability, particularly in situations where a person is coping with multiple, co-existing morbidities.

While functional ability and the presence of chronic health conditions are important considerations when thinking about the health of seniors – of equal significance is the subjective experience of well-being “that describes self-reported general life satisfaction... the positive and negative emotions associated with health status”,<sup>9</sup> and a “sense of purpose and meaning in life”.<sup>9</sup> What emerges from the research is an understanding that “impaired psychological well-being is associated with increased risk of physical illness”<sup>9</sup> and that “positive, psychological well-being [can serve as] a protective factor”.<sup>9</sup> In other words the experience of health can be shaped by the experience of well-being.

The physical and social environments within which older adults are living their lives are additional factors that can contribute to an overall sense of well-being. An age-friendly environment is accessible, safe and well lit, with readily available health and support services, and appropriate modes of transportation. Age-friendly communities also enhance opportunities for social interaction. Such communities make it possible for seniors to age-in-place, keeping them close to the comfort of familiar neighbourhoods and social supports.<sup>10/11</sup>

## PROMOTING HEALTH AND WELL-BEING

A diverse, older adult population requires a diverse set of supports and caring interventions to promote

population health and well-being, and to ensure all seniors experience safety and security, and quality of life as they age. A life course perspective reminds us that the health and well-being of seniors requires policies and practices that promote health and socio-economic justice from the earliest years. Access to clean air, drinking water, nutritious food, adequate housing, education, a living wage, and appropriate health care for the families of our youngest increases the likelihood of healthy and successful aging in their later years.<sup>12</sup>

For those who are already in their senior years there is an urgent need for safe, affordable housing, accessible and affordable support services and health care (including a national drug plan), safe and accessible transportation, and an end to age-based discrimination. There is also a need to ensure that the informal and formal caregivers of our senior population are receiving the care, and support they require to continue to perform this invaluable, though often invisible, work.<sup>13</sup>

To achieve these outcomes, all levels of government and society must work together with seniors and their families and loved ones to enact policies and promote strategies that address the needs of our diverse population. The launching of Canada's dementia strategy in June of 2017 is an example of how multiple stakeholders can work towards addressing a crucial population health issue.<sup>14</sup>

BCNU is strongly committed to the health and well-being of seniors. Our nurses and health-care workers will continue to promote policies and practices that ensure seniors have equitable access to the care, support and resources they need.

For more information contact your regional chair.

9. Steptoe, A., Deaton, A., Stone, A. A. (2015) Subjective wellbeing, health, and ageing. *LANCET*, 385 (9968) pp. 640-648.
10. <https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/about-seniorsbc/seniors-related-initiatives/age-friendly-bc/age-friendly-communities>
11. Frochen, S., & Pynoos, J. (2017). Housing for the Elderly: Addressing Gaps in Knowledge Through the Lens of Age-Friendly Communities. *Journal of Housing For the Elderly*, 1-18.
12. Jeste, D. V., Blazer, D. G., Buckwalter, K. C., Cassidy, K. L. K., Fishman, L., Gwyther, L. P., & Vega, W. A. (2016). Age-friendly communities initiative: public health approach to promoting successful aging. *The American Journal of Geriatric Psychiatry*, 24(12), 1158-1170.
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14. Sadana, R., Blas, E., Budhwani, S., Koller, T., & Paraje, G. (2016). Healthy ageing: raising awareness of inequalities, determinants, and what could be done to improve health equity. *The Gerontologist*, 56(Suppl\_2), S178-S193
15. Brandt, M., Deindl, C., & Hank, K. (2012). Tracing the origins of successful aging: the role of childhood conditions and social inequality in explaining later life health. *Social science & medicine*, 74(9), 1418-1425
16. <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2017/08/Caregivers-in-Distress-A-Growing-Problem-Final.pdf>
17. <http://alzheimersocietyblog.ca/canada-national-dementia-strategy/>