

# SENIORS VOTE

If we make life good for older adults in Manitoba  
Life will be good for all Manitobans

Do you know  
what Seniors are  
concerned about  
for the 2016  
provincial election?

## SOCIAL ENGAGEMENT/PARTICIPATION

### Facts:

**Social Participation is a determinant of health.**

Social Engagement among seniors and its potential importance for their physical and mental health was referred to in the 2015 Health Status of Manitoba Report by the Chief Provincial Public Health Officer (2015).

**Three out of ten older adults live alone.**

Research by the Centre on Aging – University of Manitoba (August 2013) has shown there are wide-ranging health benefits for older adults, who continue to participate socially as they age, including:

- enhanced quality of life and better self-rated health
- longer survival; lower morbidity
- decreased risk of disability and functional and mobility decline
- decreased likelihood of depression and generalized anxiety disorders
- decreased risk of cognitive decline and dementia

The older adult population continues to increase – they are living longer. There are many Centres in the Province of Manitoba providing information and services to the older adults/seniors. They are also providing much need social engagement/participation to older adults. Some Centres receive funding from the Regional Health Authority, others do not. They all operate on a shoe string budget with the support of many volunteers and for some minimal staff.

***How will your government recognize the need for social participant by older adults and support increased funding to Centres?***



# AFFORDABLE HOUSING

## Facts:

**Seniors want to remain in their homes and communities.**

Most seniors have fixed incomes and as costs rise they are in danger of being on the verge of homelessness or forced to live in substandard or unaffordable housing. With the cost of basic needs such as pharmaceuticals, food and clothing that are rising daily, seniors forgo expensive health aids such as dental work and hearing devices. The lack of ability to pay for these two major expenses, strongly impacts on the social lives of all seniors, leading to social isolation and may perhaps lead to early dementia, and ultimately into personal care. The spectre of homelessness is the greatest fear of many, making clean, affordable housing the key to healthy aging.

Retrofitting homes with ramps, wider doorways and hallways as well as adding safety bars and aids to bathrooms allows older adults to live comfortably in their own homes. With a few simple additions for safety, couples can remain together as they age.

The shortage of adequate senior, intermediate and long-term care facilities results in older adults occupying costly hospital beds with acute care. This is a major problem on many fronts as it is not healthy for patients/ the elderly, and inefficient use of hospital beds not designed for long term care.

Older adults, whose lives have been spent in this province contributing to the economy, taking part in the social structure with thousands of hours of volunteering, have earned the right to expect that there will always be a place for them in the life of this province.

The harmonious concepts of Aging in Place and Age Friendly Communities are a step in the right direction as they have raised the consciousness of communities to the plight and isolation of older Manitobans. It has also thrust many of those older persons into action on behalf of themselves. For example, seniors living in small centres, like Thompson, have moved to Winnipeg to receive the treatment not available in small centres and the expert care they need.

Leadership for this protection comes from the people who are elected, from Mayors and Councilors throughout the province, to the Premier and Members of the Legislature of the Province of Manitoba, regardless of political stripe. Let no one be neglected or abandoned.

***How will you support and fund an affordable housing strategy that will ensure available, clean and comfortable dwellings for Manitoba's elderly population?***



# RETIREMENT INCOME SECURITY

## Facts:

**Poverty among Canadian seniors is increasing.**

Retirement income insecurity is a reality for many older adults despite working hard and contributing to the country throughout their working lives. The diminishing purchasing power of older adults would be a part of this wider development.

Since 2008 the Canadian Association of Retired Persons (CARP) has been advocating for a supplementary Universal Pension Plan starting with a modest increase to the CPP. Manitobans like many others Canadians are not saving adequately for their own retirement.

The Federal Government increased the Guaranteed Income Supplement (GIS) earning exemption from \$500 to \$3500. This change is designed to benefit those seniors who are still able to work and who are less likely to need GIS. The Manitoba Government estimated that would benefit about 4000 Manitobans. There are approximately 50,000 seniors in our province who receive GIS to assist in their survival. There are approximately 10,000 who receive the Manitoba 55+ Supplementary Income Benefit.

In the future the numbers of older adults who have no or at least inadequate pensions will grow very quickly as the boomer generation comes to retirement. These are seniors who have aged in the period when long-term employment in jobs with benefits and pensions are a rare commodity. Today, two-thirds of working Canadians, 12 million people, do not have workplace pension plans.

In the private sector, 4 out of 10 employees are covered by a company pension plan. A Defined Benefit Pension Plan (DBPP) covers fewer employees. Trends in Canada continue to restrict entry, or to close Defined Benefit Pension Plans and shift employees to Defined Contribution Plans. It is estimated that between 45 to 50% of retirees not receiving a Defined Benefit Plan collect a GIS, whereas only 10 to 15% of Defined Benefit Plan beneficiaries collect the GIS. The DBPP reduces the annual payout of the GIS by some \$2 to \$3 billion annually, saving government money. In addition, the DBPP beneficiaries paid some \$14 to \$16 billion in taxes.

Over the past 20 years, the poverty rate among seniors has triple from 4% in 1995 to 12% in 2013. At present, 600,000 Canadians aged 65 years and older live in poverty, and the number is increasing.

***How will you continue to work toward the elimination of poverty among Manitoba seniors?***

***Will you support the improvement of CPP, which is a universal Defined Benefit Pension Plan?***

***Will you support the Defined Benefit Pension Plan to the individual and to future tax payers?***



# HEALTH CARE - Hearing, Vision and Oral Health

## Facts:

**Quality of life is affected by our hearing, our vision and our oral health.**

We experience the world and our environment through our physical senses and connect with others through communication.

Hearing is an essential contributor to our ability to communicate. Hearing loss can have a profound effect on physical, emotional and social health and well-being. Untreated, hearing loss can lead to depression, dissatisfaction with life, reduced functional and cognitive health, and withdrawal from social activities.

Vision impairment and age-related eye changes and disease can affect an individual's financial and educational opportunities, reduce quality of life and increase the risk of injury or mortality.

Overall, neglect of oral health can have major physical, emotional and social consequences that have a negative impact on the individual and also result in additional strain to the health care system, especially when it leads to increased use of emergency services.

Oral Health, vision, as well as the use of hearing devices, are the more difficult and costly unplanned - for happenings that occur in the health and welfare of many older adults. There is a lack of urgency for these issues, leaving older adults experiencing the lack of adequate eye care, dental care and hearing aids and the problem of affordability. These health anomalies affect their social lives leading to social isolation.

The costs are in the thousands of dollars for dental work and for hearing devices.

***How will you commit to addressing the cost of oral health services, vision care and hearing aids for all Manitobans?***

## COST OF AMBULANCE SERVICE

## Facts:

Manitoba has the highest rates in Canada starting at more than \$500 per trip and increasing exponentially from there, depending on the amount of service required.

***Will you commit to addressing the punitive cost of ambulance transportation for people who have little or no choice in its use?***



## SUPPORT FOR CAREGIVERS

### Facts:

Over 8 million informal caregivers in Canada provide unpaid critical support and care that allow friends and family members to recover from illness and the frail and elderly to age at home. One in four Canadians, just over eight million, are unpaid caregivers who provide care to a chronically ill or disabled loved one. Three-quarters (76%) of these individuals provide care to a person aged 65 years or older.

There are untold numbers of unpaid volunteers who are the support system of many. There is no financial reward, or is one wanted, for spouses and children who care for each other. CARP successfully advocated for the federal Caregiver Tax Credit in 2011. But more needs to be done to support the valuable work done by caregivers. CARP continues to advocate for financial support for informal caregivers, workplace leave protection, and respite care for heavy care providers. Calls for service in 2011 were approximately 156,000.

## DEMENTIA CARE

### Facts:

Dementia robs people of all of the essential traits of human life, i.e., independence, cognitive ability and personality that combine to make a person who they are. Those also affected are the family and friends who provide round the clock care. Within 20 years, the number of Canadians living with dementia is expected to double to 1.4 million. To address the unique challenges of dementia care and invest in supporting those who are living with it, we agree with CARP in calling for a paradigm shift in how we care for those with dementia. Manitobans need a comprehensive approach that includes greater caregiver support, mandatory dementia care training for healthcare providers, and more funding for specialized home care and long-term care.

By 2038 there will be 34,000 (2.8%) of Manitoba's population affected by dementia.

***What are your long range plans for addressing the ever increasing concerns about dementia?***

The proposed new Canada Health Accord will take effect in 2017 with transfer payments to Manitoba health in specific areas by an earlier commitment.

***Will this commitment by the Province of Manitoba remain the same?***

A National Pharmacare Program, including the purchase and distribution of drugs in bulk using a bidding procedure, would benefit all Manitobans.

***What position will your government be taking on National Pharmacare?***



## HEMOCARE

### Facts:

All Canadians want to live at home and stay in their communities. Home care services allow seniors to do this but often the services are underfunded, inaccessible, and have long wait lists due to a lack of coordination, resources, good management, and funding. We agree with CARP when they call for national standards of care and most importantly sustained funding.

***Would your provincial government adhere to national standards for wait times, home care, prescription drugs and team based primary health care?***

## TRANSPORTATION

### Facts:

**Lack of transportation increases isolation.**

Transportation is pivotal to the social inclusion and active participation of seniors in their communities. Conversely, a lack of safe, reliable and affordable transportation contributes significantly to the isolation of many seniors.

There are few transportation options in rural and urban areas, apart from volunteer driving programs, or the support of friends and family and volunteer driving programs (where they exist). In Winnipeg public transit is not always appropriate nor easily accessible. Many do not qualify for Handi-transit.

There needs to be a focus on the needs of seniors and others who do not drive. For example, rural handi-van services provide isolated seniors with access to banking, shopping, social resources and medical services. However, the ability to address the mobility needs of this population segment is often limited as rural Handi-van services struggle to meet the demands of priority medical appointments while addressing operational issues such as finding drivers (that are often volunteers, or receive nominal compensation) and keeping their costs in check in order to balance their budget. The provincial funding formula formula has not been increased in 26 years. Increasing operational costs are being offset by steadily increasing passenger fares.

Young and old alike, in many rural communities have few or no options for transportation - transportation, which affords them the ability to access employment, go shopping and get to medical appointments. Transportation, that allows them to participate in much needed social interaction and inclusion, is essential.

***I am sure you are aware of the magnitude of the transportation issues facing Senior Manitobans. How will you address this issue if elected?***



# HEALTHY AGING, QUALITY OF LIFE

## Facts:

**Only 1 in 5 older adults are active.**

**For the first time ever, there are more people in Canada age 65 and over than there are under age 15.**

Most adults in Manitoba consider themselves to be in good health or better, with more than 90 per cent living past age 64.

Physical inactivity, tobacco and poor nutrition cost Manitobans \$1.9 billion per year and \$610 million in health care. More than 600,000 Manitobans have levels of excess weight, costing \$818 million including \$238 million in direct health care costs. Almost 540,000 Manitobans are physically inactive, costing \$370 million including \$112 million in direct health care costs.

Older adults need affordable and accessible opportunities to engage in regular physical activities that contribute to their functional ability for daily living, that enable them to interact with their family, friends and community and those that enhance their ability to cope with any chronic conditions affecting their lives.

Older adults need affordable and accessible programs and services to help them stay healthy and engaged and to reduce the incidence of falls and associated losses.

There must be a commitment to working across government departments and establishing and supporting innovative collaborative partnerships with non-government organizations and the private sector. The health and well-being of all Manitobans across their lifespan is what will define Manitoba as the healthiest place on the planet. Older adults in Manitoba should not be perceived as an afterthought.

***How will your government commit to an all department approach that promotes and supports healthy aging in which Older Manitobans are confirmed as an integral part of our culture?***

***How will your government commit to providing affordable opportunities for older adults to engage in regular physical activities that contribute to their functional ability for daily living?***

***How will your government commit to the health and well-being of all Manitobans across their lifespan?***



## References

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- Boston Consulting Group
- Statistics Canada
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- CARP's Top 10 Advocacy Issues (2015 – 16 edition)
- CARP's Vision for Age-Friendly Cities & Communities
- CARP - Budget 2016: Recommendations to the Department of Finance

## In collaboration with

### Active Living Coalition for Older Adults in Manitoba

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### Canadian Association of Retired Persons (Winnipeg-West)

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### MB Association of Senior Centres

[www.manitobaseniorcentres.com](http://www.manitobaseniorcentres.com)  
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### Retired Teachers Association of Manitoba

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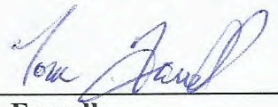


### Transportation Options Network for Seniors

<http://tonsmb.org>  
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### On behalf of MASC

  
Tom Farrell  
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