

Aging & Thriving in the 21st Century Presentation Questions & Answers

Hosted by CORE Alberta

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Participant questions were collected from the presentation and James Stauch, our presenter has provided his answers below. We tried our best to capture all the unanswered questions, but if we missed any, please feel free to connect with James directly at jstauch@mtroyal.ca

- 1. Is there the potential for Ageism, to be utilized as an inconvenient truth to force aging adults to work longer? It's one thing to choose to work beyond age 65, it's quite concerning if it becomes an expectation. Many aging adults have health related issues, that would make it extremely difficult to work longer & enjoy what's left of their golden years.**

There's the potential, in theory, but I think we're a long way from that. We're seeing lots of stories of people as young as in their 40s encountering ageism in the workplace. I don't think we need to actually change public policy to extend the retirement age, for a couple reasons: Many Canadians choose to work longer anyway, partly because of the larger CPP pay-outs (you see the exact same thing in northern Europe these days), but also, we need to start getting our heads around the permanent structural changes to the labour market that AI and related technologies will force the question around. The 4-day workweek, EARLY retirement, partial retirement, etc. Also, kind of a tangential point, but worth thinking about, is that the jobs where we will likely have a chronic labour shortage, long term, is in the caring professions (nursing, social work, etc.).

- 2. From everything I've read and heard, shifting to Home Care would have positive outcome orders of magnitude higher than what is typical now. The question is for Alberta, how do we encourage care workers into rural and remote regions in the province? This is a struggle for the current LTC system and there are fewer pre-employment requirements for roles in those homes.**

This is an important question with no easy answer. It's really a microcosm of the broader issue of how you attract and retain talent in rural communities. And there's no magic bullet – likely a broad range of policies and practices. People who work in the FAR north receive a northern residency tax deduction, so some variation on that could help. Wage premium incentives, obviously, as well. But it takes more than financial incentives. Access to excellent broadband is an issue that has vexed most of rural Canada for far too long, with only incremental action at either the federal or provincial levels to reduce this inequity. COVID has actually seen a lot of people leave city living for rural life, knowing they can work anywhere, but only if broadband is decent, and only if the quality of life is

excellent (range of amenities, childcare, lively community and cultural life, walkable main streets, etc. – all the things that people crave for their apex community living experience). There are so many things that go into making communities places that are net attractors, so it's complex. But a singular laser-guided focus on attracting care workers won't work without these broader considerations, I wouldn't expect. Community development is – as ever – critical.

3. Any suggestions on what would be the best way to use this scan for the internal organizational use? For the internal program development?

It's a great question, and a challenge to us to consider a companion learning guide of some kind, potentially. There's lots in the scan that is worth challenging or that is missing nuance, but hopefully it is useful in sparking discussion. Asking each of your team members to read a section of the guide and come to a meeting prepared to share a summary with others is a great way to engender a shared team approach to the learning.

4. James and George, thank you very much for your continued work on these issues and your thorough reporting through your document and this presentation. Just a comment re: Asian, South-east Asian communities and older adults remaining in multi-generational living situations. On the surface this sounds very supportive....and is likely to be...however, this makes these adults in unhealthy family situations very susceptible to elder abuse in isolation/secret. Have you any research looking at this? My assumption would be that reporting in these situations would be very low... Thank you!

Excellent observation, and well worth further research. It's not clear how much of this is cultural preference or a lack of available options/choice. It's definitely a combination of both, likely skewing more to cultural preference given that there's not a tidy correlation with income/financial capacity.

5. Aging at home is a great idea but what about the fact that many Canadian seniors can't afford to do it (often don't understand the actual cost).

Good point. As the socio-economic status section notes, Canadians haven't generally been good at saving for retirement, relative to other OECD countries. The public policy instruments we assumed would incentivize this (RRSPs, TFSAs, etc.) are great for upper income earners, but don't really matter for working class Canadians or those near or below the poverty line. The other point here is that "aging in place" isn't really about aging in the home for most people. It's more about "aging in community" – it's the community – proximity to family, friends, neighbours (sometimes), and familiar

amenities – that are important. Far less so the physical home per se. Knowing this allows for much more innovation. But city planners, developers, seniors housing providers all need to know more about this dynamic. We keep building new seniors housing in shockingly inaccessible spaces, where other than a shuttle bus, seniors are challenged to get around, experience their community, mix with other people in a public setting, etc. The report talks about the findings of the UK's work in understanding and re-imagining seniors living from a fundamentalist aging-in-place perspective toward a much more exciting aging-in-community approach.

6. I am curious how the data is collected. In my experience as a caregiver along with long term care living the voice of older adult residents is significantly missing.

Yes, that's a real limitation of this scan. We had the resources to collect, summarize, and synthesize EXISTING research. It's important to note that this is NOT a primary research project – and as such did not involve any form of data collection. Nor is it – in any strict definition of the term – a research project at all. Rather, it's knowledge mobilization. Absolutely researchers, where feasible, should do community-engaged, participatory, or other kinds of citizen-informed research (indeed, my master's thesis many, many years ago was on resident participation in housing decision-making). But the point of this scan is to mobilize insights from others, not to serve as an original piece of research or data collection.

7. James, it is common knowledge that institutionalized elders are often medicated with antipsychotics to control behaviour and makes care giving easier, albeit more damaging to elders. This is prevalent in short staffing. Can you comment please?

I can't really comment without more knowledge on this, other than to say that if prescription is happening in response to short staffing this is a major system failure, and alarm bells should be going off. That's like giving school kids Ritalin as a solution to large class sizes in elementary schools; We would rightly regard that as deeply perverse. So, what's the difference (other than, again, our society is more likely to regard seniors as expendable – out of sight, out of mind)?

8. Great presentation. I like the focus on the universal home care model. But I think older persons aged 65 and older should not be kept in the same category. There is a great diversity in terms of their physical, mental, and other capabilities as well as choices. I think it is also a time to make initiatives and advocacies to inspire and use older persons' abilities to their families and communities (keeping in mind that their numbers are growing very fast) so that they can stay active and healthy longer. I love to hear your thought on it. Thanks.

It's a good point – lumping people 65+ with those say 85+ into a meta-category of “seniors” or “older adults” doesn't help illuminate the vast diversity involved. The discussion of home-care vs. LTC (and related topics) is far and away more of an 85+ conversation. It's a cliché, but 65 really is the new 55 and 75 is the new 65. And here the emphasis really is much more around things like life-long learning, purpose, meaning, active lifestyles, community connection. There's quite a bit in the scan about this, but in the presentation I zeroed in much more on the 85+ issues like homecare, LTC, etc.

- 9. I think the voice and perspective of rural and particularly remote experiences with these issues is important to hear. I hope there was and continues to be participation from this/these communities in your consultation process.**

No question the scan was urban biased insofar as the professionals consulted and most of the topics covered. I'm glad you (and others) have raised this in case we do any follow-up work on this or related topics.