



Beyond the Pandemic

Re-Opening Saskatchewan: A Call to Action for a More Age-friendly Community



August 2020

Table of Contents

Saskatoon Council on Aging	3
Beyond the Pandemic.....	3
Re-Opening Saskatchewan: A Call to Action for a More Age-friendly Community.....	4
Introduction	4
COVID-19 Pandemic Impacts on Older Adults: Issues and Ideas for Action	7
Issue: Ageism, Discrimination and Stigma.....	7
Issue: Older Adult Abuse	9
Issue: Human Rights Concerns for Older People	11
Issue: Quality of Life of Older People.....	13
Issue: Mental Health and Social Isolation in a Time of COVID-19	15
Opinion Editorial	21
Resources.....	24

Saskatoon Council on Aging

Board of Directors

Mercedes Montgomery Co-president

Jeananne Klein, Co-president

Frank Shychoski, Treasurer

Karen Pitka

Jane Richardson

Paul Benson

Fred Sutter

Terry Scadden

Mohindar Sachdev

Sheila Clements

Joan Cochrane

Age-friendly Development Committee

Candace Skrapek

Shan Landry

Jane McPhee

Mercedes Montgomery

Elliot PausJensen

June Gawdun, Executive Director

Virginia Dakiniewich, Fund Development and Communication Coordinator

Cynthia Johnston, Positive Aging Coordinator

Beyond the Pandemic

Re-Opening Saskatchewan: A Call to Action for a More Age-friendly Community

Saskatoon Council on Aging, July 2020

Introduction

Imagine if you will, a world in which a rapidly spreading coronavirus is mostly infecting children and that the death toll is highest among youth. Imagine if that means that children are somehow separated from their families for months. Imagine this age group somehow being blamed for the many pandemic restrictions needed to protect everyone. How would you react to a disease that was killing mostly young people around the globe?

The COVID-19 pandemic has had a profound impact on the health and well-being of older people in Saskatchewan. It has also given rise to a series of critical policy questions surrounding how we view older adults, and how we should support and engage a diverse aging population into the future. As we look beyond the COVID-19 pandemic, the Saskatoon Council on Aging (SCOA) is of the view that there must be a concerted effort from government and other key stakeholders, in partnership with older adults, to address the many issues that have impacted older people during this crisis.

Now is the time to seize the opportunity to improve policies, protocols and programs to address the widespread prejudices of ageism, enhance the age-friendliness of communities, enable healthy, positive aging and support the well-being of older people across the province. Despite a series of challenges that have arisen from the COVID-19 pandemic, opportunities for improving the lives of older adults have also presented themselves.

SCOA wants to ensure that:

- the voices of older adults are heard;
- the diversity of perspectives of older adults is reflected in government public policy;
- older people are engaged as co-leaders in developing new and innovative approaches that impact them directly.

Older people have long been subject to inadequate protection of their human rights and overlooked in provincial and national policies and programs. COVID-19 pandemic recovery is an opportunity to set the stage for a more inclusive, equitable and age-friendly society.

This document elaborates on key issues faced by older people during the pandemic and identifies both immediate and longer-term policy and program responses needed to

improve the quality of life of Saskatchewan's older citizens. The responses to the COVID-19 pandemic in this community and around the world rightly focused on protecting lives and preventing the spread of the virus. Unintended consequences, however, have had a detrimental effect on older adults who are feeling the full impacts of economic, mental and physical effects of social isolation, challenges to our human rights, neglect and abuse in institutions and care facilities and the trauma of ageist attitudes and discriminations.

As evaluations are carried out to examine COVID-19 pandemic responses how do we ensure that the voices of older adults are heard, that older persons are appropriately protected in the future, that we do not overlook how extremely diverse this age group is, how incredibly resilient we are, and the importance of the multiple roles we have in society, including as caregivers, employees, volunteers and community leaders? Here are some ideas for action.

Ideas for Action

- 1. Immediately establish and resource a Special Seniors Task Team to provide advice and guidance on provincial pandemic planning and response strategies that reflect, mitigate and minimize the adverse effects of massive service reconfiguration and lockdown on Saskatchewan's older adult population.** The mandate would be to explore the impact of the pandemic on older people and necessary major public policy options that focus on the themes of inequalities and inclusion, care and caregivers, and rights and representation. It would bring together experts on aging including older adults, researchers, policy makers and civil society to examine immediate impacts and longer-term implications of pandemic response policy and planning on the lives of older people. This expert group would determine to what degree the COVID-19 pandemic response reinforced existing entrenched issues and/or created new issues and would identify the approaches needed to address them.
- 2. Collaborate with older people and engage them in co-designing the policies, programs and services that affect their lives.** Policy makers must put in place supportive measures that guarantee their inclusion and embed their involvement in decision making. Considering the higher risks confronted by older people in the COVID-19 pandemic, humanitarian strategies must explicitly identify and consider their needs, challenges and strengths at all levels and in all settings.
- 3. Examine all policy decisions and community advisories through an age-friendly lens.** SCOA has developed a tool just for this purpose. Policies need to be made ***with us, not for us***. Using an age-friendly policy lens would ensure that laws, regulations, policies and programs do not contain age-based assumptions and do reflect the needs of older adults in Saskatchewan.

- 4. Begin right now, not after the pandemic is declared over, to collaborate with older adults in developing a detailed provincial seniors strategy that will re-examine and act upon the learnings of the pandemic on eliminating ageism, developing age-friendly communities and attending to mental health and self-determination.**
- 5. Create a full spectrum of options for those who want to live independently, or with home care support, assisted and intermediate care living alternatives and those who require complex care. Ensure that older adults co-lead this work.**
- 6. Open a public discussion about ethical responses and protection of human rights during this pandemic crisis and how as a community we can foster an age-friendly community that supports positive aging for all citizens.**

SCOA's hope is that by articulating these challenges and opportunities, we might move more quickly to minimize the negative outcomes of the COVID-19 pandemic response, maximize positive changes that might be possible and redouble our efforts to improve our aging society in ways that benefit people across the life span. We will emerge from this pandemic having paid a high price but more resilient and determined than ever. Now is the time to take bold action, create communities and caring environments that promote positive aging: something all of us deserve.

COVID-19 Pandemic Impacts on Older Adults: Issues and Ideas for Action

Since the appearance of COVID-19 and the necessary public health restrictions imposed, the Saskatoon Council on Aging, in consultation with older adults, has identified a number of ways in which the pandemic response has disadvantaged older people and has negatively impacted their quality of life. These key issues that matter to older people are described below along with suggestions for both immediate and longer-term responses. Government and other stakeholders, in partnership with older adults, must work together to address these issues in a meaningful way.

Issue: Ageism, Discrimination and Stigma

Public discourse around COVID-19 that portray it as a disease of older people has led to social stigma and exacerbated negative stereotypes about older persons resulting in older people being labelled, stereotyped, discriminated against and treated differently. The COVID-19 pandemic has exacerbated many challenges faced by older adults, but most distressing is an alarming phenomenon that has clearly surfaced in the last few months; ageist stereotypes and discriminations have become much more visible and the pervasive effect of widespread ageism has resulted in a variety of detrimental outcomes. Misrepresentation of all older adults as frail and vulnerable, undervaluing the resilience and contributions of older adults, “protective” physical distancing policies that have severely disadvantaged older adults, particularly those in long-term care, and violations of the rights of older people to health and life on an equal basis with others, are all examples that point to systemic ageism.

What is ageism?

Ageism was first described in 1969 by Robert Butler, the initial director of the American National Institute on Aging, and was defined as a process of systematic stereotyping, prejudicial attitudes and direct or indirect discrimination against people because they are old. Ageism is not new and existed long before it was given its name. Fear of and distaste for growing old are inherent in the human experience. Ageism can be outright discrimination that strips people of their rightful place in society on the basis of their age alone. Ageism can also be more nuanced. It can be externally imposed on seniors through rules and policies. And it can be internally imposed, where people try to comply with societal expectations by limiting their own possibilities. Ageism manifests in individual attitudes, institutional practices, and cultural norms, and its integration in the fabric of our society has become patently clear during the COVID-19 pandemic. Ageism reflects the way society is structured to include older adults or leave them on the margins. The pandemic has shone a light on widespread ageism embedded in our society, the marginalization of older adults especially frail older adults, and its negative consequences.

Why is it important to counter ageism?

Ageism has broad and far reaching negative consequences. It can have a negative impact on physical and mental health, and it can influence whether older people receive treatment, as well as the duration, frequency and appropriateness of that treatment. It can impact one's autonomy and agency of choice. Ageism intersects with gender, disability, race, ethnic origin, religion and sexual orientation and its effects are compounded on these groups.

Age-discrimination can have a direct and often disastrous impact on the ability of older persons to access services and goods. Policies on physical distancing that overlook the needs and circumstances of many older persons can result in increased social isolation and food insecurity, among others. As a population group, it is wrong and overly simplistic to regard all older people as being vulnerable, a burden, or presenting risks to other people. Many people in this age group are fit, well, and playing an active role in society. Older people participate in paid work, run businesses, volunteer, are active in civil society and the cultural life of communities, and take care of family members including parents, spouses/partners, adult children (especially those living with disabilities), and grandchildren.

Who are we talking about?

People above the age of 65 are often assumed to be a homogeneous group of “older people” or “Seniors” who are frail, lack independent decision-making capacity and need to be protected. The reality is strikingly different. There are three distinct generations between the ages of 60 and 100 with great diversity between and among these age groups. Most older people are fit and functional. Close to 90% live independently and make significant contributions to society. Older people are in the workforce, working at home and on the front lines of health care settings and essential businesses. Older adults are also playing critical roles as caregivers, grandparents, supportive neighbours and volunteers. In the same way that infants, children and youth have very distinct characteristics, so too do different older adult generations. Less than five percent require long-term care. One size does not fit all.

Ideas for Action

Tackling ageism, particularly as it appears during a pandemic is critically important. Left unaddressed ageism can lead to undervaluing the lives and needs of older people and neglecting the range of long-term services and supports that help shape their lives. The pandemic is an opportunity to shift our thinking, reset our priorities and take action to:

1. Develop a coordinated positive aging policy framework to enable healthy aging in place for Saskatchewan's older people across urban, rural and northern locations. This multi-sectoral foundational planning document would support the development and coordination of policies, programs and services directed toward addressing the diverse needs of older adults. Older adults must be engaged in meaningful and collaborative way to co-lead in this work. Special attention must

be given to persons in vulnerable situations. Especially in an emergency situation, there is a need for creative and alternative policies and actions that increase social connections, social protection, and accessible solutions.

2. Take system wide action to address existing deep-seated ageism, inequalities and age discrimination and counter false or misleading information that fuels prejudice, fear and discrimination. Promote older persons' autonomy, independence and their human rights.
3. Collaborate with older people to develop a public education campaign delivered through a range of mechanisms that counteracts ageist attitudes, reduces age discrimination and practices and promotes a positive image of aging.
4. Develop a public policy statement on age discrimination.

Issue: Older Adult Abuse

Creating a just society includes treating older people as equal members and making sure we are all connected to our communities as we age so that we can prevent and address older adult abuse.

What is older adult abuse?

Older adult abuse involves harm to an older adult within a relationship of trust. There are many ways older people can be harmed physically, psychologically, financially, and through neglect. Some older adult abuse is “spouse abuse grown old,” some is abuse by adult children or other family members, neighbors, friends, paid caregivers, financial advisors or other people the older adult relies on. Though healthy, competent older adults are abused too, those who are physically frail or cognitively impaired and dependent on others are at greater risk. Isolation, whether physical, social or cultural, is a major risk factor for abuse because no one is around to detect it or assist if it occurs.

What has the pandemic taught us?

During the pandemic it has been well recognized that the isolation at home required to mitigate the spread of the virus has led to increased rates of domestic violence. Because older adult abuse occurs wherever older adults live, concerns have been raised not only about older adults living at home but also about the possibility of increased rates of older adult abuse and neglect in seniors housing and care facilities. The pandemic has revealed the lack of services for older adults who experience abuse and the difficulty they have in getting help. The pandemic has also led to new frauds and scams many of which target older adults.

How do older adults cope with abuse?

Abuse by family members, especially adult children, is a complex issue for older adults. They want the abuse to stop but the relationship to continue. They often do not want to do anything that might get their children in trouble; they want them to get help. Abuse by others the older adult depends on, for example paid caregivers, is also problematic for them. Older adults rarely talk about the abuse they are experiencing. They are less likely to seek help for abuse if they are isolated, if the person who abuses them is a caregiver or their only significant relationship, or if they believe the people around them cannot help. Though family and friends may suspect something is wrong, they often do not recognize the warning signs of abuse and don't know what to do. Older adults are also unlikely to seek help if they don't know where to look or if they have problems getting to where help is available.

What helps older adults address abuse if they experience it?

Mandatory reporting of older adult abuse has not led to the prevention of abuse.

Older adults are more likely to seek help if they have supportive relationships with family, friends and neighbours, and also with formal services such as healthcare, social agencies, and religious groups they belong to. Those who do get help benefit from it.

Ideas for Action

Everyone deserves to live in safety, with dignity and respect. Older adult abuse is a major societal issue and an important public health problem. Cross sector planning and collaboration are needed in dealing with this challenging issue. Potential solutions include:

1. Support ongoing development of age-friendly communities where people of all ages are connected together, reducing social isolation and decreasing the risk of neglect and abuse. Preventing and addressing older adult abuse requires the whole of our society; it cannot be left to individuals, families, or single agencies. Social supports are required: a multi-disciplinary team of professionals, safe shelter, good communication services that make these services known to the community, affordable, accessible transportation so older adults can get to the services.
2. Provide educational programs for both the general public and for service providers in order to raise awareness of older adult abuse and how to prevent it and address it when it occurs.
3. Implement a mechanism in Saskatchewan to address and respond to abuse of older adults who lack capacity by their substitute decision-makers.

Issue: Human Rights Concerns for Older People

Justice requires recognizing that all members of society are equal. This pandemic has brought unprecedented challenges to humanity and presents a disproportionate threat to the health, lives, rights and well-being of older persons. It is crucial to minimize these risks by addressing the needs and human rights of older persons in our efforts to fight the pandemic.

Older adults have rights too, don't they?

Yes, older people have rights too, the same rights all adults have. They do not give up these rights when they move into seniors' housing or care facilities. The COVID-19 pandemic has shone a spotlight on many longstanding issues related to older adults and highlighted that our society is not treating older adults as equals. Ageism, prejudice and discrimination on the basis of age, is the most accepted of prejudices and impacts how "the enjoyment of all human rights diminishes with age." (UN Open-Ended Working Group on Aging, 2017).

Has the pandemic response infringed on the rights of older adults?

During the response to the pandemic the rights of many older adults to health, access to healthcare and community services, autonomy, and information have been infringed, albeit as unintended consequences of the focus on the need to mitigate the spread of the virus. Not only has the virus taken a much larger toll on older people than on other age groups, but measures taken to mitigate its spread have affected them more severely too. An older adult living alone with no family nearby is more adversely affected by physical distancing than people living with or close to family as are older adult residents of care facilities.

Aren't rights rights regardless of where one lives?

Though older adults who live in their own houses, apartments and condos – like other adults - have been able to exercise their autonomy as they have responded to public health recommendations for staying safe, those living in care facilities and in many seniors' housing complexes have not. Decisions have been made for them by management and residents have had no choice but to comply. Management decisions have also applied to residents who lack capacity and for whom substitute decision makers have responsibility for making decisions. Family members of vulnerable residents of care facilities have been seen as "visitors," not as members of the care team performing essential tasks and providing emotional support and stability only they can provide. The rights of these family caregivers to engage in the care of their loved ones have been infringed. Vulnerable residents and their relatives have not been able to see each other, even in situations where the physical and mental health and well-being of both depend on that contact. Though some residents and families have been able to find other forms of contact, others have not. This latter group, which includes some of the most vulnerable citizens, have been experiencing a drastic curtailment of their

human rights.

The right to information about health and restriction of movement is critical.

Residents of care facilities and their relatives have told of a lack of communication from facility management about management decisions regarding lockdown and difficulty learning the status of their resident family member. Their right to this critical information has not been upheld in these situations.

Restrictions on the right to access to health care have significant impacts on older adults with chronic conditions.

Some older adults with chronic health conditions have been denied the right to access to health care without which they are at risk of further health decline because of restrictions on health care services. Examples include older adult day programs and home care services deemed non-essential by others.

Ideas for Action

Human rights law recognizes that limits may need to be placed on the exercise of some human rights during national emergencies such as the COVID-19 pandemic. It is nonetheless important to consider the impacts of these restrictions and to look at ways that attention to human rights can shape better responses. Human rights put people centre-stage and focus our attention on who is suffering most, why and what can be done about it. Critical elements of protecting the human rights of older people in pandemic planning include:

1. Emergency measures that infringe on human rights must be temporary, strictly necessary for the purpose, proportionate and non-discriminatory.
2. Responses to the COVID-19 pandemic must be in line with international human rights standards and apply to everyone everywhere.
3. High priority is given to the restoration of health services to the most vulnerable persons such as older adults with chronic conditions.
4. The full inclusion of older persons in policy development and in decisions that affect them and safeguard their autonomy is prioritized.
5. The basic right to information is upheld, the information is timely, accurate, in plain language and understandable to persons needing it.

6. The right to health is interpreted holistically, as a right to protection, not only from the virus, but also from the debilitating effects of social isolation, and with a focus on the importance of social connections to health and well-being. Ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health. Health care is a human right, and every life has equal value.
7. Stronger legal frameworks are needed to protect the human rights of older adults at provincial, national and international levels. Worthy of support is the development of a proposal by the United Nations General Assembly's working group for an international legal instrument to promote and protect the rights and dignity of older persons.

Pandemic responses that are shaped by and respect human rights result in better outcomes in beating the pandemic, ensuring healthcare for everyone and prepare the way for emerging from the crisis with more equitable and sustainable societies.

Issue: Quality of Life of Older People

Older adults contribute much social capital for the community and serve as socio-economic drivers, particularly as the older adult population in Saskatchewan and Canada grows. They contribute through caregiving for dependent adults, for grandchildren, as important volunteers - noticeably absent from these roles during the pandemic response - and employees, all with valuable lived experiences and as keepers of memory and history.

All of these elements of quality of life for older adults are reflected in the eight World Health Organization's (WHO) age-friendly dimensions. These dimensions are applicable in diverse living situations from independent living in one's own home, to congregate living, to residential care of various levels within a community.

What impact has the COVID-19 pandemic had on age-friendliness?

Recognizing the key elements of quality of life and wellbeing, SCOA continues to develop and promote programs that provide education and support for older adults and their caregivers. As well, the organization partners with other community agencies and the City of Saskatoon itself to work towards being a community that maximizes the quality of life for older adults and indeed, all citizens. This model of community development includes being able to get around (transit), to feel safe (police and fire services), to stay socially engaged (Century Club), and to stay active, even in our cold winter months (SCOA Globe Walk).

All of these elements of age-friendly communities have had to be modified because of COVID -19 pandemic restrictions and safety precautions. There has been lack of access to community services such as gyms and libraries and other leisure services.

Older adults have found ways to get around loss of services and other novel approaches, such as Zoom classes, phone visits, caregiver help lines, etc., demonstrating the resilience and innovative abilities of older adults. However, access to health care and community services has had the biggest life and independence challenges for older adults, including elective surgery delays and health care restrictions.

Do older adults lose autonomy and personal choice?

Overwhelmingly older adults prefer to live independently at home as they age. Currently when needs change, autonomy is lost, and others take over decision making. At all stages of life and aging, humans need social contact as well as a sense of autonomy and personal choice. This includes long-term care (LTC) communities, where a small percentage of older adults will need to live. When older adults have no choice but to move to a long-term care community, it should not be assumed that residents have relinquished their needs for elements of living beyond the mere custodial - they need choice and social interaction and relationships. Health care and support may be the primary reason older adults choose a specific residential care community. However, although high quality care is important, in order to thrive residents of LTC require all elements of life including good quality food, social interaction, physical activity and mental stimulation. The COVID-19 pandemic has emphasized loss of autonomy and personal choice as home care has been restricted and day programs have closed. Older adults' choice to live independently is diminished because lack of community resources to support this choice.

How could better standards, regulations and responsible monitoring of seniors housing and care facilities be achieved?

For older adults living in other than independent homes, standards and regulations on a provincial basis are needed to protect residents and the staff providing care. In long-term care (special care homes and personal care homes) residents do not give up their human rights when they are admitted and their rights need to be respected regardless of where they live. Standards must be balanced between concerns for public health, and requirements for family engagement and resident wellbeing, including family caregivers on the care team of those who are not able to speak for themselves. These standards and regulations require a rigorous system for monitoring.

Ideas for Action

The quality of life of older people is enhanced when their voices are heard and they are directly engaged in planning and making decisions about policies, programs and services that directly affect them including action to:

1. Engage in dialogue at a provincial and, where appropriate, national level to create the legislation, regulations, policies, standards and resources needed to enable safe staffing and staffing mixes in home care and community services,

special care homes and personal care homes.

2. Create and support living environments that truly foster quality of life in all its aspects from access to good health care to high quality food, recreation and community building.
3. Develop and implement regulations for seniors' housing facilities pertaining to tenancy issues. These would include but not be limited to: services to be provided, extra services available at additional costs, amount and frequency of increases to rent and service costs, privacy, security of tenure, and basis for eviction. The regulations should include mechanisms to address disagreements between residents and management, oversight of compliance and means of enforcement of regulations.
4. Add to the spectrum of accommodation by fostering innovations such as co-housing and intergenerational /multi-ability living options.
5. Continue to invest in and strengthen age-friendly community development for support across all three generations of older adults.
6. Begin to collect and analyze data re age-specific needs and circumstances, using the three generation ranges of older adults to distinguish more specificity for use in planning.
7. Develop accessible and understandable tools for education and awareness available about housing options across the spectrum including: 1) Independent living, 2) Living in community settings with Home Care support, 3) Assisted Living in its various degrees, 4) Personal and Intermediate Care, 5) Complex Continuing Care, in facilities as well as through Individualized Funding programs.

Issue: Mental Health and Social Isolation in a Time of COVID-19

The most prevalent protection from risk of COVID-19 infection has been social isolation. All Canadians have been advised to stay as isolated from others as they can and refrain from close social contact with all but a few of our closest connections. As this practice became the standard, individuals and whole communities recognized the truth of the science which says that social isolation (solitary confinement?) can profoundly affect one's mental health in very short time periods. How ironic it is that especially in the case

of older adults, the protection from risk of COVID-19 may in fact increase the risk for other illnesses and increase the risks of contracting infection!

Many studies have documented the high rates of depression amongst the elderly related to loneliness and lack of connection with others. Literature tells us that social isolation correlates very strongly with depression and in turn with depression, the immune system becomes compromised and the body is more prone to infections. Have we created a circular pattern of risk for older adults? Stay isolated to avoid COVID-19 infection; increase your susceptibility to infection and depression by being isolated from others.

Human beings are social species and we learn from an early age to depend upon our connections and interactions with one another as a survival behavior. We need social networks for our optimal wellbeing, and it is logical that social isolation will impose stress on our minds and bodies that has a significant impact on health and wellbeing.

Can isolation lead to loss of roles and identity?

Older adults serve as important caregivers for spouses, grandchildren, disabled family members; as volunteers in community service agencies; as employees and political figures. As a high-risk group (often lumped together in age group of over 65) older adults during the COVID-19 pandemic have been expected to discontinue most of these important roles to protect themselves from contracting disease. This deprived the community of their input at a time when volunteers were in high demand, diminished their ability to support extended families who were counting on them more than ever for assistance when several generations were now required to work and educate and live together at home. In Canada the role that older adults – mostly grandparents - play in the network of family lives is significant. Finding identity as an important caregiver or playing a necessary role in the survival of a family unit or nurturing children whose parents cannot, has been identified as important roles for older adults. A sudden halt to this caregiver role leaves the older adult grieving the loss of identity and feelings of worthiness and significance. It is also important to consider the moral distress of caregivers imagining the neglect and loneliness of their loved one in LTC when they are unable to enter a facility to maintain the communication and human connection that had been vital to them ensuring the wellbeing of their loved one.

How does absence of touch impact health?

Touch is truly fundamental to human communication, bonding and health. There are studies showing that touch signals safety and trust, it soothes. Basic warm touch calms cardiovascular stress. It activates the body's Vagus nerve, which is intimately involved with our compassionate response, and a simple touch can trigger release of oxytocin, aka "the love hormone." Since the COVID-19 pandemic lockdown, many LTC residents have been cared for in single rooms without the contact of others in their living community, families and supporters. Care has been provided by masked and gowned staff who may not even be known to the resident. Touching has been prohibited. Virtual visits by electronics and outdoor visits take place in the absence of any human touch.

A single woman aged 83 who lives alone says “after three months of staying on my own in my condo, having neighbours deliver groceries and only talking with my family and friends on the phone or computer, I realize that the thing I miss the most isn’t conversation with others face to face (although I do miss that), it is the touch of a hand, the embrace of a hug and the stimulation of a kiss from my grandson. I feel abandoned and hollow”.

It is not only the LTC resident who suffers depression and anxiety when unable to see or touch their loved ones. Family members who make essential “visits” and assist the care staff in facilities have been left isolated themselves in the community worrying constantly about the care that is being given to their loved one that they are not able to supervise and oversee. They are powerless to influence care during this critical time. Coping with their own guilt at not being able to keep a loved one at home has been exacerbated by the social distancing and lockdowns occurring.

What is confinement disease?

As social isolation rules and lockdown has taken place in LTC facilities, the rights and autonomy of making choices seem to have been removed from residents. Administrators get to make the decisions about where and how they will sit, eat, sleep and socialize. The opinions and needs of residents seem to have begun to resemble the withdrawn rights of those who are incarcerated in the penal system assuming that having committed a crime means a loss of some fundamental rights and as punishment. LTC residents are deserving of human rights and civil liberties and in the absence of ability to make their own decisions, to appoint others to be their decision makers. During the COVID-19 pandemic the residents and their decision makers have been denied opportunities to make their own choices. In the general public we have been encouraged and supported to stay home and stay safe leaving the right to take risks up to individuals. In care settings, people have been mandated and forced to adhere to rules that they did not make and often were not even explained to them (“this for your own good” they are told as they are confined to their rooms for days at a time).

In the Globe and Mail Saturday June 6th, Andre Picard says: “[in LTC] *By locking out loved ones, we have placed highly vulnerable patients in solitary confinement – unable to leave their rooms and deprived of social interaction. This torture is not acceptable for prisoners and it’s certainly not acceptable for our elders.*” In France the term ‘Confinement Disease’ has been coined and families and professionals are starting to recognize the harm done to vulnerable residents (or older adults isolated in the community for that matter) as having an effect equal to disease with illness symptoms ranging from dehydration, failure to thrive, malnutrition and depression.

How will bereavement be managed through times of isolation and loss?

As people grow older, they often experience more losses in their lives. This can include loss of long-time spouses, family members and friends. In addition, as we age, some may lose roles in society, and lose some abilities for independent living and sensorium.

While there have been few deaths from COVID-19 itself in Saskatchewan, other causes of death have continued throughout the pandemic. Suffering from losses of lifetime partners, adult children and generations of friends can be significant for older adults. Through isolation and lack of ability to “be with others” many families including the older members have been unable to participate in certain protocols and accepted grief practices. As a result, some older adults may need ongoing support to learn to live without key people who were previously integral to their lives. Isolating a grieving spouse, denied opportunity to celebrate the lives lived through funeral and other common rituals has compounded the bereavement impact in many instances. Psychological trauma for those who were unable to say goodbye at the bedside of a loved one or denied the bereavement rituals may have a long-lasting impact on their continuing ability to cope and to develop resilience and maintain sound mental health. Support during bereavement experiences (often for several months or years) has long been acknowledged as important to mental health and in the case of older adults can be key to wellbeing and strengthened health outcomes.

How does the pandemic response complicate cognitive impairment challenges?

Often the defense of withdrawal of choice and autonomy for older adults has been linked to the assumption that most are demented or cognitively impaired the older they get. Statistics do show that the rise of dementia is significant in Canada as longevity increases, but it does not hold true that everyone gets more demented as they age. Lifestyle, genetics, social connectedness and life purpose, environmental factors all impact how we age both physically and mentally. Many very old adults live fully cognitively intact and do not experience mental impairment. However, those who are cognitively impaired are also in need of specialized care and attention. LTC facilities are finding that designs and programming once suitable for residents who were physically disabled are not supporting appropriate care for those who are cognitively impaired and who may be wandering, exhibit combative behavior or need extra assistance to eat and complete activities of daily living. COVID-19 pandemic restrictions have reduced the access of family and essential caregivers on the team to interact with those who have cognitive impairment. iPads and other virtual means of communication do not work well with this population and the wearing of masks and gloves and lack of touch can seriously frighten or disengage residents. Some of the recent literature about COVID-19 effects identify increased behavior challenges and serious depression in this cohort of residents.

Ideas for Action

1. Develop policies, practices and systems that are able to balance the risk of social isolation and resulting mental health consequences with the need to contain COVID-19 or other viruses.

2. Introduce policies and practices within LTC that recognize family, in some instances, provide essential care components (feeding, emotional support and mobilization) and are an integral part of the essential care team not “visitors”. In the event of lockdown these critical family members must be given similar access as other important care team members.
3. Develop an outreach component for those living alone in the community based upon prevention and re-enablement. Outreach programs and social connector links are vital to ensuring that social interaction is maintained and supported. This may mean greater emphasis on developing technological skills and linkages for all ages. Caregivers at home must be linked with services that support them in their care journey.

The Way Forward

The COVID-19 pandemic has brought unprecedented challenges and has shone a spotlight on systemic inequalities that have presented a disproportionate threat to the health, lives, rights and well-being of older people in Saskatchewan. As we slowly move beyond the immediate threats of the COVID-19 pandemic, examine its impacts and begin the process of policy and program planning decisions required going forward, meaningful and active collaboration with older adults throughout this next phase is crucial to minimizing and mitigating the predictable adverse risks experienced by them. COVID-19 recovery is an opportunity to mobilize the action needed to provide for a more inclusive, equitable and age-friendly Saskatchewan.

SCOA's hope is that by articulating these challenges and opportunities, we might move more quickly to minimize the negative outcomes of the COVID-19 pandemic, maximize positive changes that might be possible and redouble our efforts to improve our aging society in ways that benefit people across the life span. Through decades of community engagement activities with older adults, SCOA has accumulated a wealth of information about this population and has the resources, skills and community connections needed to support them. SCOA is primed to contribute to the learnings from the pandemic and help shape post-COVID policies and programs.

We will emerge from this pandemic having paid a high price but more resilient and determined than ever. Now is the time to take bold action, create communities and caring environments that promote positive aging: something all of us deserve.

Opinion Editorial

Star Phoenix, Leader Post May 27, 2020

SCOA Coming of Age, Pending, September, 2020

Emerging from the Pandemic:

Older Adults Reimagine a More Age-friendly Community

The responses to the COVID-19 pandemic in this community and around the world, rightly focused on protecting lives and preventing the spread of the virus. Unintended consequences however, have had a detrimental effect on older adults who are feeling the full impacts of economic, mental and physical effects of social isolation, challenges to our human rights, neglect and abuse in institutions and care facilities and the trauma of ageist attitudes and discriminations.

It is true, the global pandemic has severely impacted everyone; however, it has disproportionately affected older adults. We are at higher risk of contracting the disease, and more likely to develop severe infections and die from it. In Canada, close to 90% of COVID-19 related deaths have occurred in people over the age of 60 and a staggering 80% of COVID-19 deaths were in individuals who lived or worked in long term care facilities or other types of care homes. Social isolation, the closing of many parts of society, and the fear and anxiety associated with the pandemic are pronounced for seniors. Many older citizens face severe challenges meeting their basic needs, such as shopping for food, medications, and obtaining needed health and community care. Some live in potentially dangerous environments where elder abuse is a potential factor. Older adults living in care facilities have been denied access for months to those who love them and any contact has been reduced to electronic communication and window waves. Much research has shown that human connection is a key determinant of health, and COVID-19 restrictions, while necessary, don't really justify complete isolation from family, caregivers and friends.

The challenges that older adults are experiencing are not new and few are unique to the virus. But COVID-19 intensifies and complicates everything and exacerbates the many challenges faced by older adults. The most distressing are the ageist stereotypes and discriminations that have become more visible in the last few months. Ageism is defined as a process of systematic stereotyping of and discrimination against people because they are old. It means that older people are devalued and their human rights compromised. Indeed, older adults have become the focus of this pandemic and have been isolated or paternalistically (though well-intentioned) protected without their own choices being respected. People above the age of 65 are often assumed to be a homogeneous group of "older people" or "Seniors" who are frail, lack independent decision-making capacity and need to be protected. The reality is strikingly different. There are three distinct generations between the ages of 60 and 100. Close to 90% live independently and make significant contributions to society. For example, the restrictions on older adults' abilities to engage in meaningful volunteer activities is

impacting community organizations at a time when many need increased hours of volunteerism to meet the challenges of the pandemic. In the same way that infants, children and youth have very distinct characteristics, so too do different older adult generations. One size does not fit all.

The Saskatoon Council on Aging (SCOA) tackles issues of importance to older adults and has continued to support older adults throughout the pandemic. We are uniquely positioned to communicate directly to citizens and public officials about what is at stake and what might be improved. SCOA can propose solutions that would improve policies and programs for an aging population and create a better quality of life for older citizens. We hope that the spotlight on the experiences of older people during this crisis will bring stronger commitment to working toward a more age-friendly community.

SCOA has adopted the World Health Organization's (WHO) "Age-Friendly Cities" model as a critical way to support older adults to age positively in Saskatoon. In an age-friendly city, policies, services, settings and structures support and enable people to age actively by recognizing the wide range of capacities and resources among older people, anticipating and responding flexibly to aging-related needs and preferences, respecting their decisions and lifestyle choices, protecting those who are most vulnerable and promoting their inclusion in and contribution to all areas of community life.

SCOA's multi-year Age-friendly Saskatoon Initiative revealed three key issues that hundreds of older adults in Saskatoon identified as critical in ensuring a good quality of life:

- Ageism is the greatest barrier older adults face.
- Older adults want to have input into policies and programs that affect them.
- The entire community has a role to play in creating an age-friendly environment.

As evaluations are carried out to examine COVID-19 pandemic responses how do we ensure that the voices of older adults are heard, that older persons are appropriately protected in the future, that we do not overlook how extremely diverse this age group is, how incredibly resilient we are, and the importance of the multiple roles we have in society, including as caregivers, employees, volunteers and community leaders? Here are some suggestions:

1. Examine all policy decisions and community advisories through an age-friendly lens. SCOA has developed a tool just for this purpose. Policies need to be made with us not for us.
2. Begin to create and foster living environments that truly support quality of life in all its aspects from access to good health care to high quality food, recreation and community building. Ensure that staffing and care standards in both community and long-term care are elevated to the same level of importance in the health care system as hospital care.

3. Begin right now, not after the pandemic is declared over, to develop a detailed provincial senior's strategy that will re-examine and act upon the learnings of the pandemic on eliminating ageism, developing age-friendly communities and attending to mental health and self-determination. Create a full spectrum of options for those who want to live independently, or with home care support, assisted and intermediate care living alternatives, and those who require complex care. Ensure that older adults lead/participate in this work.
4. Open a public discussion about ethical responses and protection of human rights during this pandemic crisis and how as a community we can foster an age-friendly community that supports positive aging for all citizens.

SCOA's hope is that by articulating these challenges and opportunities, we might move more quickly to minimize the negative outcomes of COVID-19, maximize positive changes that might be possible and redouble our efforts to improve our aging society in ways that benefit people across the life span. We will emerge from this pandemic having paid a high price but more resilient and determined than ever. Now is the time to take bold action, create communities and caring environments that promote positive aging: something all of us deserve.

Candace Skrapek
Shan Landry
Jane McPhee

Past Presidents
Saskatoon Council on Aging

Resources

- Butler, R. N. (2009). *Combating ageism*. *International Psychogeriatrics*, 21, 211.
- Canadian Network for the Prevention of Elder Abuse (www.cnpea.ca)
- Estabrooks C. A., Straus S., Flood, C. M., Keefe J., Armstrong P., Donner G., Boscart V., Ducharme F., Silvius J., Wolfson M. (2020). *Restoring trust: COVID-19 and the future of long-term care*. Royal Society of Canada.
- Ferre, J. & Rafeh, A. (May 2020). *COVID-19 and Older Persons: A Defining Moment for an Informed, Inclusive and Targeted Response*. Retrieved from <https://www.un.org/development/desa/publications/>. United Nations Department of Economic and Social Affairs.
- Gillis, M., & Rabheru, K. (2020). *COVID-19 Pandemic and its Impact on the Human Rights of Older People*. Presentation to the House of Commons Standing Committee on Human Resources, Ottawa.
- HelpAge International. (2020). *COVID-19 Everyone matters*. HelpAge International. Retrieved from <https://www.helpage.org/what-we-do/covid19-everyone-matters/>.
- HelpAge International, (2010) *Strengthening Older People's Rights: Towards a United Nations Convention*. HelpAge International.
- International Longevity Center. (2006). *Ageism in America*. New York: International Longevity Center.
- Laderman, M., Jackson, C., Little, K., Duong, T., Pelton, L., (2019). *What Matters to Older Adults? A Toolkit for Health Systems to Design Better Care with Older Adults*. Institute for Healthcare Improvement.
- MacDonald, B.J., Wolfson, M., and Hirdes, J. (2019). *The Future Co\$ of Long-Term Care in Canada*. National Institute on Ageing: Ryerson University.
- National Institute on Ageing. (2019). *Enabling the Future Provision of Long-Term Care in Canada*. National Institute on Ageing: Toronto, ON.
- Parent, Anne-Sophie. AGE Secretary General (June 2020) Special Briefing: Discrimination and abuse of older adults brought to light by COVID-19. Retrieved July 22, 2020, from <https://www.age-platform.eu/coronavirus-covid-19>
- Perry, K. E. (June 2020). *ASSESSING THE PROMISE, REALITIES AND PROMISE. The Place of Assisted Living in BC's Senior Care System*.

- Saskatoon Council on Aging. (2012). *Age-friendly Saskatoon Initiative: Findings*. Saskatoon, Saskatchewan: Author
- Saskatoon Council on Aging. (2014). *Age-friendly Saskatoon Initiative: Recommendations*. Saskatoon, Saskatchewan: Author
- Statistics Canada. (2017). *General Social Survey The Family 2017 (GSS – Cycle 31)*. Government of Canada: Ottawa, Ontario.
- Sweetland, J., Volmert, A., & O’Neil, M. (2017). *Finding the frame: An empirical approach to reframing aging and ageism*. FrameWorks Institute: Washington, DC.
- The Centre for Better Aging. (March, 2020). *Dodderly but dear?: Examining age-related stereotypes*. The Centre for Better Aging. Retrieved from <https://www.ageing-better.org.uk/publications/dodderly-dear-examining-age-related-stereotypes>
- The Vanier Institute of the Family. (2019). *In Focus 2019: Grandparents in Canada*. The Vanier Institute of the Family: Ottawa, Ontario.
- United Nations (2020, May). Secretary-General's Policy Brief: The Impact of COVID-19 on older persons United Nations For Ageing For Ageing. Retrieved from <https://www.un.org/development/desa/ageing/news/2020/05/covid-19-older-persons/>
- World Health Organization. (2007). *Global age-friendly cities: A guide*. Geneva: World Health Organization.
- World Health Organization. (2015). *World report on ageing and health*. Retrieved from <https://apps.who.int/iris/handle/10665/186463>. World Health Organization.
- United Nations. (April 2020). *COVID-19 and Human Rights: We Are All in This Together*. United Nations.
- UN Open-Ended Working Group on Ageing (<http://un.org/ageing-working-group/>)