National Seniors Strategy Evidence Informed Policy Brief

Ensuring Canadians are Supported to Engage in Wellness and Prevention Activities that Enable Healthy Ageing.

Setting the Context:

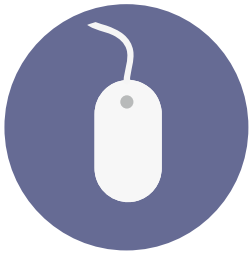
Supporting Healthy Ageing requires that we emphasize wellness and prevention opportunities for all Canadians especially when we know that they can make a real difference to our later-life health-related outcomes and costs. All Canadians, and not just older Canadians, can benefit from a greater understanding of how the things they do earlier in life can better ensure their overall health and wellness later in life.

Encouraging proper nutrition, regular physical exercise, and the avoidance of certain activities like smoking across the lifespan have been well shown to reduce one's chance of developing a variety of chronic diseases and extend an individual's overall life expectancy. In fact, through better managing our vascular risk factors, we are even seeing an overall decline in the prevalence of dementias across the population. [1,2]

The greatest barrier to advancing healthy ageing is that as Canadians, our 'health literacy' skills or ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course[3] remains extremely low.

In fact, it was recently demonstrated that **only 12% of older adults have adequate health literacy skills to support them in making basic health-related decisions.[4]** Therefore, any broad efforts to support healthy ageing will need to place an equal emphasis on improving the health literacy skills of Canadians to ensure they can both appreciate and understand the things they can do to stay healthy and independent for as long as possible.

With respect to accessing information and resources that promote healthy ageing, while using 'online' methods is seen as an effective way to do so, we must not forget that only 60% of Canadians age 65-74 have ever used the internet and that this number drops significantly to 29% for those over 75.[5]



Therefore, while the older demographic are amongst the fastest growing demographic using the internet, improving our health literacy and overall awareness of important issues will need to be done in a variety of ways that reflect the many ways older adults still access information while being respectful of our growing ethno-cultural diversity as Canadians.

In particular, this brief focuses on two very specific areas where the federal government's primary role in addressing public health issues could be leveraged: 1) by ensuring the majority of older Canadians obtain their federally recommended vaccinations; and 2) by leading an increased emphasis around promoting awareness and activities to support falls prevention amongst older Canadians.

What are the Issues?

1. The Majority of Older Canadians are not Receiving their Recommended Vaccinations

The vast majority of Canadians ensure that our children and young adults are getting the vaccinations recommended for them. What fewer Canadians appreciate is that there are recommended vaccinations specifically for older Canadians like the influenza, pneumonia (pneumococcal) and shingles (varicella/herpes zoster) vaccinations.

Additionally, the tetanus vaccination is one we are recommended to take at regular intervals across the lifespan. As a result, overall vaccination rates among adults in Canada remain far lower (See Table 1) than the Public Health Agency of Canada's (PHAC) previously set 80% target immunization rates for those 65 and older by 2010. [6]

With evidence showing the overall positive benefits of taking the annual influenza vaccination [7] Canadian public health authorities have made the greatest progress in advancing the uptake of the influenza vaccine in particular among older adults, yet the uptake rate of other more efficacious vaccines such as the pneumonia, shingles and tetanus vaccinations have even lower rates of coverage amongst older Canadians (See Table 1).

Low vaccination rates among older Canadians is of concern since many preventable illnesses and their substantial associated costs could easily be avoided with better uptake of these vaccinations. With respect to influenza alone, between **4,000-8,000 Canadians are at risk of death annually due to influenza, with the vast majority being amongst individuals 65 years and older.** [9]

Furthermore, costs related to the lost productivity costs due to influenza amount to over $1.5 billion annually.[10] We also know that individuals over 65 years old make up one-third of all community acquired pneumonia cases;[11] largely caused by one strain of pneumonia that the pneumonia vaccine specifically targets. Despite this, only 38% of older Canadians have received the pneumonia vaccination.

Finally, **90% of Canadians are at risk of developing shingles** because they have had chickenpox earlier in life,[12] yet less than **5% of older Canadians have been vaccinated against shingles.** This probably explains why 130,000 Canadians are still diagnosed with shingles each year, resulting in 252,000 physician consultations, 2,000 hospitalizations a year, and significant treatment-related costs. [13]

The opportunity to further advance the promotion of vaccinations among older adults through focused awareness campaigns and leveraging as many health care providers and points of care to offer this vaccination should be acted upon. Indeed, in a growing number of provinces, pharmacists are now being given training and support to deliver influenza vaccinations each year, while nearly all provinces have ensured that the vaccination can be provided at no cost to recipients. However, not all older Canadians have access to universal coverage for the influenza vaccine. In Quebec, for example, **individuals 65 and over do not have access to publically funded influenza vaccinations.** [14] Where vaccines recommended for older Canadians by the Public Health Agency of Canada (PHAC) are provided at no out of pocket cost, identifying barriers to uptake is still required to address low vaccination rates.

2. Falls Amongst Older Canadian are Common and Costly and Yet Largely Preventable

Falls amongst older Canadians cannot only threaten their independence and overall well-being, but they account for an estimated at **$2.2 billion dollars annually in related-health care spending across Canada to address the consequences related to them.** [15] Furthermore, older Canadians who are hospitalized due a fall are in hospital on average nine days longer than for any other reason.[16] In Canada, between **20-30%**[17] of older adults fall annually and with current demographic imperatives, the systemic burden associated with falls is only likely to increase if current trends persist.

Causes of falls among older adults are usually multifactorial. Some of the leading causes of falls include: the presence of chronic and acute health conditions that can negatively impact a person's strength and balance, independent balance or gait deficits, decreased sensory abilities, inadequate nutrition, social isolation, and challenges with our existing built environment. [18]

While there has been a concerted effort on behalf of PHAC to raise awareness of falls prevention strategies, there is much to be learned by provincial and local falls prevention programs. For example, the Government of Ontario recently began offering two thousand free exercise and falls prevention classes throughout the province for anyone 65 and over . [19] Classes of this nature have been designed to address a multitude of physical factors causing falls and also provide older adults with the opportunity to socialize with others in their community and thereby strengthen their social networks to help combat social isolation. What's more, this initiative is operated with extremely low overhead, as it is funded with a small annual provincial investment and delivered in publically accessible locations by existing community support services agencies.

Other examples of provincial initiatives to reduce falls include occupational therapy home assessment strategies such as the *Ontario Occupational Therapy (OT) In-Home Senior Safety Assessment Program*[20] and home renovation tax credit programs like the *Healthy Homes Renovation Tax Credit Program* in Ontario that the federal government recently pledged to make available across the country in its 2015 budget.[21] While the Healthy Homes Renovation Tax Credit is a step in the right direction, to receive the maximum 15% benefit of $1,500 towards a renovation, $10,000 must have been spent towards the renovation. [22]

A more accessible home renovations support program is the recent *Seniors Safe @ Home Program* in Prince Edward Island which allows up to $5,000 in forgivable grants to lower income older adults to support home renovations.[23] OT home-safety assessment and related home renovation programs are supported by the evidence and are currently recommended by PHAC for the prevention of falls among community dwelling older adults. [24,25,26] Therefore, making these services available and accessible for all older Canadians should be considered an essential component of any national falls prevention strategies.

Nevertheless, in Ontario and other jurisdictions where falls prevention activities are being provided at no out of pocket cost to participants, identifying other barriers to participating (such as having suitable complementary transportation services to get people to the classes) is still required to address this significant issue. Falls awareness and prevention activities must also be provided to older adults in a way that is most accessible to them. Additionally, the federal government should make use of existing investments such as PHAC' Participaction Program to focus on falls prevention for older adults as well.

Evidence-Based Policy Options to Consider

1. Strengthen the Mandate of the Public Health Agency of Canada to Better Address Issues of National Importance for Older Canadians.

The federal government is in a unique position to leverage its own existing and underutilized institutions and resources to strengthen the mandate of the PHAC to more adequately address two major issues of national importance for all older Canadians: Improved Vaccination Uptake and Falls Prevention.

It has been well established that the financial savings that could likely be rendered to provincial and territorial health systems through the better uptake of recommended vaccinations could be significant. PHAC could help to work with the provinces and territories to lead significant and consistent awareness campaigns at the national level while also supporting the development of more consistent and coordinated approaches to vaccination and falls prevention activities across the provinces and territories.

With respect to supporting the development of more consistent approaches, PHAC could support the call for the universal provision of influenza, pneumonia and tetanus vaccinations for all Canadians over 65. When a more fridge stable and less costly form of the shingles vaccination becomes available, this too should be added to the list. While, we have regrettably failed to meet PHAC's previously set 80% target immunization rates for those 65 and older by 2010[27] – federal leadership could help to support a pan-Canadian strategy that could very well meet this goal and lead to a significant reduction in health care costs related to these illnesses.

PHAC recently started to focus more of its attention towards raising awareness of falls, the significant impact falls have on the health and wellbeing of older Canadians and our health system as whole, as well as the importance of their prevention. While the federal government has made substantial investments in programs such as PHAC's Participaction Program it is almost exclusively focused on promoting physical activity amongst younger Canadians. There exists, however, an opportunity to leverage the media reach of Participaction for expanded information related towards the benefits of physical activity throughout our lifespans to promote healthy ageing and falls prevention. Furthermore, supporting the provinces and territories to advance the adoption of successful, low cost and evidence-informed falls prevention programs have the potential to generate significant savings related to current falls-related health care spending, while potentially concurrently addressing other important issues like social isolation. As such, PHAC could play a strengthened role as the key knowledge translation mechanism to spread the adoption of falls prevention best practices across the country.

Table 1. Estimated Rates of Recommended Vaccination Coverage among Older Canadians as of 2012[28]

Risk Group	Seasonal Influenza	Pneumococcal	Varicella/ Herpes Zoster	Tetanus
65+ years of age [29]	64.9%	38%	3.9%*[30]	-
General Population [31]	37%	-	-	49% [32]
Additional coverage needed to meet 80% target	15.1%	42%	76.1%**	31%

* - Canadian coverage rate not available. Figure reflects US Herpes Zoster vaccine uptake rates among older adults;

** - Estimated based on US data

Supporting Documents

[1] Kivipelto, M. et al. (2005). Obesity and vascular risk factors at midlife and the risk of dementia and Alzheimer Disease. JAMA, 62(10), pp. 1556-60. (Available at: http://archneur.jamanetwork.com/article.aspx?articleid=789626)

[2] Kivipelto, M. (2001). Midlife vascular risk factors and Alzheimer's disease in later life: longitudinal, population based study. BMJ, 322(June 2001), pp. 1447-51.

[3] http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-06-eng.php

[4] http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-06-eng.php

[5] http://www.statcan.gc.ca/dai-quo/smr08/2014/smr08_191_2014-eng.htm

[6] http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php

[7] http://www.phac-aspc.gc.ca/naci-ccni/flu-grippe-eng.php#tab5

[8] http://immunize.cpha.ca/en/diseases-vaccines/influenza.aspx

[9] http://www.phac-aspc.gc.ca/naci-ccni/flu-grippe-eng.php

[10] http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=66845

[11] https://myhealth.alberta.ca/health/Pages/conditions.aspx?hwid=hw62605&#hw62605-Bib

[12] http://immunize.ca/en/diseases-vaccines/herpeszoster.aspx

[13] http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-herp-zona-eng.php

[14] http://www.phac-aspc.gc.ca/im/ptimprog-progimpt/fluvacc-eng.php

[15] Economic Burden of Injury reports: Canada (2009). Full report available at: http://www.parachutecanada.org/research/topic/C79

[16] http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/seniors_falls-chutes_aines-eng.pdf

[17] http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/seniors_falls-chutes_aines-eng.pdf

[18] http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/seniors_falls-chutes_aines-eng.pdf

[19] https://www.ontario.ca/health-and-wellness/exercise-and-falls-prevention-programs

[20] http://otontario.ca/osot/senior-safety

[21] See pg. 246, Economic Action Plan (2015) Available at: http://www.budget.gc.ca/2015/docs/plan/budget2015-eng.pdf

[22] http://www.ontario.ca/seniors/healthy-homes-renovation-tax-credit

[23] http://www.gov.pe.ca/photos/original/CSS_SSH_BROa.pdf

[24] Al-Aama, T. (2011) Falls in the elderly: Spectrum and prevention. Canadian Family Physician, 57, pp. 771-6.

[25] Seniors' Falls in Canada: Second Report (2014). PHAC. Available at: http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/index-eng.php

[26] Steultjens, E. (2004). Occupational therapy for community dwelling elderly people: a systematic review. Age and Aging, 33(5), pp. 453-60.

[27] http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php

[28] http://www.phac-aspc.gc.ca/publicat/cig-gci/p03-02-eng.php

[29] http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php

[30] Langan, S., Smeeth, L., Margolis, D., Thomas, S. (2013). Herpes Zoster vaccine effectiveness against incident Herpes Zoster and post-herpetic neuralgia in and older US population cohort study. PLOS: Medicine. DOI: 10.1371/journal.pmed.1001420

[31] http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php

[32] http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php