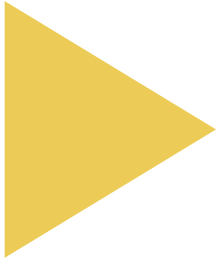




**2018**

**YUKON HEALTH  
STATUS REPORT**  
Focus on Seniors





## **Foreword from the CHIEF MEDICAL OFFICER OF HEALTH**

The journey of aging begins at birth and is unique to everyone. Many people associate getting older with an inevitable loss of ability, both cognitive and physical. However, the process of aging is highly variable, and is only loosely associated with a person's chronological age. Some 70, 80 or 90 year olds may experience excellent physical and mental functioning, while others require support to meet even their most basic needs. The differences are due in part to genetics and to random events, but aging is also heavily influenced by our environment, our behaviours, expectations, and the social determinants that influence our health from the very beginnings of life. Given the diverse influences on aging and the variety of challenges, as well as opportunities that we face as we get older, what does healthy aging mean?

With this subject in mind, I am pleased to present the 2018 Health Status Report. As is customary, the first part of the report will focus on the health status of our population. In Part II, we will be taking an in-depth look at seniors' health and well-being in Yukon. We present a broad range of data illustrating how Yukon's seniors are doing, from health behaviors and finances, to societal contributions and common misconceptions surrounding older people. In addition, we examine aging models from other territories, provinces and countries that support autonomy and aging in place to determine how we can improve our current infrastructure.

The majority of older people will, at some point, experience a number of health issues. However, this does not necessarily mean that they can no longer continue living independent lives. Moreover, many

older people continue to contribute to their communities through work, volunteering, childcare and simple companionship. We also have evidence that demonstrates the impact of aging on health care expenditures is far less than other factors, such as the high costs of new medical technologies. Guided by this evidence, this report aims to foster positive attitudes surrounding population aging for both individuals and societies. Indeed, healthy aging is not just about the absence of disease, but encompasses the preservation of autonomy, retaining the ability for citizens to choose how and where they age.

Most health problems attributed to aging are the result of chronic diseases such as high blood pressure, joint pain, or chronic lung disease, all of which can be either prevented, delayed or managed through healthy behaviours and alteration of risk factors.<sup>1</sup> A good start in life is one of the best determinants of healthy latter years. Good nutrition, physical activity and, supportive environments are beneficial to one's health and well-being no matter age or capacity.

While this 2018 Yukon Health Status Report paints a picture of some of the challenges older people face, it shows us where we can build on our strengths and add to some of the remarkable achievements that have already been made. I hope this report serves to inform people on the issues surrounding aging in Yukon today, and shows how healthy aging is within reach in Yukon. If we can better support the aging journey, we can all prosper and benefit from the rich contribution that older people offer to our community.

A handwritten signature in black ink, appearing to read 'B. Hanley', with a long, sweeping underline that extends to the right.

**Brendan E. Hanley,**  
MD CCFP(EM) MPH  
Chief Medical Officer of Health, Yukon

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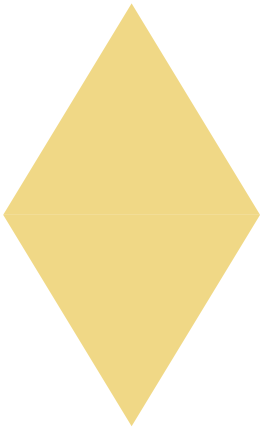
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## Introduction

The Health Status Report is a series of reports published every three years that examines the health and well-being of Yukoners. Using data from sources such as Statistics Canada, Yukon Bureau of Statistics, Canadian Institute for Health Information and Yukon Health and Social Services, current health issues prevalent in Yukon can be highlighted, allowing decision-makers to establish policies leading to the advancement of Yukoners' health.

This report, similar to the previous two that I authored, consists of two parts. Part I focuses on both the physical and mental health and well-being of Yukoners, covering topics from chronic and communicable disease to activity levels and substance use. It allows us to check in and see where the problem areas are, and what we can do to improve our health and well-being.



Part II covers a topic of particular interest and relevance for our territory. The 2015 Health Status Report focused on substance use and addictions, addressing some of the challenges seen in Yukon. This report will address seniors' health and well-being, with a focus on autonomy and aging in place. Thanks to falling fertility rates and substantial increases in life expectancy, we are an aging population. In fact, the global population aged 60 and over is growing by approximately 3 per cent annually, a rate much faster than all other age groups.<sup>2</sup> Consequently, elder and long-term care is rapidly becoming one of the most formidable healthcare challenges of our day.

The magnitude of this challenge has been realized globally, with the World Health Assembly (the decision-making body

of the World Health Organization) asking the Director-General in 2014 to develop a comprehensive global strategy and action plan on aging and health.

In his book *Being Mortal: Medicine and What Matters in the End*, American surgeon and writer Atul Gawande states “our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one’s story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone’s lives.”<sup>3</sup>

As outlined in this report, Yukon is also experiencing population aging. Thus, taking a comprehensive look at the health and well-being of our seniors, and current strategies for aging in place in our territory, we can start shifting our philosophies and practices to better align with the words of Atul Gawande, and with the wishes and needs of Yukoners.

More than any previous report, we have consulted extensively with Yukon seniors and other stakeholders in developing its content and the recommendations that I end with. We have also benefitted from the Aging in Place public consultations to help gather stories, challenges, and solutions. The Yukon 2018 Health Status Report aims to provide readers with robust materials to broaden discussions and enable decisions towards improving the quality of life of not only our seniors, but all generations of Yukoners.

# Acknowledgements

A report of this magnitude is never the effort of a single individual. As such, I would like to acknowledge and thank several people for their help and contributions.

Sabrina Kinsella, health research analyst for the Department of Health and Social Services, was instrumental in putting together the basis for this report, by gathering information and interpreting data from many different sources and agencies.

The Advisory Committee helped shape the scope and direction of the document. Committee members are: Amy Riske, director of Care and Community; Kelly Cooper, manager of Seniors' Services; Sabrina Kinsella, health research analyst for the Department of Health and Social Services; and Michelle Leach of Michelle Leach Scientific Consulting and Writing.

Thanks to Reagan Gale, Director of Clinical Psychology for reviewing the section on dementia.

Michelle Leach, of Michelle Leach Scientific Consulting and Writing, contributed to the writing and editing of the report, helped me consult with seniors, and gathered the stories found within the report.

Finally, I would also like to thank those who contributed their personal stories to the report, as well as to the many thoughtful citizens, advocates and elders who brought us their observations, insights, and recommendations.

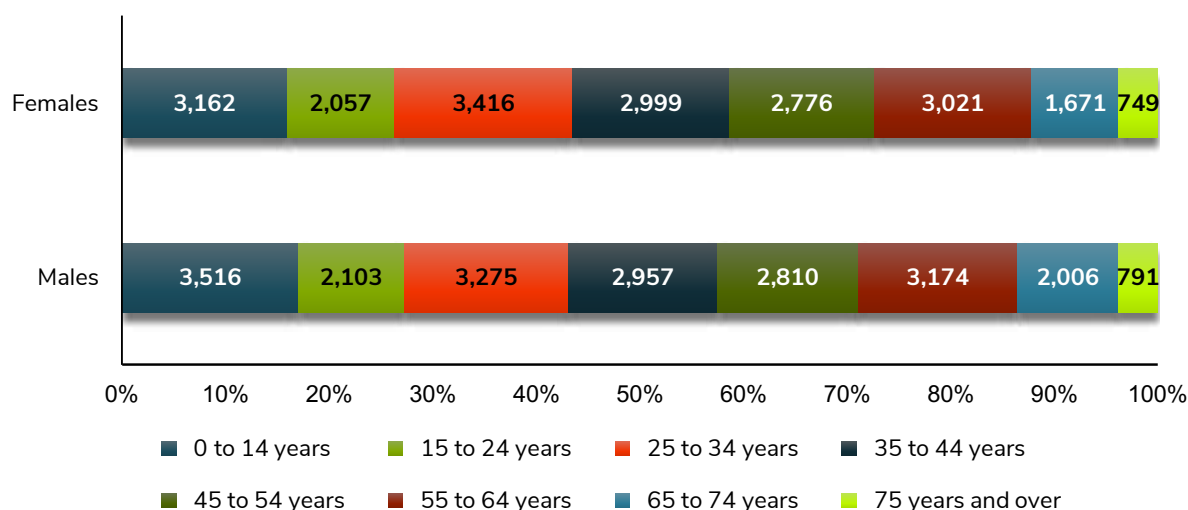


# PART I : Who are we and how are we doing?

## Demographic Overview

The population estimate for Yukon as of June 2018 was 40,483. That is a 2.1 per cent increase from the previous year, and a 6.8 per cent increase from June 2015. The male to female ratio across all ages was estimated at 51 per cent to 49 per cent, but females slightly outnumbered males among those aged 25 to 44. Seniors, who will be discussed in depth in Part II of this report, were the fastest growing group in the last decade.<sup>4</sup> With an average annual growth of 1.6 per cent, the Bureau of Statistics projects that Yukon's population could reach 49,040 by 2030.

**Figure 1:** Population by Age Group and Sex, Yukon, June 2018



Source: Yukon Bureau of Statistics <sup>4</sup>

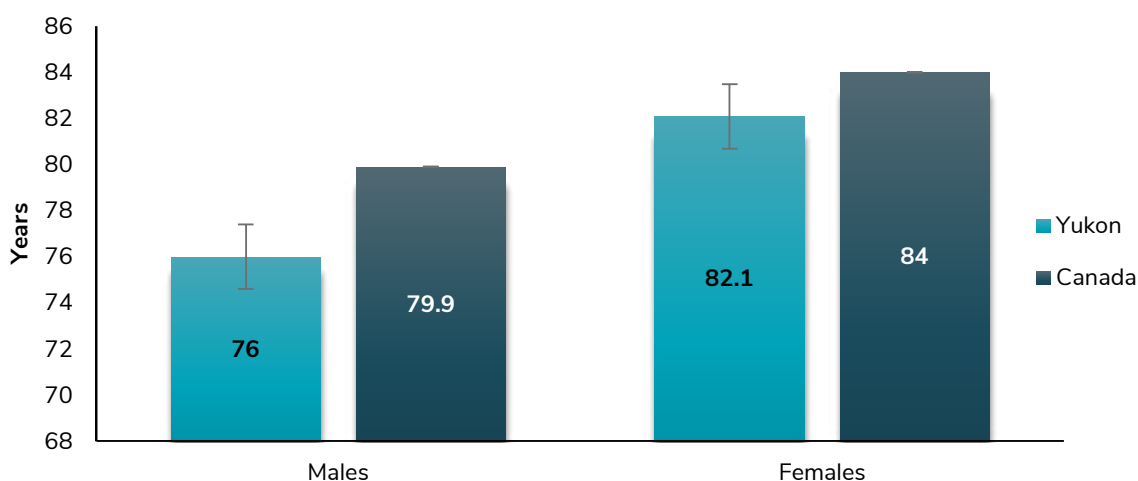
As of 2018, more than three quarters of Yukoners live in the Whitehorse area. The next most populous communities are Dawson, with roughly six per cent of the territorial population, and Watson Lake, with 3.7 per cent. At the other end of the spectrum, Beaver Creek and Burwash Landing each held only 0.3 per cent of the total Yukon population, and Destruction Bay held 0.1 per cent.

## Life Expectancy and Mortality

Life expectancy is the average number of years an individual would be expected to live from birth, provided the current trends in mortality continue over the individual's estimated life span. The average life expectancy of Canadians continues to rise and has now reached 82 years. In Yukon, if current trends in mortality continued, a baby born in 2014–2016 could expect to live an average of 79 years. Slight differences are evident between males and females in Yukon. Females could expect to live an average of 82 years, a three-year increase over the 2009–11 estimates included in the last report, compared to 76 years for males which is only a one-year increase. This difference is not limited to Yukon; globally, males typically have a shorter life expectancy than females.

A general upward trend in life expectancy is occurring both nationally and in Yukon. However, as shown in Figure 2, both males and females in the territory continue to have a lower projected life expectancy at birth compared to the Canadian average. Yukon's higher rates of injury and harmful behaviours such as smoking and problematic substance use are some factors that may influence the gap in life expectancy between Yukon and Canada.

**Figure 2:** Life Expectancy at Birth, 2014-2016 (3 Year Average)



Source: Statistics Canada (2018) <sup>5</sup>

## Mortality

Mortality rates advise us on the frequency and cause of death occurring in a given population or region over a specific reference period. Age-standardizing mortality rates (estimating what the rates would be if the population of a given area had the same age-structure as a given reference population) allows us to compare results between geographies and over time. This removes any bias that might occur in regions that have higher populations of seniors, or youth, for example.

Table 1 shows the last 10 years of age-standardized mortality data in Yukon and Canada. Yukon continues to have a substantially higher age-standardized mortality rate than the national rate, at about 964 per 100,000 in Yukon versus approximately 704 nationally. Due to revisions in the base year for age-standardization and other changes, these results cannot be compared to those that were published in the 2015 Health Status Report. However, a comparison of revised rates for the 10-year period covered in that report (2002 to 2011) indicate that mortality have decreased, both nationally and in Yukon.<sup>6</sup>

**Table 1: Age-standardized Mortality Rates for Top 10 Leading Causes of Death, 2007 to 2016 (10 Year Average)<sup>1</sup>**

	Yukon		Canada	
	Rate per 100,000 population per year	Rank	Rate per 100,000 population per year	Rank
Total - All Causes of Death	964.28		703.67	
Cancer	284.3	1	210.43	1
Heart disease	161.53	2	141.36	2
Chronic lower respiratory diseases	57.35	3	32.28	4
Unintentional injuries	56.82	4	31.55	5
Cerebrovascular diseases	52.41	5	38.61	3
Diabetes mellitus	25.84	6	20.28	6
Alzheimer's disease	17.2	7	17.86	7
Influenza and pneumonia	17.06	8	16.82	8
Chronic liver disease and cirrhosis	16.52	9	8.35	11
Intentional self-harm (suicide)	13.7	10	9.69	9

Source: Statistics Canada (2018)<sup>6</sup>

<sup>1</sup> Age-standardized based on the 2011 national population's age structure.

The leading causes of death were similar between Yukon and Canada, with all but one of the same causes appearing in the top 10 (though the order differed). Cancer was again the most common cause of death in Yukon and Canada, and Yukon's cancer mortality rate continued to be higher than the national. Chronic lower respiratory diseases ranked third in Yukon, while it was fourth nationally. This may be related to our historically higher smoking rate. Chronic liver disease and cirrhosis showed a stark difference, with Yukoners almost twice as likely to die due to this between 2007 and 2016, compared to Canadians overall.

Reviewing the mortality rate by sex, shown in Table 2, highlights that Yukon males' average mortality rate was 1.5 times greater than females between 2007 and 2016 (1192 for males, but only 773 for females). The top causes of death also differed between the sexes, with mortality rates associated with heart disease, chronic lower respiratory diseases, influenza and chronic liver disease/cirrhosis being roughly double for males what they were for females in Yukon. On the other hand, sepsis was the only cause of death among the top ten for females that did not appear on the list for males, and intentional self-harm (suicide) was the eighth ranked cause of death for Yukon males while it was 13th for females.

**Table 2: Age-standardized Mortality Rates for Top 10 Leading Causes of Death for Males and Females, 2007 to 2016 (10 Year Average)<sup>2</sup>**

	Females		Males	
	Rate per 100,000 population per year	Rank	Rate per 100,000 population per year	Rank
Total - All Causes of Death	772.9		1192.03	
Cancer	245.62	1	332.01	1
Diseases of heart	99.04	2	236.56	2
Cerebrovascular diseases	51.93	3	51.94	5
Accidents (unintentional injuries)	47.49	4	65.72	4
Chronic lower respiratory diseases	39.96	5	80.1	3
Diabetes mellitus	19.51	6	33.51	6
Alzheimer's disease	16.4	7	17.55	10
Influenza and pneumonia	12.97	8	24.68	7
Chronic liver disease and cirrhosis	11.05	9	21.51	9
Sepsis	10.19	10	15.84	11

Source: Statistics Canada (2018)<sup>6</sup>

<sup>2</sup> Age-standardized based on the 2011 national population's age structure.

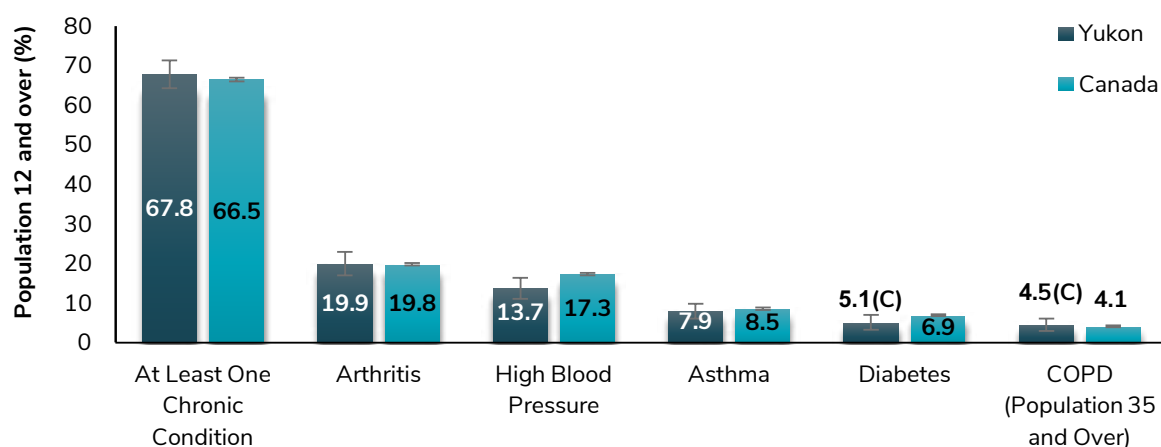
## Chronic Conditions

Chronic conditions, such as diabetes, arthritis and asthma are an ongoing and growing reality for the Canadian population, with prevention, treatment and management being the focus of multiple efforts among governments and other stakeholders. Chronic conditions may be permanent injuries or illnesses for which management and prevention of exacerbation are the primary goals, or temporary but long-term illnesses or injuries from which full recovery may be eventually possible. Either way, they impact quality of life and functioning, productivity, and are a demand on health services. Thus, monitoring their prevalence helps us understand current and potential future needs and pressures for health services.

Figure 3 shows the percent of people living with common chronic conditions in Yukon and Canada, derived from the 2015–2016 Canadian Community Health Survey (CCHS). Like Canada, two thirds of Yukoners aged 12 and over reported having at least one chronic condition.

Arthritis and back problems were prevalent as well, with about one fifth of both Yukoners and Canadians reporting these conditions. Next most commonly reported was high blood pressure, which was significantly more common nationally than in Yukon. The chronic conditions presented below are not all top ranking but were selected as relevant to current interests and initiatives. Most common was joint pain lasting three or more months, reported by more than 40 per cent of Yukoners aged 12 and over, and 36 per cent of Canadians. Asthma was less prevalent than migraines or mood disorders and osteoporosis and sleep apnea were more prevalent than diabetes.

**Figure 3: Percent of Population Reporting Selected Chronic Conditions<sup>3</sup>, 2015/16**



Source: Statistics Canada (2018)<sup>7</sup>

## Treating and Managing Chronic Conditions

Many chronic conditions involve regular care from health care providers for symptom and medication management. In some instances, surgery and other medical interventions are required. Effective and appropriate levels of primary care can help individuals with chronic conditions maintain an optimal quality of life, preventing potentially adverse events associated with symptom or medication mismanagement.

The data below provide an indication of the care needs and demands associated with hypertension, diabetes, COPD (chronic obstructive pulmonary disease); ischemic heart disease and heart failure. For these conditions alone, an average of more than 7,000 patients made nearly 19,000 visits to physician clinics in Yukon each year from 2013–14 to 2017–18.

3 “At least one chronic condition” includes respondents who reported having one or more of the following conditions: Joint pain lasting 3 or more months; Asthma; COPD; Sleep Apnea; Scoliosis; Fibromyalgia; Arthritis; Back Problems; Osteoporosis; High Blood Pressure; Heart Disease; Effects of a Stroke; Diabetes; Cancer; Migraines; Alzheimer’s/dementia; Chronic Fatigue; Multiple Chemical Sensitivities; Mood disorder or Anxiety. Other Chronic Conditions were not included in the 2015/16 cycle of the Canadian Community Health Survey, so individuals presenting with those other conditions, but with none of the conditions listed here, would not be included in this rate.

**Table 3:** Average Number of Physician Clinic Patients and Visits for Selected Chronic Conditions, 2013/14 to 2017/18

	Number of Patients	Number of Visits	Visits per patient
<b>Total</b>	7,220	18,830	2.6
<b>Hypertension</b>	3,700	7,870	2.1
<b>Diabetes</b>	1,970	6,130	3.1
<b>COPD</b>	670	1,890	2.8
<b>Ischemic Heart Disease</b>	620	1,770	2.9
<b>Heart failure</b>	260	1,170	4.5

**Source:** Yukon Health and Social Services (2018) <sup>8</sup>

In addition to physician care, the ongoing work of the Chronic Conditions Support Program and addressing acute needs at the Yukon hospitals, Yukon continues to explore new and innovative ways to support individuals with chronic conditions:

- Territorial Health Investment Funding has supported time-limited piloting of Home Health Monitoring for individuals with COPD
- Spirometry (screening for COPD) has expanded to Dawson, to complement services provided in Whitehorse
- Wound care staff training; adoption of best practices
- Updates and improvements to the Chronic Disease Management Toolkit
- Piloted support of continuous glucose monitoring for patients with type 1 diabetes

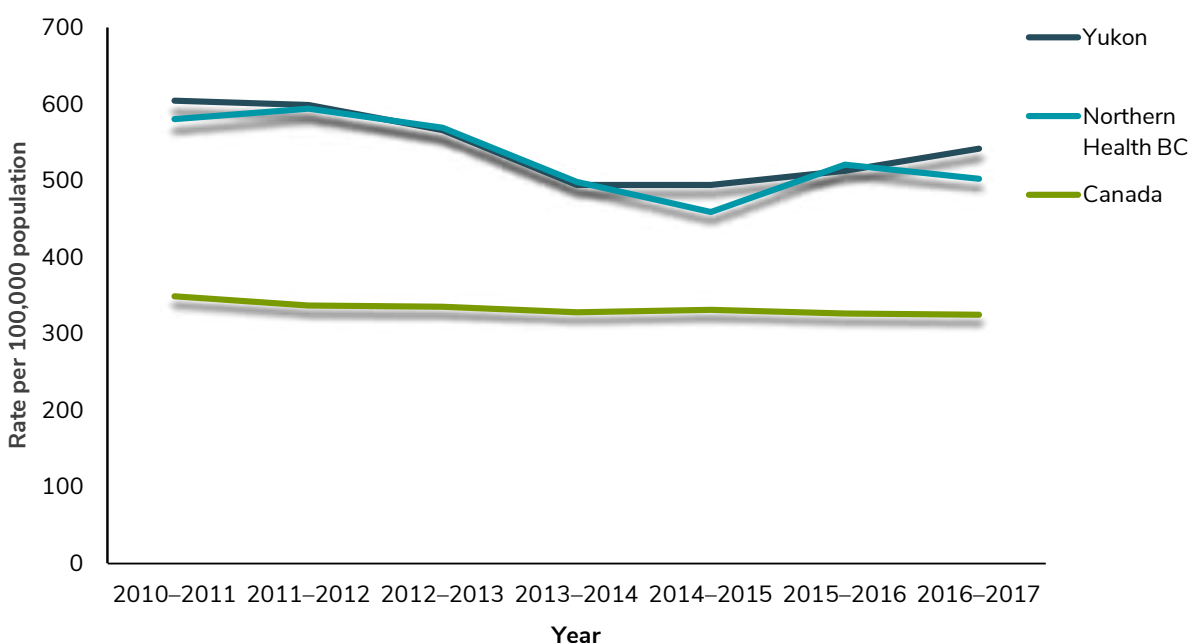
Evaluative work and continued monitoring of acute events and other indicators related to these conditions will inform our understanding of the effectiveness of these initiatives going forward.

## Potentially Preventable Hospitalizations

The success of the Yukon Chronic Conditions Support Program for treating and managing chronic conditions can be assessed through the Ambulatory Care Sensitive Conditions (ACSC) rate. This provides an indication of the number of hospitalizations that could have been managed in the community through ‘ambulatory’ or outpatient care, such as primary care; preventative care; therapeutic and rehabilitative services and more. Relevant conditions include: Grand mal status / other epileptic convulsions; COPD; Asthma; Diabetes; Heart failure / pulmonary edema; Hypertension and Angina.

Figure 4 indicates that the rate of potentially preventable hospitalizations defined on these terms has not significantly changed since 2010–11. Over that time frame, Yukon’s ACSC rate has been consistently higher than Canada’s, seeing 542 hospitalizations per 100,000 in 2016/2017 compared to Canada’s 325 per 100,000 in 2016–17. Regions that are more rural in nature typically have higher rates than urban areas or the national average. For example, Northern Health BC had a rate of 502 in 2016–17 and followed a similar pattern to Yukon. The reasons for these regional variations are unclear, though access to primary care as well as outpatient or community services may be more challenging for those living in more isolated areas.<sup>9</sup>

**Figure 4:** Age-Standardized Ambulatory Care Sensitive Conditions (ACSC) Rate 2010- 2017



Source: Canadian Institute for Health Information (2018) <sup>10</sup>



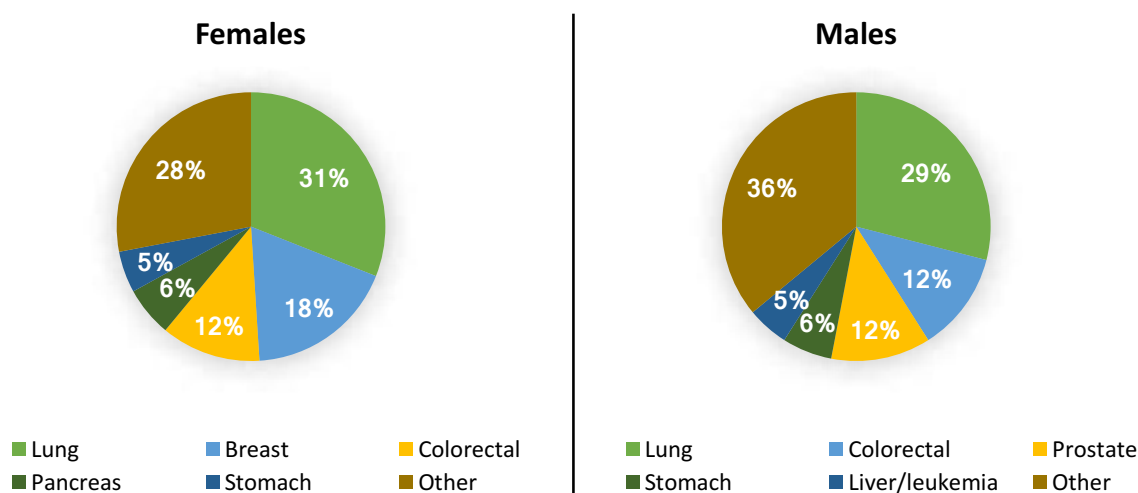
## Cancer

Highlighted in the mortality statistics, and in a 2017 report on cancer mortality trends in Yukon, cancer is the leading cause of death in Yukon and Canada. From 2008 to 2012, cancer was responsible for 32 per cent of deaths in Yukon.

### Cancer Mortality

Figure 5 illustrates that lung cancer contributed to the highest number of deaths in Yukon, for both males and females. Breast cancer was the second most common cause of death among cancers for females, while colorectal cancer was second for males in Yukon. While there were similarities with the national cancer deaths by site, stomach cancer was a more prominent cause of death in the territory than nationally.<sup>11</sup>

**Figure 5:** Percent of Cancer Deaths by Major Cancers, 2009-2013



**Source:** Office of the Yukon Chief Medical Officer of Health (2017)<sup>11</sup>

### Cancer Incidence

A detailed cancer report from this office will be published in the spring of 2019 shortly after the release of this report. The Yukon Cancer Incidence report will examine in detail trends in cancer in Yukon versus Canada.

Recent data show that although lung cancer caused the highest mortality rate for both males and females, it was not the most common cancer. Breast cancer was most commonly diagnosed in Yukon women from 2011 to 2015, accounting for over one third of total cases in that period. Colorectal and lung cancers followed, each accounting for over 10 per cent of new cases. Among males, prostate cancers comprised roughly one fifth of new cases, followed by colorectal and lung cancers.

## **Communicable Disease**

Communicable diseases are infectious diseases caused by microorganisms (bacteria, viruses, parasites, fungi) that can be transmitted from person to person, or from an insect, animal or the environment (such as water) to a person. Immunizations protect us from some of the serious infectious diseases such as measles, tetanus and influenza; whereas practising good hand and food hygiene, as well as observing safe sexual practices, will protect us from many others.

Yukon Communicable Disease Control (YCDC) monitors the incidence of communicable or infectious diseases that are deemed significant to public health. This includes communicable diseases that require special control measures, spread rapidly, have severe consequences, or are of public health interest in relation to other factors (such as waterborne illness and environmental factors). This allows us to rapidly detect outbreaks, as well as plan, implement and improve on preventative measures, such as vaccinations, education, hygiene campaigns and regulations, provision of sexual health supplies and information.

## **Reportable Diseases Transmitted by Direct Contact and Respiratory Routes**

Respiratory diseases that spread by direct contact (person-to-person or with contaminated surfaces), or through the air, include the common cold, influenza (flu), pneumonia, strep throat and Respiratory Syncytial Virus (RSV).

### **Seasonal Respiratory Illnesses**

Influenza and RSV typically follow a seasonal pattern, with most illnesses occurring in late fall through spring. Influenza is the most common reported respiratory infection in Yukon, followed by RSV, which often shows up as it is routinely tested for when testing for influenza.

### **Non-Seasonal Respiratory Illnesses**

Group A streptococcal disease includes illnesses such as strep throat, scarlet fever, necrotizing fasciitis and impetigo. Serious illnesses from these bacteria, commonly found on the skin and throat, are rare, with milder illnesses such as strep throat being more typical. Non-invasive Group A streptococcal infections are not reportable in Yukon: however, an increase in these infections was noted from October 2015 to March 2016. As such, the five-year incidence rate from 2013–2017 for Group A streptococcal infections was 5.9 per 100,000 population.<sup>12,13</sup>

Tuberculosis (TB), another reportable non-seasonal respiratory illness, has presented at more than double the national rate in Yukon (8.5 cases per 100,000 population) over the last five years (2013–2017). The highest rates of TB in Yukon occur within the Canadian-born Indigenous population, consistent with the epidemiology of TB in Canada's North. Genomic TB epidemiology suggests three distinct TB clusters occurring within Yukon and affecting specific rural communities. Cases of TB in Yukon have generally been associated with more advanced disease compared to other Canadian regions, suggesting that there are opportunities to encourage earlier diagnosis. However, treatment completion is high. Yukon continues to be committed to promoting early diagnosis of active TB disease, with use of consistent, effective and directly observed treatment regimens, and ongoing emphasis on identification and treatment of latent TB infections.

## Diseases Preventable by Immunization

Over the years, teams of scientists have generated vaccines against some of the deadliest diseases, including measles, polio, pertussis (whooping cough), mumps, rubella and *Haemophilus influenza* type b (Hib). Immunizations offered throughout childhood protect individuals and the population from these highly infectious diseases. Canada aims for 95 per cent or higher coverage for all childhood vaccines associated with the illnesses in Table 4 to protect the population at a community level.<sup>14</sup>

**Table 4:** Incidence Rate per 100,000 Population of Select Vaccine Preventable Diseases, Yukon 2007–2017

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Measles</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Mumps</b>	0.0	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Rubella</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Hib</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Pertussis</b>	3.1	0.0	0.0	0.0	0.0	163.6	11.0	0.0	8.0	5.3	231.4

**Source:** Yukon Communicable Disease Control (2018)  
Public Health Agency of Canada (2018)<sup>12,13</sup>

Measles outbreaks in North America and Europe have received significant media attention, often being associated with lower immunization rates. In Yukon, there have been no cases of measles, rubella or Hib reported in the past 10 years, but we have seen outbreaks of pertussis in 2012 and 2017 (see Table 4). Consequently, our average rate is more than three times the national rate. Similar to the national picture, pertussis appears to follow a cyclical pattern with peaks in activity occurring every two to five years. A total of 89 cases were reported during the most recent 2017 pertussis outbreak, primarily affecting children five to 14 years of age (51 per cent of all cases). There were no hospitalizations or related deaths reported in this outbreak. In North America, as well as in our experience, pertussis outbreaks have been linked to vaccine status not being up to date, though the waning effect of childhood vaccines was also implicated in the recent outbreak.<sup>15,16</sup>

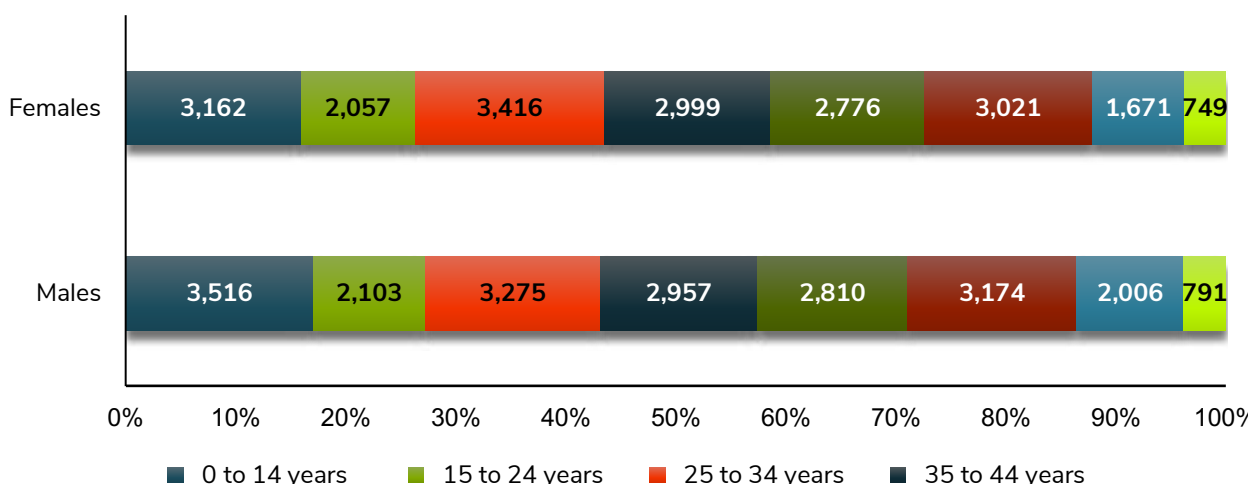
## Enteric, Food and Waterborne Diseases

Enteric diseases may be contracted from contaminated food or water, from animals or their environments, or from contact with the feces of an infected person. Practicing good hand hygiene and food preparation practices can decrease transmission of these diseases.

Figure 6 depicts the rates of common enteric diseases found in Yukon from 2013–2017. Giardia infection (giardiasis) was the most common infection with an average incidence rate of 32.6 per 100,000 population. Most cases of giardiasis in Yukon were associated with drinking untreated or unsafe drinking water – such as from lakes or streams – perhaps linked to recreational and traditional activities that take place in remote or rural areas.<sup>17</sup> Following giardia is salmonellosis, with a five-year average incidence rate of 17.1 per 100,000 population.

Nationally, salmonellosis is the most commonly reported enteric illness. Multiple salmonellosis outbreaks through much of 2017 and 2018 have been linked to frozen, raw breaded chicken products and have affected hundreds of individuals, including confirmed cases in Yukon. Linked products were recalled nationally, and public health education about safe food preparation was provided to the public.

**Figure 6:** Incidence Rate of Selected Food and Water-borne Diseases, Yukon 2013–2017



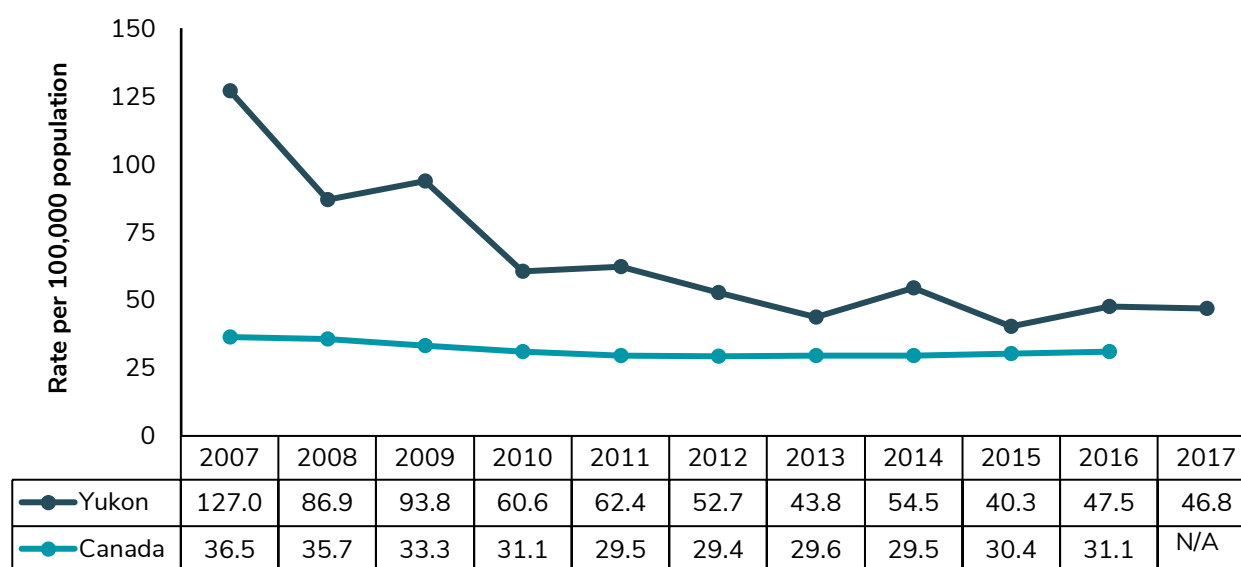
**Source:** Yukon Communicable Disease Control (2018) Public Health Agency of Canada (2018)<sup>12,13</sup>

## Sexually Transmitted and Blood-Borne Infections (STBBIs)

Sexually transmitted and blood borne infections are diseases spread from one person to another through blood or body fluids (semen, vaginal fluid, saliva). These include diseases such as chlamydia, gonorrhea, infectious syphilis, hepatitis C virus (HCV), and human immune deficiency virus (HIV). Preventing the transmission of STBBIs can be achieved in several ways: adherence to safer sexual practices; limiting the number of sexual partners; and getting regular check-ups with testing for STIs.

Figure 7 shows the infection rates of chlamydia, gonorrhea and syphilis. Chlamydia represents the most common reportable sexually transmitted infection (STI) in Yukon, with an incidence rate of 780.1 per 100,000 population in 2017, double the national rate. Young adults aged 15-29 made up the largest proportion (82 per cent) of cases reported between 2013 and 2017. Gonorrhea is the second most commonly reported STI in Yukon, with a significant increase in incidence rates from 27.5 to 200.2 per 100,000 population from 2013 to 2017. An outbreak was declared in 2015, and counts have yet to return to pre-outbreak levels, suggesting that this pattern may become the “new normal” in Yukon. During the 2015 outbreak, females (65.5 per cent of all cases) and those aged 15 to 24 years old (65.6 per cent of all cases) made up most cases.

**Figure 7:** Incidence Rate per 100,000 of Selected Sexually Transmitted Infections, Yukon 2007-2017



Source: Yukon Communicable Disease Control (2018) Public Health Agency of Canada (2018) <sup>12,13</sup>

Overall, between 2013 and 2017, gonorrhea cases were highest among 20 to 39-year olds who self-identified as heterosexual, with males accounting for 43.2 per cent of cases and females 56.8 per cent. Antibiotic resistance to first-line treatment has not yet been identified among Yukon gonorrhea cases where resistance was tested.

Syphilis is an STI with four stages that vary in clinical presentation. Infectious syphilis refers to the first three stages, where an individual is considered infectious. In Yukon, the incidence of infectious syphilis remains relatively low (five-year average 1.0 per 100,000) despite a significant increase of new cases in Canada. Nationally from 2010 to 2015, the incidence has increased by nearly 85.6 per cent from 5.0 to 9.3 cases per 100,000 population.<sup>18</sup> During this period, rates were highest in Nunavut, British Columbia and Manitoba, and were identified primarily in men having sex with men (MSM).<sup>18</sup>

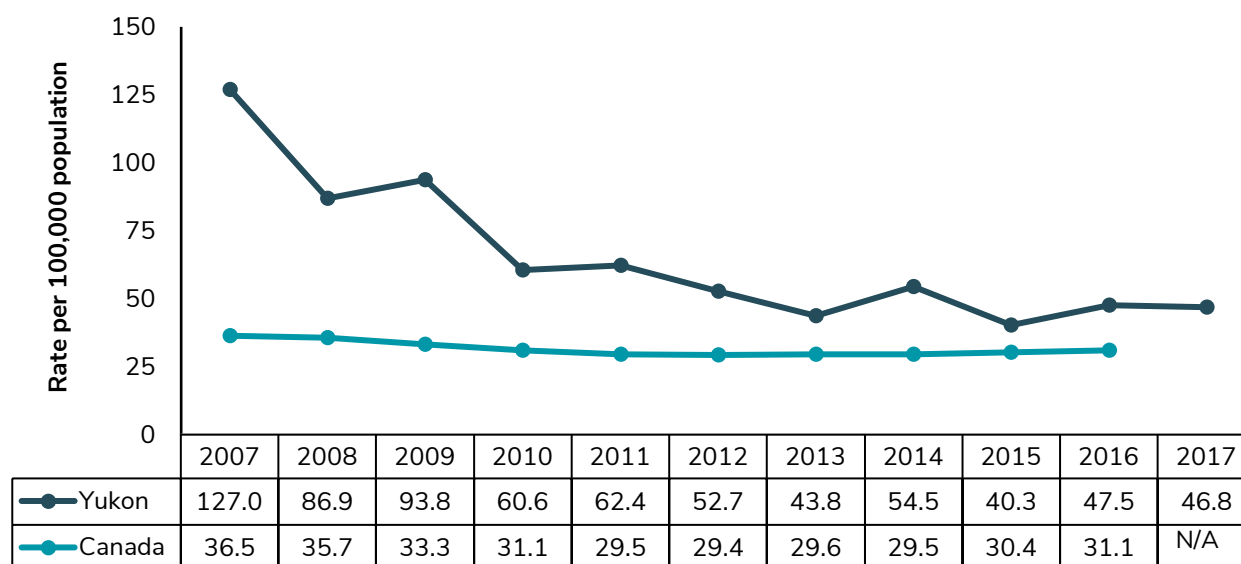
## **Hepatitis C Virus**

Hepatitis C virus (HCV) is primarily transmitted through blood-to-blood contact, and can cause both acute and chronic infection with varying clinical manifestations. Once infected, antibodies to HCV are produced and persist for life even if the infection has resolved either spontaneously or as a result of successful treatment. The Public Health Agency Canada estimates 25 per cent of those infected will clear the virus spontaneously within six months of infection without treatment.<sup>19</sup> Reporting of HCV cases is based on antibody testing, which does not distinguish between active “current” and resolved “past” HCV infections.

In Yukon there was a substantial decrease in antibody-positive incidence rates of HCV from 2007 to 2017. Most Hepatitis C cases are related to remote infections, with very low numbers of recently infected cases. Males represented the largest proportion of newly reported cases and were found to be older (median age 48.0 vs 39.5 years) than female cases at time of diagnosis.

Consistent with the epidemiologic data from the U.S. and Canada, baby boomers (born 1946-1965) made up the largest proportion of HCV cases in Yukon. Injection drug use, often in the distant past, is the most common risk factor.<sup>17</sup>

**Figure 7:** Incidence Rate of Newly Reported HCV Cases (antibody-positive) in Yukon and Canada, 2007-2017<sup>4</sup>



**Source:** Yukon Communicable Disease Control (2018) Public Health Agency of Canada (2018) <sup>12,13</sup>

## Human Immune Deficiency Virus (HIV)

The incidence of HIV in Yukon has remained relatively low over the last five years (2013–2017). The five-year (2013–17) average incidence rate for HIV was 4.8 per 100,000 population.

## Injuries

Yukon has a lower life expectancy than Canada as a whole. This may in part be due to our injury rates which, as the fourth leading cause of death for Yukoners over the past decade, are significantly higher than national rates. Table 5 reveals 221 deaths occurred by injury in Yukon between 2007 and 2016. Intentional self-injury (suicide) was the most common injury related death, at nearly 22 per cent of the total. This was closely followed by motor vehicle accidents, at 21 per cent. Accidental poisoning and exposure to noxious substances, including opioid and other drug overdoses, accounted for 18 per cent of the total.

<sup>4</sup> N/A – data not available



**Table 5: Injury Mortality by Grouped Causes of Death, Yukon, 2007 to 2016.**

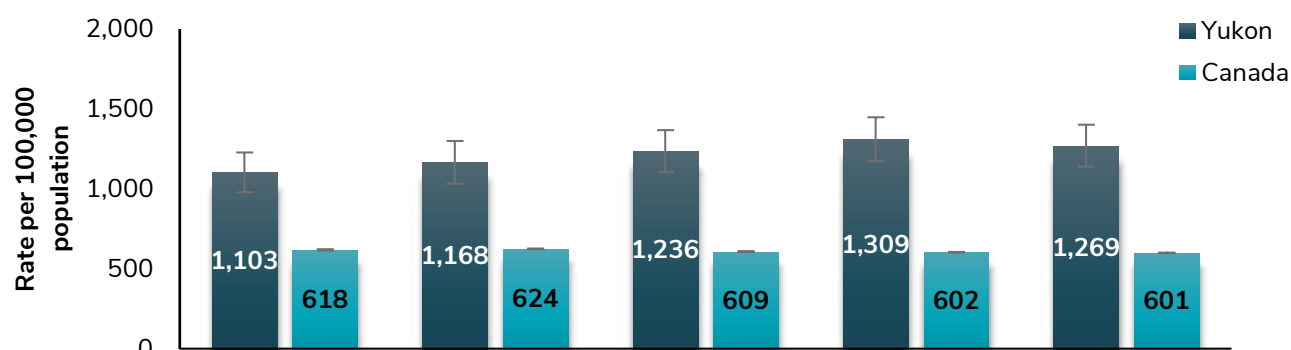
Grouped Cause of Death	Number	Percent of Injury Deaths
<b>Total - Deaths due to Injury</b>	<b>221</b>	<b>100</b>
<b>Accidents</b>	<b>163</b>	73.8
- Motor Vehicle accidents	46	20.8
- Other transport accidents	10	4.5
- Falls	23	10.4
- Accidental poisoning and exposure to noxious substances	40	18.1
- Other accidental injuries*	44	19.9
<b>Intentional injuries</b>	<b>58</b>	26.2
- Assault (homicide)	10	4.5
- Intentional self-injury (suicide)	48	21.7

Source: Statistics Canada (2018) <sup>20</sup>

\*Deaths include: exposure; drowning; suffocation and choking; deaths due to fire; and others.

The prevalence and impact of injuries in Yukon is also evident from hospital data, with injury hospitalization rates in Yukon being double the national rates for several years in a row, seen in Figure 8. Falls accounted for nearly half of the injury hospitalizations reported in 2016–17 in Yukon, with intentional self-injury (including attempted suicide) being next most common. Nationally, falls were even more prevalent among injury hospitalizations, accounting for 58 per cent of the total. Self-injury was again the second most common cause nationally.

**Figure 8: Age-Standardized Injury Hospitalization Rates Yukon and Canada, 2012/13 - 2016/17**



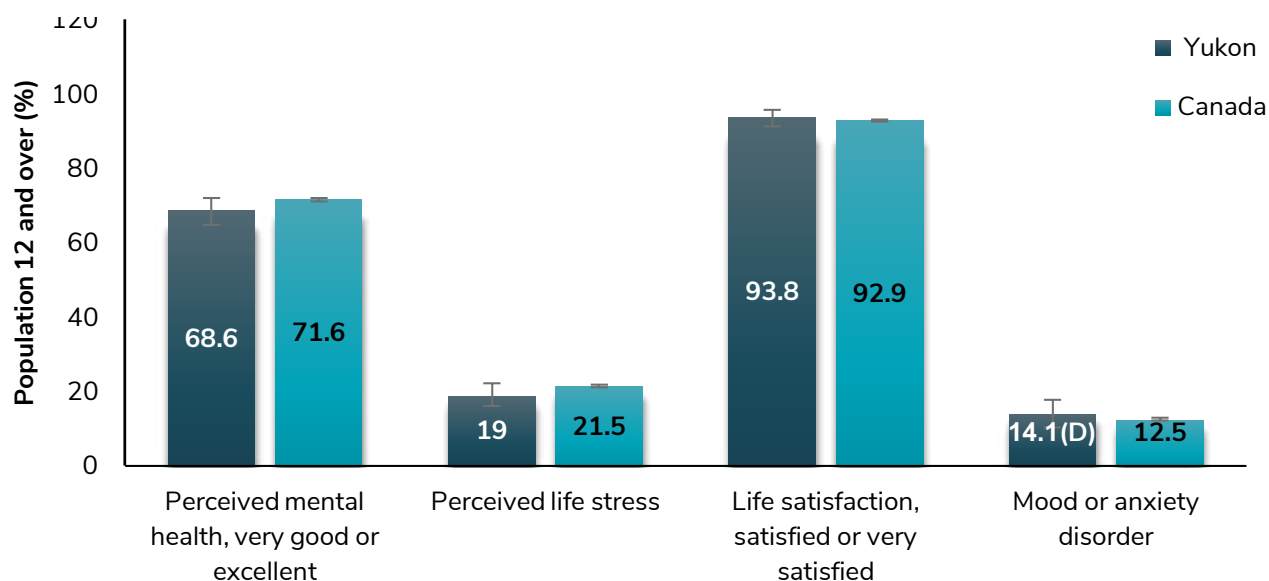
Source: Canadian Institute for Health Information (2018) <sup>21</sup>

## Mental Well-Being

It adopts different meanings to everyone. For some people, mental well-being might be the notion of happiness; others may interpret it as the absence of mental illness. It is a continuum that affects our everyday life, from day-to-day stress, to work productivity, to friendships and relationships. Figure 9 shows us that Yukoners aged 12 and over felt relatively mentally well in 2015–16, with an estimated 69 per cent reported having very good or excellent mental health, similar to the national rate of about 72 per cent.

About one fifth of Yukoners reported experiencing “quite a bit or extreme levels of stress” on most days, again, paralleling the nationally reported levels of life stress. Despite this life stress, more than nine in 10 Yukoners were satisfied or very satisfied with life. However, while there are some data quality concerns for the Yukon estimate, survey data suggest that roughly 14 per cent of Yukoners had a mood and/or anxiety disorder, similar to the national estimate of 12.5 per cent.

**Figure 9: Self-Reported Mental Wellness and Related Characteristics, 2015/16**



Source: Statistics Canada (2018) <sup>7 22</sup>

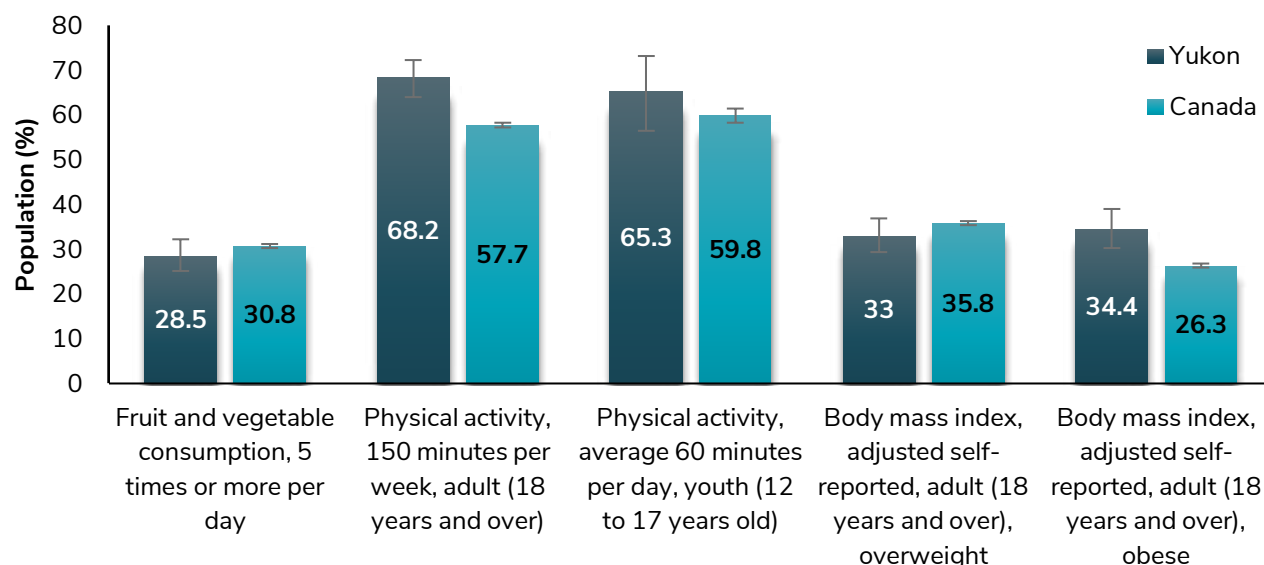
## Healthy Living and Prevention

In addition to our genetics, life circumstances and environment, the choices we make as individuals contribute to our health and well-being. These have potentially cumulative impacts on our ability to function into adulthood and beyond, due to our resulting risk of illness, injury and other potentially limiting conditions.

### Diet, Physical Activity and Weight

Our diet, activity levels and weight can influence our current and future physical and mental well-being. A healthy diet consists of a variety of food groups as recommended by Canada's Food Guide. Fruit and vegetables should make up a significant part of our daily diets, but we know that not many of us are getting our recommended intake. Figure 10 indicates that in 2015–16, only 28.5 per cent of Yukoners aged 12 and over were consuming fruits and vegetables five or more times daily, similar to the 30 per cent nationally.

**Figure 10: Self-Reported Health Behaviours and Overweight/Obesity Status, 2015/16**



Source: Statistics Canada (2018) <sup>22</sup>

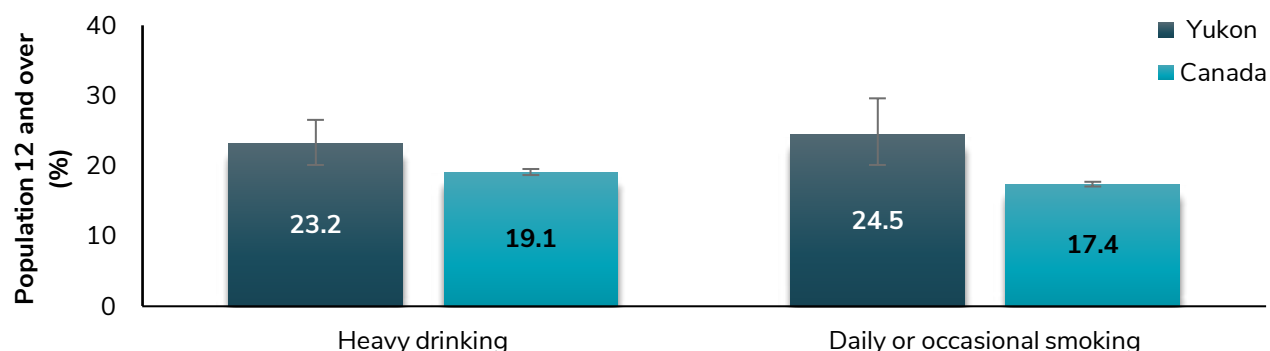
Yukon's access to the outdoors and numerous recreational facilities provides ample opportunity for physical activity. It may not be surprising, therefore, that Yukoners continually report higher than national levels of physical activity, with more than two thirds of adults and nearly two thirds of youth (aged 12 to 17) meeting the recommended activity levels in 2015–16. Despite this, a third of us are not meeting these

recommendations, increasing the risk of being overweight and obese. This is reflected in Figure 10, with one third of adults identifying as overweight (based on self-reported height and weight) and another third as obese. (The latter was a significant increase over the 2013–14 rate, though cautions in comparing cycles apply here. The 2017–18 results may help determine if this was a statistical blip or reflects a true shift in obesity levels.)

## Tobacco, Alcohol and Other Substances

The 2015 Health Status Report took an in-depth look at substance use in Yukon. Tobacco, alcohol and drugs – including street drugs or the illegitimate use of prescription drugs – all fall under the umbrella term of substance use. Whether used once or frequently, these products are potentially addictive and can have severe consequences if used in excess. Figure 11 reveals that during 2015–2016, nearly one quarter of Yukoners aged 12 and over admitted heavy drinking<sup>5</sup> at least monthly, with a similar share reporting daily or occasional smoking. This compares to less than one fifth of our Canadian counterparts.

**Figure 11:** Self-Reported Heavy Drinking or Daily or Occasional Smoking, 2015/16

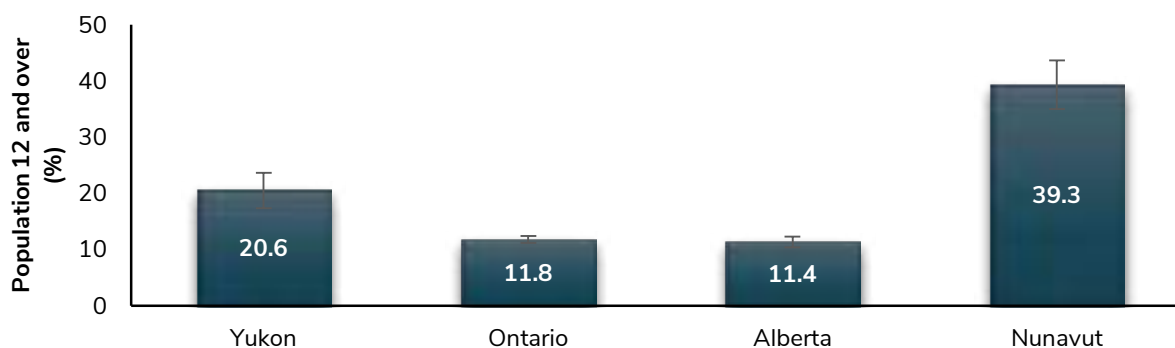


Source: Statistics Canada (2018)<sup>22</sup>

The 2015–16 survey included optional content on drug use for four jurisdictions. Nearly 60 per cent of Yukoners reported using cannabis at some point in their life, substantially more than those in Alberta (42 per cent) or Ontario (38 per cent), although lower than in Nunavut, where lifetime consumption was reported by 71 per cent. Figure 12 looks at past year cannabis use, which will likely be more indicative of frequent cannabis users. In this instance, one-fifth of Yukoners admitted using cannabis, compared to approximately one-tenth in Alberta and Ontario. With the recent legalization of non-medical cannabis, we will be monitoring closely to see if these rates change.

<sup>5</sup> Estimated based on exceeding four drinks in a sitting for women, or five for men.

**Figure 12: Self-Reported Cannabis Use in Past 12 Months, Selected Jurisdictions, 2015/16**

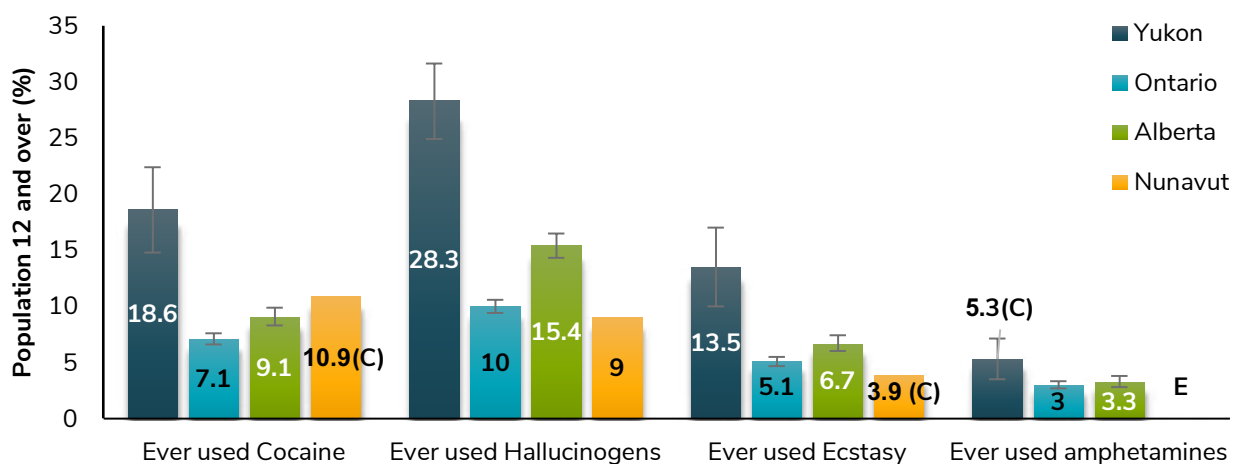


Source: Statistics Canada (2018) <sup>23</sup>

With respect to other substances, Yukoners were significantly more likely to report ever having used cocaine, hallucinogens or ecstasy than their counterparts in Ontario, Alberta and Nunavut. Figure 13 illustrates that more than one quarter of Yukoners aged 12 and over reported using hallucinogens, and nearly one fifth reported using cocaine at some point in their life.

Rates of gas, glue, solvent and injection drug use were low, although issues with data quality were noted for Yukon. Given the number of opioid-related deaths and overdoses that have occurred since 2016 in the territory, our office continues to work with the Yukon government to develop special initiatives as outlined in Yukon's Opioid Action Plan.

**Figure 13: Self-Reported Use of Other Drugs, Selected Jurisdictions, 2015/16<sup>6</sup>**



Source: Statistics Canada (2018) <sup>24</sup>

6 Caution advised in relying on these reported estimates.

It is important to note that, as with other illegal behaviours, there may be challenges in obtaining full and accurate responses from respondents. In addition, the survey methods may implicitly exclude the most vulnerable populations – people who are homeless, living in shelters or other institutional dwellings, or who are otherwise difficult to reach. While these individuals may represent a small share of our total population, they may represent a significant share of problematic substance use in the territory.

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## Screening for Disease Prevention and Management

As we age, we are at risk of developing chronic and acute illnesses, including diabetes, high blood pressure and cancer. Health screening can catch early forms of disease before symptoms arise, with effective treatment resulting in the prevention of more serious illness. Over the longer term, we aim to reduce premature deaths related to preventable and treatable diseases; access to effective screening is one component of this effort.

### Cancer Screening

In the last Health Status Report we noted that our cancer screening rates were similar to national rates, though specific sub-populations, including rural and remote populations, may be under-screened if local patterns echo studies from elsewhere.<sup>17</sup>

Although updated data for cancer screening are not available at this time, Yukoners have access to a number of cancer screens. These include: bi-yearly mammograms for the detection of breast cancer in women aged 50-74 with no family history of breast cancer; Pap smears for adult women every three years from the age of 25 for the detection of cervical cancer; and bi-yearly stool testing for all adults 50 and older for colorectal cancer.

Since the last report was issued, the ColonCheck program was introduced across Yukon. Colon cancer has been identified as one of the leading causes of cancer deaths in Yukon, and early detection contributes significantly to effective treatment.<sup>25</sup> A separate report on Yukon's ColonCheck program will be released through this office after the completion of the second year of operation.

### Spirometry

Spirometry measures how well you breathe, and is used in the detection of asthma, chronic obstructive pulmonary disease (COPD) and other conditions.

Given our high historical rate of smoking in Yukon we would anticipate that many adults would be potential candidates for spirometry testing. For example, smokers and former smokers aged 40 and older who have specific respiratory symptoms can be screened for COPD. Survey data suggest that more than one quarter of Yukoners aged 12 and over had received spirometry testing as of 2015–16.<sup>26</sup> Improved access to spirometry testing in Yukon has been an aim of recent activities, and future data may reveal whether this results in a detectable change in the population level screening rate.<sup>27</sup>

# **PART II: Focus on the Health and Well-Being of Yukon Seniors**

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## **Introduction**

The rise in human life expectancy is arguably the most significant demographic change of the 20th century. Worldwide, we are an aging population, with people now living an average of 71.4 years. Our increased life expectancy is mostly the result of improved survival at younger ages due to vaccines, antibiotics and access to healthcare, as well as improvements in sanitation, housing, education, and nutrition. 28 Falling fertility rates also influence the age curve towards an older population.

As a result of this change, there is an increasing need to reflect on what it means to be well as we age – longevity is not our only goal. Most people seek a good quality of life as they age, without being hampered by failing health and dependency. We must therefore ask ourselves how we as individuals and as a society can support the well-being of seniors. What are the most effective and appropriate community structures, services and supports to enable the best quality of life for older populations?

In Canada, discussions about this issue have been occurring at national and regional levels for some time now. Here in Yukon there are a number of programs and initiatives that aim to address and support seniors' quality of life. Nevertheless, a thorough review and discussion of seniors' well-being in the Yukon context is timely and needed, and will offer a robust foundation for ongoing work.

## **Seniors: Who are we talking about?**

Language is important when it comes to aging. How we describe and label older members of society reflects our vision of their capabilities and contributions. In this report, we strive to use positive terminology that recognizes the strength and wisdom associated with chronological age. Although use of the term “seniors” is declining, it is still the most commonly used term to reference government programs, benefits and discounts. Consequently, we will continue to use the term “seniors” throughout this report but recognize that the term itself is linked only to age, and not to one's abilities. When referencing First Nations people, the term elder will be used.



Whether one feels ‘senior’ as one reaches an identified threshold may vary based on the mechanisms of aging, life experiences, health status, and preconceptions about what it means to be within this demographic. Consequently, the age at which one becomes a ‘senior’ is not universally agreed upon. In some instances, seniors’ discounts may be offered at 55 years, while most government benefits for seniors are targeted at those aged 65 and over. For the purposes of defining the scope of this report, we will primarily rely on the most commonly used threshold of aged 65 and over. Limitations on available data sources may result in some variation in this cut-off throughout the report. Additionally, where enough data is available, we may look at subsets of older populations, in recognition of the fact that, at the population level, 65-year olds may have very different needs and health outcomes compared to those aged 85 and over.

## Ageism

Older people are often stereotyped as frail, out of touch, and burdensome, whereas most live independently and contribute meaningfully to their communities as they age. Independence is only one aspect of positive aging. Those who require more support may in return offer their wisdom, the insight that comes with experience, companionship, and more. Ageism that minimizes the value of older people may result in systems and structures designed around young and/or fully functional persons, limiting the ability of those with accommodation needs to participate and contribute to society and community. This increases the risk of further deterioration due to social isolation, limited opportunities for employment, challenges in accessing supports and services and more.<sup>29</sup>

### Going Deeper: Ageism

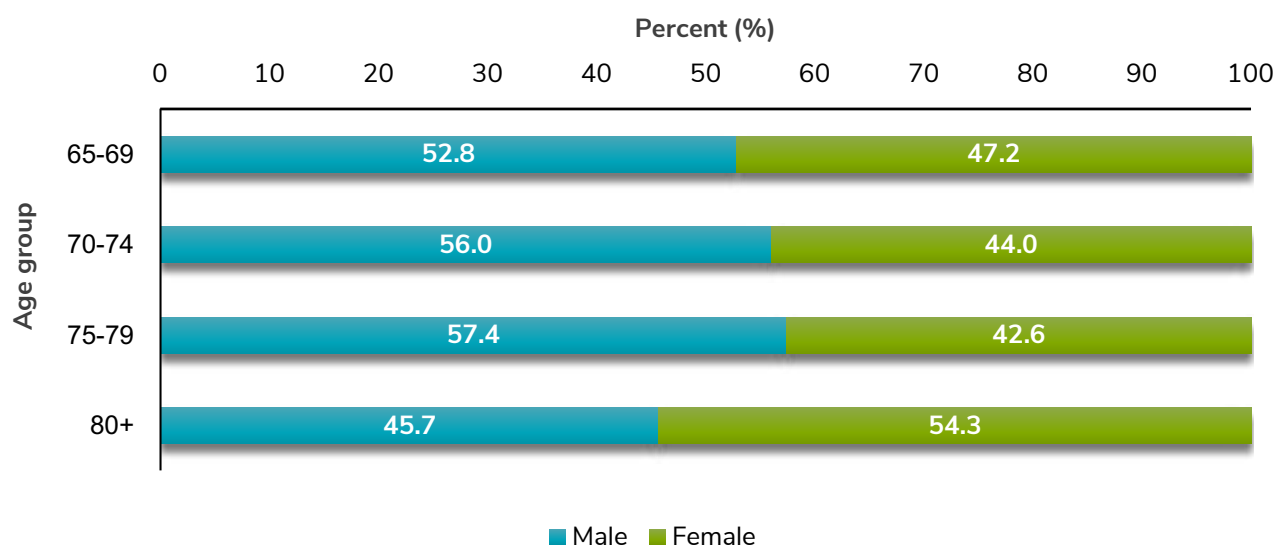
Ageism is defined as the stereotyping, prejudice or discrimination of an individual based on age. Negative attitudes towards aging are found across society, creating a barrier to developing positive connections with older people in our communities. Ageism can cause reduced self-efficacy and decreased productivity, thus counteracting the positive aspects on aging. Retaining this attitude can eventually become self-fulfilling, promoting the idea of social isolation, lack of physical activity, physical and cognitive decline, as well as economic burden as we age. For example, those who feel they are perceived as a burden to society may have reduced emotional well-being and increased risk of depression. Consequently, social connections may be severed or weakened.<sup>(146)</sup>

# Who and Where are Yukon's seniors

## Age and gender

As of June 2018, 12.9 per cent of Yukon's population were aged 65 and over – nearly double the senior population of 10 years earlier. This growth is primarily the result of an aging population, not a result of a decrease in migration out of the territory by seniors. Forty-two per cent of seniors are between the ages of 65 and 69, with 15 per cent aged 80 or older. When we break this down by sex, Figure 14 shows us that more than half of Yukon seniors were male until age 80 and over, after which females comprise the greater ratio.

**Figure 14:** Percent of Male and Female Seniors by Age Group, Yukon, March 2018



Source: Yukon Bureau of Statistics (2018) <sup>4</sup>

By 2030, the Yukon Bureau of Statistics projects the population aged 66 years and over will reach 6,930; representing more than 15 per cent of the total projected population at that time. <sup>30</sup>

## Location, migration and identity

As of March 2018, almost 74 per cent of seniors were living in the Whitehorse area, with 26.5 per cent of seniors residing in rural communities. This ratio was consistent through the age span, as shown in the table below.

**Table 6: Yukon Senior Population by Community of Residence, March 2018**

	Total – 65 years and over	65 – 69 years	70 – 74 years	75 – 79 years	80 years and over
<b>Yukon</b>	4903	2046	1419	688	750
<b>Whitehorse Area<sup>7</sup></b>	3603 (73.5%)	1515 (74.0%)	1032 (72.7%)	501 (72.8%)	555 (74.0%)
<b>Rural Yukon</b>	1300 (26.5%)	531 (26.0%)	387 (27.3%)	187 (27.2%)	195 (26.0%)
<b>Dawson</b>	283	124	80	45	34
<b>Watson Lake</b>	243	91	78	36	38
<b>Haines Junction</b>	149	59	44	21	25
<b>Teslin</b>	92	39	26	9	18
<b>Carcross</b>	82	37	23	12	10
<b>Faro</b>	75	28	23	11	13
<b>Tagish</b>	75	28	30	9	8
<b>Mayo</b>	70	29	16	13	12
<b>Carmacks</b>	57	25	15	9	8
<b>Ross River</b>	44	21	11	7	5
<b>Pelly Crossing</b>	42	9	17	5	11
<b>Old Crow</b>	34	17	9	4	4
<b>Beaver Creek</b>	19	11	3	2	3
<b>Burwash Landing</b>	13	2	7	1	3
<b>Destruction Bay</b>	11	5	3	2	1
<b>Other<sup>8</sup></b>	11	6	2	1	2

Source: Yukon Bureau of Statistics (2018) <sup>4</sup>

Based on the 2016 Census results, an estimated 645 Yukon seniors (about 16 per cent of the total) identified as ‘Aboriginal’ – primarily First Nations.

As is the case nationally, though Indigenous populations are aging, the Indigenous

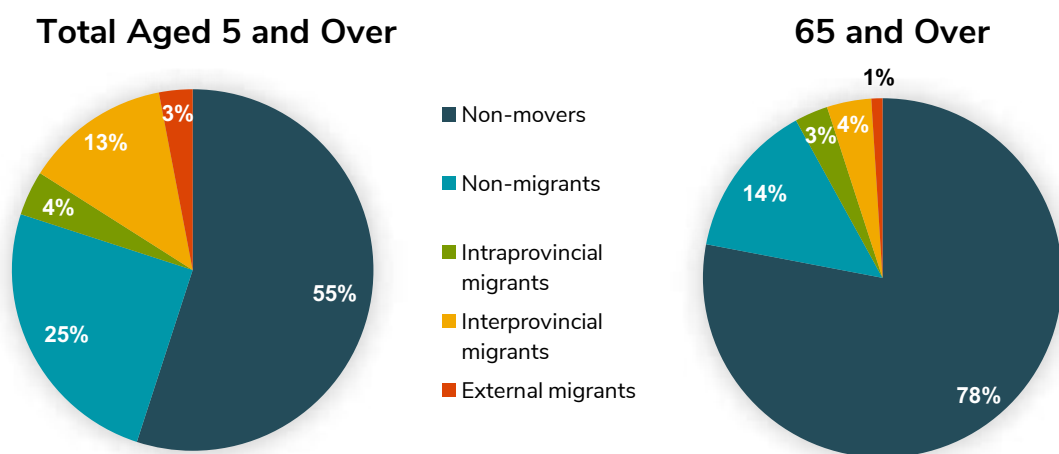
<sup>7</sup> Includes City of Whitehorse and Surrounding Area as well as Community of Marsh Lake

<sup>8</sup> Includes communities such as Braeburn, Alaska Highway, Champagne, Jake’s Corner, Keno, McCabe Creek, Stewart Crossing, Swift River, Rancheria and Ela.

population in Yukon is younger than the total population in the territory. An estimated 8 per cent of Indigenous people in Yukon were 65 or older in 2016, compared to 11.5 per cent of all Yukoners. A higher birth rate and lower life expectancy among Indigenous populations may be among the factors influencing this difference, though these trends are shifting.<sup>31 32</sup>

A common misconception (one easily refuted by statistics), is that seniors are flocking to Yukon due to the availability of benefits and low-cost long-term care. In fact, as Figure 15 shows, in 2016 nearly half (45 per cent) of the Yukon population aged five and over had moved in the previous five years, compared to only one in five seniors (22 per cent). Those seniors who did move were more likely to have moved within their own community (non-migrants, 14 per cent), compared to moving within Yukon (intraprovincial), or from another province, territory or country (interprovincial).

**Figure 15:** Mobility Status For 5 Years Previous, Population 5 Years and Older Versus 65 Years and Older, Yukon, 2016



Source: Statistics Canada (2018)<sup>33</sup>

In addition, in all but seven of the 46 years since 1971, more seniors have moved from Yukon to another province or territory than have moved here from elsewhere in Canada.

Seniors who did move to Yukon from other provinces or territories were more likely to have been employed than non-migrant seniors in Yukon (32 vs. 17 per cent), suggesting a reliance on government benefits is not the intention for many of those seniors migrating to the territory.<sup>34</sup>

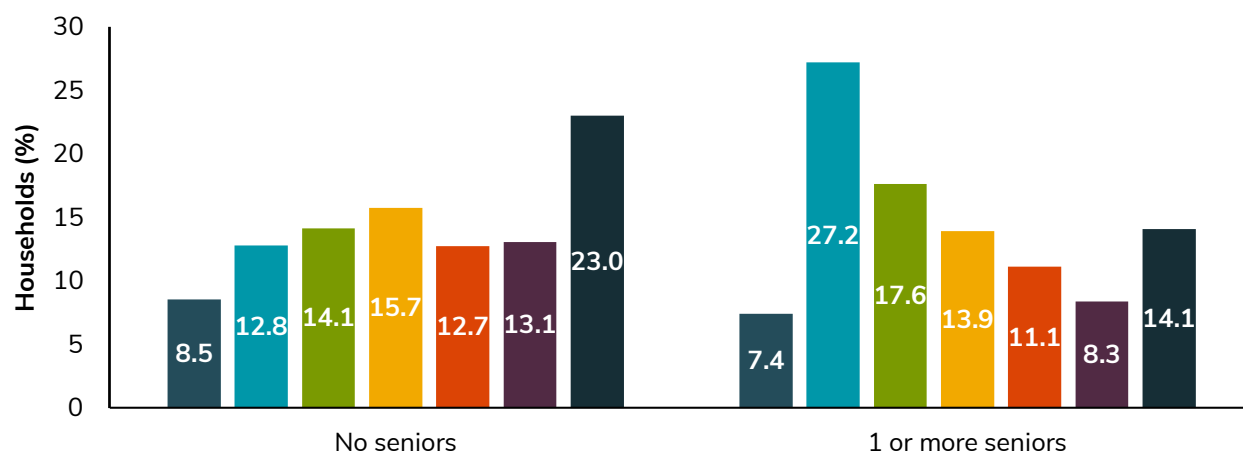
## Income and financial security

Lower income or a lack of financial security can be a major obstacle to healthy aging. Despite some evidence that income and economic status are less relevant to the health and well-being of seniors compared to younger groups, income and assets continue to play a role in determining one's level of access to factors associated with well-being. These factors include non-publicly funded care, suitable housing, a nutritious and varied diet, opportunities for social engagement and participation in community activities.<sup>35 36</sup>

### Income of seniors

The spread of income in Yukon varies significantly across all ages, but we see a shift towards lower incomes in households with one or more seniors. Based on the 2016 census results, Figure 16 indicates that more than a third of households with seniors reported after-tax incomes of less than \$40,000, compared to just over one fifth of households with no seniors. In addition, while more than a third of younger households had after-tax incomes of \$100,000 or more, fewer than a quarter of senior households did.

**Figure 16:** After-tax income distribution of Households by Presence of Seniors, Yukon, 2016



Source: Statistics Canada (2018)<sup>37</sup>

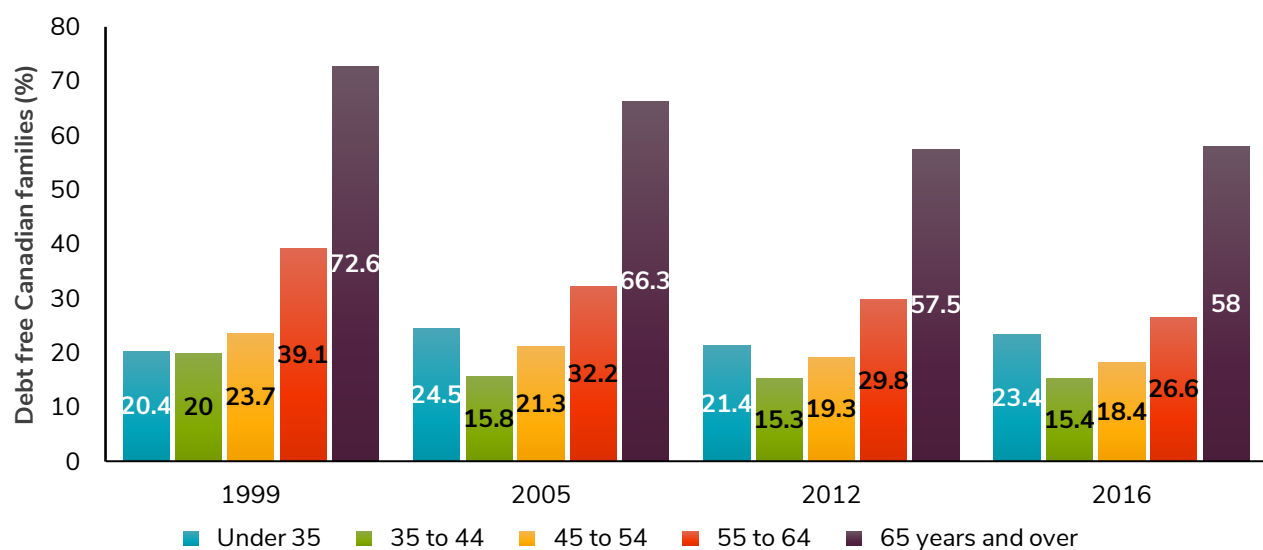
Upon retirement, seniors rely on their pensions, investments and assets for a steady income. However, matching income flow to expected lifespan can be challenging, to the point that half of those aged 60 and one quarter of those aged over 70 working in Canada are doing so out of financial necessity.<sup>38</sup>

## Wealth and Financial Security

Income is not the only component of socioeconomic status. Assets or accumulated wealth (investments, pensions etc.) can provide when income alone is insufficient.

Yukon-specific information on the overall net worth of households is not available, but we know from national sources that net worth increases with age until senior years (or retirement age), at which point it begins to drop. National data also demonstrate that seniors are more likely to be debt-free than those in other age cohorts. However, the number of families that report being debt-free has decreased since 1999. Figure 17 illustrates this, showing that as of 2016, an estimated 58 per cent of Canadian seniors were debt free, compared to nearly 73 per cent in 1999. Low interest rates in recent years, combined with an increasing likelihood of carrying mortgages into retirement, may influence this trend for senior families.

**Figure 17: Debt Free Canadian Families by Age of Major Income Earner, 1999 to 2016**



Source: Statistics Canada (2017) <sup>39</sup>

Overall, the picture of seniors' income in Yukon and wealth nationally suggests a range of circumstances, with some polarization at the top and bottom ends of the spectrum. The significant share of seniors at the lowest end of the income spectrum suggests a sizable group that is potentially vulnerable to increased costs and unexpected expenditures; and thus, who may face challenges in full participation in the community. At the other end of the scale, we have a relatively large share of seniors with high incomes, suggesting a need to consider financial status on an individual or family basis, and challenging

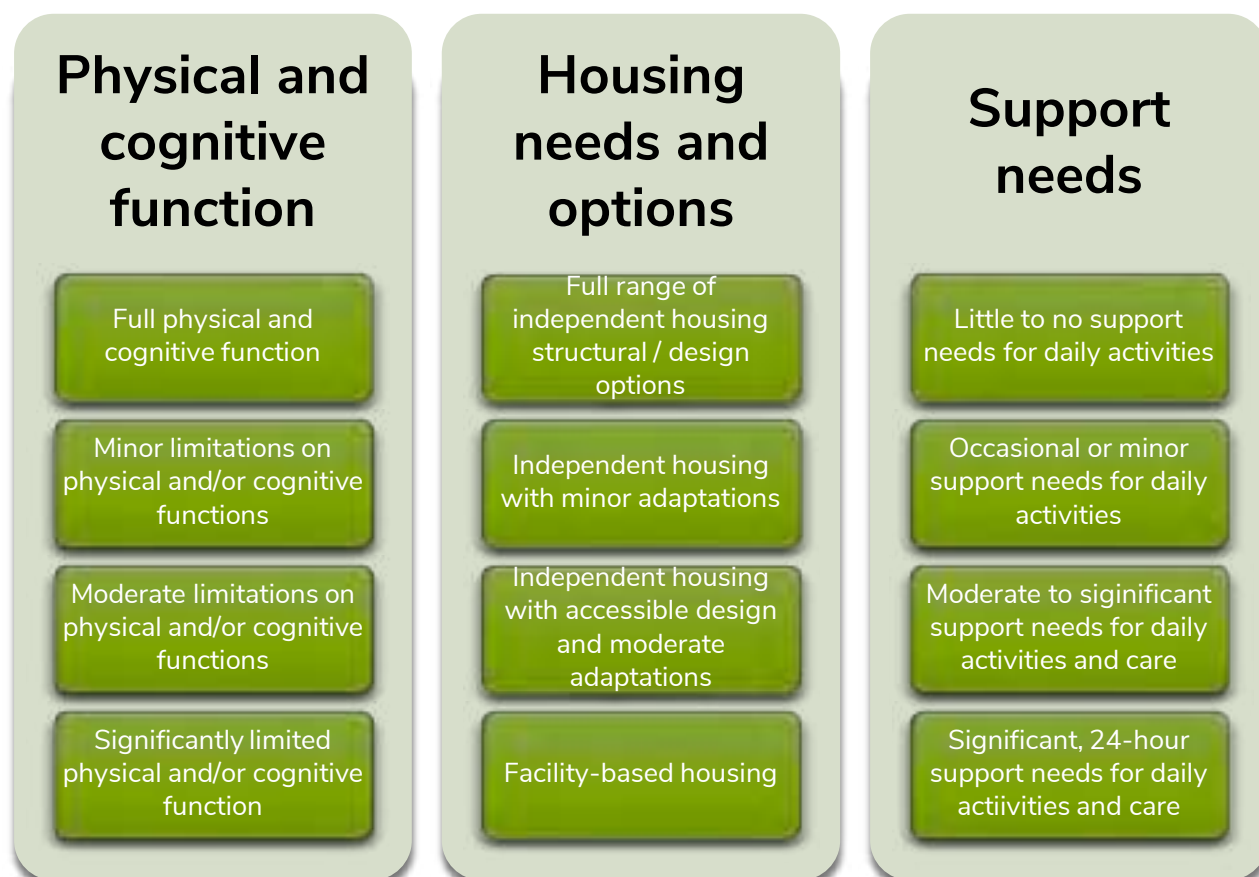
opinions that all seniors need financial support and access to low-cost housing and care options.

## Housing

Older people in every income group should have access to adequate and affordable housing, whether that be market-driven housing for those who can afford it, social housing, assisted-living facilities, or continuing care communities. However, the ability to rent or purchase and maintain adequate and suitable housing is heavily influenced by our financial resources (in addition to local market conditions).

Housing is also a factor in, and a reflection of, our ability to live independently. As Figure 18 illustrates, our physical and cognitive functionality, our housing needs and options, and our support needs each fall somewhere on a continuum and there is interplay between these three domains. Changes in physical or cognitive ability can determine our housing and support needs; conversely, access to appropriate levels of housing or support will influence our ability to live independently while facing physical and cognitive limitations. Although income is not identified in this graphic, it will influence the breadth and quality of housing options to which we may have access, and therefore constrain or support our ability to live independently or in a setting of our preference.

**Figure 18:** Functional, Housing and Support Needs Continuums



**Source:** Canadian Institute for Health Information (2017) and Office of the Seniors Advocate (2015) <sup>40 41</sup>

## Private Households

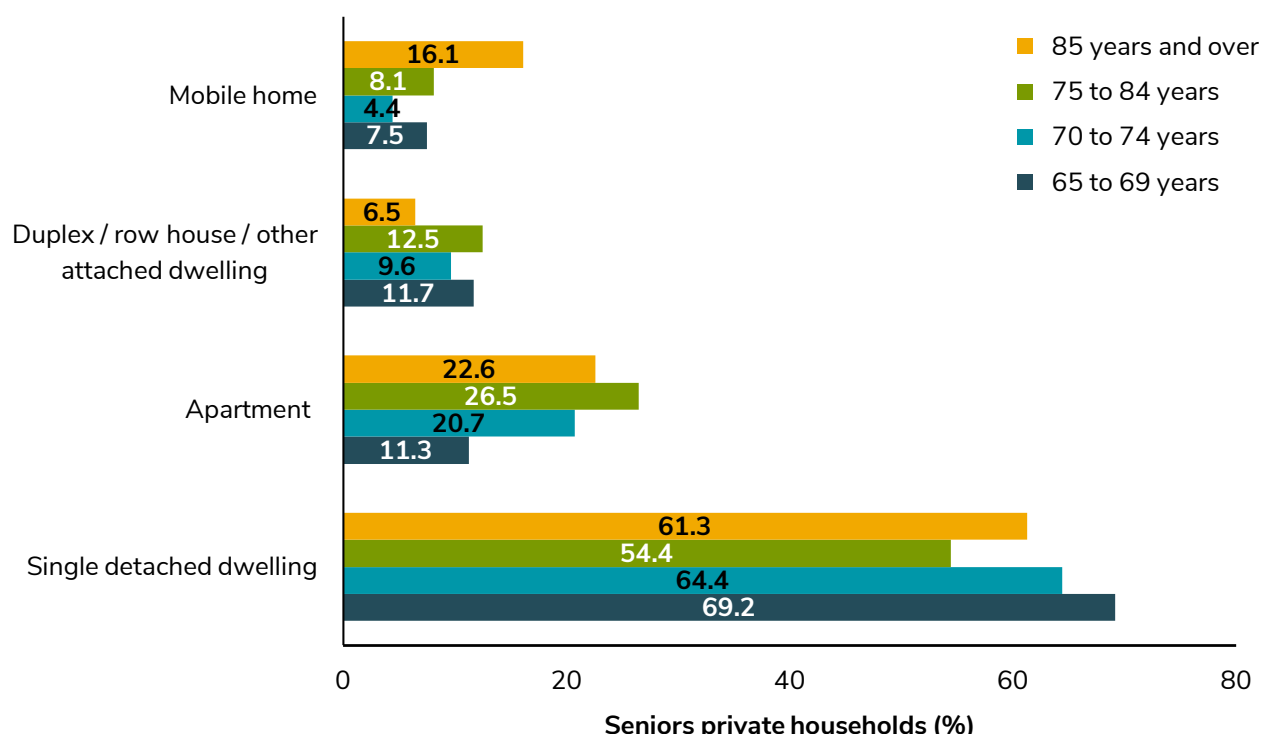
In comparison to their national counterparts, Yukon seniors living in private households were more likely to be renters. Indeed, 37 per cent of seniors in Yukon were living in rented homes (with many of those receiving rental subsidies), compared to only 18 per cent of Canadian seniors. This difference is largely concentrated among seniors aged 75 to 84. The shares of rented versus owned homes maintained by those in other age groups were similar in the territory as in Canada. <sup>42 43</sup>

It is not clear why the share of seniors renting is higher in the territory than nationally. It may reflect a greater need for seniors to access equity as they move into retirement, a lower likelihood of having owned a home previously for that specific cohort, or a greater interest in downsizing and accessing funds for travel or other factors.



As Figure 19 illustrates, most seniors reside in single-detached dwellings across all age groups, with apartments being the next most popular dwelling. Although mobile homes were generally the least popular, more seniors aged 85 and over reside in mobile homes than any other age. This might be the result of lower income.

**Figure 19:** Percent of Seniors Private Households<sup>9</sup> by Structural Type of Dwelling and Age Group, Yukon, 2016<sup>10</sup>



Source: Statistics Canada (2018)<sup>44</sup>

## Affordability, Precariously Housed and Homeless Seniors

Renters were more likely than homeowners to have affordability issues (defined based on spending 30 per cent or more of household income on shelter costs<sup>11</sup>) both in Yukon and nationally. However, Yukon households were less likely to have affordability issues than their national counterparts. This is unsurprising given the high cost of living seen in large urban centres such as Toronto, Vancouver and Victoria.

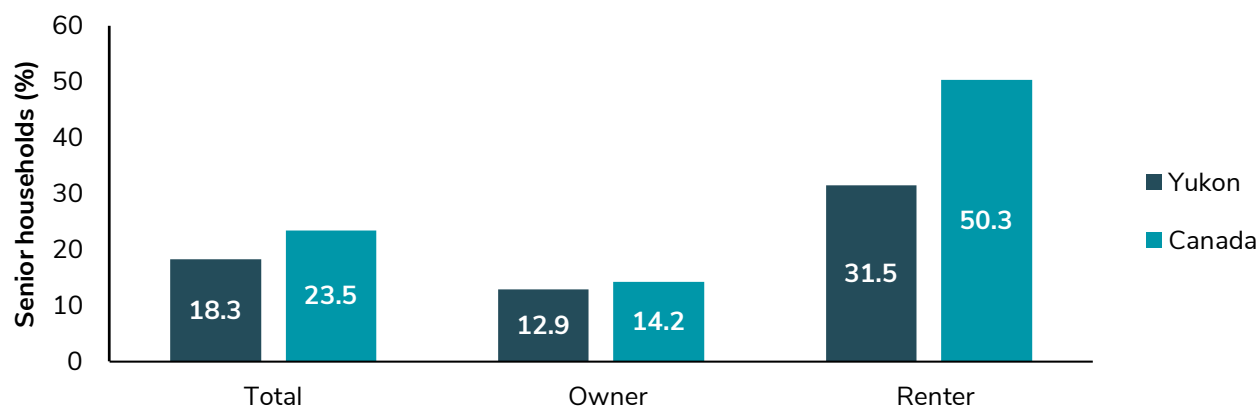
<sup>9</sup> Seniors' private households refer to households in which a person aged 65 or older was identified as the primary household maintainer.

<sup>10</sup> Due to the influence of random rounding, categories may add to less than or more than 100%.

<sup>11</sup> There is no universally agreed-upon definition of affordability – this chart reflects the definition used as part of CMHC's Core Housing Need concept and reflected in Statistics Canada's housing affordability tables. Some households may spend more or less on housing based on other needs.

Figure 20 illustrates that approximately 18 per cent of households headed by seniors in Yukon were facing affordability challenges in 2016, compared to 23.5 per cent of Canadian senior-led households. Among renters, the share was higher, with nearly one third of Yukon senior-led renter households and half of Canadian seniors' renter households spending 30 per cent or more of their income on shelter costs, a significant burden considering the high proportion of seniors in rental housing.

**Figure 20:** Senior Households Spending 30% or More of Household Income on Shelter Costs, 2016<sup>12</sup>



Source: Statistics Canada (2016)<sup>45</sup>

Seniors with housing affordability challenges may sacrifice other household necessities or forego participation in recreational and community-based activities in order to pay the bills. Severe affordability issues may put seniors at increased risk of homelessness or precarious housing situations. While the availability of social housing and long-term care beds may mitigate some of the risk of homelessness for seniors, based on the latest point-in-time count (or homeless snapshot) conducted in Whitehorse, an estimated five per cent of homeless individuals in the capital were aged 65 or older.<sup>46</sup>

<sup>12</sup> Senior households refer to households in which the Primary Household Maintainer was 65 or older.

## Long-Term Care Homes

Yukon currently has six long-term care homes, listed in Table 7. Some individuals are in a care home for a short period owing to a need for additional care after a hospital stay, or when a period of respite for caregivers is required. Others reside in the care home for a long term, until a higher level of care or acute care is needed, or until the end of life is reached.

**Table 7:** Long Term Care Homes in Yukon

Long-term Care Homes	Community	Number of units	Level of care
<b>Whistle Bend Care Home</b>	Whitehorse	150 beds (phased in from Sept 2018)	Intermediate, Extended, Complex, Chronic and Special care
<b>Birch Lodge</b>	Whitehorse	10 beds	Intermediate care
<b>Copper Ridge Place</b>	Whitehorse	96 beds	Intermediate, Extended, Complex, Chronic and Special care
<b>Macaulay Lodge<sup>13</sup></b>	Whitehorse	47 beds	Intermediate care
<b>McDonald Lodge</b>	Dawson	15 beds	Intermediate and Extended care
<b>Thompson Centre<sup>14</sup></b>	Whitehorse	49 beds	Intermediate and extended care

Table 8 shows us that in 2017–18, 478 individuals lived in one of Yukon’s long-term care homes either temporarily or permanently, with approximately 90 per cent of those individuals being seniors. Most of these individuals were between 75 and 94 years old.

**Table 8:** Temporary and Permanent Residents of Long-Term Care Homes in Yukon, 2017-18

Age	Total	Males	Females
<b>Total</b>	<b>478</b>	<b>202</b>	<b>276</b>
<b>0 to 64 years</b>	53	27	26
<b>65 to 74 years</b>	81	42	39
<b>75 to 84 years</b>	136	57	79
<b>85 to 94 years</b>	170	65	105
<b>95 years and over</b>	38	11	27
<b>Average age</b>	80	78	81

**Source:** Canadian Institute for Health Information (2018) <sup>47</sup>

13 Macaulay Lodge may be closed or used for other purposes when Whistle Bend is at full operation.

14 Number of beds at Thompson Centre may fluctuate based on need and availability of beds in other homes.

Permanent long-term care residents are assessed quarterly using standardized tools (for disease profiles, functional status and other characteristics). This gives us an approximate number of long-term care home residents compared to those temporarily in care for respite or other reasons. Based on the fourth quarter of 2017–18, there were 177 assessed permanent residents in Yukon facilities, with 159 of those aged 65 and older and the majority between 75 and 94 years old.

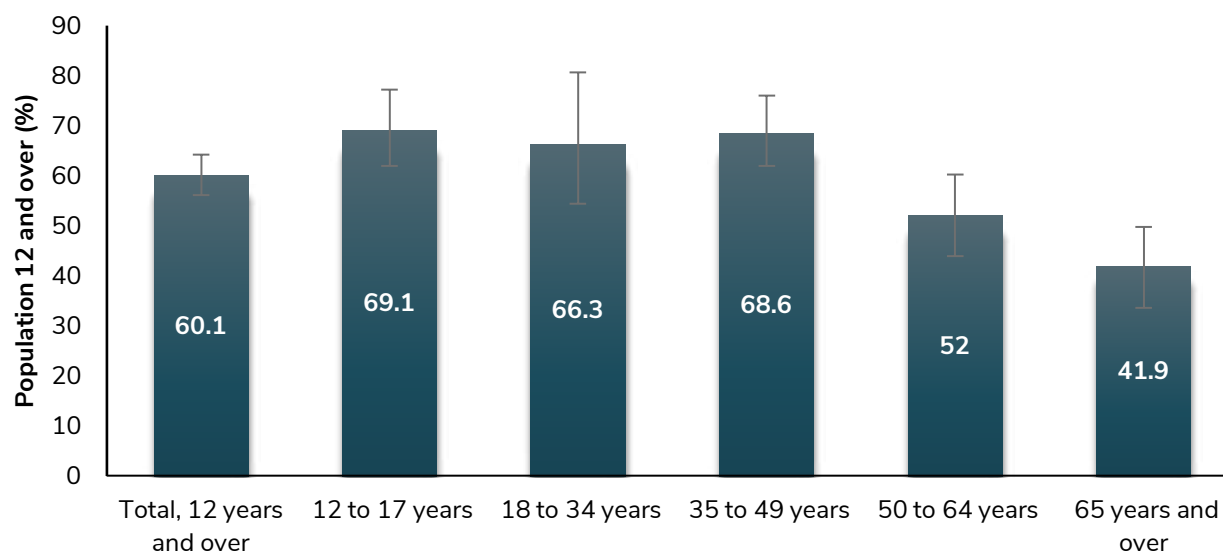
## Seniors' Physical and Mental Well-being

Seniors' well-being may fall anywhere along a spectrum, with some seniors functioning very well and experiencing few limitations or health conditions, while others are limited to varying degrees in physical or cognitive function. Our physical and mental health both play important roles in autonomy and aging in place, and while we cannot change what diseases and disabilities we might be susceptible to, we can help prevent their onset with our health behaviours.

## Self-perceived health

How we perceive our health can impact our overall well-being. In 2015–16, Yukon seniors were significantly less likely to report very good or excellent physical health compared to their younger counterparts. As Figure 21 shows, 60 per cent or more of Yukoners aged 12–49 years reported very good or excellent health while this drops to only 52 per cent of 50 to 64-year olds and 42 per cent of seniors.

**Figure 21:** Self-Reported Very Good or Excellent Perceived Health, by Age Group, 2015/16



Source: Statistics Canada (2018)<sup>22</sup>

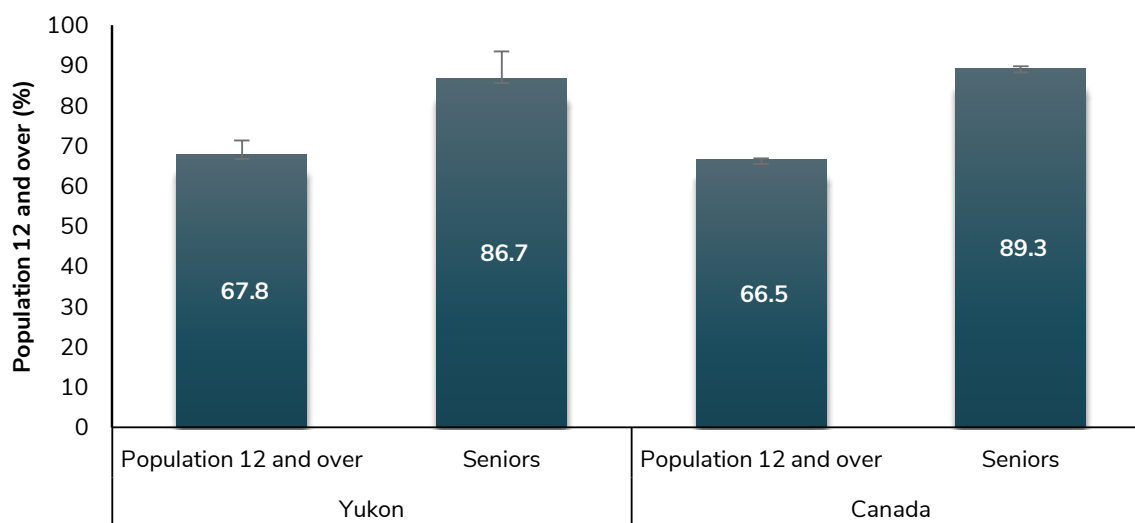
The decrease in self-reported very good or excellent perceived health after the age of 49 years might be due to a combination of circumstances. As we age, our immune system becomes less effective at fighting infections, so we become more susceptible to colds and viruses. In addition, chronic conditions become more prevalent. Here we will look at some of the factors that might be driving this decrease in self-reported health.

## Chronic Conditions

Most of the adult population, senior or otherwise, is affected by one or more chronic conditions affecting their physical or mental well-being over an extended period.

Based on the conditions included in the 2015–16 Canadian Community Health Survey cycle, Figure 22 illustrates that just over two thirds of the population aged 12 and over reported at least one of the selected chronic conditions, compared to 87 per cent of seniors. These rates were similar to national rates.

**Figure 22:** Self-Reported Occurrence of at least one Chronic Condition, Yukon Population vs. Seniors, 2015/16<sup>15</sup>



Source: Statistics Canada (2018) <sup>7</sup>

Of the conditions included in the survey, arthritis and joint pain lasting at least three months were the most commonly reported, affecting more than half of Yukon seniors. High blood pressure was also common, with more than two-fifths of Yukon seniors reporting this condition. Other conditions commonly reported by seniors included diabetes, high blood cholesterol, osteoporosis, heart disease, back problems and COPD.

<sup>15</sup> The 2015–16 Canadian Community Health Survey asked respondents about the presence of the following chronic conditions: joint pain (only pain lasting over three months is included); asthma; COPD; sleep apnea; scoliosis; fibromyalgia; arthritis; back problems; osteoporosis; high blood pressure; high blood cholesterol; heart disease; effects of a stroke; diabetes; cancer; migraine headaches; Alzheimer’s disease/other dementia; chronic fatigue syndrome; multiple chemical sensitivities; mood disorder; anxiety.

## Voices from the Community: Dave Brekke's Story

Dave Brekke, a retired physical education and science teacher, turned 80 in January 2019. In 1960 he was diagnosed with diabetes, and a year later he was told by his doctor he had only 10 years left to live.

Upon hearing the news that he would require regular insulin injections to live, Dave's initial response was denial. Convinced he was not in fact diabetic, he ignored his doctor's instructions and did not take his insulin. It was not long before Dave found himself in Edmonton's University Hospital suffering with "white blindness", caused by sugar crystals in his eyes. This wakeup call forced him to accept his new reality; that he was diabetic and would require regular insulin injections indefinitely. Furthermore, Dave's diabetes was a type referred to as "brittle" diabetes, a particularly hard-to-control variety in which his blood glucose levels would quickly shift in either direction, which has caused many other life-threatening scares since.

In spite of his original prognosis, Dave has gone on to lead a rich and full life. After being told he could expect to live only 10 more years, he and his wife set off looking for adventure, and they found themselves in Yukon in 1965 – where there happened to be a teacher shortage. After spending a year teaching at Whitehorse Elementary School, Dave was offered the position of principal at the school in Old Crow. It was there he met Father Mouchet, a prominent figure in Yukon. Father Mouchet was an avid cross-country skier and taught Dave how to ski. To this day, Dave continues to enjoy cross-country skiing, and leads an active life, which has been instrumental in his diabetes management.

Dave attributes his long life to a myriad of things, including luck, a supportive wife and his quality of life in Yukon. Living in Yukon has provided him with many opportunities, including easy access to the outdoors, targeted community programs that have enabled his active lifestyle well into his older years, a sense of belonging and the knowledge that the community respects and needs him. Even in his older years, he has continued to contribute to the community, serving 10 years as Elections Canada's returning officer for Yukon, working with people across the political spectrum on electoral reform, and now plans to volunteer at the Whistle Bend long-term care home.

Dave's story is an encouraging example of how a life spent with a chronic illness can still be rich and full. Resources are available to assist in managing chronic illnesses and the challenges they pose through Yukon's Chronic Conditions Support Program as well as many other programs and events designed to encourage an active lifestyle for all ages. Without a combination of these programs, Dave doubts his life would have been as long or fulfilling, and he is grateful for the important roles they played in maintaining his health.

## Acute and Urgent Health Conditions

No matter our age, illness or injuries can bring us to the hospital., but the need for medical intervention does increase as we age. From 2013–14 to 2017–18, there were more than 27,000 visits made by Yukon seniors to emergency departments (EDs). This represents approximately 17 per cent of overall visits by Yukoners, while seniors over that period comprised approximately 13 per cent of the overall population.

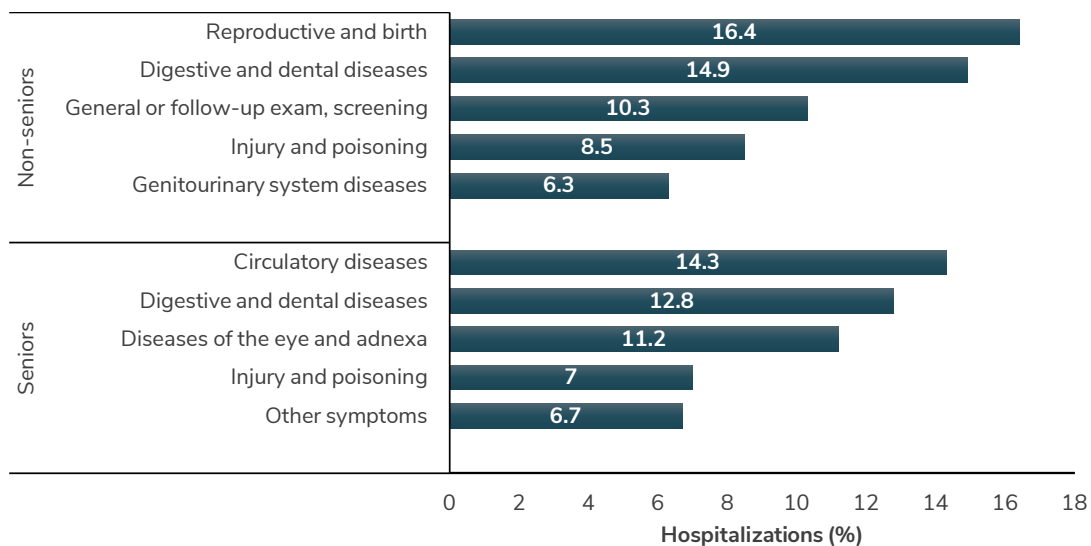
The most common diagnosis responsible for seniors ED visits was follow-up care, which includes chemotherapy, orthopedic and surgical follow-up. Although these cases are classified as emergency visits, the visits are generally non-urgent. Injury and poisoning were second most common, accounting for 12 per cent of ED visits by Yukon seniors.

Respiratory diseases were also a common cause of ED visits, being third most common amongst seniors, and second for non-seniors. COPD was the most frequently identified respiratory disease for seniors, accounting for nearly 40 per cent. of these visits.

Figure 23 illustrates the top five reasons for hospitalizations among seniors and non-seniors during the 2013–14 to 2017–18 period. Circulatory diseases were the top cause for admission amongst seniors. Eye diseases were typically related to cataract disorders, while the most common injury associated with hospitalization of seniors was fracture of a femur. The category “other symptoms” associated with hospitalization included a variety of non-specific complaints not otherwise attributed to a diagnosis, such as chest, throat, abdominal and pelvic pains.



**Figure 23: Top Five Most Responsible Diagnosis Groupings Associated with Hospitalizations, Seniors and Non-Seniors in Yukon, 2013/14 to 2017/18<sup>16</sup>**



Source: Kinsella, S (2018)<sup>48</sup>

16 Other symptoms – including those not elsewhere classified.

## Voices from the Community: Cataract Surgery Backlog

By understanding the issues that people encounter as they age, we can help shape policies that promote aging in place. Valerie Thomas began noticing changes in her vision and was put on a waitlist for cataract surgery as a low priority. Approximately 18 months later, she was told it would be another three to five years before her surgery since she remained a low priority case. Although a low priority case, the changes in her vision have been life-altering. She was advised to stop driving, found herself susceptible to dangers in her home such as spills and falls, and had difficulty reading labels and instructions. Like many others in similar situations, Valerie found herself less able to live independently, and becoming increasingly reliant on others. This loss of independence undermined her self-confidence.

As a result, Valerie has become an active advocate for faster cataract surgery, stating that “I would like to be able to read books and newspapers again, instead of depending on my e-reader. I would like to appreciate the view outside my window in single, rather than double vision. I would like colour to appear vivid again. I would like to see the ground beneath my feet, so that I can walk with confidence. I would like to see clearly with normal, rather than intense light. Cataracts are affecting my quality of life, and I’m certain that many people are in the same situation.”

### *Addressing the issues...*

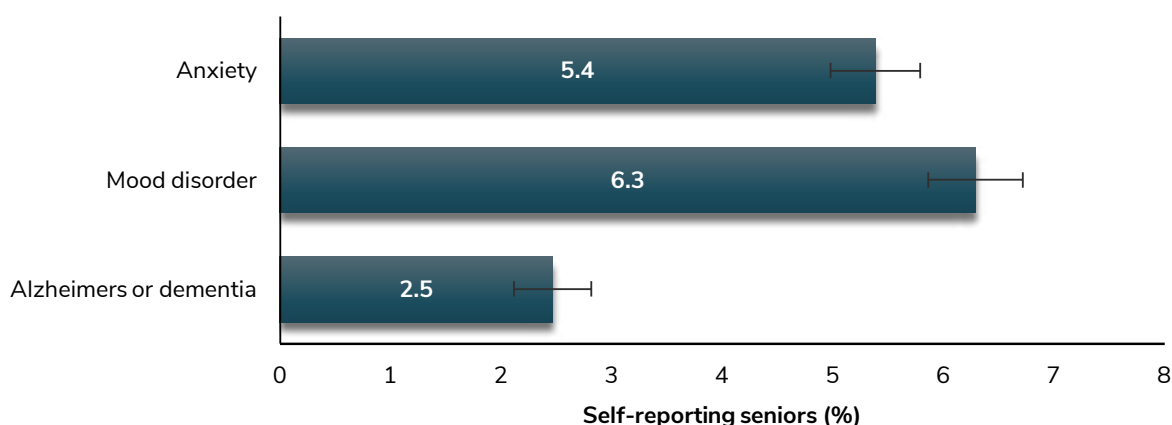
Valerie’s story speaks to many health system issues: the cost of medical travel, prioritizing specialist visits, and matching specialist services to population demands now and in the future. For now, the cataract surgery backlog is being addressed with an intensive catch-up campaign. 49 However, we must continue to look for solutions that provide long-term efficient and equitable health and social services in a relatively isolated setting.

## Mental Health

Mental health refers to our psychological well-being. It includes our emotions, thoughts, social connections, our ability to solve problems and understand the world around us despite challenges. Overall, self-perceived mental health does not follow the same pattern as general health (in terms of worsening with age). When asked about mental health, 68 per cent of Yukoners aged 12 and over reported very good or excellent mental health, comparable to 66 per cent of Yukoners aged 65 and over. These rates are not significantly different to Canada’s rates.

Survey data for mental health or cognitive conditions in Yukon seniors are not reliable, due to high sample variability. However, Figure 24 indicates that roughly five per cent of Canadian seniors reported anxiety disorders (such as obsessive compulsive disorder, a phobia or a panic disorder) in 2015–16, with a slightly higher share reporting mood disorders (such as depression, bipolar disorder). Alzheimer’s or dementia were reported by about 2.5 per cent of Canadian seniors.

**Figure 24:** Prevalence of Anxiety, Mood Disorder or Alzheimer’s or Dementia, Canada, 2015-16



Source: Statistics Canada (2018) <sup>7</sup>

Yukon’s hospital data indicates that dementia or brain-related injuries were the most common mental health or cognitive conditions requiring inpatient care. Indeed, from 2013–14 to 2017–18 an estimated 70 hospitalizations of Yukon seniors occurred due to dementia or brain injury. Alcohol or substance use, mood disorders and anxiety disorders each resulted in approximately 20 hospitalizations over the same period, while fewer than 10 hospitalizations of Yukon seniors were due to anxiety.<sup>50</sup>

Based on coroner data from 2008 to 2017, there were nearly 20 suicides among the population aged 55 and older for that 10-year period, representing nearly one third of all suicides in Yukon in that time frame. This is a much higher number of suicide deaths than we would expect based on Canadian data, and could suggest an unmet need for seniors in mental health crisis, though the reasons those needs are unmet may be varied.<sup>51 52</sup>

## Health and Well-Being of Long-term Care and Home Care clients

In order to capture all of Yukon seniors' well-being and functional status, long-term care clients are assessed at least four times each year to enrich our understanding of seniors with ongoing care needs. Home care clients are assessed less frequently.

In 2015–2016, more home-care clients reported experiencing some disease compared to long-term care residents. Indeed, osteoporosis, diabetes and respiratory diseases including asthma, COPD or emphysema were more common in Yukon home-care clients compared to long-term care residents. However, diseases involving brain or mental function were more common among long-term care residents, with dementia being more than four times as likely and psychiatric diagnosis more than three times as likely compared to home-care clients. Importantly, the physical (versus mental or cognitive) disease prevalence of long-term care residents in comparison to home-care clients is not reflective of care need. Overall, an estimated 58 per cent of home care clients were considered to have lighter care needs, compared to six per cent of long-term care residents.<sup>53</sup>

Upon comparing the functional status of home care versus long-term care residents, there are some significant differences. Table 9 indicates that although home-care clients reported higher levels of daily pain than long-term care residents, they had much lower levels of cognitive impairment and depressive symptoms and were less likely to require extensive physical assistance with regular daily functions.

**Table 9:** Percent of Assessed Home Care Clients and Long-term Care Residents aged 65 and Over with Selected Functional Status Characteristics, Yukon, 2015-16<sup>17</sup>

Care Setting	Home care	Long-term Care Residents
Number assessed	99	166
Extensive or more physical assistance	—	42.8%
Moderate to severe cognitive impairment	7.1%	60.8%
Moderate to high health instability	12.1%	12.0%
Depressive symptoms or depression	15.2%	47.0%
Daily pain	61.6%	40.4%
Bladder incontinence	41.4%	59.0%
Bowel incontinence	14.1%	28.3%

**Source:** Canadian Institute for Health Information (2018) <sup>47</sup>

Symptoms of low mood, sadness, and discomfort are observed more frequently in the long-term care population, but this may be partially because long-term care residents are assessed quarterly, and therefore reported on, more often than individuals living in the community and receiving home care. Social isolation (itself due to challenging symptoms or behaviour or patterns of self-determined individualistic behaviour) may also contribute to increased observations of low mood, sadness, and discomfort in Yukon long-term care homes. <sup>54</sup>

<sup>17</sup> Value suppressed to protect client confidentiality, as per CIHI's privacy and confidentiality policy.

## Spotlight: Dementia

Dementia is an umbrella term for a group of syndromes affecting one's ability to function independently due to changes in thinking, personality, or behaviour. Individuals with dementia may experience changes in their memory, language abilities, decision making, and how they interact with other people. As our population ages, dementia's impact on society will become more extensive. Although a relatively small share of seniors in the general population have been diagnosed with dementia, those in the community with dementia may be at increased risk of physical and social harms and may be overrepresented among certain populations (such as those accessing home care or Adult Protection services). Among Yukon's long-term care residents aged

65 and over, nearly half were assessed as having dementia.<sup>53</sup>

Alzheimer's is the most common and well-known form of dementia, often identified by memory loss – the typical early sign among Alzheimer's patients versus those with other types of dementia. Alzheimer's and vascular dementia are less likely to occur in younger populations, whereas Lewy body and frontotemporal dementia are more commonly diagnosed at younger ages. Certain symptoms, such as sleep disturbances, visual hallucinations, tremors and fainting, are more common to Lewy body dementia, while personality or marked behavioural changes are linked to frontotemporal dementia. However, progression of dementia syndromes is variable, among both individuals and syndromes, and there is ongoing discussion about diagnostic criteria – our understanding, terminology, and approaches will continue to evolve as new evidence arises.<sup>55</sup>

Dementia syndromes include symptoms such as lapses in memory and problems concentrating. It is important to note that some cognitive change is normal as we age. For example, changes in how quickly we think are normal and expected, while lapses in what we know and understand are also normal. It is the frequency of cognitive lapses, as well as the problems in daily life those lapses cause us, that distinguishes normal from abnormal cognitive changes as we age.<sup>56</sup> Individuals experiencing subtle changes in memory or greater than normal cognitive changes that do not interfere with daily life may be suffering from mild cognitive impairment (MCI). Losing common items, forgetting appointments or struggling to find the right words are some typical features of MCI. MCI has been identified as a potential precursor to dementia, but many people remain stable or even improve without ever progressing to dementia.

Medications are available for symptom management of some dementia syndromes, but diagnosing which condition is present can be challenging (even with advances in brain imaging). Current recommendations from a Canadian Consensus Conference are (after

appropriate tests and assessment) to manage based on the diagnoses that are believed to be the predominant cause of dementia symptoms, with the understanding that where multiple causes are present, Alzheimer's will generally be among those causes. Some medications (cholinesterase inhibitors) may be effective treatments for several types or combinations of dementia, though it is not clear whether these are effective for vascular dementia.<sup>57</sup>

The Government of Canada has launched the National Dementia Strategy to consider the experiences of those living with dementia and build on the innovative work currently underway in Canada. The exploration of innovative approaches later in this report will include discussion related to dementia. Consideration of whether and how these practices may work for sub-types of dementia (as well as monitoring the prevalence of specific sub-types in Yukon) may be important for future planning.

## Seniors Health Behaviours

Although aging may be inevitable, there is much that we as individuals can do to reduce its negative impacts on health. Creating a positive health, wellness and fitness routine can improve autonomy, lower depression and reduce chronic pain. Improving life quality and achieving wellness into our senior years can be achieved through a mixture of exercise, good nutrition and social connectedness. However, we must be cognizant of the fact that not everyone has access to the tools required for healthy behaviours, due to financial hardships, mental illness or substance use. We will address this later in the report.

### Physical activity

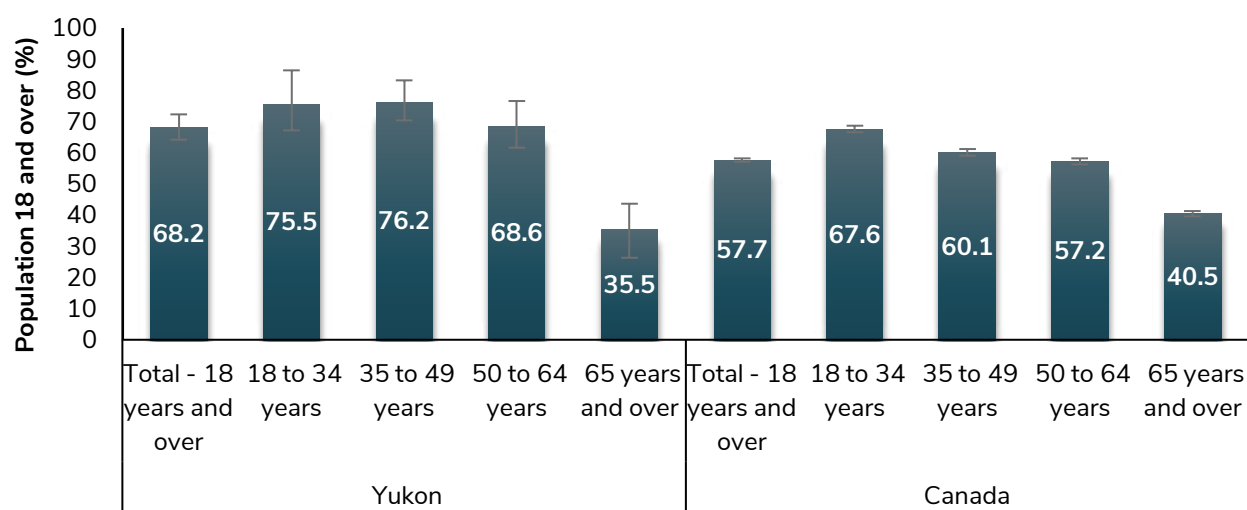
Physical activity has many benefits, and ultimately can increase longevity. A recent study using pooled data from over half million people between 1992–2003 determined that 150 minutes of moderately intense physical activity per week reduced mortality by 31 per cent compared to less active people. Importantly, the study found that the benefit was greatest in people aged 60 and over.<sup>58</sup> Indeed, physical activity increases physical and mental capacities (for example, by preserving posture and maintaining muscle strength, reducing anxiety and depression through increased production of dopamine and endorphins). It also prevents disease and reduces the risk of chronic conditions (for example, of coronary heart disease, diabetes and stroke) and improves social outcomes.

<sup>59 60 61</sup>

Current recommendations for adults are 150 minutes of moderate-to-vigorous exercise

a week, and two or more sessions of strengthening exercises and activities that improve or maintain balance.<sup>62</sup> Based on the first of these recommendations, Figure 25 shows that 35.5 per cent of seniors in Yukon are getting the recommended amount of exercise, compared to 40.5 per cent nationally. While our adult population may be more active than Canadians in general, this is concentrated in the populations under 65 years of age, with a sharp drop in activity in our senior years.

**Figure 25: Percent of Population Getting 150 minutes of exercise per week, 2015/16**



**Source:** Statistics Canada (2018)<sup>22</sup>

The decrease in activity in Yukon seniors could be attributed to the climate, as weather and ice may present safety hazards that deter outdoor activity, particularly for seniors with chronic conditions such as COPD, and those who may be concerned about fall-related injuries. While indoor activity is an option in some communities, it reduces the range of possible activities, may involve some cost, and requires transportation to and from the facility, with the latter potentially influenced by the presence of ice or inclement conditions as well.<sup>63</sup>

## Eating Patterns

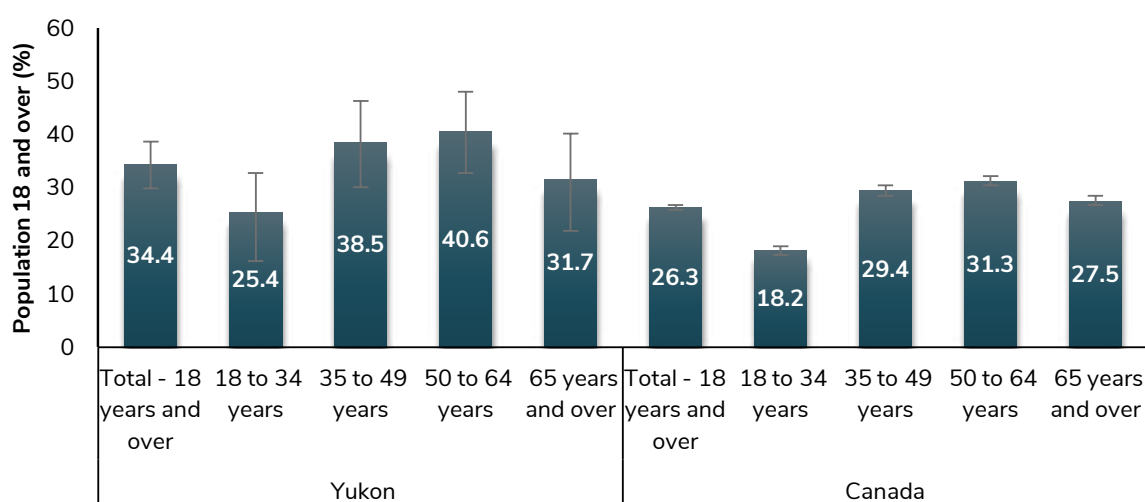
As we age, our diets change. Often our appetites and caloric needs decrease, while our need for specific nutrients such as calcium, folate, vitamins D, B12 and B6 increases. Chronic conditions such as diabetes, high blood pressure, high cholesterol and others may compel us to eat healthily. But physiological changes that occur as we age may work against us. For example, our senses diminish with age. A reduction in our sense of taste or smell could reduce our appetite; problems with oral health can cause difficulty with



chewing; progressive loss of vision or hearing might affect our ability to shop and prepare food. As our cognitive abilities decline, we may find that eating and drinking regularly are less automatic, and that we must consciously ensure we are meeting our own caloric and hydration needs. In addition to physiological changes, our social or physical environment can affect our diets due to isolation, or inadequate finances.

While not a direct measure, overweight and obesity rates may indicate eating patterns and levels of activity. The survey data for Yukon seniors is subject to some degree of caution due to sample variability, but suggests that almost 72 per cent of seniors may have been overweight or obese in 2015–16, compared to 67 per cent nationally. Of these, 32 per cent of seniors may have been obese compared to 27.5 per cent nationally, as seen in Figure 26.

**Figure 26: Percent of Population Reporting Being Obese, 2015/16**



Source: Statistics Canada (2018) <sup>43</sup>

Recent data also suggests that Yukon seniors are less likely to eat the recommended number of fruit and vegetable servings than younger Yukoners. An estimated 22.3 per cent of seniors in Yukon reported eating five or more fruits and vegetables per day, compared to 28.5 per cent of all Yukoners 12 and over. Nationally, seniors were as likely to eat the recommended number of servings as younger Canadians.

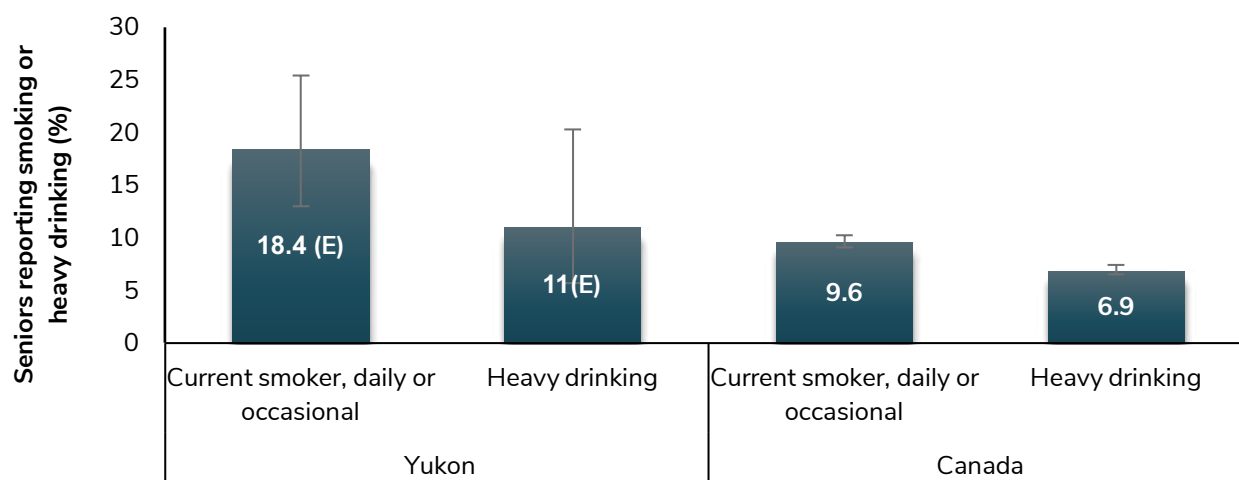
## Alcohol and Substance Use

The 2015 Health Status report focused on substance use by Yukoners, highlighting high rates of heavy drinking, smoking and cannabis use in the territory. For seniors, relatively high rates of smoking and heavy drinking were noted in Yukon (compared to nationally), while illegal drug use was not prevalent, based on existing data sources.

Alcohol and substance misuse among seniors can have serious implications, including the risk of falls and injuries, exacerbation of chronic conditions, and risk of harm from direct effects of the substance. Seniors may be vulnerable to excessive consumption of alcohol and other substances due to changes in metabolism, loneliness, depression and other factors, potentially increasing the risk of abuse, neglect and self-neglect.<sup>17</sup>

Given the risks and consequences, as well as the potential for changing patterns of consumption in the wake of changing legislation, such as the legalization of cannabis and changes to the *Liquor Act* in Yukon, another look at substance use patterns among seniors is strongly recommended. While there are some data quality concerns, survey data continues to suggest that Yukon seniors are more likely to smoke and drink heavily than their national counterparts. Figure 27 shows the estimated share of seniors reporting daily and occasional smoking in Yukon was 18 per cent in 2015–16, nearly double the share nationally. Heavy drinking (estimated based on exceeding four drinks in a sitting for women, or five for men, at least monthly) also appeared to be more prevalent, but this difference was not statistically significant.

**Figure 27:** Percent of Seniors Reporting Smoking or Heavy Drinking, 2015/16



Source: Statistics Canada (2018)<sup>22</sup>

Estimates of other substance use (including cannabis and illegal drugs) among Yukon seniors are subject to significant sample variability, limiting our ability to look at detailed information or draw firm conclusions regarding comparisons. However, the 2015–16 survey results suggest that 58 per cent of Yukon seniors had **never** used illegal drugs, compared to only 26 per cent of non-seniors aged 12 and over. Nearly 93 per cent of Yukon seniors had **not** used cannabis or illegal drugs in the past year, while only about 59 per cent of non-seniors in Yukon reported this same abstinence.<sup>24</sup>

## Going Deeper: Sexually Transmitted Infections (STIs)

A myth – or perhaps a symptom of ageism – is the assumption that seniors are not sexually active. However, an American study suggested that three quarters of adults aged 57 to 64, more than half of those aged 65 to 74 and a quarter aged 75 to 84 were sexually active.<sup>64</sup> The misconception that this activity is not occurring, along with seniors' own perceptions of risk, may be contributing to rising global rates of STIs in older adults. Some seniors may not have received sexual health information as young adults, and a perception that such information is not needed in seniors provides a missed opportunity for prevention and education. Strategies for addressing STI risk may not be raised by providers working with seniors, and as such may not be considered or implemented by individuals. Seniors who are sexually active may, in fact, be more vulnerable to infection than younger adults, due to immune system changes and physiological changes.<sup>65</sup>

Evidence from the U.K., U.S. and Canada points to increasing rates of some STIs in older people in recent decades. Indeed, Canadian data have identified a dramatic increase in gonorrhea infections in older men since 1999, as well as increases in chlamydia, syphilis and HIV infection in older adults.<sup>66</sup>

Although there have been very few cases of STI diagnoses among Yukon seniors in recent years, with the increasing older population it is important to continue monitoring rates, and to ensure that seniors are aware of risk factors, preventative behaviours, and the availability and importance of testing.

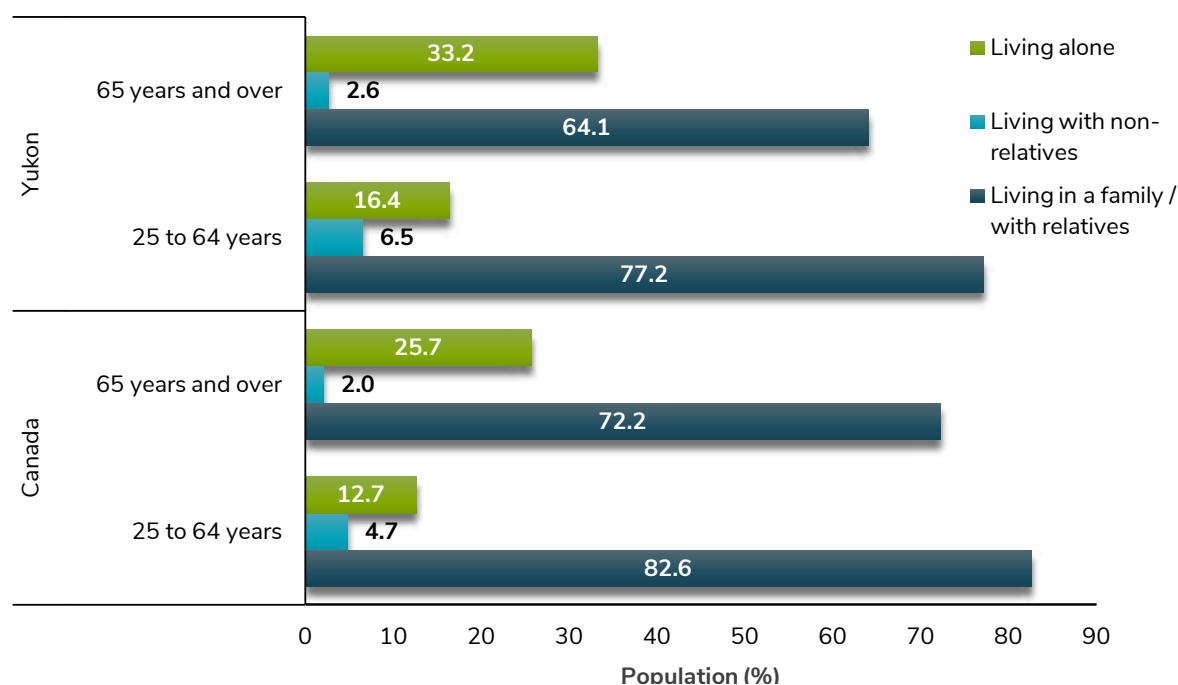
## Isolation

Social isolation is an important risk factor for seniors, with impacts on mental and physical health, including links to cognitive decline, increased morbidity and mortality, decreased resistance to infection and increased risk of hospitalization.<sup>67</sup> As many as 30 per cent of seniors nationally are at risk of social isolation, and local health care and social service providers affirm that it is equally a serious issue for Yukon seniors.<sup>68 54</sup>

Transportation, geographic and environmental barriers can lead to isolation. Thus, it may not be surprising that this is a common issue in Yukon, with its geographically distributed population, challenging landscape and frequently harsh climate. The frontier or individualistic attitude that brings (or historically attracted) some portion of our population to this part of the world may also contribute to the isolation of some seniors, who have intentionally lived apart from society.<sup>69</sup>

Based on Census data from 2016, Figure 28 indicates that one third of Yukon seniors were living alone, more than double the share among younger adults. Nationally, just over a quarter of seniors were living alone in 2016, a lower share than in Yukon. In both cases, the number of seniors living alone is about double that of younger people.

**Figure 28:** Percent of Population in Private Households by Household Living Arrangements, Seniors versus Adults aged 25 to 64, Yukon and Canada, 2016



Source: Statistics Canada (2018)<sup>70</sup>

Among the 258 assessed clients included in Yukon's Home Care Reporting System data in 2017–18, nearly 58 per cent were living alone at the time of referral, as shown in Table 10. This is more than three times the share living alone among assessed home care clients across reporting jurisdictions. This client population is not representative of all seniors (and 19 per cent of the assessed home care clients were under age 65), however, it does suggest that isolation may be a greater risk for our senior and home care client population than in other reporting jurisdictions. (This isolation may be a factor in the need for home care, either directly, due to the lack of in-home support, or indirectly, due to increased risk of health support needs associated with social isolation.)

**Table 10:** Informal Care of Assessed Home Care Clients, Yukon and All Reporting Jurisdictions Combined, 2017/1818

	Yukon	All Reporting Jurisdictions
Living alone at referral (%)	57.8	16.4
Informal caregiver present (%)	93.8	96.0
Caregiver relationship to client (%)	100.0	99.2
Spouse (%)	22.7	28.7
Child or child-in-law (%)	41.3	51.7
Other (relative/friend/neighbour) (%)	36.0	18.8
Mean hours of informal care/week (hrs)	11.7	20.6

**Source:** Canadian Institute for Health Information (2018) <sup>71</sup>

Most home care clients in Yukon and all reporting jurisdictions had an informal caregiver present – typically a family member or friend that is not financially reimbursed. However, fewer of these informal caregivers in Yukon were in the client's immediate family: less than 20 per cent of caregivers were someone other than a spouse or child in the combined jurisdictions, while 36 per cent of caregivers in Yukon were an 'other relative', friend or neighbor of the client. Yukon home care clients were also receiving fewer hours of informal care than was the case generally, at an average of about 12 hours per week, compared to nearly 21 in all jurisdictions combined. While not conclusive, this does add weight to providers' assertion that many of our clients are estranged from family members or have lived independently and alone throughout adulthood.

18 Reporting jurisdictions include full coverage for Newfoundland and Labrador; Ontario; Alberta and Yukon, and partial coverage for British Columbia (Northern Health excluded)

## Going Deeper: Hoarding

Hoarding refers to a persistent difficulty in parting with possessions, in addition to the acquisition of objects, such that the person, family and/or property owners are harmed by their actions.<sup>72,73</sup> While not exclusive to seniors, hoarding has been identified as a secondary result of dementia and stroke, which are more prevalent among older people. For those whose behaviour was not a symptom or result of another condition, symptoms evident earlier in life could worsen with age.<sup>72</sup>

Estimates of the prevalence of hoarding are not available for Canada or Yukon, though American estimates range from two to six per cent of the population. Within the territory, hoarding has been identified as an important issue among senior Social Services clients.<sup>74</sup> Treatment of hoarding behaviour may be challenging, given the complexity and potential for concurrent mental health and organic disorders. Attention to this issue is essential given the health and safety risks associated with this behaviour:

- Increased risk of fires and difficulty extinguishing fires
- Risks to residents, visitors and first responders of falling or being trapped or injured by clutter
- Property damage, including hidden water leaks
- Dust and mold, with potential respiratory impacts
- Pest infestations

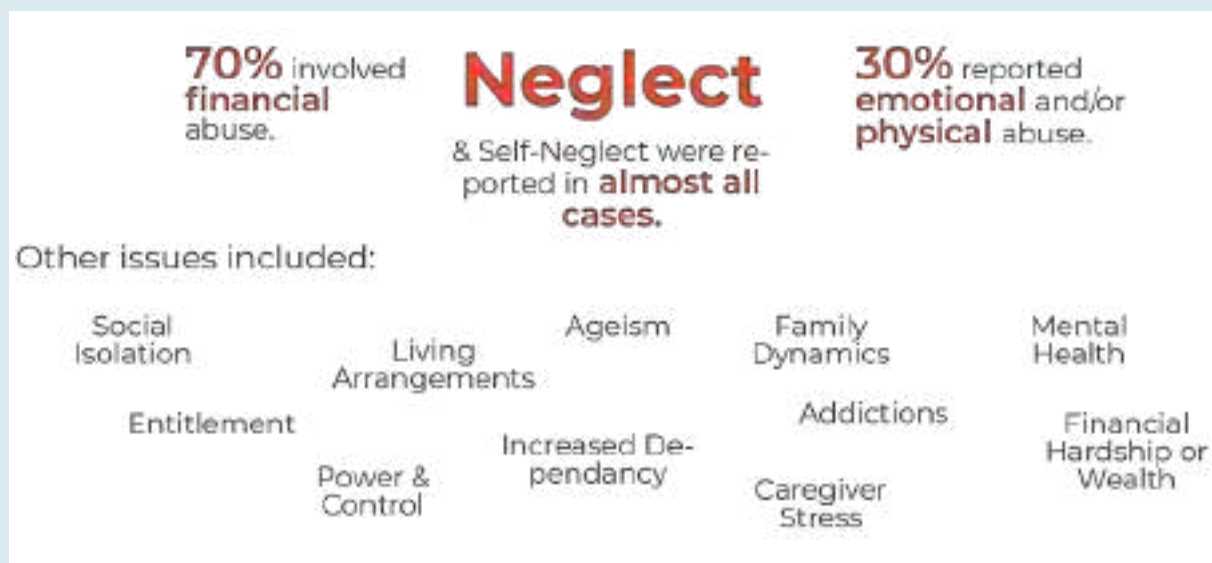
Attention to this disorder likely requires ongoing and multi-faceted treatment, with one-time 'clean-outs' being ineffective over the long term. Addressing underlying anxiety, depression or other issues in addition to the behaviour itself is needed to prevent or reduce the risk of recurrence.<sup>75</sup>

## Spotlight: Abuse Neglect, and Self-Neglect

Elder abuse is “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.”<sup>76</sup> It is a significant problem globally, and Yukon is no exception to this rule. This abuse can be emotional, physical, psychological, sexual or financial; it also includes neglect, self-neglect and violation of rights.<sup>77</sup> It can result in: increased risk of illness (or exacerbation of existing illness); injury; depression and other mental health effects; nutrition-related issues; sleep disturbances; and premature death. Conversely, physical, mental and cognitive challenges may put us at greater risk of abuse, neglect and self-neglect. All these issues may then be intertwined with issues of hoarding and isolation discussed above, illustrating the complex and urgent needs that may be seen in many of the relevant cases.<sup>78,79,74</sup>

Among Adult Protection cases for seniors in Yukon, financial abuse, neglect and self-neglect are most common. However, these cases are extremely complex, and these forms of abuse are frequently intertwined with each other, and with the emotional and mental abuse of older persons.<sup>74</sup>

**Figure 43:** Adult Protection Cases Year-to-Date, Yukon, April-August 2018 (72)



Neglect is the intentional or unintentional failure of seniors' caregivers to ensure access to the necessities of life, including food, hygiene, housing, medical care, access to companionship and other essentials. It may also include abandonment, failure to supervise or ensure the safety of seniors. Self-neglect occurs when a person fails to take care of their own needs.<sup>80</sup> This may occur when the negative and ageist attitudes that surround seniors become self-fulfilling, with some questioning their self-worth.

Financial abuse occurs when family members and others pressure seniors for financial support – by taking bank cards and passwords, forcing transference of property, or simply asking to borrow money. While financial abuse is often amongst family members or other loved ones, it may also be an action of a stranger who finds and exploits the vulnerabilities of an older person by posing as bill collectors or charitable organizations. Emotional abuse may accompany this behaviour, as the perpetrators exploit the emotions and sensitivities of older persons or belittle and devalue them to encourage compliance.<sup>81</sup>

A recent phenomenon identified by local service providers involves the transference of a property from a seniors' name to that of a child or other relative, with an alleged commitment to provide housing to that senior. Once the transfer is complete, however, relatives sell the home, leaving the senior with few assets and nowhere to live.<sup>74</sup> Upon assessing seniors' income and wealth, we must be cognizant that a circumstance of this nature could change the financial and housing status of a senior overnight.

## Developing and Strengthening Age-Friendly Communities

Until now, we have focused on how Yukon seniors are doing financially, socially, physically, and mentally. Our individual context, including our health and personal characteristics, location of residence, access to transportation, financial resources and other factors will impact our ability to participate in our communities as we age, but the characteristics of the community can strongly influence this as well. Understanding our strengths, barriers and possible new directions in building or strengthening age-friendly communities in Yukon is an important component of supporting wellness of our older population, and a component of our overall population and community well-being.

Age-friendly communities provide policies and services enabling seniors to continue actively participating in their community. This can be achieved through:

- Well-lit and accessible sidewalks
- Accessible buildings
- Well-designed, affordable housing
- Elevators and automatic doors
- Easily accessed and affordable public transit
- Community activities orientated towards seniors



Each of us can also play an active role in promoting age-friendly communities:

- Respect seniors' lifestyles
- Recognize that seniors have a lifetime of skills and experience to draw upon
- Include seniors in community life
- Protect seniors who are vulnerable

The next part of this report will focus on some of the misconceptions people have about seniors, how seniors benefit our communities, and what age-friendly communities might look like in Yukon.

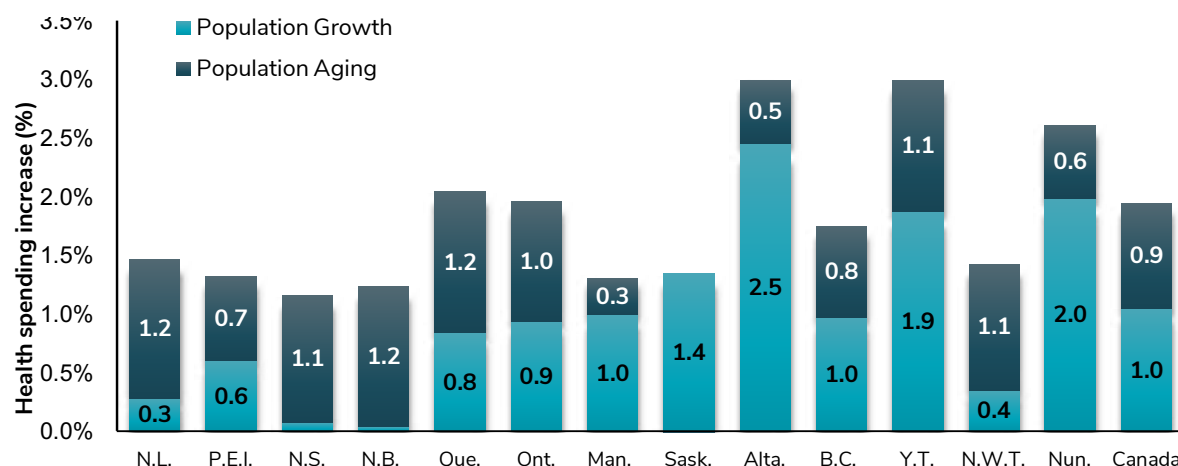
## **The Role and Value of Older Persons**

Ageism can be harmful to older people in our communities. The misconception that seniors are a burden overrides the myriad of contributions that seniors make to their families and communities.

### **“The Silver Tsunami”: A Term We Must Challenge**

A frequent refrain in the past decade or more has been the impending crush of pressure on the health-care system due to population aging. While there is an increasing older population in Canada, which will have some impact on health system use and cost, the reality is less dramatic than headlines would suggest. As Figure 29 shows, from 2005 to 2015, while the Canadian senior population grew by nearly 38 per cent, aging contributed to only 0.9 per cent growth in health expenditures. In Yukon, the population aged 65 and over grew 88 per cent, but age-related growth in health expenditures was only 1.1 per cent. In fact, population growth in Yukon was a larger component of health spending growth than the growing senior population.

**Figure 29:** Contribution of Population Growth and Aging to Growth in Provincial / Territorial Government Health Spending, by Province and Territory, 2005 to 2015

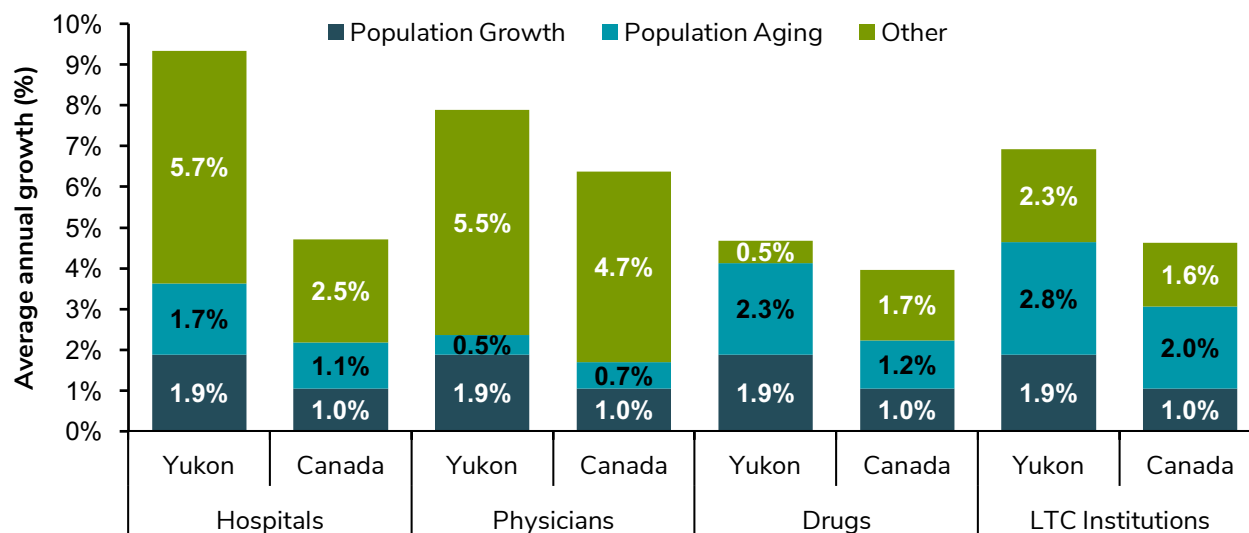


Source: Canadian Institute for Health Information (2018) <sup>82</sup>

Although population aging does impact health costs, other factors that also influence health spending are medical travel and technology. In Yukon, medevacs (air ambulance flights) are the primary driver of costs associated with medical travel, but these flights are often needed due to the severity of injury or need for advanced care, and are not related to age. The relatively recent introduction of an MRI machine in Yukon, for example, may have reduced the need for travel associated with medical imaging, but it contributes to capital and operational costs. Abnormal findings that require follow-up diagnostic testing or services can also result in increased costs. Nevertheless, savings may be realized through early detection of conditions, which can reduce the need for other services.

Seniors are more likely to use hospitals, and to stay longer once there, due to increased needs associated with progressive chronic conditions, end-of-life care needs, waiting periods for long-term care beds and other factors. Nevertheless, hospital costs and physician spending are driven as much or more by other factors such as labour costs (particularly for hospitals), physician fees and increased use of specialists, diagnostics and therapeutics than by aging. <sup>83</sup>

**Figure 30:** Contribution of Aging to Average Annual Growth for Hospitals, Physicians, Drugs and Long-Term Care Institutions, Yukon and Canada, 2005 to 2015



Source: Canadian Institute for Health Information (2018) <sup>82</sup>

As Figure 30 above shows, spending on drugs and long-term care in Yukon were influenced more by aging than other expenditure categories (and more than nationally). Given that chronic conditions are more prevalent, and symptoms typically increase with age, the need for management through increasing use of prescription medication may not be surprising. However, the need for multiple medications should be regularly reassessed not only because of cost, but to consider emerging drug interactions, changing indications for drugs, and prevention of adverse drug effects. The availability of publicly funded programs for seniors' medication also influence drug expenditures for this group relative to other population units. Long-term care is largely targeted at seniors, so we would anticipate a significant portion of this spending increase to be related to the aging population. <sup>83</sup>

The reality is that pressures on health expenditures are complex and challenging to address, with health professionals' compensation, population health and expectations, pharmaceutical use and costs, technological innovations and more contributing to regular growth in public and private health care spending. An aging population, with increasing care needs, is a contributor to this growth, and the information presented does not eliminate that reality (nor negate the value in continually considering how best to invest our health dollars for all ages).

# Seniors Benefit Communities

## Volunteering and Donating

The acknowledgement that seniors are a vital component of our communities is more important than considering the relative impact of seniors on our health care expenditures. Although the socio-economic status of seniors may vary, many seniors have disposable income and assets that enable contributions to communities. Seniors support local businesses and may help family members in investing in a first home, or in a financial crisis.<sup>84</sup>

While seniors may be less likely to volunteer than other age groups (perhaps related in part to mandatory volunteer hours for youth in some jurisdictions, as well as potential barriers to some seniors), Canadian seniors who did volunteer contributed more hours than average. Table 11 shows that seniors aged 65 to 74 who volunteered had the highest average hours, at 231 hours per year nationally in 2013. Charitable donations are made by all age groups in Canada, including seniors, but senior donors aged 55 and older made the highest average donations in 2013, with even higher averages among the oldest seniors (shown in Table 12).

**Table 11:** Average Volunteer Hours and Donations Value per Donor, Canada, 2013<sup>19</sup>

Annual Average	Total	Aged 55 to 64	Aged 65 to 74	Aged 75 and over
Volunteer hours per volunteer	154	203	231	196
Donations among donors	531	681	715	726

Source: Turcotte, M (2015)<sup>85</sup>

19 The 2013 General Social Survey did not include the territories.

While recent data on Yukon volunteering and donating is not available, older data portrays the important contributions many seniors were making, with higher than average annual volunteer hours among seniors aged 65 and older, and similar or above average annual donation rates among older adults compared to the total population (shown in Table 12).

**Table 12:** Volunteer and Donor Rates, Average Hours / Donation per Volunteer or Donor, by Age Group, Yukon, 2010<sup>20</sup>

	Total	Aged 55 to 64	Aged 65 and older
<b>Volunteer rate</b>	48.9	46.9	39.2 E
<b>Average annual volunteer hours</b>	131	111 E	154 E
<b>Donor rate</b>	82.2	81.7	83.4
<b>Average annual donations</b>	514	800 E	526 E

Source: Statistics Canada (2015)<sup>86</sup>

## Workforce and Taxes

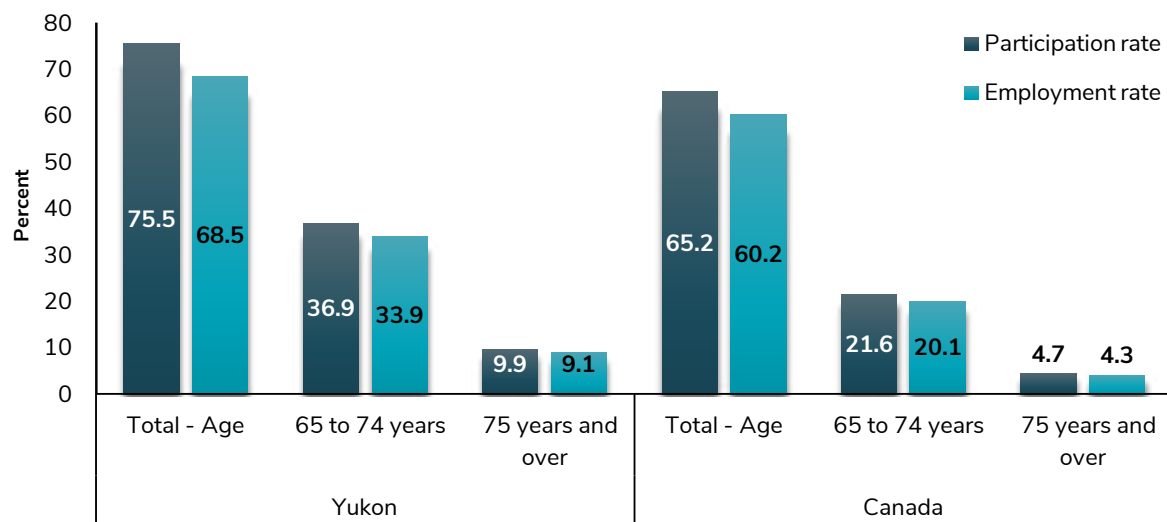
In 2016, a third of Yukon's population aged 65 to 74 and nearly one in ten of those aged 75 and older reported being employed. This is significantly higher than the comparative national rates.

Overall, 26.8 per cent of seniors in Yukon reported being employed in 2016, compared to 20.5 per cent a decade earlier, and only 9.6 per cent in 1986. While representing a relatively small share of the total employed population in Yukon, seniors are a growing and important component of our workforce. As Figure 31 shows, approximately one

20 E – Use with caution (small sample size and/or high sampling variability)

in three 65 to 74-year olds and one in ten aged 75 and over are either employed (employment rate) or are working, looking for work or temporarily out of the work force (participation rate). While many may continue to work out of necessity (primarily due to lack of private pensions), others may enjoy the ongoing connection and activity, or may be maximizing earnings before retirement. Whether out of necessity or choice, more seniors continue to contribute to the workforce.<sup>87</sup>

**Figure 31:** Labour Force Participation and Employment Rate, by Age Group, Yukon and Canada, 2016



Source: Statistics Canada (2018)<sup>88</sup>

Many have heard the concerns related to labour shortages as the wave of baby boom retirement continues. Older workers can potentially help mitigate the impact of that demographic phenomenon, and can help organizations retain and transfer knowledge and experience. While the nature and level of work may shift as we age (such as a reduced emphasis on physical labour, or a reduction in hours), older workers can be productive, dedicated and motivated workers well into their senior years. The desire for part-time or temporary options among older workers may offer employers flexible alternatives for shorter term or fluctuating needs, complementing the contingent of younger adults who want more stable and full-time employment.<sup>89</sup>

Yukon College offers a bi-yearly program called the Targeted Initiative for Older Workers Program, run in partnership with the Canadian and Yukon governments. This program provides participants with the opportunity to develop employability skills, participate in an extended work placement, and upgrade their work-related literacy and computer

skills. It is targeted specifically to those between 50 and 70 years of age.

In addition, seniors continue to contribute through taxes. The 2016 census data indicates that Yukon seniors aged 65 and over contributed more than \$21 million dollars in income tax in 2015. And while we do not have specific estimates available, we know that seniors also contribute to local and national tax bases through property and sales taxes.

## **In Our Families and Communities**

Beyond these tracked contributions to society, seniors are a crucial part of our social fabric, with many contributing daily to the well-being and function of families and communities.

- Seniors provide free regular or emergency child care to relatives
- Seniors care for their aging partners, parents and other relatives
- Seniors offer friendship, wisdom, storytelling, support and other vital social elements.

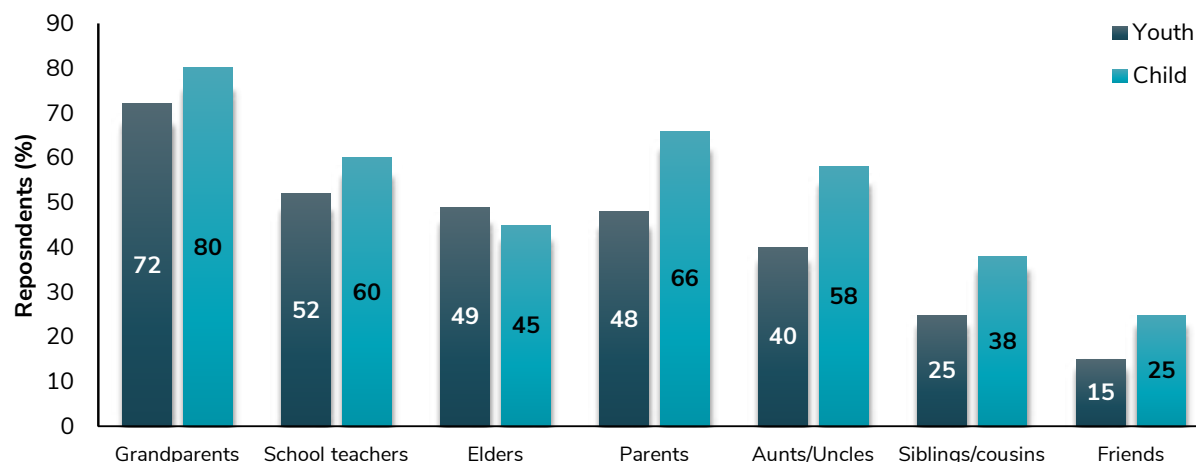
The absence of these contributions would have a significant financial and societal impact that we may often underestimate. For example, providing care reduces the need for professional home care services and potentially delays the entry of those persons into long-term care. 90

## **Older People and Yukon First Nations**

As in other population groups, the individual circumstances of older Yukon First Nations citizens may vary, with some experiencing isolation or other symptoms of community or family disconnectedness. Nevertheless, there is a strong emphasis among Yukon First Nations (and other First Nations communities) on the importance and value of elders to communities and well-being.

When asked which adults helped them understand their culture, Yukon First Nations children and youth mentioned grandparents most often (as seen in Figure 32). In addition, nearly half of youth and children identified elders as a source of cultural understanding.

**Figure 32:** Percent of Respondents Reporting Specific Adults who Help Understand their Culture, Yukon First Nations Youth and Child RHS-3 Respondents, 2015/16



**Source:** Council of Yukon First Nations (2018) <sup>91</sup>

Elders’ voices and councils are key resources for many Yukon First Nations initiatives and communities, from the development of the Yukon First Nations’ “well-being wheel,” to the delivery of programming and community governance.<sup>92,93,94,95,91</sup> The incorporation of culture and on-the-land activities, and the sharing of traditional knowledge and medicine, have been identified as valuable strategies for mental wellness, with elders identified as key resources for those activities.<sup>96</sup> Our broader communities may benefit from increased consideration and emulation of Yukon First Nations’ attention to elders’ voices, contributions and presence in our communities.



## Voices from the Community: Ann Smith's Story

Elder and former Kwanlin Dün Chief, Ann Smith is of Tutchone and Tlingit ancestry. She is a member of the Wolf Clan, and has lived in Whitehorse her whole life. She is a very proud mother, grandmother and great-grandmother, spending much of her time with her grandchildren and great grandchildren. Ann is also an expert traditional weaver. Her specialty is the Ravenstail style, an ancient custom that has lived on Canada's Northwest Coast for generations. She is currently working on a robe with her daughter-in-law, teaching her the ways of weaving. As Ann says, "It is our responsibility to teach our children, to pass our knowledge on to the next generation, for they will become the next leaders, the next set of teachers."

Ann is a residential school survivor who has spent much of her life learning the ways of her culture. Travelling throughout North America, Ann has educated herself in many First Nations practices, such as sweat lodges, dances, the elements of traditional knowledge and most recently, starting in 1990, weaving. Knowledge is of great importance to her, so that she may pass it on to her children and their children. Ann also loves to do anything that makes her feel good. Hobbies, she says, require hard work, commitment and lots of love. Her desire to give back to the community is also strong, and she sits on the Art Donations committee at the Kwanlin Dün Cultural Centre, which aims to financially help those involved in sports, art and culture.

To Ann, aging is a part of life. It does not change who she is, merely makes her more determined to not give up because of her grand-children and great grandchildren. She puts significant emphasis on staying involved with her family and her community and remains highly respected by many.

## Promoting an Age-friendly Yukon

Age-friendly communities are a good place to grow old. They respect autonomy, foster healthy and active aging and provide care as required. In 2006, a federal/provincial/territorial working group on healthy aging and wellness looked at characteristics of rural and remote communities that help seniors maintain “healthy, active and productive lives,” building on the World Health Organization’s work on age-friendly cities. In general terms, the group finds that age-friendly communities support and enable active aging by:

- recognizing the wide range of capacities and resources among older people;
- anticipating and responding flexibly to aging-related needs and preferences;
- respecting the decisions and lifestyle choices of older adults;
- protecting those older adults who are most vulnerable;
- and promoting inclusion of older adults in, and contribution to, all areas of community life<sup>97</sup>

This work identified several key characteristics that we can consider.

### Outdoor Spaces

Outdoor activities are an inherent and valued part of life for most of Yukon’s population, and the ability to engage in these is an attraction for many Yukoners. Physical activity, traditional activities and participation in cultural events and festivals often involve outdoor elements. Even getting to the grocery store requires some movement through the elements. Thus, characteristics we should consider include:

- Walkable sidewalks, pathways and trails
- Accessible public buildings
- Accessible washrooms, rest areas and benches on footpaths
- Services within walking distance of many seniors’ residences

In our communities, increased focus on accessible buildings and paths, particularly in Whitehorse, has expanded the ability of those with reduced mobility to access public venues and recreational opportunities. The introduction of the Millennium Trail, and more recently, snow clearing along the trail, is one example of improved accessibility of a valued recreational asset. Nevertheless, we have a lack of sidewalks in some areas; snow clearing is sometimes inadequate; there is a lack of accessible washrooms in some public buildings and along paths; and some public buildings have challenging entries. Furthermore, our sprawling communities provide limited options for those who wish to live within walking distance of services. Though we cannot eliminate the inherently

unfriendly elements of our weather, we can aim to minimize infrastructure-related barriers.<sup>97</sup>

## **Transportation**

Many seniors continue to drive. For those in rural Yukon, living without a private vehicle is difficult given the limited public transportation options and the distance to many services. Seniors who no longer drive and live outside of Whitehorse may rely on family and friends for transportation, though some First Nation communities offer shuttles to Whitehorse for medical appointments or other personal needs.

Ensuring snow is adequately and quickly removed from roads, offering suitable parking, supporting or providing assisted transportation services and affordable and safe taxis or shuttle services are among the transportation-related actions that support seniors' inclusion in communities. Even in Whitehorse, the lack of public transportation at night and on Sundays may limit some seniors' ability to engage socially or attend events.<sup>97</sup>

In 2016 the Government of Yukon and City of Whitehorse launched Yukon Rideshare, a free online resource that connects people throughout the territory to carpool, whether for every day commutes, or one-off events. However, it is contingent on volunteer drivers being available, and requires people to have internet access. There may also be barriers to seniors who are not as comfortable with electronic media or internet-based technology.

## Voices from the Community: Public Transit

As people age, some are no longer able to drive due to deteriorating eyesight or other issues. Public transit in Whitehorse is an option for those living and travelling within the city, but public transit does not extend to outlying communities and those seniors living in rural Yukon struggle to get to Whitehorse for appointments. Jennifer Ritchie says, “My biggest problem, as a rural senior who does not drive, is getting to a medical appointment in Whitehorse. While I can always get a ride to town for shopping with a neighbor, I often cannot get in for a specific date, without great difficulty and/or expense, as my neighbours are all retired and only go to town on random days.”

### *Addressing the issues...*

Mass transit for remote and sparsely populated areas are not feasible, but exploration of innovative transit options for those unable to drive would help to solve the difficulties Jennifer faces. Rural ride share programs, such as Yukon Rideshare, are growing around the world, and a systematic review of how seniors in Yukon could utilize this tool would be well worthwhile.

## Age-friendly Housing

Seniors identified affordable and suitable housing as important considerations for communities, with a range of housing types required to accommodate seniors’ varying and changing capacity and functionality. Apartments for seniors who wish to downsize from a single-detached home, and supported-living options that serve as an intermediate step between living independently and being in long-term care, were identified as key components of an age-friendly housing continuum.<sup>97</sup>

Most senior households in Yukon were in single-detached houses, with apartments being the next most common dwelling type. However, the bulk of apartment-style housing in Yukon is in Whitehorse. Indeed, in 2016, 90 per cent of the 1770 Yukon Housing apartments were in Whitehorse. Thus, options for accessible private housing in communities other than Whitehorse may be limited.<sup>44</sup>

**Table 13:** Yukon Housing for Seniors in Yukon Communities

Community	Number of Units
Dawson City	4
Faro	6
Haines Junction	9
Mayo	6
Teslin	8
Watson Lake	12
Whitehorse	236
Grand Total	281

Source: Yukon Housing Corporation (2018) <sup>98</sup>

Seniors who continue to live in private dwellings may face affordability issues, given the high cost of renting or purchasing a home in the territory. Those aiming to downsize may be faced with high costs to purchase or rent condominiums (particularly accessible condominiums). While, Yukon Housing offers some affordable and accessible seniors housing, with multiple buildings in Whitehorse and some small buildings in rural Yukon (see Table 13), not all seniors will qualify, and a waiting list has been identified as a barrier for some residents.<sup>99,100,74</sup> However, an accessibility grant program offered by Yukon Housing Corporation several years ago supported the incorporation of accessible features to residents' own housing. In addition, the Western Canadian Association of Lifeline Programs offers a Lifeline medical alert service in Yukon, allowing Yukoners to summon help in the home with the push of a button.<sup>101</sup> While the service is subsidized, and gives some Yukoners the ability to continue aging in place, a land line or cell phone is required to use the system, a potentially costly item for some Yukoners.

Assisted living, which offers some level of support in an accessible, relatively independent setting, has been repeatedly identified as a gap in the housing continuum by both providers and residents. While some of Health and Social Services' Continuing Care facilities offer an intermediate level of care, these are in communal rather than independent settings, and may offer more care and supervision than some seniors are seeking as the first step in a move from completely independent private housing.<sup>54</sup>

## Age-friendly Social Conditions

Addressing ageism and misconceptions about seniors' capacity and contributions are key to ensuring that our community social context is welcoming and inclusive. It will help us invest in policies, infrastructure and programs that support seniors of all abilities. This will better enable participation in social, political, business, recreational and other activities.

Employment is one method for seniors to stay active and connected, though reasons for employment may include financial necessity. To support seniors who wish or need to work, there are many features or benefits that employers can offer, including the following:

- Flexible work arrangements (hours, job sharing, short and long-term leave options)
- Training, opportunities and challenges to allow continued growth and stimulation
- Wellness plans and benefits
- Accessible physical environments<sup>89</sup>

Seniors' income and local spending was identified as one contributor to the broader community. Ensuring businesses are accessible and inviting for seniors is beneficial to those businesses, and supportive of a community where seniors feel included rather than excluded. Age-friendly business features may include:

- Friendly customer service, avoiding assumptions or condescension related to function
- Safe accessible spaces, places to rest, accessible washrooms
- Menus and bills with easy-to-read print
- Delivery options

Age-friendly businesses may even serve as “first responders” by helping identify seniors who are in need of care. For example, banks could identify seniors who may be financially vulnerable or abused, allowing service providers to check on the safety and service needs of those seniors.<sup>102</sup> Outside of business settings, including seniors in social events, offering gathering places and recreational programming that includes or targets seniors will support their inclusion; reducing isolation and inactivity that may be increasingly risky as we age.<sup>97</sup>

Whitehorse has a strong community of seniors' non-profit organizations, including the Golden Age Society, Yukon Council on Aging and the ElderActive Recreation Association.

Together, these organizations advocate for seniors and/or offer and deliver a range of recreational programming, from crafting to sports. The Golden Age Society also offers a drop-in centre for information and social opportunities. The Canada Games Centre (CGC) offers subsidized access to programming, as well as programs that specifically target older adults.<sup>103,104</sup> Outside Whitehorse, designated spaces for senior's social events and recreational programming may be limited. However, special events and programs that include or are targeted to seniors are offered in many communities on a regular basis. A handful of these programs and events are highlighted in Table 14 below.

**Table 14:** Selected Seniors Events or Programs in Rural Yukon

Event or Program	Location	Description
<b>Echo Legacy Project</b>	First Nation of Na-cho Nyäk Dun	3-day symposium on elder abuse with social evenings and cultural activities
<b>Seniors Program</b>	Town of Faro	Shuffleboard; aqua-fit; historical talks
<b>Seniors Engagement project</b>	Carcross/Tagish First Nation	Bingo, berry picking, games night, yoga
<b>Elders on the TH Farm</b>	Tr'ondek Hwech'in	Sharing of traditional and cultural knowledge; mentoring
<b>Signpost Seniors Association</b>	Watson Lake	Weekly lunch; other activities
<b>Marsh Lake North of 60</b>	Marsh Lake	Weekly meeting, cards and coffee
<b>Tagish Community Hall</b>	Tagish	Weekly meeting, chat and coffee

**Source:** Yukon Council on Aging and Office of Larry Bagnell (2018)<sup>105,106</sup>

## Going Deeper: Yukon College - Elders on Campus

First Nations elders are included in the faculty contingent at the Ayamdigut (Whitehorse) Campus of Yukon College. Elders offer regular talks on Indigenous topics, attend elders' campfires, contribute Indigenous knowledge, and offer spiritual and wellness support. Social connections between youth and elders are fostered through the sharing of music and stories in the Harry Allen Lounge.

Participation by elders in campus activities is not something new. But the creation of a specific elders' program highlights the importance of their knowledge and insight. It is an example of inclusion that benefits both students and the broader community. It also offers elders an opportunity to contribute to society and to connect with faculty and students. The Harry Allen Lounge was designed to integrate both modern and traditional elements, offering a gathering space that visually unites youth and elders.<sup>107,108</sup>

## Voices from the Community: Dalyce Huot's Story

Dalyce Huot of the Teslin Tlingit First Nation has lived in Yukon her whole life, spending most of it between Johnson's Crossing and Teslin. For the past 16 years she has worked in the Health and Social Department for the Teslin Tlingit Council. Her continued ability to work is exceptionally important to her. After undergoing treatment for breast cancer, Dalyce decided to continue working, since her job kept her connected to her community. Twenty months ago, Dalyce was placed on the waitlist for cataract surgery, which she desperately needs if she is to continue working, driving and participating in community events. Dalyce believes that people should have someone advocating for them in regard to their health, for shorter waitlists. She says "I try to advocate for people going through cancer and encourage people to talk about their health. Together we can make a difference."

Dalyce has every intention of aging in place, stating that "there is nothing I can do to change the aging process." She loves her people, her community, and how everyone can rely on each other for support. For example, when she was diagnosed with breast cancer, friends and family were quick to provide her with six cords of firewood to help reduce the chore of doing it herself. Her youngest son also cared for her through her treatment. To Dalyce, friends and family are critical to have around as she ages, as is being an active member of her community. She is not worried about the supports she might need as she ages because of the care she receives from her family and friends, but she knows that not everyone has the same support network as she does. Many, she says, lack the resources to age in place. Some individuals may feel they become a burden to others as they age.

## Services and Supports for Seniors

An aging population cannot be supported without services to help us as we age. Yukon currently provides several services that can be accessed by seniors, though not necessarily exclusively.

### Age-friendly Legal Options and Legislation

Much of this report has been related to the preservation of seniors' active participation in community life, however, there is a range of functional abilities among seniors, as there is in other age groups. Our cognitive and physical functioning will decrease as we age, and there may be a point at which we are no longer able to make or act on decisions related to our care, our property or other aspects of our lives.



Age-friendly legislation, in this context, offers options and protections for transferring of decision-making authority and other powers to designated persons when the time arrives. This helps preserve seniors' decision making and autonomy to the greatest extent possible, for as long as it is possible and appropriate.

Currently in Yukon, we have a few key pieces of legislation and tools related to the transfer of decision-making power:

- **Adult Protection and Decision-Making Act**
  - This legislation offers legal options for the preservation of decision-making authority of adults to the greatest extent possible, based on the individual's capacity. Inherent to the act is the presumption that adults can manage their affairs "until the contrary is demonstrated".
- **Enduring Power of Attorney Act**
  - This legislation enables Yukoners to create an Enduring Power of Attorney document, that identifies a person who can manage your financial affairs on your behalf if you are 'mentally incapable of managing your affairs'.
- **Care Consent Act**
  - This act establishes the right of individuals to consent to care or refuse care on any grounds including religious belief. Also allows for the designation of a health decision maker.
- **Medical Assistance in Dying**
  - As of June 2016, Canadian health care providers can provide assistance to those with "grievous and irremediable medical conditions" who wish to end their life. Yukoners who meet the eligibility requirements, and who make a request for medical assistance in dying, will be provided with this assistance covered by Yukon's Public Health Insurance.

More information regarding the legislation currently in place in Yukon can be found by visiting Yukon Health and Social Services Adult Decision Making: <http://www.hss.gov.yk.ca/adultdecisionmaking.php>

## Health Services for Seniors

### Seniors and Primary Care

More than 40 general practice physicians live and practice in Whitehorse, serving patients of all ages. Outside Whitehorse, physicians are present in Haines Junction, Mayo, Dawson and Watson Lake, while most communities' primary care needs are met by community nurses and/or visiting physicians.<sup>109</sup>

### Chronic Conditions Support Program

The Chronic Conditions Support Program offers guidance in symptom monitoring and management, exercise programming and accessing services to individuals with COPD, high blood pressure or diabetes. Recent activities include a pilot project that provided remote patient monitoring and care for individuals with COPD living in rural Yukon.<sup>110,111</sup> While these conditions are not exclusive to seniors, they are more common and will worsen with age if not managed.

### Voices from the Community: Ongoing Care for Chronic Diseases

As we age, some of us will experience additional health problems such as heart attacks or strokes. Carl Maguire suffered a heart attack in 2013. He was medevaced to St. Paul's Hospital in Vancouver, where he received excellent care. However, upon returning to Yukon, there was little follow-up care or support provided to him. This left both him and his wife feeling vulnerable. They would like to see a cardiac rehabilitation program offered as part of the Chronic Conditions Support Program.

#### *Addressing the issues...*

The package of services offered through funded Yukon Government programs can seem arbitrary. See our recommendations later for how chronic diseases might be managed in a different way.

## Specialist Physician Care for Seniors

Based on the increased prevalence of chronic conditions as we age, many resident and visiting specialists in Yukon may see seniors as a significant proportion if not majority of their client base. (Cardiology, oncology, rheumatology and other specialties are likely to have a significant share of seniors among their clientele.) In terms of specialties that specifically target seniors, however, only geriatric psychiatry is offered in Yukon, on either a resident or itinerant basis.

## Hospital Services for Seniors

We discussed the reasons why people are hospitalized, but did not extensively discuss the level of use. Hospitalization data from the last five years indicates that seniors were disproportionately likely to be hospitalized and stay longer. Table 15 shows that seniors accounted for 26 per cent of hospitalizations while comprising less than 13 per cent of the population in the territory.

**Table 15:** Number of Hospitalizations (showing Share of Total) and Average Length of Stay, Yukon Patients, 2013/14 to 2017/18 (Total)<sup>21</sup>

	Number of Hospitalizations	Share of hospitalizations	Average Length of Stay (Days)
0 to 14 years	4,110	12.1	3.4
15 to 24 years	2,300	6.7	4.1
25 to 44 years	8,020	23.5	3.5
45 to 64 years	10,620	31.2	6.0
65 years and over	9,020	26.5	8.0

Source: Kinsella, S (2018) <sup>112</sup>

Given the increasing prevalence and severity of chronic conditions and other challenges we may face as we age, this increased likelihood and length of hospitalization may be unsurprising. We are also aware of hospitalizations due to a shortage of long-term care beds, which impacts both numbers and lengths of stay. While the latter may be largely addressed by the new beds available at Whistle Bend Place, other preventable hospitalizations are worth exploring (as demonstrated through the remote patient monitoring for COPD, for example).

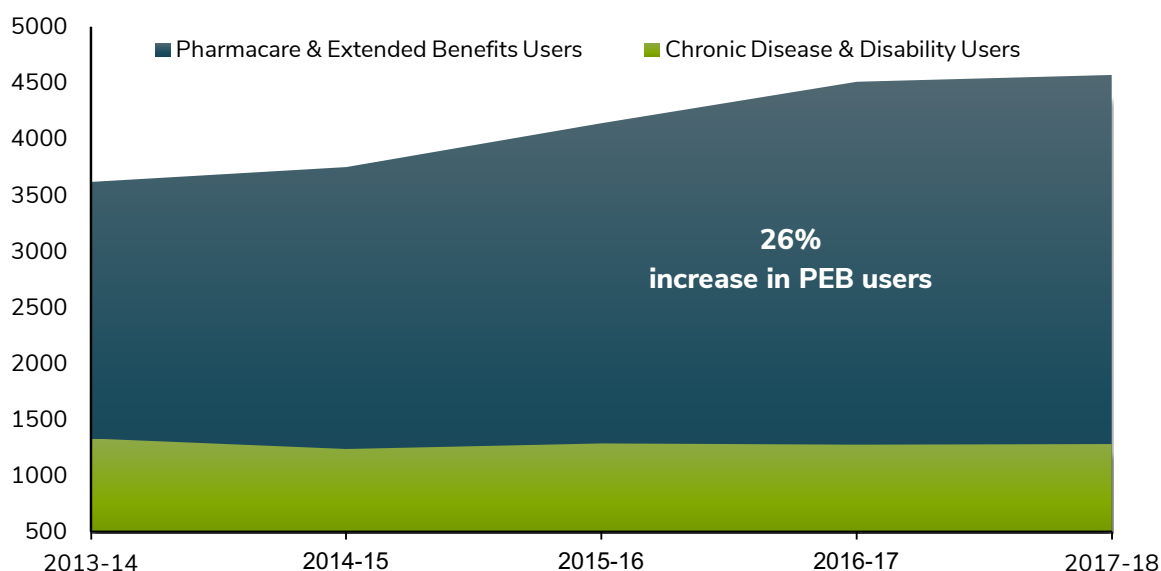
<sup>21</sup> Numbers have been rounded.

## Pharmacare and Extended Health Benefits

Yukon adults aged 65 and older, as well as those 60 and older with a spouse aged 65 and older, are eligible for help in covering the cost of prescriptions, dental care, eye care, and medical supplies. This is intended as a payer of last resort, after private insurance options have been exhausted (where applicable).

Based on administrative data, there were more than 4500 users of this program in 2017–18 – a 26 per cent increase from four years earlier. In contrast, the number of users of the Chronic Disease and Disability program, for which younger adults are eligible, has been relatively stable at about 1300 users.

**Figure 33:** Number of Pharmacare, Extended Benefits and Chronic Disease / Disability Users in Yukon, 2013/14 to 2017/18



Source: Yukon Health and Social Services (2018) <sup>113</sup>

Yukon seniors who are First Nation citizens may receive coverage for pharmaceutical costs from the Federal Government's Non-Insured Health Benefits (NIHB) program. Recent data suggest that approximately one fifth of Yukon seniors receive benefits through this program. <sup>113</sup>

## Voices from the Community: Coverage of Paramedical Services

Approximately 87 per cent of older adults in Yukon are living with at least one chronic condition. While the Chronic Conditions Support Program helps those with some chronic conditions, and Pharmacare covers the costs of medications and some medical devices, many Yukoners feel that more can be done. Lillian Nakamura Maguire, a long-time Yukoner and active participant in her community through organizations such as Seniors Action Yukon, suffers from osteoarthritis in her back, hip and foot. This illness affects her ability to walk and stand for long periods of time, and requires both physiotherapy and massage to ease the symptoms. Now that Lillian has retired however, she only has access to Pharmacare, and receives no additional benefits. Consequently, she is financially limited as to how much physiotherapy and massage she can afford. Lillian states that “I would like to see massage and physiotherapy that is referred by a doctor covered under Pharmacare. I believe this would result in more preventative health care, fewer medications and better-educated health care users.”

### *Addressing the issues...*

How much can the public purse handle? Lillian’s story speaks to inequities in access to partially funded or non-funded paramedical services such as physiotherapy, an often important asset for mobility or pain management that can in turn improve quality of life and the potential for contributing something back to the community.

## Social Services and Community Supports for Seniors

As with health services, seniors are eligible to access the general social services that are available to all Yukoners. This includes Mental Wellness and Substance Use Services, Income Supports and other Adult Services (where eligible), services for families and children, and other services relevant to individual and family needs.

- Mental Wellness and Substance Use Services for Seniors
  - Mental Wellness and substance use services specifically targeted to older adults are not available in Yukon. Older adults are eligible to access the same services available to younger adults. However, an awareness and understanding of dementia, medication interactions, social isolation, stigma,

misconceptions, or even transportation challenges is required by frontline providers to best attune services to the needs of older people with substance use disorders.

- Seniors' Services/Adult Protection Unit
  - The Seniors' Services team offers a range of supports for older adults and their caregivers. These include: assistance with accessing benefits and services; investigating concerns of abuse, neglect or self-abuse; and identification and use of appropriate decision-making tools in the face of cognitive and/or physical decline.

More information regarding services and supports available to seniors in Yukon can be found by visiting Yukon Health and Social Services: [www.hss.gov.yk.ca/socialservices.php](http://www.hss.gov.yk.ca/socialservices.php)

## **Income and other Financial Supports for Seniors**

Seniors are eligible to apply for targeted assistance based on their age.

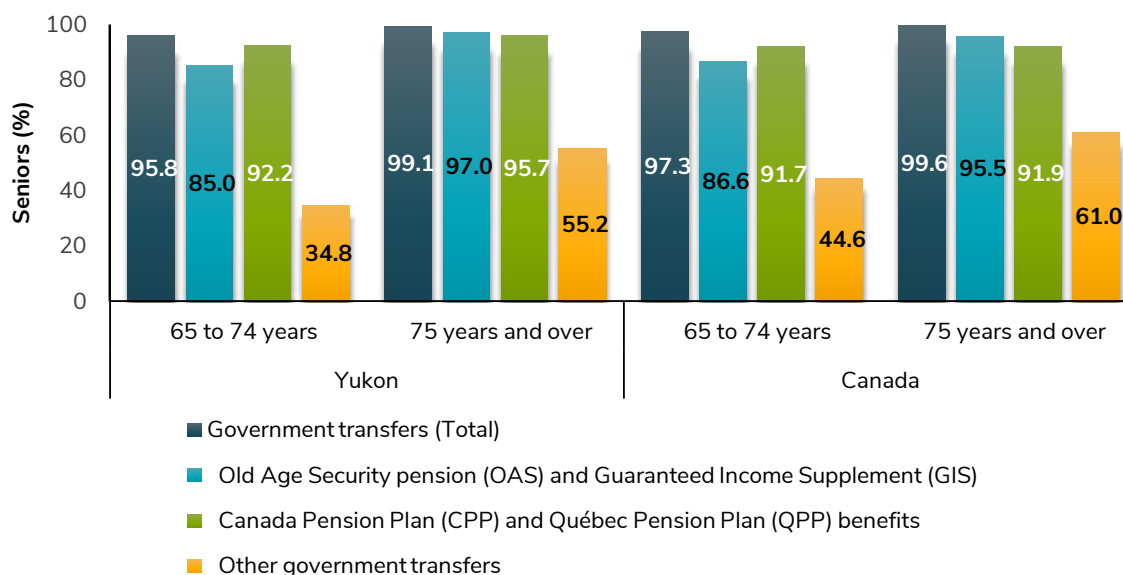
### **Old Age Security, Guaranteed Income Supplement and Yukon Seniors Income Supplement**

While some seniors have private pensions or income from the Canadian Pension Plan (CPP), not all seniors have sufficient employment history or income from these sources to make ends meet. Public pensions such as the Old Age Security (OAS) and Guaranteed Income Supplement (GIS) resulted in significant decreases in poverty among older Canadians from the 1970s to the mid-1990s, but this trend has slowed or even reversed in more recent years. Slowing growth in these public benefits has been identified as one factor in this recent upswing.<sup>114</sup>

As of 2018, eligible seniors may receive a maximum of \$600 monthly from the OAS program, and potentially an additional \$900 from the GIS.<sup>115</sup> Yukon seniors who receive the OAS and GIS are also eligible for the Yukon Seniors Income Supplement, with a maximum monthly amount of \$253.<sup>116</sup>

The 2016 census data indicate that nearly all Yukon seniors were receiving some form of government transfer, with the most reported being CPP (or QPP benefits). Figure 34 illustrates that, like Canada, 85 per cent of Yukoners aged 65 to 74 were receiving OAS and/or GIS payments, rising to 97 per cent of Yukoners aged 75 and over. In addition, a small share of seniors received EI benefits and/or child benefits.

**Figure 34: Percent of Seniors Receiving Selected Government Transfer Payments, by Age Group, Yukon and Canada, 2016**



Source: Statistics Canada (2018) <sup>117</sup>

While most seniors may be receiving these benefits, the amount varies based on other sources of available income. Median annual CPP payments for Yukoners aged 65 to 74 were \$7935, while the median OAS/GIS payments were \$6801. For Yukoners aged 75 and over, median annual CPP benefits were \$8382, while the median amount for OAS/GIS was \$6810. <sup>117</sup>

## Seniors and Income Supports

Despite the resources discussed above, some seniors need Income Supports (or social assistance) due to a gap between their income and their expenses.

**As of April 2018, there were 25 eligible Yukon Income Supports clients aged 65 and over in Yukon** for whom the public pension and income supplements were unavailable or insufficient to provide for life necessities. <sup>118</sup> While this number may appear relatively small, it illustrates the reality that even programs like OAS and GIS may not be reaching everyone or may not be meeting even the most basic needs of daily life.

## Pioneer Utility Grant

Heating costs form a large part of our shelter costs in Yukon, and for seniors living on modest or fixed incomes, it may be challenging to afford this essential utility. The Pioneer Utility Grant is offered to Yukon Seniors who meet the requirements, to help with these heating costs – to a maximum of \$1,122 in Whitehorse or \$1,206 in rural Yukon. While formerly universal, this is now income tested – the amount received by a given Yukon senior household will be reduced based on the amount its income exceeds the identified thresholds.<sup>119</sup>

Selected Yukon First Nations, such as Na-cho Nyäk Dun and Champagne and Aishihik, also offer fuel supplements to elders.<sup>120,121</sup>

## Going Deeper: Income and Asset Testing for Seniors

The introduction of an income test to the Pioneer Utility Grant was a potentially controversial move, given that historically this benefit was available to all Yukon seniors. Applying a relatively conservative test (which left most Yukon seniors, including those with relatively high incomes, with some portion of the grant) perhaps eased the transition and resulted in minimal public outcry. This conservative approach does mean, however, that benefits are not targeted solely at those with the greatest needs.

Other Yukon benefits may also be currently universal for seniors or may have a flat fee irrespective of income. Long-term care homes in Yukon, for example, charge \$35 per day, regardless of income, while the costs of running these facilities exceeds that amount many times over.

Given the ongoing interest in sustainability, as well as the range of incomes and relative wealth in our population, there may be value in assessing what additional income and asset testing would look like, including the benefits and risks for clients, families, communities and the health and social services system.



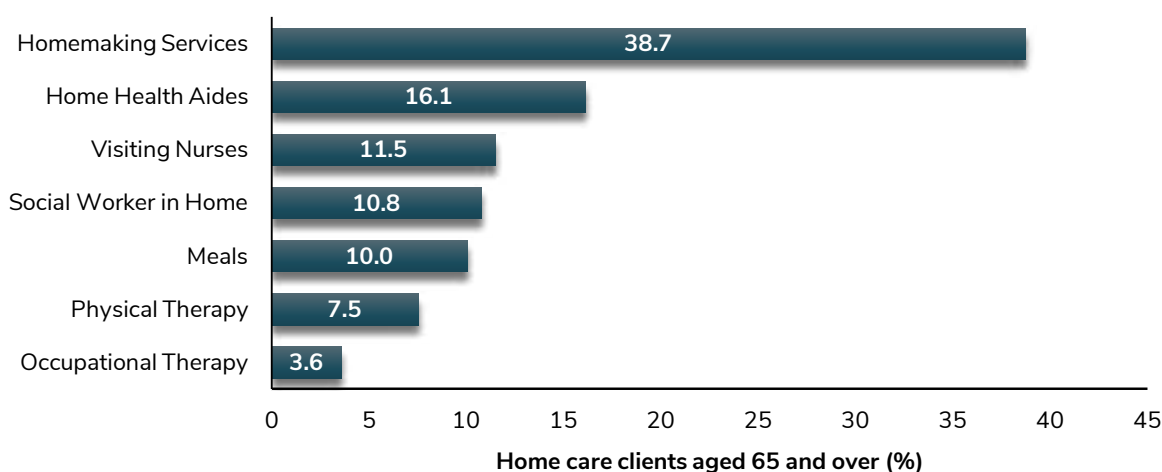
## Home Care Services and Supports

As we age, our health might decline to a point that requires us to rethink our living circumstances, whether that involves adapting our current residence, or relocating to a place with more support.

Yukon Government's Home Care Services are provided to individuals in need of short and long-term support for living independently at home. It is available to people who have difficulty accessing services in the community due to mobility or health constraints. Services may include assistance with medical and rehabilitative needs, personal care, meal preparation, social service needs and more. While clients of all ages may receive home care services, most who are receiving care over a long period are aged 65 and over.

Figure 35 indicates that of the roughly 280 assessed home-care clients aged 65 and older in 2017–18, nearly 40 per cent were receiving homemaking services, which may include assistance with personal care, household chores and related services. Health-care aides were the next most commonly provided service, to 16.1 per cent of clients. Approximately one in ten home care clients aged 65 and over received nurse visits, social work, and/or in-home meal services. Fewer than 10 per cent of older home-care clients were receiving physical therapy or occupational therapy.

**Figure 35:** Percentage of Assessed Home Care Clients Aged 65 and Over who Received Selected Formal Home Care Services (Unadjusted Rates), Yukon, 2017/18



Source: Canadian Institute for Health Information (2018) <sup>122</sup>

The Yukon government is not the only provider of home support services in the territory, as some First Nations also offer these supports to their citizens. Champagne Aishihik First Nations, Kluane First Nation, Little Salmon/Carmacks First Nation, Teslin Tlingit Council and other Yukon First Nations offer a range of home support services to elders. In the case of Teslin Tlingit, an Elders Program offers snow plowing and other household needs, in addition to more typical home support services.<sup>120,123,124,125</sup>

The Yukon Council on Aging offers the Seniors' Home and Yard Maintenance Program, which is a referral service connecting seniors and others in need with workers who provide services such as window washing, snow clearing, painting and home maintenance. The services are not subsidized by the council, so access is dependent on the ability of clients to pay for the relevant service(s).<sup>126</sup> Furthermore, private services have been offered in Yukon, especially in Whitehorse, but the availability of these services has varied over time.

## **Other Community supports**

Several First Nation governments in Yukon offer transportation services to elders and to people with disabilities or serious illness. These services generally help those with routine or chronic medical needs get to appointments, and can also served those with personal needs in another community. Carcross/Tagish First Nation, Kluane First Nation and Selkirk First Nation are among the Yukon First Nations offering this support service.<sup>127,123,128</sup>

## **Informal supports and respite care**

Many seniors receive support from friends, family or other informal care and service providers. In addition to the valuable social connection, these individuals can provide services that may not be available through formal support programs, such as chopping wood, clearing snow, grocery shopping and more. Where transportation services are not readily available or accessible, this may also include assistance in getting to medical and personal appointments, or social events.

**Among assessed home-care clients aged 65 and over, more than nine in ten had informal caregivers supporting their needs. Caregiver distress was identified among 16 per cent of these informal caregivers in 2017–18.**<sup>129</sup>

Caregiver distress is more likely when the hours of care provided exceed 21 hours per week. Distress is also more likely when the person being cared for has moderate to severe cognitive challenges or exhibits depressive symptoms or aggressive behaviours.

Yukon provides respite services, providing informal caregivers a break from their responsibilities, thus reducing stress. Day programming (available for a small daily fee) also provides an opportunity for seniors to receive some personal care and participate in social and recreational activities.<sup>130</sup> Given the level of caregiver distress, however, there may be some informal caregivers who are not accessing these services as they lack the funds or ability to transport the client, or for whom these services are not sufficient in preventing distress.

Caregiver stress can be a factor in deciding to move a person into a long-term care home. Supporting caregivers and managing symptoms and needs of the relevant client base may extend the time in which seniors are able to live independently (in addition to preserving quality of life for both caregiver and recipient).<sup>131</sup> Further exploration of what may be needed by those experiencing distress (or by the persons to whom they are providing care) should be considered.

## **Long-Term Care Homes**

While the scope of the care and support provided by long-term care can vary from home to home, Yukon's Continuing Care homes offer a wide range of assistance. This can include:

- specialized care for individuals with dementia
- therapeutic services, including occupational therapy, physiotherapy, a speech and language pathologist and recreational therapists
- First Nations Liaison workers
- spiritual care
- dietitians
- nursing and medical care
- clinical psychological support services for clients and providers
- social, recreational and other less formal programming for residents.

## Palliative and End-of-Life Care Services

Palliative and end-of-life care services are designed to improve the quality of life of people who have a life-limiting prognosis. In 2015, a Palliative Care Framework was established for Yukon, with four priorities:

1. A continuum of integrated and collaborative services
2. Supporting care providers
3. Best practice service delivery
4. Evaluation and accountability

The Palliative Care resource team in Yukon works with care providers to ensure they have the information and tools needed to provide early and ongoing palliative care to individuals with chronic and end-of-life conditions. They can also provide navigational guidance to families and clients who need services somewhere along the palliative care continuum.

Palliative care takes many forms, with services offered by providers across the system. Primary care providers (physicians and nurses) may be involved for most levels of need. Home Care supports are available to assist those with life-limiting illnesses in maximizing their quality of life and in addressing needs (mental, physical, spiritual etc.) in dying.<sup>132</sup> Respite care may be available for families in need of short-term facility-based support, and as needs intensify, longer-term care at a hospital is available. Services provided by Seniors Services related to advanced care planning and decision making are also crucial to end-of-life needs. The bulk of palliative care needs occur at the community and primary care level. The number of individuals requiring services shrinks as the level of intensity increases, with only a small share of clients requiring highly specialized palliative services.<sup>133</sup>

## Transitioning through Life and Care

The Canadian Institute for Health Information (CIHI) took a detailed look at what prompts people to enter long-term care in the 2017 national report *Seniors in Transition: Exploring Pathways Across the Care Continuum*. The report identified “the need for physical assistance, cognitive impairment, wandering, living alone and having a caregiver who is unable to continue providing care” as factors.<sup>131</sup>

The report also highlighted the significant influence of hospital-based assessment on the likelihood of entry to long-term care. Overall, seniors assessed in hospital were six times

more likely to enter a long-term care home than those assessed at home. The ratio was even higher among those with low to moderate needs, suggesting that needs alone do not explain this phenomenon. CIHI notes that the need for hospitals to free-up beds may prompt them to move patients into long-term care when they are not ready to go home (or when supports cannot be immediately or easily arranged), and that once in long-term care, they are unlikely to return home.

Matching levels of care to client needs is critical, not only in providing efficient and cost-effective care, but in achieving the best quality of life for the person. In every jurisdiction, there may be individuals in care who could be living at home, or in a long-term care home with a lower intensity of services. Conversely, there may be individuals at home who would benefit from living in a long-term care home with comprehensive or 24-hour care. Among long-term care residents in Yukon, CIHI identified significant numbers of people who could be served either at home or in lower intensity long-term care homes.

While individual circumstances may not be entirely reflected in the assessment tools used, Table 16 indicates that more than one in five (21.7 per cent) of Yukon long-term care residents had low to moderate needs, or lighter care needs, that could be served with home-care supports. Those with physical needs and dementia and light care needs may also be served by lower levels of care along with some specialized supports, or in a lower-intensity long-term care home (based on CIHI's criteria).

**Table 16:** “Population of Interest” Measures for Long-term Care Residents, Selected Jurisdictions, 2015/16

Characteristic	Yukon
Number assessed	166
Low-moderate needs (%)	15.7%
Dementia and light care needs (%)	6.0%
Lighter care needs (%)	6.0%
Physical needs (%)	10.2%

**Source:** Canadian Institute for Health Information (2018) <sup>53</sup>

Conversely, some functional status measures for Home Care clients in Yukon suggest that a higher level of care may be needed for some of these clients, or at minimum, there may be challenges in providing care in a home or community setting. For some seniors, including those who may be isolated or not accessing the level of care needed in the community, health and well-being may improve upon entering a long-term care home. <sup>54</sup>

In addition to addressing risk factors such as social isolation and caregiver distress in supporting seniors who wish to remain at home safely for as long as possible, ongoing consideration of assessment practices will inform our efforts to ensure that the right individuals are receiving care in the most appropriate setting for their needs and quality of life.

## Going Deeper: When is the right time to enter care?

While many of us may want to stay in our own homes for as long as possible, there may come a time at which a long-term care facility is appropriate or necessary. This may be due to our own needs, the capacity of our formal and informal care network or a combination thereof. Signs or symptoms that may suggest long-term care in a care home is needed include: Severe or persisting behavioural problems despite support and medical treatment

- Moderate to severe cognitive challenges
- Physical dependence and a need for regular professional nursing care
- Clinical complexity, requiring a combination of specialized medical, therapeutic, monitoring and/or other care

The safety and risks for the individual and their formal and informal caregivers are also factors in determining when the move is appropriate.<sup>134</sup>

The availability of assisted living facilities may also factor into this determination, for those who may require support for activities of daily living despite not meeting the criteria identified above.

## Best and Emerging Practices

Generally, seniors prefer to age in place in their own home or community. Aging in place usually means better quality of life for seniors, and also reduces health-care expenditures. Consequently, we need to seek new and innovative solutions to preserve and extend quality of life, reduce demands on long-term care systems and informal care providers, and ensure older adults' contributions are included and valued in our communities. However, when exploring these policies, we must ensure that we match services to the needs and desires of the individual. Emerging technologies or innovations that enable aging in place may not be suitable for seniors with high care needs, dementia, or those living in housing that is deemed unsafe or inappropriate. Here we highlight some

interesting and potentially relevant practices, programs and research underway around the world and close to home.

## **Innovative Use of Technology in Yukon**

Targeted federal funding for health projects in recent years has been used to explore some innovative technological solutions to service delivery in the territory. While these are not explicitly limited to particular age groups, by nature of the targeted clientele, most are older adults.

### **Virtual Visits**

The Virtual Visits project connected home care clients with occupational therapists and physiotherapists using videoconferencing software on tablets. Assessments, coordination of services, coaching on exercises and education were offered via this remote technology.

- Participants experienced improved health, self-management, and confidence, as well as reduced social isolation.
- Reductions in travel and caregiver burden and improved care coordination were also identified as benefits of this program.<sup>135</sup>

### **Home Health Monitoring**

The Home Health Monitoring trial was conducted with Yukon patients with chronic obstructive pulmonary disease (COPD). Patients monitored their own blood pressure with a blood pressure monitor, oxygen levels with a pulse oximeter, and steps with a pedometer. They then reported on symptoms and read educational materials using a tablet application. Nurses received data and followed up with coaching and other instructions as needed.

- Patients reported improved self-management of symptoms.
- A reduction in hospital visits and increased access to services were other identified outcomes.

Virtual service delivery may be particularly useful for older adults in rural Yukon for whom accessing some services may require extensive travel. However, these technologies offer promising modes of delivery for all who need routine care but are not always able to visit a providers' office in person.

## Virtual Reality in Eldercare

At the request of the Kluane First Nation, Yukon Health and Social Services engaged the B.C. association Work at Play to bring virtual reality to Burwash Landing.

- Youth citizens of Kluane First Nation were recruited to film and edit on-the-land activities.
- This provides an opportunity to reconnect to the land and traditional activities to elders who are bed-bound or limited in mobility.
- The engagement of multiple generations, sharing of cultural practices and values, and ability of youth and elders to connect with the land (virtually or physically) were benefits expressed by participants in this trial.<sup>136</sup>

More broadly, the use of virtual reality for older adults has been identified as potentially useful in identifying and treating cognitive disorders. However, it is noted that additional research is needed, and that side effects such as cybersickness, a form of motion sickness, are experienced by some adults (not limited to seniors).<sup>137</sup>

## Other Technological Supports and Uses

Applications involving the use of tablets and other mobile or stationary technologies may also promote physical, emotional and mental well-being.

### Exergames

Exergames such as the Nintendo Wii Fit and Kinect have been used to get older adults active, with potential for building strength, endurance and balance. These games are perceived to have therapeutic potential for stroke and age-related disease, as well as for balance disorders and fractures, though there may also be risks associated with excessive play (such as increased risk of falls).<sup>138</sup>

Exergames also show promise as tools for improving mood, enhancing social-well-being, reducing loneliness and increasing connection, likely due to the interaction between players. For this reason it may be most applicable in a group setting such as a long-term care home or community gathering place.<sup>139</sup>

### Home Monitoring Technology

Remote monitoring tools such as motion sensors, video cameras, and even robots may be helpful for those who have concerns about falls, daily activities and functioning among seniors with functional limitations. Additional research is required, and feasibility may vary based on individual preferences, level of connectedness and other factors.<sup>140,141</sup>



## AGE-WELL Innovation Hubs

In 2015, to support the advancement of technological solutions, policies and practices for healthy ageing, AGE-WELL was launched through the federal research initiative Networks of Centres of Excellence. Among the projects supported through this work are innovation hubs in Fredericton and Ottawa. These hubs offer dedicated locations and infrastructure to facilitate rapid development and testing of innovative products and services aimed at older adults and caregivers. Two hubs have been launched so far, with an additional hub to be announced.

- New Brunswick's Innovation Hub "Advancing Policies and Practices in Technology and Aging" (launched in May 2017) aims to help technology move more quickly from the laboratory to the real-world, through connections between researchers and decision makers, jurisdictional knowledge sharing and collaboration.
- Ottawa's "Sensors and Analytics for Monitoring Mobility and Memory" hub (launched in November 2017) will focus on some of the remote monitoring technology described above, specifically "sensor based smart technologies."

While these hubs are in early stages of development, their work should further support our understanding and implementation of technological tools for aging safely and well.<sup>142</sup>

## Dementia Villages

First introduced in the Netherlands, dementia villages are intentionally designed communities with residential, commercial and community facilities. They provide residents a place to live their lives with a sense of normalcy in a safe and secure setting. In the case of Hogeweyk Village, in the Netherlands, the staff, from the hairdressers to the health professionals, are trained to work with people with severe dementia, and the homes are available in four lifestyles to fit residents "formative years."<sup>143</sup> Residents of Hogeweyk have demonstrated improved behaviours, reduced needs for sleeping pills and continence materials as well as better social relations.<sup>144</sup>

Since Vivium Care Group introduced the model, communities based on this concept have cropped up around the world, with Canada's first dementia village planned for opening in Langley, B.C. in 2019.<sup>145</sup>

A purpose-built village may or may not be feasible for Yukon, given the potential cost implications, the climate and the relatively small population. Nevertheless, the consideration of a community-like feeling is increasingly expected and included in

designing long-term care homes and should be a preeminent part of planning for any level of housing for older adults. The new Whistle Bend Place care home in Whitehorse, although a large facility for our population, includes several features and services with a village-like approach in mind, offering gardens, outdoor trails, woodshops, an arts and crafts studio and other facilities and services intended to blend professional care provision into a community-like setting.<sup>146</sup>

## **Models of Care for Seniors**

### **Team-Based Care**

Programs for All-Inclusive Care for the Elderly (PACE) is a Medicaid program in the United States offered to adults aged 55 and older who meet eligibility requirements. These programs offer interdisciplinary team-based care intended to keep older adults in their homes for longer, preventing or delaying the need for long-term care. Initial programs were focused on those considered most at risk of needing long-term care or institutional placement. Programs provide primary care, social services, therapy, personal supports, and meals, and other services.<sup>147</sup>

A team-based approach to care may involve more than health and social service professionals. Involving informal caregivers in discharge planning such as wound care or medication management, for example, may reduce readmissions and improve outcomes among some patient populations.<sup>148</sup> Work underway in the territory to improve hospital discharge planning and practice includes the Home First initiative, which offers professional home supports to clients exiting the hospital. When effectively implemented, this benefits both patient recovery and hospital resources.<sup>149</sup>

### **Medication Management**

Medication errors can be a challenge, particularly for older adults who may take multiple medications daily. In addition to potential harms, failing to properly take medication may cause less effective treatment or management of conditions, with poorer quality of life as a result.

One study demonstrated that engaging pharmacists with ongoing medication management, in addition to the current dispensing and brief counselling role offered, resulted in reduced hospitalizations and ED visits, as well as improvements in health status among participants. The authors noted some limitations to their study, and the study itself was focused on low-income clients, however, the results are consistent

with other studies on closer involvement of pharmacists in patient care and medication management.<sup>150</sup>

## Social and Community Practices and Models

Earlier in the report, we talked about the characteristics of age-friendly communities, considering some aspects of our own communities in relation to these characteristics. In addition to these general principles, there are some specific examples that are worth reviewing.

### Age-friendly Boston

A project in Boston, Massachusetts with various public partners is working to ensure the city serves and includes its older adults in all aspects of community life. A website provides a variety of resources for seniors and outlines a five-year plan for the city to become age-friendly. Some highlights of the accomplishments to date include:

- A Homeshare pilot program matching older homeowners with rooms to rent to graduate students or other older adults in need of a room.
- Training developed to help city staff work with seniors, including adults with dementia.
- A Bus Buddy volunteer program helps seniors navigate public transportation.
- Food access maps show where seniors can access healthy food, by neighbourhood.
- An interactive map of public restrooms.

Not all these initiatives may be relevant to our context, but the efforts to look at a range of possibilities for inclusion and support of older adults in our society, as well as the potential for packaging various initiatives into one identifiable brand, could certainly be emulated.<sup>151</sup>

### Friendly Call to Seniors Program

In 2017, the N.W.T. Status of Women council launched the *Friendly Call to Seniors Program*, which matches seniors across the territory with volunteers in Yellowknife. These volunteers routinely call their matched senior to offer support and regular social contact. Volunteers work with the client to determine the time and frequency of the call, and training is provided to volunteers.<sup>152</sup>

Here in Yukon, a more informal initiative that began at the United church is ASKANDY (Alive, Still Kicking And Not Dead Yet). Seniors are paired up with the aim to routinely

check in on their partner. In some instances, the matched pair have knowledge of the Will and Power of Attorney.

## **Friendly Visiting Program**

This pilot program offered by the Red Cross in Saskatchewan (as well as in other Canadian cities) was launched in Yorkton in 2018. A trained volunteer visits an older adult to offer companionship and connection. Volunteers visit the clients weekly, and take part in activities enjoyed by the client, or may have a weekly phone call (like the Yellowknife program identified above).<sup>153</sup>

Becoming an age-friendly community is an ongoing process, with initiatives and programs planned or underway across the globe. While it is not possible to cover all developments in one report, these offer a glimpse of the possible system and community-based efforts supporting older adults in their communities.

With Yukon's rural communities and harsh climate, tackling social isolation should be a priority for healthy aging. Offering activities targeted to seniors is one way to tackle this issue. Beginning in Australia and recently catching on in Canada is Men's Sheds, an association that targets men at risk of social isolation by offering activities such as wood work, bike repairs, and games.<sup>154</sup>

## Conclusions

Aging tends to creep up on us. Many of us make light of the situation with peers, continuing life as normal until something suddenly happens that affects our ability to function as we once did. In this report, I aim to debunk some of the negative concepts around aging, while informing Yukoners about the services and opportunities that are available as we age. I have focused on the age of 65 and above for much of the report, but, older age is characterized by a broad diversity in health and circumstances. There may be instances where a 50-year-old requires significant care, while an 80-year-old retains excellent health and functional ability. As we age as a society and live not just longer, but often well past retirement into different phases of life, traditional definitions and notions of being a senior no longer apply.

### So, what does healthy aging mean?

Healthy aging probably means something different to everyone, based on their own unique circumstances. However, as we enter our older years, for most of us it is important to retain our independence, find the time to do what we most value, manage our health and wellness needs, empower well-being and personal growth, and continue contributing to society in a supportive community, free of ageist views. By creating and supporting the right environment, everybody has the opportunity to experience healthy aging.

As we saw at the beginning of this story, older people are not flocking to Yukon as they age, but the older population is increasing in Yukon, as it is nationally. Although this increase has had an impact on health spending, this increase is relatively small compared to other cost drivers. In fact, older people continue to contribute to society and their community through volunteering, charitable contributions and work. However, some older adults have multiple health issues, and as they progress through their later years, may require more care. The income range of older adults varies greatly in Yukon, and income usually decreases the older we get, affecting where we can age and what activities we can access. Thus, governments have a role to play in enabling autonomy and ensuring people have the option to age as healthily as possible, while communities have an important supportive role to play.

Services available to people as they age in Yukon are many, but there are gaps. The high rate of suicide and homelessness suggests that we could be doing more. Decisions

regarding public policy and resource allocation must be made if we want to facilitate older adults' autonomy and their ability to age in place.

In 2017, an Aging in Place report generated from two surveys conducted across Canada found that 85 per cent of older people want to age in their homes, stating that “it’s not simply a case of staying put – it’s much more than that – and together we hope to help aging Canadians, their families and caregivers to have access to the resources they need to do this successfully.”<sup>155</sup>

We must start somewhere. To date, ten provinces are promoting age-friendly community initiatives in Canada, but Yukon is not one of them. We must rethink our approach to support the aging population before caring for older adults becomes a health care or financial crisis. It is imperative that we invest in infrastructure, products and services that achieve the right balance of autonomy, connectedness and support for older people. In the next section I will identify several specific ideas for moving forward.

# Recommendations from the Chief Medical Officer of Health

## Autonomy, Support and Connectedness: let's aim for the right balance

*"All we ask is to be allowed to remain the writers of our own story. That story is ever changing. We may encounter unimaginable difficulties. Our concerns and desires may shift. But whatever happens, we want to retain the freedom to shape our lives in ways consistent with our characters and loyalties."*

**Source: Atul Gawande - Being Mortal: Medicine and What Matters in the End 3**

We all have a right to make choices about where we live, how we spend our time and whether we undergo a treatment or not. Aging should not impede this. How much choice we have is shaped by many factors, including our mental and physical capacity, the environments we inhabit, the personal and financial resources we can draw on, and the opportunities available to us. Encouraging autonomy in familiar surroundings can have positive impacts on mental health and social relationships, and facilitates continued community engagement. We need to be less risk averse to letting informed older adults engage in whatever activities they choose. Instead of asking "What can I let them do?" we must instead ask "How can I support them? By including seniors and their loved ones in this process we can best represent their needs, priorities, and capabilities. Investing in innovative solutions that enable seniors to thrive would provide a robust foundation for them to maintain their health, lifestyle and independence.

# Improving Health Outcomes as We Age

## Structure health systems to serve the needs of older adults

Health care is essentially designed to cure acute conditions. However, our health-care needs change as we age, becoming more chronic and complex. Structuring health care systems to be adaptable to these changes can be achieved by offering services more attuned to older adults. Importantly, offering these services need not occur at the expense of existing services. Older adults require health care that provides consolidated, person-centred services located within a reasonable proximity to their homes. These services should aim to deliver care that fosters one's intrinsic capacity and is appropriate for all ages. This could be achieved through the following means:

- **Bring health care services closer.** Residents of Yukon's rural communities, and even those of us who live in Whitehorse, must travel to different places for care. Physicians, physiotherapists, optometrists, massage therapists, and specialists are often located in separate buildings. Establishing health-care hubs or outlets in areas more densely populated with older adults, bringing a variety of health care services to one place, would ease much of the burden related to travelling to see individual practitioners. The emerging role of the two rural hospitals as health and wellness hubs might well incorporate "one-stop" services to seniors, for example (see below). Or, seniors' housing could rent common space out to different health professionals on a rotating schedule. Health professionals would then have direct access to a large clientele.
- **Training health-care workers in geriatrics and gerontology.** There are several ways to improve the elder-care capacity of primary care practitioners. Making specialist geriatric care available to Yukoners would reduce the need for some other specialist care, provide more effective medication management, and aid in determining which priority issues to address<sup>22</sup>. In addition, a visiting geriatrician could organize education and training seminars for primary care providers, allowing them in turn to offer more effective care to seniors.
- **Subsidize expanded health care services.** Determining the right mix of paid-for health-care services is an ongoing challenge in public health care. What should be in the basket? Many older adults benefit from additional health services such

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22 The single, most serious threat that seniors face is falling. Poor balance, muscle weakness and taking more than four prescription medications increases the risk significantly. Knowing how to prioritize health issues will help seniors retain independence for longer. "You must always examine the feet". Atul Gawande, *Being Mortal: Medicine and What Matters in the End*.



as physiotherapy, chiropractic care, massage, supervised fitness activities and nutritional consultation to retain good health, pain control and mobility. At the same time, financial means and lack of third-party coverage are often lacking, preventing access to these services. Yet, proactive, therapeutic services could reduce the incidence of injury, maintain mobility and reduce health-care costs related to chronic conditions, falls and declining mobility. Thus, it would be in the Yukon government's interest to consider subsidies to include these paramedical services and fitness supports. Providing subsidized services would likely increase the number of seniors using the services, which might entice providers to some of Yukon's more remote locations, such as treatment rooms at the hospitals in Dawson and Watson Lake, which are available to rent.

- **Expand services at community hospitals and health centres.** Offering services targeted towards seniors would reduce the need for seniors to travel long distances and increase the likelihood that necessary health care is received. For example, a visiting geriatrician could spend some of their time at community hospitals.
- **Offer the shingles vaccine.** In August 2018, the National Advisory Committee on Immunization (NACI) <sup>156</sup> recommended that the new two-dose Recombinant Zoster Vaccine (Shingrix) be offered as a public health program. The advisory body stated the ages 65-79 were the most cost-effective age range for administering the vaccine. At this point in Canada, jurisdictions are weighing the evidence and the business case for funding this sought-after vaccine, which is highly effective against shingles and its potentially disabling complications for those over 50 years of age. In order to offer this vaccine, Yukon's immunization program would require careful analysis of priority age groups for receiving the vaccine, and importantly, additional funding so as not to compromise existing programming or other priorities for new vaccines.

## Continue the conversations

In order to make progress on seniors' health and well-being, we need a better understanding of age-related issues. The Yukon government hosted a Summit on Aging in Yukon in 2018, and conducted extensive public engagement on Aging in Place through 2018–19. This long-term engagement sought to determine a Yukon definition for the term “aging in place” and a means to identify ways to support aging in the territory. We must continue the consultations with older adults to ensure the aging in place strategy matches their needs. By establishing regular communication, we can ensure that changes in policy, services or infrastructure continues to match the needs of the senior population.

## Expand palliative and end of life care options

While end-of-life care is not the singular focus of older adults, for most of us, our most serious chronic conditions and death will occur in our senior years. Services that preserve autonomy, decision-making and quality of life to the greatest degree possible, while offering more intensive supports when required, will aid clients and families facing this reality. Yukon should continue the research and work focused on palliative care, as outlined in the Yukon Palliative Care Framework, in order to shape the nature and range of palliative care available to older adults, guided by principles centered on client needs.

## Supportive Communities: Creating an Age Friendly World

### Combat Ageism

Unlike other “isms”, ageism remains socially acceptable and often goes undetected and unchallenged. Ageism creates barriers to decision making, the development of new policies and the inclusion of seniors in society. It can even affect how we conduct research, as ageist attitudes limit the manner in which issues are framed and addressed. Consequently, negative stereotypes become engrained in our health- and social-care systems, areas where older people inevitably need the greatest support. Interesting is the fact that, as has been pointed out by Dr. Becca Levy<sup>23</sup>, ageism is the one “ism” that we all grow into (those of us that reach senior years before death, that is). Thus, ageism can be self-fulfilling, promoting stereotypes of social isolation, physical and cognitive decline, lack of physical activity and the idea that we become a burden on the economy, health system and our communities as we age. In order to combat ageism, we could:

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23 Dr Becca Levy is a Professor of Public Health and Psychology at Yale School of Public Health. Her research focuses on the psychosocial influences on aging, particularly how older people's views of aging affect cognition and health in old age.

- **Empower older people to continue contributing to their communities.** Many studies have found that people are happier and healthier when they volunteer, with volunteering enhancing self-rated physical health, easing depressive symptoms and even improving chronic conditions such as high blood pressure.  
157 158 159 160 Providing age-friendly employment and volunteer opportunities with flexible hours and schedules could encourage older people to be more involved in their communities.
- **Cultivate intergenerational contact.** These connections are essential for healthy communities. Intergenerational contact is mutually beneficial, improving attitudes towards older people, and helping older people feel more connected to their community. A great example of positive intergenerational contact has been parent-child Mother Goose sessions held at Macaulay Lodge. I recommend that we foster and increase these types of connections. For example, B.C. runs a “Volunteer Grandparents” program, whereby older adults are put into contact with younger families whose children do not have contact with their natural grandparents. With many young families moving to Yukon, it would be an ideal place to attempt a pilot study. Another model recently started in Ottawa is “Babies Who Volunteer.” Moms and babies have visited seniors at dozens of homes and respite centres across Ottawa. Not only has this benefitted the seniors, but it has also helped new mothers suffering from postpartum depression.
- **Partnering students with seniors.** In 2018, Toronto began the Toronto HomeShare Pilot Project, which pairs older adults who have a spare room with a university or college student for a semester. The student receives low-cost accommodation in exchange for providing a few hours a week contributing to household responsibilities. Whitehorse’s perennially low vacancy rates for rentals make this a particularly promising housing solution. Seniors housing located close to Yukon College could be an ideal location to attempt a trial of such a program in Yukon. The project could also apply to other communities such as Dawson, that draw students and temporary workers during the summer months.

## Support independent living

As a community we can support Yukon's older population by providing environments that encourage their participation and bring out the best of their functional abilities. The ability to grow old in our homes and communities – aging in place – is one of the highest priorities for many. Affordable, age-friendly housing is as critical as access to health care to enable aging in place, and there are ample opportunities across government, non-profit, and private sectors to collaborate on initiatives to achieve this. Some examples of how we can support aging in place are:

- **Encourage home modifications.** Many people reside in older housing with potentially hazardous features that can act as barriers to independence as people age. These can include poor lighting, or bathrooms without walk-in showers. Consequently, any loss of capacity can turn seemingly minor household barriers into major obstacles, preventing older adults from managing their daily needs. Yukon Housing Corporation also has a Home Repair Loan Program to help people to upgrade their homes for accessibility. In some instances, subsidized and forgivable loans are available. However, the point at which people realize they require home modifications is often after the point they are required. Thus, by way of education or incentives, older people should be encouraged to utilize the loans and grants available in the territory.
- **Provide training for informal caregivers.** Family members often provide long-term care for loved ones who have a significant loss of capacity, but this can come at a cost. They may lose professional, financial or educational opportunities as a result, and may feel isolated and overwhelmed at times. Yukon currently does not provide financial support to informal caregivers, and only provides limited training as needs arise. Creating a system that supports caregivers financially, provides training opportunities and respite options, and offers support through a caregiver's network, would alleviate some of the strain on the lives of informal caregivers, encouraging them in their task of enabling older adults to age in place with dignity.
- **Offer flexible home-care options.** Most Yukon communities may have only one or two home support workers from the Yukon Home Care program providing home support services. Consequently, some older adults may struggle during times when home care is not available. In recent years, the Yukon government has invested significantly in expanding Home Care to improve access and services to address increasingly complex needs in the home environment. In addition

to further investments, there are several other possible initiatives that could be explored with a goal of maximizing existing community resources to supplement core Home Care programming:

- Yukon First Nations governments offer programming to provide home support services, but these vary by community. There may be benefit in expanding the package of what is already available and taking collaborative approaches between First Nation governments and the Yukon governments.
  - Home support workers often find themselves in part time positions, which are difficult to sustain in the absence of other job opportunities, particularly in rural Yukon. Providing additional training in other key areas of need to community health workers – such as mental health and tuberculosis treatment support – could help to provide more sustained care in rural Yukon.
  - Provide return-of-service subsidies to enable people from rural communities to attend the Health Care Assistant program at Yukon College in Whitehorse. In addition, exploring more remote training may also lead to better basic home- and community-based supports, particularly to support rural aging in place.
  - Utilize private or not-for-profit organizations to work with the Yukon government to provide additional home-care services to those in need.
- **Support and promote assisted living.** Currently, Yukon does not have any assisted living facilities. Assisted living provides a step – or several steps – between living at home and moving into a long-term care home. It allows older people to retain their independence, while providing some assistance with day-to-day living. Most Canadian cities have assisted living communities that provide access to visiting or on-staff health-care professionals such as occupational therapists, physiotherapists and nurses. Many provide assistance with bathing, dressing and mobility, health and exercise programs, meal services, housekeeping, medication management, social and recreational activities and transportation to appointments and events. Such a facility in Yukon merits serious consideration for its potential benefit to our communities.

## Enhance older adults' mobility

As we age, our mobility can become limited. When seniors cannot get around, the community loses out on their contributions, and often requires additional resources to be spent on assisting them in their daily lives. Yukon should ensure that public buildings have ramps, handrails, elevators (where necessary) and accessible washrooms. Absence of supports such as these risks further mobility declines, as seniors will feel less inclined to make the effort to travel from home base, thus further limiting access to social and community engagements. Other means to enhance mobility include:

- **Provide flexible public transportation.** Providing flexible transportation options that are physically and financially accessible, both in Whitehorse and from the communities to Whitehorse, is another key investment that needs to be addressed. A pilot project is underway in the Greater Victoria region of B.C., whereby volunteer drivers take older adults to medical appointments. Yukon could expand the Rideshare initiative to recruit more volunteer drivers.
- **Prioritize and enforce snow removal for pedestrians.** Yukon is subjected to harsh winter conditions, leaving driveways, pavements and parking lots icy. The City of Whitehorse prioritizes snow removal in the most frequently travelled areas. In addition, the city removes windrows formed in seniors' driveways during snow removal along public roads. However, snow clearing for pedestrians, non-motorized vehicles and scooters is important for those who are unable to drive, and snow removal should be prioritized and enforced in commercial areas. Other services, such as the Home and Yard Maintenance Program provided by Yukon Council on Aging, or private organizations during heavier snowfalls, should also be utilized.

## Improvements to Services for the Aged

### Support older adults with chronic conditions

As this report highlights, many older adults live with chronic conditions. However, being free of disease is not a requirement for healthy aging. Helping older people effectively manage chronic conditions will vastly improve their quality of life and functional ability, reducing the burden on health care systems. Barriers such as long wait times, lack of education, high costs and lack of access to adequate screening and treatment puts older people at risk of complications. Our goal should be to ensure that chronic diseases

are detected and managed at an early stage, and that acute problems are adequately addressed. Consequently, the accumulation of functional deficits is reduced, as is the need for hospitalizations and high-cost technological interventions. Given what we know of the link between social determinants of health and later health outcomes, investing in strategies which enable healthy behaviours early in life will ultimately reduce the burden of disability in older age. The management of chronic conditions can be achieved in several ways:

- **Encourage behavioural interventions.** Chronic diseases are best treated by prevention, with a solid societal investment that recognizes social and environmental determinants of chronic disease and begins investments early in life. Nevertheless, a substantial proportion of the population with chronic conditions and they can see improvements, or even thrive, given appropriate supports. Chronic diseases can be exacerbated by behaviours such as low-quality diets, a sedentary lifestyle, and the use of substances such as alcohol and tobacco. Altering these behaviours takes much more than a simple will to change – it can often require intensive, specialized, and ongoing support. Yukon provides several programs to help people with ongoing chronic conditions that are exacerbated by modifiable behaviours. For example, the Weight Wise program has helped many Yukoners reduce and manage their weight, although the waitlist to access this program is several years long. The Pulmonary Rehabilitation program, supported by an inter-disciplinary team of professionals, is specifically aimed at teaching skills to those living with lung conditions to manage their disease. Support also involves education. Offering informative, motivating seminars on risk behaviours to older people, along with free support groups focused on healthy behaviours, would support the management of their chronic conditions. These could coincide with the foot clinics offered throughout the territory. A notable gap in chronic disease management in Yukon is lack of a cardiac rehabilitation. Cardiac rehab supports those who have suffered heart problems such as heart attacks, angioplasty or heart surgery. It has been shown to help people with heart conditions maintain and improve their health and behaviours.
- **Consolidate the Chronic Conditions Support Program to enhance early detection and treatment.** Offering disease screening for at-risk populations can increase the early detection rate for chronic diseases such as high blood pressure, COPD, diabetes and cancer. Yukon currently offers blood pressure clinics once per year and provides spirometry on a referral basis. Yukon's Chronic Conditions Support Program is another example of effective treatment, providing client-centered

and evidence-based services to those suffering with COPD, diabetes and high blood pressure. However, there are only a small number of staff (at the time of writing, two registered nurses, one exercise specialist, an admin and a manager running the programs), limiting the reach this program has throughout Yukon. Providing a fully staffed multidisciplinary care team, including a psychologist for mental health support, a dietician to help people manage their nutrition, and a nurse practitioner dedicated to chronic conditions, would allow the program to offer an increased variety of supports to more people. Such an investment could improve clinical outcomes, reduce the burden of chronic diseases and improve the sustainability of our health-care system.

- **Empower older people to maintain and improve their health.** Optimizing chronic disease outcomes requires rethinking our health system, which is largely designed around acute and episodic health care needs. Preventing and managing chronic diseases requires an integrated and coordinated system of supports. By providing training, advice, peer support and necessary medical products, many older people, especially those living in our communities, can continue to thrive in their homes. Telehealth and the chronic disease self-management program, offered online or in person, offers older people in the communities the ability to be more involved in their own care. This increased involvement can reduce hospitalizations associated with chronic conditions. In addition, the Chronic Disease Program provides financial assistance to Yukon residents living with chronic diseases to cover medical needs such as prescription drugs. However, the program's medication coverage does not always align with guideline care for the chronic conditions targeted by the Chronic Conditions Support Program. In these instances, some people cannot afford to take medications required or recommended to treat their conditions. Aligning the criteria in the Chronic Disease Program so that it matches the evidence-based guideline care provided by the Chronic Conditions Support Program would afford better access for needed medications, and could potentially save health-care dollars due to the better health-care outcomes that could be obtained.



## Enhance access to activity programs

Exercise can help maintain and even reverse losses in older peoples' capacity. Exercise builds muscle mass, increases strength and improves balance, all of which reduce the risk of falls and improve health.<sup>161 162,163</sup> Investments in promoting healthy activity pay dividends in later life. Older adults who have otherwise been inactive should start with a small amount of exercise, increasing this over time, while those who have been active throughout adulthood may benefit from long sessions of moderate daily activity and shorter sessions of vigorous activity. Given that Yukon's climate makes outdoor activities difficult for a significant portion of the year, we must provide opportunities for older people to exercise without the fear or risk of falling. For example:

- **Safe walking routes.** The territory should provide safe walking trails in all communities that are ploughed and sanded. In addition, access to these routes should be available. For example, parking lots near high-use trails should also be treated, so that trails can be accessed safely.
- **Subsidize exercise programs.** The ability to exercise should not be dependent on one's financial situation. The Chronic Conditions Support Program offers a free supervised exercise program for those living with chronic conditions. However, Yukon should offer or support a variety of exercise programs accessible to all older adults in order to help those in good health maintain their health. In cases where older adults have little additional income to afford such programs, they should be subsidized.
- **Offer activity programs in seniors housing buildings.** Some older people may be more confined to their living space, especially during the winter months. Some of Yukon's senior housing buildings have small fitness areas, but a lack of confidence or health concerns may prevent them from using it. Recreation directors and private trainers could be encouraged to pursue training in programming for seniors. This programming, with appropriate safety supervision, could then be offered in common spaces of seniors' housing buildings, public buildings or care homes. This would promote physical activity and add a valuable social dimension.

## **Explore financial support options**

As this report highlights, the income range of Yukon seniors is very wide. Despite this, many supports (such as home care, which is free, or long-term care, which has a fixed and low flat rate) are not guided by financial status. Although income means-testing is not without controversy, the Yukon government should investigate a fair way to consider income in housing and support subsidies, in order to more sustainably offer programming and services that accommodate those with the lowest incomes.

## **Address abuse of older adults**

Abuse of older adults can take many forms, and is present across Canada, with estimates suggesting as many as one in ten older adults may experience some form of abuse. In order to tackle elder abuse in Yukon we must first recognize where it is occurring. Older adults at highest risk of abuse seldom have supportive families or communities, and depend on someone to take care of them. The abuser is most often a person in a position of trust. In addition, isolated older adults can be preyed upon through online and phone scams. Health-care workers, physicians and pharmacists should be trained to detect signs of elder abuse. The Seniors' Services/Adult Protection Unit will pilot a full-day workshop for those working with older adults in 2019. Partnering with First Nations, Yukon Public Legal Education Association (YPLEA) and Yukon College's Northern Institute of Social Justice to offer an abuse awareness course on a yearly basis would be beneficial to all those working with older adults.

## **Promote and recognize mental health and well-being**

As documented in this report, and as reflected in the high suicide rate for older people in Yukon, mental health promotion should be inserted in all policies, programs, and services for older adults and their caregivers. This should include anti-stigma strategies, public awareness, education, and training. We must also work on educating older adults, caregivers, service providers and the public about the importance of early identification of symptoms of mental illness and prevention strategies. Mental health first aid, developed through the Mental Health Commission, is currently offered by Yukon College, and will soon to be offered by St. John Ambulance. This program has used successfully in Yukon for other groups and could be by seniors' organizations as an awareness and helping tool. Specialized versions for this course are available, and are also linked to numerous other mental health supports for seniors.

It has been mentioned above that current public mental health services do not specifically cater to older Yukoners. However, considering our significant rates of substance use, and the fact that Yukon's senior population is growing, mental health needs will only increase. Education for clients, public and professionals on the unique needs of older adults, along with more specialized mental health and addictions services for older people, would be a prudent addition to current programming.

### **Improve access to service information and resources**

A handbook on seniors' services was developed several years ago by the Yukon Council on Aging, and it remains a valuable resource. However, seniors still have difficulty navigating the variety of services available to them. While the Yukon Council on Aging has a Seniors' Information Centre to answer questions, developing an online directory of resources and/or apps that assist in finding services matched to need could be useful, especially in a world that is becoming more reliant on technology.

### **Improve access to first aid and seniors helping seniors**

As the health of older people declines with age, their partners, spouses or family members may witness, some for the first time, a health-related symptom or episode. These may be non-life threatening such as fainting, or much more serious such as a stroke or heart attack. This experience can be overwhelming to those with no first aid knowledge. While Yukon College and St. John Ambulance both offer frequent first aid courses, there can be barriers due to time, cost, or accessibility. I recommend that a low- or no-cost, one-day, condensed first aid course be developed and offered throughout the territory on a bi-yearly basis. It should be tailored for older people and the health issues that they might encounter. This would help equip older adults with the critical knowledge and skills needed to identify symptoms of serious health issues and provide the most appropriate response.

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