



**Open-ended Working Group
on Ageing Consultation:
RTOERO Response**

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RTOERO is pleased to submit this feedback to help inform the consideration of the existing international framework of the human rights of older persons, and the identification of possible gaps in their protection.

Since 1968, RTOERO has been a voice for teachers, school and board administrators, educational support staff and college and university faculty in their retirement. The organization's mission is to improve the lives of its members and Canadian seniors. Ensuring the rights and dignity of older persons – and providing the supports that make that possible – is of prime importance to RTOERO's 84,000+ members across Canada.

We continually push for policy improvements that will create a more secure and compassionate future for seniors. That takes advocacy and partnerships. RTOERO is proud to be part of Vibrant Voices, a community-based advocacy campaign supported by nine organizations and representing over 2 million older adults and their families.

In May 2024, as part of that focus, RTOERO will host our first [Future of Aging Summit](#) in Toronto. This international conference will gather experts and thinkers from various sectors, covering topics such as ageism and discrimination, redesigning communities for an older society, the silver workforce and rethinking retirement policies.

The questions posed by the Open-ended Working Group on Ageing touch on many of the RTOERO's advocacy efforts. We've addressed what is applicable, and hope the answers provide a context for what is needed in Canada to improve the lives of seniors.



Identification of gaps

For each of the topics that have been considered by the Open-ended Working Group since its eighth session, please state possible gaps your Government/organization has identified in the normative framework and practical implementation for the protection of the human rights of older persons.

Equality and non-discrimination

In one survey, more than 4 in 10 Canadians said ageism is the most tolerated social prejudice. We've been active in fighting ageism, including supporting the work of the RTOERO Chair in Geriatric Medicine at University of Toronto. More primary research will help us to fully understand ageism and create a national strategy to shift the culture. Addressing ageism is a priority for the RTOERO Foundation, which includes supporting social inclusion and funding training for health care practitioners working with older populations. As an organization supporting retirees and workers from the education sector, we also have an intergenerational focus. We continue to speak up about issues affecting young Canadians as well. Research shows that education and intergenerational contact are effective interventions for reducing ageism against older people.

Canada will soon be a super-aged society; 20% of the population will be over age 65 by 2024. Ageism has significant individual and societal consequences, and when ageism intersects with other forms of bias – regarding race, ethnicity, religion disability and gender, for example – the implications for individuals can worsen.

This is the time to address ageism and look at it alongside other biases, and to take decisive action on a rights-based approach to the needs of seniors. We support the UN Convention on the Rights of Older Persons (see more under “Options on how best to address the gaps”). An international legal framework is an essential component of dismantling systemic ageism, and creating a more just and fair society for Canadians as they age. The responses below underscore why such a convention is urgently needed.

Violence, neglect and abuse

North American studies show that 2-10% of older adults will experience some type of elder abuse each year: physical, emotional, psychological, financial and neglect. This is a widespread yet mostly hidden problem.

Despite some strategies to combat elder abuse, the awareness of the issue and resources available to help remain lacking. Many older Canadians in need of supportive services are not using them. Some may not be aware that these resources even exist, or lack access to them. Others may not accept that they are in an abusive situation or may be uncomfortable disclosing. We need to invest in the resources that detect older people at risk, serve victims and raise the profile of elder abuse.

Long-term care and palliative care

The pandemic highlighted how the health care system has been failing one of Canada's most vulnerable populations — residents of long-term care homes. LTC homes have been understaffed, understocked, unprepared, underprotected and underserved. Their personnel have been underpaid and underskilled. This reality has been presented to governments again and again.

We have been calling for action to improve conditions and inspections in LTC homes; funding for more permanent LTC staff; and increased wages, job security and benefits for staff (especially sick leave). We also support a national plan for LTC homes, with standards and processes for robust accountability, and a transition to an entirely not-for-profit LTC home model.



Autonomy and independence / m. Accessibility, infrastructure and habitat

A national survey found that 78% of Canadians want to age in their current homes, but just 26% predict they'll be able to do so. Issues around health, mobility, safety and more can derail the dream of aging in place. Any solutions must consider these four realities:

- Cost is a major obstacle. In many cases it is difficult for adults over age 65 to live at home when the costs of equipment and remodelling living quarters for health issues are unaffordable. Often, it is possible for older adults to stay at home with some basic modifications.
- For compassionate and economic reasons, it is best practice to keep older adults with health challenges at home as long as possible. Older persons often reluctantly leave home for long-term care residences. That brings its own challenges. Health-care costs increase on the continuum. Home care costs a little over \$100 a day, compared to twice that for a long-term care bed and \$700-\$1,000 a day for a hospital bed. Long-term care, where people often go reluctantly, can also be stressful and bring an emotional cost to seniors who would have preferred to remain in their familiar surroundings.
- Aging in place removes a burden on the system. For older Canadians, managing their health must start before situations become acute. Successful home-care programs remove a considerable burden from long-term and acute care services.
- The need for a comprehensive solution is growing. Finding the supports to enable that is becoming more urgent as the seniors cohort continues to increase. We're getting close to the point where people age 65 or older account will account for 20% of the Canadian population, according to Statistics Canada.

Canada spends significantly less on home and community care than the Organisation for Economic Cooperation and Development average. Across the country, almost nine in 10 health care dollars go towards institutional care. The equation is out of whack. We need more balanced health-care spending.

With proper teams skilled in physical and mental health, support for home accommodation and the right framework for care, Canada's older adult population may live in their own homes and communities. That's where they want to be. Aging at home is part of providing quality to older peoples' lives, and ensuring supportive and sustainable communities for all.

Economic security

The Canada Pension Plan, Old Age Security and the Guaranteed Income Supplement are critical financial supports. Yet we need to do more to help the 12% of senior families and 28.5% of single seniors who qualify as low income. RTOERO has advocated for a national seniors strategy to build infrastructure that guarantees basic income and health-care rights for Canada’s older adults (see more under “Options on how best to address the gaps”).

Defined benefits pensions are another proven way to make retirement secure. With that, older Canadians can keep contributing meaningfully to our economies and pump money right back into our local communities. Governments must take action to strengthen defined benefits, protect accrued benefits, and protect employees and retirees ensnared in corporate insolvencies.



Right to health and access to health services

Health care standards must govern aging concerns along the whole pipeline and all networks within the pipeline. Maintaining well-being involves teams of experts collaborating to find solutions to address physical illnesses, disabilities, social isolation, loneliness and elder abuse.

All levels of government need to support health standards for older adults in a holistic way. Such standards will guide health care practices for the aging – around mind, body and spirit – and establish robust accountability models.

Health is impacted by genetics, thoughts and actions, as well as the environment, including access to services and equity. Inequality across the lifespan impacts health outcomes for groups and individuals. In older age, ageism can also affect our ability to age well.

An individual may have a chronic disease and still experience healthy aging if the condition is managed, and if appropriate social supports exist. Conversely, being free from disease isn't the only requirement of healthy aging. Having connections and purpose are essential too.

Many older people live in conditions unfavourable to well-being. Healthy aging encompasses active lifestyles, social inclusion, mental health, age-friendly communities and coping with change. It calls for equitable, safe, accessible and supportive communities. Yet care, services and policies for seniors can often focus more narrowly on physical health. We need to evaluate how older adults are faring in terms of their overall well-being, and provide resources/programs to support healthy aging in every dimension.

That support should include more geriatricians. Canada only has about 300 serving the older population – one for every 15,000 adults. That is unacceptable. We don't invest enough in geriatric care training. We want to remove the cap restricting the number of graduates specializing in geriatrics. And also see special post-graduate programs and diplomas to help create careers in geriatrics for health care and psychosocial service workers. It's vital to improve the pipeline of these health-care workers.

One gap in protection involves drug coverage. Canada is the only developed country with a universal health-care plan that lacks universal drug coverage. We pay among the highest prices for prescription drugs. Ten per cent of citizens don't have adequate coverage. One in four households can't afford their prescriptions.

Pharmacare is available but fragmented. We need a national pharmacare program that ensures access to medications and treatments essential to well-being and health. Financially-strapped seniors shouldn't have to choose between food or prescriptions.

Social inclusion

Meaningful connections with others keep us engaged and active. In contrast, social isolation can trigger mental, emotional and cognitive distress and worsen chronic health problems. It may also lead to various forms of elder abuse.

One Canadian study reported that almost one-quarter of people aged 65-plus have feelings of loneliness. Isolation can be a particular risk when people retire, lose a spouse, or experience decreased mobility or cognitive decline.

Our governments should support more ways to connect seniors to family, friends, neighbours, colleagues and their communities. Reducing social isolation will have a meaningful impact on the emotional, mental and physical health of our seniors.



Options on how best to address the gaps

What other options can be considered to strengthen the protection of older persons? Please elaborate.

Seniors are Canada's fastest growing demographic. In 2012, almost one in seven Canadians was a senior. Now the number is more than one in six. By 2030, that will jump to nearly one in four. Gaps in our healthcare and social policies are creating barriers — to seniors' independence, and to their essential role in vibrant, healthy communities and economies.

Tackling these issues independently won't give us the results we need. A coordinated national seniors strategy, with dedicated funding and accountable goals, will ensure we meet the evolving needs of seniors.

RTOERO has repeatedly called on governments for such a strategy, to combat ageism and to build infrastructure that guarantees basic income and health-care rights for Canada's older adults. We have also called for the creation of Seniors' Advocates in various jurisdictions as an independent office, with the power and responsibility to safeguard the welfare of older Canadians, caregivers and their families.



What is your assessment on the protection of the human rights of older persons according to regional and international instruments?

Society is focused, rightly so, on dismantling of social structures that reinforce racism, discrimination and oppression. Ageism is a deadly and systemic bias too. RTOERO upholds that an international legal framework to protect the rights of older persons is an essential component of the difficult work of dismantling systemic ageism, and ensuring a more just and fair society for all Canadians as they age.

RTOERO and our partner, the International Longevity Centre Canada, support a United Nations Convention on the Rights of Older Persons. The convention is a key component of our seniors strategy position.

At present, none of the existing United Nations instruments in relation to older persons are binding upon UN member states. A convention will be legally binding, and states will be more accountable for the actions they take towards older persons.

We have called on the Canadian government to take decisive steps toward leading and supporting such a UN Convention, and on provincial governments to help push it forward. We have also held webinars to raise awareness of this critical issue. This is the time to take decisive international action on a rights-based approach to the needs of seniors.



Who We Are

RTOERO is a bilingual trusted voice on healthy, active living in the retirement journey for the broader education community. With 84,000+ members in 51 districts across Canada, we are the largest national provider of non-profit group health benefits for education retirees. We welcome members who work in or are retired from the early years, schools and school boards, post-secondary and any other capacity in education.

We believe in a better future, together!

For more information:

- visit our website at rtoero.ca
- call 1-800-361-9888
- email media@rtoero.ca

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