

**Seniors in Northern Alberta: Key Trends, Service Gaps,
and Potential Employment/Training for Service
Providers**

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1. Introduction and Overview

Seniors are an important and growing segment of Canadian society. They now represent 12 percent of all Canadians, up significantly from only 5 percent in 1921. After 2010, when Baby Boomers begin to retire, the number of seniors will grow significantly from 18 percent of the population by 2021 to 23 percent of the population by 2041.

This report looks at key facts and trends related to seniors in Canada, Alberta, and Northern Alberta. It then examines major gaps in gerontological and personal services to Northern Alberta seniors. The report then reviews potential employment and training for providers of services to seniors in the foreseeable future. It concludes by discussing the latest thinking on marketing programs and services to seniors. A list of report sources and key informants is also provided.

2. Key Facts and Trends - National and Provincial Seniors

a. Demographics

- Canada's seniors population, those aged 65 and older, is expected to grow from 3.7 million in 1998 to 5 million by 2011.
- Most seniors live in private households. Just 8 percent of Canadians aged 65 and older lived in an institution in 1991. As might be expected, the very oldest age group is those residing in an institution.
- In 1998, over 91 percent of Alberta seniors lived in private households.
- According to the 1996 Census, there were 156,550 Alberta seniors aged 65 to 74 (approximately 5.8 percent of Alberta's population). A further 110,355 seniors were aged 75 and older (about 4.1 percent of Alberta's population). In total, nearly 10 percent of Alberta's population is aged 65 and over.

b. Care and Companionship

- Over 32 percent of Canadian seniors residing in private households live alone, compared to only six percent of the population under age 65. In Alberta, over 74 percent of Alberta seniors living alone are women. This group is likely to increase, and will be those most in need of home support in the future.
- More than 750,000 Canadian seniors living outside institutions receive informal assistance with everyday activities. Families tend to be the major source of such assistance, including children, other family members, or grandchildren. Approximately 26 percent of women over aged 65 received this informal help, compared to 17 percent of male seniors.

- During 1996, more than 16 percent of Albertans aged 15 and over provided weekly unpaid care to seniors.
- Seniors also offer considerable help to their families. In 1995, almost 20 percent of Canadians aged 65 and over looked after children at least once a week. A further 23 percent provided unpaid care to other seniors.

c. Health

- Life expectancy continues to improve for both Canadian men and women. A woman aged 65 in 1996 could expect to live another 22 years, compared with 17 years for a man the same age.
- In addition to living longer lives, there are indications that seniors are enjoying greater personal health. In 1994, almost 75 percent of seniors living at home rated their health as good to excellent.
- Nearly 99 percent of non-institutionalized Alberta seniors managed their own personal care.
- In 1995, 81 percent of seniors reported they had at least one chronic health condition diagnosed by a health professional.

d. Economic Status

- Between 1981 and 1997, the average income of Canadian seniors rose 17 percent (adjusted for inflation), compared with a 2 percent decline for those under age 65.
- The largest share of seniors' income remains the Old Age Security Program (OAS). In 1997, OAS provided 29 percent of all the income for Canadian seniors.
- Decreasing numbers of Alberta seniors now qualify for income-tested Federal Guaranteed Income Supplement (GIS) due to the success of the Canada Pension Plan in boosting seniors' income levels.
- There are fewer Alberta seniors with employment pensions compared to the national average. Studies suggest that not having a pension can be directly linked to poverty among seniors.

3. Data on Northern Alberta Seniors

- There were 17,325 seniors residing in the Northern Alberta Development Council area in 1996. There were 5,300 seniors living in the Lakeland region during 1996.
- Seniors made up 6.7 percent of the NADC population in 1996, compared to 13.7 percent of those residing in the Lakeland region. Provincially, seniors made up nearly 10 percent of the population in 1996.

The six population centres or counties in the NADC area with the largest seniors' populations in 1996 were:

Population Centre or County	Number of Seniors
City of Grande Prairie	1,620
Bonnyville Number 87 MD	960
Grande Prairie County No. 1	880
Athabasca County No. 12	730
Town of St. Paul	685
St. Paul County No. 19	655

The six NADC towns or villages with the largest proportion of seniors in 1996 were:

Population Centre or County	Percentage of the Population Aged 65 and Older
Glendon	19.1
Spirit River	15.3
Fahler	14.3
St. Paul	14.1
Hythe	14.0
Elk Point	13.5

The six population centres or counties within the Lakeland region with the largest seniors' populations in 1996 were:

Population Centre or County	Number of Seniors
Vegreville	1,055
Lloydminster	925
Vermilion River County No. 24	800
Town of Vermilion	600
Minburn County No. 27	435
Town of Two Hills County No. 21	430

The five towns or villages within the Lakeland region with the largest proportion of seniors in 1996 were:

Town or Village	Percentage of the Population Aged 65 and Older
Myrnam	35.0
Town of Two Hills	23.2
Mannville	22.6
Vegreville	20.5
Town of Vermilion	15.4

4. Gerontological and Personal Services Gaps for Northern Alberta Seniors

a. Gerontological Services Gaps

In order to identify major gerontological and support services gaps in Northern Alberta, five continuing care managers from various northern health regions were interviewed. Continuing care for seniors includes institutional care, home care, day programs, and assisted living options. Also interviewed was a senior manager from the College of Licensed Practical Nurses of Alberta.

Through these interviews, the following gaps were identified:

i. Shortage of Trained Personal Support Aides (PSAs)

All of those who were interviewed identified there was a shortage of trained personal support aides (also known as personal care attendants, client care attendants, home support aides, health care aides, and residential aides). Whatever their title, they provide personal assistance and support services for elderly, disabled, acute or chronically ill people who require short term assistance or on-going support.

While there are no formal education requirements for employment in this occupation, most employers prefer to hire applicants who have related experience or training. PSAs make up the largest portion of the health workforce in continuing care.

Another factor contributing to the shortage of trained PSAs working in continuing care with seniors has been the difficulty of retaining them. School boards also recruit PSAs to work as teacher's aides with disabled students. School boards reportedly pay trained PSAs several dollars per hour more than they can make working in continuing care. Therefore, trained PSAs frequently leave health care to work in the more financially rewarding education system.

The demand for PSAs has led health authorities to hire untrained PSAs who then learn on the job. "This is not the best situation for seniors", noted one continuing care manager.

ii. Shortage of Licensed Practical Nurses (LPNs)

After PSAs, the largest health care provider working with seniors in continuing care are Licensed Practical Nurses. Depending on the setting, they may have a variety of nursing care responsibilities delegated to them. Licensed Practical Nurses are currently in short supply throughout the province. Health authorities across Alberta have been recruiting LPNs from Newfoundland and the United States to fill the demand.

iii. Demand for Rehabilitation Practitioners

Rehabilitation practitioners, also known as rehabilitation service workers or rehabilitation counsellors, work with children, adolescents and adults who have developmental, emotional and physical disabilities.

One of the continuing care managers interviewed predicts that there will be an increased demand for rehabilitation practitioners in Northern Alberta, given the great difficulty in recruiting and retaining occupational therapists and physiotherapists in this region. This manager suggests that health authorities could use more rehabilitation practitioners to ensure the best possible use of more limited numbers of occupational therapists and physiotherapists.

iv. Shortage of Geriatric Nurses

One continuing care manager reported that few nurses working in continuing care with seniors have geriatric nursing training. Given the shortage of nurses in many communities, most continuing care managers seem satisfied if the nurses they hire have at least experience in a continuing care setting.

b. Personal Services Gaps for Seniors

Much of the personal services needs of seniors in Northern Alberta depends upon the levels of support available to them in their individual community. In larger centres such as Peace River, seniors are generally well-supported by their families to do their food shopping, banking, and go to medical appointments. In smaller communities, seniors who can no longer provide for their personal needs, often have little option but to enter an acute care centre or move to long term care facilities outside their community. The most common major gaps cited by continuing care managers in support for seniors were:

i. Lack of Housing Options

In many Northern Alberta communities, seniors who cannot remain in their homes may have only the local hospital or health centre to house them. Several continuing care managers spoke of the need for other housing options, including long term care centres.

ii. Inadequate Transportation

Many seniors in smaller Northern Alberta towns and villages are required to travel to a regional health centre or as far as Edmonton for medical specialist appointments. Unless these seniors are in an acute care facility, there is no formalized transportation service to get them to specialist appointments.

iii. Insufficient Homemaker Services

Many continuing care managers spoke of the need for more homemaker services for seniors in Northern Alberta communities. One continuing care manager

indicated that the funding for such a service will need to come from the social services system, rather than health.

A related gap in service is meal services for frail seniors who do remain in their homes. One continuing care manager spoke of the need for more “Meals on Wheels” types of programs.

iv. Lack of Day Programs for Seniors

Many continuing care managers spoke of the need for day centres for seniors. These would provide much-needed social and recreational opportunities for frail seniors as well as respite for family care providers.

5. Training and Employment Implications of Current Service Gaps

a. Gerontological Services

i. Trained Personal Support Aides (PSAs)

All continuing care managers indicated that it has been difficult to get PSAs trained in Northern Alberta. One health region has attempted several times without success to start a part-time PSA training program. The major impediment has been the program’s cost. The Alberta government has not funded the PSA program for the past four years. The time commitment and cost of the program has proven to be too heavy a burden for PSAs seeking training, many of whom are female single parents.

One continuing care manager commented that even with training, “PSAs have little more than the basics.” She indicated that PSAs in the health region where she works, receive in-services on meeting the physical needs of seniors, how to avoid injury while transporting seniors, and other topics not raised in basic training. Another commented on the need to offer PSAs in training with enhanced financial and personal support.

The employment outlook for PSAs in Alberta in the future, according to Alberta Human Resources and Employment, is expected to be above average compared to all other occupations. The trend toward deinstitutionalization and the increasing numbers of seniors are creating a demand for personal support aides. With health authorities seeking to develop programs such as palliative care, Alzheimer support, and respite care, there will be greater training and employment needs for PSAs as well.

With the recent Alberta budget increases to health and education, there may be funding available to Northern Alberta colleges to look at expanding PSA programs and post-basic courses.

ii. Licensed Practical Nurses (LPNs)

Nearly every continuing care manager interviewed indicated there was a shortage of LPNs to work with seniors, particularly in long term care. One manager noted that a recently-built long term care facility in her region could not open because there are no experienced LPNs to staff it.

The biggest barriers to recruiting and retaining LPNs in Northern Alberta are the high cost of living and the difficulty of health authorities to offer more than casual or part-time positions. However, there are indications that some Northern Alberta health facilities are beginning to offer full-time positions to LPNs.

Educational programs for LPNs are offered through Keyano College (in collaboration with NorQuest College) and Northern Lakes College in Grouard. Other collaborative arrangements with NorQuest College might be considered to provide LPN programs in smaller Northern Alberta centres. According to one continuing care manager, it is important to train local people as LPNs who will remain in the community.

iii. Rehabilitation Practitioners

Current demand for rehabilitation practitioners in Alberta is expected to be average for the foreseeable future. There appear to be sufficient numbers of rehabilitation practitioner programs serving Northern Alberta. At present, Grant MacEwan Community College, Lakeland College, and Portage College each offer a two-year Rehabilitation Practitioner (Rehabilitation Services) Program.

iv. Gerontology Nurses

The demand for trained gerontology nurses may grow over the next five to ten years as Northern Alberta regional health authorities seek to provide services in palliative care, Alzheimer care, and respite care to seniors. The employment outlook for gerontology specialists for the foreseeable future in Alberta is expected to be average compared to all other occupations. Current demand by nurses seeking such a program from Northern Alberta appears to be met at present by Grant MacEwan Community College's Gerontological Nursing Certificate Program offered through distance delivery or home study to registered nurses.

b. Personal Services for Seniors

Many of the personal services gaps in rural communities will be met by local service organizations, regional non-profit human service organizations or local entrepreneurs. Day programs could be useful volunteer training for senior level high school students in Career and Technology Studies or post-secondary students enrolled in related career programs. Seniors' registries could also serve as a way to link up seniors who need occasional assistance with volunteers who would be willing and able to assist them.

6. Marketing of Programs and Services to Seniors

Seniors cannot be targeted by marketers as a homogenous group. According to David K. Foot, author of *Boom Bust & Echo 2000*, there are three distinct groups of seniors: “young seniors” (aged 65 to 74), “mid-seniors” (aged 75 to 84), and “senior seniors” (aged 85 and older).

Each of these groups has a distinct lifestyle. The young seniors are healthy and travel a lot. The mid-seniors are still living in their homes but are less mobile due to health problems. Many senior seniors are in nursing homes.

The fastest-growing segment of seniors in Canada is the over aged 85 group. It is largely female and poor, due to a lack of transferable pensions. This group’s major need is affordable nursing homes. The mid-seniors are interested in services that will help them remain independent and in their homes. The young seniors, particularly beginning in 2010 when the first of the Baby Boom generation turns aged 65, are better educated, seeking greater stimulation, and have increasingly sophisticated tastes and interests. They are seeking ways to be more independent. Those marketing programs and services to young seniors will want to focus on products and lifestyles that enhance that sense of independence.

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