Standing Committee on the Status of Women Testimony April 4, 2019 International Longevity Centre Canada

Old Bag Geezer Old Maid Little Old Lady Babushka Old Crone

It is depressing to Google synonyms for older woman and try to grasp the rampant ageism embedded in our society against our mothers, daughters, sisters, partners and ourselves. It is a sad reality – as older women are often stereotyped and overlooked here in Canada and around the world

This was clearly evident a few weeks ago at the United Nations 63rd Commission on the Status of Women, where older women were blatantly ignored, even at the international epicenter of human rights.

So, I am delighted to be here today and to learn that the Standing Committee has taken the time to look into the issues faced by older women in Canada. Thanks to all of you for this important work.

I should begin by explaining that the International Longevity Centre (ILC) Canada is a human rights based organization focused on the needs of older persons, and as such all our interventions today will be viewed through a human rights lens.

ILC is partnered with the LIFE Research Institute at UOttawa and is part of a global alliance of 16 countries that was the brainchild of a famous geriatrician, Dr. Robert Butler, who coined the term "ageism" back in 1969.

AGEISM

Ageism is defined as "a combination of prejudicial attitudes towards older people, old age and aging itself".

Like all isms "ageism" permeates and destroys, it belittles and patronizes and it results in the loss of autonomy, and dignity.

Ageism creates barriers to health, financial resources, education, employment and social and economic justice, in fact all the issues you that you have listed for today's discussions are negatively impacted by ageism.

Older women face the double jeopardy of ageism and sexism. This becomes triple or quadruple jeopardy when racism, homophobia, disability and indigenous identity are added to the mix.

So, my first recommendation is that today's discussion result in a strategic plan to counter ageism, and for

Canada to lead a United Nations Convention on the Rights of Older Persons.

POVERTY

Poverty also has a detrimental impact on older women. We know that 16% of older women (over 65) live in poverty and that the median income for older men is 1.3 times higher than for older women.

This disparity, leads to significant financial stress for older women.

Women live longer than men yet they have earned and saved less than men over their careers.

Many have worked in lower paid service jobs, with fewer work hours and have had leave periods to raise children and to care for aging family members.

To help mitigate this, we recommend action on pay equity, including policy and investments that support educational career training for women and provide support for caregivers.

We must ensure OAS and GIS policies do not negatively impact older women, and that every effort be made to find and register those who are eligible for the programs.

HEALTH CARE

Cardiovascular disease, strokes, malignancies, osteoporosis, cognitive and psychiatric illness are the most frequent and often most devastating health issues in older age.

Older women live longer than men and consequently, are more likely to develop chronic illness. Case in point, 7.1 percent of Canadians suffer from dementia, two thirds of whom are older women.

The burden for caring for dementia largely falls on older women, which may result in significant mental, physical and financial stress.

Policies that enhance caregiver's quality of life must be a vital part of the health care system.

Older women fail to receive the same quality or amount of health care service as men.

For instance, women with heart disease receive fewer diagnostic procedures and fewer treatments, and women with kidney disease receive dialysis later than men and get fewer transplants.

This gender disparity can literally be fatal for women.

Understanding the differences in disease frequencies, presentations and response is vital to optimal health for older women.

There is also a paucity, of research on mental as well as physical health of aging women and this needs to

change.

The Mental Health Commission Guidelines note three key factors for effective health: prevention, health promotion and early detection.

These are essential components of a sustainable, effective, efficient and equitable health care system.

Finally, we must realize that the cost to society of not acting on these recommendations is dire.

HOUSING

Appropriate housing is a basic human right for all Canadians. For older people this means clean and accessible housing that meets their needs for independence, dignity, safety and social participation.

Yet here is the reality for older women in Canada: 27% are in core housing need, meaning after housing cost they do not have enough money for food, medications and transportation.

Women make up 7 out of 10 Canadians living in residential care, which can lead to the loss of social and community connections, self esteem, autonomy and choice.

Lastly to our national shame we are witnessing an increase in first-time homelessness among older women.

While we applaud the National Housing Strategy, it

needs to better address the housing needs of older women.

THE CONVENTION

ILC Canada and other like-minded organizations are vigorously advocating for a United Nations Convention on the Rights of Older Persons.

We believe that a UN Convention could be transformative...why, because research-based evidence is clear. Conventions work because they better the lives of rights recipients.

A UN Convention would: see older people as rights holders, and codify the rights of older people in a single document.

A Convention would act as an anti-discriminatory tool to challenge negative stereotypes.

Rights Conventions improve government accountability and transparency and require the active participation of older persons.

They raise public awareness, and create better, healthier societies where older people prosper.

Canada has a long and proud history of leading and supporting United Nations Conventions.

There is no reason for our country not to work to better the lives of older Canadians, the majority of whom are women, along with older people around the Globe.

So I will leave you with these thoughts to ponder:

At what age does a person lose his or her rights?

At what age should a person be without preventative health care or access to education or training?

At what age should a person lose autonomy, selfdetermination and choice?

At what ages should a person be less protected from discrimination, violence and abuse?

The answer is NEVER!!! As we grow older, our rights should be enhanced not diminished or lost.