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## **Jeffrey C. Lozon**

President and CEO, Revera Inc.

# **A NEW VIEW ON AGEISM: EXPLORING THE SOCIAL, POLICY AND BUSINESS IMPLICATIONS FOR AN AGING CANADA**

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Chairman: **Verity Sylvester**

Past President, The Empire Club of Canada

### **Head Table Guests**

Beverly Allen, Publisher, Hardlines Home Improvement Industry, and Director, The Empire Club of Canada; Maxwell Stein, Student, Greenwood College School; M.J. Perry, Vice-President and Owner, Mr. Discount Ltd., and Director, The Empire Club of Canada; Dr. Jane Barratt, Secretary General, International Federation on Ageing; Paul Cantor, Chair of the Board, Revera Inc., and Senior Advisor, Bennett Jones; Greg Shaw, Director, International and Corporate Relations, International Federation on Ageing; Debbie Benczkowski, COO, Alzheimer Society of Canada; and Alex Squires, Managing Partner, Brant Securities Ltd., and Director, The Empire Club of Canada.

### **Introduction by Verity Sylvester**

It is now my delight and pleasure to introduce Jeffrey Lozon, President, Chief Executive Officer and a Director of Revera Inc.

Over the past few days I have taken note of the vast amount of information on Canada becoming a nation of the aging and the very young.

Statistics lead to the Canadian population aging more rapidly than ever before. The population of those over the age of 65 has surged to nearly five million over the past five years and growing faster than any other group—a trend that is poised to take on momentum. With these statistics comes the fear of an increase in health care, a work force that is aging, and an ever-increasing rate and a shrinking net worth for young Canadians.

Mr. Lozon is living in this world of statistical concerns and negative attitudes everyday as President of Revera Inc, a leader in seniors' accommodation and care.

Prior to his position at Revera, Mr. Lozon held a 17-year tenure as President and CEO of St. Michael's Hospital in Toronto. During his time at St. Michael's, he was seconded to the position of Deputy Minister of Health and Long-term Care for the province of Ontario. In addition, he served as the Vice-Chair for Canada Health Infoway and the founding Chair of the Canadian Partnership Against Cancer.

In December 2009, Mr. Lozon was appointed a Member of the Order of Canada for his innovative and sustained leadership in health-care management and for having advanced patient care, most notably at St. Michael's.

Mr. Lozon has held faculty positions at the University of Toronto, the University of Alberta and the University of Saskatchewan. He holds an honorary Doctor of Civil Laws from Bishops University, a certificate from the senior executive program of the Stanford University School of Business, a Masters of Health Services Administration from the University of Alberta, and an Honours BA from the University of Guelph.

Ladies and gentlemen, please join me in welcoming Mr. Jeffrey Lozon.

## **Jeffrey Lozon**

Thank you Verity. It's been 12 years since I've spoken to the Empire Club. This year, the Empire Club is 109 years old. This is an impossibly old age by human standards. Or at least it used to be.

Because the fact is, if you're a baby girl born this morning in Tokyo, your chances of living to the age of 100 are now one in two.

We're not there. Yet. But life expectancy at birth today is now over 80 in some 33 countries—including Canada, where it's close to 81.

Canadians are also living much longer and in greater numbers than ever. But our living longer is no guarantee of living better. Growing old can mean growing frail and ill and even destitute.

True, we have a good health-care system and a growing elder-care system. The latter involves retirement homes, home care and long-term care facilities. Retirement home communities are privately operated, geared to people who can live independently and can choose from a number of different services, including health care. Home care is as it sounds: you live at home and the care comes to you, often delivered by nurses and personal support workers and paid for either privately or by the government. Long-term care is government-funded and regulated and offers 24-hour-a-day nursing and health care.

There's much to praise about our elder-care system and we have much to be proud of, particularly the hundreds of thousands of workers who provide care and service across Canada to older adults with compassion and love. But a series of systemic challenges—burgeoning boomers, rising health-care costs, cash-strapped governments, and outdated thinking around the meaning of “being old”—have conspired to make the prospects for our old age dimmer when they should be brighter.

We can make them brighter if we are bold and thoughtful.

But there's another issue that's bigger than the ones I've mentioned and it's powerful enough to push older Canadians further out on the margins of society, and harmful enough to diminish the prospects for our economy, our civility and our gross national happiness.

I'm talking about the growing problem of ageism. Ageism is a problem of perspective. In fact, I view the

major impediment to our dealing successfully with aging is found not so much in government funding formulas or miracle drugs, but in our perspective on aging. That view frankly is filled with bias, ignorance and arrogance.

The Ontario Human Rights Commission defines ageism as “a socially constructed way of thinking about older persons based on negative attitudes and stereotypes about aging.” In other words, it’s stereotyping people based on their age. The reality is that ageism is the most widely experienced and most tolerated form of social discrimination in Canada today. It is the same for Europe and America. No one in this room would discriminate openly against someone because of their race, colour, creed, religion or sexual preference. Yet we feel oddly free to discriminate openly because someone is old.

When an older person can’t remember a name quickly, it’s impending dementia for sure! Or we equate someone elderly who’s walking slowly with thinking slowly. It’s almost a given that we talk about old age as a time of failing powers and rising misery.

But the fact is in study after study, people grow happier as they grow older and our oldest generation is invariably our happiest. Given the disparity between how our older citizens feel about life and how those who are younger sometimes feel about them, it’s no surprise ageism has a detrimental impact on performance and productivity—at work and at home.

But the real harm—the deep deep hurt of discrimination on the basis of age—is that it limits choice.

It limits choice.

When it comes to older Canadians, we suffer from a failure to recognize that older people want choice—choice in how they spend their time and money, choice in how they’re cared for and how they pay for that care, and ultimately choice in how they will live the latter part of their lives. And what limits that choice is not just policies

and practices, but the attitudes that drive those policies and practices.

Both last year and this, Revera conducted our own research on aging and ageism. We wanted to find out for ourselves if our impulses were correct around the power of ageism and how deeply it is embedded in our society.

We released the results of our most recent research this morning. We produced the Revera Report on Ageism in partnership with the International Federation on Aging and found that one in three Canadians admit they've treated someone differently because of their age. Nearly two-thirds of all seniors, 63 per cent, say they've been treated unfairly because of their age. And fully half of Canadians are prepared to admit that ageism is the most tolerated form of prejudice.

These numbers confirm what we'd learned in 2011 when we studied the aging experience and expectations of seniors. There is a serious social issue here.

I can almost guarantee that everyone in this room will enter old age at some time, and when you—or rather, we—do, I know we'll want all the choices and powers we can carry with us. This requires that our society offers choices and alternatives that our current society does not.

It's time for that to change, and it's up to us in this room to give the decision-makers—the elected and unelected officials, the business and social leaders, you and me—the information and support we need to change the prospects for Canada's fastest-growing group of citizens. I am in that group, a proud, card-carrying boomer. I feel like I can go to a Rolling Stones concert and bring down the average age of the attendees—if not the performers!

Let's not forget that boomers are the first generation in history that has real choice about how we spend our last 20 to 30 years. Unlike any previous generation and most other societies today, Canada's baby-boomers have the

dollars, the battalions, the technology and our famed sense of entitlement to literally transform what it means to be old.

So how are we going to start that transformation?

Well, a good first step is to join in the common cause to attack ageism and redefine what it means to become old.

This is why I'm announcing today the launch of a campaign that will start to do that very thing.

We call this program Age Is More. Under that banner, Revera is challenging the negative attitudes and stereotypes facing seniors, and at the same time we're showcasing the contributions of older people across Canada. We're going to act as an information clearing-house, as a social media facilitator, a connector and a bully pulpit for what we believe is the last negative "ism" left standing in Canada. Starting today you can learn more about this at [www.ageismore.com](http://www.ageismore.com).

I urge your organization to think of what active and effective measures it can take in order to put ageism at the forefront of your own stakeholders' attention. Because the good news is that we're finding that ageism is something that, just by bringing it to life, people are apt to say, "Oh, right," rather than "You're wrong."

Like most "isms," ageism also feeds off myths, so I want to highlight some of the most enduring myths around old age and elder care.

These myths have helped shape our view of old age as a giant funnel with choices diminishing the more you age. I believe the opposite and I hope to convince you that old age can be a giant supermarket filled with wonderful opportunities, but only if we start thinking of it that way.

The first myth is related to a field I know well—how we care for the elderly.

This myth says that long-term care facilities are bad places to live out your final days, that they hasten death and degrade the quality of life. That myth belies the fact that long-term facilities look after a large number of peo-

ple, the vast majority of them exceptionally well. Like hospitals, they are highly regulated by the government. Like hospitals, they are all about improving their quality of care. There is always work to be done around quality of care, and we mustn't lose our focus on that for a second. Our company and our industry are devoted to that journey. That said, Ontario's long-term care residences are homes that provide compassionate care and comfort to thousands.

Another myth related to the first is that home care can totally replace long-term care. It would be wonderful if it could. But like most things around elder care and health care, it's complicated. So when we view older adults as all being the same, with exactly the same needs, that's a simple perspective failing to solve a complex issue. What it ends up doing is limiting choice and skewing policies. Older adults need choice that respects their preferences as individuals. The growth of home care does not negate the need for long-term care. Both offer alternatives that help seniors determine how, where, and when they receive care.

The sheer complexity of services offered through long-term care, home health and retirement communities means that...well, in Revera's case, our 30,000 employees look after more than 30,000 clients every day, and they have literally hundreds of thousands of interactions every day with those clients. All of our people practice compassion in everything they do. Indeed, while all of their clients are "old," many of our employees are old as well.

I'm not shy in saying this. I'm proud we have more and more seniors every year on our payroll.

On our staff are 21 Registered Nurses over the age of 70 and 26 Personal Support Workers over 70 and we're happy to attract people from this age group. Here with us today is Dorett Nelson a 64-year-old nurse from Main Street Terrace long-term care. We also have 65-year-old Herman Vickers who is a housekeeper at our Forest Hill

retirement community. Not only do they have great skills and obvious experience, but they bring that crucial element of empathy to their work. They are not over 70 but if they want to be working with us until they are or beyond, we welcome that.

And it's not just our seniors who are helping others. In a few years, as the percentage of Canada's elderly population accelerates, the idea that we will spend more time taking care of our parents than they spent taking care of us will morph into another interesting twist: the fact that more seniors are not only receiving care, more of them are providing it too.

As we approach a U.S. election just four days from now, I'm reminded of the 1984 presidential debate between Walter Mondale and a much older Ronald Reagan. With a single sentence Reagan put to rest the fears that he was too old for the Oval Office. Said Reagan: "I want you to know that I will not make age an issue of this campaign. I am not going to exploit, for political purposes, my opponent's youth and inexperience."

So let me ask you, "Are the hiring practices in your organization tilted to favour the young over someone with decades more experience?" If so, why? There may be a good reason. Or there may be a bad one too. And what about aligning your rising number of older customers and clients with people in the same age group to serve them?

It's also tempting to think of ageism as a government issue or a social issue. But in many ways, ageism is also a business, productivity and economic issue as well. As Canada's largest generation retires, sometimes forcibly, with its positions filled by a much smaller generation, the math just doesn't work if older Canadians aren't encouraged to remain at work.

Another myth I want to puncture is that the senior-care industry is not innovative. I think this too finds its origins in ageism. Older people are slow and set in their ways,



and so it follows that the industry that serves them is much the same.

It's true that many of the province's long-term care homes are old themselves. They need renovating, upgrading, and in many cases replacing. And we certainly need more of them. Yet despite this, innovation abounds, as it does in most every other industry.

Revera is partnering with the University of Toronto's TagLab, which creates and promotes new technologies to strengthen identity, autonomy, and community as people age.

This includes everything from large-print and talking e-books, to apps that combine location-sensing with memory-enhancing, to games seniors and their grandchildren can play together even though they're not in the same place or time-zone. And there's even a touch-screen photo frame that sends messages to a loved one's email saying: "I'm thinking of you."

Note that all of these examples involve being online. And that dispels another myth: that seniors either don't "get" technology or they don't have the focus to make it work for them. Who here isn't regularly baffled by some new technology?

According to a report Revera did recently on Tech-Savvy Seniors, there's a growing army of seniors who are flocking to technology to make their lives safer, more secure and meaningful. In 2000, only 5 per cent of these Canadians 75 and older were online. Today, that number has grown five-fold to 27 per cent, and 88 per cent of them go online at least once a day. Seniors are one of the fastest growing cohorts for technology adoption.

Today as well, many retirement communities have service standards and programming that match those of top-flight hotels. Many long-term care residences are being upgraded with an eye to making them feel more like home-away-from-home as well. What's more, all of us in the industry are embracing the principles of evidence-

based design in many of these facilities. With direct input from our caregivers and particularly from our clients, we're all nipping and tucking our residences so they are more like home.

I remember my days as a Deputy Minister of Health. Back then heart disease was the biggest killer of Ontarians so it got all the attention and extra funding. I also remember when I was the CEO of a hospital it was cancer that got the attention and funding because cancer was devastating more families than any other disease.

Today, one of the things we're preparing for is Alzheimer's. The Alzheimer's Society of Canada estimates that nearly 750,000 Canadians today have Alzheimer's or a related dementia. By 2031, that number will double to 1.4 million. The financial consequences are huge. Today, the combined costs of dementia total \$33 billion a year. By 2040, that figure will rise to an astounding and intolerable \$293 billion per year.

Alzheimer's is underfunded and misunderstood by too many and grows increasingly lethal every year. I'm here to raise my hand and say that it's about time that dementia and Alzheimer's disease got the attention and funding they deserve. There are huge opportunities for advancement in research and care, and we should act now.

In fact, the Alzheimer's epidemic presents such a clear and present danger that in my opinion we need a national strategy on Alzheimer's—a response equal to the threat it poses to our health and our health-care systems. I ask you whether ageism plays a role in our slowness to act decisively and in a massive way. After all, this is an epidemic that, if it were our water system or our food chain, we would all be leaping into action to correct. Committed communities changed how we see HIV/AIDS. Perhaps we can do the same for Alzheimer's.

If people had to lie down because they were feeling weak, they would never say they're having a "cancer moment." But I've often heard that when someone forgets

something they say they're having an Alzheimer's moment. That's ageism.

One defining quality of ageism, and it's true of every form of discrimination, is that people are viewed as groups and groups are viewed as having the exact same characteristics. So when we talk about the elderly, our minds often conjure up a single image and often of a frail person with nothing left to contribute.

Needless to say, Revera and others in our industry take a dramatically different view. The people we serve all come to us with different expectations. More and more of them come as well from different cultures. They live in one of the most diverse countries not only in the world, but in the history of the world. I believe we have an obligation to respect the very diversity of choice that makes that distinction possible. We can do more to offer an individually and culturally sensitive future.

So yes, we begin with the individual, not the group, but the individual, and work to help him or her live his or her life to the fullest.

We turn the telescope around and begin with the person and his or her needs. From this we then create communities that speak to the whole person.

It's tempting to think that wellness when you're 80 means one thing: you're not sick. But when we're 40, we all know wellness has a much broader definition. Because we believe you're just as much a person when you're 80 as when you're half that, we have developed a wellness model that has six parts. It starts with physical wellness, of course, but also includes emotional wellness, spiritual wellness, vocational wellness, intellectual wellness and, finally, social wellness.

So when one of our caregivers asks whether you are feeling well today, it's a more complex question than it first sounds. And we probe for more complex answers.

Preserving a sense of control and choice is crucial as we age. You might think moving your parents from home

care to communal living would remove that control and choice.

Absolutely not.

Indeed, when people move into our homes from their own, our experience has shown that their physical and emotional health often improves. Perhaps the most important tool in maintaining mental alertness is social interaction. We have that in spades.

And when our seniors feel more alive, believe me, so do their adult children.

Finally this brings me to my last myth of aging: the government will be able to pay the whole shot for our elder health care.

How can a province that spent 32 cents of every dollar on health care in 1990, and 46 cents of every dollar on health care in 2000, and a decade from now is expected to spend 70 cents of every dollar on health care pay the huge extra margins of the care of the largest cohort of people in our nation's history? How can any provincial government be expected to pay for all this?

It can't. Especially when there will be fewer taxpayers in the generation following the Boomers, and much greater usage of the health-care system by the Boomers.

Jeffrey Simpson of the *Globe and Mail* wrote a book about our health-care system called *Chronic Condition*. He describes medicare as the third rail of Canadian politics. Touch it and you die.

But the plain fact is we all have to start talking about how we're going to pay for our elder health-care system, and particularly about paying for our health as we grow older. It's clear to anyone who can add that we can't ask government to pay the whole shot for our health care. Government can't pay, and it probably shouldn't, because that would mean providing a single standard with a monochromatic range of choices. And that's not how Canadians choose to live their lives.

What our conversations needs is what our health-care system needs. And that is choice.

There simply has to be a new sense of choice around products and services, living arrangements and health-care options that are going to be available for my generation that is growing old at record rates throughout the industrialized world. Those choices can't be limited to what the government defines as an acceptable range of services, though they should certainly include that list. They need to be a mix, with some offered by the government and some by the private sector.

It's no coincidence that the very thing older Canadians want most—more choice—is the same thing that will help reform the very systems that they will seek and need.

When I started preparing this speech, Dalton McGuinty was the Premier of Ontario. By the time I'd finished, he wasn't. But whoever leads the provincial government in the years to come needs to come to grips with the huge issues around the fastest-growing group of Ontario—voters!

And so let me end where I began, by talking about ageism.

I believe firmly that the greatest and most harmful by-product of ageism is the pernicious removal of choice.

Ageism does what any form of discrimination does. It removes choice, because it views everyone in a particular group as basically the same.

If we view everyone as part of a group and that group is not defined by their health or income or interests but by their age, and if growing old has been a slow, steady process of taking away someone's choices, whether through ill health, public policy or social perception, then growing old will absolutely be the funnel of diminishing choices I mentioned earlier.

But if we stamp out ageism and the attitudes and actions it fosters, then old age doesn't have to be that. It can well and truly be a supermarket. New technologies,

age-friendly cities and businesses, intergenerational programs, new funding models, and regulatory reform can all contribute to a quality of living that today's boomers deserve, afford and enjoy.

As for that baby girl born this morning in Tokyo, it will be a while yet before one in two girls born in Toronto reaches 100. But while we're preparing for that inevitable moment, we should also be asking how we can help her and everyone in Canada do something few older Canadians can do today and that is to be able to choose from many different ways of making their latter years some of their best.

Thank you.

The appreciation of the meeting was expressed by Alex Squires, Managing Partner, Brant Securities Ltd., and Director, The Empire Club of Canada.

