

# FRAILTY MATTERS



Canadian  
Frailty  
Network

Réseau canadien  
des soins aux  
personnes fragilisées

Canada's older population is growing. People aged 65 plus outnumber children 14 years old or less.

The fastest growing segment of older Canadians is over 80, and over half could be considered frail. This population will continue to grow.

## NOT EVERYONE AGES THE SAME WAY.

Getting older doesn't necessarily mean someone is frail, but it does increase the odds of developing multiple medical conditions and frailty. Things like inactivity, poor nutrition, and social isolation or loneliness, and multiple medications contribute to frailty.

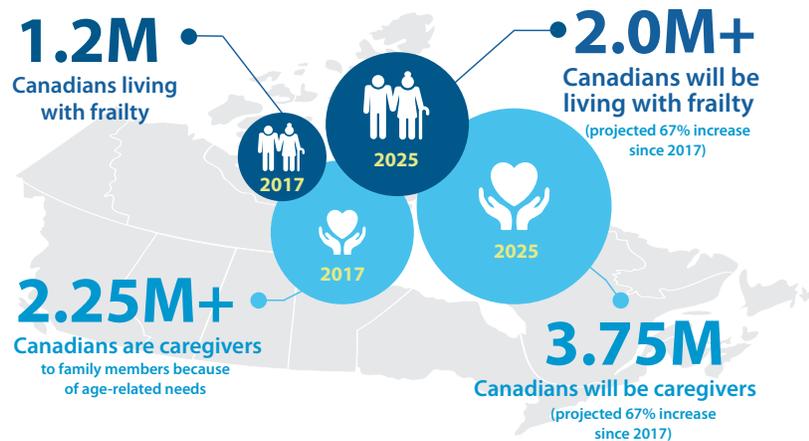
When you are frail, your body does not have the ability to cope with minor illnesses that would normally have minimal impact if you were healthy. With frailty, these minor stressors may trigger rapid and dramatic deterioration.

## EVERYONE IS TOUCHED BY FRAILTY IN SOME WAY.

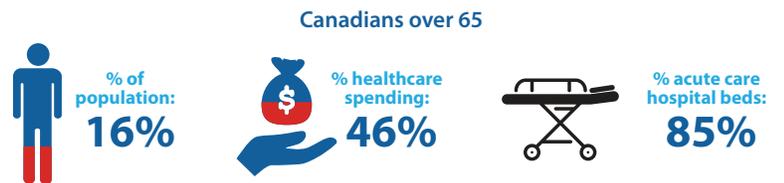
It's not just older adults who are impacted, it's also their family/friend caregivers.

And, frailty places large burdens on health and social care systems to meet the growing demand.

## EVERY CANADIAN IS TOUCHED BY FRAILTY IN SOME WAY



## FRAILTY IS LINKED TO HIGHER CONSUMPTION OF HEALTHCARE RESOURCES



## CFN IS UNIQUELY POSITIONED TO HELP



**National Network of 3,500+**, including over 400 researchers and 47 member institutions



**\$47M+** for research, policy and practice changes, and training targeting care of older adults living with frailty



Increase in available evidence to support frailty care by **funding 102 research projects** with evidence mobilized into practice and catalyzing change in health and social care systems



Frailty education and experiential learning for **850+ trainees**



**Partner with 400+** organizations who provide matching funding for projects and initiatives

**WORK WITH US TO IMPROVE CARE FOR OLDER CANADIANS.**

[www.cfn-nce.ca](http://www.cfn-nce.ca)

# FRAILTY: WHAT CAN BE DONE?



Canadian  
Frailty  
Network

Réseau canadien  
des soins aux  
personnes fragilisées

Over 25 per cent of Canadians between the ages of 65–84 years, and over 50 per cent over the age of 85 — more than one million Canadians— are medically frail. As the number of Canadians over 65 continues to grow, the lack of effective resources and support for adequately managing this condition is increasingly urgent. In fact, in six years, it's projected over two million Canadians will be living with frailty.

Fortunately, Canada is a leader in frailty research. For example, some of the most commonly-used scales to measure frailty, such as the Frailty Index, Clinical Frailty Scale, and Edmonton Frail Scale were pioneered by Canadian researchers (and CFN Network Investigators). In order for Canada to continue leading, we must invest in research and solutions to address frailty.

## ABOUT THE CANADIAN FRAILITY NETWORK (CFN)

CFN is a Networks of Centres of Excellence (NCE) program funded network focused on increasing frailty recognition and assessment, creating evidence to inform decision making from the bedside to policy making, training the next generation of care professionals and scientists, and mobilizing knowledge to catalyze improvements in Canada's health and social care systems. We are active in all settings of care from acute to residential to community care including end-of-life care and advance care planning.

## 1. IMPLEMENT FRAILITY IDENTIFICATION THAT IS TRANSFERABLE ACROSS ALL CARE SETTINGS

Despite Canada's leadership in frailty research, high-quality evidence on the effectiveness of frailty treatment is scarce. Identifying and assessing frailty allows for the development of person-centred care plans for older adults targeted to their needs across care settings.

Simple and effective tools to assess frailty are readily available and can be part of routine healthcare. Often, tools commonly used to measure frailty are also useful to identify possible interventions that can prevent, slow or significantly delay negative outcomes. This can help older adults to stay in their homes and communities and maintain functional for as long as possible.

### SOLUTION

#### To improve health outcomes for those who are living with frailty, we need better evidence on how to:

- **Improve frailty itself**
- **Reduce negative health events in those with frailty**
- **Best deliver care, organize health and social care supports and improve health and social service delivery to older adults living with frailty**
- **Improve advance care planning and end-of-life palliative care.**

## 2. ENSURE FRAILTY POPULATION DATA IS AVAILABLE FOR PUBLIC HEALTH PLANNING

No care setting in Canada currently identifies and assesses frailty as standard clinical practice.

Frailty in older adults is under-recognized, under-documented and under-coded in data from medical consultations, hospital discharge summaries and death certificates. As a result, evaluating care, health outcomes and healthcare resource utilization by older adults living with frailty is difficult, costly and time-consuming.

When older adults are assessed for frailty, in addition to frailty identification and assessment, there should be common data collection, measurement and coding across health and social care systems where appropriate. This would allow for data sharing between all 13 provincial and territorial health systems and care providers, be accessible to researchers, and shared through Canada's Public Health Agency's Public Health Network.

### SOLUTION

**Implementing routine and standardized frailty assessments will produce data to support comparisons between jurisdictions and identify variations in care, outcomes and health and social care resource utilization.**

## 3. IMPLEMENT FRAILTY-SENSITIVE HEALTHCARE AND SOCIAL SERVICES FOR INDIGENOUS PEOPLES (USING THE CO-DEVELOPMENT MODEL) AND FOR VETERANS

### INDIGENOUS PEOPLES

Indigenous populations have higher rates of many age-related chronic diseases compared with other populations in Canada, with evidence of younger average age of onset for conditions like diabetes, renal disease, and dementia. In addition, older Indigenous adults are more likely to report experiencing more than one chronic condition concurrently. These are all factors that can result in frailty.

In a study of Indigenous adults aged 75 to 85, approximately 50% reported frailty, compared to just under 30% for the rest of the Canadian population.

Access to reliable data for Indigenous populations in Canada has been a longstanding issue and hence does not allow communities and organizations to adequately predict and plan for health services. By assessing and quantifying frailty in Indigenous seniors, communities will have the information to predict and plan for services.

### SOLUTION

**Systematic identification of frailty should occur, as with the rest of the country. A validated index used in the general Canadian older population should be adapted for use with Indigenous peoples. Data elements should also be utilized by all Government of Canada agencies like Statistics Canada.**

### 3. IMPLEMENT FRAILTY-SENSITIVE HEALTHCARE AND SOCIAL SERVICES FOR INDIGENOUS PEOPLES (USING THE CO-DEVELOPMENT MODEL) AND FOR VETERANS

#### VETERANS

There were an estimated 658,000 veterans in Canada as of March 2017 and 122,869 were age 60 and over. Although exact figures do not exist, a conservative estimate is that there are 30,000 veterans living with frailty which will increase rapidly as the present cohort of veteran ages.

There are reasons to suspect that veterans may have higher rates of frailty than the general population. Older veterans care needs stem from a lifetime of acquired disabilities, chronic diseases typical of older adults, and psychosocial factors. For younger veterans, a large percentage require the same type of geriatric care as veterans who are 10 to 20 years older.

In addition to the usual benefits of better data, standardized frailty assessment could help veterans qualify for Veterans Independence Program services if they are assessed as frail.

#### SOLUTION

**A validated index used in the general Canadian older population should be adapted for use with veterans. Data elements could inform Government of Canada agencies including Veterans Canada.**

### 4. PROPOSE A FEDERAL-PROVINCIAL-TERRITORIAL TASK FORCE ON FRAILTY

Our health systems are scrambling to meet the needs of older people with multiple simultaneous, inter-related health and social issues that threaten their independence – the essence of frailty.

Frailty is a more precise, and evidence-based, determinant of health outcomes and healthcare utilization than age alone. It allows us to direct our precious healthcare dollars efficiently – and provide the right care at the right time to the right populations.

The bottom line is that our health and social care systems are going to be continually challenged to improve the quality and quantity of care delivered to older Canadians living with frailty.

The Canadian public is cognizant that not all aging is the same and some seniors need more support. There will be increasing pressure from the baby boomer generation who are now caregivers and in some cases becoming frail themselves.

Any national strategy that impacts seniors and their families requires cooperation between federal, provincial and territorial governments, and must bring together all groups that have a role to play.

#### SOLUTION

**A Federal-Provincial-Territorial Task Force could implement integrated care strategies that would benefit vulnerable Canadians, especially those living with frailty. Not only would this improve the care of older Canadians, it would also demonstrate leadership to the world.**

#### CONTACT CFN FOR MORE INFORMATION

Carol Barrie  
Executive Director and COO  
e. [executivedirector@cf-nce.ca](mailto:executivedirector@cf-nce.ca)  
o. 613-549-6666 x 7689

John Muscedere  
Scientific Director and CEO  
e. [scientificdirector@cf-nce.ca](mailto:scientificdirector@cf-nce.ca)

Russell Williams  
Chair of Board of Directors  
e. [boardchair@cf-nce.ca](mailto:boardchair@cf-nce.ca)