



Seniors Info *Exchange*

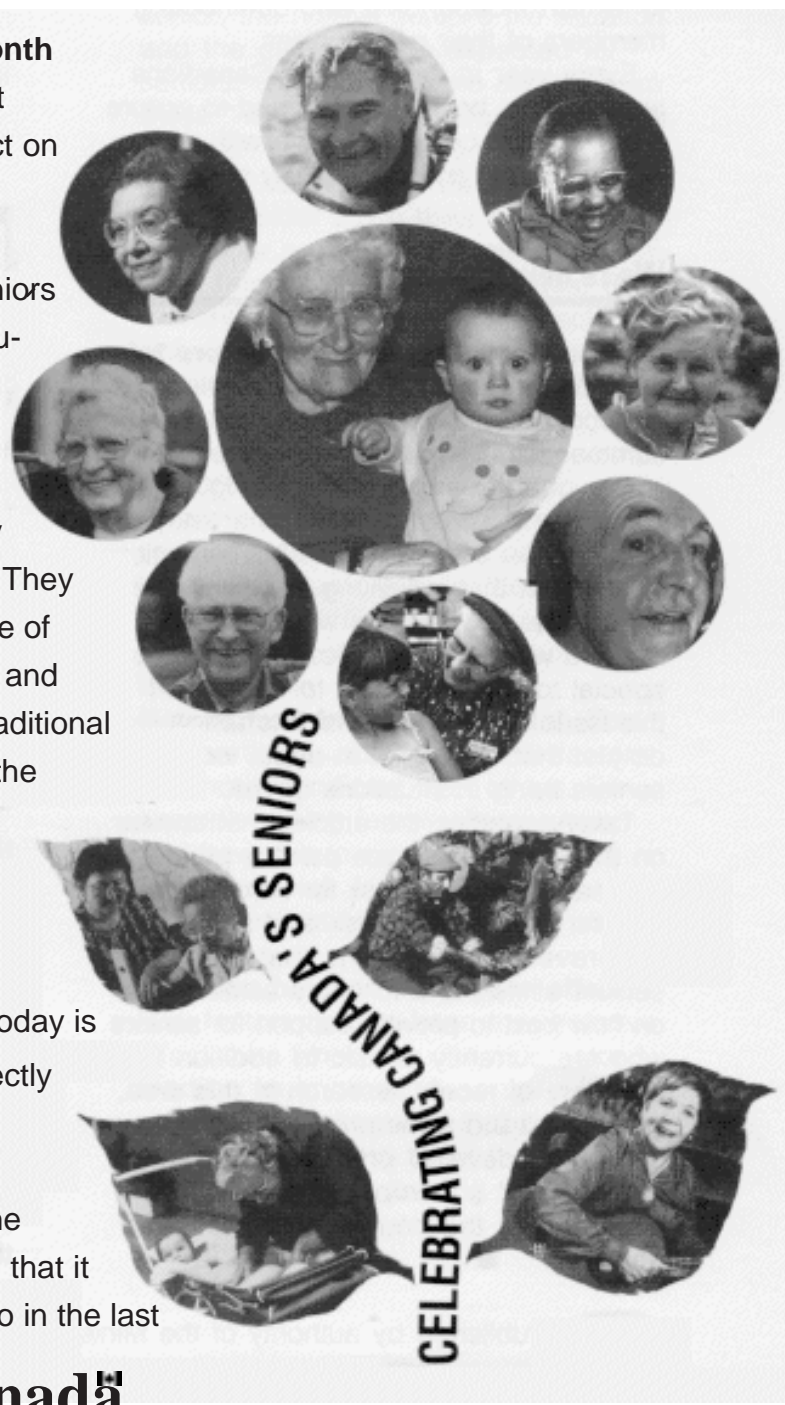
Summer 1996

Celebrating Canada's seniors

The celebration of **Seniors Month** in June provides an excellent opportunity for Canadians to reflect on the positive aspects of the aging of the population and to acknowledge the contributions seniors make to their families, their communities and to society at large.

Seniors play an irreplaceable role in the life of Canadian families. They help family members by providing caregiving and support. They act as advisers. They offer a sense of continuity and transmit knowledge and values between generations. In traditional and modern cultures, seniors are the storytellers. They pass on the history of the family from one generation to the next. Seniors serve as an anchor point.

One of the myths that is current today is that an aging population leads directly to rising health care costs. In fact, the evidence suggests that only a small percentage of seniors use the health care system frequently, and that it is mainly the very elderly who do so in the last six months of life.



Another myth that still persists in Canadian society is that seniors are frail and dependent. Yet the majority of seniors live active, healthy and productive lives. Many seniors help Canadian society by volunteering their time and efforts to good causes.

Unfortunately, some seniors are vulnerable for social, health or economic reasons. These seniors need the assurance that society will support them in their efforts to remain independent and contributing members of their communities.

Every year at this time, all Canadians are invited to honour seniors and to ensure that they can continue to live with the dignity, comfort and security they deserve. ■

We're new and improved!

This is the first issue of **Seniors Info Exchange** to be produced since we conducted our readership survey last summer. Thank you for your patience.

Our goal for this and upcoming issues is to give readers more of what they asked for useful and timely information, in a format that is inviting and readable. One of the suggestions we heard from readers was to publish feature issues on special topics of interest to seniors. In this issue of **Seniors Info Exchange** we do just that, taking an in-depth look at seniors living in situations of risk.

Taken together, the articles that appear on the following pages paint a picture of what constitutes risk for seniors, the factors that influence risk and strategies for preventing situations that place seniors at risk. It also offers some ideas on how best to provide support for seniors who are currently at risk. In addition to a summary of recent research in this area, readers will find some practical suggestions on how to develop programs for seniors at risk, and a sampling of projects from across the country that are "tried and true." ■

Seniors in situations of risk

Most seniors today can look forward to healthy, fulfilling lives. But as the population ages, the number of Canadians aged 75 and over is growing steadily. With advancing years, seniors are susceptible to a variety of conditions that may put their health and well-being at risk. Factors other than age can also contribute to high-risk situations for seniors — lack of financial resources, geographic isolation and a sedentary lifestyle — to name a few.

Recently, pressures for fiscal accountability have resulted in less public money being directed to social programs and services. With fewer resources available, it becomes imperative to target those who are in greatest need.

For more information on seniors at risk, or to obtain copies of the research papers on which this article is based ("Successful Strategies and Programs for the Empowerment of Canadian Seniors in

Situations of Risk” and “Seniors at Risk: A Conceptual Framework”), contact:

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Population Health Directorate
Health Canada
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About risk and risk factors

Increasingly, governments, community groups and service agencies are using the term “seniors at risk” as they develop programs and policies aimed at older adults. But what does it mean?

Originally developed as a concept in epidemiology, the terms “risk” and “at risk” are quickly replacing “vulnerability” in academic and public jargon. Risk refers to the chance or probability of encountering harm or loss. Risk is always “risk for what”: the harm or loss is caused by some specific change or threat. Seniors at risk are seniors whose health, independence and well-being are threatened by the situations or conditions in which they live.

Risks and risk factors have a number of important features:

Risks range from matters that are only mildly harmful or annoying (e.g., losing your spending money) **to those that are life-threatening** (e.g., not having any shelter when the temperature is below freezing). Even mildly harmful situations can result in seniors feeling a sense of powerlessness and lack of control over their lives, and

may ultimately affect their health, quality of life and independence. In addition to its consequences (impact), the seriousness of a risk is determined by how likely it is to happen (probability) and how soon it will happen (immediacy).

• **Risk is defined by others.** Determining a senior’s “level” of risk generally involves someone (usually not a senior) envisioning a “normal” senior, the normal senior’s life situation and the quality of life expected for seniors. Older adults who deviate from these “norms” may then be labelled as risk. Yet the seniors themselves may not see themselves at risk, or may consider these risks as the price to pay for remaining independent.

• **Risk factors do not cause risk, they merely indicate it.** A host of factors, including a person’s psychological and physical condition, coping mechanisms and environmental support systems, combine to influence risk. Risk factors — such as social isolation or poverty — are conditions or practices that predispose a person to a particular harm. Risk factors help identify people who are more likely than the general population to experience that outcome.

• **Not all risk factors are equal.** For any particular outcome, some factors are more significant than others. For example, being female, living alone and having a low income are more important risk factors predicting institutionalization than being in poor health.

• **Risk can have an interactive effect.** Risk factors tend to have a cumulative effect over time, with one risk factor leading to another. A senior who combines medications inappropriately may feel dizzy and be at high risk for falling — perhaps leading to a fracture



and consequent disability. With limited mobility, the senior may become so socially isolated, putting him/her at risk for depression or abuse, and eventually institutionalization or death.

• **Risk factors are predictive tools.**

As predictors of harm or loss, risk factors make harm more likely, but not certain. Social isolation places seniors at greatest risk for abuse, but not all isolated seniors are abused, and not all abused seniors are so socially isolated.

What puts seniors at risk?

Figure 1 shows some of the risk factors and risk conditions that may contribute to placing seniors in situations or conditions of risk. Risk factors can be grouped into three main categories: physiological/behavioural, psychological/social and social/environmental.

There are a variety of lifestyle and physi-

• **Physiological/behavioural risk factors**

ological factors that can put seniors at risk. Lack of physical activity, for example, may result in circulatory problems and loss of bone calcium in seniors. Conversely, an active lifestyle can give older adults a “protective edge” — by enhancing mental “fitness,” slowing physical decline, improving the immune system’s ability to protect against disease, and encouraging seniors to get out and make social contacts in the community.

Chronic illnesses such as arthritis, hypertension, and circulatory and respiratory problems are often associated with old age, and can place seniors in situations of risk. One common age-related illness is osteoporosis, a metabolic bone disorder affecting four times more women than men. People with osteoporosis often

experience severe pain, disability, and physical deformities leading to diminished activity, depression or even permanent loss of independence.

Figure 1

Risk Factors and Conditions that Place Seniors at Risk

Physiological/behavioural risk factors

- Physical inactivity
- Poor nutrition
 - Substance abuse and inappropriate medication use
- Chronic illness — e.g., arthritis, osteoporosis
- Disability
- Physical abuse and neglect (mistreatment)
- Frailty

Psychological/social risk factors

- Isolation — geographic and social
- Lack of social support
- Life crises, e.g., forced retirement, death of spouse
- Mental impairment — e.g., Alzheimer disease
- Emotional and psychological abuse
- Low self-esteem

- Low perceived power

Social/environmental risk conditions

- Poverty/low socio-economic status
- Low education
- Illiteracy
- Poor verbal skills
- Heavy caregiving responsibilities
- Inappropriate or unsafe housing
- Fragmentation of services

Other physiological/behavioural risk factors that have a potentially negative impact on seniors’ health and quality of life include: poor nutrition, substance abuse and inappropriate medication use, frailty, disability, and physical abuse and neglect.

• Psychological/social risk factors

Researchers are finding increasing evidence that a strong social support system is essential to seniors' mental and physical health. Social supports — which encourage interaction and a sense of connectedness — are especially important for older adults coping with such life stresses as bereavement, forced retirement or physical illness. Without a supportive network of family and friends, seniors are more vulnerable to loneliness, depression and illness.

Because it has a significant impact on seniors' health and independence, dementia — including Alzheimer disease — is an important risk factor for Canada's older adult population. Often unnoticed in its early stages, some form of dementia affects about 8 per cent (or some 250 000) of all Canadians aged 65 and over. By 2031, the number of people with dementia is expected to triple.

Other psychological/social factors placing seniors at risk include: loss of their sense of autonomy and independence, low self-esteem, and a sense of powerlessness over their lives.

• Social/environmental risk conditions

Risk conditions are general environmental and social forces over which people have little or no individual control. Changing or modifying a risk condition requires some form of organized, collective action.

Seniors living in risk conditions such as those listed in Figure 1 tend to lack social support, lead unhealthy lifestyles and experience a high incidence of disease and premature mortality. For example, there is a great deal of evidence to support that being poor,

unemployed and having little education is hazardous to a person's health. Health effects can include being anxious and depressed, suffering from disease, experiencing physical disability, or living shorter lives.

Heavy caregiving responsibilities can also place seniors at risk by increasing the amount of stress they experience. Estimates are that up to one-half of people providing care to seniors are seniors themselves. Older adults who take on significant caregiving responsibilities are susceptible to physical and psychological burnout, which may in turn jeopardize their own ability — and that of the person receiving care — to remain in the community.



Canadian health and social policies have a significant impact on the well-being of seniors. In the current climate of fiscal restraint, policies concerning health care, pensions and social services are placing greater responsibility on individuals and their families. This can put some seniors at increased risk — especially those without adequate social/family supports.

Some other social/environmental risk conditions to note are: illiteracy, poor verbal skills, lack of resources, inappropriate or unsafe housing, and fragmented services.



Reducing the risk: Successful strategies and programs

Understanding the nature and relationships of risk and risk factors can help people who design and deliver seniors' programs to target them more effectively. For example, communities that develop programs to assist seniors who are abused or mistreated should know that the major risk factors for abuse include:

- social isolation
- inability of caregivers to deal with certain behaviours or disabilities
- history of abuse or family dysfunction

Meeting the challenge of eldercare

It is not easy combining eldercare responsibilities with the day-to-day stresses of full-time paid work. Caring for older relatives can put more demands on people than caring for children. Added to this is the current climate of workplace cutbacks and job insecurity which makes people reluctant to come forward with their eldercare concerns. Taken together, these factors set the stage for caregiver burnout and the potential abuse or neglect of seniors.

In Nova Scotia, the St. John Ambulance has developed an innovative program that addresses the risk factors associated with seniors' abuse by meeting the challenges of work and caregiving responsibilities head on. Now available to employers across Canada, the **Eldercare Employee Assistance Program** was developed and tested throughout the Maritimes over a 30-month period.

The program offers educational workshops at the worksite to employees who work full time and also provide care to

To effectively deal with abuse, agencies would gear their programs to each of these factors — for example, an outreach program for socially isolated seniors, caregiver education and support initiatives, and links with other agencies — such as a family service centre and the local police.

It is also important to understand the connection between the risk factor and the harmful outcome. One of the risk factors for depression is being socially isolated. A possible explanation for this link is that an isolated senior misses satisfying emotional and social contact, feels unloved and eventually, unlovable. Therefore, one element of a program

family members and friends. This includes a two-hour workshop describing the stresses involved in eldercare, how to avoid burnout and what constitutes abuse and neglect. Also on the agenda is a description of relevant community services and employee assistance policies. A separate information session is available for employers and supervisors to sensitize them to the needs of their employee caregivers.

A workshop manual on the Eldercare Employee Assistance Program provides an overview for trainers, describes the workshop content and includes a section on working with corporations. It is available in English and French.

Funding for this project was provided by the Family Violence Initiative of Health Canada. For more information, contact:

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aimed at reducing depression might focus on meeting seniors' needs for emotional support.

Other elements of successful program approaches include:

- Involving seniors who are considered to be at risk as full and equal partners in defining their needs and making decisions about their well-being.
- Focusing on seniors' internal resources (e.g., intelligence and adaptability) and external resources (e.g., stable financial situation or a network of good neighbours). Rather than viewing seniors as passive victims, this type of approach enables seniors to help themselves.
- Timing interventions appropriately — for example, **prevention** programs should be put in place before it is too late to reduce risk and after the risk situations are well-defined. Different strategies are appropriate if harm **reduction** from certain risks is the goal.

Helping seniors who are at risk to gain mastery over their lives is at the heart of most strategies and model programs for improving their health, independence and quality of life. Many of the initiatives described on the following pages focus on strategies that enable seniors to take charge of and improve their own health and well-being. These strategies include promoting awareness about lifestyle factors that contribute to risk, teaching appropriate coping skills, and putting in place support systems for seniors — both social and environmental.

Individual/Group action

Self-care and mutual aid strategies, including peer counselling, lifelong learning, and intergenerational education, are important tools for helping seniors.

The **Seniors Serving Seniors** program in Penticton, British Columbia aims to reduce the risks of the area's many

Across the generations

Intergenerational programs connecting older adults and children together in some type of ongoing activity or event can have positive impacts on seniors' health and well-being. For their part, participating seniors often experience greater life satisfaction, increased self-esteem, and renewed feelings of vigour and independence, which, in turn, reduce their risk of isolation and loneliness.

In Halton, Ontario, seniors are participating in a variety of programs designed to link older adults with children — for their mutual benefit. Created in 1992 with funding by the Seniors Independence Program,* the **Halton Intergenerational Project** puts children from a local day care centre together with residents of an area nursing home and works with local school boards to introduce senior storytellers into the classroom.

Not only do seniors deliver the programs, they also coordinate participants and serve as representatives on the project's advisory committee. The committee meets every two months to review the overall direction of the project and ensure that it is "on track."

The intergenerational program relies primarily on word-of-mouth to get the word out to potential participants. For added visibility, it is publicized through presentations at seniors resource centres, regular press releases, public service announcements and on the local community television station.

For more information, contact:

Lorena Kelly
Halton Intergenerational Project
Halton Social Planning Council
760 Brant Street
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Burlington, Ontario L7R 4B7
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isolated seniors by providing trained peer counsellors. To date, 33 peer counsellors have taken part in the training, which focuses on personal growth, communication skills and available community services. In addition to working with their clients, the counsellors attend a Peer Counselling Support Group that allows them to discuss individual cases and provides training and education on such issues as coping with grief, financial abuse, powers of attorney and living wills. For information, contact:

Penticton and District Retirement Service
439 Winnipeg Street
Penticton, British Columbia
V2A 6P5
(604) 492-3116
Fax (604) 492-1091

Organizational action

Initiatives at this level focus on creating and maintaining supportive environments that empower seniors either directly or indirectly. Organizations playing a role include private and public sector workplaces, community health centres and non-governmental associations representing seniors.

Following are some of the strategies organizations employ to help seniors who are at risk of abuse:

- prevention — e.g., public and professional education, advocacy and support to formal and informal caregivers
- identification and assessment — e.g., development and use of protocols by institutions and community health professionals; education of seniors, caregivers and providers about the indicators of elder abuse; and
- interventions — including individual, family, group, institutional and community.

One organization that works to empower seniors is the **Elder Abuse Resource Centre** in Winnipeg. The Centre uses a variety of approaches to coordinate existing services to elder abuse victims and their families, and to identify service gaps. In addition to support groups for older women and individual counselling, the Centre offers workshops and comprehensive training programs for people interested in volunteering.

For more information, contact:

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(204) 947-1276
FAX (204) 946-5667



Community action

Community development and organization are important strategies for promoting healthier social and physical environments — particularly in disadvantaged communities already at risk. Empowered communities encourage individuals and organizations to work collectively to take charge of their own destinies — with positive results. Strengthening social networks, for example, has been shown to improve community decision-making processes, increase participation in health-related activities and enhance social support systems.

The **Healthy Senior Native Women** program in Saskatoon is an example of a community-based program that targets the needs of older Aboriginal women at risk due to their social isolation, lack of social support, poor health status, and lack of financial and other resources. The program, which integrates traditional healing practices — such as group healing circles — with western health care, overcame some significant challenges during its start-up. To build trust and commitment among the women, staff members made several visits to each potential participant, many of whom were physically isolated, had a language barrier or transportation problems.

For more information, contact:

Gwen Gordon-Pringle
Saskatoon Community Clinic
455 Second Avenue North
Saskatoon, Saskatchewan
S7K 2C2
(306) 652-0300

For and by seniors

In the east end of Montreal, a community-based support program for at-risk seniors involves older adults in the design, delivery and evaluation of support services to other seniors. Sparked by a survey conducted among seniors in Ville d'Anjou, **Le Courier blanc** was first established in 1989 to provide support for the community's isolated seniors.

Right from the start, seniors were the driving force in designing and delivering the program's services and products. These include a monthly newsletter that serves as a point of contact and source of information for the program's predominantly female clients. Ongoing contact is also provided in the form of regular phone calls and home visits. Services such as accompanying seniors to medical appointments, organizing weekly neighbourhood meals and assisting with correspondence or reading needs are also offered.

With the help of two part-time staff persons, the community-based program is administered and delivered by volunteer seniors who currently serve about 100 older adults in the area. Many of the volunteers were themselves isolated before getting involved in the program.

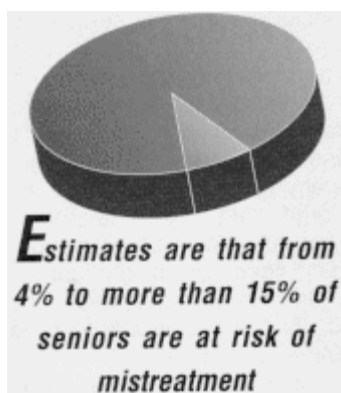
For more information, contact:

Mme Jacqueline Léonard
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6497, rue Azilda
Anjou (Québec)
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(514) 354-4299

Government action

Policy development, advocacy, research and evaluation, dissemination of project findings and promoting collaboration among sectors — these are just some of the roles governments can play in supporting and enabling seniors at risk.

Within the federal government, for example, a committee made up of 23 departments with programs serving seniors or with seniors as major clients is working to develop a more coordinated approach for addressing the needs of older Canadians.



Also at the national level, Health Canada — through the **Division of Aging and Seniors** — supports national and community-based projects focusing on seniors' issues. For example, Health Canada's **New Horizons: Partners in Aging** program has identified seniors at risk as a key area of concern and a primary focus for project funding. A series of consultations conducted in 1995 with regional and national program stakeholders and

seniors identified program priorities for each region in the country. The three most commonly cited issues were:

- **physically or socially isolated seniors** — living alone and/or in remote areas, or being a recent immigrant faced with language barriers can lead to feelings of isolation. Research shows it is a strong predictor of institutionalization; projects that reach out to isolated seniors offer an important alternative to premature institutional care.

- **informal caregiving and the needs of caregivers** — when community support is inadequate, caregivers and the seniors they care for face increased health risks

- **abuse and neglect of seniors** — estimates are that from 4% to more than 15% of seniors are at risk of mistreatment, particularly those who are frail, mentally confused, depressed or socially isolated, including immigrant seniors

The Division also conducted a national research study to assess the information needs of Aboriginal seniors, and to determine the best ways of communicating with this group. (See sidebar on page 13.)

Also coordinated by the Division of Aging and Seniors, the **Seniors' Independence Research Program (SIRP)** has a mandate to strengthen national research on the social, economic and health determinants of independence for seniors. Contributions to the Program are administered through the Department's **National Health Research and Development Program (NHRDP)**.

From the provinces: Using medication wisely in Nova Scotia

A growing concern in Canada is the inappropriate use of medication by seniors. Here are just some of the facts about a practice that places many seniors in situations of risk:


- seniors make up 12% of the population, but are issued 25% of all prescription drugs
- estimates are that 25%-40% of all prescriptions are unnecessary or inappropriate
- about 15% of all hospital admissions are the result of adverse reactions to prescription drugs

Some 25% - 40% of all prescriptions are unnecessary or inappropriate

In an effort to address these concerns, the Government of Nova Scotia — through its Senior Citizens' Secretariat — has announced Phase II of the **Towards the Prudent Use of Medications** project. The one-year pilot program, which

will be carried out in Kings County, Nova Scotia, will involve seniors, health professionals and caregivers in a medication education program for seniors “at risk.” The program focuses on seniors 65 and over who share the following characteristics:

- live in the community
- take multiple medications (both prescription and non-prescription)
- have difficulty accessing information about medications because they are homebound or isolated or have comprehension problems or sensory loss (e.g., sight, hearing, speech)

Building on work completed in the project's first phase, the upcoming phase will use an “outreach” strategy to educate hard to reach and at risk seniors about better ways of managing their medications. Plans are under way to recruit a team of 

Building on success

Many successful programs for at risk seniors share at least several of the following characteristics:

- answer a “real,” identified community need
- involve seniors in planning, implementation and evaluation
- increase the visibility of seniors' issues in the community
- employ a multi-sectoral approach
- stimulate and support mutual aid/self-help activity
- improve intergenerational understanding
- forge linkages between seniors and the professional care system
- provide an opportunity to build on previous experience — e.g., develop educational materials, conduct workshops
- are flexible and responsive
- clearly define the roles and responsibilities of staff and volunteers

seniors from the community to be trained as “peer educators.” The seniors will then conduct individual or small group education sessions either in individual senior’s homes or at a community site.

Funding support for this project comes from Health Canada’s **New Horizons: Partners in Aging**, with the Government of Nova Scotia and the Pharmaceutical Manufacturers Association of Canada. For more information, contact:

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Nova Scotia Senior Citizens’
Secretariat
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Getting seniors involved

One of the keys to success in developing and implementing programs is to involve seniors in all stages of the process — from the planning right through until evaluation. Strategies for encouraging at risk seniors’ to take part in programs and projects include:



Lessons learned

An in-depth review of 24 model programs/projects for at risk seniors from across Canada identified some of the common stumbling blocks to success, including:

- lack of community and board involvement
- lack of (or expensive) transportation service for senior participants
- limited facilities for seniors with disabilities
- shortage of paid staff
- short-term or uncertain funding

- involving individuals or agencies that seniors know and trust (e.g., churches, seniors’ centres, seniors’ organizations)
- eliminating potential barriers (e.g., provide transportation, where necessary)
- involving seniors early on in the identification of key issues, and on boards or project advisory groups
- using word of mouth and one-to-one contact in promoting programs/projects
- building trust through regular telephone or face-to-face contact
 - recruiting volunteers and program participants through: public service announcements in local media, posters and notices in places seniors frequent,

Communicating with Aboriginal Seniors

Many of Canada's Aboriginal seniors have experienced inadequate living conditions for most of their lives. This, coupled with other risk factors such as cultural differences, lack of access to health services, and, in some cases, geographic isolation, place Aboriginal seniors in a special category of risk among older Canadians.

That is why the Division of Aging and Seniors launched a national research study in 1994 involving more than 200 seniors and nearly 100 family members from First Nation communities from across the country. The purpose of the study was to determine the information needs of Aboriginal seniors, the extent to which they were aware of and use federal programs and services, and how best to communicate with members of this group. With this information in hand, communications materials and strategies can be designed to better meet the needs of at-risk Aboriginal seniors.

For more information on this project or to order a copy of the final report, contact:

Division of Aging and Seniors
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Health Canada
Postal Locator 4203A
Ottawa, Ontario
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Internet: seniors@inet.hwc.ca
<http://www.hc-sc.gc.ca/seniors-aines/>

existing newsletters of seniors' organizations, local churches, as well as institutions and agencies that may be referral sources (e.g., nursing homes, hospitals, CLSCs)

- when involving senior volunteers:

- make them feel valued regardless of what they are assigned to do or how long they are involved

- provide a non-threatening atmosphere

- offer the necessary training

- encourage consensus and democratic decision-making

New directions in research

Earlier this year, Health Canada announced funding for three large-scale research studies. Support for the projects is being provided by the Seniors Independence Research Program (SIRP) through the National Health Research and Development Program (NHRDP). Here is a brief description of each:

Osteoporosis

Osteoporosis is a degenerative bone disease that affects 1.4 million Canadians over the age of 50 — most of them women — and costs the Canadian health care system some \$400 million annually. A five-year, \$9 million study is investigating the causes of the disease, as well as how it can be prevented.

Based at McGill University's Bone Centre for the Study of Mineral Metabolism and Metabolic Bone Disease in Montreal, the **Canadian Multicentre Osteoporosis Study (CAMOS)** is the largest project of its kind ever undertaken in Canada. It will involve almost 9000 participants and 11 research/academic centres across the country. Health Canada is contributing \$2.5 million to CAMOS. Other partners in the project are Merck Frosst, Eli Lilly, the

Medical Research Council, the Dairy Farmers of Canada, Proctor & Gamble Pharmaceuticals and the Osteoporosis Society of Canada.

Financial security in the retirement years

Income is widely recognized as a key determinant of people's overall health, well-being and independence.

A two-year study at Hamilton's McMaster University is taking a look at the relationship between financial security and wellness among Canada's seniors. Some of the issues being explored are: how well off future retirees can expect to be and their financial readiness for retirement; the impact of forced retirement on financial security; how spending patterns change once people leave the work force; the relationship between financial security and health; and the economic value of volunteer work done by seniors.

Working in partnership on the study are the Canadian Association on Gerontology, the Canadian Association of Pre-Retirement Planners, One Voice: The Canadian Seniors Network and the Ontario Coalition of Senior Citizens Organizations. Health Canada is funding the \$500,000 study. The findings will be used to help develop federal/provincial programs and policies affecting Canadian seniors.

Alzheimer disease and other dementia

Between 1990 and 1993, the largest-ever Canadian study on dementia (including Alzheimer disease) evaluated the health of more than 10 000 seniors in 36 communities across the country.

Phase II of the **Canadian Study on Health an Aging** is now under way.

The goals of this follow-up study are to: examine the potential rate of developing some form of dementia, including Alzheimer disease; identify genetic, behavioural and environmental risk factors, as well as the factors that determine healthy aging which, in turn, will assist in the development of interventions to support people in remaining healthy and in the community.

The University of Ottawa is coordinating the three-year, \$5 million national study, which will involve 18 research centres across the country. For the more than a quarter of a million Cana-

dians aged 65 and over who have some form of dementia — and for their families — the study has important implications. The findings will be shared with provincial governments and used in the development of policies and services to support care in both the community and long-term care settings. The net cost of dementia is presently estimated to be at least \$4 billion annually.

For more information on any of these projects, contact:

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Ottawa, Ontario
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Fax (613) 957-7627
Internet: seniors@inet.hwc.ca
<http://www.hc-sc.gc.ca/seniors-aines/>



Program options: A community view

When the New Horizons: Partners in Aging program began to focus on “at risk” seniors, the **Oakville Seniors Centres** were quick to take action. Seniors and staff decided to hold a workshop to develop an understanding of “risk,” and some programming options that would meet the special needs of this group of older adults.

In addition to seniors themselves, the 80 workshop participants included community service providers, agency workers, and other interested individuals and organizations that work or have regular contact with seniors. In preparation for the workshop, the Centres hired a gerontological consultant to conduct a literature review on seniors and risk. The consultant also acted as the workshop facilitator and prepared a summary report, integrating the research findings with ideas generated at the workshop.

Workshop discussions focused on developing definitions of “at risk” — by level (low, medium and high) — and by category (social, physical, psychological, financial, environmental and spiritual). Participants also gave their views on such issues as whether people have the right to live “at risk” if they choose to, how to

determine if someone is in a situation of risk, and when and how to intervene in situations of risk.

These discussions served as a springboard for participants to develop some program options for seniors at risk. Here are just some of their ideas:

Social support

- adopt-a-grandparent programs
- “buddy” systems in seniors’ apartment buildings to encourage regular telephone and in-person contact
- transportation services and companionship to meet seniors’ social needs

Physical activity and awareness

- exercise programs for seniors with special needs — e.g., heart and stroke conditions, Parkinson’s disease
- education about, and access to, alternative healing methods — e.g., herbal remedies, massage therapy and therapeutic touch
- promotion of active living (mall walking, line dancing) and healthy aging

Psychological well-being

- assistance programs to help seniors keep pets in their homes — e.g., volunteers to assist with dog walking and transportation to vet appointments ▶



Workshop discussions focused on developing definitions of “at risk” — by level (low, medium and high) — and by category (social, physical, psychological, financial, environmental and spiritual).

- extended Meals on Wheels programs that include a visitor to stay and share the meal
- intergenerational programs administered through schools or community groups

Financial planning and security

- financial planning and management seminars for women who have little experience in managing money
- peer programs — seniors teaching seniors about money management
- information on practical financial issues, such as how to use a bank machine and pay monthly bills
- fact sheets explaining financial abuse, with suggestions on how to get help

Environmental safety

- programs to help older adults keep their driving skills honed and their knowledge of the rules of the road up-to-date
- home maintenance programs with instructions on how to do minor repairs
- one-on-one consultations or group information sessions on safety in the home
- "good neighbour" programs for checking on seniors who live alone

Spiritual health

- church outreach programs to keep the homebound connected to their place of worship — including visits from church members, as well as transportation to church services and social programs
- relaxation and meditation programs
- door-to-door bookmobile programs that include large print and "talking" books

Health Canada's New Horizons: Partners in Aging program provided funding for the project. For more information, or to obtain a copy of the final report (English only), contact:

Judy Lilly
Recreation Coordinator
Adult/Older Adult Section
Oakville Parks and Recreation
Department
c/o Sir John Colborne Recreation
Centre for Seniors
65 Old Lake Shore Road
Oakville, Ontario
L6L 6N1
(905) 825-9805



- ◆ *Social support*
- ◆ *Physical activity and awareness*
- ◆ *Psychological well-being*
- ◆ *Financial planning and security*
- ◆ *Environmental safety*
- ◆ *Spiritual health*

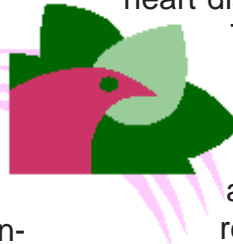
New resources from Health Canada

Staying informed and up-to-date is essential for seniors who want to maintain their independence and remain active participants in society. The newest edition of the **Seniors Guide to Federal Programs and Services** provides information about a full range of programs and services available to Canadian seniors from the federal government, and is a useful resource for both for seniors and those who work with them.

Information is provided on a variety of topics including consumer services, counselling services for small businesses, education and research, employment for older workers, funding for community-based projects, health and fitness programs, housing programs, pensions, programs and services for Aboriginal seniors, recreation and leisure, social and welfare services, taxes, veterans benefits, volunteer activities and programs for women.

The 1996 version is the fifth edition of the **Seniors Guide to Federal Programs and Services** and is available free of charge, in both English and French. To obtain a copy of the 120-page booklet, contact:

Division of Aging and Seniors
Population Health Directorate
Health Canada
Postal Locator 4203A
Ottawa, ON K1A 0K9
(613) 952-7606
Fax (613) 957-7627
Internet: seniors@hc-sc.gc.ca
<http://www.hc-sc.gc.ca/seniors-aines/>



Those working in health education, planning or research will find **Volume 5: Seniors' Mortality** of the **Mortality Atlas of Canada** a useful reference tool. Initiated by the Aging-Related Diseases Program as part of the national surveillance of chronic diseases conducted by Health Canada, this volume illustrates the mortality rates for certain largely preventable diseases affecting seniors in Canada — e.g., cirrhosis of the liver, lung cancer, stroke and coronary heart disease.

The aim of the **Atlas** is to identify urban areas displaying unusual occurrences of these preventable chronic diseases and to encourage investigation of these occurrences. From this information, hypotheses concerning the underlying causal factors can be formed and then tested — possibly leading to the development of control measures to reduce both morbidity and mortality.

The 146-page bilingual **Seniors' Mortality Atlas** contains 35 maps and is based on statistical analysis of mortality during the years 1986 to 1991. It can be purchased for \$29.95 by writing to:

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Canada Communications Group
45 Sacré-Cur Boulevard
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Internet: seniors@hc-sc.gc.ca
<http://www.hc-sc.gc.ca/seniors-aines/>

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The opinions expressed in this publication do not necessarily reflect the views or policies of the Division of Aging and Seniors or Health Canada.

Information about the Division of Aging and Seniors and its publications, including **Seniors Info Exchange** and the **Seniors Guide to Federal Programs and Services**, is now available on the Internet.

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