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The determinants of health

What creates health in a population? Listening to the debate on health-care resources, Canadians might be forgiven for thinking that population health is somehow determined by the number of hospital beds in their community, or the price of the medications they take.

But if we assume that health means much more than the absence of disease — that it has social and psychological as well as physical dimensions — then it is obvious that hospitals and medications alone cannot create health, although they can certainly help to restore and maintain it.

In 1986, the Ottawa Charter for Health Promotion spelled out what it called "the prerequisites to health" — namely, peace, shelter, education, food, income, a stable ecosystem, social justice and equity. There is powerful evidence to back this up. Research had consistently shown that the social and physical environments, employment, and socio-economic status — in effect, people's living and working conditions and their social relationships — have a strong determining effect on their health, both individually and collectively.

A recent discussion paper prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health identifies nine broad "determinants of health": income and social status; social support networks; education; employment and working conditions; physical environments; biology and genetic endowment; personal health practices and coping skills; healthy child development; and health services. The paper emphasizes the interrelationships among all these factors.

For those concerned with the development of policies and programs in support of Canada's older population, the "determinants-of-health" approach has important implications. If we can identify clearly what today's and tomorrow's seniors need to help them remain healthy and independent for as long as possible, we can target scarce resources to promote action on these factors. Keeping people healthier gives better value for each health dollar than curing illness.

This article briefly examines some of the key determinants of healthy aging, and what governments and others concerned with health can do to create the conditions that promote health in the seniors' population.

Income, education and social status

Higher income, education and social status have repeatedly been linked to better health. Studies in provinces and cities across Canada have shown that people on each rung of the income ladder are healthier than those on the rung below. On average, for example, men in the top 20% income bracket live six years longer than those in the bottom 20% and can expect 14 more years of disability-free life. For women the figures are three and eight years respectively.

There is also evidence that the more equitable the distribution of wealth in a country, the healthier its population (Sweden is a good example, as is Japan, which, incidentally spends a much lower proportion of its GDP on health care than Canada).

Social status, often a by-product of wealth, is also strongly linked to health. A major British study suggests that a higher social position and income somehow acts as a shield against disease — or, is it perhaps, that lower status and inadequate income undermine people's defences against disease?

There is interesting research to suggest that some of attendant benefits of higher status and income — for example, having greater control over life's circumstances, especially stressful situations, and the "leeway" to act — actually enhance people's health. Conversely, people who have limited options and lack the skills to cope with stress appear to be at greater risk of ill health.

Strengthening people's financial security and expanding the range of their opportunities — through education, life-long learning and job training, for example — helps to improve their health prospects. The same goes for interventions that reduce stress, raise self-esteem and give people the ability to control their own lives. Action is required not only in the health sector, but in the economic, education, social services and employment sectors, among others. Even modest improvements in people's economic prospects can give them a greater sense of mastery over their circumstances and satisfaction with their lives — at home, at work and in their communities — and produce significant overall improvements in population health.

Social support

Research from several countries has found clear links between social support networks and mortality, suggesting that the lack of support from families, friends and communities is a major risk factor to health. In one study, men with the

fewest social contacts were more than twice as likely to die as those with the most. Also, we know that married people tend to live longer than unmarried people, and that widowhood is associated with increased rates of illness and death. Some experts even believe that social relationships may be as important to health status as established risk factors, such as smoking, obesity and high blood pressure.

People who have strong social supports are better able to cope with problems and setbacks, and to control stress. Besides helping to provide basic necessities — food and housing, for example — family and friends fulfill other important functions, looking after each other when ill, and supporting each other in making lifestyle changes. This caring and respect, and the sense of satisfaction and well-being that can result, appears to buffer them against health problems.

Given the evidence, it seems clear that interventions aimed at building up social supports — for example, programs to strengthen family life and community-based initiatives to promote social interaction and social tolerance in communities — have a huge potential to improve population health.

Health practices

Many of Canada's most common health problems are associated with smoking, alcohol and drug use, unhealthy eating and a lack of physical activity.

For example, Canadians who still smoke regularly greatly increase their risk of lung cancer and cardiovascular disease. Alcohol misuse is strongly linked to death, injury and disability from accidents and violence. Too little exercise raises the risk of cardiovascular disease, diabetes, obesity, back ailments and even some cancers. Poor nutrition and unhealthy eating habits can lead to diabetes, cardiovascular disease and cancer.

Helping people to adopt healthy behaviours is a complex endeavour. While knowledge, intentions and coping skills are all important, people also need a strong support network, an adequate income and a public policy environment that promotes healthy practices — for example, seatbelt legislation, smoke-free spaces, and accurate and understandable nutrition labelling. Social pressures and conditioning also influence people's health practices. Population health strategies must therefore be widely framed, from a focus on environmental factors and social conditions to helping people make appropriate behaviour "choices."

Health and social services

Treatment and curative services are concerned with individual disease and clinical risk factors. They are at one end of a continuum that also includes services designed to promote health in the population as a whole — for example, preventive and primary health care services (for example, immunization), services to educate people about health risks and healthy choices, environmental health services to ensure the safety of food, water and air, and services to help seniors maintain their health and independence.

Investing in health

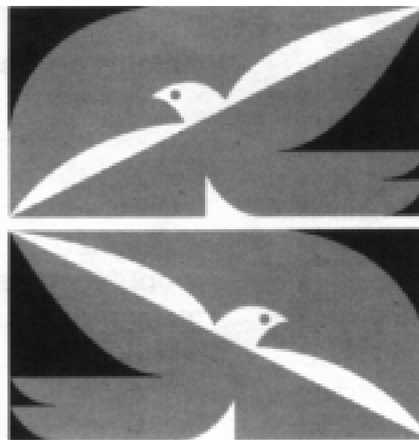
Space has limited us to reviewing just some of the factors that influence people's health as they age. In its paper entitled **Strategies for Population Health: Investing in the Health of Canadians**, the Federal, Provincial and Territorial Advisory Committee on Population Health makes it clear that we need to address the full range of factors known to influence population health. It states: "Our living and working conditions, economic well-being, and personal sense of control over and skills for coping with the challenges and stresses of everyday living are key determinants of health. Population health strategies must take these into account, along with the factors we more often associate with health, such as healthy lifestyles and availability of health services."

For care providers, policy-makers and communities, the challenge is to find practical ways of implementing the concepts that underlie the "determinants-of-health" approach.

New Horizons: Partners in Aging

Physical disability and chronic illness, advanced age, low income, a lack of social support, living in an abusive situation, loss and bereavement — these are all conditions of risk that can jeopardize the health, well-being and independence of older Canadians. Finding creative, appropriate and cost-effective ways to reduce these risks lies at the heart of the federal **New Horizons** program.

New Horizons funding is available to seniors' organizations and their partners.



In order to qualify, a project must either be aimed at improving conditions for seniors currently in situations of risk, or at preventing such situations from arising in the future. Besides their more immediate positive impacts on seniors' lives, New Horizons projects help to increase public understanding of seniors' issues. Very importantly, they generate useful information for policy and program developers.

The scope of the New Horizons program has recently been expanded. First started in 1972, New Horizons was designed to enable seniors to take action on their own issues. With the creation of the **Seniors Independence Program (SIP)**, funding became available to groups, organizations, social service agencies and educational institutions. The range of funding possibilities was further increased in 1993, when **Ventures for Independence** was launched. This program provided support for projects organized in partnership with business, labour and other levels of government. As of April 1, 1995, the SIP and Ventures programs will be rolled into New Horizons, forming a single funding program.

Funding is available for specific projects for a limited time, generally no longer than 24 months. Projects must satisfy funding priorities, which are set nationally and in each province/territory in consultation with seniors, government representatives and community groups and organizations. An important criterion is that seniors should play a role in the design, implementation or management of the project, which may be local, regional or national in focus.

What is risk?

The terms “risk” and “seniors in situations of risk” are commonly used by government, community groups and service agencies involved in developing programs to support seniors. But the terms are not always clearly understood, nor is there consensus about their meaning.

As a means of establishing some workable definitions, the **Seniors Directorate** commissioned the **Canadian Association on Gerontology** (CAG) to examine the concept of risk as it relates to seniors. Starting with a working definition of risk as the probability of some harmful consequence, the report examines functions which influence risk and the ways in which risk can be minimized.

Part I explores the elements that determine the seriousness of risk and examines why seniors are considered to be at risk. The seriousness of risk depends on its potential impact on a person’s life, the degree of risk probability and the imminence of the risk. Some seniors are more at risk because of the increased likelihood of certain outcomes and their potentially more damaging impact.

Part II proposes a conceptual framework in which risk is viewed as stemming from three sources: interactions among different risk factors, the individual’s resources to deal with risk, and his or her life experiences.

Part III explores the process of determining risk. It points out that a “check list” approach is inadequate because not all risk factors are equivalent and, further, risk factors can interact with each other in negative ways.
Part IV considers how risk may be modified or reduced. A wide variety of opportunities exist to reduce risk. The report provides some useful guidelines on prevention and intervention and makes the important point that treatment and/or assistance are most effective when seniors are willing participants.

The guidelines suggest that for any program or project aimed at “seniors in situations of risk,” the following questions should be considered: What is the type of vulnerability in question? Why is the problem being considered a risk — is it the seriousness of the consequences? What are the risk indicators and the assumptions behind them? Is it a risk that can be modified? Is it a risk that necessarily should be addressed? From whose perspective and in whose interest? Is the way the risk is being addressed one that respects the individual and takes into consideration his or her needs and desires?

For more information on these preliminary findings, contact:

Louise Plouffe
Seniors Directorate
Health Canada
Ottawa, Ontario
K1A 0K9
(613) 957-1703
Fax (613) 957-7627

New Horizons will cover expenses related to the achievement of project goals. For their part, applicants are expected to contribute in cash and/or in kind — i.e., with volunteer time, staff resources or material resources (such as the use of equipment, or provision of free rental space).

A wide range of groups and organizations can apply for funding, including:

- seniors' groups
- non-profit organizations
- professional associations
- educational institutions
- health or social service agencies
- businesses
- labour groups
- provincial, territorial and local governments.

Individuals are not eligible to apply.

How to apply

For more information on the **New Horizons** program (including its funding priorities), contact your nearest Health Promotion and Social Development Office. Please note that enquiries about **national** projects should be directed to the Seniors Directorate in Ottawa.

Newfoundland
(709) 772-2279
Fax (709) 772-2859

Prince Edward Island
(902) 566-7806
Fax (902) 566-7860

Nova Scotia
(902) 426-2741
Fax (902) 426-5361

New Brunswick
(506) 851-7007
Fax (506) 851-2572

Quebec
(514) 283-7306 or
1-800-363-9716
Fax (514) 283-3309

Ontario
(416) 973-4389
Fax (416) 973-0009

Manitoba
(204) 983-2833
Fax (204) 983-8674

Saskatchewan
(306) 780-5355
Fax (306) 780-6207

Alberta and Northwest Territories
(403) 495-2754
Fax (403) 495-7370

British Columbia and Yukon Territory
(604) 662-2729
Fax (604) 666-8503

National Office
Seniors Directorate
Health Canada
Ottawa, Ontario
K1A 0K9
(613) 952-7606
Fax (613) 957-7627

New directions in research

There is a constant quest for new ways to enhance the quality of life, health and independence of Canada's seniors. To that end, the Honourable Diane Marleau, Minister of Health, has approved funding for 13 multi-disciplinary programs of applied research that will produce a greater level of understanding and consensus on issues affecting the independence of seniors. These research programs will address a range of health and social issues related to seniors — in such areas as medication use, self-help and self-care — as well as evaluating and comparing programs, models of care, services and activities designed to support seniors' independence. Seniors themselves will also be involved in the development of plans for the dissemination of the results of the research.

The studies are just getting under way, but readers can expect to hear more about them over the next few years as results are released. Here is just a small sampling of the research programs funded.

- **Medication Use in the Seniors Population** (McGill University) — The long-term objectives of this project are to ensure that seniors use medication appropriately and to reduce the number of drug-related illnesses they experience. Researchers will investigate how to minimize unnecessary prescribing, reduce seniors' risk of receiving inappropriate prescriptions, provide more precise guidelines on prescribing drugs for older Canadians, and improve patient compliance with prescription directions.

- **Self Help/Mutual Aid for Seniors and their Family Caregivers** (Dalhousie University) — The goal of this project is to examine the characteristics of self-help groups for seniors and their family caregivers in three provinces — Nova Scotia, Quebec and Ontario. Researchers will also evaluate the impact of these groups on participants' health and on their use of social services, and develop strategies to make self-help and support groups more accessible to both seniors and caregivers.

- **Independence Among Frail Seniors: The Role of Formal Care Services, Informal Caregivers and Self Care** (University of Victoria) — This project will examine how three different types of care — formal community-based services, informal caregiving and self care — affect seniors' ability to remain independent in later life. The researchers will also look at the implications of each of these patterns of care for the independence of frail seniors.

The research programs are being funded through the **Seniors Independence Research Program** (SIRP), in collaboration with the **National Health Research and Development Program** (NHRDP). For more information, contact:

Francine Leduc
SIRP Coordinator
Seniors Directorate
Health Canada
Ottawa, Ontario
K1A 0K9
(613) 954-8635
Fax (613) 957-7627

or

Linda Murphy
Project Officer
Extramural Research Programs
Directorate
Health Canada
Ottawa, Ontario
K1A 1B4
(613) 954-7943
Fax (613) 954-7363

Ministers discuss seniors' issues

On November 21, 1994, Winnipeg hosted the **Federal/Provincial/ Territorial Ministers Responsible for Seniors** who met to discuss challenges related to Canada's seniors and the aging of society in general. The meeting was co-chaired by federal Health Minister Diane Marleau and Manitoba Minister Responsible for Seniors, the Honourable Gerry Ducharme.

Among the issues discussed were:

- **Managing the Shift to Community Services** — As more seniors choose to remain independent in their own homes for as long as possible, governments will continue expanding community-based, in-home health and social support services. The Ministers agreed that continuing care must remain a priority for all jurisdictions, and that further collaborative work is called for in this area.

- **Meeting Seniors' Needs in a Time of Fiscal Restraint** — The Ministers recognized that overall health and well-being is affected by a range of determinants, including income, social support and health services. They also acknowledged that changes to seniors' programs and benefits in one jurisdiction may affect another. The Ministers agreed to develop principles and guidelines to help ensure a common framework for monitoring and reviewing these changes and the cumulative effect on the seniors' community in order that they be in a position to assess their implications before implementation.

- **Role of Ministers Responsible for Seniors** — The Ministers reaffirmed the importance of having a voice for seniors in the Cabinets of all jurisdictions, to ensure that seniors' needs and interests are heard and reflected in government programs and policies. They also reaffirmed their commitment to full consultation with seniors on program and policy development and implementation.

- **Future Meetings of Ministers Responsible for Seniors** — Acknowledging the reality and impact of the aging of Canadian society, and the

Continuing care in Ontario

At the Federal/Provincial/Territorial meeting in November 1994, continuing care was identified as a priority for Canadian seniors who wish to maintain their independence for as long as possible. Some provinces have already begun taking steps by introducing reforms related to this issue. Here are just a few highlights from Ontario's plans for continuing care:

- Reducing the reliance on institutional services and increasing long-term care and support services, both in the home and other community settings, are fundamental objectives of reform in Ontario.
- By 1996-97, the province plans to provide an additional $440 million to expand community-based services for seniors, adults with physical disabilities and anyone needing health services at home.
- The **Long-term Care Act** (Bill 173, which was passed by the Ontario Legislature on December 7 and received Royal Assent on December 9, 1994, had not yet been proclaimed at the time of writing) sets out a new legislative framework for planning, managing and delivering community-based services.
- The Act will also create local, non-profit Multi-Service Agencies (MSAs) which will simplify and improve access to community care that both responds to local needs and allows consumers to participate fully in the planning and control of services.

need to jointly address issues of particular concern to seniors, all Ministers agreed to meet at least once every 18 months. A separate, focused and regular Meeting of Ministers Responsible for Seniors will provide Ministers with the opportunity to examine policy issues and ensure consultation across jurisdictions. Above all, it will enable Ministers to discuss effective, viable solutions to important questions for seniors and an aging society.

Finally, all Ministers present agreed that the scope and significance of aging in Canada's population make it an issue which challenges all Canadians. Significant growth in the number of seniors, coupled with increasing fiscal pressures on the health and social support systems, demand that governments discuss innovative, responsive and affordable strategies supporting seniors' independence, safety and security.

For more information on Ontario's initiatives for continuing care, contact:

Health Information Centre
Ontario Ministry of Health
Communications Branch
8th Floor, Hepburn Block
Queen's Park
Toronto, Ontario
M7A 1S2
(416) 327-4327
1-800-268-1153 (Ontario only)
Fax (416) 314-8721
TTY/TDD 1-800-387-5559 (Ontario only)

The Canadian Study of Health and Aging

In the largest ever Canadian study on dementia (including Alzheimer disease), researchers assessed the health of 10 263 Canadians aged 65 or over in 36 communities across the country. About 9000 of the subjects were living in the community and the remainder in long-term care facilities.

The **Canadian Study of Health and Aging**, as it is known, provides the most accurate information available to date on this subject. Its results cover three main areas: the prevalence of dementia; risk factors for developing Alzheimer disease; and caregivers and their need for support. Following are some highlights:

Prevalence of dementia

- Eight per cent of the population aged 65 and over — more than a quarter of a million people — have some form of dementia. Just under half of these (123 900) live in the community, while the rest live in institutions. Alzheimer disease accounts for nearly two-thirds of all dementias.
- The prevalence of dementia rises with age, from 2.4% among those aged 65-74, to 11.1% among those 75-84, and 34.5% among those 85 or over.
- Of the diagnosed cases, almost 68% are women. This reflects the fact that there are more women in the older age groups, where the likelihood of dementia is higher.

Risk factors

- Having a close relative with Alzheimer disease increases a person's chances of developing the condition by two and a half times. This finding supports the theory that genetics play a role in the disease.
- Although not conclusive, the study results suggest that Alzheimer disease is more likely to develop in persons who have had a head injury, worked in a job that exposed them to glues, pes-

ticides or fertilizers, or who have less education (it may be that more education delays the onset of symptoms).

- The study produced little evidence of any association between Alzheimer disease and the use of antiperspirants or antacids containing aluminum, and no link was found to alcohol consumption.
- It was not found that smoking resulted in a lower risk of Alzheimer disease, as suggested by the results of some other studies.

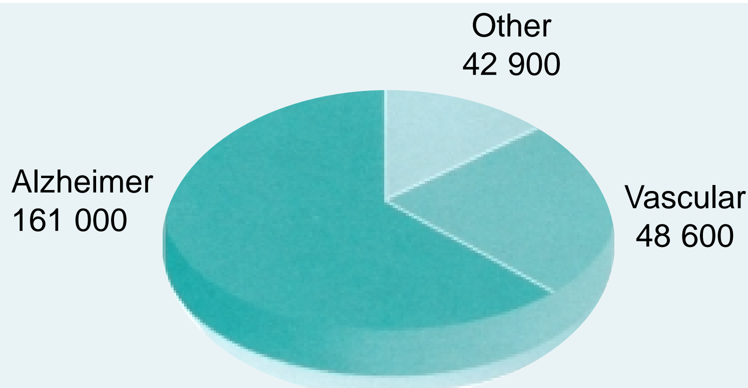
Caregivers

- Ninety-seven per cent of people with dementia who live in the community have a caregiver, but not necessarily in a live-in arrangement. (Typically, the caregiver is a daughter living close by.) Twenty-nine per cent — an estimated 34 800 — live on their own.
- Eight per cent of people with dementia have just one caregiver for support (spouse- caregivers are the least likely to have back-up support, although they are more likely to be caring for someone with a severe case of dementia).
- Some caregivers have chronic health problems, and depression is nearly twice as common in persons who care for someone with dementia as in other caregivers.
- The more severe the dementia the more likely the caregiver is to experience depression — about 16% of persons caring for someone in the community with mild dementia report symptoms of depression, compared to about 40% of those caring for a person with more severe dementia.
- The total annual net cost of dementia in Canada is estimated to be about $3.9 billion ($1.25 billion for patients in the community and $2.18 billion for those in long-term care; $74 million for drugs, hospitalization and diagnosis; $10 million for research).
- The estimated cost of caring for patients with dementia who are under 65 years old is $389 million.

The study was coordinated jointly by the University of Ottawa and Health Canada's Laboratory Centre for Disease Control, with funding from the Seniors Independence Research Program (SIRP). For further information, write to:

Canadian Study of Health and Aging
Department of Epidemiology and Community Medicine
University of Ottawa
451 Smyth Road
Ottawa, Ontario
K1H 8M5

Prevalence of Dementia
All Regions
By Type of Dementia



The determinants of emotional health

What factors influence an older person's emotional health and well-being? What circumstances contribute to feelings of pleasure, pride and cheer about life in general? Conversely, what circumstances give rise to feelings of depression, anxiety or general despondency?

The **Bradburn Affect Balance Scale** is a multidimensional measure of emotional health. In a project sponsored by Health Canada's Mental Health Division and the Seniors Directorate, researchers have used the Scale to analyze the emotional well-being of 20 000 respondents to the **1991 Survey on Ageing and Independence (Seniors Info Exchange,** Fall 1992, page 1).

The results suggest that older Canadians who lead independent lives and have strong social ties are more likely to be emotionally healthy than those who depend on others for assistance, or who lack social support. Survey respondents with a more positive outlook on life tended to have an adequate income, hold a valid driver's licence (males 65 and over), and to report that they had travelled away from home for a period of four weeks or more in the preceding 12 months. Also, those who routinely assisted other people — by doing volunteer work for example — tended to experience predominantly positive feelings.

On the other hand, respondents with a more negative view of life tended to have an inadequate income, to be in poor health and/or have an activity limitation, and to feel unsafe either in the home or in the neighbourhood. Those receiving help for personal care or seeking professional assistance for stress were also more likely to experience negative feelings. These results suggest that on the whole, older Canadians with stronger connections to family, friends and community are better protected from negative feelings, while those with a weaker social support system — people who are widowed or divorced, for example — may be more at risk.

Of all the contributing factors, stress was found to have the strongest negative impact upon emotional health and well-being, especially among older women. It appears that older Canadians who experience stress due to a change of job or loss of a job, serious illness or injury, or family problems are especially vulnerable to negative feelings.

This study helps to explain some of the determinants of emotional well-being (as determined by the Scale), but there are undoubtedly other important factors at play. For those who wish to pursue further analyses of the 1991 Survey on Ageing and Independence, public-use microdata and a custom data request service for user-defined tabulations are available from Statistics Canada. Copies of **Well-Being: Results of the Bradburn Affect Balance Scale in the 1991 Survey on Ageing and Independence** are available free of charge, in either English or French. Contact:

Publications
Health Canada
Ottawa, Ontario
K1A 0K9
(613) 954-5995
Fax (613) 952-7266

Payment of seniors' benefits streamlined

Several legislative changes have been proposed to the **Old Age Security** and **Canada Pension Plan** programs with the goal of improving service to seniors.

Current situation

Close to 1.4 million recipients of Guaranteed Income Supplement (GIS) and Spouse's Allowance (SPA) need to reapply for these benefits each year. Payments only begin after approval of the renewal application. A late application, or one requiring further verification, means delays in benefit payments to about 100 000 seniors each year. (GIS and SPA benefits are available only to low- and middle-income seniors, so these delays often result in hardship.)

New arrangements

Once the Bill receives Royal Assent, SPA clients turning 65 will automatically convert to an Old Age Security pension and, if applicable, the GIS as well. Furthermore, late filing of annual applications will not necessarily result in delayed payment of GIS and SPA benefits.

There will be more flexibility in other areas, too. For example, clients may now cancel their OAS benefits if their circumstances change, reducing concerns about "claw-back" provisions at tax time. Other improvements: the appeals process for Old Age Security (OAS) and Canada Pension Plan (CPP) programs has been streamlined; retroactive CPP retirement payments of up to one year after age 65 will now be permitted; and CPP clients will be able to cancel benefit assignments (sharing of pension credits by spouses in an ongoing relationship) when they want. In keeping with most other government programs, OAS benefits will also be paid retroactively for up to one year.

For more information, contact:

Richard Fix
Director, ISP Communications
Income Security Programs
Human Resources Development Canada
Ottawa, Ontario
K1A 0L1
(613) 957-2807
Fax (613) 957-1602

Putting research to work

Seniors may be forgiven for wondering whether today's research on aging will ever make a difference in their own lives. Many individuals and organizations who work to maintain seniors' independence share this impatience: they need the findings of today's research now, not years from now. Some means exist for making new scientific, economic and social information comprehensible or accessible to a broad audience, but more needs to be done.

Putting Research on Aging to Work is the name of a November 1994 conference sponsored by the Seniors Independence Research Program (SIRP). The meeting provided a forum for reviewing why research findings are inadequately disseminated and for developing concrete proposals to remedy this.

Participants learned that the dissemination of research findings is impeded by a number of factors — for example:

- current research contracts do not provide sufficient funding for dissemination;
- many researchers are not trained or motivated to provide their findings in forms useful to audiences outside their particular disciplines; and
- in some instances, research findings need to be correlated with other studies before they can be broadly distributed.

The ideal future envisaged by conference participants was one in which they would have "push-button" access to current information

The ideal future envisaged by conference participants was one in which they would have "push-button" access to current information. As part of this picture, they saw a place for explaining the research agenda to the public, and for involving more seniors in the definition of research needs and priorities.
There was also broad support for ensuring that seniors have access to information — inter-disciplinary, user-friendly syntheses of studies and data — that is relevant to maintaining their well-being.

Towards achieving some of these goals, participants offered a number of practical suggestions. These included:

- allocating an appropriate portion of research funds to dissemination of the findings;
- using qualified individuals to convert research findings into forms that would be useful to a variety of publics; and
- developing suitable dissemination vehicles and tools, including computer programs, given that the seniors of the future will be increasingly comfortable with computer-based communications.

The conference served to demonstrate government's commitment to getting better mileage out of the important research work that is going on today. Not only will the results and recommendations be published in an upcoming report, but SIRP plans to use the ideas in its work — for example, in the wording of research competitions and in giving direction to applicants.

Free copies of the conference report, in either English or French, can be obtained from:

Francine Leduc
SIRP Coordinator
Seniors Directorate
Health Canada
Ottawa, Ontario
K1A 0K9
(613) 954-8635
Fax (613) 957-7627

Seniors debate medication use

The **National Advisory Council on Aging** (NACA) recently invited Canadian seniors and the general public to talk about medication use and misuse during a live televised debate.

Broadcast January 10 on the Cable Parliamentary channel, the **Public Forum on Seniors and Medication** featured a discussion with a panel of experts and phone-in commentaries from viewers across the country. More than 100 audience participants — representing seniors' organizations, health professionals, community action groups and the pharmaceutical industry, among others — were on hand to take part in the discussions.

The phone-in response exceeded all expectations. Asked "What would you do about the problem of seniors and medication?" callers came up with a host of ideas, including:

- linking up pharmacies with doctors' offices by computer
- having physicians check patients' pharmacy records before writing new prescriptions
- urging seniors to ask questions before accepting prescriptions
- making physicians more aware of the need to be good and careful listeners
- encouraging pharmacists to be more proactive — both in talking to seniors about their medications and alerting doctors to possible problems.

The Council is currently analyzing the information and responses from the Forum, and will release a report in the near future. For more information, contact:

National Advisory Council on Aging
Ottawa, Ontario
K1A 0K9
(613) 957-1968
Fax (613) 957-7627

Some facts and figures on medication use

"The inappropriate use of medication within the senior population is a multi-faceted problem that requires urgent attention." With these words, NACA Chairperson Dr. John MacDonell announced plans for the televised **Public Forum on Seniors and Medication.** Here are a few facts and figures:

- between 1987 and 1991, spending on drugs rose by 10.5% in Canada — the largest increase for any area of health care during the period
- seniors make up 12% of the population but receive 25% of all medications prescribed
- 25% to 40% of all prescription medications are inappropriate for the circumstances
- adverse reactions to prescription drugs account for up to 15% of seniors' hospital admissions
- in 1993, Ontario seniors received 27 prescriptions each on average, while Quebec seniors received 33; that same year, 6 out of 10 Quebec seniors were taking at least one prescription drug at any given time
- in a 1991 survey, 53% of Canadians aged 55 or over said they would be content with a doctor's decision not to prescribe certain medications even if they had requested them; however, 37% said they would approach another physi-

cian to get the prescription

• some reasons for drug misuse: non-compliance by patients; over-prescribing by physicians; lack of monitoring by pharmacists; limited supervision by caregivers; poor communication between health professionals and patients; and inadequate patient follow-up.

(Source: National Advisory Council on Aging, **Aging Vignettes**.)

Physical activity: the benefits of prevention

Good news for seniors! Recent research confirms that regular physical activity and healthy aging are positively related. The facts speak for themselves.

Physical functioning

• Regular physical activity can enhance and extend a person's functional capacity. In fact, half of what were once thought of as age-related limitations are now known to be a disease of "disuse" that leads to the degeneration and functional loss of muscle and bone tissue.
• Appropriate resistance training can reduce or reverse the decline in strength and muscle mass associated with old age — even for someone of 100 years old!

Psychological well-being

• About 25% of seniors have mental health problems, with the most common disorders being dementia and depression, followed by anxiety and substance abuse.
• Research shows that physical activity and enhanced psychological well-being are strongly linked, and that exercise can positively influence the way people perceive their own physical capabilities.
• Exercise has also been shown to produce positive mood changes in people who are mildly or moderately anxious or depressed.

Heart health

• Most of the three million Canadians who have some form of cardiovascular disease are seniors.
• Physical inactivity is one of the major risk factors for heart disease and stroke, along with smoking, high blood pressure and elevated blood cholesterol.
• A regular exercise program can help lower both blood pressure and cholesterol levels.
• Even moderate physical activity can reduce the risk of stroke by up to 66%.

Bone strength

• A sedentary lifestyle is considered one of the risk factors for osteoporosis, a condition that can result in disability, pain, deformity and a marked decrease in independence and quality of life.
• One in four post-menopausal women and one in five senior men are affected by osteoporosis. As many as 2.5 million Canadians are at risk of bone fracture due to reduced bone mass.

• Weight-bearing physical activity improves bone health, and even sedentary people can increase their bone mass by becoming more active.
• Physical activity also helps in the treatment of osteoporosis, because it leads to better coordination, balance and muscle strength.

Arthritis relief
• Arthritis is the most prevalent chronic condition in Canada, and is cited most often as the principal cause of physical limitations by middle-aged and older women. For men in those age groups it ranked second after heart disease.
• One of the worst things people with arthritis can do is to avoid aerobic activity, unless they are experiencing acute inflammation.
• Since arthritis symptoms such as pain and stiffness are more prevalent following extended periods of immobility (for example, after a night's sleep), it is especially important to remain active throughout the day.

Other benefits
• Regular physical activity can reduce by 50% the risk of developing both colon cancer and non-insulin dependent diabetes.
• Physical exercise contributes to achieving and maintaining a healthy weight, which in turn can increase longevity.
• People with hypertension can decrease their blood pressure by approximately 10 mm Hg, on average, with endurance exercise training.

For older women ...
• Older women are the greatest users of health care services in Canada. Their health is of particular concern because of the number of chronic conditions (osteoporosis, arthritis and stroke) and social stresses (poverty, isolation, depression) that affect them.
• Seventy-five per cent of women aged 65 and over are physically limited in their daily activity, and 60% are screened out of random public physical fitness testing because of health risks. When an older women falls, it is usually because of a basic lack of strength.
• A program of high-intensity resistance training significantly increases strength and can be safely carried out by older women.

Never too late

The amount and intensity of physical activity people require to provide positive health benefits can easily be achieved by the average older Canadian with only a small investment of time — no special equipment or expense is needed. Thirty minutes a day — every day — is all that it takes. Remember, too, that even when physical activity starts in later life after a sedentary middle age, it can lead to significant improvements in health.

For more information on the benefits of physical activity, contact:

Barbara Shropshire
Fitness Directorate
Health Programs and Services Branch
Health Canada
Ottawa, Ontario
K1A 1B4
(613) 941-5064
Fax (613) 941- 6666

Seniors SCIP down the information highway

Keeping in touch with children and grandchildren near and far, building on interests old and new — these are good reasons for seniors to want to get up to speed on today's computer technology. The **Seniors' Computer Information Project** (SCIP) invites seniors to explore this brave new world through its proposed seniors on-line information system.

SCIP is a national demonstration project initiated by **Creative Retirement Manitoba** with funding from Health Canada's Seniors Independence Program. Organizers will train seniors and build the "Seniors Information System," an electronic network stocked with information older Canadians need (or want) to maintain an independent lifestyle and keep abreast of the times.

Six seniors' centres in Manitoba (Roblin, Carman, Dauphin, Portage la Prairie and the Selkirk Avenue and St. Vital centres in Winnipeg) have been equipped with computers that seniors can use free of charge. These sport standard software (word processing, spreadsheets, draw programs, etc.), multi-media (sound and CD-ROM) capabilities, Internet access and laser printers.

In the training component, the project will build on the interest or experience of seniors willing to act as coaches for their peers when they need assistance. With computer systems becoming increasingly easier to use, this is largely a question of ensuring that centres with computers have senior coaches on call who can help others get started.

Committees of seniors decide what goes on-line. SCIP has access to information from a wide variety of resources, organizations and programs: the **Seniors Guide to Federal Programs and Services**; the **Manitoba Senior Citizen's Handbook**; various health organizations (e.g., Canadian Cancer Society, Manitoba Diabetes Association); educational programs (e.g., the Spring Elderhostel catalogue) and specific government programs (e.g., Income Security programs). Also on-line is information about lifestyles, legal and consumer issues, recreation, housing options, transportation and finances.

The second stage in developing the system — preparing information for integration into Internet — will rely heavily on volunteer assistance from seniors who are already "in the know."

Once fully up and running, SCIP will offer seniors some big advantages — for example, access to information that is more up-to-date and more readily available than most printed materials, and the fact that an on-line service can pro-

vide more detail than the average telephone call. In fact, seniors who seize the opportunity to become familiar with computers and Internet will find this opens doors to an ever-expanding world.

The Seniors Information System is now operational, and its URL (the uniform resource locator) is http://www.mbnet.mb.ca./crm/. Alternatively, contact:

Bonnie Trombo
Creative Retirement Manitoba
294 Portage Avenue
Suite 811
Winnipeg, Manitoba
R3C 0B9
(204) 949-2571
Fax (204) 957-7839
E-mail: trombo@crm.mb.ca

Volunteer 2000: the way of the future

"Meals on Wheels serves up more than just meals. It also serves up friendship, caring, comfort and security." (John Kirkwood, Meals on Wheels volunteer.)

Companionship and social contact are an important part of life — especially for seniors who live alone. No one knows that better than the organizers and volunteers of the Victorian Order of Nurses (VON) Richmond-Vancouver **Meals on Wheels Program** (MOW). Begun as a centennial project more than 25 years ago when the first nine meals were served up, MOW now delivers an average of 500 meals every week day to clients in 13 neighbourhoods. This past year, that translated into more than 128 000 meals brought to over 1800 people by some 650 volunteers.

But the Program offers much more than just the delivery of hot meals. Apart from the nutritious food, the clients — mostly seniors — now have daily contact with friendly familiar faces, often from their own neighbourhoods. Volunteers also provide a safety check and are often the first to report emergency situations, such as injuries due to falls. In some cases they are the only regular visitors, and so play an important role in lessening the loneliness of their clients.

The benefits flow in both directions. Before joining MOW, the volunteers — again mostly seniors — may themselves be at risk of isolation, due to the loss of a spouse in adjusting to retired life. Now, they experience the rewards of meaningful activity and of having a real connection to their community and their neighbours.

The commitment of the volunteers is what makes Meals on Wheels work. They are involved at every level — from planning, coordination and evaluation to the provision of service and recruitment of new volunteers. That's where the concept of **Volunteer 2000** comes in. Based on the success of the Meals on Wheels Program, the VON Richmond-Vancouver is emphasizing a model for community development that encourages senior volunteers to share in the leadership of community initiatives.

Volunteer 2000 is based on the old idea of contact between neighbours. It stresses the importance of reaching out and ensuring that social connections are being made by everyone on a regular basis. There is a strong relationship

Nancy Turner is a volunteer in the Meals on Wheels Program who has not missed her regular day for 15 years!

Norm and Muriel Ashworth are also leadership volunteers and a great husband and wife volunteer team

Volunteer David Scott delivering a meal to Mrs. Minnie Doyle. Mrs. Doyle has been a leader volunteer in the Meals on Wheels Program for over 26 years. She and her husband now recieve Meals on Wheels so as to adjust to health changes in a way that helps them to remain more active in their community.

between the involvement of the volunteers in such community programs and the ongoing vitality of neighbourhoods that facilitate, support and value the presence and active participation of older adults. Says the VON's Mary Crooks, "Volunteer 2000 is the belief that volunteerism is still very much alive and is an essential part of any community. It is not just a way of the past that built a caring society; it is the way of the future."

Start-up funding assistance for Volunteer 2000 came from the Seniors Independence Program (SIP). For more information, contact:

Mary Crooks
Executive Director
or
Brenda Sawada
Volunteer Development Coordinator
VON Richmond-Vancouver
1645 West 10th Avenue
Vancouver, British Columbia
V6J 2A2
(604) 733-6614
Fax (604) 733-6698

OPHA project on health determinants

Many factors — such as self-esteem, socio-economic status, education and the environment — can play a role in determining our health status. Recognizing the links between individuals' health and the health of homes, workplaces and communities, the Ontario Public Health Association (OPHA), in cooperation with the Association of Ontario Health Centres and the Premier's Council on Health, Well-being and Social Justice, decided to explore a "determinants of health" approach to health care. Between September 1992 and December 1993, the OPHA developed and organized two series of workshops — nine provincial consultations and 18 regional workshops.

Determinants of Health: Project Report traces the development of the project, its objectives and results. The purpose of the workshops was threefold:

- to develop a common understanding of the determinants of health among participants
- to consider the implications of the determinants of health for health professionals and their communities
- to identify initiatives to address the determinants of health.

Over 1000 representatives from community health centres, district health councils, social planning agencies and health units participated in the workshops and developed a series of key recommendations. Among other things, they highlighted: the importance of a shared vision supported by policies and programs; the need to facilitate individual efforts to address health determinants specific to their work; and the necessity for community involvement in the identification of needs and the planning of strategies.

A companion document, which also evolved out of the project, is the Determinants of Health Workshop Guide. Designed to assist individuals and organizations to conduct their own discussion sessions, the step-by-step guide provides tips for workshop organization and facilitation, as well as a list of key questions and issues for participants to consider. Two appendices contain resources from both the regional and provincial workshops, including agendas, worksheets, workshop evaluation forms and contact names and numbers.

Both resources are available free of charge by contacting:

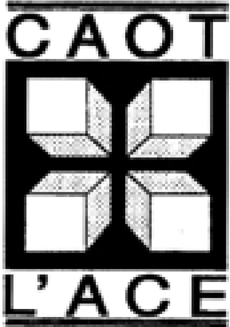
Ontario Public Health Association
468 Queen Street East
Suite 202
Toronto, Ontario
M5A 1T7
(416) 367-3313
1-800-267-6817 (Ontario only)
Fax (416) 367-2844

For the Health of It!

For the Health of It! Occupational Therapy within a Health Promotion Framework is a new resource from the Canadian Association of Occupational Therapists (CAOT). Highlighting the initiatives and learning gleaned from the CAOT's Seniors' Health Promotion Project, the manual describes the process of health promotion and the roles that can evolve in a community when occupational therapists use a health promotion framework.

The manual is divided into four main sections: an overview of health promotion and its relationship to occupational therapy; an explanation of how to consult and collaborate with community members to identify health issues; examples of various approaches to implementing health

promotion initiatives in communities; and suggestions for recording, evaluating and reflecting on experience gained. The epilogue examines some of the challenges occupational therapists may face as they move to adopt a health promotion approach to their work.



Interesting examples of initiatives undertaken by two occupational therapists (working in Newfoundland and Manitoba, respectively) capture the personal learning experiences of project participants, and provide insight and suggestions for other communities.

Although written for those practising and studying in the field of occupational therapy, the manual will also be of value to other health professionals interested in the health promotion process.

The two-and-a-half year Seniors' Health Promotion Project was funded by Health Canada's Seniors Independence Program (SIP).

Copies of the 101-page English-only resource are available to CAOT members for $10. For non-members, the cost is $12. Contact:

Canadian Association of Occupational Therapists (CAOT)
110 Eglinton Avenue West
3rd Floor
Toronto, Ontario
M4R 1A3
(416) 487-5404
Fax (416) 487-0480

Resources on elder abuse

A number of new publications on elder abuse are available from the **National Clearinghouse on Family Violence.** They will be of interest to health professionals, service providers, researchers, and policy and program developers.

- **Older Canadians and the Abuse of Seniors: A Continuum from Participation to Empowerment** (20 pages). This paper was commissioned by the Policy Circle on Elder Abuse as part of an evaluation of the Family Violence Initiative. It explores how older Canadians can be active participants in the prevention and intervention of the abuse of seniors. In addition to an overview of elder abuse projects funded through the Family Violence Prevention Division, the paper presents a framework for promoting greater involvement in this issue by seniors.

- **Intergenerational Conflict and the Prevention of Abuse Against Older Persons** (20 pages, prepared by J.A. Tindale, J.E. Norris, R. Berman and S. Kuiack). This report examines the literature on elder abuse from the point of view of family relationships by posing two questions: Is it likely that the social construction of parent-child relationships over the family life cycle is associated with child-to-parent elder abuse later on? If so, are there preventive strategies that families and practitioners can consider?

- **Family Violence: Clinical Guidelines for Nurses** (46 pages). Prepared by the Canadian Nurses Association, this booklet is designed to assist health and social service workers in identifying victims of family violence. It dispels common myths about abuse and offers suggestions

on how to detect abuse, and how to discuss family violence with clients. It also provides guidelines for intervening with older adults, women and children who have been abused, as well as tips on prevention, making referrals, and documentation.

To obtain free copies of these publications, in either English or French, or information on other resources, contact:

National Clearinghouse on Family Violence
Health Canada
Ottawa, Ontario
K1A 1B4
1-800-267-1291
(613) 957-2938
Fax (613) 941-8930

NFB looks at family choices

In 1990, Michelle Wong's grandfather became very ill. While visiting her grandparents, Ms. Wong began to look through their photograph albums. "Until I spent that afternoon with my grandparents," she says, "I didn't know their history together at all."

Return Home is Ms. Wong's first film. It blends the experiences of the generations: the grandparents' journey and Ms. Wong's own personal journey. "Writing the commentary was difficult," she notes, "because I had to get to the feelings and issues that I had avoided all my life."

Some of these had to do with negative images and stereotypes about being Chinese, or expectations related to her Western upbringing. Hugging, for example, was foreign to her grandparents and Ms. Wong had assumed that because they didn't hug her they didn't care.

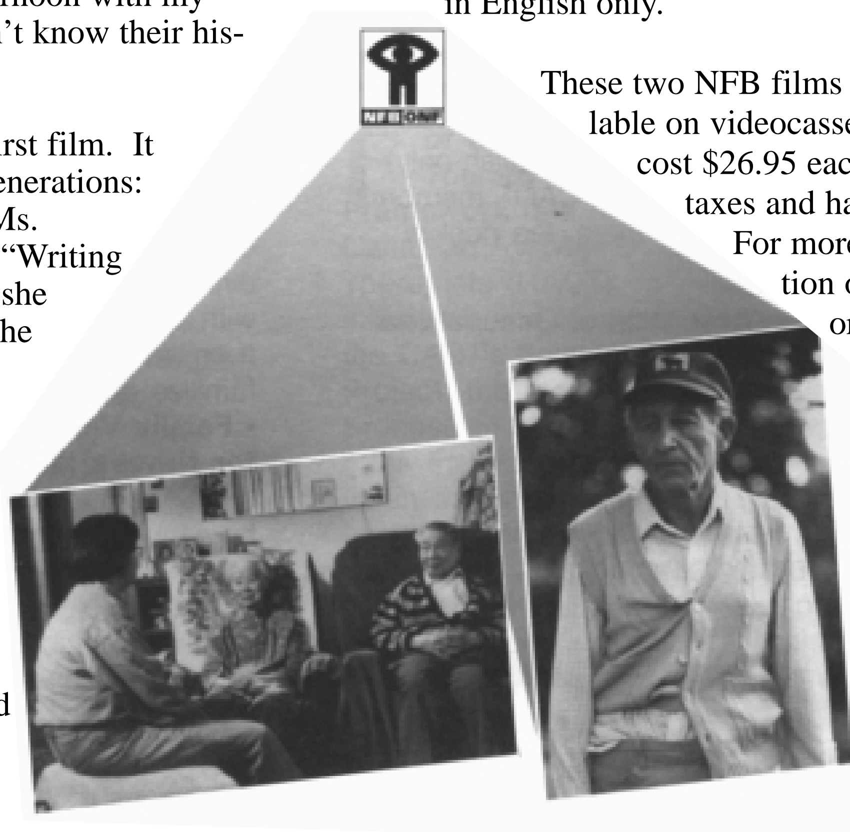
But as they shared their past — including the painful episodes — by taking part in the film, she came to realize how deeply they cared for her.

Produced by Fortune Films and Studio D of the **National Film Board of Canada** (NFB), this 29-minute film is available in both English and Chinese.

In **The Last Right,** directed by Robert Fortier, the story revolves around a 79-year-old terminally ill man who lives with his grandson's family. With his condition and his memory steadily deteriorating, he becomes angry and depressed and decides to end his life by refusing to eat.

This throws the family into a moral dilemma: do they respect his wishes or seek medical intervention? Bioethical questions, perceptions about old age, as well as marriage and family responsibilities run through this story.

The 29-minute film, produced by Sam Grana, Robert Fortier and Barrie Howells, is available in English only.



These two NFB films are available on videocassette, and cost $26.95 each (plus taxes and handling). For more information or to order, call 1-800-267-7710.

Substitute Decisions Act

Illness, accident or disability, temporary or permanent — seniors in these situations may need others to make important legal decisions for them about their personal care or property. The **Substitute Decisions Act** is a new Ontario law that addresses this issue, clarifying areas where previous legislation was either vague or silent.

The Act brings the law into line with contemporary thinking about the protection of individual rights. It has important links to three other pieces of new legislation — the **Advocacy Act**, the **Consent to Treatment Act**, and the **Consent and Capacity Statute Law Amendment Act**. Taken together, they form a package of legislation that is designed to promote the rights of vulnerable individuals and those unable to make decisions for themselves.

"Incapacity" under this Act refers to mental incapacity for decision-making. It means that the "person is unable to understand information that is relevant to making a decision or is unable to appreciate the reasonable foreseeable consequences of a decision or lack of decision."

The objectives of the **Substitute Decisions Act** are to:

- give individuals more control over what would happen if they became incapable of making their own decisions
- respect people's life choices as expressed prior to incapacity, while also taking account of their current wishes
- recognize the important role of families and friends in making decisions for loved ones
- clarify and expand the rights of adults who are mentally incapable, as well as the responsibilities of substitute decision-makers
- protect mentally incapable people from harm by providing for more safeguards and greater accountability
- where possible, to limit public guardianship and other government intervention.

The procedures to be followed for appointing a substitute decision-maker depend on the kinds of decision the person is unable to make. One set of rules and procedures applies to decisions related to property or finances, and another to decisions that concern personal matters — for example, health care, safety, hygiene and housing.

Because the legislation is complex, a guide has been developed especially for caregivers, advocates, nurses, doctors and the staff of relevant agencies and associations. Entitled **A Guide to the Substitute Decisions Act**, it includes:

- background information on why the Act was needed and how it fits into the package of new laws that deals with individual rights
- definitions of terms used
- descriptions of decision-making options
- rules designating decision-making powers
- an overview of the role played by the new Office of the Public Guardian, and the registration and review procedures.

Steering through this complicated legal regime can be difficult. The information is therefore organized in such a way as to help the reader "zero in" on issues of concern and the relevant principles and criteria.

While the Guide provides the most accurate and reliable information possible, many details have,

of necessity, been omitted. For more information, or free copies of the Guide in English or French, or in an alternative format, contact:

Substitute Decisions Act Information
Office of the Public Trustee
Ministry of the Attorney General
595 Bay Street
Suite 800
Toronto, Ontario
M5G 2M6
(416) 314-2989
Fax (416) 314-6190
TTY/TDD (416) 314-2687

Older adults and employment

One Voice, the Canadian Seniors Network has published two resources for seniors and professionals interested in aging and employment issues.

Older Workers and Canada's Aging Labour Force: Final Report and Recommendations summarizes the discussions, decisions and recommendations resulting from a 1994 invitational consultation which examined the future direction of Seniors Employment Bureaux (SEBs) in Canada. The consultation explored issues of concern to older workers in Canada and examined how SEBs and seniors' organizations could assist and support them.

The 43-page report details issues addressed in the consultation, such as why older workers need assistance, noteworthy initiatives implemented by SEBs in Canada and the U.S., and the need to link seniors' organizations with employment bureaux through a national network. Final recommendations and reflections on the consultation are also included.

A companion document, **Older Workers and Canada's Aging Labour Force: Research Report**, offers a statistical overview of the current situation affecting Canadian workers aged 45 and over. Charts, graphs and statistics provide a comprehensive picture of demographic and labour market trends and a profile of older workers.

The report is divided into four sections: an examination of broad demographic and labour market trends in Canada; information on occupation, industry, type of employment and reasons for leaving jobs (for Canadians in all age groups); a detailed analysis of the personal and national costs of unemployed workers over age 45; and a look at older Canadians who are under-employed and may need help finding suitable employment. An appendix with additional statistics on labour trends and a detailed bibliography are also included.

These publications are both available in English and French for $10 each or $15 a set ($8 or $12 respectively for One Voice members). Contact:

One Voice, the Canadian Seniors Network
350 Sparks Street
Suite 1005
Ottawa, Ontario
K1R 7S8
(613) 238-7624
Fax (613) 235-4497

The customer is always right!

Seniors represent a growing consumer market — one with special needs and requirements in clothing, furniture and appliances.

Two new studies by the CARNET Products and Services Research Group based at the University of Manitoba asked the province's seniors about their clothing preferences and problems, and their furniture and appliance needs. Researchers interviewed over 1000 seniors in Winnipeg and smaller communities. The reports on these two studies have recently been released.

Clothing Preferences and Problems of Older Adults identifies the seniors' colour, style and design preferences, examines problems they commonly encounter when shopping for clothing and incorporates their suggestions on improving access to clothing.

Eighty-six per cent of those interviewed said they shopped for their own clothes. One in four had trouble finding clothing that fit well and was also appealing. Clothing design was also a source of problems — respondents listed dresses with zippers in the back and shirts with tiny buttons as being especially difficult to get into. Many also reported being frustrated by shop aisles and change rooms too small to accommodate wheelchairs or walkers.

The second report, **Furniture and Appliance Needs of Older Adults,** focuses on the problems seniors have with furniture, appliances and electronics, and spells out what they are looking for when they buy new furnishings. It notes that older Canadians interested in buying new furniture often find that available products aren't in tune with their needs. For instance, some respondents noted that living-room chairs and sofas were not roomy or sturdy enough, while others mentioned having difficulty getting in and out of sofas or beds.

The researchers also asked seniors about kitchen appliances and electronic equipment. Some of them suggested modifications that would make appliances easier to use — larger controls on ovens and toasters, for example.

Thirty-five per cent of the seniors interviewed owned a VCR, but many found it hard to program. They felt that both the design of technological products like VCRs and the instructions for working them needed to be more user-friendly.

Both English-only reports are available free of charge by contacting:

CARNET Products and Services Research Group
Centre on Aging
University of Manitoba
Winnipeg, Manitoba
R3T 2N2
(204) 474-8754
Fax (204) 261-7977

Innovation and collaboration

Striking the Right Chords! Orchestrating Collaboration is the title of the third annual report of the System-Linked Research Unit on Health and Social Service Utilization. Based at McMaster University, the Unit has been working in partnership with local health and social agencies, with some very original results.

The Unit is made up of professors from the University's health and social sciences faculties and a number of community partners from two regions, including regional social services, the Victorian Order of Nurses (VON), departments of public health and St. Elizabeth's nursing services, medical groups, social planning and district health councils.

The focus of its studies is on people who become ill or distressed because of multiple stresses in their lives, and then use health and social services extensively. One outreach project is exploring how to help seniors deal with clusters of problems — for example, the combination of chronic illness, loneliness and the resulting psychological stresses. Project results have been positive. They show that seniors who receive care through a blend of proactive services — a specialist and a nurse, for example — tend to resort less to the use of health and social services.

Encouraged by such findings, area health and social service agencies are coming up with new configurations of services that allow them to serve people earlier, more completely and at a lower cost. A spin-off benefit of this collaborative approach is that partners have been able to avoid some of the problems that often plague community health and social services — namely, regional conflicts, overly centralized decision-making systems and isolationism.

For more information about the Research Unit, or for a free copy of its annual report (English only), contact:

Dr. Gina Browne
Director, System-Linked Research Unit
McMaster University
Faculty of Health Sciences
1200 Main Street West HSC 3N47
Hamilton, Ontario
L8N 3Z5
(905) 525-9140 (ext. 22293)
Fax (905) 528-5099

Maintaining independence

Most seniors would rather live independently in their homes for as long as possible than move into institutional environments such as long-term care facilities and nursing homes. However, an increasing need for support services coupled with difficulties in carrying out some of the day-to-day activities — such as taking a bath, cooking and walking up and down stairs — can foreclose this most wanted option as seniors grow older. Many could stay at home if they made simple adaptations to their homes and had better access to support services; others must explore new options.

Two new publications and a complementary computer program have been developed by Canada Mortgage and Housing Corporation (CMHC) to help meet seniors' needs and preferences for housing.

Home Adaptations for Seniors and Persons with Disabilities is based on a presentation at a recent international conference by Luis Rodriguez, a CMHC researcher. After examining the implications of the rapidly growing senior population in Canada, the publication identifies the most common problems seniors face in their homes and shows how seniors can overcome them by adapting their homes. Installing handrails on stairways and in hallways, creating easy-to-reach storage space in kitchens, and installing grab bars in bathrooms are among the many simple adaptations that can make a difference in enabling seniors to remain in their homes and communities.

Maintaining Seniors' Independence in Rural Areas: A Guide to Planning for Housing and Support Services and its soon-to-be-released companion computer program, **SENIORS**, are designed to help communities in planning to meet the housing and support service needs and preferences of their senior residents. Although originally designed for use in rural communities, they can also be used in urban areas.

In the Guide, users will find step-by-step instructions — including the necessary survey forms — on how to collect and record the population, housing and support service characteristics of their communities, as well as information on the needs and preferences of seniors. The computer program will enable them to enter and process this information and to produce the types of reports that they will need to evaluate local conditions, determine the needs and preferences of senior residents, and identify the options required to meet these needs and preferences.

To find out how to obtain the two publications and the computer program, please contact:

Canadian Housing Information Centre
Canada Mortgage and Housing Corporation
National Office
700 Montreal Road
Ottawa, Ontario
K1A 0P7
(613) 748-2367
Fax (613) 748-4069

A how-to advocacy guide

Interested in learning about advocacy and its rewards, benefits and pitfalls? Action Through Advocacy: A Guidebook on Advocacy for Seniors Organizations is a how-to guide detailing the "ins and outs" of advocating for social change.

Published by the national office of the Canadian Pensioners Concerned Inc. (CPC), the book is designed as a tool to help individuals and organizations serve as advocates and educators, the guide is divided into four parts. It provides:

- descriptions of the advocacy work of seniors' organizations
- information about strengthening organizations involved in advocacy, sustaining membership and funding
- guidelines for effective advocacy
- suggestions for overcoming difficulties faced by seniors' organizations involved in advocacy.

Full of tips, checklists and strategies, the guidebook is a wealth of information and ideas gleaned from workshops conducted by Project Director Jane McNiven and National President Myrna Slater with seniors and their organizations across Canada.

Discussion and presentation tools walk users through the various stages of advocacy — for example, determining an organization's leadership needs — and sample exercises give organizations something concrete to work with.

Three appendices list resource organizations and reference materials and provide users with tips and examples of how to write letters, news releases and public service announcements.

The 168-page Guidebook was produced with assistance from the Seniors Independence Program (SIP). It is available in either English or French for $10 plus postage; no taxes apply. To order, contact:

Myrna Slater
President
Canadian Pensioners Concerned Inc.
Suite 310, Halifax Shopping Centre
7001 Mumford Road
Halifax, Nova Scotia
B3L 4N9
(902) 455-7684
Fax (902) 455-4709