Proceedings of Experience in Action: A National Forum for Healthy Aging

February 9 to 11, 1997
Ottawa, Ontario

Funded under a contribution agreement with the New Horizons: Partners in Aging Program Health Canada

April 1997

Prepared by:
The Centre for Health Promotion, University of Toronto

This report has been prepared by a project team from the Centre for Health Promotion, University of Toronto. The Centre for Health Promotion wishes to acknowledge the financial contribution of Health Canada through the New Horizons: Partners in Aging program. Conclusions and findings presented in this report are not necessarily those of the Minister of Health, Health Canada or the New Horizons: Partners in Aging program.

Contents

1. Introduction

The National Forum on Healthy Aging was the culmination of a cross-Canada process designed to facilitate information exchange and knowledge development about community programming for seniors.

The process included:

- a meeting of national projects supported by Health Canada's New Horizons: Partners in Aging program
- provincial and regional fora held from October 1996 to January 1997, with the support of the regional offices of the Health Promotion and Programs Branch, Health Canada
- a consultant analysis of the practical learnings gained from a selected number of projects (*Toward Healthy-Aging Communities: A Population Health Approach* by Linda MacLeod and Associates)
- Experience in Action: A National Forum for Healthy Aging which was held in Ottawa on February 9 to 11, 1997.

1.1 Background

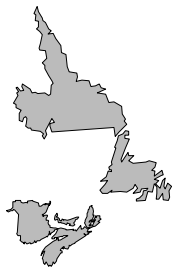
Over the past 25 years, Health Canada has funded nearly 40,000 community projects for seniors under the New Horizons: Partners in Aging program and its predecessors. In 1997, the program was moving into a transitional phase as part of Health Canada's restructuring within a population health approach. This provided an excellent opportunity for the department to support a national synthesis and consolidation of the experience and learnings of the programs to date.

Experience in Action: A National Forum for Healthy Aging was the final event in a national knowledge development process. Provincial and regional fora that brought together representatives of seniors' projects funded by Health Canada were varied in their approaches and designs. Representatives from each fora were selected to attend the National Forum. Each regional forum has or is in the process of producing a report. These are or will be available from the Health Promotion and Programs Branch regional offices of Health Canada. In addition, a meeting of national projects was held in Ottawa prior to the National Forum.

A representative of the project team from the Centre for Health Promotion attended each of the regional fora. A brief overview of each regional event follows.

1.2 Regional Fora and Meeting of National Projects

Atlantic Region



In the Atlantic Region, a series of four provincial fora were followed by a regional Seniors' Networking Forum.

Newfoundland (November 27 to 29, 1996)
This forum involved 70 representatives from 21 seniors' groups. Participants identified a series of successful activities and priority issues of concern to seniors including:

- gaps in health care services such as home care and caregiver support
- economic issues such as transportation, housing and sustaining project activity
- health promotion issues such as healthy aging, elder abuse, nutrition, medication use and abuse, and safety
- community development needs such as training in leadership skills, advocacy, lobbying and literacy.

New Brunswick (December 2 to 3, 1996)
This forum involved representatives from 25 projects funded by Health Canada and focused on the following issues:

- community development
- leadership and sustainability
- informal caregiving
- personal health and medication use
- elder abuse
- barriers to accessing programs and information.

Nova Scotia (January 8 to 9, 1997)
This forum involved 40 representatives of seniors' projects. It resulted in an action plan for seniors which identified six priorities for action:

- enhance seniors' capacity to maintain control over their lives
- increase senior involvement
- strengthen community supports for seniors and caregivers
- maintain funding for seniors' community organizations
- make government and the media aware of seniors' issues
- encourage intergenerational integration.

Prince Edward Island (November 26 to 27, 1996)
This forum focused on identifying what worked and did not work, and why. The forum also explored how projects met the needs of seniors and the impact that community projects have had on their lives.

Regional Seniors' Networking Forum (January 27 to 29, 1997)
Representatives from the Atlantic provincial fora attended a regional networking forum which resulted in a report entitled *An Awakening*. This report summarized the results of the Atlantic provincial fora under the following headings:

- how Atlantic seniors made *New Horizons: Partners in Aging* work for them
- the value of the *New Horizons: Partners in Aging* program
- the value of work done by seniors in support of society
- the factors influencing the quality of life of seniors
- the challenges ahead
- the need to sustain programs.

Quebec Region

Quebec Forum (November 18 to 20, 1996)
Sixty representatives from twenty seniors' groups met at the Quebec Forum in Drummondville, Quebec. The workshop focused on the theme *Towards More Effective Partnerships*. Participants identified conditions for achieving an effective partnership that included:

- clarifying roles and structures devoted to partnership management
- exercising time and patience
- ensuring quality of individual contributors
- ensuring that projects are rooted within the community
- providing training and learning experiences.

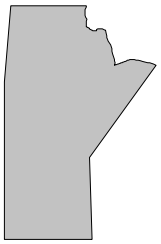
The Quebec Forum also identified a number of issues related to partnerships. These included:

- disrupted settings
- issues surrounding the term partnership
- seniors' roles
- required changes in mindsets
- relationships with institutions
- the need for continuity.

Ontario Region

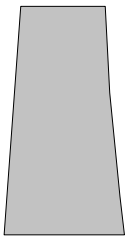
Ontario Forum (January 15 and 16, 1997)
The Ontario Forum focused on the development and discussion of a *Protocol on Elder Abuse*. The workshop was developed in partnership with the Department of Veterans Affairs, the Ontario Government and Health Canada. It involved a mix of plenary presentations and small group discussions. Over 75 representatives from provincial seniors' organizations and funded projects attended the two-day event.

Prairie Region



Manitoba Forum (January 29 and 30, 1997)
The Manitoba Forum used a story-telling approach to sharing information. It involved participants from 31 projects. Recurrent concerns and themes included:

- timeframes and the fact that community development takes time
- sustainability issues and options
- the instability of funding which creates barriers to planning and proceeding with projects
- the importance of exchanging information on projects and their learnings.



Saskatchewan Forum (January 27 and 28, 1997)
The Saskatchewan Forum also used a story-telling approach with representatives of 30 projects to synthesize results and learnings from all participants. Six key themes were identified:

- acknowledging fundamental human values
- fitting programs to people
- planning and implementing effective processes
- enhancing public information and education
- networking and partnerships
- funding and the need for adequate resources.

A series of insights, learnings and recommendations were identified within each theme area.

Alberta and Northwest Territories Region

Alberta/NWT Forum (October 28 and 29, 1996)
The Alberta/NWT regional forum used a showcase approach to help participants share information and learnings. Over 250 representatives from seniors' groups exhibited materials and information related to their projects. A video was made of the event that focused primarily on networking and information sharing.

British Columbia and Yukon Region

British Columbia/Yukon Forum (January 29 and 30, 1997)
The British Columbia/Yukon forum involved over 85 participants from 34 projects. The forum emphasized small group discussions that focused on the following strategies, opportunities and challenges:

- reaching out to isolated seniors
- recruiting, training, coordinating, recognizing and valuing volunteers
- developing partnerships
- sustaining activities.

The forum identified the following key strategies for working with isolated seniors:

- build trust and exercise patience
- involve seniors in determining their needs and developing solutions
- respect independence
- use culturally-appropriate approaches
- accept that the process will take time
- focus efforts on the need to build in transportation.

The forum also provided substantial information related to partnerships and sustainability.

Meeting of National Projects (January 18, 1997)

Representatives of 28 national projects funded by Health Canada met in Ottawa prior to the National Forum. The meeting involved a series of presentations by national project representatives who described their approaches, learnings and project outcomes. The meeting was designed primarily as a forum for information sharing and networking among projects.

1.3 Design and Development of Experience in Action: A National Forum for Healthy Aging

An Advisory Committee worked with the project team to define the objectives and set the agenda for the National Forum. The committee was composed of representatives from national seniors' organizations and Health Canada's national and regional offices. A list of Advisory Committee members can be found in Appendix C. The inaugural meeting of the Advisory Committee was held in Ottawa on December 9, 1996. The objectives for the National Forum were developed as follows:

1. to share practical ways of dealing with issues that affect seniors' health and well-being
2. to synthesize what has been learned in seniors' projects in communities across the country
3. to explore next steps for further learning and collaborative action. (e.g., networking skills, community development, priorities, partnerships).

It was agreed that each region would select at least eight delegates representing a variety of regional projects, issues and themes. The committee recommended that a formula of two-thirds representation from seniors and community participants and one-third from government be applied to the participant selection process, and that 80 be the maximum number of participants at the Forum.

The committee also agreed on the following guidelines:

- Ensure that the Forum objectives are reflected in the agenda.
- Include a synthesis and summary process in each session.
- Develop a series of helpful, practical dissemination products.

1.4 About This Report

The remainder of this report provides a record of what happened at the National Forum. It is hoped that participants and non-participants alike will use this report to review the event in conjunction with the other information dissemination products. The report can also be used as a reference document for follow-up activities in the development of effective community programming for seniors.

The format of this report follows the meeting agenda and provides summaries of the plenary discussions and small group discussions. The appendices contain additional reference materials including: the agenda (Appendix A), the Participant List (Appendix B), Advisory Committee Membership (Appendix C) and Profiles of Guest Speakers (Appendix D).

2. First Evening: Sunday, February 9, 1997

2.1 Welcome: Dr. Irving Rootman

Dr. Irving Rootman, Director of the Centre for Health Promotion, University of Toronto opened the Forum by welcoming all participants. Dr. Rootman outlined the links between health promotion and New Horizons: Partners in Aging projects and discussed the reasons for the Centre's involvement in the organization of the National Forum. Highlights of his remarks follow:

- The event and the projects funded by the program are very consistent and supportive of the fundamental principles of health promotion. The projects funded by the *New Horizons: Partners in Aging* program:
  - support the principle of people exercising control over their own health
  - encourage the active participation of seniors
  - recognize a holistic definition of health as being more than just the absence of disease
  - emphasize self-help and mutual aid approaches
  - address the broad determinants of health including those of importance to seniors such as housing, education, income security, transportation
  - incorporate innovative and intersectoral approaches.

- This event offers an important opportunity to collect evidence on the program's accomplishments and contribute information on the effectiveness of health promotion in the context of evidence-based decision-making.

- The Centre for Health Promotion believes in the value of experience in addition to the use of systematic research.

- Seniors are a tremendous resource for the promotion of health. The Centre is optimistic that this event will move the health promotion agenda forward and will provide directions for seniors' programming in the future.

Dr. Rootman reviewed the objectives for the Forum and thanked members of the Advisory Committee for their assistance in planning the event. He thanked Health Canada for their foresight in supporting the national knowledge development process and the delegates for their participation. He reminded participants that they have a shared responsibility along with the Centre to disseminate the results of the Forum as broadly as possible.

2.2 Opening Remarks: Ms. Susan Fletcher

Ms. Susan Fletcher was serving as Acting Assistant Deputy Minister, Health Promotion and Programs Branch, Health Canada at the time of the event. Highlights of Ms. Fletcher's remarks follow:

- The Forum is another milestone in the evolution of Health Canada's programs for seniors. It was 25 years ago that *New Horizons* was established; in 1988, *New Horizons* was joined by the *Seniors' Independence Program* and in 1993, by *Ventures in Independence*. The strengths of these three successful programs were integrated into *New Horizons: Partners in Aging* in 1995. This helped to focus efforts on important priorities for seniors, to reinforce the role of expanded partnerships and to encourage innovation and evaluation in activities that meet the needs of Canada's aging population.

- This Forum has been preceded by 11 provincial and regional fora. Each of these were valuable and significant milestones in their own right. They also demonstrated the desire for a stronger emphasis on the practical sharing of knowledge within regions and across the country.

- Health Canada is at an early stage of identifying and learning how best to share and use the knowledge and experience that has resulted from the 25 years of community action by seniors and for seniors. The outcomes of all the fora will contribute to this critical and ongoing challenge.

- In order to effectively address the health of Canadians—particularly the most vulnerable in society—Health Canada is committed to using a population health approach that recognizes the critical transition stages in life. In the future, Health Canada's resources generally will be organized around three life stages—children and youth, midlife and later life.

- Over the past 25 years, the federally funded programs for seniors have taken a holistic view of the needs of seniors. This gave projects and programs the flexibility to work in areas and with partners that were not viewed as traditional medical or treatment models. Therefore, a population health approach that emphasizes the interrelationship of multiple determinants of health is in keeping with both the past and the present.

- At the same time, the very complexity of the determinants of health means that there is probably more unknown about how the determinants interact to affect health, than is actually known. Discussions at this Forum will begin to identify how these factors interact over the life course and how they need to be influenced in order to improve the health and well-being of seniors.

- In moving toward a population health approach, Health Canada will be operating within the context of current fiscal limitations. This is true for all governments. In order to make the best decisions about investments for improving health, Health Canada needs information about how these determinants act and interact. This evidence is critical in directing resources for maximum benefit.

- Health Canada's funding for community projects will continue, but with reduced resources. Current planning sees a move to an integrated population health fund that would provide project support to a variety of issues and target groups.

- There are a number of other major activities that will be an important part of a later-life strategy (e.g., the National Framework on Aging, research initiatives on Alzheimer's disease and osteoporosis, safety and security issues, medication awareness and the United Nations International Year of Older Persons in 1999). Much of this work is done in collaboration with departments and ministries such as the Federal/Provincial/Territorial Ministers Responsible for Seniors and the 25-member federal Interdepartmental Committee on Seniors chaired by Health Canada. I look forward to sharing the wisdom from this Forum with these groups.

Ms. Fletcher concluded her remarks by wishing the participants success in the meeting. She stated that she looks forward to seeing the reports and outputs from this important process and is committed to sharing them with key decision-makers.

3. Day Two: Monday, February 10, 1997

3.1 Opening Remarks: Ms. Nancy Garrard and Ms. Mary Hill

The day opened with greetings and short welcoming remarks by Ms. Nancy Garrard, Acting Director of the Division of Aging and Seniors, Health Canada.

Mary Hill, a representative from British Columbia, presented a lively participant's perspective on the *New Horizons: Partners in Aging* program. Ms. Hill has had a long history of association with the program and has worked on a variety of projects. Highlights of her comments follow:

- Three factors emerge as being particularly important for seniors
  - a need to feel worthwhile and make meaningful contributions to society
  - a strong need to hone and develop skills both old and new
  - a need to love and be loved.

- The legacy of *New Horizons* can best be summarized in terms of its success at breaking down old stereotypes of seniors. In the '60s, negative perceptions existed—seniors were seen as old, rigid, ugly, uninteresting and unmoving. Today, seniors are perceived to be wise, interesting, flexible, charming and fascinating! This is due in no small part to federally-funded community programs.

Mary Hill concluded her remarks by thanking the *New Horizons: Partners in Aging* program and by looking forward to new and continued arrangements within a population health approach.

3.2 Panel Session

A distinguished panel helped to set the context for discussion by addressing current issues and themes related to seniors and the objectives of the Forum.

Enhancing Seniors' Independence: Ms. Linda MacLeod, L. MacLeod and Associates

- Ms. MacLeod reviewed 96 of the 2,330 projects funded between 1991 and 1995 through the *Seniors Independence Program* and the *New Horizons: Partners In Aging* program. Her goal was to produce an analysis of what has been learned about the determinants of healthy aging and how to prevent risks to healthy aging through health promotion approaches. She provided a brief summary of her findings. (A draft report entitled *Toward Healthy-Aging Communities: A Population Health Approach* was available at the National Forum.)

- To be independent, a senior must have access to information, services, programs and social networks that enhance his or her ability to make positive life choices.

- Seven factors emerged as most important to seniors' health and well-being:
  - **Poverty and adequate income**: Poverty increases risks for social isolation, a lack of information, poor health, and education and skill disadvantages. Inadequate incomes affect the ability of family members to care for seniors. Poverty erodes social status, self-esteem and the active involvement of seniors.
  - **Social support networks:** Socially-isolated seniors are more likely to have health problems and risk factors that limit their networks and those of their informal caregivers. Social networks cannot be assumed or taken for granted. Transportation problems create barriers to social support.
  - **Education:** Low literacy levels reduce seniors' independence and their access to written information; it contributes to the occurrence of financial abuse.
  - **Social environments:** Age segregation reduces seniors' participation and comfort and contributes to health risks. Challenges include the number of seniors living alone, a decline in the number of nursing home beds, geographic dispersal of extended families and people living longer. Independence rooted in interdependence is the goal.
  - **Physical environments:** Housing has not adapted to the changing characteristics of an aging population (e.g., need for privacy, space, social support).
  - **Gender:** Female seniors tend to be more isolated than male seniors. Women are more likely to link physical health problems with personal or social problems.
  - **Culture:** Language and cultural barriers mean that isolation is often more acute for seniors from minority cultures.

- ***Tips for Successful Health Promotion Efforts***
  - Use varied and informal modes of communication (e.g., telephone, word-of-mouth, posters, radio, church bulletins, etc.).
  - Keep the program flexible—participants will mould it to their needs.
  - Integrate programs into traditional practices and activities.
  - Encourage programs that promote intergenerational connections.
  - Hold events at convenient times for seniors (e.g., Thursdays from 10:00 a.m. to 2:00 p.m.).
  - Make sure that events are enjoyable.
  - Encourage "seniors learning from seniors".
  - Offer one-time, practical learning sessions.
  - Build transportation into all programs.

Building Partnerships: Mme Noëlla Goyet, Community Activist

- Madame Noëlla Goyet is a social and community activist, a volunteer worker and the head of two drop-in centres.

- Madame Goyet began her presentation with a summary of the results of the Quebec Forum on partnership strategies, held in Drummondville, Québec.

- Participants from approximately twenty groups involved with seniors shared their experiences and concerns about this area of activity. They defined what was at stake and identified some of the things that had helped them succeed. They also conveyed their concerns and expectations about Health Canada's future role. The proceedings of this forum are available.

- The concept of partnership is poorly understood, which results in confusion in defining the terms. Everybody has heard about the concept of partnership, but we have difficulty agreeing on what it really is.

- There are a number of visions of partnership and these visions are related to the various experiences which groups have had. People talked about participation, mutual assistance, exchanging services, ways of working together and sponsorship.

- Madame Goyet discussed partnerships between public institutions operating as part of the health care and social services network and community groups in Quebec.

- Partnerships exist in all areas of the health and social services field in Quebec: mental health, seniors, young people in difficulty; as well as among other activity sectors, such as justice, education and municipal government. There is also a desire to mobilize community action groups.

- The health and social services field is changing in Quebec, as it is in other provinces and in all western countries. This process is cost-driven. People can no longer afford these services and have concluded that some practices do not work. Things are not working the way they should and people are looking for some new approaches. People want personalized, closely coordinated services. People want to remain a part of their communities. Structures are changing. People are engaged in a constant process of re-organization and are seeking out partners in the community.

- People have to face two worlds: the community world and the institutional world. They have to deal with a service logic and a commitment logic, as well as an efficiency logic and a human social action logic. Various cultures are in shock. People are no longer speaking the same language.

- Community groups have to roll up their sleeves and make the necessary compromises to get things moving, to set up a demanding participative program designed to deal with a complex and complicated system. Community groups also have to define themselves and to name their practices, to avoid the difficulty they encounter in defining what they do.

- The learning process is a more difficult one for community groups, because there are enormous differences among various institutions. A school board and a hospital are two different organizations. Learning is essential if we want to deploy our strengths to create social solidarities to be built with, in and by the community.

- The welfare state is in the process of divesting itself of many of its responsibilities. We are in the process of redefining the relationships between the state and the citizen. It would be risky to allow only social-service managers to define what this new social contract is, because a community group and its various kinships make up its environment. This group must not become satellites of institutions. The richness of a community group committed to social action would be lost. This is their main asset.

- The presence of a strong element of community power must be at the centre of efforts to set up a new system to manage public services. This presence must be an active one that defines the management of social and community life.

Enhancing Prevention and Coping Skills: Dr. Louise Plouffe, Division of Aging and Seniors, Health Canada

- An estimated 85% of people over age 65 have one or more health problems. Although most seniors today do not experience a significant change in their lives as a result of health problems until their mid-seventies, and some not until much later, others begin to experience health-related limitations earlier than age 65. Many of these problems are chronic conditions, such as arthritis, osteoporosis, incontinence, hypertension, atherosclerosis, diabetes and sensory loss. Many are preventable and many are controllable. Addressing the risk for disease and disability will continue to be a major focus for Health Canada.

- Population health is an approach that addresses the entire range of biological, environmental, social, economic and behavioural factors that determine health. We have known about the effects of these factors on health for a long time now; however, what the population health framework does is to organize them so that we are more systematic and deliberate in addressing the range of determinants and their interactions.

- An analysis of the 1994 National Population Health Survey revealed that people who face the highest risk for major loss of health status are older, female, have low incomes and low educational attainment, live alone, are overweight and have smoked during their lives. Health promotion efforts that focus on eating habits, sedentary living and smoking are important; but if they are conducted in isolation from the other predictors (e.g., social support, education, income, sense of personal control and coping skills), they will "miss the boat".

- The *New Horizons: Partners in Aging* program is a source of valuable information about effective disease prevention and health promotion models for seniors. Most projects have mobilized social support and all of its benefits, for instance, through outreach, support groups and peer-counselling. Efforts have been made to compensate for educational or income gaps that limit access to information and choices (e.g., by using senior volunteers to teach other seniors). A key element is the enhancement of personal control through the involvement of seniors themselves in identifying local problems and in designing and executing projects that meet the needs as they are perceived by those who are vulnerable. In additions, programs have been developed to improve individual coping skills (e.g., management of chronic pain).

- One of the difficulties with the population health model is that we do not know enough about the kinds of interventions that are effective in addressing health determinants to improve health. Rigorous, quantitative, scientific evidence is missing, but there is a wealth of qualitative evidence from community-based programs.

Concerns Surrounding the End of Life: Ms. Linda Lysne, Canadian Palliative Care Association

- Ms. Linda Lysne is the Executive Director of the Canadian Palliative Care Association. She is involved in two New Horizons: Partners in Aging projects. Her presentation related to the definition of palliative care, fears and concerns of seniors about the end of life, the needs and wishes of seniors, effective strategies, and reference to the national recommendations of the 1995 Senate Committee on Euthanasia and Assisted Suicide.

- Palliative care is active, compassionate care that is directed at improving and maintaining the best quality of life possible for individuals and their families. It is low-tech, high-touch care. It involves interdisciplinary teams of physicians, nurses, home care coordinators, spiritual caregivers and psychologists.

- Seniors' fears and concerns about the end of life relate to pain and symptoms not being controlled, being abandoned and dying in isolation, a loss of control and autonomy, the desire to participate in decisions and planning for care, the negation of self in death and dying, the future of loved ones and the existential meaning of life.

- Palliative care addresses these concerns but even today it is not available to all Canadians. Moreover, Canadians still ask, “What is it?”, “Where do I get it?” and “How much does it cost?”. Palliative care is commonly assumed to be focused on cancer, but it is also concerned with AIDS, amyotrophic lateral sclerosis (ALS), diabetes, heart and lung disease and other serious problems.

- Seniors have expressed a series of needs and wishes in this area including more accessible information and improvements in services such as home care, equipment and supplies, meal programs, transportation, cultural sensitivity, respite care and support to caregivers. Seniors need bereavement support, especially in the face of multiple losses. They need information related to financial resources, death at home, costs of palliative care, advanced directives, living wills, competency issues, and consent. They need information on treatment choices related to infection, nutrition, surgery, resuscitation and on research ethics.

- Currently, several *New Horizons* projects are addressing end-of-life issues. The Canadian Pensioners Concerned are compiling a province-by-province inventory of Advanced Health Care Directives. The National Pensioners and Senior Citizens Federation is conducting workshops on end-of-life issues. In Prince Edward Island, training sessions are underway for volunteers in palliative care.

- A number of strategies are being identified in the field. These include the need for standards and resources to identify and resolve gaps and barriers. We must identify and link partners in care. Funding is needed to support the delivery of care education and research and evaluation tools demonstrating the effectiveness of palliative care need to be developed.

- The recent Senate Committee on Euthanasia and Assisted Suicide has made a series of recommendations in this area:
  - Governments need to make palliative care programs a priority in the health care system. They need to be designated as core services and be resourced accordingly.
  - The development of national guidelines and standards needs to continue.
  - Training improvements are needed. The number of trained health professionals and support workers needs to be increased and a high standard of service needs to be established.
  - An integrated, seamless approach to health care is required.
  - Research in the palliative care field must be expanded and improved.

Ms. Lysne concluded with two of her own recommendations:
- Increase public awareness about palliative care
- Fully fund pain medications for those who choose to die at home.

3.3 Legacy of Learnings: Results of Small Group Discussions

In small groups, Forum participants discussed what they had learned, what worked and how they dealt with challenges. The discussions resulted in a series of findings that were summarized by the project team in a presentation on the second day of the Forum and in an interim report sent to all participants in early March. The key learnings were grouped into eight theme areas:

1. Core values in seniors' programming
2. Effective community development
3. Participation and leadership by seniors
4. Partnerships
5. Volunteer recruitment, retention and recognition
6. Effective project management
7. Sustainability
8. Social and community change.

Core Values in Seniors' Programs

- The following core values are fundamental to community programming for seniors:
  - equity and compassion
  - tolerance
  - dignity
  - fairness and respect.
- Ensure that these public values are listened to and acted upon.
- Focus on people's values rather than the bottom line.
- Get back to a civil society—the common good.
- Value and respect diversity.
- Recognize that trust is required to reach isolated seniors and overcome cultural barriers. Acknowledge that developing trusting relationships takes time.
- Promote healthy seniors: the result will be reduced health care costs.
- Funders must continue to recognize that the determinants of health include quality of life variables and values such as dignity, purpose and self-esteem.
- Explode the myths about "Greedy Grannies" and "Grasping Geezers".
- Work the media and influence institutes to adopt the values of a civil society.

Effective Community Development

- Advocate for longer term funding to achieve better quality of life for individuals and communities. Short-term project funding does not address community needs nor respect the community development process**.**
- Transportation is essential to effective community development for seniors.
- Ensure that project designs predict outcomes involving seniors, professionals and researchers that can be replicated elsewhere.
- Ensure "seed money" remains available for innovative community projects; we cannot afford to lose community infrastructures.
- Listen to communities and provide adequate resources.
- Go where the clients are; outreach is a continuous activity.
- Form local councils on aging and link them together.
- Use a cost-benefit analysis as a method of demonstrating benefits of programs.
- Recognize the great value of learning about other projects and experiences throughout Canada.
- Use trained peer facilitators; seniors relate best to their peers.
- Facilitate activities that bring people together (e.g., knitting circles).
- Support and strengthen participatory research at the community level. Recognize and value it and disseminate results to key policy-makers.
- Get the "message" individually and collectively to politicians.

Participation and Leadership by Seniors

- Involve seniors in establishing priorities for funding.
- Involve key members of the community in leadership roles.
- Involve seniors in peer support.
- Help seniors develop the knowledge and skills they need to influence policy.
- Promote the theme of seniors as key contributors to society.

Partnerships

- Establish partnerships between sectors (e.g., housing, transportation, private sector).
- Establish partnerships between seniors' groups themselves (*New Horizons: Partners in Aging* program has helped to build effective partnerships from existing structures).
- Support intergenerational projects and partnerships (they offer many benefits and make a valuable contribution to the community).
- Explore new methods for developing partnerships through innovation and experimentation.
- Maintain ongoing communication; it is critical to effective partnerships.
- Explore all the elements of partnership including items such as logos, product identification, joint communications, etc.
- Ensure that potential partners see the benefits in being involved in an initiative and understand a common goal.

- Allow partners time to develop a relationship of trust, safety and comfort.
- Ensure a genuine sharing of expertise and recognize that it takes time to develop relationships.
- Support skill and knowledge development initiatives related to developing and maintaining effective partnerships.
- Meet clients and potential partners at an equal level.
- Involve and elicit support from service clubs for transportation, advertising, etc.
- Expand partnerships locally, regionally, provincially and nationally.

Volunteer Recruitment, Retention and Recognition

- Be clear about roles, responsibilities and time commitments for volunteers.
- Value volunteers!
- Initiate a comprehensive volunteer program that includes screening, support, training, recognition and flexibility.
- Ensure that volunteer roles are appropriate and not just a substitute for cuts to paid staff.
- Recognize that volunteers cannot do everything; fund paid coordinators for volunteer groups.
- Provide incentives: coffee and doughnuts open many doors.
- Make the case for project leverage and value for money in achieving powerful results for a small investment.
- Remove stigmas—"they sentence people to community service".
- Recognize that the volunteer community is changing. Volunteers come forward for different reasons and are of different ages, socioeconomic and cultural backgrounds.
- Build a sense of accomplishment into activities in order to retain volunteers.

Effective Project Management

- Be flexible and involve key sectors.
- Make long-term plans that include ongoing evaluation.
- Focus on the needs of seniors and community—not professional needs or government needs.
- Advocate a recognition of the importance of process and the need for planning time in project development.
- Build in adequate time to ensure project evaluation takes place within project timeframes. Ensure appropriate time allotted for training volunteers in evaluation and provide continuous feedback.
- Balance projects by including people with different abilities; balance professional and community knowledge and experience as needed.
- Set realistic plans and achievable objectives.
- Define measurable outcomes and actions in both quantitative and qualitative forms.

- Meet community needs and do not create a need—projects must be community-driven.
- Build on existing resources and look within the community for skills.
- Avoid duplication. Start your endeavour by understanding what is already happening in the community.
- Use media to promote programs and increase reach into the community.
- Ensure and protect confidentiality of seniors (e.g., in evaluation, client access, partnering, contracting for volunteer training).
- Form representative and active advisory committees.
- Help make learning and participation fun.
- Increase your outreach potential by using "train-the-trainer" approaches.
- Increase participation with topical, wide-appeal workshops.
- Undertake a needs assessments: actively canvass to identify "what seniors want and need".
- Invite professionals and experts to speak at meetings and workshops.
- Avoid labels (e.g., get rid of terms like "at-risk").
- Use clear, non-academic language.
- Plan for ongoing promotion and marketing throughout the project.
- Recognize that actions speak louder than words.
- Design projects so that they have a clear vision, clear objectives, strong leadership, a commitment to cultural sensitivity, a strong training component and ongoing evaluation.
- Empower community groups by helping them develop research skills (e.g., questionnaire development).
- Include immediate indicators of effectiveness: positive evaluations, spontaneous feedback, increased utilization numbers, sense of pride in participants, personal testimony, response to products by other organizations, recognition by key decision-makers, transformation in individuals from receiver to giver.

Sustainability

- Help governments recognize that community programs for seniors are a good investment with an excellent rate of return in terms of and because of volunteer participation.
- Build in sustainability plans from the outset.
- Make the community aware of the project and encourage people to value its continuance.
- Provide a focal point for sharing and publicizing success stories.
- Find out who potential partners are; then, identify linkages to those who have a stake in the project.
- Encourage community ownership for projects and programs.
- Ensure community needs and support are identified through media advocacy, testimonials, etc.
- Seek out corporate support.
- Clearly define roles for key players in communities.
- Request that the federal government play a coordinating role to avoid "reinventing the wheel".

- Be more vocal about the need to support health promotion and prevention programs (e.g., look at the cost of doing nothing).
- Advocate funds to sustain programs that work. A central problem relates to the perception that is it "sexier to go for new things, rather than what has already been proven to work".
- Design programs so they are transferable and easily adopted by other organizations.
- Learn new ways to attract funding partners such as developing business plans and presentations.

Social and Community Change

Community programs for seniors have:

- succeeded in changing how seniors are viewed.
- carried out pioneering work on the determinants of health ("We were working on determinants of health long before government knew what to call it.").
- shattered myths surrounding aging.

There is a need to develop further capacities in advocating and lobbying policy-makers at all levels. Social change requires advocacy skills; seniors need training.

Other Elements:

- Health Canada needs to take the lead (with other funders) to facilitate ongoing information-sharing and networking among funded projects.
- All of us need to raise awareness of the importance of the determinants of health outside of the health care system (e.g., income levels, transportation) and pay attention to them in work with seniors.
- Be sensitive to the nature and amount of information communicated to groups (i.e., not too much; not too little).
- The federal government needs to know how much we need them. The federal government has a key role in synthesizing and disseminating results and transferable programs.
- There is an urgent need to address the impact of one-time funding on the long-term viability of service delivery, especially in light of the current devolution of responsibilities to provinces and municipalities.

4. Day Three: Tuesday, February 11, 1997

4.1 A Synthesis of What We Have Learned: Mr. Reg Warren

The day began with a discussion introduced by participants on how they might take action on the suspension and future directions of the federal *New Horizons: Partners in Aging* program. Draft letters to the Prime Minister, Minister of Health and Minister of Finance were offered as one approach that individuals and groups could take to express their concerns. After a plenary discussion it was agreed that:

- A revised draft letter would be circulated to delegates who could sign it on a voluntary basis.
- Copies of the letter would be distributed to participants who could take it home, circulate it within their communities as appropriate, modify the content as they saw fit and send it to the Prime Minister and Ministers of Health and Finance.

This discussion was followed by a presentation by Reg Warren, a member of the project team, who provided a summary analysis of the previous day's small group discussions. This analysis was completed by the project team at the conclusion of day two of the Forum. The major theme categories identified by Mr. Warren have been incorporated into the presentation of small group discussions in these proceedings. (See pages 16 to 20.)

Mr. Warren emphasized how the small group discussions richly described the value and effectiveness of projects funded by the *New Horizons: Partners in Aging* program. He stated that it was the project team's intention to capture the full extent of the discussions in interim reports, proceedings and fact sheets that will be the main components of a dissemination plan.

4.2 Looking Ahead: Mme Juliette Pilon

Mme Pilon was appointed to the National Advisory Council on Aging for a three-year term in 1994. She was formerly Regional President of the Fédération des aînés francophones de l'Ontario, President of the Seniors' Advisory Council for the Regional Municipality of Sudbury, President of the Superannuated Teachers of Ontario and a member of the Board of Directors of Laurentian Hospital. She is currently associated with the Older Adult Centres Association of Ontario.

Mme Pilon's presentation was designed to review some key issues and themes for improving the health and well-being of seniors, to discuss future directions and to encourage participants to share what they have learned with as wide an audience as possible.

- Governments around the world are having to do what we as individuals have always had to do—balance our budgets. We all have concerns about what this implies. We know that budget cuts and restructuring brings increased stresses on families and institutions. We are concerned about the impact of unemployment. Some of us fear that health reform will result in diminished services—and that a gap between needs and the community's ability to meet those needs will develop.

- Health Canada recently enlisted the help of seniors in articulating five guiding principles, which have become part of the National Framework on Aging. Those values are dignity, independence, participation, fairness and security.

- Studies tell us that seniors contribute as much to others, as others contribute to them. Many men and women continue to hold leadership positions long after they enter their senior years. They are members of the Supreme Court, Aboriginal councils, and organizations that represent seniors' interests. Others teach or act in advisory positions, helping entrepreneurs to start small businesses. Their hobbies and activities are as diverse at 65 as they were at 35. It is unfortunate, however, that many seniors in Western society have come to feel devalued.

- The *New Horizons* program has offered a valuable service over the past 25 years—encouraging seniors to act as decision-makers, to continue to function in leadership roles after they retire from the paid work force, to design and manage their own programs and to encourage a sense of empowerment so that they are both visible and audible forces in Canada.

- As we go into our final session today, I encourage you to adhere to several basic principles of creative problem solving. Try to redefine the problem as an opportunity. Look at it in a new way. Listen to everyone's ideas and avoid passing judgment until all the ideas are on the table. Build on the contributions of others. Look for the positive potential in every situation. Visualize a desired future, and ask what we need to do in order to achieve that future. Think about what each of us can do as individuals—and as members of our communities—when we return home, to further the cause of seniors. Brainstorm further steps for learning and collaborative action. Consider possibilities for new partnerships and the potential for community development initiatives. Plan to stay in touch—by mail, fax, e-mail or telephone.

- Successful outreach to seniors must be ongoing. What has been achieved needs support to continue. The needs of seniors in your community cannot be put on hold—especially the needs of seniors who are most at risk.

- Canadian seniors have acquired immense quantities of information over the past several decades. We have reached a point where we can evaluate our successes and failures and synthesize the knowledge gained from these efforts. We need to know *what has worked, but also what has not worked.*

- We need to identify ways to pass on what we have learned to the "soon-to-be" seniors and to the next generation of Canadians. Any plans that we make today should include an educational component. The seniors of Canada are this country's corporate memory. We can help others recall and learn from the successes and mistakes of the past.

- 1999 is the International Year of Older Persons, and the theme is "Toward a Society for All Ages". It is a theme that recognizes the aging continuum and champions the necessity to create societies that value, equally, all stages on the continuum. In some countries, intergenerational issues are dividing, rather than uniting, populations. We need to find ways to avoid these difficulties in Canada—to involve and draw on the strengths of all Canadians, young and old. Societies that recognize the importance of *interdependence* value the contributions of all members.

- In closing, I urge you to make healthy aging a goal—for yourself and for Canadian society. I encourage you to share the results of your discussions with friends and colleagues who were unable to attend this meeting. Who better to carry the message to Canada's seniors than this audience? There are "movers and shakers" in this room. We are the ones with the potential to make a difference where it counts the most—in communities around Canada.

4.3 Applying What We Have Learned

The remainder of the day focused on small group discussions followed by a final plenary session. Participants were assigned to groups by region. The groups discussed the following questions:

- How can we learn more?
- How we can further share what we have learned?
- What kind of action can we take to further seniors' health and well-being (as individuals and as collective groups)?

Group discussions and recommendations have been summarized in nine theme areas:

- A framework for the future
- Common vision, goals and values
- Action and advocacy
- Research and evaluation
- Information sharing
- Funding
- Mechanisms and structures
- Public awareness and education
- Additional strategies

- **A Framework For the Future**

  A future *New Horizons*-style community program would meet the needs of seniors by:

  - Reflecting the key values of Canadians of all generations:
    - equity
    - compassion
    - tolerance
    - fairness
    - respect.

  - Providing adequate and sustained funding for health promotion initiatives in healthy aging that:
    - support innovation
    - provide core funding for groups in need
    - value volunteers
    - invite partnerships.

  - Reflecting key principles of effective community development:
    - community-based
    - consumer-driven
    - celebrates diversity
    - builds on strengths
    - encourages community ownership and participation.

  - Demonstrating and documenting the benefits of investing in community action for seniors:
    - sharing information, experience and program models
    - demonstrating accountability and relevance
    - communicating this information to the public, decision-makers and opinion leaders.

- **Common vision, goals and values**
  - Ensure a collective understanding of the goal(s).
  - Introduce a new and/or different values framework into current parlance and counter current "bottom line" thinking that pits generation against generation.
  - Incorporate agreed upon visions, goals and values into public awareness and education strategies.
  - Promote the intergenerational perspective as a way to broaden public understanding of seniors' issues.
  - Dispel the myths about seniors (i.e., they are "contributors", not "gougers" and "geezers"!).

- **Action and advocacy**
  - We need a holistic, comprehensive approach.
  - We need to educate professionals, caregivers and seniors in social action methods.
  - Action must be focused at all levels of the political and civil service spectrum (e.g., municipal, provincial and federal levels). Health Canada should not be regarded as the only player.
  - Infrastructures (e.g., Seniors' Advisory Councils) are important.

- **Research and evaluation**
  - We need long-term evaluation efforts with practical, measurable success and outcome indicators.
  - We need to evaluate the impact of dissemination activities.
  - Strengthen and build stronger links with the research community and other key institutions (e.g., Centre of Gerontology, Long-Term Care Research Centre).
  - Support and value participatory research in communities and integrate it into policy and programs (e.g., six-site trial on fall prevention).
  - Develop initiatives for new groups, particularly those forced into early retirement as a result of structural changes in the economy.

- **Information sharing**
  - We need a reliable, user-friendly database on all seniors' programming (government and non-government).
  - We need one information centre that disseminates ideas (including commonalities among projects) and effective tools and supports networking and sharing activities.
  - Fact sheets, a video and proceedings of the National Forum will help participants reflect on the issues, as well as to spread the word.
  - Resources are required to make this happen; Health Canada can play an important role here.

- **Funding**
  - Flexibility in funding (from whatever source) is critical.
  - Explore new funding sources such as lotteries (e.g., as hospitals have done).
  - The community remains an important centrepiece for action but it needs sustenance and support.
  - Community programs need support to ensure sharing of what they learn.

- **Mechanisms and structures**
  - Promote technology and applications but also continue to value more traditional distribution mechanisms (e.g., print).
  - Make use of existing occasions and mechanisms for networking (e.g., coalitions, elders meetings, regional fora).
  - Structures associated with health (e.g., Regional Health boards, Healthy Communities networks, etc.) are important. Some ongoing financial support of these structures and staff (e.g., volunteer coordinator) is essential.

- **Public awareness and education**
  - Work with members of the media.
  - Develop all materials in plain language and develop strategies to use in active ways with all populations, professionals, etc.
  - Broaden the debate (e.g., extend discussion to include younger generation, pre-retirement, end of life, etc.).
  - Improve seniors' understanding of what determines health and the resources available.
  - Promote better dialogue on and understanding of population health and other key concepts by all stakeholders.
  - Promote seniors' events (e.g., Seniors' Games).
  - Use data and common wisdom to develop manuals, training-of-trainers, etc.

- **Additional Strategies**
  - Develop a strategy to assist those who have been forced into early retirement by employment cutbacks.
  - Use change as an opportunity—not a threat.
  - Reward sharing.
  - Lead by doing.
  - Reassess the term "retirement".
  - Increase efforts for immigrants and seniors with special needs.
  - Perpetuate random acts of kindness.
  - Encourage seniors to remain "active learners" throughout their lives.
  - Develop a strategy to influence planning for the 4th Global Conference on Ageing, to be held in Canada in September 1999.

4.4 Concluding Suggestions for Health Canada

- Support the development of a reliable database and active dissemination of information about seniors' programs (including evidence of their benefits).
- Support the selective development and maintenance of structures, networking mechanisms and activity coordinators.
- Develop a transitional strategy for non-completed *New Horizons: Partners in Aging* projects and others where termination on March 31, 1997 will deprive communities of valuable learnings.
- Meaningfully involve seniors in planning for the International Year of Older Persons (1999).

4.5 Adjournment

Dr. Irving Rootman closed the National Forum for Healthy Aging by thanking the project team for their efforts and the delegates for their active and enthusiastic participation.

Appendix A
Annexe A

Agenda
Ordre du jour

Agenda

Experience in Action: A National Forum for Healthy Aging
Expérience en action : Forum national pour un vieillissement en santé

Sunday, February 9, 1997

1:00-5:00 p.m.	**Registration**	Foyer, Delta A
5:00-7:00 p.m.	**Getting to Know You** • Welcome: Dr. Irving Rootman Ms. Susan Fletcher • Review of Agenda • Refreshments	Delta B Foyer, Delta A

Monday, February 10, 1997

8:30-10:00 a.m.	**Plenary: Experience in Action** Introduction: Dr. Irving Rootman Ms. Nancy Garrard Ms. Mary Hill Panel: Ms. Linda MacLeod Mme Noëlla Goyet Dr. Louise Plouffe Ms. Linda Lysne	Delta B
10:00-10:30 a.m.	**Showcase I** Refreshment break and visit the project displays	Delta A
10:30-12:00 a.m.	**A Legacy of Learnings (Part I)** Small group sessions discussing what has been learned: what worked, how we dealt with challenges	Various Rooms
12:00-1:00 p.m.	**Lunch**	Champlain Room
1:00-1:30 p.m.	**Showcase II** Visit the project displays	Delta A
1:30-3:30 p.m.	**A Legacy of Learnings (Part II)** Small group sessions discussing what has been learned: what worked, how we dealt with challenges	Various Rooms
4:00-6:00 p.m.	**Showcase** Refreshment break and visit the project displays. Outside guests invited.	Delta A

Tuesday, February 11, 1997

8:30-10:30 a.m.	**Plenary: Looking Ahead and Applying What We Have Learned** A Summary of Major Learnings: Mr. Reg Warren Looking Ahead: Mme Juliette Pilon	Delta B
10:30-12:00 a.m.	**Next Steps** Small groups discuss learning more, how can we further share what we have learned and what kind of action can we take to further senior's health and well-being.	Various Rooms
12:00-1:00 p.m.	**Lunch**	Champlain Room
1:00-1:30 p.m.	**Showcase take-down**	Delta A
1:30-3:00 p.m.	**Concluding Plenary** Small groups report back; wrap-up and conclusion	Delta B
3:00 p.m.	**Adjourn**	Delta B

Appendix B
Annexe B

List of Participants
Liste des participants

Participants

Experience in Action: A National Forum for Healthy Aging
Expérience en action : Forum national pour un vieillissement en santé

Mr. Andrew Aitkens
Director of Research
One Voice Seniors Network
1005 - 350 Sparks Street
Ottawa, ON K1R 7S8
Telephone: (613)238-7624
Fax: (613)235-4497
aaitkens@magi.com

Mr. Germain Aubut
Councils on Aging Network of Ontario
Development Committee
1290 Fernwood Drive
Ottawa, ON K1V 7J9
Telephone: (613)733-7894
Fax: (613)789-4406
gaubut@sympatico.ca

Ms. Lillian Baaske
Program Consultant/Consultante en programmes
Health Promotion and Programs Branch (B.C./Yukon)/Direction générale de la promotion et des programmes de la santé (C.-B./Yukon)
Health Canada/Santé Canada
440 - 757 West Hastings Street
Vancouver, BC V6C A1A
Telephone: (604)666-2778
Fax: (604)666-8986
Lillian_Baaske@isdtcp3.hwc.ca

Ms. Brenda Baptiste
Community Health Representative
Osoyoos Indian Band
R.R. #3, Site 25, Comp 1
Oliver, BC V0H 1T0
Telephone: (250)498-2711
Fax: (250)498-6577

Ms. Valmay Barkey
Executive Director
Community Care Victoria County
202 - 189 Kent Street West
Lindsay, ON K9V 5G6
Telephone: (705)324-7323
Fax: (705)328-0607
ccuc@lindsaycomp.on.ca

Mr. Gavin Barnett
Program Consultant/Consultant en programmes
Health Promotion and Programs Branch (Ont.)/Direction générale de la promotion et des programmes de la santé (Ont.)
Health Canada/Santé Canada
238 Queen Street
Kingsville, ON N9Y 2B1
Telephone: (519)733-2021
Fax: (519)733-2066
Barnett@MBSI.net

Ms. Linda Barrett
Director
Northern Alberta Regional Geriatric Program
Glenrose Rehab Hospital
1259, 10230 - 111 Avenue
Edmonton, AB T5G 0B7
Telephone: (403)474-8844
Fax: (403)474-8846
Linda_Barrett@grhosp.ab.ca

Ms. Francine Beauregard
Manager/Gérante
Office of Public Affairs/Bureau des Affaires publiques
Division of Aging and Seniors/Division du vieillissement et des aînés
Health Canada/Santé Canada
Room 306, Trebla Buildling
Address Locator: 4203A
Ottawa, ON K1A 0K9
Telephone: (613)941-6811
Fax: (613)957-7627

Dr. Bernice Bell
Chair of the Board
L.O.V.E. (Let Older Volunteers Educate)
200 Hillsborough Street
Charlottetown, PE C1A 4W9
Telephone: (902)894-3782
Fax: (902)368-2239

Ms. Lynda Blach
Seniors Mechanism
112 - 2001 Cornwall Street
Regina, SK S4P 3X9
Telephone: (306)359-9956

Ms. Barbara Black
Vice-Chair
Steering Committee
Ontario Coalition of Senior Citizens' Organizations
25 Cecil Street, 3rd Floor
Toronto, ON M5T 1N1
Telephone: (416)979-7057
Fax: (416)979-5826

Ms. Barb Bond
Executive Director
NWT Seniors Society
Box 1564
Yellowknife, NT X1A 2P2
Telephone: (403)920-7444
Fax: (403)873-4318

Ms. Diane Bourgeau
Program Development Officer/Agente de développement de programmes
Division of Aging and Seniors/Division du vieillissement et des aînés
Health Canada, Santé Canada
Room 373, Trebla Building
Postal Locator: 4203A
Ottawa, ON K1A 0K9
Telephone: (613)957-2872
Fax: (613)957-1176

Mme Marie-Corinne Bourque
Conseillère en éducation des adultes
Aîné-e-s en Marche/Go Ahead Seniors Inc.
Bte 139, RR#1
Robichaud (NB) E0A 2S0
Téléphone : (506)577-2271
Télécopieur : (506)577-1905

Ms. Esther Braden
President
NWT Seniors Society
Box 1564
Yellowknife, NT X1A 2P2
Telephone: (403)920-7444
Fax: (403)873-4318

Ms. Olive Bryanton
Coordinator
P.E.I. Senior Citizens' Federation Inc.
P. O. Box 152
Charlottetown, PE C1A 7K4
Telephone: (902)628-8388
Fax: (902)892-1834
obryanto@peinet.pe.ca

Mr. John Buchanan
Creative Retirement Manitoba
307 - 366 Qu'Appelle Street
Winnipeg, MB R3C 1W9
Telephone: (204)943-7878
Fax: (204)957-7839

Ms. Pat Corbett

Policy Advisor/Conseillère des politiques

Office of Policy and Research/Bureau de la recherche et des politiques
Division of Aging and Seniors/Division du vieillissement et des aînés
Health Canada/Santé Canada
Room 326, Trebla Building
Address Locator: 952-8323
Ottawa, ON K1A 0K9
Telephone: (613)952-8323
Fax: (613)957-1176

Mr. John Cox
Manager/Gérant
Program Development and Management/Unité de la gestion et de l'élaboration de programmes
Division of Aging and Seniors/Division du vieillissement et des aînés
Health Canada/Santé Canada
Room 304, Trebla Building
Postal Locator: 4203A
Ottawa, ON K1A 0K9
Telephone: (613)957-2878
Fax: (613)957-7627

The Rev. Canon Sidney Davies
Nova Scotia Canadian Pensioners Concerned
325 Main Street
Kentville, NS B4N 1K5
Telephone: (902)678-7915
Fax: (902)679-5404

Mme Josée Desjardins
Coordonnatrice
Fédération des aînés franco-manitobains
383 - 212, boul. Provencher
St-Boniface (MB) R2H 0G9
Téléphone : (204)235-0607
Télécopieur : (204)233-1017

Ms. Norma Drummond
Outreach Coordinator
Self-Help Resource Centre (Greater Toronto)
219 - 40 Orchard View Blvd.
Toronto, ON M4R 1B9
Telephone: (416)487-4355
Fax: (416)487-0344
shrc@inforamp.net

Ms. Jeannine Dufault
Program Consultant/Consultante en programmes
Health Promotion and Programs Branch (Man./Sask.)/Direction générale de la promotion et des programmes de la santé (Man./Sask.)
Health Canada/Santé Canada
420 - 391 York Avenue
Winnipeg, MB R3C 0P4
Telephone: (204)983-7690
Fax: (204)983-8674

Dr. Joy Edwards
Public Health Research Scientist
Regional Public Health (Edmonton)
10216 - 124th Street
Edmonton, AB T5N 4A3
Telephone: (403)413-2756
Fax: (403)483-4194
jedward@cha.ab.ca

Mr. Jake Ens
Co-Chair
Isolation of Older Adults Project
Saskatoon Council on Aging
2 Sparling Crescent
Saskatoon, SK S7H 3M2
Telephone: (306)374-6698
Fax: (306)652-7525

Ms. Rhelda Evans
Chairperson, Caregivers Association of B.C.
Project Coordinator, Social Planning Council
Social Planning Council for North Okanagan
177 Parker Cove, R. R. #7
Vernon, BC V1T 7Z3
Telephone: (250)542-3536
Fax: (250)542-3536
lakeside@junction.net

Ms. Susan Fletcher
A/Assistant Deputy Minister/Sous-ministre adjointe intérimaire
Health Promotion and Programs Branch/Direction générale de la promotion et des programmes de la santé
Health Canada/Santé Canada
Room 540, Jeanne Mance Building
Address Locator: 1905 D3
Ottawa, ON K1A 0K9
Telephone: (613)954-8525
Fax: (613)954-8529
Susan_Fletcher@inet.hwc.ca

Ms. Nancy Garrard
A/Director/Directrice intérimaire
Division of Aging and Seniors/Division du vieillissement et des aînés
Health Canada/Santé Canada
Room 354, Trebla Building
Postal Locator: 4203A
Ottawa, ON K1A 0K9
Telephone: (613)954-8536
Fax: (613)957-7627

Ms. Shirley Genier
Vice Chairperson
Clearwater Seniors' Outreach Services
340 Dutch Lake Road
Box 2183
Clearwater, BC V0E 1N0
Telephone: (250)674-2706
Fax: (250)674-3284

M. Claude Gervais
Vice-président
Université du Troisième âge du nord-ouest (UTANO)
Suite 258, Bte 7
Grand-Sault (NB) E0J 1M0
Téléphone : (506)473-2961
Télécopieur : (506)737-5095

Mme Noëlla Goyet
Présentateur
240, rang St-Charles
St-Thomas de Joliette (QC) J0K 3L0
Téléphone : (514)759-5891
Télécopieur : (514)759-8266

Ms. Shannon Graves
Project Coordinator
Muskoka Network Against Elder Abuse
27 N. Deer Lake Road, G. B. CX1, R.R.#1
Port Sydney, ON P0B 1L0
Telephone: (705)385-3707
Fax: (705)385-0645

Ms. Gladi Gubitz
Volunteer Advocate
Jewish Support Services for the Elderly
5151, Côte-Sainte-Catherine Road, Suite 330
Montréal (QC) H3W 1M6
Telephone: (514)343-3795
Fax: (514)343-9983

Ms. Lynn Hawkins
Program Consultant/Consultante en programmes
Health Promotion and Programs Branch (Ont.)/Direction générale de la promotion et des programmes de la santé (Ont.)
Health Canada/Santé Canada
1547 Merivale Road
4th Floor, 6104D
Nepean, ON K1A 0L3
Telephone: (613)954-8019
Fax: (613)954-9612
Lynn_Hawkins@isdtcp3.hwc.ca

Mme Lise Hébert
Directrice générale
Fédération québécoise des sociétés Alzheimer du Québec
1474, rue Fleury est
Montréal (QC) H2C 1S1
Téléphone : (514)388-3148
Télécopieur : (514)381-3462

Ms. Brenda Higham
Age-Wise Coordinator
Alberta Association on Gerontology
1 - 21060 Township Road 540
Ardrossan, AB T8G 2A5
Telephone: (403)992-6202
Fax: (403)992-0192

Ms. Mary Hill
Social Work Professor
Isolated Seniors in Care Facilities
402 - 3788 West 8th Avenue
Vancouver, BC V6R 1Z3
Telephone: (604)224-3788

Mme Marguerite Hogue-Charlebois
Besoins spirituels des Aînés fragilisés
Association des animateurs et animatrices de la pastorale de la santé du Québec
433, boulevard Saint-Joseph ouest, app. 11
Outremont (QC) H2V 2P3
Téléphone : (514)948-3599
Télécopieur : (514)381-3462

Ms. Deana Johnson
Executive Director
Council on Aging, Windsor Essex County
1168 Drouillard Road
Windsor, ON N8Y 2R1
Telephone: (519)971-9217
Fax: (519)971-8789

Ms. Edith Johnston
Secretary
National Pensioners and Senior Citizens Federation
3033 Lakeshore Boulevard West
Toronto, ON M8V 1K5
Telephone: (519)474-0142
Fax: (519)474-1763

Dr. Jean Kozak
Director of Research
Sisters of Charity of Ottawa Health Service
43 Bruyère Street
Ottawa, ON K1N 5C8
Telephone: (613)562-6365
Fax: (613)562-6321
jkozak@scohs.on.ca

Mme Danielle Lavigne
Coordonnatrice
Centre d'action bénévole La Mosaïque
158, rue Charron
Lemoyne (QC) J4R 2K7
Téléphone : (514)465-1803
Télécopieur : (514)465-5440

Ms. Linda LeDuc
Director
Support Services/Education
Alzheimer Canada
201 - 1320 Yonge Street
Toronto, ON M4T 1X2
Telephone: (416)925-3552
Fax: (416)925-1649
alzca@istar.ca

Ms. Barbara Lewis
Project Co-ordinator
Canadian Association for Community Care
701 - 45 Rideau Street
Ottawa, ON K1N 5W8
Telephone: (613)241-7510
Fax: (613)241-5923
cacc@trytel.com

Ms. Maxine Lithwick
Coordinator of Services in Social Gerontology
CLSC René-Cassin/UIGS
5800, boulevard Cavendish, 2e étage
Montréal (QC) H4W 2T5
Telephone: (514)481-8550
Fax: (514)489-6675

Ms. Linda Lysne
Executive Director
Canadian Palliative Care Association
286 - 43 Bruyère Street
Ottawa, ON K1N 5C8
Telephone: (613)241-3663
Fax: (613)562-4226
llysne@schos.on.ca

Ms. Darlene MacDonald
Program Development Officer/Agente de développement de programmes
Program Development and Management/Unité de la gestion et de l'élaboration de programmes
Division of Aging and Seniors/Division du vieillissement et des aînés
Health Canada/Santé Canada
Room 368, Trebla Building
473 Albert Street
Ottawa, ON K1A 0K9
Telephone: (613)957-1254
Fax: (613)957-7627

Ms. Marie MacDonald
Membership Chair
St. James/Assiniboia Senior Centre Inc.
2109 Portage Avenue and Duffield
Winnipeg, MB R3J 0L3
Telephone: (204)987-8850
Fax: (204)987-8856

Ms. Linda MacLeod
MacLeod and Associates
150 Carlton Street
Ottawa, ON K1M 0G7
Telephone: (613)748-6101

Mr. Robert Matte
Program Development Officer/Agent de développement de programmes
Program Development and Management/Unité de la gestion et de l'élaboration de programmes
Division of Aging and Seniors/Division du vieillissement et des aînés
Health Canada/Santé Canada
Room 368, Trebla Building
473 Albert Street
Ottawa, ON K1A 0K9
Telephone: (613)957-1254
Fax: (613)957-7627

Ms. Merilyn McDonald
Social Worker
Canadian National Institute for the Blind
1705 McKercher Drive
Saskatoon, SK S7H 5N6
Telephone: (306)374-4545
Fax: (306)955-6224

Ms. Deirdre McEachern
Chair, Senior Peer Support Advisory Board of Westman
11 South Railway
P. O. Box 143
Strathclair, MB R0J 2C0
Telephone: (204)365-2050
Fax: (204)365-2071

Mr. Gordon McGregor
Program Consultant/Consultant en programmes
Health Promotion and Programs Branch (Man./Sask.)/Direction générale de la promotion et des programmes de la santé (Man./Sask.)
Health Canada/Santé Canada
420 - 391 York Avenue
Winnipeg, MB R3C 0P4
Telephone: (204)983-7690
Fax: (204)983-8674

Ms. Arlene Meldrum
Access for Seniors
13319 - 110A Avenue
Edmonton, AB T5M 2M6
Telephone: (403)455-9792
Fax: (403)474-8846

Mr. Peter Morin
Saskatchewan Seniors Mechanism
2802 Dewdney Avenue
Regina, SK S4T 0X7
Telephone: (306)352-5572
Fax: (306)761-2711

Reverend Bruce Mutch
President
Canadian Pensioners Concerned
28 Cowling Crescent
Ajax, ON L1S 2Z7
Telephone: (905)686-0083
Fax: (905)683-6280

Mme Jacqueline Myre
Présidente
Comité régional de coordination contre la violence envers les aîné(e)s en Estrie
Conseil régional de l'âge d'or de l'Estrie
75, rue Chartier
Sherbrooke (QC) J1J 3A9
Téléphone : (819)566-7748
Télécopieur : (819)566-7263

Ms. Sheila Norman
Representative
L.G.D. of Piney Community Resource Centre
Box 22
Piney, MB R0A 1K0
Telephone: (204)423-2278

Ms. Laura Norton
Researcher
National Indian and Inuit Community Health Representatives Organization (NIICHRO)
P. O. Box 1019
Kahnawake, QC J0L 1B0
Telephone: (514)632-0892
Fax: (514)632-2111
niichro@total.net

Ms. Linda O'Rourke
Executive Director
Canadian Association on Gerontology
500 - 1306 Wellington Street
Ottawa, ON K1Y 3B2
Telephone: (613)728-9437
Fax: (613)728-8913
cagacg@magi.com

Ms. Barbara Oleschuk
Program Consultant/Consultante en programmes
Health Promotion and Programs Branch (B.C./Yukon)/Direction générale de la promotion et des programmes de la santé (B.C./Yukon)
Health Canada/Santé Canada
440 - 757 West Hastings Street
Vancouver, BC V6C A1A
Telephone: (604)666-1747
Fax: (604)666-8986
Barbara_Oleschuk@isdtcp3.hwc.ca

Mr. John Oostenbrink
President
Abbotsford Healthy Aging
2420 Montrose Avenue
Abbotsford, BC V2S 3E4
Telephone: (604)859-7681
Fax: (604)854-1733

Ms. Jane Oram
Manager, N.S. District, Health Promotion
Health Promotion and Programs Branch (Atlantic)/Gérante, Région de Nouvelle-Écosse, Direction générale de la promotion et des programmes de la santé (Atl.)
Health Canada/Santé Canada
709 - 1557 Hollis Street
Halifax, NS B3J 3V4
Telephone: (902)426-2701
Fax: (902)426-9689
Jane_Oram@inet.hwc.ca

Ms. Catherine Pennell
Peer Advocate
Seniors Resource Centre
Seniors Peer Advocate Group
Box 1, Site 14, North West Road
Trepassey, NF A0A 4B0
Telephone: (709)438-2523
Fax: (709)438-2375

Ms. Juliette Pilon
Acting Chair
National Advisory Council on Aging
186 Albany
Sudbury, ON P3C 2Z5
Telephone: (705)674-8268
Fax: (705)671-2479

Ms. Louise Plouffe
Manager, Research/Gérante en recherche
Division of Aging and Seniors/Division du vieillisssement et des aînés
Health Canada/Santé Canada
Room 330, Trebla Building
Address Locator: 4203A
Ottawa, ON K1A 0K9
Telephone: (613)957-7627
Fax: (613)957-1703

Dr. Elizabeth Podnieks
Ontario Network for the Prevention of Elder Abuse
1102 - 47 St. Clair Avenue West
Toronto, ON M4V 3A5
Telephone: (416)925-7674
Fax: (416)925-7674

Mme Diane Poliquin
Consultante en programmes/Program Consultant
Direction générale de la promotion et des programmes de la santé (QC)/Health Promotion and Programs Branch (QC)
Santé Canada/Health Canada
Complexe Guy-Favreau
Tour est, bureau 212
200, ouest boul. René-Lévesque
Montréal (QC) H2Z 1X4
Téléphone : (514)283-7905
Télécopieur : (514)283-3309

Ms. Myrta Reyes
Immigrant Senior Project Coordinator
Age-Wise Immigrant Seniors Project
3rd Floor, 120 - 17 Avenue S.W.
Calgary, AB T2S 2T2
Telephone: (403)262-2006
Fax: (403)262-2033

Ms. Brenda Reynolds
Program Co-ordinator
Volunteers for Seniors
150 - 8400 Alexandra Road
Richmond, BC V6X 1C4
Telephone: (604)278-3361
Fax: (604)278-4713

Ms. Ellie Robson
Health Researcher
Regional Public Health (Edmonton)
10216 - 124 Street, Suite 500
Edmonton, AB T5N 4A3
Telephone: (403)413-7955
Fax: (403)483-4194

Ms. Irene Rose
Program Consultant/Consultante en programmes
Health Promotion and Programs Branch (Atl.)/Direction générale de la promotion et des programmes de la santé (Atl.)
Health Canada/Santé Canada
709 - 1557 Hollis Street
Halifax, NS B3J 3V4
Telephone: (902)426-1536
Fax: (902)426-9689
Irene_Rose@inet.hwc.ca

Mme Monique Roy
Consultante en programmes/Program Consultant
Direction générale de la promotion et des programmes de la santé (QC)/Health Promotion and Programs Branch (QC)
Santé Canada/Health Canada
Complexe Guy-Favreau
Tour est, bureau 212
200, ouest boul. René-Lévesque
Montréal (QC) H2Z 1X4
Téléphone : (514)283-1046
Télécopieur : (514)283-3309

Monsieur André Sarazin
Expert-conseil en résidence
Assemblée des aînées et aînés francophones du Canada
300 - 450, rue Rideau
Ottawa (ON) K1N 9P4
Téléphone : (613)562-8116
Télécopieur : (613)562-8117
sarazin@fox.nstn.ca

Ms. Corinne Schalm
Specialist
Standards and Measures Development
Alberta Health
24th Floor, 10025 Jasper Avenue
Edmonton, AB T5J 2N3
Telephone: (403)427-7128
Fax: (403)427-2511
schalc@mail.health.gov.ab.ca

Mr. Nirmal Singh Nanner
Co-ordinator
Multicultural Partners in Aging
Surrey Delta Immigration Services Society
1107 - 73300 137th
Surrey, BC V3W 1A3
Telephone: (604)597-0205
Fax: (604)597-4299

Ms. Marion Small
Facilitator, "Steady as You Go"
Regional Public Health
10911 - 118 Street
Edmonton, AB T5H 3P1
Telephone: (403)452-1317

Ms. Gladys Snow
President
Newfoundland and Labrador Pensioners and Senior Citizens Federation
40 Pond Road, P. O. Box 91
Rocky Harbour, NF A0K 4V0
Telephone: (709)458-2623

Mr. Chris Stewart
Executive Director
Seniors Advisory Council for the Region of Sudbury
37 - 43 Elm Street
Sudbury, ON P3C 1S4
Telephone: (705)671-1647
Fax: (705)671-2479

Ms. Anne Strickland
Executive Director
Canadian Association of Occupational Therapists
3400 CTTC - 1125 Colonel By Drive
Ottawa, ON K1S 5B6
Telephone: (613)523-2268, Ext. 224
Fax: (613)523-2552

Ms. Dody Strong
Project Coordinator
Campbell River Friendly Connections Outreach
427 - 10th Avenue
Campbell River, BC V9W 4E4
Telephone: (250)286-4585
Fax: (250)286-3254

Ms. Lettie Turner
Past President
Nova Scotia Division
Canadian Persioners Concerned
210 Glenforest Drive, Apt. #26
Halifax, NS B3M 1J1
Telephone: (902)443-4202
Fax: (902)455-1825

Ms. Helen Vennamen
Coordinator
AVATIL-Comitas Project
387, 40e avenue
Lachine (QC) H8T 2E7
Telephone: (514)634-8944
Fax: (514)634-2033

Ms. Lynne Waring
Program Manager/Gérante de programmes
Health Promotion and Programs Branch
(AB/NWT)/Direction générale de la promotion et des programmes de la santé (AB/T.-N.O.)
Health Canada/Santé Canada
Room 815, Canada Place
9700 Jasper Avenue
Edmonton, AB T5J 4C3
Telephone: (403)495-4432
Fax: (403)495-5537

Ms. Marjorie Willson
President
Saskatchewan Seniors Mechanism
Box 1131, 303 Henry Street
Moosomin, SK S0G 3N0
Telephone: (306)435-3044
Fax: (306)435-4985

Project Team:

Dr. Irving Rootman
Director
Centre for Health Promotion
University of Toronto
100 College Street, Suite 207
Toronto, ON M5G 1L5
Telephone: (416)978-1100
Fax: (416)971-1365
irv.rootman@utoronto.ca

Mr. Rick Wilson
22 Gentle Gate Crescent
Ottawa, ON K1T 1Z8
Telephone: (613)737-7894
Fax: (613)737-0346
arftru@fox.nstn.ca

Mr. Reg Warren
1484 Edgecliffe Avenue
Ottawa, ON K1Z 8G1
Telephone: (613)729-8548
Fax: (613)729-3827

Mr. Brian Bell
300 - 17 York Street
Ottawa, ON K1N 5S7
Telephone: (613)562-4886
Fax: (613)562-9706

Ms. Peggy Edwards
Facilitator
Chelsea Group Communications
26 Osborne Street
Ottawa, ON K1S 4Z9
Telephone: (613)730-0378
Fax: (613)730-0379
pedwards@cyberus.ca

Ms. Kathryn Joly
Meeting Coordinator
Abacus Services
Box 9000, 136 Mast Lane
R.R.#1
Dunrobin, ON K0A 1T0
Telephone: (613)832-2100
Fax: (613)832-3265
joly@fox.nstn.ca

Prepared on February 7, 1997
Préparé le 7 février 1997

Appendix C
Annexe C

List of Advisory Committee Members
Liste des membres du Comité consultatif

Chairperson/Président

Dr. Irving Rootman
Centre for Health Promotion
University of Toronto

Members/Membres

Dr. Victor Marshall
Centre for Aging
University of Toronto

Regional Offices, Health Canada
Bureau régionaux, Santé Canada
(6 regions/6 régions)

Ms. Lillian Baaske
Health Promotion & Programs Branch
BC/Yukon Regional Office
Health Canada

Ms. Lynne Waring
Health Promotion & Programs Branch
Alberta/NWT Regional Office
Health Canada

Ms. Jeannine Dufault
Health Promotion & Programs Branch
Manitoba/Saskatchewan Regional Office
Health Canada

Ms. Lynn Hawkins
Health Promotion & Programs Branch
Ontario Regional Office
Health Canada

Mme Diane Poliquin
Direction générale de la promotion de la santé
(Québec)
Santé Canada

Ms. Irene Rose
Health Promotion & Programs Branch
Atlantic Regional Office
Health Canada

National Seniors Organizations (2)
Organismes nationaux des aînés

Mr. Andrew Aitkens
One Voice Seniors Network Inc.

Ms. Linda O'Rourke
Canadian Association on Gerontology
Reverend Bruce Mutch
President, Canadian Pensioners Concerned
National Office

Division of Aging and Seniors, Health Canada/Division du vieillissement et des aînés, Santé Canada

Mr. John Cox
Division of Aging and Seniors
Population Health Directorate
Health Canada

Ms. Nancy Garrard
Division of Aging and Seniors
Population Health Directorate
Health Canada

Appendix D
Annexe D

Profiles of Guest Speakers
Coordonnées des conférenciers invités

Guest Speakers
Conférenciers invités

Experience in Action: A National Forum for Healthy Aging
Expérience en action : Forum national pour un vieillissement en santé

Many of you will know **Susan Fletcher** as the Director of the Division of Aging and Seniors in Health Canada. In that capacity, Susan has managed and directed the research, policy, program development and communications projects of the only office dedicated to aging and seniors' issues within the federal government. Currently, Ms. Fletcher is serving as Acting Assistant Deputy Minister of the Health Promotion and Programs Branch. She was Executive Director of the National Advisory Council on Aging from 1987 to 1994 and Senior Consultant on Aging for Health and Welfare Canada from 1983 to 1987. Ms. Fletcher has authored or co-authored several publications on the demographics and social policy implications of aging in Canada.

Ms. Nancy Garrard is responsible for managing a variety of initiatives related to the issue of seniors and medication use within Health Canada. In addition, she is responsible for strategic planning, evaluation and management services in the Division of Aging and Seniors. She is currently Acting Director of the Division of Aging and Seniors. Prior to appointment to her present position, Ms. Garrard has held a variety of policy positions in the field of health and social policy within the federal government.

Plusieurs d'entre vous connaissent **Susan Fletcher** comme directrice de la Division du vieillissement et des aînés à Santé Canada. À ce titre, elle administre et dirige la recherche, les politiques, l'élaboration de programmes et de projets de communication du seul organisme voué aux questions touchant les aînés et le vieillissement au gouvernement fédéral. M^{me} Fletcher occupe actuellement le poste de sous-ministre adjoint par intérim à la Direction générale de la promotion et des programmes de santé. Elle a été directrice exécutive du Conseil consultatif national sur le troisième âge de 1987 à 1994 et experte-conseil principale sur le vieillissement à Santé et Bien-être social Canada de 1983 à 1987. M^{me} Fletcher est auteure ou co-auteure de plusieurs publications sur la démographie et les implications de la politique sociale sur le vieillissement au Canada.

Mme Nancy Garrard assume la responsabilité de la gestion de diverses initiatives relatives aux problèmes des aînés et à l'usage des médicaments à Santé Canada. Elle assume de plus la responsabilité de la planification stratégique, de l'évaluation et des services de gestion à la Division du vieillissement et des aînés. Elle occupe actuellement le poste de directrice par intérim de cette Division. Avant sa récente nomination, M^{me} Garrard a occupé plusieurs postes dans le secteur de la santé et des politiques sociales au sein du gouvernement fédéral.

Ms. Noëlla Goyet has retired from the para-public sector. After starting out in the teaching profession and working with youth movements, Ms. Goyet then chose to get involved in social and community activities. Her choice was a career in administration, which she has pursued for the past 25 years. She started out as the General Manager of the Lanaudière Social Development Council, and then became a Project Team Leader with the Québec Ministry of Health and Social Services. Following that, Ms. Goyet became Program Director with the Regional Health and Social Services Council for the Laurentides and Lanaudière Regions and finally, General Director of the Maisonnée Laurendière. She has just concluded her career as a management consultant, but remains active as a volunteer. She is the head of two drop-in centres.

M^me^ Noëlla Goyet est retraitée du secteur para-public. Après avoir oeuvré dans l'enseignement et dans les mouvements de jeunesse, madame Goyet a opté pour l'intervention sociale et communautaire, avant de choisir le domaine de l'administration dans lequel elle fait carrière depuis 25 ans. D'abord directrice générale du Conseil de développement social de Lanaudière, puis chargée de projet au ministère de la Santé et des Services sociaux, elle est ensuite devenue directrice des programmes au Conseil régional de la santé et des services sociaux de la région des Laurentides et de Lanaudière et enfin directrice générale de la Maisonnée Laurendière. Elle vient de terminer sa carrière à titre de consultante en gestion mais continue son action dans le bénévolat comme présidente de deux centres d'accueil.

Ms. Mary Hill is a professor emerita at the University of British Columbia School of Social Work. She is a founding member of the Vancouver Cross-Cultural Seniors Network and a former B.C. member of the National Advisory Council on Aging. Ms. Hill is currently involved in three New Horizons projects, including an initiative studying the needs of isolated seniors in care facilities.

M^me^ Mary Hill est professeure émérite à l'École de travail social de l'Université de la Colombie-Britannique. Elle est un des membres fondateurs du Réseau interculturel des aînés de Vancouver et ancien membre pour la C.-B. du Conseil national consultatif sur le troisième âge. M^me^ Hill participe actuellement à trois projets de Nouveaux Horizons, dont une initiative visant à étudier les besoins des aînés isolés dans les établissements de soins.

Ms. Linda Lysne is currently the Executive Director of the Canadian Palliative Care Association (CPCA), a national not-for-profit organization with over 2,000 grass roots members across the country. CPCA is active in supporting palliative care education, research, public awareness and advocacy. Ms. Lysne has worked as a social worker and teacher and has served as a volunteer in a community-based hospice centre. Prior to accepting her position with the CPCA, Ms. Lysne was on the staff of VON Canada.

M^me^ Linda Lysne occupe actuellement le poste de directrice administrative de l'Association canadienne des soins palliatifs (ACSP), un organisme national sans but lucratif comptant 2000 membres à la base situés partout au pays. L'ACSP favorise activement l'éducation, la recherche, la sensibilisation et l'intervention en matière de soins palliatifs. M^me^ Lysne a travaillé à titre de travailleuse sociale, d'enseignante et de bénévole dans un hospice communautaire. Avant d'accepter son poste à l'ACSP, M^me^ Lysne faisait partie de l'Ordre des infirmières de Victoria (VON).

Ms. Linda MacLeod has been a private consultant for the last 10 years, working on broad-based wellness and social justice issues. In doing so, she has helped to forge links between community groups, academics and institutions. Prior to starting her own business, Ms. MacLeod worked for Health and Welfare Canada and the office of the Solicitor General. Currently she is conducting a review of 96 projects for seniors funded by Health Canada to determine what these projects teach us in terms of health promotion strategies and the determinants of health.

M^{me} Linda MacLeod est conseillère privée depuis les dix dernières années et aborde les questions globales de bien-être et de justice sociale. Ce faisant, elle a contribué à l'établissement de liens entre des groupes communautaires, des professeurs et des institutions. Avant de lancer sa propre entreprise, M^{me} MacLeod a travaillé à Santé et Bien-être social Canada et au bureau du Solliciteur général. Elle est maintenant responsable de l'examen des projets de 1996 destinés aux aînés et qui ont reçu l'appui financier de Santé Canada pour déterminer les leçons que l'on peut en tirer sur le plan des stratégies de promotion de santé et des déterminants de la santé.

Mrs. Juliette Pilon of Sudbury, Ontario, was appointed to the National Advisory Council on Aging (NACA) for a three-year term on August 3, 1994. Mrs. Pilon brings to the Council an impressive record of involvement with seniors at the community level and with organizations interested in aging. Formerly, she was Regional President of the Fédération des aînés francophones de l'Ontario, President of the Seniors Advisory Council for the Regional Municipality of Sudbury, President of the Superannuated Teachers of Ontario and a member of the Board of Directors of Laurentian Hospital. She is currently associated with the Older Adult Centres Association of Ontario. Mrs. Pilon holds a Bachelor degree in Arts and one in Education from Laurentian Univeristy in Sudbury. In Toronto, she was decorated with the Citizenship Medal on June 20, 1995, for the services that she delivered to the community.

M^{me} Juliette Pilon, de Sudbury en Ontario, a été nommée au Conseil consultatif national sur le troisième âge (CCNTA) pour un mandat de trois ans le 3 août 1994. M^{me} Pilon apporte au Conseil un dossier impressionnant d'implication auprès des aînés au niveau communautaire et chez les organismes qui s'intéressent au vieillissement. Elle a été présidente régionale de la Fédération des aînés francophones de l'Ontario, présidente du Conseil consultatif des aînés pour la municipalité régionale de Sudbury, présidente des Enseignants retraités de l'Ontario et membre du Conseil d'administration de l'Hôpital Laurentien. Elle est actuellement associée à l'Association des centres pour adultes de l'Ontario. M^{me} Pilon possède un baccalauréat en arts et un autre en enseignement obtenus à l'Université Laurentienne de Sudbury. À Toronto, elle a reçu la médaille de citoyenneté le 20 juin 1995 pour les services rendus à la collectivité.

Dr. Louise Plouffe has been working in the field of gerontology for several years. After obtaining her doctorate in Psychology at the University of Ottawa in 1983, where she completed a thesis on memory and aging, she worked as a teacher and researcher in gerontology at Carleton University in Ottawa for one year and at the Université du Québec in Hull for five years. Hired as a policy analyst by the National Advisory Council on Aging in 1989, Dr. Plouffe currently occupies the position of Research Manager in the Division of Aging and Seniors at Health Canada. In addition, Dr. Plouffe has taught courses on the Psychology of Aging at the University of Ottawa and gives seminars to the public on issues related to aging.

Dr. Irving Rootman is a world-renowned scholar in the field of health promotion and is Director of the Centre for Health Promotion, University of Toronto. Dr. Rootman developed Canada's and the world's first National Health Promotion Survey. He has established the Centre as a collaborating centre for the World Health Organization and last summer, held a symposium on the effectiveness of health promotion. He is the Principal Investigator for a number of national, international and provincial projects.

Madame Louise Plouffe, Ph.D. oeuvre dans le domaine de la gérontologie depuis plusieurs années. Après l'obtention de son doctorat en psychologie à l'Université d'Ottawa en 1983, où elle a complété une thèse portant sur la mémoire et le vieillissement, elle a travaillé comme professeur et chercheur en gérontologie à l'Université Carleton pendant un an et à l'Université du Québec à Hull pendant cinq ans. Engagée par le Conseil consultatif national sur le troisième âge comme analyste de politiques en 1989, elle occupe actuellement le poste de gestionnaire de recherche à la Division du vieillissement et des aînés au ministère fédéral de la Santé. De plus, M^{me} Plouffe a enseigné à l'Université d'Ottawa (Psychologie du vieillissement) et donne des conférences sur différents aspects du vieillissement.

M. Irving Rootman, Ph.D. est un chercheur de renommée mondiale dans le secteur de la promotion de la santé et directeur du Centre de promotion de la santé à l'Université de Toronto. M. Rootman a organisé le premier sondage national au Canada et dans le monde sur la promotion de la santé. Il a fondé le Centre comme lieu de collaboration pour l'Organisation mondiale de la santé, et le printemps dernier, il a organisé un symposium sur l'efficacité de la promotion de la santé. Il est chercheur principal pour bon nombre de projets nationaux, internationaux et provinciaux.