

Workshop on Healthy Aging

November 28-30, 2001

Part II: Seniors and Diabetes

*Our mission is to help the people of Canada
maintain and improve their health.*

Health Canada

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Cat.: H39-612/2002-2E

ISBN: 0-662-31953-2

Ce rapport est disponible en français sous le titre : *Atelier sur le vieillissement en santé.
Partie II : Le diabète et les aînés.*

Contents

	Page
Foreword	1
1. Introduction	4
1.1 Background and Objectives	4
1.2 Participants and Process	4
2. Overview on Seniors and Diabetes	4
2.1 Seniors and Diabetes: A Canadian Perspective	4
2.2 Canadian Diabetes Association	5
2.3 Gap Analysis of Information and Programs and Prevention of Type 2 Diabetes Among Older Persons in Canada	6
2.4 The Canadian Diabetes Strategy: An Overview	6
3. Suggested Strategies for Seniors and Diabetes	7
3.1 Summary Chart of Strategies: A Senior-specific Plan on Diabetes	7
4. Putting It All Together	8
4.1 Underlying Themes and Synergies	8
4.2 Challenges and Solutions for Increasing the Involvement of Seniors Organizations	9
5. Conclusion	9
Appendix A: Small Group Work – Suggested Strategies	10
A.1 Group 1	10
A.2 Group 2	11
A.3 Group 3	13
A.4 Group 4	14

Foreword

In November 2001, Health Canada's Division of Aging and Seniors convened experts, non-governmental stakeholders and governmental representatives to a *Workshop on Healthy Aging*. The first part of the workshop, whose findings are available in a companion report, examined how key personal health practices contributed to healthy aging. The second segment of the workshop focussed on *Diabetes and Seniors*, and is the object of this report. A discussion of diabetes in a workshop on healthy aging is not surprising, considering the significance of the issue among older adults and the potential of controlling diabetes through healthy behaviours.

Over two and a half million Canadians are estimated to have diabetes, and seniors are one of the two populations most at risk of having the disease along with Aboriginal people. Type 2 diabetes (or adult-onset diabetes) is one of the most common chronic diseases affecting older Canadians. Approximately 10 percent of Canadian seniors have been diagnosed with diabetes, and it is estimated that an equivalent number have undiagnosed diabetes. The proportion of Canadians with diabetes increases significantly with age; for example, it is estimated that up to a quarter of Canadians aged 85 or older have diabetes, compared to 3 percent of adults aged 35 to 64. As well as the disease itself, the long-term complications of diabetes are serious among the senior population; for example, the rate of hospitalization of seniors with diabetes is 70 percent higher than for other seniors, and seniors with diabetes are twice as likely to have a cerebrovascular accident or myocardial infarction and fifteen times more likely to suffer amputation.

As could be expected, diabetes is a growing concern in the context of an aging population, and notably the rapid rise in the population of older seniors. In fact, it is estimated that the prevalence of seniors with diagnosed diabetes will increase by 44 percent over the next two decades. But this is not simply a consequence of the growth of the seniors population. This is also due in part to an increase in society of certain key risk factors associated with diabetes. Physical inactivity and unhealthy eating, leading to obesity, play a major role in the onset and progression of type 2 diabetes. As more and more Canadian adults are obese or inactive, more and more older adults are at risk of being diagnosed with diabetes in later life.

On the flip side, the onset of type 2 diabetes can be prevented or delayed through a healthy lifestyle, and persons diagnosed with diabetes can enjoy active and independent lives if they carefully manage their disease. Canadians of all ages can prevent or control diabetes, and prevent or delay the complications associated with diabetes such as heart disease, by adopting healthy lifestyles – for example, by learning more about diabetes, planning their meals, being physically active, maintaining a healthy weight and learning to reduce stress. Hence, healthy aging and the prevention and control of diabetes go hand in hand.

Health Canada describes “healthy aging” as:

A lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions.

Healthy aging considers the full range of determinants of health instead of concentrating on individual risk factors. Some of the most important contributors to healthy aging are personal health practices. Evidence shows that lifestyle becomes more important to health as people age, that healthy lifestyles can prevent or delay chronic diseases, and that older adults of all ages have the potential to improve their health and well-being through behaviour change. As well, lifestyle changes that reduce the risk of one disease will also reduce the risk or delay the onset of other diseases.

Health Canada has been active in the area of healthy aging since 1972, with the introduction of the New Horizons program. In the late 1990s, there was a need for renewed action and more focussed efforts. Health Canada's Division of Aging and Seniors undertook a series of internal studies and investigations to set priorities in the area of healthy aging. Working with issue specialists across Health Canada, the Division came to identify four key determinants that had the greatest potential for furthering healthy aging: healthy eating, injury prevention, physical activity, and smoking cessation. The Division of Aging and Seniors then sought to solicit the advice of experts and stakeholders on the development of an action plan on healthy aging, with a specific focus on the four areas noted above. In light of the link between healthy aging and the prevention and control of diabetes, notably in the areas of nutrition and physical activity, the Division decided to capitalize on the presence of key stakeholders and organize a follow-up event dealing solely with diabetes. An expanded, three-day Workshop on Healthy Aging was thus organized in November 2001.

During the first 1½ days, key stakeholders were convened to the *Workshop on Healthy Aging: Aging and Health Practices* featuring expert presentations and group discussions on physical activity, nutrition, smoking cessation and injury prevention. Prior to the workshop, participants were provided with background papers on the four issues as viewed through a healthy aging lens. Through their discussions, workshop participants developed a series of recommendations for action on healthy aging, identifying strategic directions, objectives and potential partners. The report from the *Workshop on Healthy Aging: Aging and Health Practices*, and the four background papers (revised with participant comments) are available as companion pieces to this report.

At the conclusion of this first part, key stakeholders were invited to attend the *Workshop on Healthy Aging: Seniors and Diabetes*. Of note, almost all participants in the workshop on diabetes also attended the workshop on health practices and benefited from the discussions of previous days. During the next 1½ days, participants built on the existing knowledge base on healthy aging – specifically physical activity and nutrition – to identify type 2 diabetes prevention strategies for seniors. After presentations on key facts about diabetes and notable diabetes initiatives, participants worked in small groups to identify potential strategies for action in diabetes prevention, and discussed together ways to increase the involvement of the seniors sector in initiatives and community projects addressing diabetes among seniors.

Health Canada is committed to continuing its work in the area of healthy aging, building on its experience and successes over the past thirty years. As it moves forward, Health Canada will be able to base its policy and program development on a stronger conceptual foundation, and place the greater emphasis on the four cornerstone issues of: physical activity, healthy eating, smoking

cessation, and the prevention of falls and injuries. The guidance provided by the *Workshop on Healthy Aging: Aging and Health Practices* will be significant in framing the development of new Health Canada initiatives and interventions to improve the health and quality of life of older Canadians by promoting key personal health practices and creating environments that support healthy behaviours. Summaries of presentations and the results from discussions constitute the main elements of this report.

Through the *Workshop on Healthy Aging: Diabetes and Seniors*, Health Canada and the Division of Aging and Seniors received significant guidance on strategic directions for the development of a workplan that addresses diabetes prevention strategies among at-risk seniors and seniors with type 2 diabetes. The workshop also provided opportunities for participants to develop new linkages and partnerships with other stakeholders, and to integrate the knowledge and lessons learned from workshop discussions in their current activities or future projects. The *Workshop on Healthy Aging: Diabetes and Seniors* should contribute to the development, both by the federal government and non-governmental sector, of new community-based diabetes initiatives for seniors, featuring greater involvement of the seniors sector. Through the promotion of healthy aging and healthy personal practices such as healthy eating and physical activity, government and stakeholders can work together to foster the prevention and control of type 2 diabetes among seniors, thus enhancing the health and quality of life of older Canadians.

1. Introduction

1.1 Background and Objectives

From November 28 to 30, 2001, the Division of Aging and Seniors, Population and Public Health Branch, Health Canada hosted, in Ottawa, a two-part workshop on Healthy Aging. This is the report of *Part II: Diabetes and Seniors*. This one and one-half day session built on the presentations and discussions from Part I, on *Aging and Health Practices*. The objectives of this workshop were to:

- seek advice and input on the development of senior-specific strategic directions for the Canadian Diabetes Strategy;
- discuss and promote ways in which stakeholders can become more actively involved in the Prevention and Promotion component of the Canadian Diabetes Strategy.

1.2 Participants and Process

Eighteen people who had attended *Part I: Aging and Health Practices* of the Workshop on Healthy Aging remained for *Part II: Diabetes and Seniors*.

Before the workshop, three background papers on diabetes and seniors had been distributed to participants. They were:

1. *Seniors and Diabetes: A Canadian Perspective*
2. *Gap Analysis of Information and Programs on Prevention of Type 2 Diabetes Among Older Persons in Canada*
3. *The Canadian Diabetes Strategy: An Overview.*

During the workshop, an interactive process involving presentations, plenary discussions and small group work was used. Detailed notes from the small group work on suggested strategies are contained in Appendix A. A summary chart of all suggested strategies is found in Section 3 of this report.

2. Overview on Seniors and Diabetes

2.1 Seniors and Diabetes: A Canadian Perspective

Lisa Lacroix of the Division of Aging and Seniors, Health Canada, summarized the paper entitled “Seniors and Diabetes: A Canadian Perspective” written by Joan Canavan. Some of the key points follow:

- Type 2 diabetes is one of the most common chronic diseases affecting older people today and the prevalence of diabetes increases with age.
- The prevalence of diabetes in older Canadians is projected to increase 44% in the next 20 years.

- Seniors who are at risk include those who are overweight, have family members with diabetes, are Aboriginal, African-Canadian, Hispanic, Asian or Pacific Island Canadian or had diabetes during pregnancy.
- Long-term complications of diabetes include blindness, kidney disease, gangrene and amputation.
- Diet is an important factor in managing, controlling and preventing diabetes.
- Dietary guidelines are often hard for older people to follow due to the high cost of foods and lack of knowledge about dietary guidelines.
- Exercise is beneficial for older people with type 2 diabetes but it can have a negative impact by increasing the risk of complications. Seniors with diabetes should consult with a physician before taking on an exercise regime.
- Early diagnosis and treatment are crucial to reducing increased complications and deaths linked with diabetes among seniors.
- Future initiatives need to take a holistic, multidisciplinary approach for the management of seniors with diabetes.
- Intervention strategies include aggressive diabetes screening, educating the public and raising awareness about the seriousness of the disease.
- Other key strategies include advocating for environments that support healthy lifestyles, increasing awareness of symptoms and monitoring the effects of diabetes through data collection systems.
- Critical needs for seniors and their families include recognition by family physicians that diabetes is a serious condition among seniors, improvements in health care for seniors with diabetes, availability of multilingual and multicultural education, symptom recognition, access to exercise programs for seniors and caregiver support.

Canada needs an agenda for action on seniors and diabetes. This agenda must involve commitment from individuals, communities, health districts and provincial, territorial and federal governments. Ms. Lacroix ended her presentation by reminding participants that their advice, expertise and commitment is essential to developing a senior-specific plan for diabetes.

2.2 Canadian Diabetes Association

Lorna E. Warwick of the Canadian Diabetes Association (CDA) gave an overview of the association and current projects and initiatives.

CDA's mission is: "To promote the health of Canadians through diabetes research, education, service and advocacy."

CDA's vision for 2005 is: "by 2005, to be pivotal in preventing the onset and reducing the burden of diabetes in Canada and be publicly recognized for its role. Through our network of members, volunteers, health care professionals, partners and staff, we will interact with every community, achieving quality relationships with two million of the people in Canada affected by diabetes."

Some of the major foci of the CDA include:

- increasing public recognition that diabetes is a critical health issue

- increasing awareness about diabetes and its prevalence to target groups
- establishing quality relationships with two million Canadians affected by diabetes.

2.3 Gap Analysis of Information and Programs and Prevention of Type 2 Diabetes Among Older Persons in Canada

Barbara Black, President of Canadian Pensioners Concerned (CPC), gave a presentation on a gap analysis produced by CPC. She began by giving a brief history of the CPC and why it undertook a diabetes study. The organization wanted to understand the problem of diabetes and do something positive about it.

The overall goal of the study was to increase the knowledge and understanding of the prevention of type 2 diabetes among older Canadians with the following objectives:

- establishing a core stakeholders' group to direct activities
- undertaking a gap analysis of type 2 diabetes information and programs
- making recommendations based on findings from the two preceding objectives.

The challenges and barriers encountered along the way led CPC to develop a detailed list of recommendations and a tool kit.

A full analysis of available material was conducted and all sources were scrutinized for senior-sensitive material. The study concluded that there is an abundance of material of a general nature but little information and programs for those at risk. There is also a need to adapt available information for seniors, as well as a gap in information for newly diagnosed persons and a lack of diabetes education centres. Older persons should be active participants in developing and promoting awareness programs.

The group began developing a template for a toolkit whose content would be adaptable for different target audiences. The recommendations that came from challenges encountered were grouped under five strategic directions for discussion purposes.

2.4 The Canadian Diabetes Strategy: An Overview

Dr. Clarence Clotney of the Diabetes Division, Health Canada, provided an overview of the federal Canadian Diabetes Strategy (CDS) and discussed national monitoring of diabetes control efforts. Some of the areas of particular interest to seniors include:

- indicators of optimal physical activity, nutrition and body weight
- level of public awareness and knowledge
- access to standard diabetes care and health services.

3. Suggested Strategies for Seniors and Diabetes

Detailed notes from the small group work on suggested strategies are contained in Appendix A. The following chart summarizes all of the suggested strategies for action developed by the small groups under key strategic directions.

3.1 Summary Chart of Strategies: A Senior-specific Plan on Diabetes

Awareness/Education	Enabling Environments	Best Practices	Research
<p>Human-interest stories on “living with diabetes” by and for seniors</p> <p>Tailor “early warning signs” and make them more visible to seniors</p> <p>Develop and promote clear and consistent messages related to weight, healthy aging and diabetes</p> <p>Develop and promote messages related to motivation for change at each stage (Transtheoretical Model)</p> <p>Produce and perform an interactive play on diabetes and seniors</p> <p>Develop a training manual</p> <p>Conference on seniors and diabetes</p> <p>Produce diabetic exchange guide for seniors (large print,</p>	<p>Influence hotels, restaurants, transportation and conferences to offer healthy food choices for diabetics</p> <p>Government of Canada policy to offer healthy food choices for diabetics at all events</p> <p>Strengthen connections between diabetes groups and active living groups (e.g. community walking clubs)</p> <p>Develop post-diagnosis information packages for seniors</p> <p>Provide health professionals with a focused interpretation of Canada’s Food Guide</p> <p>Convene meeting with Canadian Medical Association and seniors’ groups to promote physician counselling on diabetes and self-care</p> <p>Provide screening</p>	<p>Compile a database of best practices and what is available across the country, share this information</p> <p>Establish support/self-help groups for seniors with diabetes and caregivers; set up a referral program for physicians to use</p> <p>Work on multiple issues in community programs (e.g. free meals and transportation and info on diabetes), combat isolation, misinformation, food access, at same time</p> <p>Build on ALCOA train-the-trainer model for use with seniors age 75+ and in rural or remote areas and in nursing homes</p>	<p>Determine senior standards for healthy weights and nutrient requirements</p> <p>Learn more about the interaction between diabetes and physical activity and seniors</p> <p>Develop and test pre-screening tool to identify high-risk population to refer them to screening</p> <p>Conduct research as part of the extended ALCOA model (e.g. cognitive changes and diabetes, role of stress management)</p>

Awareness/Education	Enabling Environments	Best Practices	Research
clear language, relevant examples) Develop and disseminate culturally appropriate resources for ethnic communities	(clinics or family physicians) for Canadians at risk Needs assessment with 10 ethnic seniors communities (include health professionals)		

4. Putting It All Together

4.1 Underlying Themes and Synergies

The workshop ended with a session in which participants were asked to look at underlying themes and synergies between ideas that resurfaced over the three-day workshop. The following were offered as underlying themes:

- Involve seniors in a meaningful and fundamental way in the entire process and at all levels.
- Initiatives cannot be a “top-down” but need to come from the community. Build in necessary and sustainable funding for community development.
- “Go big and appropriate to the community, or go home.”
- Translate what is known into clear language and culturally appropriate examples so it is easily available to front-line people.
- More senior-friendly resources are needed.
- Synthesize and combine research and networks that already exist and take immediate action. There is no reason to “reinvent the wheel.”
- Address ageism.
- Nobody should be stigmatized for “bad” behaviours or conditions. Using humour more may help.
- Information should be culturally appropriate and take into consideration the diversity of the senior population. Effective strategies need to be geared to specific target groups.
- Share best practices.

The following synergies were suggested:

- All aging topics discussed in the last three days are closely related and intermeshed.
- All healthy aging concepts apply to diabetes prevention and management.
- Bringing in diverse groups to workshops such as this one is a useful way to create synergy.

- Health Canada has a key role in disseminating information to national seniors organizations and the public.

4.2 Challenges and Solutions for Increasing the Involvement of Seniors Organizations

The following challenges (barriers) and possible solutions for increasing the involvement of seniors organizations in national diabetes projects were suggested:

- Non-governmental organizations (NGOs) that are not national may not know they may still apply for grants. They need to be informed that the application must be national in scope and not necessarily involve only the organization.
- There are financial barriers for voluntary organizations when applying for funding grants. Proposal writing can be very expensive if you have to hire a proposal writer.
- Many organizations need help to write specific proposals. There was concern around organizations' ability to write proposals and their ability to understand requests for proposals.
- The information does not always reach community groups. The government could create a network in which all seniors organizations could be informed when requests for proposals go out.
- The short period of time from hearing about a proposal to when it has to be submitted is often a barrier.
- Were all of the NGOs given requests for proposals? Perhaps some were forgotten.
- One solution might be to bring back the New Horizons Program.
- Organizations are not aware that they can apply for funding without a Revenue Canada Charitable Status number if they partner with a group that has such status.
- There is a need to demystify the proposal experience. Requests for proposals should be written without a lot of jargon.
- Many NGOs have difficulties designing an evaluation plan and they cannot afford to hire external groups to do the evaluation. The government should set up evaluation workshops at the community level and help pair universities and community groups.

5. Conclusion

Nancy Garrard, Director of Health Canada's Division of Aging and Seniors, gave concluding remarks for the workshop. She congratulated and thanked the participants for the high quality of knowledge, expertise and wisdom that had been contributed over the three days. The synergies and interrelationship of the issues, the risk factors and the partners gathered at the workshop are extremely important to understanding healthy aging. Coming together in a national forum enables reflection on complex issues. She recognized the importance of the message that seniors and front-line workers be involved in all stages.

She finished by acknowledging all those who participated and thanking the facilitators and the team from Health Canada who organized the workshop.

Appendix A: Small Group Work – Suggested Strategies

In the small group sessions, participants were asked to suggest five priority activities for a senior-specific plan to prevent diabetes or the further complications of diabetes.

A.1 Group 1

Priority: Collect and write human-interest stories under theme of “living with diabetes.” Gather stories from people across Canada and prepare them in various formats (written texts, video, CD) for dissemination through the media, such as magazines like *Canadian Living*, or even for nurses and homecare workers to take to seniors’ homes on video. The stories could be testimonials, tips, tricks and strategies for coping with diabetes, and would be popularized by focusing more on human interest than science. They could cover everything from first-hand stories about early warning signs and symptoms to coping with difficulties of modern travel as a diabetic.

Objective: to raise awareness of prevention and coping mechanisms among diabetics and others.

Partners: seniors organizations (national and provincial), Victorian Order of Nurses, Inuit nurses, Canadian Diabetes Association, media, professional associations.

Activity: Improve promotion of current list of early warning signs of diabetes. This could be accomplished by tailoring it more toward specific audiences, such as seniors and others, presenting it in formats that are easier to give away (e.g. fridge magnets), and placing it in high-visibility public areas (e.g. on buses, in bus shelters) or making it available in places with a link to the issue of diabetes (e.g. pharmacies, optometrists, seniors’ conferences).

Objective: to raise early awareness of warning signs, and therefore to assist in early detection of diabetes.

Partners: Shoppers Drug Mart, pharmacists, pharmacies, optometrists, Canadian Association on Gerontology, Canadian Health Network, Canadian Diabetes Association, national and provincial seniors organizations, Web sites.

Priority: Influence hotels, restaurants, trains, planes, conferences, etc., to offer healthy food choices for diabetics. Launch a Government of Canada policy to offer healthy meals at all events; if hotel cannot accommodate, then go somewhere else. There is a need to think more about who to approach to achieve this over broader range.

Objective: to make it easier for diabetics to manage their diabetes.

Partners: Canadian Diabetes Association, Heart and Stroke Foundation, Conference Board of Canada.

Other priority areas:

- Screening: assess costs, ethical concerns, logistics and other factors.

- Education: examine ways to raise awareness of early warning signs, prevention, coping mechanisms, etc. – include children, who can influence family behaviour.
- Gaps in post-diagnosis service: develop information packages, create model for training trainers, develop self-help groups.
- Physical activity: promote physical activity among seniors (e.g. by strengthening connection between diabetes association and community walking clubs).
- Food security: ensuring access to healthy foods by all parts of society.
- Smoking cessation among seniors.

A.2 Group 2

Priority: Identify best practices. What are the provinces doing? What is working? What can be transferred across provinces/communities to make national campaigns? Produce a resource database with the results.

Goals:

- to share successful solutions and programs across Canada
- identify effective practices and programs
- identify barriers to programming (e.g. financial, access in rural communities).

Outcome: Produce and compile models that be applied in various situations (e.g. geographic, age, ability, modes of presentation). Complete a database on where this information is available across the country.

Potential players (leads/partners): National Advisory Council on Aging, Canadian Pensioners Concerned, Canadian Public Health Association.

Priority: Research and policy on nutrition.

- Revise *Canada's Food Guide to Healthy Eating* specifically for seniors.
- Determine seniors' standards for healthy weight standards (BMI only applicable for 20- to 65-year-olds), nutrition requirements (RDIs of vitamins and minerals), dosage and absorption issues.
- Develop a database resource with this information.

Goal: Provide information to seniors (and general population) that is specific to their needs/requirements and culturally specific. This is also important information for health care professionals, caregivers, family members, etc.

Outcome: Seniors are provided with information relevant to their needs.

Potential players (leads/partners): Health Canada (lead), Canadian Diabetes Association, Dieticians of Canada, pharmacists.

Priority: An interactive play of diabetes information for seniors.

Goals:

- to raise awareness and involve seniors in delivering information on diabetes and relationships to the determinants of health (e.g. physical activity, healthy eating)
- entertain while educating.

Outcome: Develop a training manual with:

- script about diabetes issues
- background information on issues
- comprehensive instructions on how to organize the presentations at conferences, meetings with seniors' groups by seniors' groups, etc.
- suggested provision of meals, transportation, etc., for seniors when presenting the program (breaking down barriers)
- combine with other diabetes information activities (e.g. discuss diabetes and healthy eating with a cooking demo, discuss physical activity with a tai chi demonstration).

Potential players (leads/partners): Canadian National Institute for the Blind, Canadian Diabetes Association, Canadian Mental Health Association, Dietitians of Canada, National Congress of Volunteers, Volunteers Association of Toronto.

Other discussion/ideas:

- Education and awareness for early detection. Organize a conference through an organization like ALCOA. Invite seniors' advocacy groups, which can take the information back to seniors in their communities.
- Attempt to get the Canadian Mental Health Association together with seniors' groups to promote information and education for physicians, including incorporation in the medical curriculum. Make use of nurse practitioners and nutritionists to help physicians educate patients.
- Establish peer support groups for diabetes and a clear referral program to these groups.
- Clarify what works, what is portable and can be used across varied communities (e.g. best practices in diabetes education, physical activity, healthy eating, medication).
- Consolidate efforts and provide consistent messages about diabetes and its care/management. More research on the interaction with physical activity needs for seniors is required.
- Conduct more research on the interaction with physical activity.
- Develop tools that are clear and easy to use and understand (e.g. exchange system for diabetes adapted for seniors in large print).
- Develop senior-specific guidelines for healthy body weights (diabetics as a subgroup).
- Develop prescreening tools based on weight, lifestyle, etc., to predict risk factors before it is a problem (screening).

- Community-based programming: Combine education programs with, for example, free meal and transportation in order to work on multiple problems – healthy eating, social isolation, misinformation, etc.
- Use “entertainment” not just education.

A.3 Group 3

Priority: To build upon the Active Living Coalition for Older Adults (ALCOA) project “train the trainer” focused on physical activity and nutrition for adults 55 years of age or older.

Target audiences:

- Rural/remote, frail, old-old, residential, nursing home seniors
- 75 to 85 years of age or older
- Families and caregivers of targeted seniors. Caution: children of seniors often do not live near their parents.

Project: Adapt the content from ALCOA “train the trainer” project on physical activity and healthy eating use with:

- rural/remote seniors
- residential/nursing home seniors
- seniors 75 to 85 years of age or older.

There is the possibility of developing strategies in incremental pieces to deal with multiple settings:

- ALCOA could look into community-based action.
- Rural/isolated communities contain many diabetics, but may not be represented by “train the trainer.”
- Rural/isolated communities with a library, a computer and someone who knows how to use the computer can run the “train the trainer” course on-line.

Potential partners: Lead: Canadian Public Health Association (lead) in conjunction with ALCOA:

- There is a need to work together to disseminate information.
- Community care must also be a partner.
- Associations for residential care must also be included.

The two lead groups could work with provincial seniors organizations that have links with government and seniors groups (e.g. National Advisory Council on Aging, Veterans Affairs Canada).

Rationale: There is no national membership organization of seniors. The Canadian Public Health Association has both national structure and grassroots access:

- large enough to take the lead if funded
- approximately 3,500 members, 8% of whom are interested in gerontology
- experienced with “train the trainer” program

- rural emphasis
- already dealing with diabetes issue
- good at information dissemination
- linked to Canadian Association on Gerontology and other seniors organizations
- old, frail adults are not targeted by ALCOA.

Spin-off research: Implications of complications of diabetes:

- cognitive changes re: maintenance/control of disease
- stress management
- pairing seniors with gerontology and social work students
- include seniors as researchers.

Evaluation:

- need to partner with university or universities to ensure that a thorough evaluation is integral to project.
- 15% of funding to be spent on evaluation
- need active input in evaluation from the start
- need to look at sustainability
- “train the trainer” important as it provides viability.

Outcomes:

- healthier living among frail elderly and inclusionary capacity of residential care
- nationally and provincially supported.

A.4 Group 4

Priority: Develop a needs assessment for 10 ethnic communities of adults 45 years of age or older and health professionals.

The activity would include:

- determining incidence of diabetes
- determining cultural practices (eating and physical activity)
- determining changes to cultural practices after immigration
- determining preference of receiving information
- identifying current resources available
- identifying what priorities need to be addressed
- identifying acceptable eating habits and activities for their culture.

A pilot test of Hispanic, Black and Asian communities is under way.

Overall objective: to increase the knowledge development and information available regarding cultural needs and the incidence of disease by population.

Key partners: Main stream and ethnic media, ethnocultural organizations, health care agencies, Canadian Ethnocultural Council, College of Family Physicians of Canada, Canadian Nurses Association, Victorian Order of Nurses, Canadian Diabetes Association, Association Diabetic

Quebec, Canadian Medical Association, Metropolis, universities, Canadian Association on Gerontology.

Other comments: The group discussed the need to identify what types of materials should be disseminated and what vehicles would be most effective. One member suggested that information should be short and in point form but it should get distributed more often. Another member suggested that one vehicle for dissemination could be the monthly pension cheque received by most seniors. The group discussed having more resources that are based on graphics and pictures instead of text-laden brochures. The group also briefly discussed the attitude of denial and the “it won’t happen to me” thought process that seniors tend to have.

It is important to include health professionals in the needs assessment as they gather a lot of information from varied cultural communities.

Priority: Develop and disseminate culturally appropriate resources on diabetes and risk factors (including healthy eating, physical activity and medication use).

The activity would include:

- review of current resources available
- determine resources to be adapted (user-friendly, plain language for low literacy, different formats, translation)*
- develop new resources if required
- focus test any adapted or newly developed resources.

* Link to needs assessment

Overall objective: to increase awareness of diabetes, the symptoms, the risk factors and how to help prevent the development of the disease.

Key partners: Workplaces, ALCOA, Dieticians of Canada, National Institute of Nutrition, Canadian Pharmacists Association, Canadian Diabetes Association, Canadian Ethnocultural Council, Canadian National Institute for the Blind, Canadian Colleges Athletic Association, Canadian Centre for Exercise Physiology.

Other comments: The group discussed the possibility of developing a guide for each culture, identifying its specific needs.

Priority: Annual screening for at-risk individuals 45 years of age or older for diabetes.

The activity would include:

- look at current assessment tools available to health professionals
- develop a tool if required
- advocate use of the tool and follow-up care of patients diagnosed with diabetes or those at risk for developing diabetes

- look into adopting screening clinics to capture a broader target group than those who go to a physician for an annual check-up

Definition: At risk may include those who have a family history, high BMI, cultural predisposition.

Overall objective: to identify seniors with diabetes as soon as possible.

Key partners: Health Canada (lead), stakeholder federal/provincial/territorial committees, College of Family Physicians of Canada, Canadian Periodic Health Examination Task Force, diabetes educators.

Other comments: The group discussed the need for better tracking methods. Often the cause of death, injury and disability is related to diabetes complications; however, this is not tracked. It was also mentioned that the Canadian Diabetes Strategy is leading up to capturing such information.

Priority: Engage seniors to advocate on behalf of other seniors.

This activity would include:

- involving seniors in the entire process (e.g. creating legislation, resource development, prevention activities)
- involving community groups (e.g. support groups, spiritual leaders) in dialogue.