

Senior Citizens' Secretariat Newletter

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Ministers Responsible for Seniors Meet

Toronto—Building on a decade of collaborative initiatives, Federal/Provincial/Territorial Ministers Responsible for Seniors continue to take a leading role in addressing a number of important issues affecting current and future seniors in Canada. The Government of Canada and the Government of Ontario co-hosted the forum which was chaired by the Honourable Sharon Carstairs, Leader of the Government in the Senate and Minister with Special Responsibility for Palliative Care, on behalf of the Honourable Anne McLellan, Minister of Health and Minister Responsible for Seniors, and by the Honourable Carl DeFaria, Ontario Minister of Citizenship and Minister Responsible for Seniors.

“Considerable progress has been made today on a number of issues of interest to seniors,” said Minister Carstairs. “It is vitally important that governments, non-government organizations and citizens ensure that our society is well equipped to deal with the opportunities and the challenges of an aging population.” Ministers agreed that the work currently underway in Canada and the Madrid International Plan of Action on Ageing 2002, adopted at the Second World Assembly on Ageing, provide good context for continuing future action.



“Our meeting today strengthened our partnership and our resolve to continue planning services that meet the needs of Canada’s growing seniors population,” said Minister DeFaria. “At the same time we acknowledge the tremendous contributions seniors make to our families, our communities, and Canada.”

Topics covered at the Sixth Meeting of Federal/Provincial/Territorial Ministers Responsible for Seniors included: planning for an aging population; healthy aging and seniors wellness; family/informal caregiving of seniors; and elder abuse.

1. Planning for an Aging Population

Ministers agreed that the significant aging of the population over the next few decades will present both major opportunities and challenges for governments across Canada and acknowledged the importance of putting into place the necessary policies and services so that Canada is ready for this significant social change. Enhanced quality of life for an aging population requires a commitment to foster a society in which seniors are valued and recognized for their contributions.

Ministers discussed a wide range of issues posed by an aging population and identified ageism, wellness and healthy aging, and elder abuse as priorities for future attention. Ministers directed their officials to identify actions to help their governments, as well as Canadian society as a whole, prepare for these challenges and opportunities.

Quebec pointed out that, generally, it intends to assume its own responsibilities and will not adhere to or take part in the establishment of federal-provincial-territorial approaches, joint action or pan-Canadian standards in areas under its jurisdiction.

2. Healthy Aging and Seniors Wellness

Honourable Jamie Muir, Chairperson, Nova Scotia Senior Citizens' Secretariat, led this important agenda issue.

Ministers reaffirmed that enabling Canadians to maintain health and wellness in later life is a shared priority. They noted that many aging-related diseases can be prevented or their impacts reduced. Increasing public awareness, as well as encouraging and supporting initiatives such as active living, healthy eating, injury prevention and smoking cessation are key contributors to the health, independence and quality of life for today's and future seniors. Ministers directed officials to identify current initiatives being undertaken with a view to sharing successful approaches.

3. Family/Informal Caregiving of Seniors

Ministers value and recognize the very important role that family, friends and neighbours play in providing informal care to many seniors. In Canada, an estimated 2.1 million people provide family/informal care to seniors with long-term health problems. This care enables older persons to remain in their homes longer and provides essential support for seniors.

4. Addressing Elder Abuse

Research indicates that the abuse of older adults is a hidden problem as reported cases only represent the "tip of the iceberg". Older adults are often reluctant to report abuse due to fears of retaliation, shame, family loyalty, abandonment and institutionalization. Therefore, continuing attention to public education is important. Ministers have requested further analysis on existing elder abuse strategies and legislation across jurisdictions in Canada. The analysis will continue their collaborative efforts to address the safety and security needs of seniors by identifying priority strategic initiatives for potential action, for governments who so desire.



Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles and items of interest from you. Please include your name, address and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies and programs presented by the departments of the provincial government. The Secretariat serves as a one door entry to government for seniors, seniors' groups and other provincial bodies concerned with aging issues. The Secretariat develops plans, policies and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065.

E-mail scs@gov.ns.ca

Website www.gov.ns.ca/scs

5. Information Items

- Ministers were provided with information on the following:
- An overview of the Canadian Seniors Partnership, an initiative exploring inter-governmental service delivery opportunities.
- A progress report on the National Framework on Aging and the two tools associated with it: the Policy Guide and the Canadian Seniors Programs and Policies Database.
- An update on publications released in the past eight months as a result of collaborative work by officials.

6. Next Meeting

Ministers agreed to meet in 2004 and have accepted the offer of Nova Scotia to host that meeting.

For information:

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Catherine Maguire
Minister's Office
Ontario Ministry of Citizenship
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Office of Sharon Carstairs
Leader of the Government in the Senate
and Minister with Special Responsibility
for Palliative Care
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Emergency Measures Organization

Extra Steps: Emergency Preparedness for Seniors

In an emergency, seniors and children are most at risk. Preparing for an emergency can make surviving easier. For a senior, being prepared means taking a few extra steps.

Seniors who live independently have more responsibility for themselves than do seniors living in special-care facilities. With a little awareness and preparation, all seniors can be prepared to protect themselves from the unexpected. The unexpected may be a power outage, severe weather forcing a senior to stay home or an accident in the home. A few easy steps can make a big difference:

- Seniors should contact their local fire or police department and let them know they live alone.
- Have the fire department do an assessment of their home to identify risks.
- Have important information written down, e.g. name, next of kin, a person to call in case of an emergency, family doctor and all medications taken should be included. This information should be kept on the back of the door, near the telephone or on the refrigerator.
- Have items on hand that would be useful in an emergency, e.g. a flashlight and extra batteries, a battery-operated radio, a first-aid kit, a manual can opener, bottled water and non-perishable foods that don't have to be cooked.
- Have a few extra things on hand, such as extra blankets, groceries and medication.

Many Nova Scotia communities also have the free Vial of Life program. The program provides a small plastic container that holds a sheet with easy to read medical information, along with red and white stickers and a magnet. The magnet is placed on the fridge where the vial is kept and once emergency personnel see the sticker or magnet, they will know the vial is stored on the door, inside the fridge.

If someone is unable to respond or is upset and can't remember vital information this important information is available to fire fighters, police or paramedics.

For more information on being prepared, visit the Nova Scotia Emergency Measures Organization's website at www.gov.ns.ca/emo/

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Emergency Measures Organization
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Source: *News Releases from EMO(NS)*, April 15, 2002

Educating Your Doctor

Drug Evaluation Alliance of Nova Scotia (D.E.A.N.S.)

Last fall, Nova Scotia introduced a new service, called "academic detailing," to provide continuing education to doctors across Nova Scotia. Academic detailing is a process by which a health educator visits a doctor in his/her office to provide a 15 to 20 minute educational presentation on a particular topic. Academic detailing provides doctors with accurate, up-to-date information about how to manage diseases and illnesses. The doctor may also receive information about how to choose the right medications for patients. There is time for the doctor to ask questions and the health educator always leaves some reading material at the end of the visit.

Academic detailing has been shown to be a very effective way of educating busy doctors. This is because doctors receive a personalized, face-to-face educational session at a time and place that is convenient. The academic detailing service is available to all doctors, but participation is completely voluntary. Information that is



delivered to doctors is prepared by Continuing Medical Education at Dalhousie University. The Nova Scotia Department of Health provides Continuing Medical Education with a grant to run the service.

In June 2002, health educators began visiting doctors across Nova Scotia to update them on the management of osteoarthritis. Osteoarthritis is caused by the "wear and tear" on joints over many years. This is why osteoarthritis does not usually affect young people, but is very common in older people. Once a joint starts to wear, it is difficult to reverse the process. This explains why people with osteoarthritis find that their joint pain gets worse over time. While medications can help to relieve the pain, there are many other ways to decrease pain and improve mobility. These include exercise, physiotherapy and assistive devices, as well as education and support groups. The Arthritis Society is an excellent source of information about the things you can do to reduce the discomfort of osteoarthritis. You can contact The Arthritis Society at 1-800-321-1433 or www.arthritis.ca.

Source: Dawn Frail, Nova Scotia Department of Health

Admission to Nursing Homes

The following article was submitted by Keith Menzies, Senior Director, Continuing Care, Department of Health, in response to the article "Admission to Nursing Homes" by Maxine Barrett, which appeared in the Senior Citizens' Secretariat Newsletter, May 2002.

The article by Maxine Barrett is heart-felt. I appreciate her concerns and comments because as a recent administrator of a nursing home, I know that taking care of someone in the final years of life or in illness is both hard work and highly emotional, and one clearly made more difficult by financial uncertainty. This is not something the Department of Health is insensitive to, and within the scope of our financial resources and our responsibilities, we work to relieve that stress as much as possible.

Maxine Barrett's article raises some important issues, and I would like to take this opportunity to clarify some of these issues from the perspective of the Department of Health.

- Sometimes a bit of history helps. The current policies regarding financial obligations have been in effect since April 1, 1998. Prior to that municipalities conducted very similar financial assessments for long-term care, and each with their own guidelines. Some places even went back as far as five years in determining what assets and incomes were to be assessed. Since this process came under the umbrella of the Department of Health, we are attempting to ensure a fair and consistent process no matter where you lived in the province. This happened independently of the single entry access initiative.
- An aspect of single entry access is that everybody must apply for nursing homes through the same process, including the people who can afford to pay for their care. Previously, people who could afford to pay could get into nursing homes immediately regardless of their needs for care. Under the new process, the people who have the most need for nursing home care will get the beds first, regardless of their ability to pay.
- The financial assessment process is fully confidential. While there is an exchange of information between government and financial institutions, all these organizations have strict regulations regarding confidentiality. Within the Department of Health, the only people who have access to these files are the Care Coordinators and the Eligibility Officers involved in the case. Nursing homes are given information only on the income of their residents, and nothing else pertaining to their financial background. Since a resident is responsible for paying a nursing home directly, the facility needs to know the income of the resident and the date at which the Department of Health begins providing financial assistance after the resident is no longer able. It's important to note that the Department of Health only has access to financial information with permission of the resident or designated family member. People who can guarantee they will pay for all of their own care do not need to disclose any financial information.
- Although private payers must pay for their own medicine, wheelchairs, ambulance fees and other items, these costs are tallied and reduce their overall financial obligations.
- The family home is often people's biggest asset. People can designate their home and it will not be included in their financial assessment. After designation, they can leave it in their will to whoever they wish, or transfer ownership at anytime to whoever they wish.
- The Department of Health calculates nursing home budgets based on the same daily rate for all residents.
- In Nova Scotia, the average daily rate is \$139 for Level II (advanced) nursing home care and the average annual cost is more than \$50,000. Continuing care is expensive for families and for government because it requires not just food and board, but also the cost of nurses, other health care professionals as well as drugs and special equipment.

- Over 80 per cent of people in nursing homes are publicly assisted by government. The total cost of subsidizing nursing home residents has gone from \$95 million in 1995–96 to \$197 million in 2002–03—an increase of more than \$100 million. Our aging population and the increasing care needs of people already in nursing homes will continue to be a challenge for the Department of Health as we plan for the ongoing financing of this service. (A large proportion of Nova Scotia’s population will enter the 60-plus age group over the next 20 years.)

Government endeavours to meet the needs of Nova Scotians. Unfortunately this is often challenging because of fiscal restraints.

This makes it difficult to increase budgets adequately each year to subsidize even those who need it most for their continuing care. The truth is that the financial position of the province makes it very difficult to reduce what we ask people to pay toward the cost of their own care.

Provinces west of New Brunswick, generally speaking, can balance the many demands upon health care services from all sectors, young and old, with more flexibility than Atlantic Canada can because their deficits and their debts do not place the same constant drain upon their resources.

These are the tough realities that government works within in Nova Scotia. The demands on our already-strained health care system will continue to grow. The Department of Health must come to terms with this fact in order to continue to balance a number of equally important interests: individuals, families, caregivers and the health care system.

Many Nova Scotians, indeed Canadians, are unaware that in the year 2002, long-term care, home care, mental health care, Pharmacare, population health programs, palliative care, and air and ground ambulance services are NOT covered under the Canada Health Act. Recently, at the Romanow Commission Hearing, Jamie Muir, the Minister of Health said that it’s time that they were.

Less than half of Nova Scotia’s healthcare budget goes to acute care. A greater percentage of our budget is in program areas such as continuing care to meet the increasing demand for care outside hospitals. If the Canada Health Act were extended to cover these areas, the federal government may provide the resources we need to increase our funding options for these programs, the same way the federal government provides resources for acute care.

For more information, please call Susan MacLeod, Communications Advisor, Department of Health, (902) 1-800-387-6665, and leave a message. Your call will be returned quickly.

50+Expo—Huge Success

The 50+ Expo, held June 14-15, 2002 at Exhibition Park was well attended and the new venue and date proved to be very successful with sponsors, exhibitors and those who attended.

Highlighting the entertainment mainstage was John Allan Cameron, Tiyaila Cain-Grant and the Hallelujah Praise Choir.

A survey of participants on site produced the following statistics:

- Three-quarters prefer June.
- Four out of five prefer exhibition park.
- Half heard about the new venue and time via the Herald.
- 37% under 65 and 63% 65+.
- Two-thirds live in HRM.
- 18% were attending their first expo, while 14% have attended every Expo.
- Female out numbered male by more than 2 to 1.



An exhibitor survey will be mailed out and the resulting information will guide the Planning Committee when they meet in October to plan 50+ Expo 2003.

A sincere thank-you to all who contributed to the success of this years event.

Valerie White, 50+ Expo Chairperson

Information Resource Centre—Senior Citizens' Secretariat

The ribbon to officially open the Information Resource Centre at the Senior Citizens' Secretariat was cut by the Honourable Jamie Muir, Chairperson of the Senior Citizens' Secretariat, on May 22, 2002, in the presence of invited guests representing the diversity of groups interested in the subject of aging.



Librarian, Jane Phillips, who recently celebrated her first year with the Secretariat, has organized and rationalized the many resources on aging collected by Secretariat staff during the past 20 years and has acquired additional materials to expand the core of information.

The collection is of specific interest to seniors, policy makers, students, social agencies, and the general public. Resources include books, government reports, professional journals, newsletters from seniors' organizations, and directories of seniors' services on a wide range of subjects including general aging, long-term care, home care, legal and ethical issues, personal finance, caregiving, home safety, housing, elder abuse, social security, exercise and fitness, medications ... all issues encompassed by the aging process. Various formats include print material, CD-ROM, Internet web sites, video and audiotapes, and program manuals.

The Secretariat operates a toll-free Senior's Information Line and information for the Resource Centre is gathered in direct response to questions received. Conversely, information from the Resource Centre is sent out in response to queries received.

Everyone is welcome to come in and browse through or borrow materials in the collection. Resources are loaned throughout the province either directly or through the provincial interlibrary loan system. The centre's indexed

resources will soon be available on the Secretariat's website, at www.gov.ns.ca/scs through the common on-line catalogue it shares with the community of provincial government libraries. A printed list of resources by subject area can also be sent out upon request.

Contact with the Information Resource Centre can be made in various ways:

Tel: (902) 424-4710 or 1-800-670-0065 (toll-free)

Fax: (902) 424-0561

E-mail: phillija@gov.ns.ca

Address: Senior Citizens' Secretariat
P.O. Box 2065
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Halifax, NS B3J 2Z1

Continuing Care Assistant Program

In September 2000, the Continuing Care Assistant (CCA) Program officially replaced the Home Support Worker (HSW), Personal Care Worker (PCW) and Home Health Care Provider (HHCP) courses. Curriculum design was created to include all components of the HSW, PCW and HHCP courses; also, field placements take place in both home support and in the nursing homes/homes for the aged.

The CCA Program is managed by the CCA Advisory Committee which was established by the Department of Health to oversee the implementation and ongoing refinement of the CCA Program.

For more information regarding the CCA Program, please contact Pam Shipley, Program Manager at: Tel: 902-832-8526, E-mail: pams@nsaho.ns.ca

You can now access information about the CAA Program on-line. Visit the CCA Home Page at <http://www.nsaho.ns.ca/cca> through the Nova Scotia Association of Health Organizations website.

Library Receives Award for Service to Seniors

Western Counties Regional Library is the recipient of the W. Kaye Lamb Award for “Outstanding Service to Seniors”. Regional Director Trudy Amirault accepted the award on behalf of the library on Thursday, June 20 during the Canadian Library Association conference held in Halifax. The award this year is being shared with the Calgary Public Library.

The W. Kaye Lamb Award, sponsored by the Ex Libris Association and the Canadian Library Association “recognizes a library that has developed an ongoing service, program or procedure of benefit to seniors and/or a design and organization of buildings or facilities that improve access and encourage use by seniors.”

The majority of services to seniors are provided by the regional library through the Special Needs Department, the Gates Computer Lab and Outreach Services.

The library’s Special Needs Department, which operates on a one-on-one basis, provides shipments of materials—books, tapes, music and videos, directly to the homes of individuals in the Tri-Counties. The Reader’s Friend program, designed for those who are unable to visit their library, is provided by community volunteers working with library staff. A partnership with the CNIB, which was formed in October of 1999, has greatly enhanced the library’s services to those who have visual challenges.

Seniors interested in computers can receive free computer training at the Gates Computer Lab, a regional training center, located in the Yarmouth library. Every Friday morning the lab is “Open for Seniors”. The lab is available to those over

55 who wish to work on their own or with the assistance of a mentor. In addition the library provides “Computer Basics” training to seniors at its smaller branches several times a year.

Outreach Services are provided by staff members from several branches throughout the region. For example, in Yarmouth a staff member visits 17 senior complexes on a regular schedule, bringing reading materials for individuals and the facility itself for the use of all residents.

For those with an Internet connection at home, the library provides “Express Service” from its web-site www.westerncounties.ca. With a library card number (registration can be completed online) individuals

can request books, magazines, videos etc and the selections will be mailed directly to their homes, free of charge. The online “Seniors Café” is also proving to be a valuable resource for seniors.

The Canadian Library Association, established in 1946, is the national association which represents those who work in or advocate for Canada’s 21,000 libraries.

Trudy Amirault, Regional Library Director, Western Counties Regional Library, Yarmouth.



LinkAGES

The Gerontology Association of Nova Scotia (GANS) is pleased to announce the public launching, on April 29, of LinkAGES, an interactive online community for and about older Nova Scotians. People may join the community by visiting <http://www.communityzero.com/linkages>.

LinkAGES members are able to share ideas, ask each other questions, and provide feedback, with no technical skills necessary other than being able to use a keyboard. They can take part in online discussions, web based bulletins and monthly polls and post and view events on a communal calendar. Site resources include a constantly updated database of local, regional and national projects, publications, organizations, educational opportunities, government agencies and services and more.

While participation of any sort is encouraged at all times, the site will periodically highlight various themes to focus discussion. The featured theme for April 29–May 10 was voluntarism. Look to LinkAGES for timely discussion on the topics (eg. "Are you feeling more stress as a volunteer? What's causing the increase in stress? What would lessen your stress? What coping skills are you using?"). Key resources on volunteering were available, and groups looking for volunteers were encouraged to post their notices. Members were also asked to vote in an opinion poll relating to their volunteer experiences. Topics for upcoming themes include caregiving, seniors and housing, coping with technology, home safety and security, the older driver, and more.

GANS plans to use the results of the online discussions to be able to better reflect the reality of older Nova Scotians when meeting with policy-makers. Project coordinator, Phyllis Price says, "We already know that seniors are the fastest growing group using the internet. With this project we hope to take their internet use to another level, giving both seniors and those who care about them a better opportunity to communicate and connect on issues relating to aging."

LinkAGES is created by the GANSnet Project, with start-up funding from the Population Health Fund of Health Canada. For more information call Phyllis Price, at (902) 677-2794 or e-mail gansnet@email.com

Source: Phyllis Price,
Gerontology Association of Nova Scotia

Caregiver Tax Tips

Are you claiming the tax credits listed below that you are entitled to as a caregiver? For more information, read your tax guide, call the Revenue Agency at 1-800-959-8281 or speak with a financial advisor.

Definition of partner: the person to whom you are legally married; or a person of the opposite sex or same sex whom you have a relationship with if:

you have been living and having a relationship with him/her for 12 months; or he/she is the natural or adoptive parent of your child; or he/she lived with you for 12 months.



1. **Basic Personal Credit**—you are eligible to claim \$7,412.
2. **Caregiver Credit**—up to \$3,500 if you maintained a dwelling where you lived with a dependent who was 18 or over, had a net income less than \$15,453 and born in 1936 or earlier.
3. **Age Credit**—you are eligible to claim \$3,619 if your were 65 in 2001.
4. **Spousal Credit**—claim \$6,923 if you had a partner you supported in 2001.
5. **Dependent Disability Credit**—if you claimed either 2, 7 or 8, you are eligible to claim any disability amount a dependent does not claim.

6. **Spousal Transfer Credit**—claim any part of your partner's age, disability pension, or tuition and education credit he/she does not claim.
7. **Eligible Dependent Credit**—claim \$6,293 if you supported a dependent who lived with you and you were single, divorced, separated or widowed in 2001.
8. **Infirm Dependent Credit**—up to \$3,500 for each dependent relative.
9. **Personal Disability Credit**—up to \$6,000 if a health professional certifies your daily living was greatly restricted in 2001.
10. **Credits for Medical Expenses**—claim medical expenses paid for in 2001.

Source: Canada Customs and Revenue Agency, 03/13/02

Quiz

- 1) Nova Scotia women can expect to outlive their male counterparts by how many years?
5 8 13
- 2) What percentage of Nova Scotia seniors live in nursing homes?
4% 14% 34%
- 3) Which Nova Scotia county has the highest proportion of seniors?
Guysborough Kings
Halifax Shelburne

Answers on last page of newsletter.

Ottawa Offers Online Access to Travel for Disabled

A new government sponsored web-site called *Access to Travel* provides information on transportation and travel services in Canada geared to people with disabilities. The site—www.accesstotravel.gc.ca—was developed by the federal government, several provincial governments and non-profit groups. It includes information on bus, rail, air and ferry transportation across the country, as well as government programs and links to accessible transportation sites.

Source: *The Canadian Press*
National Post April 18, 2002

The Changing Long-Term Care Population

by Gloria Gutman

The changing demographics of the long-term care population can be seen in the changed profile of clients of the B.C. Continuing Care Program. Under this program, five levels of care are recognized. From least to most intensive these are: Personal Care (PC), Intermediate Care (IC) 1, 2, 3, and Extended Care (EC). When the Program started in 1978, a study conducted in two health units (Stark & Gutman, 1980) found that 57% of new clients were at the Personal Care level. Of these, 20% were recommended to receive care in an institutional setting. The average age of the new clients admitted to institutions was 72.7. Presently virtually no one assessed at the Personal Care or Intermediate Care-I level is recommended for facility care. The average age of institutional admissions is about 85 and residents are predominantly at the Intermediate Care3 and Extended Care levels.

With people living longer, cognitive and functional disabilities are more prevalent in both the community-dwelling and the institutional long-term care populations. In the 1991 Survey of Aging and Independence, 72% living at home

reported having a mobility problem and 61% reported an agility problem. In the B.C. sample of the Canadian Study of Health and Aging at Wave I, only 7% of institutionalized seniors were found to be without cognitive impairment, about 50% had a diagnosis of dementia and 43% were diagnosed as CIND—cognitive impairment no dementia. Five years later, when Wave II of the study was conducted, a majority of the latter group were found to have dementia.

The greater life expectancy of females, coupled with their tendency to marry older men, results in the feminization of the long-term care population, especially noticeable in institutions. The gender difference shifts dramatically in favour of females as age increases (in 1991 67.7% of Canadians aged 85–89 and 73.3% aged 90+ were females). Further, census data show that about 3/4 of men aged 65 and over age were married compared to only 45% of women of comparable age. In 1991, 34% of women aged 65–74 lived alone with the figure rising to 40% in women age 75 and above. It is important to note that many older women choose to live alone rather than with their children, even at the risk of loneliness and isolation. Some even choose to move to an institution rather than moving in with their children, but most live in conventional housing in the community.

In developed countries there has been a very clear reduction in the rate of construction of institutional beds and a move toward community-based care primarily as a cost saving strategy but also with the realization that institutions may not be necessary for many elderly requiring care.

A major potential for technology intervention lies in prolonging the period that frail seniors can age in place in the community. Just as corrective lenses can help with eyesight deficits, many mobility and agility problems can be overcome with assistive technology in the home. The increasing prevalence of cognitive and functional impairments in community-dwelling long-term care clients also points to a substantial market for Smart Home technology. Additionally, more and more seniors are becoming Internet-users. In fact, some senior housing projects are now marketing internet-access as a lifestyle feature.

About two-thirds of Canadian seniors own their own home and they tend to remain there until they are forced by ill health or frailty to move. Most well elderly are highly resistant to relocation. They need to be attracted by the features of another housing arrangement or project. Marketing tactics that have so far emphasized safety features must learn to disguise the safety aspects and market the lifestyle aspects. The baby boomers are another target market that must be considered. Technological innovations designed for the parents may be more effectively marketed to the baby boomers themselves. Baby boomers have purchasing power, may be better at recognizing the need for technology in the home, have less time than previous generations to care for parents because more of the women are in the paid labour force and, they are more computer and technology-savvy than their parents. Additionally, baby boomers have the power to influence four generations: themselves, their parents, their children and their grandchildren.

In summary, with worldwide population aging and the increasing focus on community-based care, technological advances for the home have a good potential for the seniors market. However, marketing strategies must be more carefully thought of if they are to be successful.

Source: *Seniors' Housing Update*, Volume 11, No. 1—January 2002, Gerontology Research Centre, Simon Fraser University at Harbour Centre

Power of Attorney

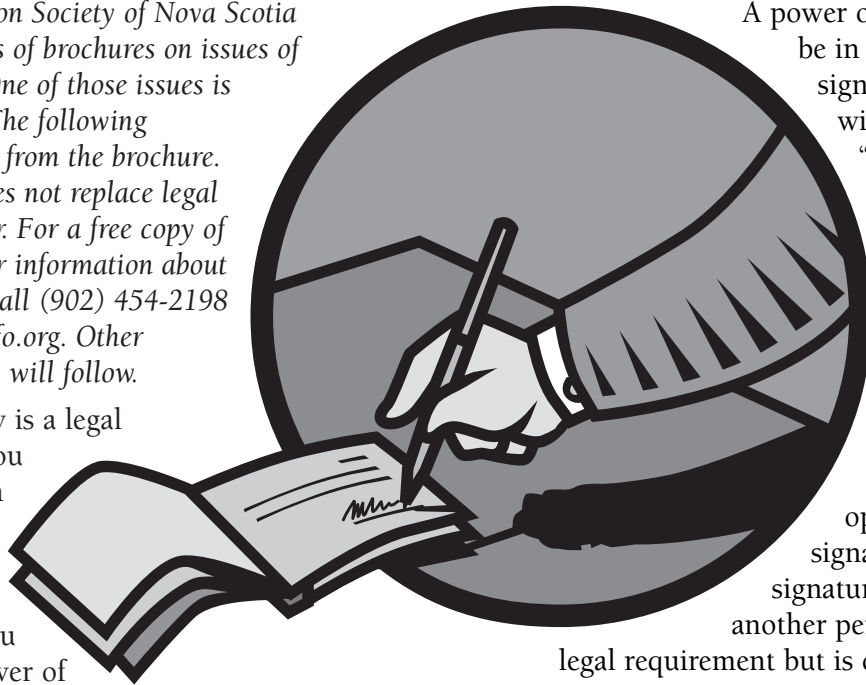
The Legal Information Society of Nova Scotia has prepared a series of brochures on issues of interest to seniors. One of those issues is Power of Attorney. The following information is taken from the brochure. This information does not replace legal advice from a lawyer. For a free copy of the brochure or other information about legal issues, please call (902) 454-2198 or visit www.legalinfo.org. Other articles in this series will follow.

A power of attorney is a legal document. It lets you give another person authority to act on your behalf if you become unable to do so. Even if you give someone a power of attorney, you can still act on your own behalf. You still have control of your financial affairs. You are still free to deal with your property, money, and investments.

You might need a power of attorney because you are ill or for some other reason are not able to deal with your affairs. For example, you are:

- ill and wish to give a relative, friend, or lawyer the authority to act on your behalf during your illness.
- not able to get around very well and you wish to give a friend authority to make deposits to and withdrawals from your bank account.
- travelling away from home for a long time and want to give a relative or other person authority to deal with your affairs while you are away.

If you do not wish to give a relative or friend power of attorney, you can appoint a lawyer or trust company. Also, depending on the circumstances, the Office of the Public Trustee may agree to act for you. The Public Trustee is an official appointed by the provincial government who manages the affairs of people who, for one reason or another, are unable to manage their own affairs.



A power of attorney must be in writing and signed by you. It is wise to put it under “seal” because some purposes for which the power may be used require this. (Sealing means that a red seal is attached to the document opposite your signature.) Often, your signature is witnessed by another person. This is not a legal requirement but is commonly done.

A power of attorney can be used to give someone authority to access your bank account. Banks and other financial institutions usually have their own power of attorney forms. Your bank will tell you if they have special forms to fill out and procedures to follow.

The bank form may limit the attorney’s power to deal with particular accounts or it might include power to deal with investments and safety deposit boxes held by you. You should discuss your needs with bank staff.

The power of attorney can also be used to buy and sell land—if you wish. In this case, the power of attorney must be registered at the Registry of Deeds for the area where the land is situated. Each area has its own registry.

It is a good idea to have a lawyer draw up a power of attorney or review your existing power of attorney.

Source: Legal Information Society of Nova Scotia.

Don't Overlook the Obvious

A Simple Solution

An old gentleman was seated in the doctor's waiting room, patiently waiting his turn with the doctor. Finally a nurse called him in.

The man got up, grasping his cane in obvious pain. He was hunched over three or four inches. As the man slowly made his way into the examining room, another patient in the waiting room watched with interest.

After only a few minutes, the man emerged from the examining room, walking completely upright! The patient who had watched him go in, all hunched over, stared in amazement. "That must be a miracle doctor in there!" he exclaimed. "What treatment did he give you? What's his secret?"

The old fellow looked at him and said, "Well, the doctor looked me up and down, analyzed the situation, and gave me a cane that was four inches longer than the one I had been using."

Scott J. Shickler, *Words of Wisdom*

Source: *Looking Forward*, The Hope Heart Institute, Vol. 15, No. 3—Early Summer 2002

Grandparenting Safety Tips

How much you need to alter your household habits and your house itself depends on your role as a grandparent.

Driving

- Make sure you have a child safety seat for your car that's installed correctly. Always put kids in the back seat where it's safest. Never put a rear-facing infant car seat in the front seat if there's an operating passenger-side air bag.
- Be a positive role model and always buckle up yourself.

Sleeping

- Make sure crib slats are no more than 2 3/8 inches apart to prevent a baby from getting stuck between them.
- Always put babies to sleep on their backs to minimize the risk of Sudden Infant Death Syndrome.
- Remove stuffed animals, pillows, and fluffy bedding (suffocation risk).

Your House

- Install electrical outlet covers and infant safety gates at stairways.
- Check for stray cords that, when pulled, could topple a lamp onto a child.
- Install corner protectors on sharp-edged furniture.
- Keep pot handles out of reach on the stove.
- Install drawer and cupboard locks.
- Put away hard candies, coins (choking dangers), and anything breakable.
- Keep containers of water out of sight or reach. Children can drown in a bucket of water. Even a toilet bowl can pose a risk (you can install toilet locks).
- Moving all cleaning supplies, cosmetics, and room deodorizers up to a high shelf or cupboard. Place all plants, animal litter boxes, pet food, detergents, and caustic chemicals out of reach as well.
- Keep all your medicines and supplements out of reach and/or behind locked doors.
- If you have pets, stay alert. Even a mild-mannered dog can become frightened and snap at children.

Source: *Family Safety & Health*, Vol. 59, No. 4; advice from a new parent

Online Travel Information

Programs, discount information, and more for seniors interested in travel:

- American Association of Retired People (AARP): www.aarp.org/travel
- Elderhostel (travel & education): www.elderhostel.org
- Eldertreks: www.eldertreks.com
- Amtrak (trains): www.amtrak.com/savings/seniors.html
- United Airlines: www.silverwingsplus.com
- General travel information for seniors: www.seniorssearch.com
www.online96.com/seniors/travel.html



Another Reason to Floss

Severe gum disease can increase the risk not only of heart attack, but also of stroke.

Researchers believe that bacteria from the infected gums enter the blood, possibly causing the body to produce more clotting factors. Blood clots can trigger heart attacks and strokes.

Source: *Archives of Internal Medicine*, Vol. 160, Pg. 2749

Calculated Risk

What's our risk of dying in an anthrax terrorist attack? Less than being killed in a car crash. Much less. You are 71,500 times more likely to die in a car crash this year than to be killed in a bioterrorist attack.

The estimated risk of dying in the coming year from these causes:

| | |
|---------------------------|------------------|
| Heart disease | 1 in 400 |
| Cancer | 1 in 600 |
| Stroke | 1 in 2,000 |
| Flu and pneumonia | 1 in 3,000 |
| Motor vehicle accident | 1 in 7,000 |
| Being shot by a gun | 1 in 10,000 |
| Falling down | 1 in 20,000 |
| Poison | 1 in 40,000 |
| Walking across the street | 1 in 60,000 |
| Drowning | 1 in 75,000 |
| House fire | 1 in 100,000 |
| Bicycle accident | 1 in 500,000 |
| Commercial plane crash | 1 in 1 million |
| Lightning strike | 1 in 3 million |
| Shark attack | 1 in 100 million |
| Roller coaster accident | 1 in 300 million |
| Anthrax | 1 in 500 million |

Source: Conference of Consulting Actuaries

Someone You Know Have Cancer?

How To Show Them You Care

1. Don't ask what you can do to help. Just find something that needs doing and do it. For instance, if you're at their house and notice a pile of dishes, wash them.
2. Give them good books or favorite magazines to read.
3. Write them a letter that is full of hope and love.
4. Instead of asking if they want to go to lunch or to a movie, for instance, ask when they are free to have lunch or go to a movie.
5. Gather pictures of happy times and display them in a prominent spot.
6. Spend time reminiscing about the fun things you've enjoyed doing together.

Source: *Social Workers*, Swedish Cancer Institute, Seattle

What May Hurt Bones

Alcohol Limit to one per day (women) and two per day (men).

Caffeine Limit to three cups a day of coffee, tea, or soft drinks.

Protein Limit animal protein; eat more vegetable protein.

Smoking

Sodium Limit processed foods, pickles, and cured meats. Don't add salt at the table. Be sure calcium intake is adequate.

Sources: National Osteoporosis Foundation; *Environmental Nutrition*, Vol. 24, No.9

For Better Bones

What Helps

Calcium 1,200 mg a day from dairy, leafy greens, and/or calcium citrate or carbonate supplements (read the supplement label to make sure you're getting this much elemental calcium).

Vitamin C 200 mg a day from fruits and vegetables and supplements.

Vitamin D 800 to 1,000 IU daily from the sun, supplements, or milk with added vitamin D.

Vitamin K 80 mg a day from dark leafy greens, broccoli, and Brussels sprouts. The body also makes some of its own vitamin K.

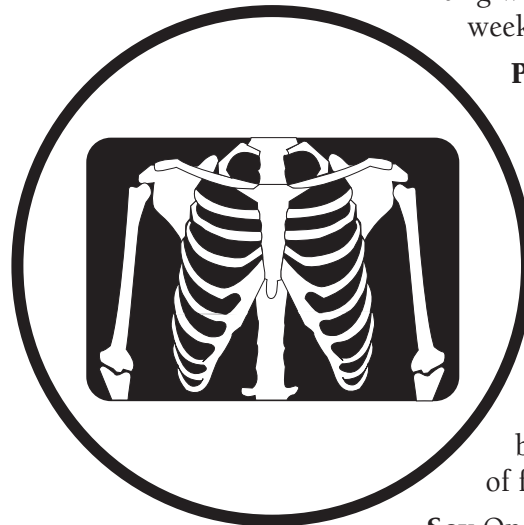
Magnesium A minimum of 400 mg a day from almonds, avocados, bananas, dried beans, nuts, soy, spinach, whole-wheat bread, and/or supplements. (Too much magnesium can cause diarrhea.)

Physical activity Do some form of weight-bearing exercise (e.g., jogging, walking, tennis, lifting weights) on most days of the week.

Potassium 2,000 mg a day (unless you have kidney disease) from apricots, bananas, dried beans, lentils, milk, orange juice, potatoes, prunes, spinach, and tomatoes.

Protein Two to three servings a day of low-fat dairy, soy, nuts, or dried beans, plus occasional servings of fish, lean meat, and poultry.

Soy One or two servings daily. Try soymilk, soy nuts, tofu, miso, and other soy foods.



This 'n' that

Life's Aims

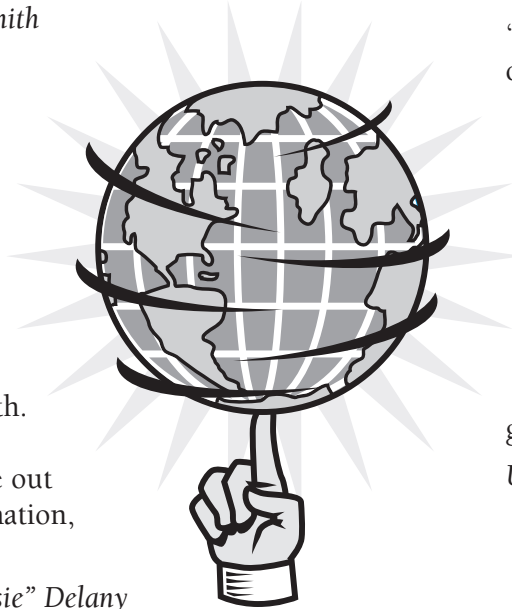
"There are two things to aim at in life: first, to get what you want, and, after that, to enjoy it. Only the wisest of mankind achieve the second."

Logan Pearsall Smith

Sheer Determination

"If you asked me the secret to longevity, I would tell you that you have to work at taking care of your health. But a lot of it's attitude. I'm alive out of sheer determination, honey."

A. Elizabeth "Bessie" Delany



"Wrinkles should merely indicate where smiles have been."

Mark Twain

"If I had it to do all over again, I'd do it all over again."

Yogi Berra

"Marriage should be a duet—when one sings, the other claps."

Joe Murray

"Old age is when your hair starts turning from gray to black."

Unknown

Forgiveness

"Hate is like acid. It can damage the vessel in which it is stored as well as destroy the object on which it is poured."

Unknown

Body, mind & soul

"Today is the tomorrow you looked forward to yesterday."

Unknown

"In youth, we run into difficulties. In old age, difficulties run into us."

Josh Billings

"The pessimist may be right in the long run, but the optimist has a better time during the trip."

Unknown

Preventing Falls

When a group of men and women aged 75 years and older were guided through a tailored home-exercise program by a trained health professional, the number of falls was reduced by 46% compared with those who did not participate in the exercise program.

When folks were instructed in an exercise program at their doctor's office, falls were reduced by about 30%.

Bottom line: Staying active and keeping muscles strong can go a long way toward preventing painful, costly falls.

Source: *British Medical Journal*, Vol. 322, Pg. 697

Seniors, teens should use age at tax time

By Paula Arab

The Canadian Press, Toronto

For seniors and teens, age can be golden at tax time.

Just turning 65 gets you age credits with the federal and provincial governments that can reduce your taxes by as much as nearly \$1,000, depending on how much you make and where you live.

As for teens, the coming of age ritual of filing your first income-tax return should start as soon as possible, even if you're not earning any money.

In Ontario, for example, teens as young as 16 are eligible for a \$100 provincial sales tax rebate simply by filling out an income tax return.

Across the country, 18-year-olds should file if for no other reason than to receive a federal GST credit the next year, upon turning 19.

But people at opposite ends of the age cycle have different goals and should therefore employ different tax strategies, says Gena Katz, a tax specialist at Ernst and Young.

"Students and young folks, they're kind of saving still, whereas seniors want to ensure that there's sufficient capital to carry them through to the remainder of their lives," says Katz. "Some are also concerned about leaving an estate to the next generation."

For seniors, the first big tip is to remember the age credit, says Everett Colby, a certified general accountant at Colby & Associates- Porter, Hetu International.

"It makes a big difference for them because it translates to probably \$700 or \$800 of tax that they save as a result of that credit."

Revenue Canada allows a full credit for those with an income less than \$27,000, in which cases federal tax is reduced by \$579.

The more income, the lower the credit to a maximum threshold of \$51,000, at which point the credit gets wiped out

In addition, "it will reduce your provincial taxes from a high of \$416 in Saskatchewan to a low of \$223 in Ontario," said Colette Gentes-Hawn of Canada Customs and Revenue Agency.

The higher the provincial tax, the higher the age credit, she said.

Other tax tips for seniors include keeping track of medical expenses such as prescription drugs, eye glasses, walkers and sometimes even canes. You can only claim expenses above the minimum threshold—\$1,500 or three per cent of net income, whichever is lower.

"Because we typically see seniors reporting lower amounts of income, they will more readily qualify for medical expenses because their incomes are lower than when they were younger and earning a regular salary," said Colby.

There's also a pension credit for any pension in addition to the Canada Pension Plan. Colby points out that immigrants who are getting a pension from their home country must report that money as income.

Another important issue for seniors applies to so-called snowbirds—those who spend their winters in Florida or other sunny locations in the United States. If they're there longer than four months each year, they're required to file a tax return south of the border, even if they have no income there.

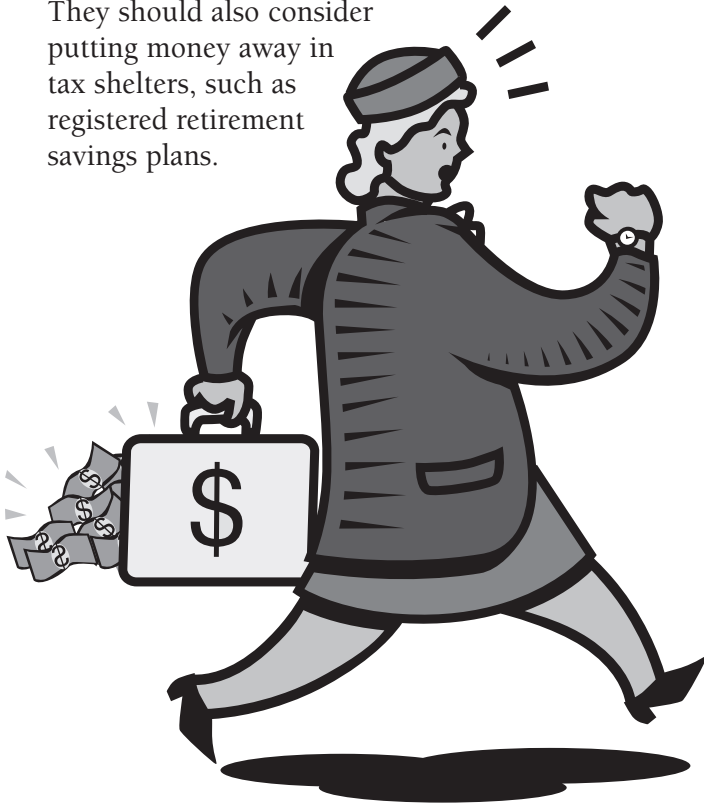
However, "there's a very simple form snowbirds can fill out," said Colby. "It's called a Closer Connection Exemption. If they stay more than four months, when they file this form, they're indicating they're really a resident of Canada and they have a closer connection to Canada so they don't have to file a U.S. tax return."

At the other end of the spectrum, young people who are going away to school can claim moving expenses as long as they've won a scholarship or have a part-time job in the city where they're studying.

At the same time, they can claim moving expenses back home for the summer as long as they have a job waiting for them or find one once they get there.

Those just entering the workforce who are paying off a student loan can write off the interest.

They should also consider putting money away in tax shelters, such as registered retirement savings plans.



Not only does that “grow significantly” over a longer period of time, but you get a tax deduction in relation to the contribution, says Katz.

“But if the (employee) isn’t making a whole lot of money and is at a relatively low tax rate, what they can do is make the contribution and actually claim the deduction maybe a couple of years down the road when they’re making more money.”

Source: *Chronicle Herald/Mail Star*, April 8, 2002

Health Services Research Advancement Award

The Canadian Health Services Research Foundation is pleased to announce that Robert G. Evans is the winner of the 2002 Health Services Research Advancement Award. Evans is Professor of Economics at the Centre for Health Services and Policy Research at the University of British Columbia.

Evans received this prestigious award in Halifax at a recent conference of the Canadian Health Economics Research Association. The selection panel recognized Evans’ international contributions to the economics of healthcare. He has made economics understandable to healthcare decision makers and has influenced fellow economists to recognize the special attributes of healthcare when developing theories of economics.

The award recognizes and celebrates the contributions of individuals, teams, and organizations to the advancement of health services research in Canada. The winner receives \$10,000 to be used in the advancement of health services research.

We are always seeking to attract qualified applicants from both the decision maker and researcher communities. The deadline to submit nominations for next year’s award is March 31, 2003. Visit our web-site at http://www.chsrf.ca/hsraa/index_e.shtml to find out more about this year’s winner and to download the nomination form.

Source: Canadian Health Services Research Foundation

Outdoor Recreation in Nova Scotia

In 1986, the Leese Family of Westville, Nova Scotia, opened North America's first fully accessible recreational wilderness park designed specifically for people with disabilities and seniors. The family gave their land, time and money so that simple pleasures such as fishing and picnicking would be available to certain people in the province's Pictou County who might not otherwise be able to participate in these experiences.

The Lansdowne Outdoor Recreational Development Association (LORDA) has grown over the years, and today the park includes fishing ponds, nature trails, picnic areas and more. Every year, the ponds are stocked with fish by the Nova Scotia Department of Fisheries. Annual events held at the park include a fishing derby and barbecue for people with intellectual disabilities and a similar event for the children of Chernobyl.

There is no charge to use the facility, which is open for 20 weeks out of the year and operates exclusively on donations. This summer, wheelchair accessible shuttle bus service will even be offered to the park from various townships in the region.

The 30 years of dedication and hard work behind LORDA are part of the reason it has been recognized with an array of awards. The list includes the Canadian Parks and Recreation Association's Award of Excellence for Innovation, given in recognition of outstanding leadership and innovation in the parks and recreational field.

For more information, Tel: (902) 396-3344, or visit www.lorda.pchg.net

Book Reviews

Empowering Clients with Parkinson's

Parkinson's Disease: A Complete Guide for Patients and Families is written to help those living with the disease to make adjustments to profound life changes, develop expertise in self-monitoring and self management, and help them become more effective partners in decision making.

Each informative chapter begins with a series of questions outlining the information to be covered. Topics throughout the 256-page book include: symptoms of Parkinson's disease and related movement disorders; drug treatments; new surgical therapies; information on medication side effects, and more.

Straightforward and easy to read, *Parkinson's Disease* is a good resource for the newly diagnosed person with Parkinson's.

Published by Johns Hopkins University Press.

For more information: Tel: 1-800-537-5487.

Art attack

Whether you can draw a straight line or not, you can learn how to direct engaging art activities for older adults using *I Can't Draw a Straight Line: Bringing Art Into the Lives of Older Adults*.

Shirley K. Hubalek, an art and music specialist, draws on her experience in working with residents in nursing facilities, dementia care units, assisted living facilities, retirement communities, and psychiatric hospitals to produce this comprehensive text.

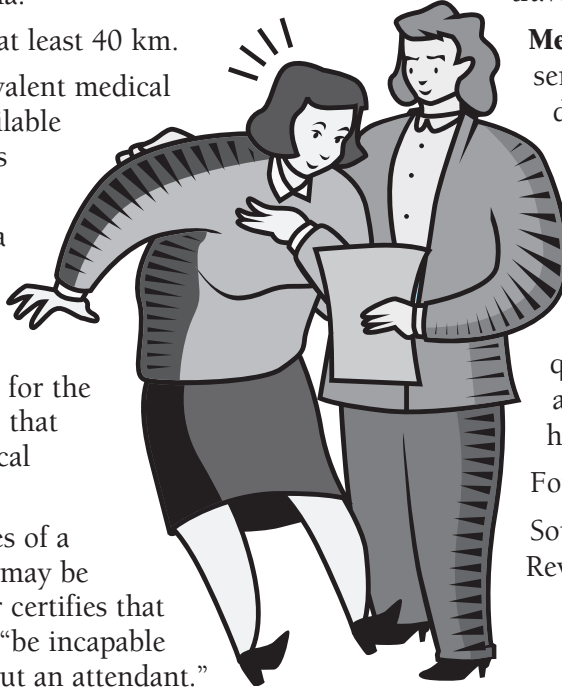
A useful educational resource, *I Can't Draw a Straight Line* offers fully developed lessons you can use to make learning art fun for older adults. Three separate tracks begin with the basic elements of art then progress to more advanced concepts, such as how to create perspective and space.

For more information: Tel: 1-888-337-8808.

Did you know ?

That you can receive a tax credit for travel expenses incurred in obtaining medical services that meet certain criteria:

- Travel distance of at least 40 km.
- Substantially equivalent medical services are unavailable within the patient's locality.
- The patient takes a reasonably direct travel route.
- It is reasonable, in the circumstances, for the patient to travel to that place for the medical service.
- The travel expenses of a companion/driver may be covered if a doctor certifies that the patient would "be incapable of travelling without an attendant."



licence fees, insurance, maintenance, repairs) as well as the number of km actually travelled over 40+ km.

Medical services: May include the services of nurse, medical practitioner, dentist, pharmacist, osteopath, chiropractor, naturopath, therapist/therapist, physiotherapist, chiropodist/ podiatrist, psychoanalyst (if member of CIP), psychologist, qualified speech-language pathologist/ audiologist, qualified occupational therapist, acupuncturist, dietician, dental hygienist.

For more information: Tel: 1-800-959-8281

Source: Canada Customs and Revenue Agency

What do you need to keep track of these costs?

You have the option of choosing a detailed or simplified method to calculate certain travel expenses:

- **Simplified Method**—for meal expenses (only available for trips 80 km or more), you can claim a flat rate of \$11 per meal to a maximum of \$33 per day, per person, without receipts; lodging may also be covered if over 80 km (check requirements); for vehicle expenses, you keep track of the number of kilometres used for 40+ km medical travel during the 12-month period that you choose and multiply by 36.4 for NS residents.
- **Detailed Method**—for meal expenses, you collect your actual receipts; for vehicle expenses, you keep receipts and records for any vehicle expenses for medical travel over 40 km over the 12-month period, including operating and ownership expenses (depreciation, provincial tax, finance charges) and operating expenses (fuel, oil, tires,

88 Easy-to-Make Aids

For Older People & Special Needs

A handbook of tested helpful items. Easy-to-follow, illustrated, step-by-step instructions. Uses only basic household tools or sewing equipment.

To order, send \$17.45 to the address below, or call toll-free to pay using VISA.

Canadian Abilities Foundation

489 College Street, Ste. 501

Toronto, Ontario M6G 1A5

Toll-free (VISA orders only): 1-888-700-4476

Seniors' Universal Safety Net

Seniors' Universal Safety Net, sponsored by Canadian Pensioners Concerned NS, is comprised of three individual but related programs aimed at the safety and well being of seniors.

(1) *ABC's of Fraud*—The Scotiabank Fraud Awareness Program—ABC's of Fraud is an innovative fraud prevention and education program that provides seniors with the skills and information they need to identify and avoid consumer fraud. Using a “seniors helping seniors” approach, older adult volunteers deliver interactive presentations utilizing skits and other props.

In Canada, seniors over 60 represent 77% of the telemarketing fraud victims who sent over \$5,000 to con artists in 1997. The most prevalent frauds include phoney surveys, bogus charities, telemarketing, door-to door scams and home repair swindles.

Audiences learn which scams are most common in their area, how to identify a potential fraud or scam, how to avoid becoming a victim of a con artist and who to contact if they have questions or concerns.

In Nova Scotia, ABC's of Fraud is co-ordinated by Canadian Pensioners Concerned NS with funding from Scotiabank through the Volunteer Resource Centre of Toronto.

(2) *Money Matters*—Also through the Canadian Pensioners Concerned NS, Seniors' Universal Safety Net, is the program “Money Matters”. This program was developed by the British Columbia Coalition to Eliminate Abuse of Seniors and focuses on various aspects of financial abuse. Money Matters is an hour long presentation put on by adult volunteers. This free program is designed to assist seniors in protecting their money and staying in control of their finances. One in every 12 seniors experiences some form of financial abuse. Learn how to protect your money, property and independence.

(3) *Home & Personal Safety*—The third component making up the Seniors Universal Safety Net is Home and Personal Safety. This program is presented in partnership with the HRM Police Department. Through this presentation, seniors become aware of things they can do to protect themselves at home, in their car and on the street. Learn how to prevent crimes in your home by using locks, doors and windows, lighting and landscaping. Criminals often see seniors as, ‘easy’ targets ... become a tough target!

To book a free presentation of the Scotiabank Fraud Awareness Program—ABC's of Fraud, Money Matters, or Home and Personal Safety for your seniors' group, please contact Pat Baker.

Canadian Pensioners Concerned NS
Tel: 902-454-7989.

Price Change for Northwood Lifeline Service

Through research and innovation, Lifeline leads the industry with state of the art personal emergency response equipment. Northwood Lifeline currently offers two types of equipment: *The Basic Communicator* and *The NEW CarePartner Telephone with Reminders* allows subscribers to record up to 6 messages to remind them when it's time to take medications, attend appointments, etc. Currently the price difference between the two units is \$3.00.

Effective April 1, 2002, Northwood Lifeline is pleased to announce they will have a single price of \$42.00 for the Lifeline service, regardless of the type of unit chosen. With this price change they will be able to focus on subscriber's needs and recommend the appropriate equipment without having to worry about additional costs.

Michele Harlow, Director, Northwood Lifeline and Telecare.

ARE YOU OK?

We would like to take this opportunity to familiarize you with a new program sponsored by Canadian Pensioners Concerned in partnership with the Halifax Regional Police.

ARE YOU OK?

Is a telephone check system available at no cost to seniors living within the Halifax Regional Municipality.

Anyone interested in subscribing to this program can contact our staff at 454-7989.



We will require the person's name, address, telephone number and the names, addresses and telephone numbers of 2-3 friends or neighbours who would be willing to check on the subscriber should they not respond to our telephone call.

Each day at 10:00 a.m. a computer generated telephone call will be made to subscriber's homes. They follow the directions given in a pre-recorded message. This will notify us that the senior was able to take the call and all is well. If, however, there is no response a second call and then a third call will be made. Failure to respond to these calls will result in a call to the subscriber's designated contact person(s). If necessary, Emergency Health Service or the Halifax Regional Police will be dispatched to the subscriber's home.

It is our hope that this service will help seniors feel more connected with the community and will decrease their concerns regarding living alone.

Call Canadian Pensioners Concerned
Tel: 902-454-7989.

Australian Preparations for its Ageing Society

Note: The following article was submitted by Kevin Andrews, Minister for Ageing, Australia.

I welcome the opportunity to give you a brief overview about how Australia is approaching ageing issues as the country faces one of the biggest demographic changes in its history.

The Prime Minister, the Honourable John Howard MP, said in 2001 that, "Australia's changing demographics is a matter of the highest national importance, economically and socially. It presents challenges but also opportunities."

The Government has created a specific Ministry for Ageing to coordinate efforts in all departments to meet the needs of older Australians. In part, the new portfolio reflects our belief that older people should not be defined by their care needs, but should be supported across all aspects of their lives.

Because population ageing has many implications for individuals, families, communities, business and governments, the Australian Government has developed a National Strategy for an Ageing Australia. This framework document sets out the key ageing issues—such as a massively shrinking workforce—for which we need to develop practical programmes and policies. The Strategy has four main themes:

- Independence and self-provision—this includes the important need for continued employment of mature age people;
- Attitude, lifestyle and community support—this recognises that ageing will change our communities;
- Healthy ageing—this promotes the value of positive health choices across the lifespan; and,
- World-class care—this provides choice and quality of care for older people if they need it.

The principles underpinning the National Strategy are:

- The ageing of the Australian population is a significant common element to be addressed by governments at all levels, businesses and the community;
- All Australians, regardless of age, should have access to appropriate employment, training, learning, housing, transport, cultural and recreational opportunities;
- They should have access to care services appropriate to their diverse needs;
- Both private and public contributions are required to meet the needs and aspirations of older Australians;
- Strong evidence should inform the policy responses to population ageing; and
- The delivery of services and pensions for our ageing population is affordable as long as we have a well-managed economy and growth.

Australia will be represented at the Second World Assembly on Ageing in Madrid in April. We are also pleased to be contributing to the finalisation of the International Plan for Action on Ageing. The International Plan is consistent with our own policies and will help Australia to continue its collaboration on ageing issues with other countries in our region and elsewhere. The Federal Government is also pleased that the IFA's 6th Global Conference on Ageing "Maturity Matters" will be held in Western Australia in October 2002. This important conference is well timed to follow up many of the deliberations that will occur at the World Assembly and the subsequent few months.

Note: Copies of a National Strategy for an Ageing Australia can be obtained by writing to:

Office for Older Australians, Department of Health and Ageing, MDP 10, GPO Box 9848, Canberra ACT 2601, AUSTRALIA, or on the web at: www.olderaustralians.gov.au

Source: *Intercom, Educating & Advocating for Older People's Rights*, February-March 2002, Vol. 8, No. 10

ThirdAgers Caring for Loved Ones, Hosted by Oiseau

Even the best caregivers face times when they need support, too. That's the purpose of this forum—to develop a caring community for caregivers. This is the place to rant, rave, scream and cry. We shall listen without judgment.

You will find us at:

www.thirdage.com/WebX?14@@.ee9182d/

Host Oiseau, mother of 4 adult children, cares for many needs of her 89-year-old parents.

In years past, she helped run a nursing home for the elderly, and, in the process, learned a great deal about gerontology.

Look for hugs and hints here to protect yourself while caring for others.

Wednesday night at 6 PM Pacific -9 EST Oiseau awaits you in the ThirdAge Chat room, Caregiver's Corner, to discuss some problems that you may have concerning your charges. You can meet other caregivers and professionals in the field, share a tear and a chuckle, offer a shoulder and most especially an interested ear! Please join us...

Note: Tips on caregiving have been provided in the discussion by nationally recognized caregiving authority, Beth Witrogen Mcleod. To read her articles on the topic go to the ThirdAge Caregiving Center website address: www.thirdage.com/family/caregiving

Source: *Intercom, Educating & Advocating for Older People's Rights*, February-March 2002, Vol. 8, No.10

International Conferences

September 2002

FourFive-Ageing People and Work Life
September 22–24
Tampere, Finland
E-mail: yyhata@uta.fi

October 2002

Maturity Matters
IFA's 6th Global Conference on Ageing
October 27 to 30, 2002
Perth, Australia
Ms. Nic Lanyon
C/- Congress West
Tel: 61 8 9220 1104
Fax: 61 8 9220 1158
E-mail: nicl@fcs.wa.gov.au
Website: <http://www.congresswest.com.au/ifa>

April 2003

Cognition, Behavioral and
Social Performances in the Elderly
International
Psychogeriatric
Association
April 1–4, 2003
Centre International
de Conférence
Genève, Geneva,
Switzerland
Tel: +1.847.784.1701
Fax: +1.847.784.1705
E-mail: ipa@ipa-online.org
Website: www.ipa-online.org

The Future of Health Care in Canada Surveys

The Romanow Commission

As many of you are aware, the Canadian Policy Research Network (CPRN) has been doing research work and conducting intensive dialogues with randomly selected Canadians from across the country on behalf of the Commission on the Future of Health Care in Canada (the Romanow Commission).

The report on those remarkable dialogues will be published by the Commission in the near future.

We urge you to familiarize yourself with the important work of the Commission by clicking on the link below:

www.healthcarecommission.ca/



Hope Health Tip of the Week

Exercise your way to a healthy blood pressure.

Researchers who recently reviewed more than 50 studies of the effects of exercise on blood pressure have only one thing to say to those of us who are dedicated couch potatoes: Get moving.

High blood pressure can damage blood vessels, kidneys, eyes, and brain. Your blood pressure is too high if it's 140/90 or higher.

Health experts recommend a half-hour to an hour a day of brisk physical activity on most days of the week. If you don't currently have high blood pressure, this amount of exercise will help you avoid it as you get older. It will also help you avoid type 2 diabetes, heart disease, and weight-gain.

Another excellent way to bring down blood pressure numbers: eat a low-sodium diet that's rich in fruits, vegetables, and low-fat dairy.

Source: *Annals of Internal Medicine*, Vol. 136, Pg. 493.

Taking Risks and Symptoms to Heart

Heart disease is the primary cause of death in men over the age of 45 and in women over the age of 55. In fact, women are ten times more likely to die from heart disease than from any other disease.

Yet too often, according to Dr. Farida Jeejeebhoy, a cardiologist at William Osler Health Centre in Brampton, Ontario, women are less concerned about heart disease than they are about other diseases such as breast cancer. "Most people, including women," says Dr. Jeejeebhoy, "think heart disease is a man's disease. Before menopause, certainly the incidence is less. But after menopause, the rate of coronary disease is the same as men's."

Heart disease, or more specifically, coronary artery disease, means that blockages in arteries reduce the flow of blood and oxygen to the heart. These blockages cause angina. A heart attack happens when one of the blockages cracks. The body will produce a clot in the artery to plug up the crack. That clot will prevent the heart muscle from getting any blood or oxygen, causing permanent heart damage. Women are more likely to present first with angina and men are more likely to present first with a heart attack.

Symptoms Vary

Typical symptoms of a heart attack, according to Dr. Jeejeebhoy, include pressure in the centre of the chest. "Sometimes it's pain, but often it's a pressure, tightness, or squeezing," explains Dr. Jeejeebhoy. Other associated symptoms include shortness of breath, clamminess, nausea or dizziness.

Too often, however, heart attacks or angina are misdiagnosed in women. Angina in women is often not expected. "Women," explains Dr. Jeejeebhoy, "can have 'atypical' symptoms. Maybe the pain is not right in the centre of the chest, or maybe it's not a squeezing feeling. Some women just have fatigue. The reason that women have atypical symptoms," she continues, "is not known."

Atypical symptoms for heart attack and angina also occur in both men and women who have diabetes, says Dr. Jeejeebhoy. The pain may be in a different location, or they may not get any pain, but just experience shortness of breath. Dr. Jeejeebhoy states that diabetes is a major risk factor for heart problems in both men and women.

Minutes Count

Early intervention for a heart attack is crucial when minutes can mean the difference between life and death. Consider that over half of the deaths caused by heart attacks occur within the first two hours after symptoms begin. 1. Earlier treatment of patients with Myocardial Infarction can also reduce the severity of damage to the heart and the extent of tissue injury.

2. Women who have a heart attack are more likely to die than men. One trial showed the mortality rate was 9% in women compared to 4% for men. Some data suggests that women are less likely than men to undergo cardiac testing and treatment for coronary artery disease.

Taking Action

“As professionals in the health care community,” states Dr. Jeejeebhoy, “we need to be vigilant, even aggressive, about looking for any indication of the disease in women. Women often have atypical symptoms of coronary artery disease, and if a woman has a heart attack, she is more likely to die. It’s critically important to educate patients of typical and atypical symptoms and associated symptoms so they can seek medical attention quickly. Coronary artery disease, which leads to angina and heart attacks, is prevalent in women. Even younger women are at risk, especially if they have other risk factors for coronary artery disease such as hypertension, high cholesterol, diabetes, history of smoking, or a family history of early coronary artery disease. “

Would your patients know how to get help if they were experiencing a heart attack? If they live alone or are frail, they should consider subscribing to a Personal Response Service. This will allow them to access immediate assistance, even if they are unable to speak. If patients have a plan of action for a heart attack, they will less likely let fear or embarrassment overcome them.

By identifying the symptoms of heart attacks and being able to access assistance, patients will be able to get the help they need—quickly. It can save lives.

A special thank you to Dr. Farida Jeejeebhoy for her contribution to this article.

Studies Cited:

1. Gurley RJ, Lum N, LoB. Sande, M, MD., Katz MH.

Persons Found in Their Homes Helpless or Dead; New England Journal of Medicine, June, 1996; 334 (1710-1716)

2. Bahr RD. *Chest Pain Centers: Moving Toward Proactive Acute Coronary Care. International Journal of Cardiology*, 2000; 72: (101-110).

3. Becker, RC, Terrin, M, Ross, R et al. *Comparison of Clinical Outcomes for Women and Men After Myocardial Infarction. Ann Internal Med* 1994; 120: (635-645).

Additional Sources:

Society of Obstetricians and Gynecologists of Canada: <http://www.sogc.org>

Canadian Health Network:

Website: <http://www.canadian-health-network.ca>

Website: www.canadian-health-network.ca

Heart and Stroke Foundation of Canada:
www2.heartandstroke.ca

Source: *Lifeline Connections for the Professional*, Spring 2002

Books

Fifty Years The Queen

A Tribute to Elizabeth II On Her Golden Jubilee

As a child, I kept a scrapbook of the Queen’s visit to Toronto. This year, as Canada and the Commonwealth celebrate her Golden Jubilee, many “scrapbooks” will no doubt be published highlighting the half century since Elizabeth II’s coronation. This picture book focuses on her Canadian experiences, complete with rarely seen photos. On her first visit to Canada as Queen at age 31, Elizabeth did her first-ever television broadcast in Ottawa on Thanksgiving Day, October 13, 1957. Delivered in both English and French, it was a prelude to her annual Christmas TV broadcasts. This is a wonderful keepsake book with beautiful photographs and illustrations.

Fifty Years The Queen by Arthur Bousfield & Garry Toffoli, published by Dundurn Press, 2001. Soft cover, 232 pages. \$24.99

Websites of Interest

Charmaine Spencer, is pleased to announce the launch of a new website focusing on Seniors and Alcohol. The website www.agingincanada.ca covers such diverse topics as alcohol and health matters, alcohol and caregiving, alcohol and cancer, alcohol and elder abuse, and much more. This website contains information based on senior's perspectives, clinical best practices, and research literature and is one component of the National Population Health Initiative.

Charmaine Spencer also invites you to visit a brand new website www.canadianelderlaw.ca It is dedicated to social and legal issues affecting seniors in Canada. The purpose of the site is to provide information and raise awareness of key issues to help advance seniors' rights as full citizens in Canadian society. It is being developed in stages. At this point the information is largely geared to British Columbia, Canada. However, some of the information can be useful to seniors anywhere in Canada.

Victor Marshall, would like to recommend an annotated bibliography website that could be helpful for researchers concerned with issues surrounding aging and the family. This website is located at:

www.cyfernet.org/research/aging90.html.

Colin Powell, M.B., F.R.C.P, would like to recommend a geriatric Internet resource website that could be useful for researchers and anyone interested in geriatric issues. This website is located at: www.geriatrics.halifax.ns.ca

Norah Keating, Ph.D. and Janet Fast, Ph.D. of the Department of Human Ecology at the University of Alberta have developed a website www.hecol.ualberta.ca/RAPP in the area of caregiving and social policy. The RAPP (Research on Aging, Policies and Praxis) website was designed to be "senior friendly". It provides information on research projects underway currently, as well as findings and policy implications from completed research projects.

Web Sites For The Birds!

By Catherine Rondina

Imagine being able to soar like an eagle! From the beginning of time, man has been fascinated with birds and their ability to fly. You can take flight—across cyberspace that is—in search of our feathered friends. Whether you're a homefront enthusiast or an experienced birder, you'll find these sites are filled with information, from backyard birding to global bird-watching pursuits.



www.web-nat.com/bic/ This Web site takes you to Birding in Canada, a wonderful host of links to many national resources. The site contains the standard info you'd hope to find, such as links to *Birding Books* and *Bird Check Lists*. But it's the unique links that make this site special. Visit the Provincial Birds list for images of each feathered representative. The *Canadian Birding Societies* link gives you province-by-province listings of birding clubs. *Canadian Site Guides*, again listed by province, offers you the latest sighting locations across the country.

www.wildbirds.com Contains all you need to know about attracting birds to your yard. Not only can they assist you in identifying the visitors to your feeders, they can help you if you find a sick or injured bird. Their in-depth links cover a variety of topic areas. *Feeding Wild Birds* takes you from such subjects as *Types of Feeders* to *Beyond Bird Seed* and *Get Rid of Pigeons*. In the section *Protecting Wild Birds*, you'll discover what to do with injured or baby birds you may encounter. If you're a shutter bug, you'll want to click on *Photographing Birds* for links to *Backyard Photo Tips*, *Cameras & Equipment*, and *Show Us Your Photos*, where you can submit pictures.

www.npwrc.usgs.gov/resource/tools/ndblinds/ndblinds.htm Feeling ambitious? This site, produced through the North Dakota Game and Fish Department, is a handyman's oasis. The site's creators, Chris Grondahl and John Dockter, have compiled construction plans for bird houses, feeders, nesting boxes and platforms. You simply select the species of bird you're interested in—for example, *Tree Swallow* and *Eastern Bluebird*—and you arrive at a page of complete instructions, along with diagrams and a list of supplies and tools needed to complete the project.

www.cws-scf.ec.gc.ca/hww-fap/brd_feed/feeding.html

Environment Canada hosts this site in conjunction with Canadian Wildlife Services. Their site consists of seven pages covering pertinent topic areas. The linked material delves further into detail, with large lists of Canadian birds and mammals, arranged alphabetically. When you choose from the list by selecting a type of bird, such as *Blue Jay* or *Snowy Owl*, you arrive at beautiful color photos of the species with ample information, including maps and nesting habits. Be sure to visit the *Related Topics* link for subject matter such as *Pesticides and Wildbirds*, *Endangered Species in Canada* and *What You Can Do For Wildlife*.

www.camacdonald.com/birding/ If you're interested in birding beyond your own backyard, then this site is for you. This well-designed space takes you to birding hotspots around the world. With just a few clicks of the mouse you could be vacationing in the Caribbean, bird watching to your heart's content. Simply choose a continent and the links will take you to a choice of countries. For example, say you select *Central America* and then choose *Costa Rica*; at this point you're, bombarded with facts and information. Links such as *Tours/Guides*, *Eco-Lodges*, *Local Events*, *Specialty Birds* and *Map and Info* are loaded with, detailed information for planning your trip.

Source: *Good Times Magazine*, May 2002

Check This!

By Sandra Foster

An estate plan reflects where you are today and what you want to accomplish in the future. The first step in developing or reviewing your estate plan is to evaluate your current situation. Take this quiz. Any questions that provoke an answer of “No” or “Unsure” require action.

Yes No Unsure

Have you prepared and signed a will?

Have you prepared and signed a financial power of attorney?

Have you recently reviewed your will and financial power of attorney?

Are your will and financial power of attorney up to date?

If you are married or cohabiting, have you taken steps to protect assets you brought into the relationship?

Have you named beneficiaries and alternative beneficiaries for your registered retirement savings plans (RRSPs), annuities, life insurance policies, life income funds (LIFs) and registered retirement income funds (RRIFs), pension plans and/or deferred profit-sharing plans (DPSPs)?

Are your beneficiary designations up to date?

Have you named backups for your executor and powers of attorney?

Have you provided for all your dependants?

Have you ensured that your spouse will not have to make a claim against your estate?

Have you estimated your income tax due on death?

Have you taken advantage of special rules to roll over eligible assets tax-free to your spouse?

Have you estimated the cost of having your will probated?

- Have you reviewed how to best register the ownership of assets?
- Do you have enough cash to pay the cost of dying—including income taxes and executor and probate fees—without forcing the sale of family assets?
- If you have specific wishes regarding your funeral, have you left instructions with your executor?
- Have you prepared a living will or medical directive?
- Have you prepared a power of attorney for personal care or a health care proxy?
- Have you documented your wishes regarding organ donations?
- Have you considered making a planned gift to charity?
- If you have a business, do you have a succession plan?
- Does your spouse/children/executors know the names of your professional advisers and how to contact them?
- Does your spouse/children/executor know where to find your will, financial records, income tax returns, bank accounts, safety deposit box and insurance policies?
- Have you prepared a personal inventory?
- Have you prepared all the necessary documents (including will, living will, powers of attorney) for your estate plan?
- Do you have all the information you need to complete your estate plan?
- Is your estate plan up to date?

Copyright, Sandra E. Foster, *You Can't Take It With You: The Common-Sense Guide to Estate Planning for Canadians* (John Wiley & Sons Canada, Ltd., Toronto)

Technology Changes the Face of Home Nursing

Technology is forever changing the ways health professionals provide care to their clients. When we think of health care technology, settings such as hospitals, clinics, and doctors' offices immediately come to mind. .. but how does technology advance home care?

VON nurses have been caring for Canadians in their homes since 1897. They have seen a number of innovations in the home care field over the years as Canada's health care system has experienced an increased demand for complex, home-based health care.

Intravenous Therapy at Home

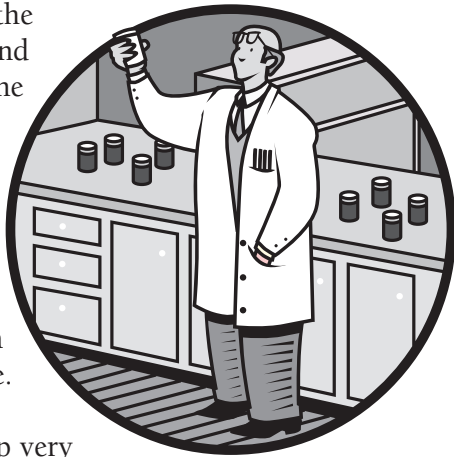
The addition of infusions of all sorts to a visiting nurse's duties has allowed clients to be treated in the home when otherwise they would need to be in hospital. In-home IV Therapy allows VON visiting nurses to care for terminal clients more effectively, hydrate pregnant moms experiencing difficulties, and administer chemotherapy and IV antibiotics at home.

"When I first came to work in the community many years ago, we did not administer any type of intravenous fluid or medication in the home setting," comments Michelle Hutchison, Clinical Care Coordinator, VON Hastings, Northumberland & Prince Edward Branch. "Today, that seems incredible." For the client, the fact that IV therapy was not an option in the home setting meant one of two things: either the client stayed in hospital until the therapy was complete, or they went home and made the required number of trips per day to the Emergency Room to receive the prescribed doses of fluids or medication. Neither option was appealing to the client.

"When IV therapy did eventually come to our community setting, it proved to be a challenging prospect for some of the nurses who had worked in the community for many years," states Hutchison. "Some nurses had only administered intravenous during their schooling, so there was a big, daunting learning curve for people."

Innovations Make Life Easier For Clients & Staff

At first, when VON visiting nurses began providing intravenous therapy in the community, the nurse went into the client's home and infused the intravenous fluid and medication using the gravity method. Each time the patient was scheduled to receive medication, the nurse would return to the client's home. Both the nurse and client were often up very early in the morning and very late at night for these visits.



The advent of the infusion pump allowed the administration of fluids at a particular rate and time so nurses could visit the client once a day at a more convenient hour for the patient and ensure the patient received the appropriate medication.

In the early 1990s, VON's home care nurses also began to have access to other innovations (i.e. Peripherally Inserted Central Catheters (PICC lines) and midline catheters) that made IV therapy much easier to administer in the home. These devices made the experience more comfortable for the client because it became possible to avoid repeated needle-sticks for long-term IV therapy clients.

“Community nurses have seen the face of infusion therapy in the community change a great deal over the years,” says Janis Leiterman, VON Canada Director of Clinical Services. “Innovation in home health care technology has met the increasing demand of people wishing to receive complex care in the comfort of their own homes.”

Source: Michelle Hutchison, Clinical Care Coordinator, VON Hastings, Northumberland and Prince Edward Branch, VONetwork

Specialized Equipment and Low Cost Modification Ideas

Technology has advanced at an incredible rate over the past few decades. Along with this surge of innovation, products and ideas for active participation for people with a disability have also come along way. It wasn't long ago that individuals were limited in what they could participate in as a result of a disability. Not anymore. Activity is now only limited by the imagination!

The first step is to decide what activities you would like to participate in. Once you have decided...consider the following:

Do you require specialized equipment?

Although you may, many individuals feel that the only way they can participate in an activity is by using specialized equipment...because they have a disability. Although this is sometimes true, consider your situation and be creative. An example is that many individuals feel that they need specialized equipment to exercise. Consider using the equipment differently. If you use a wheelchair or need to exercise from a sitting position because of poor balance consider facilities that have “pulley systems” or newer exercise equipment which are typically designed to be user-friendly for all users (i.e., lower and easier to get on than older equipment). The moral is not to limit yourself until you try a few options.

How much are you willing or able to invest?

Specialized equipment is often custom-made or not often mass-produced. Due to this fact, specialized equipment can be rather costly. Take this into consideration, but don't necessarily let it limit your goals. If purchasing is not in the picture for you find someone who has the equipment that you require. Perhaps someone in your community has it and would be willing to lend it on occasion or you may be able to share the purchase of specialized equipment with a friend or group of individuals interested in the same activity. Otherwise...be creative! There are examples of creative and inexpensive ideas for active participation regardless of your budget.

Where can I get the equipment that I want?

Most specialized equipment is available through the same retail stores that sell wheelchairs or medical supplies in your community. Another option is mail-order catalogues which bring together pieces of equipment from a number of suppliers and place it in one catalogue—like Access To Recreation. Access to Recreation is a free catalogue which has daily living products, fitness and recreation products.

The last alternative presented if you have internet access, is to search and/or purchase equipment on the web. Most medical or specialized equipment suppliers have an internet website.

New and Exciting Innovations

Adult Tricycles For an individual with a balance impairment.

Arm-Crank Bicycles Can attach to a wheelchair or be purchased as an “all in one” unit.

Automatic Card Shufflers For individuals who have hand impairment.

Bowling Bowling chutes are available and many facilities have them now to accommodate wheelchair users.

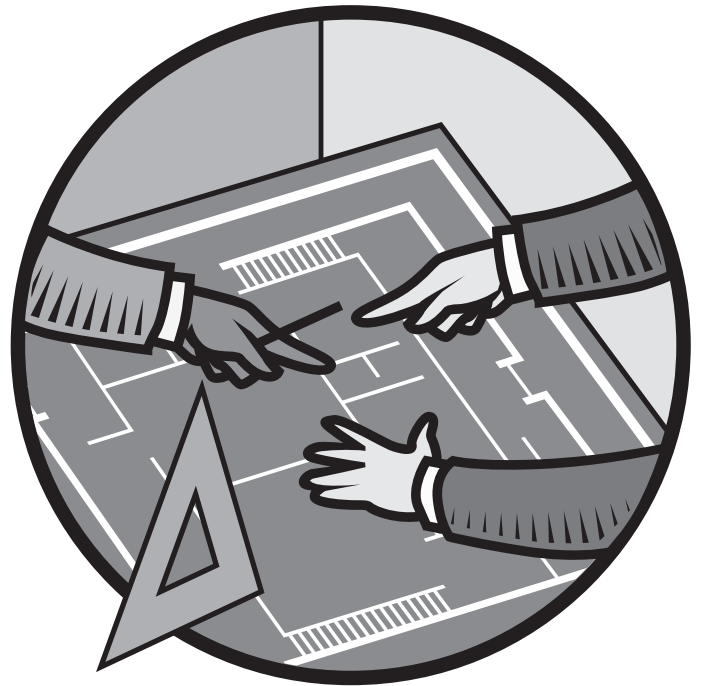
Computer Modifications Lots of options regardless of ability. Contact the Assistive Devices” department at a rehabilitation centre or there are computer companies with specialized equipment.

Hunting & Fishing Check out:
http://www.buckmasters.com/american_deer_foundation/dis_hunt/adaptive/adapt.html

Racing Wheelchairs Can be purchased (new and used) or rented from local associations

All-Terrain Wheelchairs All-terrain wheelchairs, similar to mountain bikes, are now available.

Sailing The Disabled Sailing Association of Alberta has numerous modifications including a “Sip&Puff” operated sailboat for those with little or no function...just sip and puff on a straw and sail independently. Go to:
<http://www.cadvision.com/dsaa/> or call (403) 2380689



Skiing

Lots of options for alpine, cross-country or water. Contact Disabled Skiers Alberta at (780) 427-8104 or the Canadian Association for Disabled Skiers.

Resources: Canada's Physical Activity Guide to Healthy Active Living

To get your free copy: Call 1-888-334-9769 or surf 111.paguide.com

Contact: Your local Parks & Recreation (Community Services) Department. Your local rehabilitation centre or rehabilitation speciality store.

Access to Recreation Catalogue. Here is how to get your free copy: Access to Recreation Inc. 1-800-634-4351 (toll-free). 8 Sandra Court, 1-805-498-8186 (fax), Newbury Park CA 91320 dkrebs@gte.net (email)

Check out the Disability & Resource Mall for specialized equipment at:
<http://www.disabilityproducts.com/>

Source: Recreation Nova Scotia

Learning to Listen— Listening to Learn:

A New Way of Caring for Caregivers

The *Learning to Listen—Listening to Learn Project* central theme is that learning to listen to caregivers is the first step toward ensuring caregivers are directly involved in planning to meet their needs. How do we as service providers actively engage caregivers as partners in care to improve the outcomes for caregivers and their families?

The overall purpose of the project is to develop and adopt approaches to be more responsive to the needs of caregivers receiving service from VON Branches. The project goal is to critically examine the caregiver-provider relationship to determine whether a change in the practice of VON providers is required. Over the 3-year project, an educational strategy using a variety of intervention methods (i.e. workbook and workshops) will be developed and piloted in 5 Branches. These intervention resources will compile information collected through a literature review, caregiving stories, and a series of focus groups with caregivers and service providers. The 5 Branches involved are Hastings, Northumberland, and Prince Edward; Sudbury; British Columbia; Cumberland; and Pictou.

This is a multi-site project and will require support to ensure the integrity of the evaluation process across five sites across Canada. Stakeholders in the project will be encouraged to participate in all aspects of the evaluation to develop meaningful and useful recommendations to assess and to improve the process and the interventions. The outcome evaluation will be conducted through the mail-out surveys with caregivers at 3 intervals during the project: pre-intervention, one month after the intervention, and 3 months after to ensure that changes in practice have been sustained over time. Other evaluation activities will be incorporated into the project to address contextual and process issues.

This proposal represents an innovative and effective strategy that builds on the organization's efforts to address the needs of caregivers including the Health Canada/VON Canada Caregiver Roundtables (1998 and 1999), and the formation of the Canadian Caregiver Coalition. Currently, formal respite services are provided in 34 of the 71 VON branches. VON Canada has a national scope and is supported by a strong infrastructure of 8,600 employees (professional and paraprofessional) and 14,000 volunteers across Canada.

VON Canada is committed to examine the implications for our practice with caregivers and to influence caregiving policy at the local, provincial, and national levels. Based on what is learned during the *Learning to Listen—Listening to Learn Project*, VON Canada will respond to caregiver needs with service strategies that move beyond the perceptions of providers to a flexible model of care delivery that ensures a therapeutic alliance, or true partnership, with caregivers. With the potential to improve the way VON provides service, we believe that what we find over the course of the project can be applied to other health care delivery organizations.

For more information, please contact:
Bonnie Schroeder, Caregiver Project Manager
Tel: (613) 233-8825 ext. 252 or
E-mailschroedb@von.ca
Web-site: www.von.ca

Designing Websites Aimed at Older People

by Michele Hollywood

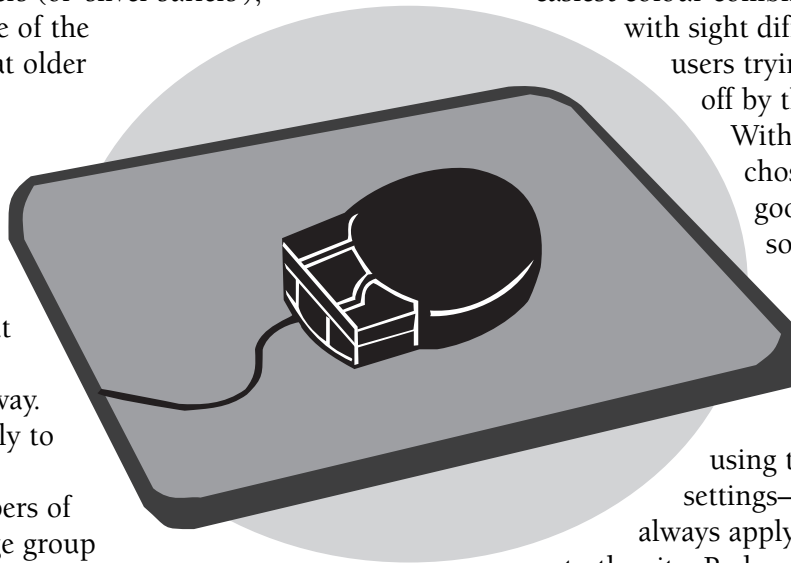
Michele Hollywood explains how and why Hanover redesigned their website to better suit older internet users (or 'silver surfers'); and reviews some of the websites aimed at older people.

If you are over 40 the bad (and possibly unexpected) news is that it is very likely that your sight is failing in some way. You are also likely to be one of the increasing numbers of people in this age group using websites to access information, order goods or converse with friends and relatives. Unfortunately, the second piece of bad news is that most websites are not designed with visitors with failing or poor sight in mind.

With these thoughts in mind, organizations whose aim is to communicate with older people or their friends and relatives need to take account of design features and 'approachability tools' when designing or revamping websites.

Screen colour

Research undertaken by Hanover Housing Association when revamping its website demonstrated that different eye conditions affect the way websites are viewed. Early design ideas for the new site were shown to older people at an Age Concern computer 'drop-in centre' in Hampshire. Hanover listened to their comments, which included suggestions for colours that they found most soothing on the eye, and on the ways to get around the site.



Interestingly, Hanover found that whilst yellow text on black background can be one of the easiest colour combinations for some people with sight difficulties, the older web users trying out the site were put off by this colour combination. With this in mind, Hanover chose a colour scheme with good contrast and a single solid colour, taking note of their preference for a 'soothing' screen colour. (However, the viewer can decide to override this colour scheme by using their own browser settings—so individuals could always apply their own colour choices to the site. Perhaps websites should include information on how to do this!)

Text

As far as typefaces are concerned, Hanover followed the advice of the Royal National Institute for the Blind (RNIB). A 'sans serif' font has been used, as this enables people to recognise individual letters more easily. Italic text has been avoided, as it can appear wobbly on screen. Narrow text columns are also used, as they are ideal for reading text. The type size used throughout the site is 16-18 point, because older visitors preferred this size. It also falls in line with RNIB recommendations to use larger typeface for people with sight difficulties.

Reader compatibility

Other important changes were made to include those users who will read the site with the help of particular 'access technology', which is installed on their own computer. For example, the site can be used by people using 'synthesised speech software' which reads the content of web

pages aloud through a speaker, and Braille software, which changes the text to a handheld, retractable Braille display, allowing the website to be read by touch. Our website, www.hanover.org.uk, has been designed without the use of 'frames' and avoids downloadable plug-ins as we found these can confuse web readers. It is worth bearing in mind that many older people may have older computers (perhaps 'inherited' when adult children upgrade their own computers), which are unable to run all the software used in some of the 'busier' websites.

Site navigation

The final area on which Hanover focused attention was the way users navigate their way around the site. The aim was to make it as intuitive as possible, using well-placed and consistent menus, lists and buttons. This means that once a visitor burrows into a particular area they are never more than one click away from where they started. The fact that the site has been designed with easier access also makes it a more equal provider of information for any web visitors—you don't have to be a computer 'whiz-kid' to access the website's contents.

Some interesting sites aimed at older people

www.arp.org.ukk

Main focus—the website for the Association of Retired Persons over 50
Type size—large
Graphics—simple graphics easy to read
Other comments—good site for positive images of older people and a useful on-line forum

www.babyboomerbistro.org.uk

Main focus—Age Concern information and products
Type size—fairly small
Graphics—not too many pictures, fairly clear design
Other comments—useful information about intergenerational projects

www.thebig50.co.uk

Main focus—travel, health, hints
Type size—fairly small
Graphics—pictures can make it slower to read
Other comments—a job section, with information on house-sitting services and opportunities

www.fifthmoon.com

Main focus—lobbying to outlaw age discrimination, but does sell goods as well
Type size—fairly small
Graphics—good use of colour panels in graphics, but difficult to read text out of some colours
Other comments—an informative, attractive site and not patronising

www.saga.co.uk

Main focus—Saga products (such as insurance policies and holidays)
Type size—fairly small
Graphics—white text out of blue on some pages can make it difficult to read
Other comments—interesting health articles

www.housingcare.org.uk

Main focus—a national website from the charity Elderly Accommodation Counsel, it lists all retirement housing and residential care schemes which can be searched by postcode
Type size—fairly small
Graphics—simple graphics easy to read and good use of colour
Other comments—good site for finding accommodation, some schemes have photographs

Source: Working with Older Persons Pavilion, The Ironworks, Cheapside, Brighton, East Sussex, BN1 4GD, Vol. 6, Issue 1—March 2002

Illegal Unlocking Schemes Reported

Environment and Labour
November 19, 2001

Nova Scotians are being warned not to fall for ads that promise to convert locked-in pension funds into quick, tax-free money.

Recent classified ads in a local newspaper and on a web-site offer ways to provide advanced payments from locked-in pension funds. Anyone considering these options is warned that such payments are against the law in Nova Scotia and are subject to applicable income taxes.

“We’re concerned that people who may be tempted by these offers won’t even realize they are breaking the law,” said Nancy MacNeill-Smith, superintendent of pensions for the province. “They need to understand they will be required to pay income taxes on the funds they receive.”

Ms. MacNeill-Smith added that the purpose of the legislation that locks in pension funds is to ensure that those funds will be used to provide retirement income by the owners.

The Canada Customs and Revenue Agency (CCRA) warns individuals who respond to misleading advertisements that they risk losing their retirement savings and tax benefits.

The CCRA also advises consulting with a knowledgeable tax advisor before taking part in any scheme that promises a tax-free withdrawal of pension or registered retirement savings plans (RRSP) funds. Individuals, fund administrators and trustees can contact the CCRA at 1-800-959-8281 for more information.

For more information about these schemes or other pension-related issues, call the Pension Regulation division of the Department of Environment and Labour at: Tel: 902-424-8915.

Namara Club Wins Seniors Games

The Namara Club of Inverness won the 6th Annual Inverness County Senior Games held in Inverness on Saturday, June 1st. The club’s point total of 25 placed them ahead of second place finisher Port Hawkesbury Evergreen which registered 17 points. Cheticamp’s Club de Retraites placed third.

The annual Senior Games, created by the Inverness County Department of Recreation, continues to grow in its appeal. This year, 230 seniors from across Inverness County registered for the event, which included team competition in cards, horseshoes and darts, as well as workshops, craft exhibits and entertainment.

The day-long affair featured information booths showcasing hobby and banner displays, glucose and blood pressure testing, the Senior Citizens’ Secretariat, Service Canada and the Eastern Counties Regional Library .

In the classrooms of the Inverness Academy, games participants were able to attend workshops on Approach to Computers offered by Service Canada; Container Gardening offered by the Inverness Garden Club; Senior Safety and Security offered by the RCMP; What’s New in Heart Health.

Throughout the school rooms, as well as at the Inverness Lodge and the Knights of Columbus building, competitions took place, followed by lunch served by the Inverness Volunteer Fire Department Auxiliary. The participants were then treated to an entertainment extravaganza featuring performances and skits by several of the participating clubs. Those clubs included representation from the Namara Club of Inverness, the Port Hawkesbury Evergreen Club, Cheticamp’s Club de Retraites, Judique Kildonan, Mabou Seniors, Marble Mountain Islandview Club, Margaree New Horizons, Northeast Margaree Seniors, Southwest Margaree Seniors, Port Hood Seniors, St. Joseph du Moine Nouveaux Horizon, West Bay Cean a Bagh, and the Middle River Seniors.

Source: *The Oran*, June 5, 2002 by Frank Macdonald

Health Care Human Resource Sector Council

Mission

The purpose of the Health Care Human Resource Sector Council is to provide leadership that addresses human resource issues in the continuing care sector of Nova Scotia.

Background

In 1999, the focus of industry-based partnerships shifted to strategic planning for human resource issues resulting in the creation of the Health Care Human Resource Sector Council by Human Resources Development Canada. The transitional years, 2000 and 2001 were set for the Council to develop relationships within the continuing care sector. Together they developed strategies and established priorities for addressing key issues of human resources in the industry. Currently, there are seven key collaborative areas they are focusing on:

- Defining, understanding and better anticipating skills through labour market information.
- Fostering a human resource development system more responsive to industry needs.
- Promoting places of work as places of lifelong learning.
- Facilitating labour market transitions.
- Fostering linkages between national sector initiatives and local labour markets.
- Forging new complementary partnerships with local employers, educational institutions and the provincial government.
- Building sector capacity and ownership to address skill requirements and promote learning.

Imperative Outcomes

The Council has targeted several imperative outcomes in its strategic plan:

- A stable workforce.
- Standardized and accessible training and educational programs.
- Viable and respected career settings.
- Recognized and effective voice for the sector.
- Leadership in fostering health promoting organizations.

For further information:

Tel: 902-461-0871, Fax: 902-461-0372

Answers to Quiz on page 10

- 1) 8 years
- 2) 4%
- 3) Guysborough (19%)