Senior Citizens' Secretariat
Newsletter

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Influencing the Physical Activity Patterns of Seniors

By Kimberley Dawson and Lawrence Brawley

Although the past two decades of research on exercise have reflected an increase in the amount of research concerning the aging population, considerably more research has been of a biological rather than social orientation. Some of this research has shown that there appears to be good evidence for the plasticity of the physiological system even after age 60 years. While biological aging is inescapable, the functional consequences of this process can apparently be minimized by regular physical activity. Singh reported several physiological changes due to aging that are modifiable by exercise. A few of the relevant changes include increases in aerobic functioning, greater motor coordination, improved muscle strength and tissue elasticity, greater total energy expenditure, and improved REM sleep duration and attention span.

Exercise Adherence Patterns of Seniors

Clearly, physical activity has important implications in altering many of the biological changes associated with aging. However, in order to enjoy these physiological improvements, a regular exercise program must be maintained. Herein lies the challenge facing most seniors. Although there appears to be a modest increase in physical activity in early old age (65-75 years) due to an increase in leisure time after retirement, exercise intervention studies have documented drop out rates from 6 to 34 per cent with most recidivism occurring within the first 3 months of beginning an exercise program.

Martin and Sinden examined exercise adherence rates of older adults (>55 yrs) across 21 randomized controlled trials. They concluded that on average, participants completed 78% of their prescribed exercise sessions and that adherence rates were greater for strength and flexibility programs (87% attendance) than aerobic based programs (75%). They concluded that adherers tended to be fitter at baseline, were previously physically active, non-smokers, and had a high sense of confidence in their ability to exercise.

Similarly, a recent study by Goggin and Morrow found that 89% of 403 adults over the age of 60 were aware of the health benefits of physical activity but only 31% of them were participating in sufficient physical activity to obtain such benefits. Physical activity was also found to decrease with age and men tended to be more physically active than women. Clearly, there is a need to better understand how to help seniors initiate and maintain an exercise program that benefits them on a number of health dimensions.

We attempted to evaluate a community exercise group geared toward seniors in order to gain a better understanding of how two potentially important items, self-confidence and social support may influence participation rates of the exercising elderly.

Self-Confidence

A factor that plays an important role in the motivation to be involved in health pursuits and to be physically active is self-confidence. Self-confidence is an individual's beliefs in their abilities to complete desired actions. The stronger an individual's sense of self-confidence, the more likely they are to choose to engage in certain activities, the more effort they will extend and the longer they will persist. Individuals who believe in their abilities to perform and plan for exercise are motivated to persist in their exercise-related behavior (i.e, adherers). Less self-confident people do not hold such beliefs to the same extent and as a result their exercise-related behavior is less persistent, more irregular, or halts altogether. Various researchers have found that beliefs about personal ability are robust predictors of maintenance to exercise programs in older adults.

Social Support

Another important factor that influences exercise behavior concerns the other people who also engage in the physical activity. This factor has been labeled social support and has been considered both as the quantity and quality of support that individuals receive from significant others. Uchino, Cacioppo, and Kiecolt-Glaser found in their review of 81 studies that social support was related to positive effects on the cardiovascular, endocrine, and immune systems. Weiss proposed six social functions or provisions which may be obtained from social interactions: *attachment* (emotional support), *social integration* (network support), *reassurance of worth* (esteem support), *reliable alliance* (tangible aid), *guidance* (informational support), and *opportunity for nurturance*.

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 ageing issues. The Secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

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Cutrona and Russell found that social provisions were related to positive health outcomes in the elderly. The strongest predictors were reliable alliance and guidance. With respect to exercise, Sharratt and Brawley found that subjective norm or what individuals perceive others would want them to do, an aspect of social support, was a key variable in predicting exercise behavior of the elderly.

Relationship between Social Support and Self-Confidence

Social support can enhance people's beliefs in their abilities. Positive emotional support, guidance, or advice may result in greater self-confidence. In turn, this increased self-confidence may lead to improved coping behavior such as a willingness to try harder, generate more effort or persist longer. Thus, the social support received influences behavioral outcomes by virtue of enhancing self-confidence.

In their studies with seniors, Cutrona and Russell noted that the elderly face problems that affect their independence regarding health and lifestyle which they did not face in earlier years. An exercise program geared toward seniors is a likely source of social support that is capable of influencing feelings of confidence and how frequently an individual exercises. Social support in the form of provisions is provided for the participants by class members and the class instructor. Given that positive social support has been related to better health, social provisions aimed toward improving physical capability are likely conducive to increasing physical activity patterns.

Study Findings

Sixty-two seniors (51 females and 11 males) were the volunteer participants in the study. Their mean age was 69.8 years for a sample ranging in age from 54 to 83 years. They were enrolled in five different community-based 10 week fitness classes. All were healthy and 73 percent were retired with the remainder still engaged in some form of work. The classes in which they took part were leader structured and occurred twice per week.

With respect to social support, we evaluated three provisions that class members and the instructor may provide to the exercise participant: reassurance of worth, guidance, and social integration. Three self-confidence measures were also evaluated. They were self-confidence for a) in-class exercise components (e.g., for completing aerobic or muscular endurance aspects), b) exercise program attendance (e.g., making it to class twice per week or rescheduling), and c) other physical activity (e.g., shoveling snow in the winter or gardening in the summer. The objective of the study was to explore the possible influence of social support and self-confidence on fitness class adherence for seniors.

In general, it was found that seniors have relatively high levels of self-confidence and modest levels of social support. What is most interesting is the high degree of variability expressed in the measures indicating that participants in the same exercise classes can feel very differently with respect to amount of social support they are receiving or their perceptions of ability (self-confidence).

Adherence was not a problem for this group of exercising seniors, with individuals attending a mean 81% of the 10 week classes. The social provision of reassurance of worth strongly influenced all three types of self-confidence. As well, an individual's self-confidence to attend classes regularly predicted how frequently they actually did attend the exercise classes. Therefore, the findings appear to capture an additive relationship, where social support (particularly reassurance of worth) influences self-confidence and self-confidence (particularly attendance confidence) influences attendance. It appears that in order to keep seniors regularly active, they need to feel capable about their abilities. One way to ensure that they do feel self-confident is to provide a highly supportive exercise environment that promotes feelings of self-worth.

Application and Recommendations

It appears that when fellow exercisers and the class instructor reassure seniors of their worth relative to exercise class and other physical activities, they gain exercise-related self-confidence either vicariously and/or through the verbal persuasion of others who attend the class. In the present group of exercisers, anecdotally we found it was quite common for seniors to view the exercise group not only as a means to exercise but also as a social group to which they enjoyed belonging. This demonstrates the importance of social support in a positive exercise setting for seniors.

To a group of exercising seniors, the class environment plays much more of a role than simply providing a place to move muscles. It is an environment where participants feel confident about their ability to attend as well as to complete the necessary in-class components. Most importantly, the self-confidence developed within an exercise setting appears to be generalizable to other domains that necessitate some degree of physical activity.

This is paramount when dealing with a senior population. The primary concern of most aging individuals is to maintain their living independence. This appraisal of independence is based largely on their ability to continue daily activities. Most daily living activities entail some degree of physical ability (e.g., cleaning the house, shoveling the snow, etc.). Therefore, as practitioners designing and implementing exercise programs for seniors they must consider using tools and strategies that raise self-efficacy appraisals both inside and outside the class.

Specifically, this means developing exercise programs that are congruent with the exercise ability of the class and not beyond the class's physical ability. Therefore, all components of the exercise class including the warm-up, cardio component, strength training component, and cool down should be aimed at the ability of the average participant. The class should be challenging, yet not defeating. In order to help generalize feelings of capabilities outside the class, skills that are necessary for outside activities should also be incorporated into the class.

For example, balance is a necessary tool for many daily activities so this should be included in a complete exercise program designed for seniors. The stamina developed from the conditioning component of the class and the muscular strength developed through some type of strength training aspect will also be applicable to everyday living activities. The instructor needs to be thoughtful and resourceful when designing programs geared toward the specific needs of seniors.

The exercise group is also a primary reference group for social support. Exercising with a group of similar individuals provides many social aspects for the individual. This study highlights the need for guidance and reassurance of worth. This again suggests how important it is for the health practitioner or exercise leader to facilitate a supportive and enriching environment.

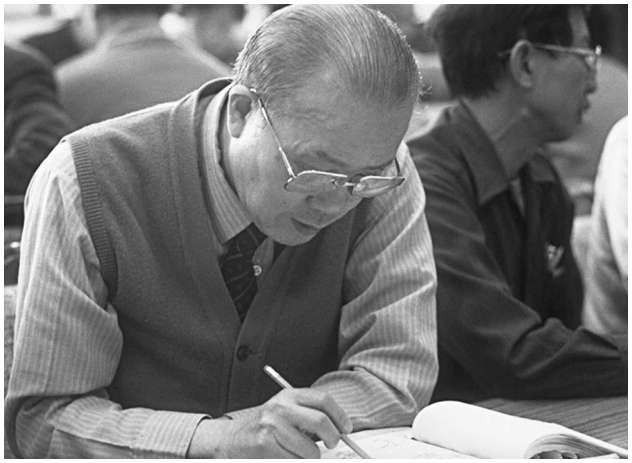
This may mean providing time before or after the class for individuals to talk among themselves. The instructor might also incorporate a walking section to the class where people walk in pairs or small groups and encourage communication. During the cool down period at the end of the class, an instructor might also incorporate a sharing component where seniors are encouraged to openly discuss any challenges that they are currently facing. Social support can also be included outside of the exercise class as well with social activities planned or suggested.

The bottom line is that any creative tool that facilitates both self-confidence and social support is a necessary component of a senior's exercise program. From a physical and health standpoint, this will increase the probability of seniors adhering to the exercise program, thereby gaining all of the physical benefits accrued through regular exercise. From a mental health perspective, seniors will gain the wellness benefit from feeling supported and independently capable not only in an exercise setting but in their everyday lives as well.

Source: *Stride—Excellence in Long Term Care*, February/April 2003; Volume 5, Number 1

Some Thoughts on Lifelong Learning

"Learning is about the whole of life, it is about the personhood of the learner and through learning we grow and develop and become the persons that we are."—Peter Jarvis (2001) in *Learning in Later Life*



As Project Coordinator for the Nova Scotia Seniors for Literacy Committee, I was asked to share some thoughts on lifelong learning.

Learning for me can mean so many different things, that it's difficult to know where to start.

I could start with the expression I heard recently, that life is one big classroom. I have to agree to a point. The point being that it is not like the formal classroom I knew as a child—with one teacher facing a group of youngsters who did much of their learning by rote.

Life has many teachers and an ever expanding and interconnected classroom. Teachers like our peers, our neighbor's kids, our favorite radio or television documentary programs, environmentalists who help us understand climate change, historians who help us comprehend the origins of the social turmoil in the Middle East and Iraq. It's experts on comparative religions who clarify my misunderstandings on Islam, and aid workers who share their experiences about their work in the Congo. It is also health professionals who tell me about the patients who have abused their bodies through smoking, poor eating habits, lack of exercise, and so on. It's learning about prevention of falls among seniors, bullying in schools, the prevention of AIDS, pollution, and poverty. My classroom also includes pets and it includes gardening and learning to "smell the roses"!

For someone else it may be finally learning how to golf. Another, as I heard in a recent radio interview learned weightlifting in her retirement. Or, it could be learning to work with groups on community boards and committees of all kinds.

I ponder about these few examples of learning and what they mean. They truly are, as Jarvis says, "the whole of life"! Above all, what they mean to me is freedom: freedom of knowing the "whys" of certain events—freedom of shedding old prejudices—the freedom of understanding some aspect of my health and taking care of it—the freedom of opening my mind and listening and being "tuned-in". It's a feeling of being alive that I wish for everyone!

Learning in Later Life can be obtained from Kogan Page, 120 Pentonville Road, London N19JN, www.kogan-page.co.uk

Marguerite McMillan, Project Coordinator
Nova Scotia Seniors for Literacy Committee

Medication Record Book Initiative Announced

Nova Scotia seniors will get help managing their medications through a joint initiative of the Senior Citizens' Secretariat, Canada's Research-Based Pharmaceutical Companies(Rx&D) and the Department of Health. The initiative was announced today, June 3, by Valerie White, Executive Director of the Senior Citizens' Secretariat at the Nova Scotia Senior Citizens' Secretariat's spring consultation.

"Some seniors juggle many prescription and non-prescription medications that, if used incorrectly, can cause health problems," said Health Minister Jane Purves. "This initiative will give seniors the tools they need to keep better track of their medications, with help from their doctors and pharmacists."

Each month more than 600 Nova Scotians will receive a Medication Record book and a brochure entitled *Knowledge Is The Best Medicine*. The record book is compact, so seniors are able to carry it with them to record important health and medication information. Seniors can keep track of prescription or non-prescription drugs on their own, or by having their pharmacist update the book each time they buy new medication.

"This project will go a long way to improve quality of life for our seniors," said medication awareness committee chair John Harwood. "We are already in the planning stages for other medication awareness initiatives that will build on the record book project."

Seniors are encouraged to carry the Medication Record with them at all times, so they can show it to their doctor at each visit. This will allow the doctor to identify drug interactions or side effects that might cause health problems. The record book and brochure will also encourage more communication between seniors and their pharmacists.

"Canada's Research-Based Pharmaceutical Companies (Rx&D) are pleased to support an initiative that will improve health outcomes for Nova Scotia seniors," said Leo Van Dijk, Rx&D representative. "*The Knowledge Is The Best Medicine* brochure and Medication Record book will help seniors understand what medications they are taking, why they are talking them, how they should take them and what the side effects might be."

The initiative is possible through the collaboration of Canada's Research-Based Pharmaceutical Companies (Rx&D), the Senior Citizens' Secretariat and the Department of Health. The brochure and record book are being funded by Rx&D.

The tools will be distributed by the Department of Health to Nova Scotians two months before their 65th birthday. More than 7,000 seniors will receive the record book and brochure over the next year.

Seniors who have already turned 65 and would like to receive the booklet can contact the Nova Scotia Senior Citizens' Secretariat's toll-free information line at 1-800-670-0065 or Rx&D at 1-800-363-0203.

Contact: Kim Silver, Department of Health
902-424-5323, E-mail: silverka@gov.ns.ca

Falls Prevention Study — Acadia University

by Dr. Shanthi Johnson

A $150,000.00 research grant from the Nova Scotia Health Research Foundation has recently been awarded to Dr. Shanthi Johnson of Acadia University and a team of colleagues and community partners, including the VON, Continuing Care and the Wolfville and area Safe Communities Coalition, who are undertaking a three year study which will look at the role that nutrition and exercise play in preventing of falls among elderly people in Kings County. Unintentional falls are one of the leading causes of mortality and morbidity among frail older adults. The consequences of falls include considerable physical, psychological, and economic costs. Recent analysis of the economic burden of accidental falls in Canada is estimated to be $3.6 billion annually. In 2002 the Canadian Institute for Health Information reported that falls are the leading cause of injury admissions in Canada's acute care hospitals. As the population ages, the problem is expected to grow and pose an even greater challenge to the health services. The study will include 164 individuals over the age of 65 years recruited through Continuing Care. The VON Home Support Workers will provide support and encouragement to the participants. The project's focus on falls and frail older adults, along with the factors such as nutrition and functional capacity, is unique and innovative. The study results could contribute to the development of an effective falls prevention program. Falls prevention programs offer substantial benefits by reducing falls, thereby reducing hospital costs and demand, and, most importantly, enable older adults to help maintain their quality of life. If you are interested in learning more about this project, please contact Dr. Shanthi Johnson (902) 585-1204 or email shanthi.johnson@acadiau.ca

Source: Carole Morriso, Coordinator

Hospice Palliative Care in Canada

Will these services be there when they are needed?

by Sharon Baxter

Hospice palliative care is the combination of active and compassionate therapies intended to comfort and support individuals and families who are living with or dying from a life-threatening illness. It is aimed at relief of suffering and improving the quality of life for persons who are living with or dying from advanced illness or are bereaved.

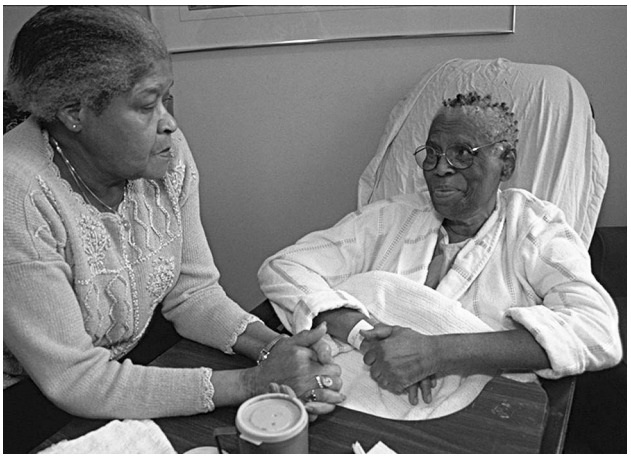
Currently less than 15% of Canadians have access to these programs and services. If one lives in a remote or rural community, or is living with disabilities, access to hospice palliative care services can be further limited.

The Growing Need for Hospice Palliative Care

- The population is aging: in the next 40 years, as baby boomers age and die, demands for hospice palliative care will increase.
- Each year more than 220,000 Canadians die.
- Each death potentially affects the well being of an average of five other people, or more than one million Canadians each year. This number will continue to grow.
- If hospice palliative care programs are readily available, patients and caregivers will gain more control over their lives and illness through better-managed pain and symptom control, enhanced quality of life and decreased caregiver burden.

Access and Availability of Hospice Palliative Care Services in Canada

- Under health care reform, the number of institutionally based palliative care beds has been cut and care has been devolved to the community, which is not necessarily supported to provide these services.



- At the same time, resources to support community-based care (largely home care) have not been increased proportionately. This forces caregivers to take leave from work or to leave their jobs permanently with no support to do this.
- The physical, emotional and financial burden on families is straining their ability to cope.
- A 1997 Angus Reid poll said that 90% of Canadians wish to remain in the comfort of their own homes yet only 6% of caregivers feel they can adequately care for their loved ones without hospice palliative care support.
- 75% of deaths still take place in hospitals and long term care facilities; families often admit dying relatives to hospital when they can no longer cope with providing care at home.
- Few provinces cover the cost of medication needed in the home. As a result, many people suffer needless pain when they cannot fill perscriptions.
- Current physician billing schedules under provincial health plans need to be changed because they discourage physicians from practicing palliative care counselling; communication is not covered whereas procedures are.

National vs. Provincial Jurisdiction

What is offered in hospice palliative care services and programs varies greatly between provinces and territories. Since hospice palliative care is currently not part of the Canada Health Act, the federal government has no role in ensuring a standard of programs and services across Canada. Each provincial and territorial government is responsible for managing and funding health care services and programs including hospice palliative care. Services and programs can vary greatly between provinces/territories and between urban and rural centers.

Hospice palliative care is predominantly funded by donations and private sources and involves large numbers of volunteers. Not having stable government funding makes providing comprehensive, accessible programs problematic.

Influences and Players in Policy Setting

In the September 2002 Speech from the Throne, the federal government announced that it will modify existing programs to ensure that Canadians can provide compassionate care for a gravely ill or dying child, parent or spouse without putting their jobs or incomes at risk. This plan is currently being developed and at this stage appears to be taking the shape of an Employment Insurance type plan. An announcement on this plan and how the federal government will support it is expected in the February 2003 federal budget.

In October 2002, the Senate Standing Committee on Social Affairs, Science and Technology released a report entitled *The Health of Canadians -The Federal Role* (Kirby Report). This report included a chapter called Expanding Coverage to Include Palliative Home Care. The Kirby report made five key recommendations that included:

- a $250 million per year co-funded National Home Care Program;
- an Employment Insurance type program for employed Canadians who choose to take leave to provide palliative care services to a dying relative at home;
- feasibility of expanding tax measures already available to people providing care to dying family members or to those who purchase such services on their behalf;
- expansion of the Canada Labour Code to allow employee leave for family crisis situations such as caring of a dying family member; and
- a leadership role for the federal government as an employer that will provide job protection for its own employees.

In November 2002, the Commission on the Future of Health Care in Canada released its final report entitled *Building on Values: The Future of Health Care In Canada* (Romanow Report). The Romanow report made a number of recommendations related to hospice palliative care; most notably, that the Canada Health Act include palliative home care services to support people in their last six months of life. As well, Romanow recommended that the federal government introduce a new program to provide ongoing support for informal caregivers.

All of these recommendations are exciting and much needed. It is important, however, that changes to how hospice palliative care services and programs are funded and delivered are not made in an ad hoc manner. Changes at the federal and provincial level must proceed in a comprehensive manner that will ensure the accessibility and availability of a wide range or required end-of-life programs and services. For example, if unplanned, Canadians could end up having a national caregiver protection program that provides some support to family caregivers but not other services that are much needed such as respite, access to hospice palliative care professionals 24/7 and other necessary medical expenses. One fear is that more health care services will be downloaded onto the backs of Canadian families without the supports needed to accomplish this in a caring manner.

Leadership in the Hospice Palliative Care Field

There have been many leaders and advocates for quality end-of-life care in Canada over the last 25 years. Hospice palliative care is currently at an exciting stage of development with more and more Canadians demanding quality end-of-life care. Caregivers, hospice palliative care professionals and volunteers know that these services and programs need more stable funding sources in order to be available for all Canadians. Endorsement of these programs and services as core funded health care programs and services is essential.

In 2000, the Senate of Canada issued the report *Quality End-of-Life Care: The Right of Every Canadian*. This report made strong recommendations to ensure that Canadians have access to high quality end-of-life care. Senator Sharon Carstairs, Leader of the Government in the Senate and Minister with Special Responsibility for Palliative Care has been an untiring and remarkable advocate on this issue since the issuing of the 2000 report.

Source: *Stride—Excellence in Long Term Care*, February/April 2003; Volume 5, Number 1

Telezapper

Zap Those Telemarketers

It never fails—just as you sit down to dinner, the phone rings. Odds are it's a telemarketer, a market research firm or someone soliciting a donation, using a computer to automatically dial your number. Devices such as the Telezapper eliminate these pesky calls. Simply plug the phone line into it, and when a call comes in from a computer-dialed number, the Telezapper emits a sound that fools the computer into thinking your phone line has been disconnected. However, if the company or person dialed your number manually, the call cannot be zapped. Telezappers cost $80 and are available across Canada at Canadian Tire, Wal-Mart and Zellers.

Source: *50 Plus CARP News*, February 2003

Kingswood Residence

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- spacious closets
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- cable television and phone hook-up
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- call-bell button in every room
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- dressing and treatments application (once a day included)
- health monitoring (TPR, HP, CIS, monthly weight)
- assistance with dressing
- weekly assistance with bathing
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- weekly linen change
- all physician and professional consultations arrangements
- recreational services
- exercise program
- pick-up and delivery of mail (e-mail services available)
- maintenance available
- parking space for one car (garage available for additional fee)
- outdoor recreational area

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Talking With Your Doctor

Tips for Good Communication

A basic plan can help you communicate better with your doctor, whether you are starting with a new doctor or continuing with the doctor you've seen for years. The following tips can help you and your doctor build a partnership.

Be prepared: Make a list of your concerns. Before going to the doctor, make a list of what you want to discuss. For example, are you having a new symptom you want to tell the doctor about? Did you want to get a flu shot? If you have more than a few items to discuss, put them in order so you are sure to ask about the most important ones first. Take along any information the doctor or staff may need such as insurance cards, names of your other doctors, or your medical records. Some doctors suggest you put all your prescription and over-the-counter medicines in a bag and bring them with you. Others recommend bringing a list of medications you take.

Make sure you can see and hear as well as possible. Many older people use glasses or need aids for hearing. Remember to take your eyeglasses to the doctor's visit. If you have a hearing aid, make sure that it is working well, and wear it. Let the doctor and staff know if you have a hard time seeing or hearing. For example, you may want to say, "My hearing makes it hard to understand everything you're saying. It helps a lot when you speak slowly."

Consider bringing a family member or friend. Sometimes it is helpful to bring a family member or close friend with you. Let your family member or friend know in advance what you want from your visit. The person can remind you what you planned to discuss with the doctor if you forget, can help you remember what the doctor said, or can take notes for you to review later.

Plan to update the doctor: Let your doctor know what has happened in your life since your last visit. If you have been treated in the emergency room, tell the doctor right away. Mention any changes in your appetite, weight, sleep, or energy level. Also tell the doctor about any recent changes in the medication you take or the effect it has had on you.

Your doctor may ask you how your life is going. This isn't being impolite or nosy. Information about what's happening in your life may be useful medically. Let the doctor know about any major changes or stresses in your life, such as a divorce or the death of a loved one. You don't have to go into detail; you may just want to say something like, "It might be helpful for you to know that my sister passed away since my last visit with you," or "I had to sell my home and move in with my daughter."

Source: *Ageing International*, Winter 2003, Vol. 28, No.1, p. 98-113

Acetaminophen Reminder

As many as 100 people die and more than 2,000 are hospitalized each year as a result of liver damage from acetaminophen overdoses.

While the popular pain-reliever is very safe when taken as directed, it is toxic to the liver if you overdo it.

And it's not hard to take too much. What happens is that people take several different remedies together, say a cold medicine along with a headache pain-reliever. Both may contain acetaminophen. This drug is found in over 200 over-the-counter cold and pain remedies, including Tylenol.

The recommended dose of acetaminophen for a healthy adult is no more than 4,000 mg a day-or eight extra-strength pills of 500 mg each. But doctors say to take the lowest dose that's effective for you.

However, if you have three or more alcoholic drinks a day, talk with your doctor before taking this drug. Alcohol and acetaminophen together can be a very toxic combination.

Source: U.S. Food and Drug Administration

"The most difficult thing in the world is to know how to do a thing and to watch someone else doing it wrong, without commenting." *T.H. White*

To Reduce Blood Pressure

Exercise and diet changes are often enough to keep blood pressure at healthy levels—especially if you fall somewhere between normal and high-normal.

- Eat a diet rich in fruits, vegetables, and low-fat dairy that's moderate-to-low in red meat and sweets. Also, it may help to limit your sodium intake to around 2,400 mg per day (about a teaspoon of salt). To do this, you'll need to cut out a lot of processed foods—the real culprits in high-sodium diets.
- Get at least 30 minutes of physical activity most days of the week. An hour a day is ideal.
- Lose a few pounds if you're overweight.
- If these measures don't work, talk to your doctor about medication.

Sources: National Heart, Lung and Blood Institute; American Heart Association.

"Everyone is kneaded out of the same dough, but not baked in the same oven." *Jewish proverb*

Pilot Consumer Network on Aging Issues Survey

CSA Consumer Services conducted a second survey of its Pilot Consumer Network on Aging Issues. The results of this survey will be used to help CSA identify specific products where a standard could be created to help mitigate some of the issues highlighted by survey responses and to prioritize their involvement in standardization activities related to Canada's aging population. Following is a brief summary of the results of the survey:

- 80% of respondents reported that assistive devices generally meet the needs of older adults who use them
- 90% of respondents claimed that assistive devices have helped to increase or maintain seniors' quality of life; 80% reported increased independence resulting from the use of assistive devices
- 48% of respondents identified assistive devices that may be difficult for older adults to use—difficulties often result from inadequate training and instruction regarding installation use and maintenance of devices
- more than 113 of respondents identified assistive devices that pose safety hazards for older adults—mobility devices with wheels were most commonly cited
- a number of respondents claimed that improvements to instructions accompanying assistive devices are needed—instructions should be written in plain, non-technical language to ensure they may be easily understood by a diverse population of consumers
- 88% identified barriers to the use of assistive devices by older adults including perceived stigma attached to use of assistive devices, expensive purchase prices, and inability to access adequate information and training on assistive technology

Recommendations

a) CSA has standards for some of the assistive devices identified by the Consumer Network on Aging Issues (i.e. wheelchairs and scooters). There is a need to undertake additional work to see what might be needed to put the CSA B659-0l Design for Aging standard into practice for this product sector. Further study should focus on modifications to existing standards.

b) Development of new standards may be required to address complaints with assistive devices that CSA does not currently have standards for. It is suspected that electronic aids offer the largest potential for standards development

c) Changes need to be made to consumer information and instructions for installation and use of assistive devices to ensure consumer materials are user-friendly and accessible to all consumers.

d) Concerns were also raised regarding compatibility between assistive devices and the residential environment (e.g. inability for wheelchairs to fit through narrow doorways).

The CSA B651 Barrier-Free Design standard proposes technical design guidelines to ensure that interior and exterior facilities provide accessibility, usability and safety for all users, including the aging population and persons in temporarily disabling situations or conditions. There is a need to undertake additional work to facilitate the implementation of barrier-free design guidelines into common practice, particularly in the residential environment.

Submitted by: John Ryan, Retired

Numeracy: for those who need help with numbers

Whether you're deciding how large a car payment you can carry, or how much paint you'll need to redo the rec room, numbers play a big role in everyday life.

Numerical literacy, or numeracy, is the ability to understand and use numbers as a means of communication. According to the International Adult Literacy Survey, approximately 43 per cent of adult Canadians are at a basic or low numeracy level.

This means four in 10 Canadians struggle with everyday tasks, such as calculating the tax on a purchase, following cookbook instructions, understanding and using media information, converting measurements and helping children with homework.

In the most recent adult literacy survey, in 1996, Canada placed ninth out of 22 countries ranked, ahead of the U.S., but well behind the Netherlands, Sweden and Denmark, which held down the top three spots.

Numeracy and mathematics are not exactly the same thing. Numeracy is not quantum physics or differential calculus. It involves using simple number equations to perform tasks like answering a skill testing question to win a prize or measuring a carpet to fit a room.

Numeracy skills affect our career prospects. Tasks like collecting and recording data, conducting customer surveys, and analyzing and presenting results to colleagues all require some degree of numeracy skill. And the demand for these skills will only continue to grow.

"The bar is rising every year," says Ann Marie Downie, executive director of Literacy Nova Scotia. "You have to read more, write more and do more math."

Literacy Nova Scotia offers people access to community-based literacy and numeracy programs throughout the province. The number to call is 1-800-255-5203.

Adults wishing to obtain a high school diploma can take courses through community college or school board programs.

"Nova Scotia has a continuum of opportunities, and you can plug in from wherever you are," Downie adds.

Having poor numeracy skills doesn't seem to carry the same social stigma as having poor literacy skills. But for anyone with literacy or numeracy difficulties, the most important thing to remember is that you're not alone, and that pursuing self improvement is not an admission of failure.

"Our society should celebrate people who want to keep up," Downie says. "Its a step towards more participation in society."

Numeracy is a critical part of the equation for managing personal finances successfully. "There are also a number of on-line resources that can help consumers with basic money management.

The Canadian Bankers Association has a Web site, www.cba.ca/en/ viewPub.asp?fl=6&sl =23&docid=27&pg=3 that offers assistance with personal budgeting, converting your income into a monthly figure and managing credit.

At http://finance.sympatico.ca/family.html you can find a wealth of information on home buying, insurance, credit reports, Canada Savings Bonds and investments.

As part of its math literacy campaign, ABC Canada Literacy Foundation has introduced a set of wallet cards with useful conversions and math tips. The cards are available through the ABC Canada math literacy Web site at www.mathliteracy.ca, and they're also being distributed by literacy organizations across Canada.

"We're hoping to trigger that 'aha' moment with people," says Alexandra Dunsmuir, director of communications with ABC Canada. "We want them to realize that they do use numbers in many ways."

Source: *Chronicle Herald*, May 31, 2003,
By: Joey Fitzpatrick, a Halifax-based writer
Jfitzpatrick.herald.ns.ca

Friendships in Adulthood

Relationships with friends are important to older adults. Friends contribute to our satisfaction with life, give us a sense of belonging, competence, and self-worth. Friendship involves:

- Enjoyment and spontaneity—Spending time doing things together and sharing life experiences.
- Trust—Believing that our friends act on our behalf.
- Respect and understanding—Believing that our friends have the right to their own opinions.
- Mutual assistance—Helping and supporting our friends and letting them help us.
- Confiding—Sharing confidential matters with our friends.

Types of Friendships

Friends are people we know and trust. Friends are special to us socially and emotionally because they are our favorite companions and confidants. Friends are usually chosen from among people who are considered "social equals." This means that the people we select as friends tend to be those who:

- we have grown up with, usually in the same neighborhood.
- have similar occupations.
- have children the same age.
- have similar interests.
- are the same general age and the same gender.

The majority of adults have three or more close friends and more than half of adults have ten or more friends.

Men and women have the same number of friends. Women, however, are likely to confide more in their friends than men. Men tend to enjoy activities or discuss and practice special skills (such as golf or hunting) with their friends.

Duration of Friendships

We expect different characteristics from long-term as compared to short-term friends. Long-term friends are the only people with whom we can reminisce about memories that occurred during our lifetime. Changes in life such as health changes, widowhood, or retirement are less disruptive on long-term friendships. Short-term friendships help us to deal with changes that affect our daily roles, such as moving into a new area, volunteering, or starting a new job.

Changes in Friendships

Adults expect to receive emotional support and companionship from their friends. When such positive outcomes are not achieved, the results may be breaches of confidence, invasions of privacy, criticism, or loss of respect and reciprocity. In times of crisis, we expect close friends to provide support and companionship.

Friends Keep Us Healthy

Social interactions with friends help us lead longer and healthier lives. Studies have shown that people who enjoy the fellowship of friends live longer and are healthier than their counterparts who are socially isolated. Friends are relied upon for emotional support. A close network of friends helps us through the challenging times of life.

How Can Friends Help in Times of Crisis?

The best gift a friend can give is to be a good listener! Some other ways friends can strengthen their relationship are:

- keeping in regular contact by phone, mail, or in person.
- allowing your friend to express emotions. Many emotions may be unpleasant, but be empathetic.
- paying attention to your friend's feelings and his or her perception of the seriousness of the situation.
- being non-judgmental and not offering advice unless asked.
- preparing a meal and delivering it to your friend's home.
- doing your friend's laundry.
- running an errand for your friend.
- offering to relieve caregivers of their responsibilities.

Source: *Senior Series, The Ohio Department of Aging*, The Ohio State University Extension

Workshops

Palliative Care Education

Capital Health and Cancer Care Nova Scotia are pleased to offer a three day workshop for those interested in palliative and supportive care. The goal is to provide education to frontline caregivers which will increase awareness and knowledge of palliative and supportive care. There will be three workshops offered in Capital Health this fall at the Hugh Bell Centre, the Nova Scotia site in Dartmouth. The dates are: September 11, 25 and 30; October 17, 18 and 19; and October 29, 30 and November 18.

For more information, call Cynthia Stockman, Clinical Nurse Educator, 473-4656.

Dalhousie University Dental Clinic

The Dental Clinic at the Faculty of Dentistry offers a wide range of dental services to the general public including Dalhousie students, faculty members and staff. Some of these include fillings, crowns, extractions, root canals, gum treatments, full and partial dentures and braces. These services are provided by dental students and/or dental hygiene students. All treatment is supervised and approved by qualified dentists, specialists, and dental hygienists.

Call Patient Services at (902) 494-2101 to make an appointment for an initial examination called Treatment Planning. Entrance at University Avenue near Robie Street.

Appointments are available throughout the year.

The cost for a Treatment Planning appointment is $39.00 non-refundable. This amount is due when you check in at Patient Services for your appointment.

The fees outlined in your Treatment Plan will be discussed with you when it is presented to you.

You are expected to "pay as you go", as the work is completed. However, there are a few exceptions, such as, laboratory costs and other miscellaneous fees. These exceptions require full or partial payment before your treatment is started.

Source: Dalhousie University, Faculty of Dentistry

Seniors' Statistical Profile Now Available

The Senior Citizens' Secretariat has just released *A Statistical Profile of Nova Scotia Seniors*. The report promotes a better understanding of the province's older population. Copies are available at www.gov.ns.ca/scs or by calling 1-800-670-0065.

When You Eat Out

Ways to slash the salt

Too much dietary sodium (salt) is to blame for many people's high blood pressure.

Most of the sodium in our diets comes from restaurant-prepared (and processed) foods—not from the salt-shaker.

What You Can Do:

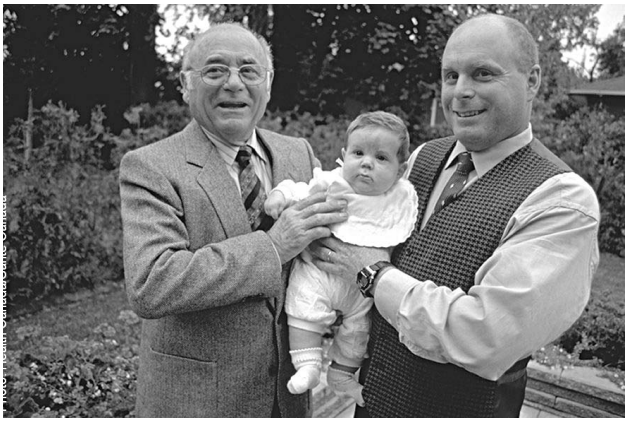
- Choose grilled or baked foods rather than fried foods.
- Choose fresh meats rather than cold cuts or sausage.
- Avoid smoked or pickled foods.
- Order salads, burgers, tacos, omelets, and other foods with-out cheese.
- Ask that your food be prepared without salt, MSG, or soy sauce.
- Use unsalted butter or margarine.
- Request sauces to be served on the side and use them sparingly.
- Have a salad (with minimal dressing) instead of soup.
- Order sandwiches without pickles.
- Use lemon or oil and vinegar instead of bottled salad dressings.
- Ask for fresh fruit instead of chips with sandwiches.
- Substitute yeast breads for biscuits, cornbread, or other quick breads made with baking soda or baking powder.
- Order fruit, low-fat ice cream, frozen yogurt, or gelatin instead of baked deserts.

Source: *Dining Lean*, by Joanne Lichten, RD, PhD

"When you must shoot an arrow of truth, dip its point in honey."

George Mapir

Strengthening Families and Communities by Sharing Life Stories



A life review is sharing of family history from one generation to another. Today's families are often separated, geographically or by hectic schedules. Taking time to visit older family members—through letters, phone calls, personal visits, videos, or audiotapes—is one way to exchange memories and life reviews. Whatever ways you decide to "visit" and keep in touch, the connection between the generations helps both the young and the old.

Life reviews help older adults feel better and to remember significant life experiences. They create a feeling of self-worth, preserve family history, and help individuals discover interesting things about each other. Life reviews affirm the importance of life experiences and achievements and, for some individuals, give new meaning to life. Adults who live alone or are isolated may also enjoy the chance for interaction with others.

Tools for Sharing

- Photographs
- Family journals, books, and scrapbooks
- Newspaper clippings
- Mementos from historic world events, such as the Depression, World War II, etc.
- Pictures of past family holidays, such as Thanksgiving, reunions, birthdays, or anniversaries

- Personal belongings, such as furniture, clothing, jewelry, toys, and keepsakes
- Poems or stories

Questions to Spark Discussion

Have a list of questions in mind before your visit. Don't try to cover too much ground in one visit. Try these questions or develop creative ones of your own:

- Where did your parents meet? When did they marry? Tell me about your marriage.
- How did your parents wash clothes?
- What are some of your best childhood memories?
- Tell me about your pets.
- What was school like for you? How did you get there? What were your favorite subjects? Describe some fun activities you did while in school.
- What is your most vivid memory of bath time as a child?
- Tell me about the first house you remember.
- What games did you enjoy as a child?
- What is the best present you ever received?

If the conversation seems to be dragging, try a probing question or two to help the person remember or further explain his or her ideas.

- How did you feel?
- Was anyone else involved?
- What else was going on at the time?
- What happened as a result?

Being a Good Listener

Good communication skills are important when sharing a life review. These skills include:

- maintaining eye contact
- being positive in your response
- being an active listener
- asking questions that encourage the person to continue
- helping the speaker keep on track by asking open-ended questions
- summarizing comments to let the person know that they are being heard
- watching body language by being aware of posture, eye contact, and expressions
- allowing the other person to talk without jumping in with too many of your own life experiences
- encouraging conversation by asking feeling questions, such as, "How did it feel when..."
- accepting what is said as their experience
- realizing that there may be times of silence or tears in your conversation (These are normal. Allow the speaker time to re-gather his or her thoughts and continue.)

Passing the Memories On

After you have gathered information in a life review, choose an appropriate method to record it. Ideas include scrapbooks, audio or videotapes, photo albums, and writing a book or newspaper article for family members or to contribute to a museum, library, or historical society.

Be sure that the sharer of the life review is in agreement with the method that you select to keep the memories and pass them on to future generations.

Taking time to listen to others helps them to know that they are important. It sends the message, "You are a special person and I want to know more about you." Help strengthen your family and community by sharing a life review with someone special in your life.

Source: *Ohio State University Extension Fact Sheet*, Family and Consumer Sciences

"Ever notice that the people who are late are often much jollier than the people who have to wait for them?" *Unknown*

Predictors of Healthy Aging

We all have one attribute in common; we grow older every day. Although there is nothing specific we can do to stop this process, it might be possible to slow down our natural aging and eliminate some of the age-related disorders. It has been proven that we can, indeed, age gracefully. Let's look at some of the personal characteristics of healthy people approaching 100 years of age!

Physical

Thin, daily exercisers, consuming low-calorie, high-fruit and vegetable diets, non-smokers, moderate alcohol intake, sleeps well, infrequently ill, use of preventive health services, have a positive outlook about their health.

Intellectual

Kept minds active before and after retirement which occurred in their 70s, learned something new each day, a passion for reading and discussing current events, often reflecting on the good things in life.

Emotional

Optimistic, pleased with their lives, anger is short-lived, rarely hostile to others, cope well with stress, have a good sense of humor, many outlets for relaxation and recreation.

Relational

Frequently helping others, have successful marriages or have always been single, have many friends younger than themselves, feel support from a large social network, often attend social functions.

Spiritual

Have multiple spiritual commitments that provide a sense of purpose and meaning to their lives, appreciate the beauty of nature, pray and/or meditate daily.

It is never too late to set in motion positive changes in our lives. We are not guaranteed a certain amount of time on Earth, but we can surely enhance the quality of the time we are here. It only makes sense to enjoy the company of other people, to learn something new every day, to tell funny stories and enjoy a good laugh. Cultivating a personal passion after retirement and helping those less fortunate than ourselves will also add life to our years!

Source: Malarkey, William B., M.D., *Take Control of Your Aging*, The Wooster Book Company. Wooster, Ohio 1999.

Forgiveness

"One of the most lasting pleasures you can experience is the feeling that comes over you when you genuinely forgive an enemy—whether he/she knows about it or not."

A. Battista

"An optimist is a person who looks forward to enjoying the scenery on a detour." *Unknown*

Are You Getting Enough Water?

Muscle cramps, Headaches, Fatigue. What sounds like a mild flu is oftentimes something even more ordinary. Dehydration. Most people need at least eight glasses of water daily. But many don't drink nearly that much, and that bad habit may be harming their health.

Water replenishes and cleanses. An apple a day gets all the press, but drinking plenty of water provides many health benefits:

- Improved weight control. Many people eat, rather than drink, when they feel thirsty. Drinking water helps curb your appetite and your thirst.
- Better bladder and bowel functioning. Fluids speed the elimination of feces from the colon and urine from the bladder, helping to prevent and treat constipation and urinary tract infections.
- Reduced cancer risk. Fluids may cut the risk of cancer by flushing out or diluting carcinogens in the bladder and colon.
- Less chance of kidney stones. Drinking plenty of water helps prevent kidney stones from developing or recurring.
- Better respiratory health. Dehydration dries the mucus membranes, thereby possibly increasing a person's susceptibility to colds and other respiratory infections. It also decreases the lung function of asthmatic individuals.
- A healthier mouth. Drinking water increases saliva, which neutralizes cavity-causing acids in the mouth, washes away food particles and inhibits gum disease and other oral problems.

How much do I need to drink?

The body is constantly losing water, and the more you weigh, the more water you lose everyday. On a cool, inactive day, the average man loses about 12 eight-ounce cups of water, but only consumes about nine cups of water (about half of that from the water in fruits, vegetables and other solid foods).

To avoid even mild dehydration, take this simple test to calculate the minimum daily amount of water you should be drinking daily:

1. Divide your weight (in pounds) by 2 = the number of ounces of water you should drink.
2. Divide the above number by 8 = the number of cups of water daily.

The following factors increase the amount of water you should consume:

- Exercise. Drink 1 cup of water before exercising, an additional 1/2 cup every 20 minutes during exercise, and another cup within a half-hour of finishing.
- High elevations, heat and humidity. Consume an extra 1 or 2 cups of water a day when elevation exceeds 5,000 feet, the temperature exceeds 80 F or the humidity is unusually low.
- Pregnancy and breast-feeding. Drink an extra cup of water every day if you're pregnant, and 3 to 4 cups extra if you're breast-feeding.
- Caffeine and alcohol. Consume an extra 1/2 cup of water for every cup of caffeinated or alcoholic beverages you drink.
- Diarrhea or fever. Consume an extra 8 to 12 cups of water per day when you have diarrhea, and an extra cup for every degree of fever.

To stay hydrated, drink steadily over the course of the day. You're getting enough fluid if your urine is clear or very pale yellow and virtually odorless. Get the water you need from a combination of beverages and food such as 100 percent fruit juice, low-fat milk, soup, fruits and vegetables. But drink at least five 8-ounce cups of water itself everyday.

Dehydration is a particular concern for the elderly, who often don't drink enough liquids because of a weakened sense of thirst. Older people should set regular times throughout the day to drink, regardless of thirst, to prevent complications from dehydration such as stroke, heart problems and disorientation.

Source: The Atlantic Superstore, Yarmouth, NS

Senior Citizens' Secretariat Information Resource Centre

All the material listed below is available for loan from the Information Resource Centre. Contact us at (toll-free)1-800-670-0065, or fax 1-902-424-0561, or e-mail scs@gov.ns.ca. If you can't pick up the material in person at the Secretariat, we will mail it to you.

Book Briefs

The Grandparent Guide: The Definitive Guide to Coping with the Challenges of Modern Grandparenting, by Arthur Kornhaber. Toronto: McGraw-Hill, 2002.

Being a grandparent isn't as simple as it once seemed. With divorce, single parenting, grandparenting children with special needs or simply avoiding mistakes, the job is as complex as it is rewarding. Kornhaber (who is the president and founder of the Foundation for Grandparenting) draws on years of experience in offering advice, information, resources and support on everything from babysitting and favouritism to the issues facing us today including cyber-grandparenting, step-grandparenting, raising grandchildren.

Courage To Care: A Caregiver's Guide Through Each Stage of Alzheimer's*, (Chapter 1)*, by Joanne Parrent. Indianapolis, IN: Alpha Books, 2001.

One in ten people over age 65 (and one in two over age 85) has Alzheimer's disease. But when someone you love receives the diagnosis of Alzheimer's, statistics mean very little. What matters most to you is making the most of life—yours and your loved one's. This book offers information, practical suggestions, and encouragement specific to each of the disease's three stages. As much about taking care of yourself as taking care of a loved one with Alzheimer's, this book makes the journey easier for each of you.

The Healing Journey Through Retirement: Your Journal of Transition and Transformation, by Phil Rich. New York: John Wiley, 2000.

When you retire, your emotions, lifestyle and relationships undergo an enormous change. This comforting journal encourages you to examine the impact retirement will have on your life, involing the healing power of writing to allow you to look deep within yourself to determine what work has meant to you, explore what you want when you leave the work force, and shape your plan and expectations for the future. In retirement most feel that financial security is all that is needed—not so. The shocker is we realize too late that the mental and emotional relationship with those closest to us must be addressed. This is an inspirational resource and will be your guide to redesigning and rebuilding a central structure for your life beyond work—and doing so with a renewed sense of purpose.

Aging Well: Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development, by George E. Vaillant.

"To know how to grow old is the master-work of wisdom, and one of the most difficult chapters in the great art of living"; so wrote Henri Amiel in 1874. More than a century later, as more and more of us are destined to live into our eighties, his challenge becomes more pressing than ever; and we need to decide from whom to gain that knowledge. As we go through life, we meet octogenarians who offer us rare role models for growing old.. We meet vigorous, generative great-grandparents, and we wonder how they became that way. We wonder about their origins—about how their pasts might illuminate our own futures. Foolproof answers, of course, are not possible. But if we are to understand successful aging, we need to ask very old people about the road they travel. The demographers have told us that today's young adults can expect to live past 80, If so, we all need models for how to live from

retirement to past 80—with joy. This book attempts to offer such models—on what successful aging is and how it can be achieved.

The Complete Guide To Alzheimer's Proofing Your Home*, (back cover)*, by Mark L. Warner. West LaFayette, IN : Purdue University Press, 2000.

This book shows how to create a home environment that helps you cope with the difficulties associated with Alzheimer's and related dementia. The author, a registered architect and a gerontologist, deals with both interior and exterior spaces, discussing problems and solutions associated with specific areas, such as the kitchen, the bathroom, corridors, and patios and decks. Separate chapters focus on issues related to Alzheimer's, such as wandering, incontinence, and access limitation. It contains information about specific products that make the home a safer, more pleasant environment and book provides the inspiration for may simple modifications to the home.

Also available, free, from Canada Mortgage and Housing, the following publications:

At Home With Alzheimer's Disease: Useful Adaptations To The Home Environment and ***Housing Options For People With Dementia*** at: www.cmhc-schl.gc.ca or 1-800 668-2642

Website for Volunteers

Wondering about the best ways to recruit, retain, and motivate volunteers? Looking for tools to access volunteering in your organization?

Visit www.nonprofitscan.ca and download the results of original research developed for the International Year of Volunteers 2001. Resources include: fact sheets that cover the key findings; reports with in-depth analysis of the issues; and how-to manuals to help you turn knowledge into expertise.

Gum Disease May Go Straight To Your Heart

The debate has not been resolved about the link between gum disease and a host of health problems, including cardiovascular disease, increased risk of stroke and serious risk for those with compromised health due to diabetes and respiratory disease. One thing that all dental care professionals do agree on is the importance of good dental hygiene and preventing the spread of bacteria in your mouth. Here are some tips that will help to keep your mouth free of bacteria and as healthy as possible.

When Travelling:

- Pack your toothbrush in a container with holes to ensure it dries completely between uses.
- Clean the toothbrush container before and after your trip.
- Use bottled water when brushing your teeth to avoid illness from possible micro-organisms in foreign water.

At Home:

- Buy a new toothbrush every three months.
- Wash your toothbrush periodically in the dishwasher.
- Between uses, keep your toothbrush in a cup of mouthwash to discourage bacteria growth.
- Wash your hands thoroughly before flossing.
- Don't share your toothbrush. Oral bacteria can pass from one person to the next and spread periodontal disease.
- Dry mouth is a common side effect of many medications. The reduced flow of saliva can damage teeth because saliva rinses away bacteria. If you are on medication, try chewing sugar-free gum to stimulate saliva.

Source: *50 Plus CARP News*, February 2003

Falls Prevention Supports Seniors' Health and Independence

by Cathy Bennett

The bad news is that falls are the leading cause of fatal injury among Canadians over 65 years of age. The good news is that many of these injuries can be prevented with proper falls prevention strategies.

With this knowledge in mind, Health Canada and Veterans Affairs Canada have teamed up to develop an innovative *Falls Prevention Initiative* designed to identify community-based strategies for preventing falls among seniors and veterans.

Under the Initiative which was announced in August 2000, Veterans Affairs Canada will invest $10 million over four years to develop falls prevention pilot projects in Atlantic Canada, Ontario and British Columbia, with funding being distributed through Health Canada's Population Health Fund. Key results from the Initiative will be shared with all interested and involved parties in every region across Canada and it is hoped that communities will continue to build identified effective prevention strategies.

"Our focus is on reducing or eliminating risk factors that lead to falls, such as social isolation, reduced physical activity or risk-taking behaviours," explains Nancy Garrard, Director of Health Canada's Division of Aging and Seniors. "With its strong emphasis on community involvement, this initiative has the potential to make a difference for seniors and veterans right in their own homes and neighbourhoods."

Garrard says the Initiative's pilot project staff works closely with community volunteer groups and non-profit organizations and with seniors and veterans organizations, seeking their advice and support to develop practical responses to local risk factors. "With this input, we are developing useful falls prevention information for seniors and veterans and for their families and caregivers;" notes Garrard. "This information is designed to help Canadian seniors maintain their long-term health and independence."

Jeannita Bernard, Director of Veterans Affairs Canada's Health Promotion and Rehabilitation Directorate, says the Initiative is particularly important to Veterans Affairs Canada because many of the department's veteran clients are at high risk of falls. "Every year, more than one in three veterans suffer a fall that can have a debilitating impact on their independence and well-being," notes Bernard.

Among the Initiative's anticipated benefits, she says, will be the postponement or prevention of diseases linked to falls and the improvement of the overall quality of life for veterans and seniors in their homes, neighbourhoods and communities. Both Bernard and Garrard emphasize that the Initiative is unique not only because of its interdepartmental cooperation but also because it has received a great deal of support from provincial falls prevention authorities, veterans and seniors organizations, not-for-profit community groups and voluntary organizations in communities across the country. "With this kind of local support, the Initiative has all the makings of a great grass-roots success story," says Bernard.

Community involvement a priority for Victoria falls prevention project

A key goal of the Falls Prevention Project in Victoria, B.C. is to increase local capacity to respond to falls prevention issues, says project Coordinator Laurie Brady-Mueller.

As the Falls Prevention Project sponsor and co-participant, the Vancouver Island Health Authority prepared the project funding proposal and is currently providing project leadership and staff resources.

"This project is part of the Health Authority's commitment to community development," says Brady-Mueller. "Our objective is not only to create a coalition and a project but to create long-term sustainability in falls prevention."

With this objective in mind, the sponsor has brought together a project inquiry group of some 20 volunteers from diverse project partner organizations across the community. The group meets monthly to learn more about falls and falls prevention and to design and test possible strategies for reducing falls among seniors and veterans in the community.

"We expect this group to form the core of a broad community coalition on falls prevention," says Brady-Mueller. "Over time, this coalition will develop information and practical resources for use by seniors, their caregivers and families right here at the grass-roots level."

As a retirement community with a higher number of seniors and veterans than many other Canadian communities, Victoria is an ideal location for the Falls Prevention Project. People aged 65 and older make up close to 18 percent of the region's population, compared to the provincial average of just under 13 percent.

In its efforts to reach out to seniors, the project inquiry group is being assisted by University of Victoria community psychologist Jennifer Mullett, who is training group members in the use of an innovative collaborative research process. Dr. Mullett explains that the process builds expertise in the community to engage in research that is aimed at problem-solving.

The research process echoes the capacity building intent of the project. It is aimed at developing strategies to prevent falls by taking falls prevention issues directly to seniors and veterans and working with them as partners. "The principle behind this process is that solutions must be based on the knowledge and experiences of seniors and veterans," emphasizes Dr. Mullett. This knowledge from seniors and veterans is complemented by input from project partner organizations such as the Canadian Peacekeeping Veterans Association, the Royal Canadian Legion and the School of Nursing and Centre on Aging at the University of Victoria, and from a special project advisory group made up of health and social service professionals who offer their perspective on the causes of falls in the community and suggestions for prevention.

"What we're doing is building a whole body of practical knowledge to go along with established research on falls prevention," says Dr. Mullett. "This combined knowledge will enable us to come up with new educational products and new strategies for falls prevention. These products should prove useful to seniors and veterans because they are being built, in large part, by seniors and veterans themselves."

For project volunteer Harold Leduc, National President of the Canadian Peacekeeping Veterans Association, participation in the project is a unique learning opportunity which he hopes to translate into positive outcomes for association members.

"I represent veterans who range in age from 19 to 95 years of age," says Leduc. "Many of them, young and old, are prime candidates for falls-related injuries. I hope to gain a better understanding of ways to prevent and manage falls so that I can pass on information to as many veterans and their families as possible."

Fellow veteran Larry Gollner, a volunteer with the Alzheimer Society of British Columbia, says he was motivated to get involved by the possibility of acquiring information that would help caregivers prevent falls among those suffering from Alzheimer's disease.

Gollner, who is prone to falls himself as a result of a leg injury incurred during military service, adds that the project's emphasis on prevention and education makes it a sound social investment.

"We know that, as a society, we must find better ways and means to reduce or at least stabilize the growing financial burden of health care," notes Gollner. "Equally, we know that our society is aging. This means that the numbers involved with falls will grow. If a well conceived and executed Falls Prevention Initiative can help reduce individual suffering, ease stress on family caregivers, and, as a bonus, take pressure off the health care system, then I am all for it."

Facts about falls

- Approximately 30 percent of community-dwelling Canadian seniors experience at least one fall each year.
- Seniors' falls result in a loss of independence. In 1998/99, there were 68,897 injury admissions in the senior population accounting for 35 percent of all injury admissions. Seniors are more likely to be admitted to hospital from an injury as a result of a fall than any other age group. In fact, over half (56%) of all admissions due to falls occurred in persons 65 years of age or over.
- Veterans Affairs Canada research shows that in the one-year period from June 1996 to June 1997, 37 percent of veterans experienced one or more than one fall. Seventy-five percent of veterans age 75 or older experienced an injury related to a fall. As for the oldest group, they tend to indicate more severe injuries such as loss of consciousness, sprains and fractures.
- In 1997, falls accounted for 20 percent of all injury deaths among adults age 65 or over.
- Injury death rates rise steeply with age. In 1997, the injury death rates among those 65–74 were 51.6/100,000 and 455.6/100,000 among those over age 85.
- About 40 percent of falls among seniors which result in a hospital stay are attributable to hip fractures. These are the most common type of fall injury among seniors and it is expected that the number of annual hip fractures among seniors will increase from 23,375 in 1993 to 88,214 by year 2041.

The causes of falling

Studies show that many falls result from a combination of *personal* factors (such as health status and personal heath practices) and *lifestyle* factors (such as social isolation, reduced physical activity and risk-taking attitudes).

These factors may also work in conjunction with *environmental* factors, which may include *indoor hazards* such as poor lighting, throw rugs, unstable furniture, waxed floors, steep stairways and slippery tubs or *outdoor hazards* such as poor ice and snow removal and bad weather.

Nearly half of all injuries among seniors take place at home. Constructional features of a house or building such as floors, stairs and steps are identified more often in an injury than any household product.

The cost of seniors' falls in Canada

The annual direct health care cost of falls is $2.4 billion. Caring for seniors injured from a fall represents 41 percent of these costs or $1 billion.

Canada's aging population

Statistics Canada estimates that Canada's senior population will grow to five million by 2011 and to over ten million by the year 2041, or close to 23 percent of the total population. As Canada's population continues to age, the development of effective falls prevention strategies will take on added importance.

Addressing risk factors and building evidence

Studies suggest that falls are often preventable and that health promotion interventions can reduce or eliminate high-risk behaviours and risk factors that lead to falls. However, for the majority of factors found to be associated with falls, the current state of research is only beginning to uncover sufficient evidence of the impact of risk factor reduction on the incidence of falls and falls-related injuries for community-dwelling seniors. While some knowledge and experience exist on falls prevention in Canada, it is not enough. The Falls Prevention Initiative will deepen existing knowledge by addressing the range of risk factors and by identifying what practices, program models and community settings are best able to effectively reach veterans and seniors living in the community.

You can prevent falls!

Various resources and information materials are available to help increase knowledge and strategies for falls prevention. The *You can prevent falls!* kit developed by the Initiative will be of interest to seniors, veterans, caregivers and professionals alike. It includes:

Eight Fact Sheets—tips, practical advice, statistics, resources listings, and program information.

One Compact Disk—compatible with either the PC or MAC environment, the CD offers many federal government resources, including prevention guides and policy tools, national data sources, lifestyle choice and injury prevention publications.

For more information on the Fall Prevention Initiative or to obtain a copy of the kit, call (613) 952-7606, fax (613) 957-9938 or e-mail seniors@hc-sc.gc.ca. To download from the Web, visit http://www.hc-sc.gc.ca/seniors-aines.

Source: *Stride: Excellence In Long-Term Care*, May/July 2002

A Vision for Home and Community Care

Developed for the Canadian Home Care Association and the Canadian Association for Community Care, 2002, and presented to the readership for their discussion.

A Strengthened Home and Community Care Sector is Essential to the Sustainability of Canada's Health Care System as a whole.

Home and community care is for people of all ages and any diagnosis, at home or in another community location such as a day program or a "supported living" centre. Home and community care services assist people to remain in their own homes and communities, in the residence of their choice; substitute for acute hospital care; and provide an alternative to long-term residential care in nursing homes or other facilities. These services support the family and friends who, in most cases, provide the majority of the care. Well-planned home and community care is part of a network of services, and can organize help from volunteers and others on behalf of an individual client and family.

The Challenge

The challenge is to develop an integrated health care system that includes home and community care services and meets and respects the values of Canadians today and in the future.

Although the funding for home and community care has increased in recent years, the resources have declined relative to the demands upon them. These demands come from changes in the hospital sector (decrease in the number of hospital beds, shortened hospital stays), changes in the long term care sector (people prefer to live in their own homes as they age) and changes in Canada's demographics (aging population, sandwich generation, increase in women in the workplace).

The Vision

We envisage the establishment of an equitable standard of home and community care in Canada, including the provision of a basic set of core services. As an integral and essential aspect of health care, home and community care would be governed by principles of universality, accessibility, comprehensiveness, portability, and public administration. Our vision for home and community care includes:

National Standards—that establish the basic set of core services that would ensure that consistent services are in place, are accessible, and are delivered.

National Values—to drive the delivery of home and community care services that are responsive, flexible, client-centred, innovative and accountable.

Minimum Quality Standards—and monitoring mechanisms for the development and performance of home and community care in the provinces and territories.

A Systemic Approach—to health care based on collaboration to make "continuity of care" a reality.

A Stable Workforce—with greater focus on education and training.

The basic set of core services in home and community care in each province and territory should include:

1. Case Management (assessment of needs, coordination of service & resources);
2. Professional Care (nurses, social workers, therapists, pharmacists & physicians);
3. Personal Care (assistance with the activities of daily living);
4. Home Support (assistance with the instrumental activities of daily living);
5. Caregiver Support;
6. Organized Volunteer Services (meals on wheels, friendly visiting, etc);
7. Palliative Care (services to support dying at home);
8. Necessary medical supplies and equipment;
9. Day programs;
10. Self-managed care options;
11. Access to subsidized prescription drugs.

Achieving the Vision

Achieving our vision of home and community care requires concrete action that will strengthen policies, services, infrastructure and human resources. We recommend the following essential steps:

- Establish national principles for home and community care.
- Establish a basic set of core services that is accessible to Canadians in their homes and communities.
- Create a 'systems' approach in health care planning and delivery—one that includes home and community care.
- Devote new federal resources to raise provincial home and community care to the minimum standard.
- Build the quality and accountability of home and community care through infrastructure developments (information systems, standardized classification system, standardized assessment tool); through research; and through the dissemination of best practices.
- Reduce competition within the health care system and among provinces for scarce health care workers, increase educational opportunities, and establish equitable wages for home and community care workers.
- Establish a national pharmacare program, including coverage for people receiving home and community care.

The basic or minimum system requirements in each province/territory are:

1. A single point of access;
2. Formal linkages among physicians, the acute care sector, the long term care sector and the case management function in the home and community care sector;
3. Coordinated information systems;
4. Policies that foster the most cost-effective service provision;
5. All-inclusive planning processes.

The Canadian Home Care Association and the Canadian Association for Community Care collectively represent home care programs, community support programs, for-profit and not-for-profit service providers, long-term care facilities, planning bodies, professionals and paraprofessionals in home and community care, educators, researchers, suppliers and manufacturers of home care products, pharmaceutical manufacturers and last, but far from least, the users of home and community care services.

For more information contact:

Nadine Henningsen, Executive Director Canadian Home Care Association (613) 569-1585; www.cdnhomecare.on.ca

Dr. Taylor Alexander, RSW President & CEO Canadian Association for Community Care (613) 241-7510; www.cacc-acssc.com

Source: *Stride: Excellence In Long-Term Care*, May/July 2002

Lunenburg Queens Falls Prevention Program

The committee members and staff of the Lunenburg Queens Falls Prevention Program have been busy over the past months putting the word out to the community on how to prevent falls. The program is one of seven pilot projects in Atlantic Canada funded by Health Canada Veterans Affairs Canada Falls Prevention Initiative. All of the programs met in Lunenburg in March 2002 and in Halifax in February 2003.

Presentations to Groups

Members of the Steering Committee and the Program Coordinator are ready and willing to come and talk about falls prevention to your group. Presentations can be tailored to the specific needs of your group and the time is flexible. The goal is to get the word out to as many people as possible. Speaking to existing groups of seniors is more effective than setting up separate sessions.

The following groups have already arranged presentations:

- Tea and Company Too, Bridgewater
- Rug Hooking Guild, Bridgewater
- Golden Youth, Lunenburg
- Kiwanis Club, Liverpool
- Retired Teachers' Association

To request a talk for your group call 634-8801, extension 3115

Source: *Steady As You Go!* Spring 2003—Issue No. 2

"To me, old age is always 15 years older than I am." *Bernard Baruch*

A Healthy Balance

A community alliance for health research on women's unpaid caregiving

Healthy Balance Research Program

The Atlantic Centre of Excellence for Women's Health (ACEWH), Dalhousie University and the Nova Scotia Advisory Council on the Status of Women (NSACSW) are providing leadership in the form of an innovative and collaborative program of research to better understand the connections between women's health and well-being, family life and earning a livelihood. *The Healthy Balance Research Program* is funded by the Canadian Institutes of Health Research (CIHR); other principal partners include the Nova Scotia Family Caregivers Association; the IWK Health Centre for Children, Women and Families; Mount Saint Vincent University; and the National Centres of Excellence for Women's Health Program.

It is well known that throughout their adult lives, women are more likely than men to experience stress and overwork as a result of their multiple care and work responsibilities. There is uncertainty, however, about possible health benefits to women in the paid workforce. We are only beginning to understand the extent and nature of women's unpaid caregiving work and its stress and health impacts—whether this caregiving work is done on its own or combined with paid work.

This innovative partnership program will improve our understanding of the ways in which caregiving is now organized (e.g., unpaid caregiving shared between women and men), how caregiving affects people's sense of empowerment in their lives, and, in turn how that affects their health and well-being. Researchers will study different kinds of unpaid caregiving in Nova Scotia and will determine which unpaid caregiving situations—on their own or combined with paid work, are associated with positive or negative health. The program will also examine how social and economic factors interact with paid work, caregiving, empowerment and health status—for example how ethnicity, race and culture, as well as rural

and urban location, income, age of the caregiver and other factors affect the health and well-being of care providers in Nova Scotia. On a practical level, the program will consider current policies and programs that address paid work and family life and how these can be improved.

The ultimate goal of this program is to foster a "healthy balance" between women's health and well-being, family life and earning a livelihood. The interrelated and dynamic program objectives include knowledge generation, knowledge transfer and transformation, uptake of new ideas and practices, and strengthening research capacity. Specifically, we intend to: examine the relationship among unpaid caregiving work (performed on its own or in combination with paid work), empowerment and health status; foster "uptake" of new ideas and practices in policies; promote innovation in programs and health-service delivery that reflects new insights into the values and expectations we bring to caregiving and paid work; strengthen research capacity in Atlantic Canada by recruiting and retaining health researchers.

For further information:

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Source: Atlantic Centre of Excellence for Women's Health, National Reference Group
March 13–14, 2003
Halifax, Nova Scotia
Report

"Don't point a finger—lend a hand." *Unknown*

Doc Talk

Andy Stergachis, Ph,D. , R.Ph.

Q: What can I do to make sure I'm using over-the-counter (OTC) medications safely?

A: Here are 9 ways to get the most from your OTC medications, according to the National Council on Patient Information and Education:

- Read the 1abel, and follow dosage instructions. Take no more than the amount recommended. If a little is good, more is not necessarily better.
- Look for an OTC medicine that will treat only the symptoms you have. The more ingredients a medicine has, the more likelihood of a drug interaction (combination products often cost more, too).
- Know what other drugs, supplements, or foods to avoid while taking an OTC medicine.
- When in doubt, ask a pharmacist before you buy or use an OTC medicine.
- Be extra careful when taking more than one OTC drug product at a time (i.e., be on the lookout for any signs the combination is causing a problem) .
- Don't combine prescription medicines and OTC drugs without talking to your doctor or pharmacist first.
- Make sure that each of your doctors has a list of all of the medicines you are taking.
- Only give infants and children OTC medicines that are formulated for their age and weight.
- Don't use OTC medicines after their expiration date.

How Fit Are You?

Strength, flexibility, and balance are important to maintaining your independence as you get older.

To see how you measure up, take this test.

If your scores are less than "normal" for your age group, ask your doctor about exercises you can do at home to increase your fitness level. You can also check into classes offered for seniors, such as aerobics or tai chi (through your local parks department and/or senior centre).

30-Second Chair Stand (measures lower-body strength)

- Sit in a chair with your feet flat on the floor.
- Cross your arms over your chest.
- Count the number of times in 30 seconds you can come to a full stand.

Two Minute Step-In-Place (measures endurance)

- Let a partner find the point midway between your hip and knee.
- Mark that target height on a table leg or a wall.
- March for two minutes and count how often the right leg reaches the target height.

Sit-and-Reach (measures flexibility)

- Brace a chair against the wall and sit on the edge.
- Place one foot flat and extend the other leg with your heel on the floor.
- With your arms outstretched, reach to your toe on the extended leg.
- Note the position of your fingertips and measure the inches short of (-) or beyond (+) your toes.

Note: Do not take these tests if your doctor has told you not to exercise; or if they cause you chest pain, joint pain, or dizziness; or if you have uncontrolled high blood pressure. Have a partner with you and do your best on each test, but do not overexert yourself. Before starting, warm up with about five minutes of walking and swinging your arms.

Source: American College of Sports Medicine

Normal Scores	Age	60—64	65—69	70—74	75—79	80—84	85—89
Number of Chair stands	Women Men	12—17 14—19	11—16 12—18	10—15 12—17	10—15 11—17	9—14 10—15	8—13 8—14
Number of Step-in-place	Women Men	75—107 87—115	73—107 83—113	68—101 80—110	68—100 73—109	60—91 71—103	55—85 59—91
Sit-and-reach (measured in inches)	Women Men	-0.5- +5.0 -2.0- +4.0 -	0.5- +4.5 -3.0- +3.0 -	1.0- +4.0 -3.5- +2.5 -	1.5- +3.5 -4.0- +2.0 -	2.0- +3.0 -5.5- +1.5 -	2.5-+2.5 -5.5-+0.5

Blood Pressure

Two Numbers You Should Know

A blood pressure measurement has two numbers you need to pay attention to—systolic and diastolic pressures.

If either number is high, it means your heart is working harder to pump blood through your arteries. This can eventually lead to diseased arteries.

A pressure that's "high-normal" or higher puts you at risk.

Rating	First Number: Systolic Pressure when heart beats	Second Number: Diastolic Pressure between heartbeats
High	140 and up	90 and up
High Normal	130–139	85–89
Normal	Less than 130	Less than 85
Low Normal	Less than 120	Less than 80

Urinary Tract Infections

If you're a post-menopausal woman and have been having frequent urinary tract infections (UTIs), it may mean your blood sugar levels are running too high.

Women with diabetes typically experience more UTIs than nondiabetic women.

Source: *Diabetes Care*, Vol. 25, Pg. 1778

For Bones

More than just calcium

So often, you hear that calcium is what you need for strong bones.

The truth is, there's a whole team of nutrients your bones need to stay strong. Calcium is just one.

- In addition to 1,200 mg of daily calcium, you also need lesser amounts of magnesium, phosphorus, boron, copper, manganese, zinc, vitamins B-6, C, D, K, and folic acid.
- The best way to get many of these nutrients is to eat a variety of colorful vegetables—especially leafy greens such as kale and collard, roots like carrots and turnips, and cruciferous vegetables like broccoli, cauliflower, and cabbage (and of course, dairy products are high in calcium).
- You also need protein so your body can manufacture collagen—important to skin and bones.
- You need healthful fats (e.g., fatty fish, olive oil, nuts, seeds, flaxseed), which help your body absorb vitamin D.

Suspected Bone-Robbers

- Smoking.
- Caffeine and soda pop (especially colas)—in excess.
- Excess animal protein and refined processed foods (sugar and white flour products). Both contribute to an acid condition in the body that can leach minerals out of your bones.
- Excessive sodium (more than about 2,400 mg per day, or about 1 tsp. of salt). We get our highest doses of sodium from processed or restaurant foods (e.g., TV dinners, canned soups, fast foods, etc.).

Sources: Robert P. Heaney, MD, Osteoporosis Research Center, Creighton University, Omaha; Ann Louise Gittleman, ND

Eye Facts—UV Rays

Sun worshippers, cover your eyes!

Studies have shown that permanent damage to the eyes can result from prolonged exposure to the sun without adequate protection. Ultra violet (UV) light is the component of sunlight most responsible for eye damage. Excessive exposure, especially from light reflected from sand, snow or pavement, can produce a burn on the surface of the eye. Like a sunburn on the skin, eye surface burns are usually painful, but temporary.

Of more concern is the cumulative damage of repeated exposure that may contribute to chronic eye disease. UV exposure can affect not only its surface, but also its internal structures (the lens and retina).

UV light is a risk factor in the development of pterygium (a growth that invades the corner of the eyes), cataracts (clouding of the lens) and macular degeneration (breakdown of the macula).

Those at risk include people who spend a lot of time in the sun, those who live at high altitudes or near the equator, and those who take photosensitizing drugs such as psoralens (used to treat psoriasis), tetracycline, doxycycline, allopurinol or phothiazine.

During cataract surgery, the natural lens is removed and replaced with a synthetic lens. Newer intraocular lens implants filter UV radiation. This eliminates any concern about UV eye protection after cataract surgery.

To protect your eyes from the sunlight, it is recommended that you wear a wide brimmed hat and sunglasses that filter out 99–100 per cent of the UV light.

Eye Facts—Sunglasses

Here are a few tips to help you choose a pair of sunglasses that can protect your eyes from the damage that can be caused by prolonged exposure to sunlight.

First, look at the label. Although universal standards are not in place, most manufacturers label their products stating their protective ability. The Canadian Ophthalmological Society recommends that glasses block 99-100 per cent of UV light (both UV-A and UV-B).

If you spend a lot of time in the sun, it is recommended that you buy wrap-around glasses to prevent the sun from entering your eyes from the sides.

Don't be deceived by color or cost. Dark lenses do not necessarily mean good protection. Also, expensive glasses do not guarantee good protection. Price may be an indication of better quality or durability, but more often, it is a reflection of current fashion.

Source: Canadian Ophthalmological Society

A Study of The Experience of Living With Alzheimer Disease

A professor in the Department of Sociology and Anthropology at Mount Saint Vincent University is conducting a study on Alzheimer Disease (and related disorders). She is interviewing people who have been diagnosed by a physician to be in the early stage of the disease to learn about their experience with this illness, and how it affects their daily lives. If you are interested in taking part in this study, or want to learn more about it, please call 457-0772 (if long distance, please call collect); or if you prefer, you may email Hazel.MacRae@MSVU.ca. Your participation would be much appreciated. The study is funded by the Alzheimer Society of Canada.

Source: Hazel MacRae, Mount Saint Vincent University

Older Americans

Because of the increase in life expectancy and decrease in birth rates, the proportion of the population over 65 is increasing. In 1985, more than 11 percent of the population was over 65. By the year 2030, approximately one-fifth of the population is expected to be over age 65. (In Nova Scotia in 2003, more than 14 percent of the population is over 65. By the year 2025, approximately one-quarter of the population is expected to be over age 65.)

The aging process begins at birth and continues throughout life. However, some persons may seem old at 60 and others are alert, vital, and enthusiastic at 70 years of age. Did you ever wonder why?

There are many reasons. The physical reasons for aging are related to the way we treat the body. Do you eat right? Do you exercise? Do you get enough rest? Do you have physical checkups regularly? Each person receives a unique genetic makeup, but good nutrition and healthy habits can keep the body from aging faster than it should.

There are psychological reasons why some persons age more than others. A person's attitude about life and aging can shorten or lengthen life, causing one to experience depression or vitality. Healthy attitudes keep the mind and body strong; unhealthy attitudes erode the mind and body.

1. Expect and adjust to change. Change is an inevitable part of life and living. Look at change as an opportunity for growth.
2. Maintain a sense of humor. Life maintains a sense of balance and perspective when humor is retained. Take time to enjoy life and to laugh!
3. Do something each day you like to do. This gives you something to look forward to and adds interest to life.
4. Do something each day that you do not like to do, but must be done. This adds challenge and a sense of accomplishment to your day.
5. Do something each day for someone else. This gets your mind off yourself and your situation. It forces you to look toward others and how you can help others.
6. Exercise. Walking is one of the best forms of exercise or join a group exercise program.
7. Eat properly.
   a) Eat a variety of foods.
   b) Maintain healthy weight.
   c) Choose a diet low in fat, saturated fat, and cholesterol. Choose a diet with plenty of vegetables, fruits, and grain products.
   d) Use sugars only in moderation.
   e) Use salt and sodium only in moderation.
   f) If you drink alcoholic beverages, do so in moderation.
8. Maintain connectedness with others. It is important to have a network of friends and family members with whom to talk and experience this business of life and living. Enjoy persons from different generations. Nurture a child? Talk with a teenager?
9. Maintain enjoyable surroundings. Most persons enjoy familiar surroundings. Surround yourself with colors you appreciate, flowers if you enjoy them, or with a collection of stamps if that is important to you.
10. Make it a point to learn something new each day.
11. Be open to new ideas and interests.
12. Focus on the positive. Look for the good things in your life. Smile, keep your chin up, and move forward.
13. Nurture a sense of personal worth. You are unique. Enjoy the person you are.
14. Nurture self-confidence. Maintain confidence in your abilities.
15. Use resources wisely. Resources include time, talent, money, and energy.
16. Invest in life and living. Look forward to each new day.

Source: Summarized from Ohio State University Extension Fact Sheet, Family and Consumer Sciences.