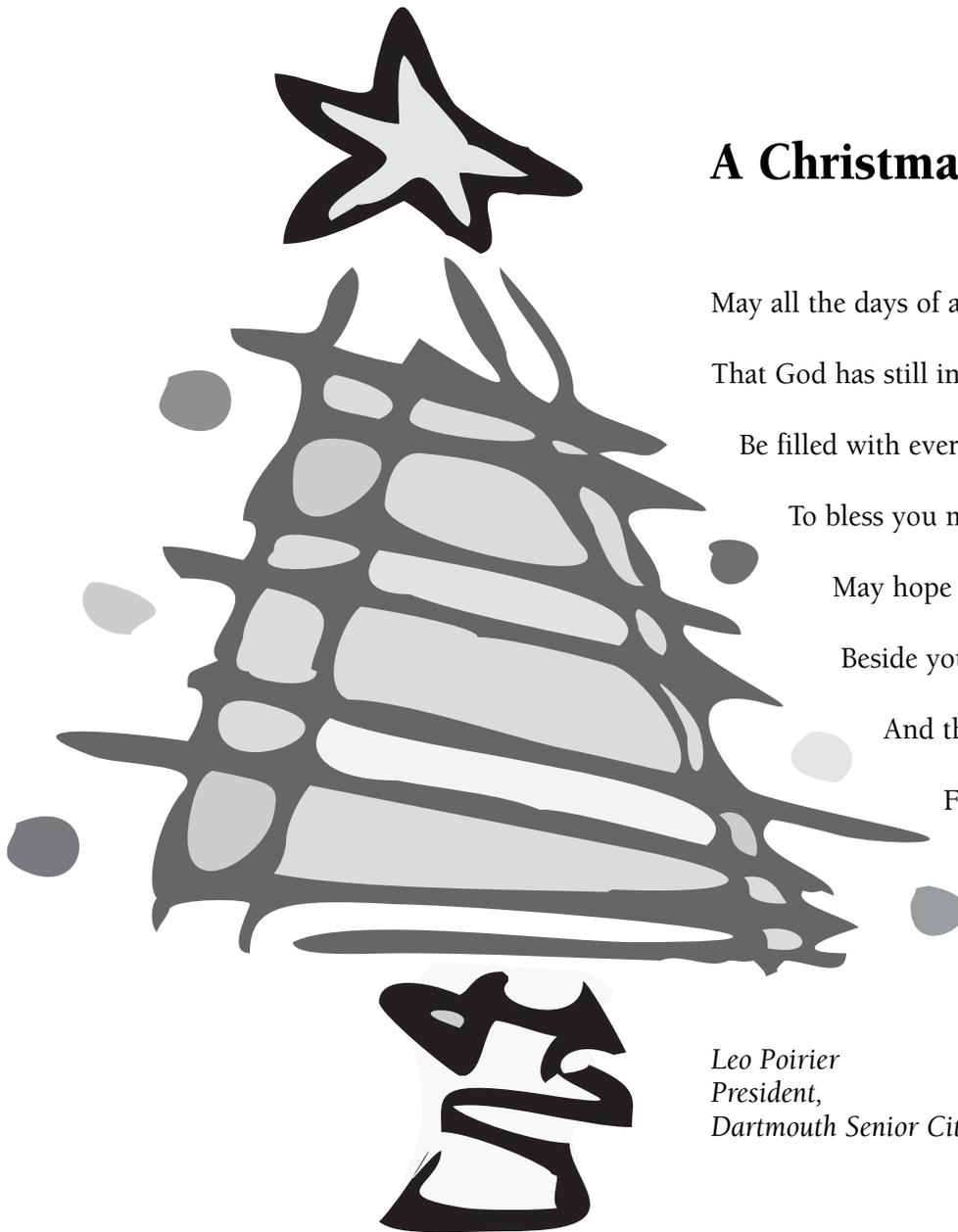


# Senior Citizens' Secretariat Newletter

VOLUME 106

DECEMBER 2003



## A Christmas Blessing

May all the days of all the years

That God has still in store

Be filled with every joy and grace

To bless you more and more;

May hope of heart and peace of mind

Beside you ever stay,

And that's the golden wish we have

For you, this Christmas Day!

*Leo Poirier  
President,  
Dartmouth Senior Citizens' Council*

# New Chairperson, Group of IX

Phil Hughes



Originally from Randolph, Maine, Phil went to St. Francis Xavier University in the early 60's. He graduated with a Bachelor of Arts degree in 1955 and a Bachelor of Education degree in 1967. Phil had a thirty year career in the Antigonish school system as a classroom teacher, vice-principal and principal. Phil was

very active in the Nova Scotia Teachers Union both locally and provincially. He was second vice-president of the Nova Scotia Teachers Union and chair of the Insurance Trustees.

While at St. FX, Phil was an all Canadian football player and followed this as the line coach at St. FX for twenty-five years. Phil has been inducted into the St. FX Sports Hall of Fame and the Nova Scotia Sports Hall of Fame as a player on two Hall of Fame teams.

Phil is an ardent golfer at the Antigonish Golf Club, a past president and is currently chair of Greens and Fairways.

Phil lives in Antigonish with his wife, Karen, a speech language therapist and his daughter, Cait, a first year student at St. FX. His son Phillip lives in Georgetown, Ontario with his wife Eliza and their three children.

Phil is currently president of the Retired Teachers Association of Nova Scotia and is actively involved with the concerns of seniors.

We welcome Phil to his new position and look forward to working with him.

Valerie White, Executive Director  
Senior Citizens' Secretariat



## 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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# Minister MacIsaac Hosts the Ministers Responsible for Seniors in Halifax

As the percentage of seniors in our population rises, both in Nova Scotia and across Canada, it becomes increasingly more important that the issues and challenges that face seniors be brought to the attention of the various levels of government.

The Federal/Provincial/Territorial Ministers Responsible for Seniors met recently in Halifax to discuss these complex issues and continue to develop collaborative plans of action to ensure seniors' needs are met. The meeting opened with a panel discussion titled Planning for Canada's Aging Population and Omer Blinn, past chair of the Nova Scotia Group of IX Seniors organizations, was one of three presenters.

The following is a copy of the communique released at the end of the meeting. Details of the items discussed and those issues requiring further research are outlined.

News Release November 27, 2003

Ministers Responsible for Seniors met today to discuss the opportunities and challenges faced by Canada's aging population

Halifax - Ministers Responsible for Seniors met today to discuss the opportunities and challenges faced by Canada's aging population. Ministers noted that amongst Canada's challenges are the complexity of the issues facing today's and tomorrow's seniors, the number of sectors involved, the time needed to implement some of the changes and the importance of input from governments and non-governmental stakeholders in managing this demographic transformation. More than one person in eight in Canada is now over the age of 65 and in less than 25 years it will be one person in five. Intergovernmental collaboration and leadership, as well as public involvement will be key to ensuring that Canada is ready for these major changes.

The Ministers indicated their strong interest in working with seniors and non-government stakeholders within their respective jurisdictions in developing collaborative plans for action. Ministers also recognized the importance of working with other government sectors to ensure that seniors' interests are reflected in the development of policies and programs. For example, Ministers discussed how to support healthy aging initiatives and noted that seniors would benefit from being a priority target group in the Pan-Canadian Healthy Living Strategy being developed by Ministers of Health.

"While jurisdictions have adopted specific planning approaches to aging and often face differing priorities, we have seen that there are many common elements" said Minister Anne McLellan, Canada's Minister of Health and Minister Responsible for Seniors. Ministers noted that the Madrid Plan of Action on Ageing and the experiences of other countries with older populations are helping inform planning in Canada.

"As Ministers Responsible for Seniors, we are committed to working with all interested parties to highlight the tremendous opportunities posed by an aging population and to share our experiences in addressing the challenges faced by seniors," added Minister Angus MacIsaac, Nova Scotia's Minister of Health and Chair of the Senior Citizens' Secretariat. "The steps that we agreed upon today are concrete ways for governments to work together and with seniors to implement the principles of the National Framework on Aging."

Ministers heard about concerns for planning for Canada's aging population from a panel reflecting the perspectives of community-based seniors' organizations, the research community and Alberta's experience with its own planning process. Members of the panel were Mr. Omer Blinn, Past Chairperson of Nova Scotia's coalition of seniors organizations; Dr. Réjean Hébert, Scientific Director of CIHR's Institute on Aging; and the Honourable Stan Woloshyn, Minister of Seniors for Alberta.

Ministers discussed the abuse and neglect faced by many older adults and the ways to assist caregivers of seniors. Ministers tasked their officials to determine the social and economic costs of abuse and neglect, to work with other FPT fora in reviewing various options within the context of CPP/QPP to help support caregivers of seniors and others; and, in studying taxation and other policies designed to increase support for caregivers.

The Ministers also asked their officials to investigate further collaborative work in the following areas:

- Cumulative Impacts of Policies and Programs
- Social Isolation of Older Persons
- Housing/Aging in Place
- Seniors Living in Northern and Remote Communities.

Ministers were informed about progress in updating the Seniors Policies and Programs Database which Ministers originally launched in 2000. Together with the companion Policy Guide to the National Framework on Aging, the SPPD provides policy analysts, program developers and the general public with information on over 450 initiatives for seniors from federal, provincial and territorial governments. An improved website will be launched in January 2004.

Quebec indicated that it participates fully in the Seniors Policies and Programs Database, and contributes to the other initiatives, including the Pan-Canadian Healthy Living Strategy and the National Framework on Aging, by sharing information and best practices. This reflects its intention to assume full responsibility for health and social services activities in Quebec.

Ministers Responsible for Seniors meet at 18–24 month intervals to examine and discuss key seniors issues, to share experience of their jurisdictions and consider opportunities for collaboration. They have accepted the invitation of Quebec to gather for their 8th conference in May 2005.

## Recent Activities

The Division of Aging and Seniors is pleased to present this report of some of the activities that have taken place in recent months.

### News from the Falls Prevention Initiative:

A number of Falls Prevention Initiative events will be taking place at the 32nd Annual Scientific and Education Meeting of the Canadian Association on Gerontology in Toronto, on October 30th to November 1st. Entitled *Sharing the Learning*, the many events will highlight the work of the projects funded under the Falls Prevention Initiative. For more information contact Cathy Bennett, National Coordinator at (613) 952-7607 or by e-mail: [seniors@hc-sc.gc.ca](mailto:seniors@hc-sc.gc.ca).

*Tools for Living Well* is a pilot project aimed to reduce falls among seniors and veterans through the promotion and use of assistive devices. This project is being undertaken by the Canadian Association of Occupational Therapists and the University of Ottawa with financial assistance from the Falls Prevention Initiative of Health Canada and Veterans Affairs Canada.

### Roundtable on the Role of Men in Caregiving

Catherine Larmer from DAS attended the *Roundtable on the Role of Men in Caregiving* which was held on May 2, 2003. This event was hosted by the Canadian Caregiver Coalition with funding from the Home and Continuing Care Unit of Health Canada. This event brought together a diverse group of researchers, policy analysts, Coalition partners and other stakeholders. Following a presentation by Dr. Lori Campbell of McMaster University, participants worked collaboratively to identify policy questions and research gaps as they relate to men and caregiving and to develop recommendations for further action on this issue.

## Researchers from Japan

On September 9, 2003, Simone Powell from DAS met with Midori Ashida, a researcher from Japan who is undertaking a multi-country comparison of health care systems, with a particular emphasis on programs and initiatives for senior women. Ms. Ashida is undertaking this study with support from the Japanese Ministry of Health and will be presenting her findings in a report which will include recommendations for improving the Japanese health care system in terms of better meeting the broad health needs of older women.

## House of Commons Standing Committee on Health

Louise Plouffe from DAS gave a presentation to the House of Commons Standing Committee on Health—Prescription Drug Study on September 25, 2003. The Committee's mandate is to gather evidence on rising medication costs and mechanisms for reviewing and controlling prices of prescription drugs. In this context, seniors' use of medications and prescribing practices and the impact of aging as a factor influencing overall drug costs will be explored by the Committee.



## Publications Now Available

The following publications announced in the Fall 2002 DAS Newsletter are now available:

*Population Health Fund Later Life Component—Summaries of Nationally Funded Projects 1997–2004*

*Falls Prevention Initiative Health Canada/ Veterans Affairs Canada—Summaries of Funded Projects 2000–2004*

These publications are available at [www.hc-sc.gc.ca/seniors-aines/](http://www.hc-sc.gc.ca/seniors-aines/).

## News from NACA

The summer edition of *Expression—Caring for Aging Parents* is available. This issue discusses the planning and decisions involved when adult children care for aging parents. Copies of *Expression* can be obtained by e-mailing a request to: [seniorspub@hc-sc.gc.ca](mailto:seniorspub@hc-sc.gc.ca).

On October 1, 2003, NACA released its *Interim Report Card on Seniors in Canada 2003*. The Council is critical of the lack of action and attention given to seniors' issues even if some positive changes occurred since NACA's first Report Card was published in 2001. The Report Card tracks how well Canadian seniors are doing in five areas: their health status, their access to quality health care, their economic status, their living conditions and their participation in society. For copies of the *Interim Report Card*, go to: [www.naca.ca](http://www.naca.ca).

The National Advisory Council on Aging will be holding its 69th Council meeting in Toronto, Ontario, on October 30, 2003 in conjunction with the 32nd Annual Scientific and Education Meeting of the Canadian Association on Gerontology.

Immediately following the 69th Council meeting on October 30th, NACA will be hosting a meeting of the Chairpersons of the Provincial and Territorial Councils on Aging.

## News from the Congress of National Seniors Organizations (CNSO)

The Coordinating Committee of the CNSO continued to meet via conference call over the summer months. Five subcommittees have been struck to develop "Statements of Principle" to guide the work of the Congress. They are as follows: Home Care (including chronic care), Pharmacare (including Drug Patent Legislation), Income Security, Governance and Funding, and Communications.

The work of the CNSO is gaining momentum. The opinions and expertise of the CNSO are increasingly being sought by other organizations with an interest in seniors. Over the summer months, the CNSO was asked to participate in a variety of workshops, roundtables and advisory committees. On September 29, 2003, representatives from the CNSO met with the Liberal Caucus Task Force on Seniors for an informal panel discussion.

The CNSO issued a Statement on October 1, 2003, in recognition of the International Day of Older Persons in which they saluted all older Canadians and all older persons around the world but at the same time expressed their disappointment that the Government of Canada did not recognize the International Day of Older Persons in any significant way.

## **Other News from Health Canada**

### **SARS, West Nile Virus, Mad Cow Disease**

The SARS outbreak, West Nile Virus and Mad Cow Disease, have demonstrated the importance of the public health system. SARS and West Nile virus are of particular concern to the senior population because of the disproportionate number of seniors who become gravely ill and die of these ailments. Statistics show that more than half of the SARS victims over age 60 who were sent to hospital died. Similarly, the West Nile virus appears to affect seniors more seriously than the rest of the population.



## **Pan Canadian Healthy Living Strategy**

The Healthy Living Symposium took place in Toronto on June 16 and 17, 2003. The Symposium brought together 300 stakeholders representing all levels of government, health care and other sectors, non-governmental, volunteer and consumer organizations, Aboriginal peoples, the private sector and research and academia to discuss the development of the Healthy Living Strategy Framework. The Symposium's report is available at [www.healthyliving-viesaine.ca](http://www.healthyliving-viesaine.ca).

In Toronto, on July 25, 2003, the proposed actions for the Healthy Living Strategy that were developed through feedback received at the Symposium, were presented to a working group of 30 stakeholders for their review and refinement.

In Halifax, Nova Scotia on September 4, 2003, the Federal/Provincial/Territorial Ministers of Health agreed to continue to work on the Pan Canadian Healthy Living Strategy in order to improve the health of Canadians through all stages of life.

A roundtable session on "social marketing" was held on September 23 and 24, 2003 in Ottawa. This session brought together key stakeholders to discuss what social marketing means in the context of healthy living and how it might be applied in the implementation of the Healthy Living Strategy.

## Conference of Federal/Provincial/ Territorial Ministers of Health— September 4, 2003, Halifax, Nova Scotia

The FPT Ministers of Health met in Halifax on September 4, 2003, and agreed to collaborate on the development of an enhanced public health system which will include:

- the clarification of roles and responsibilities for preventing and responding effectively to public health threats, while respecting federal/provincial/territorial jurisdiction;
- the creation of a national network of centres of public health science;
- strengthened public health human resources including the need for more regional and national public health emergency response capacity;
- enhanced national surveillance and information infrastructure.



Health Ministers agreed to establish the “Health Council of Canada” within 7 weeks of their September meeting. In addition to the chair, the Council will have 13 expert and public representatives, and 13 government representatives (one from each jurisdiction). The creation of this Council was a key recommendation of the Romanow Report. The deadline for the submission of potential candidates for the Health Council was October 10, 2003.

### Appointment of Dr. Nancy Edwards to CIHR

On September 17, 2003, Minister McLellan announced the appointment of Dr. Nancy Edwards to the Governing Council of the Canadian Institutes of Health Research (CIHR). Dr. Edwards is a Professor in the School of Nursing and

Department of Epidemiology and Community Medicine at the University of Ottawa, Director of the Community Health Research Unit and Academic Consultant for the City of Ottawa Health Department. Until her recent appointment, Dr. Edwards was a member of the CIHR Institute of Population and Public Health.

The Canadian Institutes of Health Research is the Government of Canada’s premier agency for health research. Its objective is to excel, according to internationally accepted standards of scientific excellence in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.

### A Selection of Health Canada News Releases:

- Oct 7** Minister McLellan welcomes *Learning from SARS Report*
- Sept 25** Minister of Health calls for federal candidates to the Health Council
- Sept 4** Conference of Federal/Provincial/Territorial Ministers of Health, Halifax, Nova Scotia, September 4, 2003
- Aug 18** McLellan signals federal commitment to strengthened public health system
- July 30** Canadians smoking less than ever before
- July 16** Health Canada launches national West Nile virus public education campaign

The Minister’s news releases can be viewed in their entirety at: <http://www.hc-sc.gc.ca/english/media/releases/2003/index.htm>

### Liberal Caucus Task Force on Seniors

The Prime Minister recently announced the creation of a Caucus Task Force on Seniors that will examine a number of social and economic issues relating to Canada’s aging population including poverty, eldercare, disabilities and workforce issues. The Task Force has already begun informal consultations with stakeholders. It is due to deliver its report to the Prime Minister by December, 2003.

## What's New At Statistics Canada

The 2003 Symposium on New Issues in Retirement was held on September 5–6, 2003, in Ottawa. It provided an opportunity for learning and for exchanging insights on new and emerging retirement related issues. For more information visit their website at: <http://www.statscan.ca/english/conferences/retirement/index.htm>.

On August 12, 2003, StatsCan released *Health Reports—Vol 14, No. 4*. This report includes information on “Dependant Seniors at Home” and “The Impact of Chronic Conditions”. More information can be obtained at: [www.statscan.ca](http://www.statscan.ca). The catalogue number for this document is 82-003-XPE,2002 vol.14 no.4.

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## Nurses Coping with Challenging Behaviours

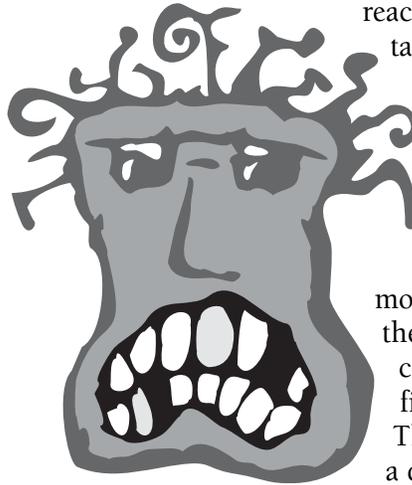
Imagine you're a health care aide working with elderly residents who have Alzheimer's disease. You walk into a resident's room to take her for a bath and she starts yelling that she doesn't want a bath and she doesn't want you. You ask her again to come with you but she refuses. She is only one of eight residents you have to care for before lunch and you are accountable to get all your work done. You know she has dementia, but you start to feel angry and stressed out. She continues to protest and you can feel your blood pressure rising. What do you do?

Thanks to a four-week training program involving educational sessions and role playing, nursing staff on the sixth floor of the Apotex Centre, Jewish Home for the Aged have a better understanding of challenging behaviours and how to manage them.

“Getting angry with the person is not going to do either of you any good.” says health care aide Sonia Griffiths. “It's important to respond calmly and try to determine why the resident is

reacting this way. The training taught us different ways to deal with situations and to try and put yourself in the other person's place.”

The same strategy holds true when dealing with angry colleagues and families. “The most important thing is to listen to the other person,” adds health care aide Galina Gryffer. “Don't fight back or answer right away.” They learned to use TALC. Take a deep breath and count to five.



Acknowledge the person's feelings and ask what is bothering him/her. Listen. Cooperate to find a solution.

According to both nurses and their manager, Gina Peragine, the staff now has the tools to deal effectively with conflict and are resolving issues on their own. That is one of the goals of the Nursing Self-Efficacy Program developed by Nursing and Psychology and piloted on the sixth floor last year.

“It was (Director of Psychology) Guy Proulx's initiative to partner with Nursing to address challenging behaviours,” explains Corey Mackenzie, a post-doctoral fellow in the Psychology department. “We felt the best way would be to give nursing staff the skills and confidence they needed to deal with these issues themselves, which is what self-efficacy means.”

Dr. Mackenzie, who is funded by the Morris Slivka Fellowship, and Gina Peragine spent six months developing the program based on a thorough review of research literature, evidence-based practice and the clinical expertise of staff from Nursing, Psychology and Social Work.



The training consisted of three 2-hour modules. Each started with an informative presentation such as understanding conflict resolution, tips for dealing with anger or facts about dementia. But it was the role playing exercises that were especially beneficial, according to Griffiths and Gryffer. "Playing the part of a resident, co-worker or family member helped us to see how to react and gave us a chance to practice the interventions we can use," says Griffiths. "It's easier to do in a real situation once you've already practiced the words to say in a safe environment," adds Peragine.

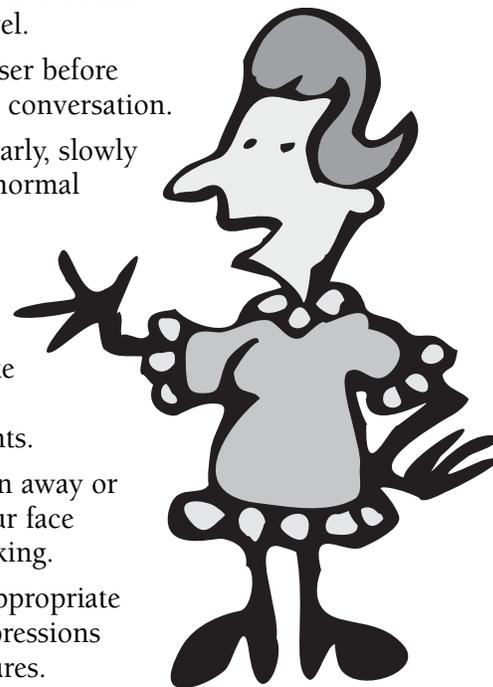
Staff were told to document what methods work and don't work with a particular resident and come up with a plan to share with the team. "It's important to get nursing staff to think of themselves as therapeutic agents and realize their positive impact on residents," says Dr. Mackenzie.

Peragine has seen a decrease in behaviour issues with residents on the floor. "Staff now realize that yelling down the hall to get a colleague's attention can really upset a resident, so it's resulted in a quieter atmosphere," she explains. But she adds that constant review is necessary and she and Dr. Mackenzie meet with staff once a month to reinforce the training and discuss interventions. The goal is to extend the training to staff on all floors of the Apotex Centre. In addition, content from the program, as well as role playing, will be videotaped and made available on-line.

Source: *Baycrest Bulletin*, April 2003, Vol. 1 Issue 3

## Communicating Tips

1. Get the person's attention before starting a conversation by calling his/her name or tapping him/her on the shoulder.
2. Talk face-to-face and at eye level.
3. Move closer before starting a conversation.
4. Speak clearly, slowly and at a normal volume (don't shout).
5. Don't exaggerate your lip movements.
6. Don't turn away or cover your face while talking.
7. Do use appropriate facial expressions and gestures.
8. Make sure there is adequate lighting so your face is clearly visible.
9. Eliminate or reduce competing noise sources before starting a conversation. If you can't do this, try to move away from the noise.
10. If the hard of hearing person misunderstands, try re-wording your message rather than repeating it.
11. In group conversations, try to have one person speak at a time.
12. Encourage the use of a hearing aid.
13. Understand that an ill or tired person will not hear as well.
14. Be patient.



Source: *Baycrest Bulletin*, April 2003, Vol. 1 Issue 3

## The Kitten

A true story about a pastor ...

He had a kitten that climbed up a tree in his backyard and then was afraid to come down. The pastor coaxed, offered warm milk, etc. The kitty would not come down. The tree was not sturdy enough to climb, so the pastor decided that if he tied a rope to his car and drove away so that the tree bent down, he could then reach up and get the kitten.

He did all this, checking his progress in the car frequently, then figured if he went just a little bit further, the tree would be bent sufficiently for him to reach the kitten. But as he moved a little further forward ...the rope broke.

The tree went “boing!” and the kitten instantly sailed through the air—out of sight. The pastor felt terrible. He walked all over the neighborhood asking people if they’d seen a little kitten.

Nobody had seen a stray kitten. So he prayed, “Lord, I just commit this kitten to your keeping,” and went on about his business.

A few days later he was at the grocery store, and met one of his church members. He happened to look into her shopping cart and was amazed to see cat food. Now this woman was a cat hater and everyone knew it, so he asked her, “Why are you buying cat food when you hate cats so much?”

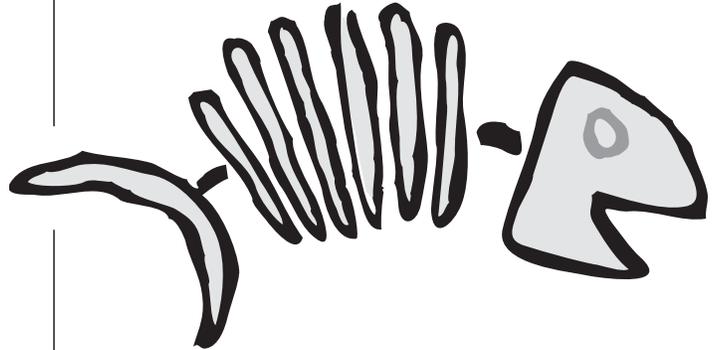
She replied, “You won’t believe this,” and told him how her little girl had been begging her for a cat, but she kept refusing. Then a few days before, the child had begged again, so the mom finally told her little girl, “Well, if God gives you a cat, I’ll let you keep it.”

She told the pastor, “I watched my child go out in the yard, get on her knees, and ask God for a cat. And really, Pastor, you won’t believe this, but I saw it with my own eyes. A kitten suddenly came flying out of the blue sky, with its paws spread out, and landed right in front of her.”

Submitted by: Valerie Swann, *Alberta Council on Aging News*, September/October 2003, Vol. XXXVI, No. 4

## Fish Oil & Heart Disease

Omega-3 fatty acids—like those found in fatty fish and fish-oil supplements—help to reduce the risk of heart attacks in a number of ways.



1. They help maintain artery elasticity, which helps keep blood pressure at healthy levels.
2. They help reduce inflammation. Blood vessel inflammation has been linked to heart disease.
3. They can lower bad cholesterol and triglyceride levels.
4. They may help prevent blood clots.
5. They can help stabilize irregular heartbeats.

The American Heart Association recommends that we eat fatty fish (e.g., salmon, sardines, herring, Atlantic mackerel, tuna) two or three times a week. Or you can take fish oil supplements instead.

If you’re a vegetarian, you’ll find a different type of omega-3 fatty acid in walnuts and flaxseeds.

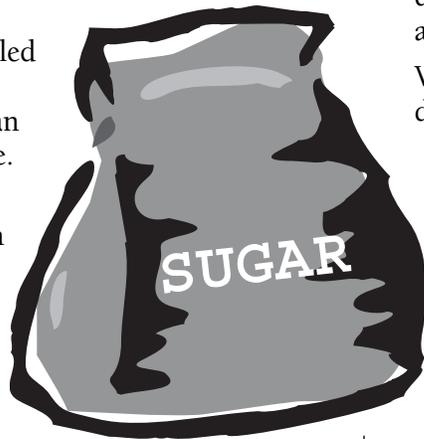
Sources: *American Journal of Clinical Nutrition*, Vol. 76. Pg. 326; Hope Heart Institute, Seattle

## What You Should Know About Sugar

- **Added sugar** was not a large part of our diets until modern food-processing methods began providing us with all sorts of packaged foods.  
Manufacturers add a lot of sugar to these foods to make them taste good—even those that don't taste sweet.
- **Excessive sugar consumption** can lower “good” HDL cholesterol levels and raise the “bad” blood fats called triglycerides—a combination that can lead to heart disease.
- **When sugar is heated** with protein and fats (as it is in most baked products) it produces harmful compounds called advanced glycation end products (AGEs). These can contribute to blood vessel damage, among other things.
- **Eating too much sugar** can increase calorie consumption, which leads to weight gain. And weight gain is linked with diabetes, heart disease, and possibly some cancers.
- **Because most humans** like the taste of sugar—or even crave it—we often choose sugary foods over more nutritious ones, like vegetables.

The problem with this is that sugar, unlike vegetables, has no nutritional value other than to provide calories.

Source: *Circulation*, Vol. 106, Pg. 523



## Nuts to Diabetes

**Eating a handful of nuts or a tablespoon of peanut butter** at least five times a week may help reduce the risk of type 2 diabetes.

Nuts generally contain good fats and can help keep cholesterol at healthy levels. They're also rich in fiber and magnesium, which help balance insulin and blood sugar levels.

Although the women in this study who ate lots of nuts tended to live healthier lifestyles (which could have helped reduce their risk of getting diabetes), researchers said these results were also seen in smokers and inactive women.

While nuts are a healthy addition to anyone's diet, exercise, weight loss, and eating a variety of healthful foods are also key components to preventing type 2 diabetes.

Source: *Journal of the American Medical Association*, Vol. 288, Pg. 2554

## Aging and Stress

There are good things about getting older.

One, say researchers, is that you're likely to feel less stressed the older you get.

In a survey of adults aged 25 to 74, just 8% of young adults said they had even one stress-free day a week, compared with 12% of mid-lifers and 19% of those over 60.

“We're finding that older people are mellowing a bit,” said researcher Dr. David Almeida. They may not find themselves in any fewer stressful circumstances, but they just get less stressed over them.

“The older we get, you kind of realize that, hey, it's not worth getting upset about the small things,” Dr. Almeida concludes.

Source: Research presented at the 2002 meeting of the American Psychological Association

## Help Line

We are a service available to the residents of the Halifax Regional Municipality, 24 hours a day, 7 days a week, 365 days a year.

Presently, the Help Line Volunteers respond to 2,500 calls a month!

### Who We Are

Community volunteers with extensive human relations training, who are available to listen to you.

### What We Do

We provide:

- crisis and suicide intervention
- lay counselling
- we listen
- talk about options
- provide information and referrals when necessary.
- 24 hour access to Adult Protection and Child Protection Workers.

We provide access to after-hour services for:

- Clients on Social Assistance needing emergency transportation and shelter.
- Victims of sexual assault.
- Citizens who require sign language interpreters.
- Answer YHL calls outside the 6:00 to 10:00 pm peer helping hours.

### What We Have

A computer based system that provides information on over 700 community services in the Halifax Regional Municipality.

The Help Line is:

**Free • Confidential • Anonymous**

Tel: 421-1188

website: [www.helpline.ns.ca](http://www.helpline.ns.ca)

## Can Fat Help You Lose Fat?

There's good news for those of us who need to lose weight, but have a hard time giving up dietary fat:

You don't have to. You can eat fat and still lose weight.

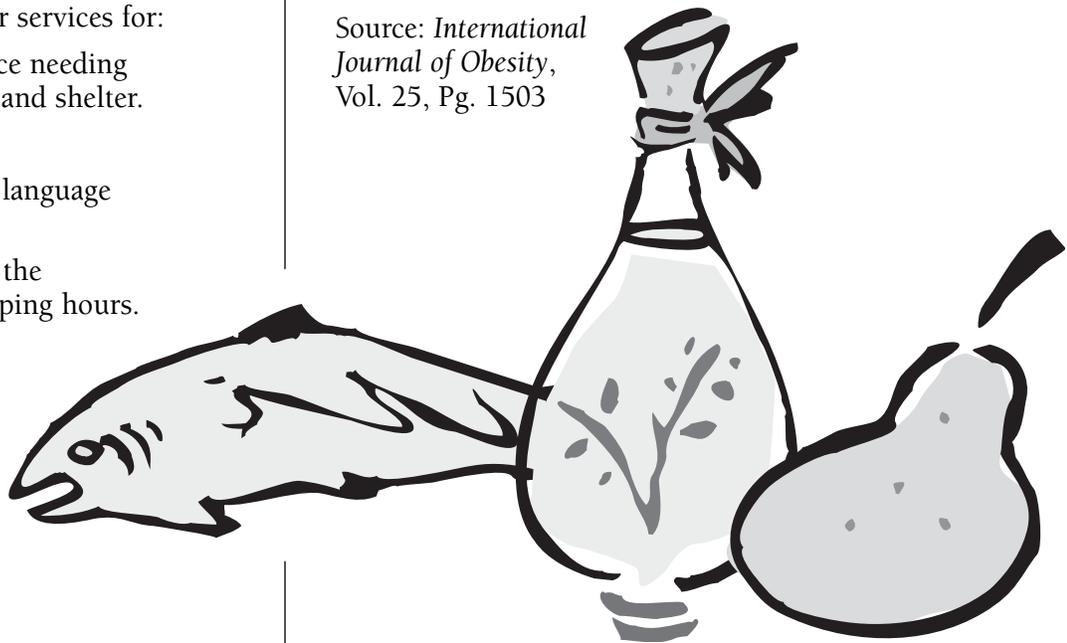
In a recent study; those who ate a moderate-fat diet had lost an average of about nine pounds at the one-year mark, while those on the low-fat diet weighed about six pounds more than they did at the start of the study. Both groups ate the same number of calories.

And after 18 months, 54% of the people in the moderate-fat diet were still actively participating in the study; but only 20% of those in the low-fat diet group still were.

Eating a moderate-fat diet would mean getting around 30% of your calories from fat.

Most of that fat should be the heart-healthy type—olive and canola oils, avocados, fish, and nuts and seeds. Avoid fatty red meat and the hydrogenated oils found in processed foods.

Source: *International Journal of Obesity*, Vol. 25, Pg. 1503



## Seniors Urged Not to Mix Drugs, Driving

Some senior citizens are driving impaired and causing accidents, says the Canada Safety Council. But it's prescription drugs, not alcohol, that's usually the problem

Council president Emile Therien said those over 80 are the fastest-growing segment of drivers but they also have more collisions than any other age group. "Older drivers are also very likely to be taking several medications, some of which may affect driving skills."

Canadian seniors take an average of nine medications daily



The council says the main factors in crashes involving older drivers are slow response and not seeing a sign, car or pedestrian.

"To be a safe driver, you need to use your medication correctly," Mr. Therien said.

Source: *The Halifax Herald Limited*,  
Wednesday, November 12, 2003

## Senior Travel

*Marketing to the new senior*

Healthier, wealthier, better educated and with more free time than previous generations, the 50-plus crowd is driving the travel industry

Healthier, wealthier, better educated and with more time on their hands than the previous generation, mature travellers—variously defined as 50 or 55 and older—have become the dominant force in the industry. With an aging, self-indulgent generation of baby boomers hot on their heels, marketers are paying attention.

The demographic trends are certainly clear. Statistics Canada predicts that seniors 65 and older will make up 23 per cent of the Canadian population by 2041, almost double the percentage in 1995. And not only are they living longer, they have more money than any other demographic group.

Gone are the days when older travellers were relegated to cruise ships, tour buses and shuffleboard courts, Ward Luthi, founder of Colorado-based travel company Walking the World, said in a recent New York Times interview.

The message of "experiential" travel's increasing popularity is being heard even by traditional sun-and-beach tour operators such as Toronto's Signature Vacations.

This winter, Signature is offering a range of cultural and soft-adventure tours in Mexico, Cuba and Costa Rica, company spokeswoman Martha Chapman said. Guided tours in the Yucatan will take travellers to historical sites such as Merida, Campeche and Chichen Itza. In Cuba, trips will be offered to inland attractions away from the beach, and in Costa Rica, the company will organize nature tours.

While maintaining their core product, some companies have added options aimed at attracting older travellers.

Butterfield & Robinson, best known for their luxury hiking and biking tours in Europe, are now offering home-based trips where guests stay at one property and use it as a base to explore the region.

Company spokeswoman Cari Grey said the company is also offering “by sea” excursions on small ships to places such as the Galapagos Islands.

“They appeal to older travellers and are ideal for travel by extended families,” she said. “Baby boomers are becoming grandparents, and many of them want to take their grandchildren on trips.”

Gary Murtagh, president of Toronto-based Eldertreks, said that in 1992 his company became the first adventure company in the world to specialize in older travellers. Designed exclusively for people 50 and over, Eldertreks offers off-the-beaten-path, small-group adventures in more than 50 countries. Trips range from Kenyan safaris to exploring Mongolia by camel.

“Our guests want adventure by day and comfort by night without sacrificing the experience,” Murtagh said. “They also want a cultural experience that’s not contrived or set up. They want to meet local people and have a sense of spontaneity in the interaction.”

While older travellers have traditionally been the mainstay of the cruising industry—almost 70 per cent of cruise-ship passengers are seniors—the desire to learn and experience different cultures has meant success for specialized operators. Small ships such as Swan Hellenic’s *Minerva II* and Orient Lines’ *Marco Polo* specialize in attracting passengers whose average age is in the late-60s by operating educational and cultural itineraries in exotic destinations around the world.

Older travellers are also fuelling a growing field of “study travel,” sponsored by professional organizations, zoos, universities and institutions such as the Royal Ontario Museum. Elderhostel, perhaps the best-known travel/study organization, links people 60 and over with university and museum programs in North America and Europe.



Hotels, ski resorts, airlines and other tourism-related operations scramble to offer seniors discounts and special facilities.

Ottawa’s Econo Lodge Hotel, for example, now offers a “senior room,” with special features for older travellers, such as a large-button telephone with volume control, large-button clocks and TV remotes, brighter lighting and grab bars in showers and baths.

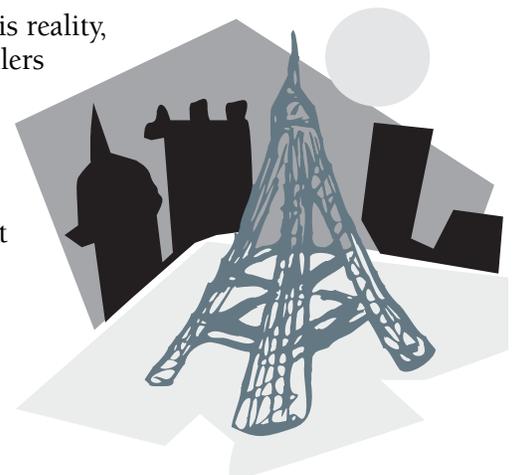
The publishing industry has printed dozens of travel guides for seniors. Books with titles such as *Old Age is Another Country*, *Air Travel Guide for Seniors and Disabled Passengers*, *The Geezer’s Guide to Colorado Hikes*, and *Dynamic Travel—Thrilling Trips for your Golden Years* take up entire shelves in travel-book shops.

With the advent of a variety of technological aids, even disabled older travellers now have more opportunities than ever before to see the world. One company, Medical Travel of Boca Raton, Fla., organizes oxygen availability and the rental of wheelchair-accessible vehicles and even offers “dialysis cruises” using new, portable dialysis equipment brought aboard a number of cruise ships.

And if you don’t see travel advertising imagery dominated by people with grey hair and rounder figures, it could be because marketers understand that many of the “new seniors” do not consider themselves to be old.

“People who are 60 still think they’re 40,” said Cari Grey of Butterfield & Robinson. “In the past, if we included pictures of 60-year-olds in our brochures, our 60-year-old guests have looked at them and said, ‘I’m not going to travel with them because these are 60-year-olds and I’m not really 60.’”

Self-perception is reality, and older travellers obviously don’t see themselves as being over-the-hill. They’re just beginning to enjoy the view.



## Web resources for seniors:

### Lonely Planet's Thorn Tree chat site:

<http://www.lonelyplanet.com>. Look for the "Older Traveller" branch.

### Waking the World:

<http://www.walkingtheworld.com>

**Grand Circle Travel:** <http://www.gtc.com>.

### Signature Vacations:

<http://www.signaturevacations.com>

### Butterfield & Robinson:

<http://www.butterfield.com>

**Eldertreks:** <http://www.eldertreks.com>.

### 50plus Expeditions:

<http://www.50plusexpeditions.com>

### Adventures Abroad:

<http://www.adventures-abroad.com>

### Swan Hellenic and Minerva II itineraries:

<http://www.swanhellenic.com>

### Orient Lines and Marco Polo itineraries:

<http://www.orientlines.com>

### Canadian River Expeditions:

<http://www.canriver.com>

**Elderhostel:** <http://www.elderhostel.org>

**Interhostel** offers study and cultural vacations for travellers over 50. To see itineraries, visit the Web site at: <http://www.learn.unh.edu/interhostel>

### Senior Women's Travel:

<http://www.poshnosh.com>

### Medical Travel Inc. services for the disabled:

<http://www.medicaltravel.org>

Source: Laszlo Buhasz, *Globe & Mail*, Saturday, October 11, 2003, (Condensed)

## Ulcer Cure

If you've tested positive for the stomach ulcer-causing bacteria *Ho pylori*, your doctor may have offered you antibiotics and other medicines in an attempt to rid your stomach of this tenacious bacteria. (*H. pylori* can also sometimes lead to stomach cancer.)

The problem is, antibiotics don't always work.

Now, researchers have discovered that eating about a half-cup a day of broccoli sprouts can virtually wipe out *H. pylori*.

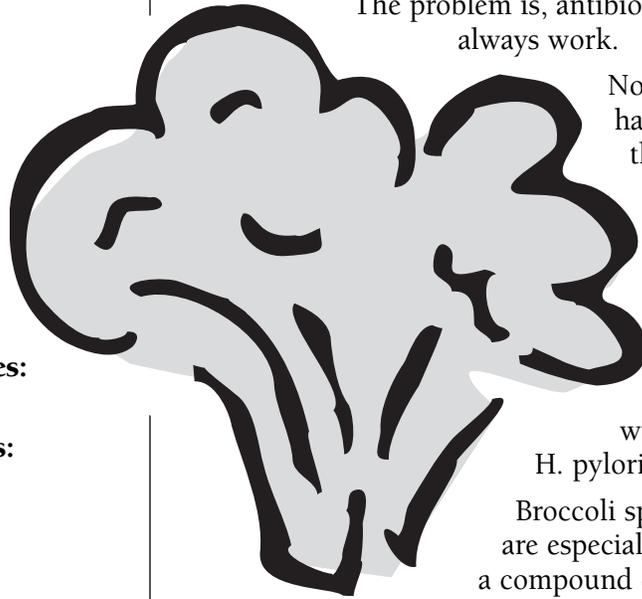
Broccoli sprouts are especially rich in a compound called sulforaphane—a substance

that may also help prevent certain cancers. So even if you don't have *H. pylori*, these sprouts are a healthy addition to your diet.

Broccoli sprouts contain up to 20 times more sulforaphane than regular broccoli.

You can use these peppery-tasting sprouts in sandwiches, salads, and soups—or just munch them by themselves.

Source: Proceedings of the *National Academy of Science*, Vol. 99, Pg. 7610



# Preventing Blindness in Old Age

By William McCall/The Associated Press

Portland, Ore. In what may be an important step toward preventing blindness in old age, scientists have identified a gene believed to be responsible for a degenerative eye disease that could strike millions of baby boomers as they grow older.

The gene is suspected of being the main cause of some cases of age-related macular degeneration, or AMD, a complex disease triggered by various factors. It typically affects people 65 and older.

Researchers at Oregon Health & Science University were able to pinpoint the gene by tracking it through a large extended family with a history of the disease.

“We were really lucky to get a single family that large with 10 affected members,” said Dennis Schultz, an Oregon Health & Science University biochemist who led the research at the university’s Casey Eye Institute.

In age-related macular degeneration, the most sensitive area of the retina breaks down, robbing a person of the fine vision needed to read a book or recognize a face. In severe cases, it can lead to almost total blindness.

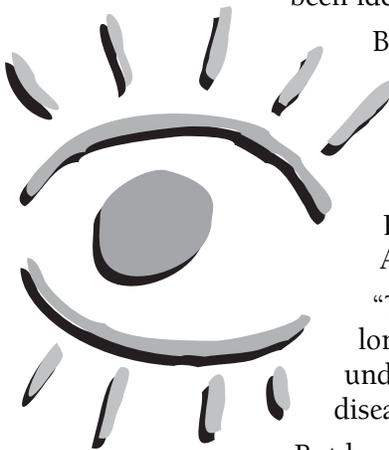
About six million Americans have AMD, a number that is predicted to double by 2030 as the baby boomer generation ages.

There are treatments for the disease, but the goal is prevention.

Dr. Johanna Seddon, a Harvard researcher, said more studies will have to be done to establish whether the gene is the single source of some cases of AMD.

If the gene proves to be the source, it is possible gene therapy could be used to delay or even prevent the disease, she said.

“But I think that’s still quite a way off,” Seddon said.



The study was published recently in the online version of the journal *Human Molecular Genetics* and will appear in print in the December issue.

Genes that play a role in forms of macular degeneration that affect younger people have been identified.

But this is the first solid evidence of a genetic cause for the age-related form, researchers said.

“I think it’s really exciting,” said Dr. Michael Gorin, a University of Pittsburgh eye specialist and leading AMD researcher.

“This is an important step along the long and arduous path toward understanding the complexity of this disease.”

But he warned there are many other factors that contribute to age-related macular degeneration, including other genes, as well as environmental factors, such as smoking.

In a related study, a University of Kentucky researcher said he has created for the first time genetically modified mice that have virtually all the important features of AMD.

That could advance research on the disease.

The study by Jayakrishna Ambati and his team will be published in the November issue of *Nature Medicine*.

## On the Internet:

Human Molecular Genetics:  
<http://www.hmg.oupjournals.org>

Foundation for Fighting Blindness:  
<http://www.blindness.org>



## Historic Move

On November 18, 2003, the Nova Scotia 55+ Games Society was officially formed. The Society is the result of the interest expressed by individuals at a province wide meeting organized by the Senior Citizens' Secretariat in cooperation with Nova Scotia Sport and Recreation, in March 2003. The organizing committee developed a draft of the Society's goals, objectives and by-laws and will be registered as a charitable society. An executive has been elected and two representatives from each region of the province will sit on the Board of Directors. The executive are:

President—Peter Nordland (902) 638-8009

Vice President—Vivian Wright (902) 638-8068

Treasurer—Larry Armstrong (902) 895-5224

Secretary—Leona Grant (902) 532-2664

The regional representatives are:

Valley— Jean Germaine (Digby)

Eddie Thimot (District of Clare)

Fundy— Eanis Collins (Cumberland County)

Eileen Borgel (East Hants)

Central— Allister MacPherson (Halifax)

Representatives from the other three regions have not yet been determined.

The objectives of the Society include promoting the participation of Nova Scotia seniors, 55+, in recreational, sporting, cultural, educational and creative activities throughout the Province; improving the quality of life for Nova Scotia seniors by encouraging and celebrating physical, social and creative achievements attained through participation and friendly competition; demonstrating the values and abilities of those

55+; and instill a sense of community spirit and provincial pride by providing the opportunity for seniors, their families and Nova Scotia communities together to become involved at the local, regional, provincial and national levels in the Senior Games.

The Society will begin meeting regularly in the new year to start the planning process for the first Provincial Senior Games which will be held in September or October 2005. In addition, the Society must develop a selection process for candidates for the National Senior Games.

If you are interested in learning more about the Nova Scotia 55+ Games Society or becoming involved, please contact a member of the executive, a representative in your area or call the Senior Citizens' Secretariat at 1-800-670-0065.

## Publications

*Battered and Betrayed:*

*Facing up to Elder Abuse in Nova Scotia*

The second edition of the book *Battered and Betrayed: Facing up to Elder Abuse in Nova Scotia* was launched November 14, 2003 by Canadian Pensioners Concerned NS. Speakers included the Honourable Michael Baker, Minister of Justice; Valerie White, Executive Director, Senior Citizens' Secretariat speaking on behalf of the Chairperson of the Secretariat, the Honourable Angus MacIsaac; and Robin Hunter, writer, editor and researcher of the revised addition *Battered and Betrayed*.

Copies may be obtained at a cost of \$7.50 from:  
Canadian Pensioners Concerned NS  
2615 Northwood Terrace,  
Rms. 721/722, The Manor  
Halifax, NS B3K 3S5  
Tel: (902) 455-7684



## Are you Drinking Enough Water?

Thirst drives a person to seek water, but unfortunately, it lags behind the body's needs—especially for older adults. Water is the most important nutrient required by the body. You can live a few weeks without food, but you can only survive a few days without water. Water works hard in the body to:

- Transport nutrients and carry away waste
- Maintain blood volume
- Lubricate and cushion around joints
- Keep eyes, mouth and nose moistened, and skin hydrated
- Help regulate body temperature (to protect against heat exhaustion and insulate from the cold)
- Help carry medicines to the proper places in the body

### Aging and Water in Your Body

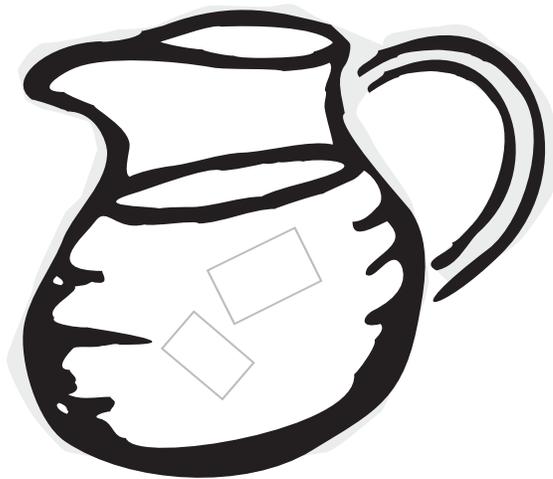
Water constitutes about 55-60% of a healthy 30 to 40-year-old's body weight. But by the age of 75 to 80, the smaller proportion of lean tissue causes this water content to drop to 50%, and even lower in elderly women.

In addition, the mechanism that stimulates thirst diminishes with age. This puts the elderly at risk for dehydration, since the signal encouraging a person to drink is impaired. Dehydration is one of the most frequent causes of hospitalization among people over 65. Other factors affecting the metabolism of water in the elderly include the increased need for water when on medications, or due to disease and illness. The body tends to lose more water when fighting a fever or hyperventilating, or if the person has diabetes insipidus. Older people are also more susceptible to water loss on a hot day. That's why it is especially important for older adults to pay attention to their fluid needs.

### So How Much Water is Enough?

Healthy seniors should drink about six glasses of fluid daily. However, during stressful situations, this should be increased to eight glasses to prevent dehydration. Stressful periods include:

- Illness (e.g. infections and fever)
- Heavy exertion
- Excessively hot weather
- Long-distance flights (especially if consuming alcohol)



### Easy Ways to Drink 6 Glasses

- Water, milk and fruit and vegetable juices are all good sources
- Herbal teas and caffeine-free coffees and teas also count. (Alcohol and regular coffee and tea should be limited due to their diuretic effect.)
- Have a drink of water, tea or juice with your meals, or start off with a cup of soup
- Make sure to drink water before, during, and after physical activity.

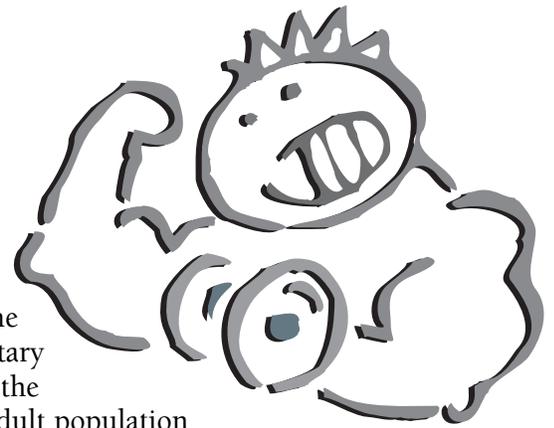
Source: *Baycrest Bulletin*, April 2003, Vol. 1 Issue 3

# Strength Training to Stay Healthy and Fit

Raymond Adams, BA, MLIS,  
Information Officer, GRC

A recent publication by the *Health Canada Division of Aging and Seniors*, identified four determinants that play key roles in healthy aging: healthy eating, injury prevention, physical activity, and smoking cessation. The same publication goes on to state that, “Scientific evidence increasingly indicates that physical activity can extend years of active independent living, reduce disability and improve the quality of life for older persons” (whereas inactivity) “...leads to declines in bone strength, muscle strength, heart and lung fitness and flexibility ...(and) “...is a key contributor to most of the chronic and debilitating diseases associated with aging and for a significant number of preventable deaths”. The U.S. Surgeon General has estimated “sedentary living to be as dangerous to one’s health as smoking a pack of cigarettes a day”. The World Health Organization (WHO) states that it is both beneficial and cost-effective to help sedentary individuals to take up moderate levels of physical activity (such as) walking, gardening and safe activities involving weight lifting. My previous article, *Walking: A Natural Prescription for Staying Healthy and Fit* (GRC News), discussed the positive gains from such aerobic activities as walking. This article will deal with the dramatic benefits that have been achieved with strength training which not only appears to forestall declines in strength and muscle mass, along with their attendant negative impact upon other metabolic functions and Activities of Daily Living (ADLs), but is useful for dealing with depression as well!

In Canada, information presented by Dr. Sandra O’Brien-Cousins of the Faculty of Physical Education and Recreation, University of Alberta noted that “half of all adults over the age of 45 are inadequately active.” Dr. O’Brien-Cousins’ claim is supported by a recent government of Canada publication, *Seniors in Canada: A report card*, which shows that the majority of Canadian seniors (70% of women and 67% of men) are inactive as well as by National Population Health Survey (NPHS) data that shows that older adults



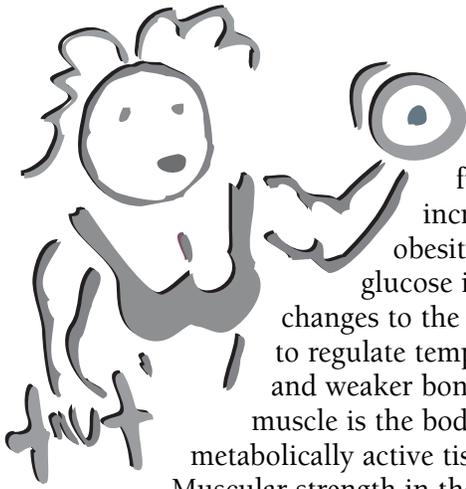
represent the most sedentary segment of the Canadian adult population with 59% of seniors between the ages of 55 to 64 years of age being inactive, increasing to 74% of seniors who were 75 or older.”

Injuries to seniors are costly to the health care system and often have serious consequences to seniors themselves. The Canadian Fitness and Lifestyle Research Institute (CFLRI) notes that:

- One quarter of deaths from heart disease in 1993 were the result of physical inactivity.
- The 16% increase between 1981 and 1995 in the number of Canadians active enough to reduce the risk of heart disease translated into savings of \$700 million over that period and \$190 million in 1995 alone.
- The Conference Board of Canada estimated that a 1% increase in physical activity could lead to annual health care savings of \$10.2 million for ischemic heart disease (i.e. anemia due to obstruction of the blood supply mainly as a result of arterial narrowing), \$877,000 for adult-onset diabetes and \$407,000 for colon cancer.

For Canadians 65 years of age or older, direct and indirect cost to the health care system for fall-related injuries alone is estimated at \$2.8 billion annually. In 1989–1990, there were 25,000 cases of hip fractures in Canada generating costs of \$400 million and resulting in death in over 12% of the cases and 75% of survivors not regaining their prior functional capacity!

Aging is associated with marked alterations in body composition including a decline in body weight that is at least partially explained by a process known as sarcopenia. Sarcopenia from the Greek for “flesh reduction”, like osteoporosis and arthritis, is a serious degenerative condition that negatively impacts upon physical function (e.g. increased risk for falls and vulnerability to



injury) and metabolic function (e.g. increased risk of obesity, impaired glucose intolerance, changes to the body's ability to regulate temperature, and weaker bones) because muscle is the body's most metabolically active tissue.

Muscular strength in the back, arm, and legs drops as much as 60%, between the ages of 30 and 80 largely reflecting a progressive loss of muscle mass at an average of 4% per decade from 25 to 50, and 10% per decade thereafter. Along with neuromuscular changes and decreased hormone levels, reduced exercise (particularly contractions against high loads) appears to be responsible. Age-related changes in joint structures (i.e. articular cartilage, ligaments, and synovium or connective tissue) can lead to stiffness, limited range of motion, and increased vulnerability to injury. It has been observed that regular joint loading and motion are necessary to maintain articular cartilage function and synovial joint range of motion whereas reduced activity adversely alters the mechanical properties of cartilage. In women, one of the more important changes due to the hormonal alterations that occur with menopause is the dramatic decrease in bone mineral density (BMD) that leads to greater risk of hip or vertebral fractures.

There is no age limit to the benefits of exercise. Regular activity can often slow or reverse the decreased mobility that contributes to disease and disability in old age. Clinical research demonstrates that for most elderly patients, including many who are frail or have concurrent illnesses, a program of aerobic, strength training, and flexibility exercises maintain mobility, improve quality of life, and prolong independence. Important to consider, however, is that according to guidelines issued by the ACSM, the very old or 'frail' elderly should first strengthen the rest of their muscles with a program of resistance exercises before beginning any aerobic activity, such as walking or swimming, to exercise the most important muscle-the heart!

A common mistake many seniors make when they do strength-training is to use weights that are too light whereas for maximum benefit, people should pick a weight that is about 80 percent of the maximum they can lift one time only (typically, this would be a weight someone can lift at least 10 but no more than 15, times)! There is growing evidence that training of sufficient intensity can increase strength by approximately 5% per session in older individuals which is similar to gains in younger ones! One study that compared a group of 68 year-old men who had engaged in 12 to 17 years of strength training with a group of 28 year-old men who were active in aerobic sports, showed that the isometric strength (i.e. a function of the muscle's ability to contract) as well as the cross-sectional areas of the quadriceps femoris (i.e. thigh muscles) and elbow flexor muscles were similar in the two groups.

The therapeutic efficacy of weight-training upon clinical depression has also been studied with positive results. Dr. William J. Strawbridge, of the Public Health Institute, Berkeley, California, and his colleagues, who studied the effect of physical activity on prevalent and incident depression over a 5-year period in 1,947 subjects who were between 50 and 94 years of age, concluded that "Regular physical activity, such as walking, exercising, swimming, or playing active sports for older adults will reduce the risk of subsequent depression".

Dr. Bortz cautions that while physical inactivity is not the cause of aging, exercise may forestall much of its effects. There is no drug in current or prospective use that holds as much promise for sustained health as a lifetime program of physical exercise. "Regular enjoyable exercise is currently the most significant route to better health, and is a more straightforward and economical means to lifelong health than medication and acute care".

Teach us to live that we may dread  
Unnecessary time in bed.  
Get people up and we may save  
Our patients from an early grave.

RAJ Asher  
Source: GRC News, Simon Fraser University at Harbour Centre, Vancouver, BC (Condensed)