

***Take Charge of Your Life... Adding Health to Years!***  
***Seniors' Health Forum***  
***Wednesday, October 1, 2008***



***What Was Said Report***

*In collaboration with*



## Background

The Council on Aging of Ottawa (COA) held a successful seniors health forum in October 2006 *Can We Afford the Future?* The COA Health Issues Committee (HIC) held a number of discussions about its role in the future of a sustainable, supportive health care system and especially what seniors themselves can do to take charge of their lives and add health to years.

The Health Issues Committee drew on themes which emerged from discussions at the 2006 Forum and the words of Dr. Michael Rachlis, the keynote speaker. They asked how seniors can be given some of the tools to help themselves to better health and become more informed consumers in a partnership with health care providers.

- COA's Health Issues Committee developed an outline of a program for a Seniors' Health Forum and struck a working group. The target audiences identified by the committee were: seniors, their caregivers (paid and unpaid) and health providers.
  - The committee was delighted to accept an invitation from the director of the Regional Geriatric Program of Eastern Ontario (RGPEO) to partner to hold the COA event at the Hellenic Banquet Centre, the same location as the RGPEO's annual program.
  - October 1 is International Day of Older Persons designated by the United Nations around the world for the past 33 (check ) years and marking this day with a program about seniors' health was very fitting.
  - COA Board of Directors was advised of plans to hold this forum at their February 2008 meeting and gave their support.
  - The program envisaged for the day was to have opened with Louise A. Plouffe of the Division of Aging and Seniors at Public Health Agency of Canada speaking on the age-friendly cities initiative of the United Nations. These arrangements had to be cancelled on short notice when the federal election writ was dropped and a moratorium was placed on all presentations by public service employees.
  - Community resource/health centres, community advocacy groups, individual seniors and community representatives were contacted in summer 2008 with a 'save the date' notice. The program outline for the day was changed in early September to shorten the program and end by 12.30.
  - The committee promoted the RGP annual program and showcase of the Aging at Home initiatives promoting seniors independence approved by the Champlain LHIN to the COA registrants.
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## Summary of the Day

More than **85** people attended, representing a broad cross section of service agencies, community health centres, advocacy groups and individual seniors and unpaid caregivers. The morning began with a panel “Being proactive about your health makes good sense”, moderated by Dr. Hugh Armstrong of Carleton University School of Social Work. Panelists were: Mr. Cal Martell, Director, RGPEO with his presentation “Investing in Seniors Health... a public and personal imperative”. His presentation provided the framework for the discussion and the statistics included national and Champlain region data on the demographics of seniors and their living arrangements.

Click below for Cal Martell’s PPT “Investing in Seniors Health... a public and personal imperative”.



Microsoft PowerPoint  
Presentation

Carol Burrows, a longtime volunteer senior in the Ottawa community, offered a personal reflection on how her physical activity brings energy and a sense of well-being that is almost addictive; for her, an unanticipated reward of physical activity is the increased productivity she finds for the rest of the day. Carol noted the theme of community, friends and social contacts is interwoven into healthy lifestyles. Volunteering or helping others in a formal or informal way provided additional rewards. She ended with this note: “remember your mind. keep it active as long as you can”.

Next, Sheila Bauer, executive director of the Champlain Community Care Access Centre (CCAC) spoke of the CCAC's emphasis on client-driven service. CCACs are a single point of access for coordination and management of clients into a long term care home, setting up in-home health and support services and providing information and referral for health and support services. A champlainhealthline.ca will be launched this fall-early winter. A senior or caregiver or family member has easy access to information via the web or they can call a case manager. Case managers are located in hospitals, community, and emergency departments. If you need help, make your needs and goals known. Although it is not typical for people to think of health promotion and CCAC, the agency believes it plays a role in health promotion through delivery of care and sharing of information or connecting people to other resources. Self-management is part of how care is delivered. It is a client driven model of care which sees the client as the expert (equitable sharing of knowledge, status and authority). The approach is to put the focus on client goals and to sharing knowledge with the client to create space for empowerment by sharing and asking questions.

Lise Richard, development officer for the Ottawa Community Support Coalition, spoke of the community support services network of 19 local agencies. Community support services help seniors and adults with physical disabilities to remaining at home, healthy, safe and independent, for as long as possible. Services include: attendant care; personal

support; meals on wheels; home help/ home maintenance; telephone assurance; friendly visiting; foot care; and transportation.

The arrangements for community and support services reduce social isolation and depression through social and recreational opportunities, such as diners' clubs/congregate dining; day programs; foot care clinics; and the grocery bus.

Clients who are being cared for by families /friends are supported in their caregiving role. The burden of care and stress can be reduced by access to respite services; individual and group support; and educational programs.

As peoples' mobility is affected and caring for their home becomes a challenge, workers and volunteers deliver meals or help clean the house or make repairs and upkeep to the home, which gives clients a satisfaction that their homes are safe and well maintained, and that they get the supports needed to keep healthy through good nutrition and transportation to health related appointments. These are but some of the ways that Community Support Service agencies provide help to community members. All these services also become opportunities for service providers to check in on clients.

Following the panel, participants dispersed into discussion groups to hear presentations by resource experts. Four topics had been identified by the COA organizing committee and arrangements made for educational materials to be developed for this event. Resource experts who presented included: nurses working with seniors in the community and in hospital-based settings, psychogeriatric consultants; community health dietitian, pharmacist with a large inservice client group in the community, a physiotherapist in a geriatric assessment unit, and personal trainers/fitness consultants. The topics of the discussion groups were: "All confusions are not the same": how to distinguish confusion, depression, and dementia; "Your pills, your ills", about medication management and contraindications; "You are what you eat", about healthy eating, mineral requirements (e.g. calcium), sodium content of foods and reading labels for content/ingredients and food budgeting and shopping/meal planning; and "Your hips, moving on", about physical activity as a part of daily life and options for activity if mobility impaired. Each presentation was offered in French except "You are what you eat" which had to be cancelled due to the presenter's injury. Two sessions of each discussion group were held, each 45 minutes duration.

The presenters were asked to pose three questions to their groups within the time available: #1 What **works to encourage** healthy living? ; #2 what are the **challenges** to move forward to healthy living? #3 What makes you **move forward** to healthy living? These questions were developed by the organizing group to draw out ideas and suggestions and to frame ideas and recommendations from this day.

In the last part of the half-day program, Dr. Bill Dalziel, Chief, Regional Geriatric Program of Eastern Ontario, provided an insightful talk on "How to reach 100!" He cautioned: old age is not for sissies, recent bad habits will hurt you, and recent good habits will help you. His key recommendations were: do not smoke; eat a balanced diet,

take 1200-1500mg calcium daily and work aerobic and strength exercise into a daily regime.

Click below for Dr. Dalziel's PPT "How to reach 100!"



Microsoft PowerPoint  
Presentation

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## **Summary of Responses to the Questions**

### **What works to encourage healthy living?**

- A culture of support and friendship is important at a gym. Facilities need to be senior friendly and allow seniors to train comfortably. Facility users need to maintain the areas clean and behave respectfully to ensure safety of everyone.
- Good communication with physician and pharmacist helps with medications and having an advocate to go along with the client/patient on a doctor visit is helpful
- Encourage seniors to establish a buddy system to move to self empowerment.
- Convenience foods, busy schedules, lacking motivation to shop and cook for you can all be traps. It helps to have a routine, interact with people of your own age, to eat well, mind portions, and avoid stressful situations. Cooking can be fun if one takes the time to look for foods in season, to try new flavourful recipes and vegetarian meals and to share cooking and meal preparations with friends.

### **What are the challenges to move forward to healthy living?**

- Language barriers may exist.
- Interpreters or instructors who speak another language are not readily available.
- Cost of services is a challenge; some people cannot afford to register in programs. It was mentioned that there is assistance by a subsidy approval process of the City of Ottawa. Refer to the City Recreation Guide for details and application procedures.
- Seniors have transportation issues to get to centres for physical activity and social recreation programs, particularly if on low income and with limited language skills. Some community health centres are able to offer health promotion and wellness programs at very little cost. Agencies and organizations can advocate for more of these programs to be offered at locations throughout the city.
- It is sometimes difficult to know where to begin to transition to join a gym to begin a muscle building program.
- Costs for a personal trainer/fitness consultant are sometimes a challenge for persons on low income to afford. One suggestion was to consider that the

services of a private fitness consultant may be deducted on income tax if receipts are accompanied by a physician's referral.

- Packaged foods are high in sugar and sodium. Learning to read labels takes time.

### What makes you **move forward** to healthy living?

The suggestions below are ordered by personal involvement first then system issues/responses.

- Locate a community health centre offering a grocery shopping tour of a senior friendly grocery store. They offer educational programs to read labels and to learn how to make healthy selections.
- Develop a buddy system or supports to maintain your independence and reduce possibility of isolation. Take advantage of groups and networks that look out for isolated seniors.
- Tell the pharmacist about over-the-counter (OTC) about other self medications so they can understand possible side effects and interactions with prescriptions. Take advantage of the MedsCheck program that allows you to schedule an annual discussion with a pharmacist for up to 30 minutes at no charge. You need to show your OHIP card. See [www.medscheck.ca](http://www.medscheck.ca)
- Keep a medication record for all your medications including over the counter and herbal medications and vitamins and a health record for diagnostic tests, visits to emergency rooms, specialist consultations, hospital admissions, etc.
- Establish a balance between your self management and professional involvement.
- City of Ottawa multilingual health line 613-580-6744, ext 28020 is answered by a public health nurse. Persons speaking Chinese, Arabic, Somali, Spanish or Vietnamese will be connected to an interpreter for information and assistance. The 211 service in Ottawa provides information on community, social, government and health services and can communicate in over 150 languages.
- Encourage organizations to advocate for more health promotion programs free or little cost. It was suggested that everyone has to be realistic about finances to participate in City recreation programs because policy is set for all city facilities.
- Ensure clean recreational facilities with attention to seniors' needs and safety. A Senior Accessible Checklist safety audit tool is available at the public health portal of the city website:  
[http://ottawa.ca/residents/health/seniors/checklist\\_en.html](http://ottawa.ca/residents/health/seniors/checklist_en.html)
- Get knowledge of healthy aging out to the community.

#### *Main Points:*

- Seniors and their caregivers need knowledge, education, and communication. They should read up on health topics. Participating at forums designed for seniors is good interaction and makes the voice of seniors more powerful. Having a positive attitude is key. Following directions for medications makes good sense. Knowing your body and advocating for yourself are important. Avoid becoming too isolated... develop a buddy system.

- Reach out to older adults with messages of health promotion and prevention. Workshops and presentations can be at community centres, workplaces, cultural or religious centres. Promoting intergenerational activities can make physical activity more appealing for seniors and grandchildren.
- Publicize information and help lines like Ottawa Public Health and Ottawa 211.
- Work on eliminating ageism! Reduce the stereotype of older adults as “vulnerable” or “not able.”