

# Alberta's Healthy Aging and Seniors Wellness Strategic Framework 2002 – 2012

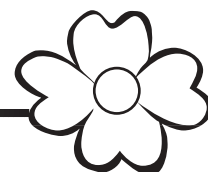
## Acknowledgements

This report was prepared for the Healthy Aging Subgroup, Alberta Health and Wellness by KPMG Consulting.

For additional copies of this document, or for further information, contact:

Alberta Health and Wellness  
10025 Jasper Avenue  
Edmonton, Alberta T5J 2N3  
Telephone: (780) 427-7164  
Fax: (780) 471-1171  
Website: <http://www.health.gov.ab.ca>

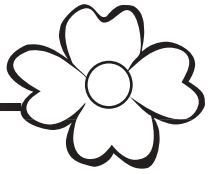
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## Contents

Executive Summary .....	1
I Introduction .....	8
II Background and Methodology.....	9
A. Background .....	9
B. Methodologies and approaches .....	13
III Components of Healthy Aging.....	15
A. Some healthy aging concepts .....	15
B. Healthy aging conceptual model .....	16
IV Healthy Aging and Seniors Wellness Strategic Framework... ..	18
A. The framework .....	18
B. Components of the framework .....	18
V Healthy Aging and Seniors Wellness Goals and Strategies .. ..	24
A. Goals .....	24
B. Overarching strategies .....	24
C. Areas of focus.....	25
D. Specific population health strategies.....	26
E. Some ideas for applying the strategic framework .....	28
VI Implementation Priorities.....	30
A. Alberta Health and Wellness .....	30
B. Regional health authorities.....	31
C. Other partners .....	31
<b>Appendices</b>	
A: Sub-group on Healthy Aging Membership .....	32
B: Information from the Healthy Aging Forum.....	33
C: Description of Areas of Focus .....	50





## Executive Summary

Alberta's population is aging. The government, in collaboration with its partners, is actively planning to enable "seniors to be healthier to a more advanced age." The Healthy Aging and Seniors Wellness Strategic Framework is one of the projects of the cross ministry Seniors Policy Initiative (SPI). It builds upon the work of the Long Term Care Review Policy Advisory Committee (*Healthy Aging: New Directions for Care*) and the Government-Wide Study on the Impact of the Aging Population in Alberta (*ALBERTA FOR ALL AGES: Directions for the Future*).

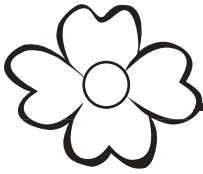
### A. The healthy aging conceptual model

Health has both a medical-functional dimension and a social-health dimension. The medical-functional dimension focuses primarily on physical health and functional capabilities. The social-health dimension focuses primarily on emotional health and social and mental functioning. These dimensions and their specific components are the underpinnings for the Healthy Aging and Seniors Wellness Strategic Framework.

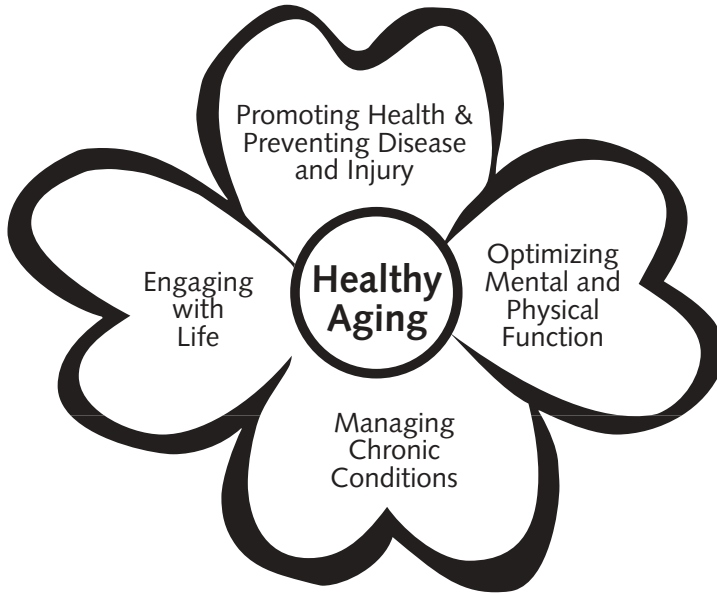
The conceptual model for healthy aging in Alberta has four components:

- **Promoting health and preventing disease and injury** — enabling people to increase control over and improve their health. Health promotion focuses on enhancing the capabilities and capacities of individuals, families and communities to make healthy choices and develop healthy and supportive environments.
- **Optimizing mental and physical function** — enabling people to remain as independent as possible in carrying out the routines of daily living.
- **Managing chronic conditions** — enabling people to effectively manage conditions caused by injuries or diseases, by facilitating self-care and independence and using collaborative approaches with professionals and caregivers.
- **Engaging with life** — enabling people to have meaningful relationships with others and be involved in activities that are satisfying and purposeful.

Exhibit 1 shows the healthy aging conceptual model.

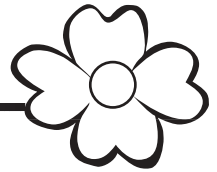


**Exhibit 1**  
**Healthy aging conceptual model**

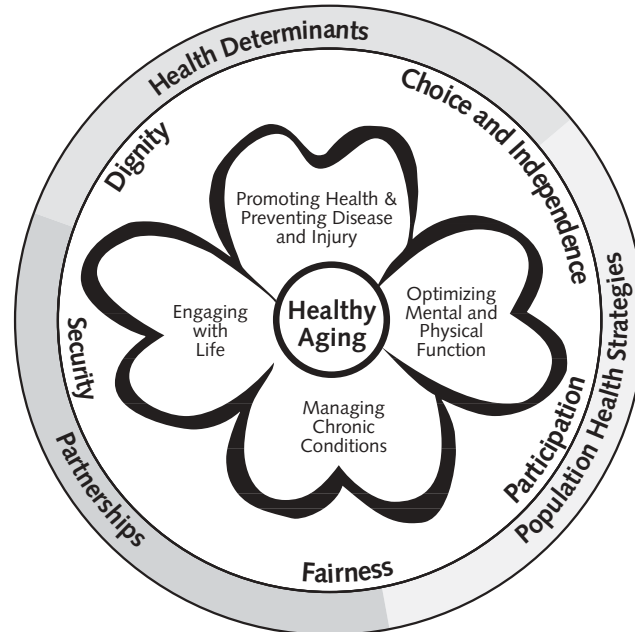


**B. Healthy Aging and Seniors Wellness Strategic Framework**

The Healthy Aging and Seniors Wellness Strategic Framework uses a population health promotion approach, and shows the relationships among the interacting factors in healthy aging and seniors wellness. Exhibit 2 shows the strategic framework for healthy aging.

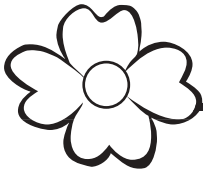


**Exhibit 2**  
**Healthy aging and seniors wellness strategic framework**



The key components of the framework are:

- **Target population**, represented by the healthy aging inner circle. The target population includes all persons born in or prior to 1966 (35 years of age and older) — the baby boomers and seniors.
- **Four components of healthy aging**, underpinned by the core values of dignity, choice and independence, participation, fairness and security.
- **Health determinants**, those multiple factors that have an impact on the health status of a population. The 12 health determinants are: income and social status, social support networks, education, employment and working conditions, social environment, physical environment, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender, and culture.
- **Population health strategies** refer to five strategies critical to promoting health. These strategies are inter-related and involve all sectors and stakeholders. These strategies are: building healthy policies, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.
- **Partnerships** indicate the need for multiple sectors to work together to deal with the range and complexity of the health determinants that influence health. The partnerships include individuals, families,



communities, seniors organizations, health authorities, professional organizations, health organizations, voluntary and community organizations, corporate communities, cultural groups, Alberta municipalities, Alberta government ministries and agencies, and Canadian government ministries.

The strategic framework provides a guide to allow the health system and its partners to develop and implement population health strategies that address health determinants and the four components of healthy aging.

### C. Healthy aging and seniors wellness goals and strategies

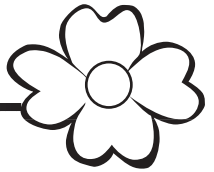
Each component of the healthy aging and seniors wellness conceptual model represents a goal for healthy aging. Within each goal is an overarching strategy that describes the high level approach that needs to be taken to achieve the goal.

In addition to goals and overarching strategies, each component of healthy aging has specific key challenges that affect the health status of people as they age. These are referred to as areas of focus.

The goals, overarching strategies and areas of focus for healthy aging are:

- Goal one: Promote health and prevent disease and injury
  - Strategy: Strengthen focus on health promotion, disease and injury prevention programs...
  - Area of focus: addressing healthy eating practices, smoking cessation, prevention of injuries from falls, early detection of chronic diseases and vaccine-preventable diseases.
- Goal two: Effectively manage chronic conditions
  - Strategy: Strengthen self-care, supports and collaborative management approaches...
  - Areas of focus: addressing management of chronic pain, management of chronic conditions and medication use.
- Goal three: Optimize mental and physical functioning
  - Strategy: Develop and strengthen programs and supports...
  - Areas of focus: addressing physical functioning, mental functioning, depression, addictions and active living practices.





- Goal four: Facilitate engagement with life
  - Strategy: Facilitate meaningful relationships and purposeful activities...
  - Areas of focus: addressing social interactions and community involvement.

Within each overarching strategy are specific actions that can be taken to meet health challenges or areas of focus for the target population. These actions fall within five population health strategies:

- Building healthy policy;
- Creating supportive environments;
- Strengthening community action;
- Developing personal skills; and
- Reorienting health services.

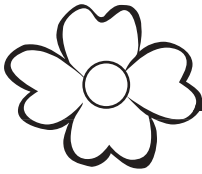


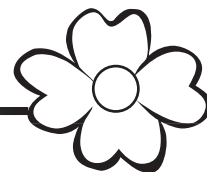
Exhibit 3 shows the interrelationships among healthy aging and seniors wellness goals, overarching strategies, areas of focus and specific population health strategies.

**Exhibit 3**  
**Healthy aging goals, overarching strategies, areas of focus and specific population health strategies relationships**

Healthy Aging and Seniors Wellness Goal	To promote health and prevent disease and injury	To effectively manage chronic conditions	To optimize mental and physical functioning	To facilitate engagement with life
<b>Overarching Strategy</b>	Strengthen focus on health promotion, disease and injury prevention programs	Strengthen self care, supports and collaborative management approaches	Develop and strengthen programs and supports aimed at improved mental and physical functioning	Facilitate meaningful relationships and purposeful activities
<b>Areas of Focus</b>	Healthy eating practices	Management of chronic pain	Physical functioning	Social interactions
	Smoking cessation	Management of chronic conditions	Active living practices	Community involvement
	Prevention of injuries from falls	Medication use	Mental functioning	
	Early detection of chronic diseases		Depression	
	Vaccine-preventable diseases		Addictions	



<b>Building healthy policy</b>	<p><b>Specific strategies to be identified by regional health authorities and other partners in their planning for healthy aging and seniors wellness.</b></p>
<b>Creating supportive environments</b>	
<b>Strengthening community action</b>	
<b>Developing personal skills</b>	
<b>Reorienting health services</b>	



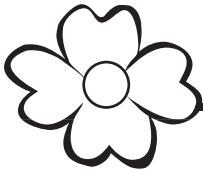
#### D. Implementation priorities

Alberta Health and Wellness has adopted this framework and identified priorities for regional health authorities to implement. Performance measures will be developed for each of the identified priorities. The priorities are:

- vaccination for influenza,
- prevention of falls,
- smoking cessation,
- healthy eating practices,
- active living,
- depression,
- social interactions,
- community involvement,
- addictions,
- medication use,
- diabetes, and
- heart disease.

Regional health authorities are required to submit ten-year continuing care strategic service plans that address healthy aging. This framework will provide guidance in the development of those plans. Regional health authorities are encouraged to consider the priorities for healthy aging and seniors wellness established by Alberta Health and Wellness. However, specific needs may vary across regions, requiring other priorities to be addressed.

Stakeholders, such as seniors' organizations and professional groups, are encouraged to use this framework to identify their healthy aging and seniors wellness needs and to develop programs and services to meet those needs.



## I Introduction

Alberta's population is aging. Currently, about 10 per cent of Alberta's population is over the age of 65. By 2016, the percentage of seniors could grow to between 13 per cent and 14.5 per cent of the total population. The opportunities and challenges of an aging population have an impact on all areas of life and the programs and services available to seniors.

The government, in collaboration with its partners, is actively planning to enable "seniors to be healthier to a more advanced age." The Government of Alberta wants to promote and support an aging society where Albertans have a sense of pride in healthy aging and are provided opportunities to live independently in a safe and supportive environment.

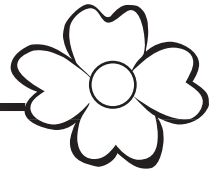
The Healthy Aging and Seniors Wellness Strategic Framework is one of the projects of the cross ministry Seniors Policy Initiative (SPI). It builds upon work done by the Long Term Care Review Policy Advisory Committee (*Healthy Aging: New Directions for Care*) and the Government-Wide Study on the Impact of the Aging Population in Alberta (*ALBERTA FOR ALL AGES: Directions for the Future*).

This framework is one of the targets of the cross ministry Health Sustainability Initiative. Healthy aging provides a better quality of life to Albertans and enables the health system to be more sustainable.

This report is intended to:

- Present the conceptual model and strategic framework for healthy aging and seniors wellness in Alberta;
- Provide a reference for stakeholders and partners in addressing the opportunities and challenges posed by an aging population;
- Provide guidelines for the regional health authorities in developing their 10-year Continuing Care Strategic Service Plans; and
- Provide a resource for all Albertans.

The expertise, experience and diligence of the Sub-group on Healthy Aging were integral to the development of the framework and this report. A list of the members of the Sub-group is given in Appendix A.



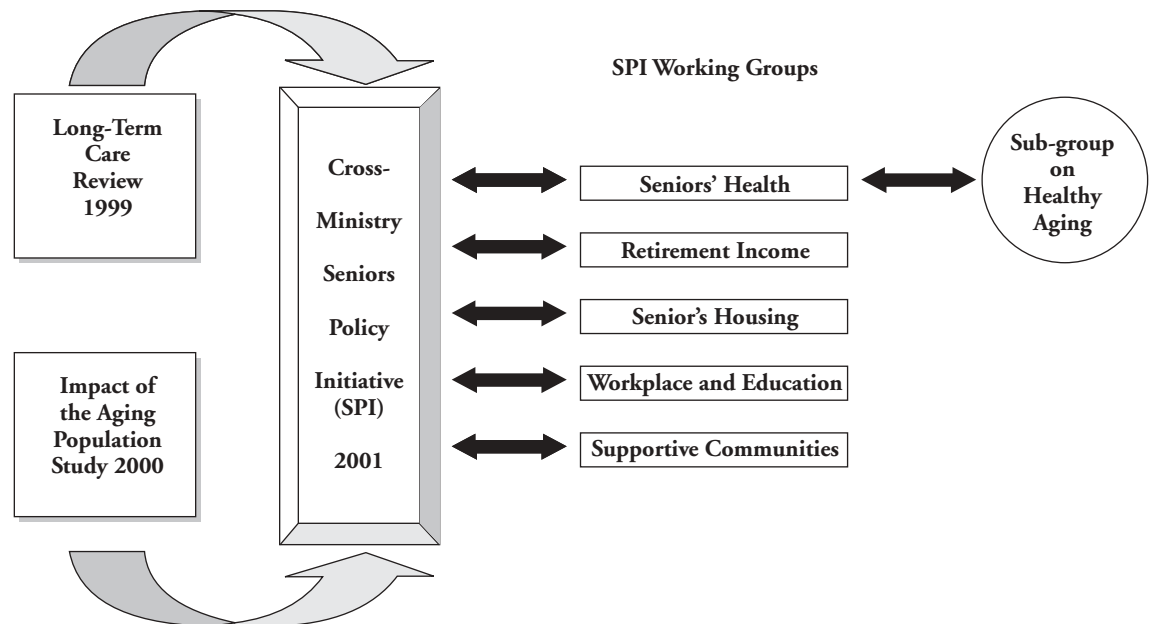
## II Background and Methodology

### A. Background

Several government actions led to the development of a provincial healthy aging and seniors wellness strategic framework. Exhibit II-1 gives an overview of these initiatives.

#### Exhibit II-1

#### Components of Alberta's Seniors Policy Initiative (SPI)

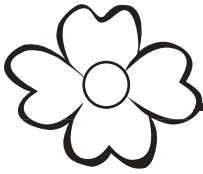


#### 1. Long Term Care Review

In 1997, Alberta Health and Wellness initiated the Long Term Care Review to provide advice to the Minister on preparing the health system for an aging population. An extensive report, *Healthy Aging: New Directions for Care*, was released in November 1999. The Long Term Care Review Report contained fifty recommendations and a new vision for aging in Alberta, with an emphasis on healthy aging, the development of an “aging in place” strategy and improvement of access to coordinated services within a sustainable health system.

In April 2000, the Minister of Health and Wellness announced nine strategic directions for healthy aging and continuing care:

- **Healthy Aging:** Promote “healthy aging” as a priority goal for Alberta to ensure that Albertans are healthy and independent as they age.

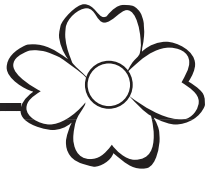


- **Continuing Care Services:** Modify and enhance continuing care services to respond to the aging population with the goal of supporting Albertans to “age in place” in the community.
- **Coordinated Access:** Implement an improved process for “coordinated access” province-wide to ensure that there are no barriers to Albertans in receiving continuing care services.
- **Supportive Housing:** Expand care services in supportive housing to meet the needs of the aging population.
- **Home Care and Community Care:** Expand home care and community care services to meet the increased needs of Albertans in the communities.
- **Re-Generation of Long Term Care Centres:** Re-generate long term care centres to meet the needs of residents with high and complex health needs.
- **Needs of Persons with Alzheimer’s Disease, Dementia and Other Special Needs:** Develop provincial and regional plans to meet the special needs of clients with Alzheimer’s disease and dementia.
- **Comprehensive Care for the Elderly and Primary Health Care:** Develop comprehensive care for the elderly to address the special needs of older adults with multiple and complex health problems.
- **Human Resources:** Enhance the skills and increase the supply of health care workers in the delivery of health services for an aging population.

This Healthy Aging and Seniors Wellness Strategic Framework responds to the first direction — healthy aging. All regional health authorities (RHAs) are expected to develop ten-year continuing care strategic service plans, which address healthy aging as one of the nine strategic directions. This document will serve as a resource to RHAs in their planning.

## 2. Impact of the Aging Population Study

In 1998, the Government of Alberta initiated the Government-Wide Study on the Impact of the Aging Population (Aging Population Study). The study was designed to review current trends and programs, identify issues and engage Albertans in thinking about the future and the kinds of steps that should be taken to prepare for an aging population.



The study resulted in the report, *ALBERTA FOR ALL AGES: Directions for the Future*, released in June 2000. A comprehensive set of recommendations was organized around eight themes:

- Encouraging wellness, healthy lifestyles and good health care.
- Preparing for financial security.
- Promoting more flexible options for work and retirement.
- Ensuring safe, affordable and appropriate housing choices for seniors.
- Encouraging supportive communities.
- Recognizing and supporting informal caregivers and volunteers.
- Preparing the workforce for an aging population.
- Expanding educational opportunities.

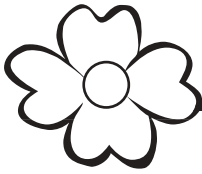
### **3. Cross ministry Seniors Policy Initiative (SPI)**

In 2001/2002, preparing for the aging population became a government-wide priority under the cross ministry Seniors Policy Initiative. The initiative involves eighteen departments and government entities working together to ensure programs and services remain responsive to the needs of current and future seniors. This initiative's key objective is to develop a strategic framework and 10-year action plan by March 2002.

This objective is being met through the work of five interdepartmental committees:

- Seniors' Health Working Group.
- Retirement Income Working Group.
- Seniors' Housing Working Group.
- Workplace and Education Working Group.
- Supportive Communities Working Group.

The Healthy Aging and Seniors Wellness Strategic Framework document has been developed by the Working Group on Seniors' Health. Implementation of the framework has, in part, been incorporated into the Health Sustainability Initiative, a cross ministry initiative for 2002/2003.



#### 4. Healthy Aging and Seniors Wellness Vision and Values

The cross ministry Seniors Policy Initiative has developed a vision and values to guide the development of the healthy aging and seniors wellness strategy for Alberta. The vision describes the future desired state for aging Albertans, with the expected goal that “seniors are healthier to a more advanced age.” Exhibit II-2 gives the SPI vision.

##### Exhibit II-2 Draft SPI Vision

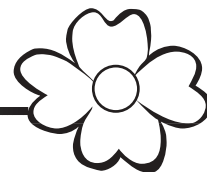
*Our Vision for an aging society is one where Albertans can look forward to quality of life and the best possible health in their senior years.*

*Draft Vision Statement for the Cross Ministry  
Seniors Policy Initiative*

Five key seniors' values, adapted from the *National Framework on Aging* and adopted by the SPI, guide the behaviours, actions and policies in moving towards the vision:

- **Dignity** — Being treated with respect regardless of the situation and having a sense of self-esteem.
- **Choice and Independence** — Being in control of one's life, and being able to do as much for oneself as possible. Making choices and knowing help is available when needed.
- **Participation** — Getting involved, staying active and taking part in family and community. Being consulted and having one's views considered by government.
- **Fairness** — Having seniors' real needs, in all their diversity, considered equally to those of other Albertans.
- **Security** — Having adequate income as one ages and having access to a safe and supportive living environment.





## **B. Methodologies and approaches**

Three primary approaches were used to develop the healthy aging and seniors wellness strategy:

### **1. Sub-group on Healthy Aging**

The Sub-group on Healthy Aging included representatives of government ministries, regional health authorities and the seniors' community. Each member of the Sub-group brought expertise and experience pertinent to healthy aging and seniors wellness. This expertise, in addition to the research done by a consultant, provided the basis for the development of the Healthy Aging and Seniors Wellness Strategic Framework.

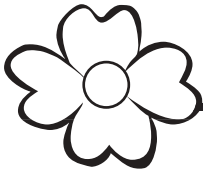
### **2. Literature and Internet document review**

Information available through the literature, documents published by federal and provincial government ministries and documents downloaded from the Internet were reviewed to consolidate the needs, preferences, issues and approaches to the challenges posed by aging for individuals, families and communities. Other international, national and provincial documents were also reviewed and their findings incorporated into the strategy where applicable.

### **3. Consultation forum**

A consultation forum with invited representatives from all major stakeholder groups was held in October 2001. Approximately 115 individuals participated in the forum from the following stakeholder groups:

- Health authorities
- Seniors and seniors organizations
- Chronic disease organizations
- Municipal government organizations
- Health professional organizations
- Active living, sport, parks and recreation organizations
- Provincial government departments
- Federal government departments
- Provincial injury control and research organizations
- Alberta universities



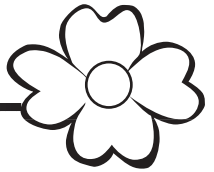
The forum had three major components:

- An overview of Alberta's SPI and the Healthy Aging and Seniors' Wellness Strategic Framework presented by members of the Sub-group.
- Four expert presentations on healthy aging and seniors wellness directly related to the four components of healthy aging.
- Small group working sessions where participants had an opportunity to discuss and provide feedback on the healthy aging and seniors wellness conceptual model and strategic framework and to share their ideas on, and experience with, local activities, strategies or initiatives.

The feedback received from participants was used to modify and finalize the healthy aging and seniors wellness strategy. Details of the Consultation Forum are found in Appendix B. Summaries of the information provided by the four experts and the feedback received from participants on each of the four components of healthy aging are provided.

#### **4. Cross ministry Health Sustainability Initiative (HSI)**

In 2002/2003, the Government of Alberta identified a cross ministry Health Sustainability Initiative as a priority. The intent of the initiative is to enhance the sustainability of the health care system now and in the future, by strengthening collaboration and coordination across ministries. This Healthy Aging and Seniors Wellness Strategic Framework is one of the targets of HSI.



### III Components of Healthy Aging

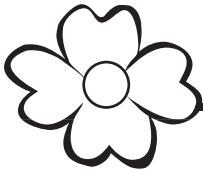
#### A. Some healthy aging concepts

Healthy aging is more than the medical aspects of aging or the medical focus of health promotion and disease prevention. Healthy aging takes a wholistic view of health, addressing the physical, mental, social and spiritual needs experienced by all individuals. It supports the premise that optimal health and enriched living can be experienced regardless of one's age.

As a result, healthy aging may be viewed as having a medical-functional dimension and a social-health dimension. The medical-functional dimension focuses primarily on physical health and functional capabilities. The social-health dimension focuses primarily on emotional health and social and mental functioning. These dimensions and their specific components underpin the Healthy Aging and Seniors Wellness Strategic Framework.

Healthy aging requires a broad approach that extends beyond the health system and addresses the determinants of health, or those factors that have an effect on the health of individuals, families and communities. Health determinants such as income and social status, education, employment and working conditions, and physical environment have been shown to affect an individual's health status and quality of life. These factors are not mutually exclusive, but rather inter-related in their collective impact on health.

The approach that addresses health determinants is referred to as the population health approach. While specific areas of focus and strategies pertinent to the health system are identified, other strategies affecting health determinants need to involve all partners. The work being done by other SPI working groups, in areas such as seniors' income and housing, is also contributing to healthy aging and seniors wellness in Alberta.



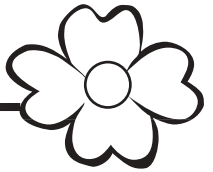
## B. Healthy aging conceptual model

Healthy aging is visualized as having four components. These components create a modified version of a model called successful aging developed by Dr. John Rowe and Dr. Robert Kahn.<sup>1</sup>

The Rowe and Kahn model was based on a report from the MacArthur Foundation Study of Aging in America which suggested that successful aging was determined by a combination of three factors: avoiding disease and disease-related disability, maintaining high mental and physical function, and being actively engaged in life. The Alberta model takes the successful aging model a step further by identifying and articulating four components:

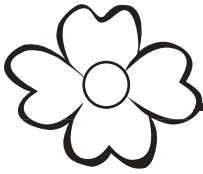
- **Promoting health and preventing disease and injury** — enabling people to increase control over and improve their health. Health promotion focuses on enhancing the capabilities and capacities of individuals, families and communities to make healthy choices and develop healthy and supportive environments.
- **Optimizing mental and physical function** — enabling people to remain as independent as possible in carrying out the routines of daily living.
- **Managing chronic conditions** — enabling people to effectively manage conditions caused by injuries or diseases, by facilitating self-care and independence and using collaborative approaches with professionals and caregivers.
- **Engaging with life** — enabling people to have meaningful relationships with others and be involved in activities that are satisfying and purposeful.

<sup>1</sup> Rowe, J.W. and Kahn, R.L. (1998). *Successful Aging*. New York: Pantheon Books.



**Exhibit III-1**  
**Healthy aging conceptual model**





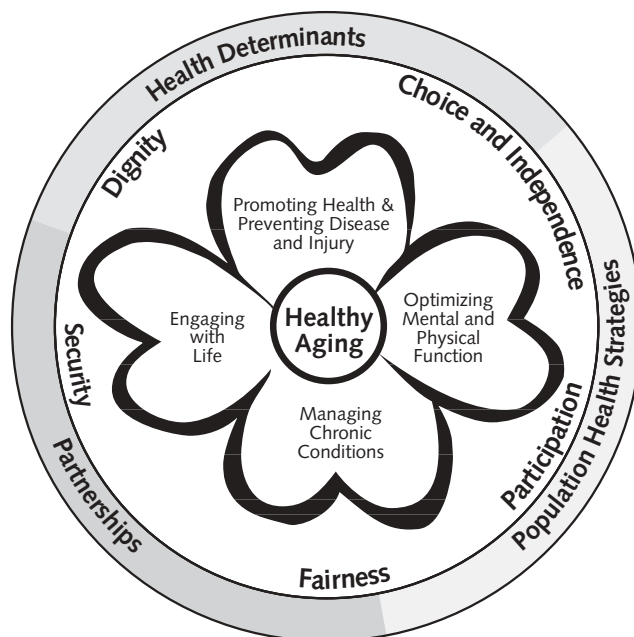
## IV Healthy Aging and Seniors Wellness Strategic Framework

### A. The framework

The healthy aging and seniors wellness framework is based on a population health promotion approach, which has its origins in the *Ottawa Charter for Health*.<sup>2</sup> It is intended to portray the multiple and interacting factors that influence healthy aging and seniors wellness. The framework provides an all-inclusive guide to planning for healthy aging and seniors wellness. Exhibit IV-1 shows the strategic framework.

#### Exhibit IV-1

#### Healthy aging and seniors wellness strategic framework

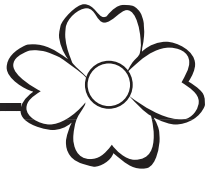


### B. Components of the framework

#### 1. Target population

The centre ring focuses attention on the target population for the healthy aging and seniors wellness strategy. The target population includes all those persons born in or prior to 1966 (36 years of age and older) — the current and emerging seniors, i.e., the “baby boomers.” The target population may be involved in strategies that focus on individuals, families or communities.

<sup>2</sup> Health and Welfare Canada. (November 1986). *Ottawa Charter for Health*. Ottawa, Ontario, Canada.



## 2. Healthy aging components and values

Four areas are emphasized for healthy aging and seniors wellness. The strategies focus on these four areas of emphasis described earlier, underpinned by the core values of dignity, choice and independence, participation, fairness and security.

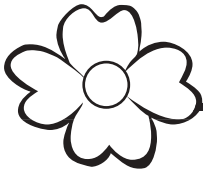
## 3. Health determinants

Population health strategies are designed to affect the overall health status of a population. There is a growing body of research that shows population health is linked to a combination of interrelated factors called health determinants. These determinants cover the broad range of social, economic and environmental conditions that are generally found in a population. No single health determinant is causal. Instead, the determinants appear to work together to influence the health status of the population as a whole. Further, these factors do not necessarily translate to the individual level, which helps to explain why, for example, some individuals with low income are healthy while others with high income are not.

Health services represent only one factor that has an impact on the health status of a population. Research has shown that other factors such as income and social status have a greater impact. It is important to understand these factors in order to develop and implement relevant strategies and actions to promote healthy aging and seniors' wellness. Multiple strategies, which address health promotion and involve several sectors, need to be undertaken if healthy aging and seniors wellness is to be a long-term reality.

The 12 health determinants are:

**Income and social status** — pertain to people's economic circumstances and the "health" of an economy. Population health tends to vary between socio-economic groups, with the trend of better health at higher levels of income and social status. These variations are likely due to several factors, including the interactions between income and social status and other health determinants such as education and employment. For instance, people with lower income and social status may have fewer resources available to them, which would limit their choices and the actions they are able or willing to take for better health.



**Social support networks** — are the supports people receive from their family, friends and communities. People who feel connected to their community have a higher probability of reporting their health to be good. For seniors, social support networks may be essential to their ability to remain living independently and securely in their homes and communities.

**Education** — relates to the average level of education in a population and the commitment to lifelong learning among all age groups. On average, the more education people have, the healthier they are. Education can give people the knowledge and skills they need to make healthy choices, to have a better income and more job security and to participate in their communities and access programs and services.

**Employment and working conditions** — is about the work people do in a society, whether it is paid or unpaid. People tend to be healthiest when they feel that the work they do is important, when their job is secure and when their workplace is safe and healthy.

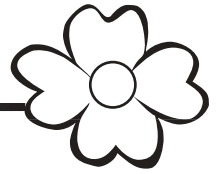
**Social environment** — relates to how people are valued and treated in a society. Being valued by others involves building meaningful relations and sharing resources with other people. People's differences and needs are respected by helping them to feel safe wherever they may live.

**Physical environment** — is inclusive of both the outdoor and indoor environment. Clean air and water and safe houses, communities, workplaces and roads all contribute to good health. Poor building design and/or maintenance, including unsafe stairs, present safety risks. For example, poor lighting, lack of elevators and limited public transportation may contribute to injuries and feelings of insecurity.

**Biology and genetic endowments** — pertain to the physical traits people inherit from their families. Besides things like eye and hair colour, genes from parents may also play a part in deciding how long people will live, how healthy they will be and the likelihood they will contract certain illnesses. As people get older, chronic diseases become more common. Other changes due to biological aging processes, that affect mobility, eyesight and hearing, may pose additional health and safety risks for some seniors.

**Personal health practices and coping skills** — include personal health practices, such as smoking, drinking, eating and physical activity, as well as coping skills and the way people relate to those around them and handle the challenges and stresses life presents.





**Healthy child development** — recognizes that people's health throughout their lifetime is affected by prenatal care and the care and experiences they had in early childhood, especially those who have lived through severe hardships such as famine and war.

**Health services** — include access to health services that can help to prevent disease and maintain and promote health. Coordination of services and an understanding of the aging process and seniors' health concerns and risks are recognized as important to serving this population.

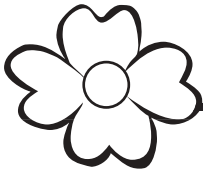
**Gender** — is about the social, economic and biological differences between men and women that impact health. Men and women have different life expectancies and life experiences, and tend to get different kinds of diseases and conditions at different ages.

**Culture** — relates to people's background and upbringing, the customs, traditions and beliefs of their family and community. Culture can influence what people think, feel, do and believe to be important. Different value orientations and perceptions of health and health care, for example, can affect risk among seniors in minority cultures. The problems of senior immigrants may be similar to non-immigrant seniors, but language and cultural barriers may be added challenges for them.

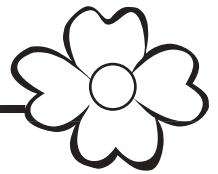
#### 4. Population health strategies

The *Ottawa Charter for Health* identified five strategies that are critical to promoting health. These strategies are inter-related and involve all sectors and stakeholders. More than one approach is required to have a major impact on improving the health status of the population. The strategies need to be adapted to address local needs and considerations. These strategies are:

- **Building healthy policies** — involves consideration of the effect of policies and actions on health by all sectors and all levels of government and organizations. In other words, how will their policies and actions help to promote health and/or prevent disease and injuries? What will be the health consequences of their decisions? For example, healthy public policies may include local policies, bylaws and provincial legislation that address tobacco use/smoke-free areas, safe highways and buildings, clean and safe outdoor environments, and protection of those who are vulnerable. The aim is to develop policies that have a positive impact on the health of individuals, families and communities.



- **Creating supportive environments** — involves the environment in which people live, work and play. The focus is on environments that support the physical, social, economic, cultural and spiritual aspects of living that can have an impact on health. By doing so, supportive environments help people stay healthy. The changes caused by technology, urbanization and the organization of the workplace may be addressed to provide places that are healthy, safe and enjoyable.
- **Strengthening community action** — helps communities decide what they need to be healthy and how they will achieve it. The focus is on communities and their members learning to help themselves with appropriate supports — learning how to set priorities, make decisions and plan and implement strategies or actions to improve their health. Self help and social support groups, access to information, and learning opportunities for health are examples of actions that communities can take.
- **Developing personal skills** — helps people to acquire the knowledge and skills they need to meet life's challenges and to contribute to society. Enhanced life skills give people the ability to be more knowledgeable about their choices and make choices that contribute to better health. People need to understand life stages and the changes that they might expect, including coping with chronic conditions that may arise. Health education and information are important to enable people to develop personal skills.
- **Reorienting health services** — addresses the focus and way in which health services are provided to meet the needs of the whole person. It includes the development of partnerships and approaches to address a range of needs, including partnerships with the users of health services. The contributions and responsibilities of multiple sectors and groups in improving health are recognized and promoted. The health system needs to address health promotion, be sensitive and responsive to cultural needs and promote open channels of communication and action with all sectors. Health research, professional training and education are important in reorienting health services.

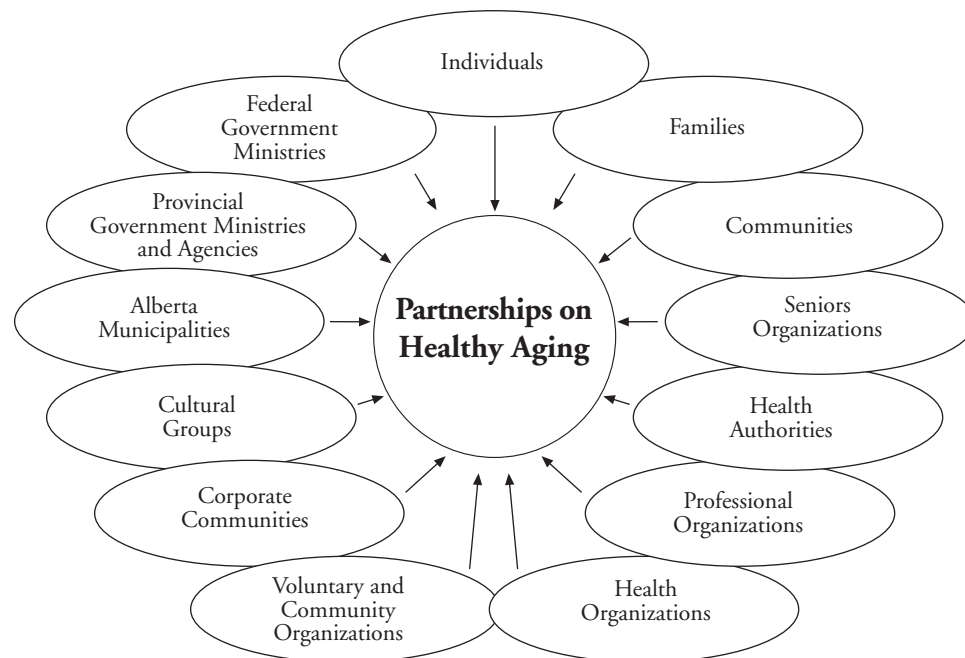


## 5. Partnerships

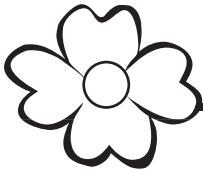
The range and complexity of the factors that influence health extend beyond the jurisdiction of the health system. While this document primarily deals with the role of the health system, it also emphasizes the important role of partners in addressing health determinants. The achievement of healthy aging and seniors wellness in Alberta requires collaborative partnerships and the collective action of governments and ministries at all levels and the not-for-profit, private and voluntary sectors.

Exhibit IV-2 shows the health system and its many partners.

**Exhibit IV-2**  
**Health system and its partners**



The ultimate aim is that the health system works with its partners to develop and implement population health strategies that address each of the four components of healthy aging.



## V Healthy Aging and Seniors Wellness Goals and Strategies

### A. Goals

Each component of the healthy aging and seniors wellness conceptual model represents a goal for healthy aging. Hence, each component's descriptor is re-stated as a goal, creating four goals.

- To promote health and prevent disease and injury.
- To effectively manage chronic conditions.
- To optimize mental and physical functioning.
- To facilitate engagement with life.

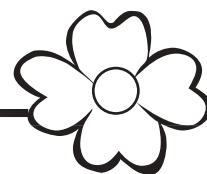
Specific objectives may be developed within each goal to address health needs and challenges identified as local priorities.

### B. Overarching strategies

Each goal is followed by an overarching strategy. The overarching strategies describe the high level approach that needs to be taken to achieve the goals. The strategy is referred to as overarching as it includes a broad array of possible actions and initiatives that may be taken. Specific strategies will depend on identified health needs, challenges and resources.

Consistent with the four goals are four overarching strategies, shown in bolded type:

- **Strengthen focus on health promotion, disease and injury prevention programs ...** to promote health and prevent disease and injury.
- **Strengthen self care, supports and collaborative management approaches ...** to effectively manage chronic conditions.
- **Develop and strengthen programs and supports aimed at improved mental and physical functioning ...** to optimize mental and physical functioning.
- **Facilitate meaningful relationships and purposeful activities ...** to facilitate engagement with life.



### C. Areas of focus

The areas of focus identify the key challenges that are known to affect the health status of people as they age. Consistent with the strategic framework, areas of focus within each goal area are identified.

The areas of focus, in bolded type, are:

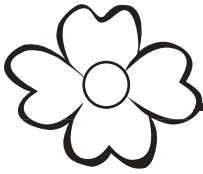
- Strengthen focus on health promotion, disease and injury prevention programs ... addressing **healthy eating practices, smoking cessation, prevention of injuries from falls, early detection of chronic diseases and vaccine-preventable diseases** ... to promote health and prevent disease and injury.
- Strengthen self-care, supports and collaborative management approaches ... addressing **management of chronic pain, management of chronic conditions and medication use** ... to effectively manage chronic conditions.
- Develop and strengthen programs and supports ... addressing **physical functioning, mental functioning, depression, addictions and active living practices** ... to optimize mental and physical functioning.
- Facilitate meaningful relationships and purposeful activities ... addressing **social interactions and community involvement** ... to facilitate engagement with life.

A brief description of each area of focus is given in Appendix C.

While the areas of focus are linked to a specific goal, they may apply to more than one goal, depending on local health needs. Regional health authorities and other partners need to assess the specific priorities in their areas of responsibility, based on the most pressing health needs and issues identified through their local needs assessments.

Some of the areas of focus fall within the mandate of organizations other than the regional health authorities. In such cases it is expected that these organizations would take a lead role in addressing the issues and subsequent strategies with the regional health authorities providing an advocacy or support role.

Alberta Health and Wellness has identified specific priorities for implementation. More information on the implementation priorities is given in the final section of this report.



#### D. Specific population health strategies

Within each of the overarching strategies are numerous specific actions that can be considered to address health challenges or areas of focus for the target population. Each action falls within one of five population health strategies. The five population health strategies are:

- **Building healthy policy** — strategies that promote legislation and policies that will have a favourable impact on the population's health status and their environment, and address the broad array of health determinants.
- **Creating supportive environments** — strategies that strengthen the physical, social, economic, cultural and spiritual conditions that enable people to live, work and play in places that are healthy, safe and enjoyable.
- **Strengthening community action** — strategies that help communities decide what they need to be healthy and how they will achieve that. Community development is a key underlying process to strengthening community action.
- **Developing personal skills** — strategies that help people to develop the knowledge and skills they need to take greater responsibility for their own health.
- **Reorienting health services** — strategies that address the focus and way in which health services are provided to meet the needs of the whole person. Strategies address the health system's mandate and its use of health promotion, role in affecting health determinants, communication and collaborative relationships with its many partners.

Specific strategies are often developed to strengthen the collective impact of all actions taken. For example, smoking cessation, or the reduction of tobacco use, involves healthy public policy regarding public no smoking areas, tobacco advertising and tobacco taxes; creating supportive environments may involve designation of no-smoking areas; strengthening community action may involve community stop smoking courses and support groups; developing personal skills may involve education and information on the effects of smoking and steps that can be taken to stop smoking, and, finally, reorienting the health system may involve one-on-one and group education and counselling about the effects of smoking and approaches to prevent or to stop smoking.

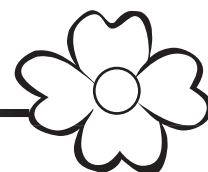
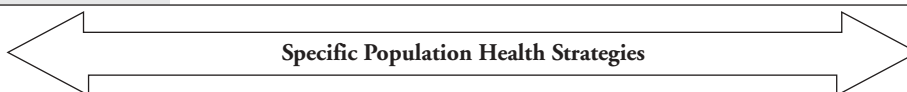


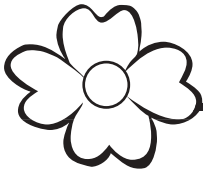
Exhibit V-1 shows the interrelationships among the healthy aging and seniors wellness goals, their overarching strategies, areas of focus and the specific population health strategies.

**Exhibit V-1**  
**Healthy aging goals, overarching strategies, areas of focus and specific population health strategies relationships**

Healthy Aging and Seniors Wellness Goal	To promote health and prevent disease and injury	To effectively manage chronic conditions	To optimize mental and physical functioning	To facilitate engagement with life
<b>Overarching Strategy</b>	Strengthen focus on health promotion, disease and injury prevention programs	Strengthen self care, supports and collaborative management approaches	Develop and strengthen programs and supports aimed at improved mental and physical functioning	Facilitate meaningful relationships and purposeful activities
<b>Areas of Focus</b>	Healthy eating practices	Management of chronic pain	Physical functioning	Social interactions
	Smoking cessation	Management of chronic conditions	Active living practices	Community involvement
	Prevention of injuries from falls	Medication use	Mental functioning	
	Early detection of chronic diseases		Depression	
	Vaccine-preventable diseases		Addictions	



<b>Building healthy policy</b>	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>Specific strategies to be identified by RHAs and other partners in their planning for healthy aging and seniors wellness.</b></p> </div>
<b>Creating supportive environments</b>	
<b>Strengthening community action</b>	
<b>Developing personal skills</b>	
<b>Reorienting health services</b>	

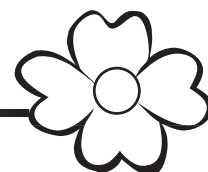


### E. Some ideas for applying the strategic framework

To facilitate understanding of how the strategic framework can be applied by organizations, some ideas are provided. One area of focus is selected within each goal. Ideas that might be considered at the local level, based on assessed needs, are given for each of the population health strategies.

Exhibit V-2 provides examples of how the strategic framework may be applied by organizations.

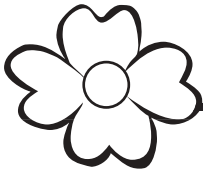




## Exhibit V-2

### Ideas of how the strategic framework can be applied at the local level

Goal	Area of Focus	Specific Population Health Strategies				
		Building Healthy Policy	Creating Supportive Environments	Strengthening Community Action	Developing Personal Skills	Reorienting Health Services
<b>To promote health and prevent disease and injury</b>	<b>Healthy eating practices</b>	Promote policies that provide Albertans up to date evidence based information on nutrition. e.g. develop Alberta Food Guide	Increase opportunities for the public to access information about optimal diets for health and food selections	Develop/enhance community specific nutritional programs targeted at specific groups of people, e.g., parents, seniors	Strengthen knowledge and practice of healthy eating habits, selection of healthy foods to achieve closer to optimal health	Enhance the provision of nutritional information about healthy eating practices in the delivery of health services
<b>To effectively manage chronic conditions</b>	<b>Medication use</b>	Develop policies that manage client drug profiles to ensure client safety and control drug costs including dispensing of medications	Create programs and services where the public has access to information about drugs, self-help groups with alternatives to medication use	Increase public awareness on the use of medications, side effects and other alternatives to manage chronic disease effectively (e.g. hold conference)	Strengthen knowledge of the medication and its use and any side effects, and self-advocacy when medications are prescribed	Enhance recognition of polypharmacy and medication instruction in the delivery of services
<b>To optimize mental and physical functioning</b>	<b>Physical functioning</b>	Promote policies that maintain barrier-free buildings and transportation and supports community exercise programs	Increase access to barrier-free buildings, housing and transportation e.g., senior friendly communities and health instruction	Encourage consumer advocacy for barrier-free buildings, transportation, and community exercise programs	Increase knowledge and understanding of the benefits of active living to enhance physical function and well being	Increase knowledge and understanding of the benefits of promoting active living in the delivery of health services
<b>To facilitate engagement with life</b>	<b>Community involvement</b>	Promote access to transportation to enable participation in community activities	Develop programs and processes to promote positive attitudes towards healthy aging	Involve seniors and other stakeholders in decision making, design of health and social programs and activities	Strengthen knowledge about community activities and the benefits of participation	Heighten knowledge of the health provider about relevant community activities and the impact of participation on health and well being



## VI Implementation Priorities

### A. Alberta Health and Wellness

Alberta Health and Wellness has adopted this framework. The following priorities are identified for implementation in collaboration with stakeholders.

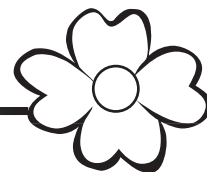
Key principles guided the selection of the priorities:

- The significance of the health issue and its impact on the health and well being of seniors.
- Current evidence regarding the effectiveness of interventions to promote health and well being.
- Resource implications considering the human and financial effort required to effectively implement the intervention.
- Existing health system goals and priorities complementing and supporting the health issue being addressed.

Performance measures will be developed for each of the identified priorities.

The following table shows the priorities by each healthy aging and seniors wellness goal:

<b>Healthy Aging and Seniors Wellness Goals</b>	<b>Priorities for Implementation</b>
To promote health and prevent disease and injury	<ul style="list-style-type: none"><li>• Vaccination of the elderly for influenza</li><li>• Prevention of falls</li><li>• Smoking cessation</li><li>• Nutrition and eating habits</li></ul>
To optimize mental and physical functioning	<ul style="list-style-type: none"><li>• Active living</li><li>• Depression</li></ul>
To facilitate engagement with life	<ul style="list-style-type: none"><li>• Social interactions</li><li>• Community involvement</li><li>• Addictions</li></ul>
To effectively manage chronic conditions	<ul style="list-style-type: none"><li>• Medication use</li><li>• Diabetes</li><li>• Heart disease</li></ul>



## B. Regional health authorities

Regional health authorities are responsible for the provision of health services to all residents living within their boundaries. The Healthy Aging and Seniors Wellness Strategic Framework is relevant for planning of health promotion and disease prevention and continuing care programs. Specifically, regional health authorities are required to submit ten-year continuing care strategic service plans in which healthy aging is addressed. This framework can be used to support the development of those plans.

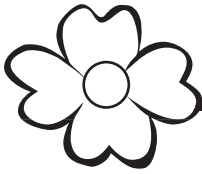
Alberta Health and Wellness will work with all regional health authorities in the implementation of healthy aging and seniors wellness strategies. Regional health authorities are asked to develop the ten-year strategic plans based on priorities established by Alberta Health and Wellness. However, it is recognized that specific needs may vary across regions, requiring other priorities to be addressed. Regional health authorities should conduct needs assessments prior to the development of their business plans. The results of these needs assessments should be considered in establishing the final priorities for each region.

## C. Other partners

Numerous stakeholders and partnerships are critical to the achievement of healthy aging and seniors wellness including:

- Individuals
- Families
- Communities
- Seniors organizations
- Health authorities
- Professional organizations
- Health organizations
- Voluntary and community organizations
- Corporate communities
- Cultural groups
- Alberta municipalities
- Provincial government ministries and agencies
- Federal government ministries

All stakeholders, along with the regional health authorities, are encouraged to use this framework to identify their needs and to develop appropriate programs, services and partnerships to meet those needs.



## Appendix A Sub-group on Healthy Aging Membership

*Vivien Lai, Co-Chair*  
Senior Policy Advisor  
Alberta Health and Wellness

*Julie Polle, Co-Chair*  
Manager, Strategic Planning and Research  
Alberta Seniors

*Mary Engelmann*  
Seniors Representative  
Former President, Alberta Gerontology Association  
Former Member of the Long Term Care Review Committee

*Christine Forth*  
Manager, Business Planning  
Alberta Seniors

*Barbara Garding/ Barbara Hansen*  
Project Team Leader/Team Leader  
Alberta Health and Wellness

*Ron Gorgichuk*  
Manager, Recreation Services Section  
Alberta Community Development

*Elizabeth Gyorf-Dyke*  
Policy Consultant  
Alberta Health and Wellness

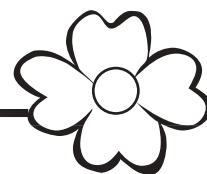
*Barbara Howson*  
Director, Regional Seniors' Health Program  
Calgary Regional Health Authority

*Linda Killick*  
Area Manager & Regional Coordinator, Continuing Care  
Aspen Regional Health Authority

*Beth Lipsett*  
Manager, Adult Counselling and Prevention Services  
Alberta Alcohol and Drug Abuse Commission

*Dr. Gerry Predy*  
Chief Medical Officer of Health  
Capital Health Authority

*Carol Blair*  
Senior Manager  
KPMG Consulting



## Appendix B

### Information from the Healthy Aging Forum

This appendix contains details on the processes and information discussed at the Healthy Aging Forum. Overall, both the experts and participants gave strong support to the healthy aging and seniors wellness conceptual model and strategic framework. Feedback largely consisted of suggestions for fine-tuning and clarifying aspects of the conceptual model and framework.

A summary of the information provided by each expert is provided as well as a summary of the feedback from each of the breakout groups. The appendix concludes with information on examples of work or program practices and services already in place that support the healthy aging and seniors wellness goals and strategies. A full report containing all the feedback and input from the breakout groups is available from Alberta Health and Wellness.

#### A. Summary of the expert presentations

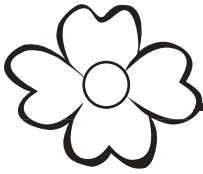
Experts presented on each of the four components of healthy aging:

- *Promoting Health and Preventing Disease and Injury* — Dr. Gerry Predy, MD Medical Officer of Health, Capital Health Authority.
- *Managing Chronic Conditions* — Dr. David Hogan, MD, Brenda Strafford Chair in Geriatric Medicine, University of Calgary.
- *Optimizing Physical Function* — Dr. John Spence, PhD, Faculty of Physical Education & Recreation, University of Alberta.
- *Optimizing Mental and Cognitive Function; Engagement with Life* — Dr. Victor Marshall, PhD, Institute on Aging, University of North Carolina at Chapel Hill.

A brief summary of each of their presentations follows.

##### 1. Promoting health and preventing disease and injury

Several factors that influence health outcomes, including political, social, cultural and economic forces as well as biological endowment and environmental exposures. Key health status trends and the impact of aging on health were also presented. Three dimensions important to



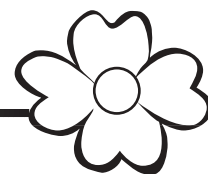
assuring sustainability were identified: revenue generation, cost containment and demand reduction, with the last being targeted for health promotion and injury prevention initiatives.

Health promotion and injury prevention were viewed as critical in reducing the demands made on the health system due to chronic diseases and morbidity in general. The effectiveness of policies directed at health was reinforced. It was noted that: effective policies work better than individual interventions; a population-wide focus versus individual behaviour change can have more impact on health status; sustained benefits can be realized, such as the effects of actions to prevent/reduce tobacco use; and long term health system costs can be decreased. However, effective policy development also has its challenges, including: silo-orientation of many organizations (boundaries need to be crossed); difficulty reaching consensus; interest groups that can incur costs; and mandates that affect health but lie outside the health sector, such as transportation and enforcement.

Income was noted as a key factor affecting health status. The role of health providers is to be an advocate on income-related policy and to incorporate income implications in health service planning and delivery. The evidence-based approach was noted as significant for the adoption and implementation of health promotion and injury prevention strategies. The challenges to the evidence-based approach were identified as stopping ineffective practices, fostering and reviewing research on what works, improving implementation of effective interventions and ensuring research and practice work together for effective implementation. Influenza vaccination and falls prevention were given as two examples of how health promotion can work effectively.

## **2. Managing chronic diseases**

A definition of chronic disease (in brief, a condition persisting for one year or longer) and a historical perspective on the rise of chronic diseases as the major causes of death, disability, hospitalization and institutionalization were given. Trends indicate that some chronic diseases such as musculoskeletal conditions and diabetes are increasing, while others such as heart disease and hypertension are declining. However, the increases in chronic diseases are offset by decreases in their disabling effects.



Multiple diseases or multi-morbidity (two or more conditions) are also becoming more common. The degree of mental/physical disability increases with an increasing number of conditions. Certain combinations such as arthritis and poor vision can lead to certain types of disability. Complex therapies and care are more common. One study noted that multi-morbidity increases with age. For women less than 20 years old, 9.2 per cent had multiple diseases with that number rising to 79.9 per cent for women 80 years or older (J Clin Epidemiol 1998, 51:367-75).

Collaborative management was stressed as critical to managing chronic diseases. Collaborative management means that the patient/client and family assume primary responsibility on a day-to-day basis. Collaborative management strengthens and supports self-care and ensures that effective health services are provided. Four steps are involved in collaborative management: 1) collaborative definition of problems; 2) joint targeting, goal setting and planning; 3) creating a continuum of self-management training and support programs; and 4) active and sustained follow-up.

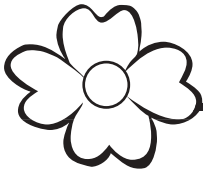
Innovative systems of care for patients/clients with complex, chronic health problems were identified: acute care for elders unit, special care units, programs to deal with negative consequences of hospitalization (e.g., delirium prevention programs), comprehensive discharge planning, quick response teams in emergency rooms, home hospitalizations, sub-acute care units, PACE units, case management, clinical practice guidelines, care maps and "disease" management approaches (e.g., heart failure, fall prevention, dementia clinics).

### **3. Optimizing physical functioning**

The decline in physical functioning as people age was noted with two poignant examples:

- As early as 55 years of age, some 10 per cent of Canadian women and two per cent of Canadian men were unable to carry their groceries alone.
- For a 75 or 80 year old with a sedentary lifestyle, just taking a shower uses over 50 per cent of his or her full strength.

With the examples as a backdrop, physical functioning was viewed as the ability to perform activities of daily living (functions that are essential for an individual's self-care) and instrumental activities that support independence (such as shopping, managing money and housework). Statistics on the impact of physical inactivity on the increase in chronic disease in the population were given.



Numerous risk factors for functional decline were identified: cognitive impairment, depression, disease burden, body mass index, lower extremity limitation, low frequency of social contacts, physical inactivity, no alcohol versus moderate use, poor self-perceived health, smoking and vision impairment. Various studies on factors contributing to successful aging were also cited, noting the importance of physical activity.

Best practices for optimizing physical function were identified: campaigns to increase physical activity knowledge, participation and awareness; social programs that encourage proper diet and physical activity (e.g., mall walking programs, food banks); physician and other health practitioners' advice; quality daily physical activity in the schools; and exercise programs in older adult facilities and environmental and policy initiatives (e.g., safe sidewalks). The presentation concluded with the statement that successful aging was not only an older adult issue and healthy aging requires a multi-sectoral and multidisciplinary approach.

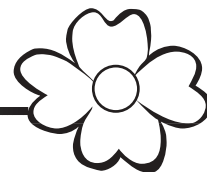
#### **4. Optimizing mental and cognitive function and engagement with life**

The presentation focused on various points made in the healthy aging and seniors wellness conceptual model and strategic framework. Alberta's model was viewed as an improvement over the Rowe and Kahn by focusing on healthy aging being more than just avoiding disease, optimizing functioning rather than just maintaining it, and including chronic conditions.

Possible challenges to pursuing health promotion were raised, such as political problems in showing an effect. Dramatic results are not to be expected in the long or short run, so people need to be modest in their expectations: small gains expand in impact over time. Two thoughts on the deductive logic in health promotion were shared: 1) social support enhances health, interventions enhance social support, therefore interventions enhance health, and 2) physical activity enhances health, interventions enhance physical activity, therefore interventions enhance health. The long-term measure of success is health, but the short-term measure is getting proven interventions in place.

The most often used health promotion strategies are individualistic such as health education and social marketing. Ecological approaches also need to be considered: economic development, management processes, resource allocation, inter-sectoral and inter-jurisdictional coordination and collaboration, legislation and regulation, community development,





health advocacy, appropriate technology and research and information. The ecological approach has a long history and was viewed as the way to the future. Such an approach implies strategies at all levels. As the strategy is developed, community involvement is important to give people a sense of ownership. Finally, it was noted that health promotion is an incremental and long-range process, so targets need to be selected carefully and people must persevere in pursuing them.

## B. Summary of the feedback received from the breakout groups

Four breakout groups were established to address each of the healthy aging and seniors wellness components. Participants were asked to respond to three questions:

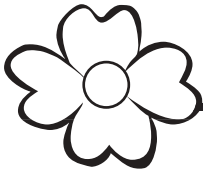
- Regarding the *outcome goal* and *overarching strategy* for your group's assigned Health and Wellness Component, what comments do you have?
- For your group's assigned components, what changes or additions need to be made to the *areas of focus* to produce a better result for this component?
- Based on your personal experiences and work settings, describe *examples* where there has been positive work accomplished on this component.

A summary of the feedback received from the four breakout groups follows.

### 1. Promoting health and preventing disease and injury

**Outcome goal** — Concern was expressed that the goal was too deficit-focused. It should be positively framed. Some discussion also occurred about the relationship between the health priorities and the broader determinants of health, both in terms of the Healthy Aging Strategy and the Seniors Policy Initiative.

**Overarching strategy** — Comments on the strategy emphasized the need for collaboration among the community, government, service providers and other partners to develop and strengthen health promotion programs. Sustainability was also viewed as crucial to the strategy.



**Areas of focus** — Suggestions were received that the areas of focus be re-worded to remove the directional component. Hence the areas of focus would be re-stated as healthy eating, active living, etc. Additional areas of focus were also suggested: literacy, motor vehicle collisions and environmental hazards.

## 2. Managing chronic conditions

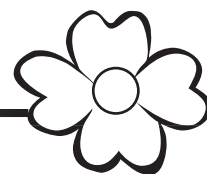
**Outcome goal** — Changing the word “optimize” to “enhance” was suggested. The concept of “quality of life” was supported but it needs to be comprehensive and include quality of life throughout the life cycle, including a good death. A suggestion was made that the people (e.g., family and friends) affected by those living with a chronic condition should be included in the outcome goal.

**Overarching strategy** — Discussion occurred on the meaning of the words “self-care” and “supports.” As there can be a number of interpretations of these words, definitions were suggested. Concern was expressed that the word “self-care” could be interpreted to mean that the individual would be completely responsible for their care and might not encompass the concept of a system’s approach to care for chronic conditions.

**Areas of focus** — The following comments were received:

- Improved management of pain and chronic conditions. A suggestion was made that the word “management” be changed as it implied maintaining the status quo. The words collaboration, coordination and/or integration might be better choices.
- Reduced medication misuse. A suggestion was made that the word “misuse” be changed to a more positive phrase and be more inclusive, including medication overuse, under use, etc.
- A suggestion was made to add “Improvements of environmental conditions.”

Various strategies were also discussed and included: restructuring the current delivery of health care with respect to management of chronic conditions, development of the infrastructure needed in the management of chronic conditions, integration of service provider expertise with that of the individual and the family, the need for educational supports, improved end-of-life care and planning transitions from chronic



conditions to dying, improved transportation for individuals with disabilities and chronic conditions and improved management of acute episodes for those with chronic conditions.

Readers should note that while end-of-life care is not being addressed as part of the Healthy Aging and Seniors' Wellness Strategic Framework, it is being addressed as part of another initiative being undertaken by Alberta Health and Wellness.

### 3. Optimizing mental, cognitive and physical function

**Outcome goal** — Clarification was suggested to differentiate between mental and cognitive function.

**Overarching strategy** — New programs need to be considered in the overarching strategy. The strategy as written suggested that only existing programs would be strengthened.

**Performance measures** — Concern was expressed that the performance measures were vague and that baseline data were required before any change could be assessed. Concern was also expressed that the performance measures needed input from the areas that would be expected to meet them.

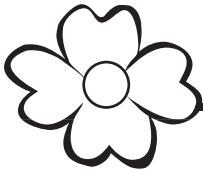
### 4. Engaging with life

**Outcome goal** — Goal was viewed as favourable. However, it was stressed that active living means different things to different people and needs to be individualized in practice.

**Overarching strategy** — The strategy needs to focus on individual preferences and choices. A suggestion was made to change “productive” to “purposeful.”

**Areas of focus** — The areas of focus were viewed as being very good but also as being very broad. Suggestions were made to add opportunities for learning, add purposeful to social interaction and community involvement, include family involvement/interaction, ensure safety of the environment, access to transportation, allow for range of activities including “guilt-free” leisure time.

Readers should note that transportation is viewed as being a strategy and will be addressed by the Supportive Communities Working Group under the Seniors Policy Initiative.



## 5. Examples of “healthy aging and seniors wellness” program initiatives and practices

The following information is taken directly from the report filed by the facilitators with Alberta Community Development with some formatting changes to accommodate inclusion in this report.

### Group 1 — Promoting health and preventing disease and injury

#### A. Help Info Line (Capital Health Authority)

- Health link
- Edmonton
- Telephone Info Line
- Working Well

#### B. Steady As You Go (Falls Prevention)

- various locations
- identifies risks environmental
- increases physical activity
- evaluation shows decrease in risks

#### C. Strengthen Human Rights Legislation

- mandatory retirement — no longer in place

#### D. Continue Strengthening Ethical Business Labor Policies

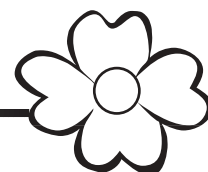
- maternity benefits
- minimum wage

#### E. Friends of Seniors' Foundation

- Calgary
- Intergenerational program students/seniors — long term care
- Growing

#### F. Choice program

- Senior Friendly — business, senior friendly environment
- Edmonton
- Seniors day clinic — support and environment, RHA, meals, medical, socialization



G. Continue to improve public relations regarding value of senior citizens to community and nation

- How is the information going to be used?
- Can we forward a comprehensive list from our organizations?
- 'Health in Action' web-site (a clearinghouse/resource)
- What is a success? Need program evaluations.
- Does this strategy have a web site? If not, need one with hot-links to other organizations.

Ideas

- Web-site (provincial/central)
- Mandate health promotion strategies (Public Health Act)
- Program evaluations (regional capacity/expertise)
- Data driven/surveillance-based initiatives
- Better data collection locally

**Project: Non-Smoking Plebiscite**

Location: Bonnyville

Overview: Bonnyville — non-smoking — restaurants/  
public places

Successes: More residents voted on plebiscite than voted for  
mayor

Contact: Bonnyville Health Unit, Lakeland RHA

**Project: Très Chic Workshops**

Location: Communities across Lakeland RHA

Overview: Self esteem promotion to target teens. Underlying  
focus to decrease smoking rates.

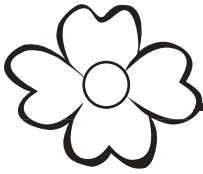
Successes: Increased demand for workshops in rest of region  
(need to address increased numbers in suicide).

Contact: Action for Health, Lakeland RHA

**Project: Flu Immunization**

Location: Health Authority 5

Overview: Involvement of all health care providers to  
administer flu vaccine to patients.



Successes: Increase coverage rate from year to year; Increase efficiency of flu shot coverage.

Contact: Health Authority 5

**Project Name: Smoke Free**

Location: Health Authority 5/Calgary/Edmonton

Brief Overview: No smoking in any health facility and only in designated areas outside

Successes: In Three Hills it was spearheaded by a community person, petition, plebiscite at last election. Voted in favor of smoke-free public facilities for anyone 18 and under.

**Project Name: Ever Active Adults**

Location: Provincial (Alberta Centre for Active Living)

Overview: Project to increase physical activity programming in seniors lodges. Training course developed for activity coordinators. Policy component to develop standards around training of activity coordinators and provision of proper physical activity programming.

Successes: Still in development. Growing demand and interest for training and policy

Contact: Alberta Centre for Active Living

**Project Name: Steady As You Go**

Location: Health Authority 5

Brief Overview: Falls prevention program for seniors.

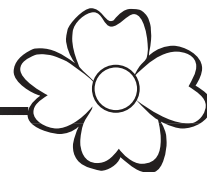
- peer training
- home inspections
- restraint policy in continuing care

Successes: All five sites trained — 20 people became peer trainers. Going for 1.5 years.

Contact: Health Authority 5

**Future Programs**

- Recreation/Physical Activity program targeted to these with dementia
- Funding to enhance current programs that promote physical activity for seniors



### **Current examples**

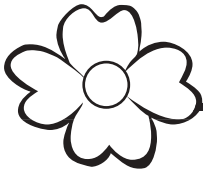
- Strength training for seniors — Edson
- Health Promotion — Westview
- Senior Friendly Grocery Stores — available on Dietitians of Canada Website or Alberta Council on Aging
- Strive for 5 — Simply Healthy Resource Kit, Alberta Cancer Board
- Steady As You Go
- Flu coverage — social gatherings — different regions e.g., David Thompson, Westview; advertising in community papers
- Foot Care Clinics
- Blood Pressure Monitoring in fire halls
- Heartworks Events — Westview
- Seniors Resource Fairs — Medicine Hat
- Be Fit for Life — Medicine Hat
- Gardening Program with Adult Day Program
- In School Mentoring
- Alberta Senior Games
- Breakfast/lunch programs

### **New Ideas**

- Long term planning with builders (retrofit work)
- Elder Hostel — modified
- Use of church community

### **Group 2 — Managing chronic conditions**

- Sub acute — Capital Health Authority
- Best Practice
  - care networks — dementia
  - regional palliative care program
- Volunteer
  - increased capacity
  - banked credit for volunteer hours — on a contract basis

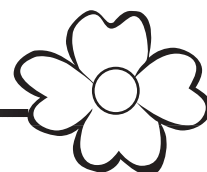


- Caregiver
  - support funding
  - financial
  - flexible
  - respite options
  - tax credit

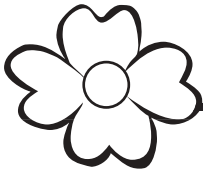
### **Linking**

- community (telephone)
- web site
- regional programs
- University of Calgary Nurse Practitioner program approved
- Developing Regional Model to support cases in care centers — Calgary
- Comprehensive geriatric assessment programs in Edmonton, Calgary, Lethbridge
- Diagnostic/functional social assessment of older persons with multiple chronic conditions
- Senior volunteers to operate a transportation service for minimal fee to take other seniors for appointments — Edmonton Seniors Helping Seniors Program.
- Diabetes education programs as offered in many RHAs
  - not everyone has access
  - not all RHAs have a program
  - not all doctors refer Type II clients
- Prescription checkpoint program — partial prescription supply given until drug shown effective or not. If effective, complete prescription filled and only one dispensing fee charged
- Steady As You Go Program taught in all communities using senior volunteers (trainers) — Peace Health Region
- Primary health initiative in Chinook Health Region (Crowfoot) re: teams of providers, funding, info system
- Strengthened regional palliative care teams — Capital Health Authority (consult model)



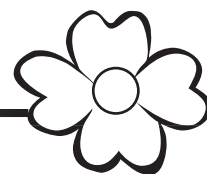


- Complex Primary Care Teams
  - fast track Environmental Health Services Regulations under *Public Health Amendment Act* for Nurse Practitioners in other settings than rural and remote — e.g., home care, continuing care
  - align funding and other incentives with innovative care team partnerships
- CHOICE Program – wide range of services in Capital Health Authority for frail elderly
- Senior Drug Profile (provincial)
- STAR — Short term assessment and rehabilitation (3 months)
  - Peace Health Region
- Use of special interest groups to develop services with RHAs — i.e., Multiple Sclerosis Societies, Alzheimer's Society — Calgary
- Self managed care model is working but needs to be revisited — Keeweenaw Lakes RHA
- Kerby Center, Calgary, (senior center) is filling gap to provide support in gaps between homecare service and specific needs such as foot care, blood pressure monitoring, blood glucose monitoring
- Flu vaccine program working is far reaching in our region — Capital Health Authority
- Medication administration program in Capital Health Authority Homecare has partnered with pharmacies and developed policy/best practices for improvements in medication assistance.
- Potential for improvement: discharge planning from acute care to community
- Seniors Wellnet (province wide)
  - excellent for tracking medications as prescribed
  - still incidence of human error but overall a strong data base supporting appropriate use

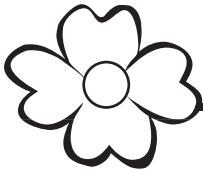


### Group 3 — Optimizing mental, cognitive and physical function

- Co-ordinated access
  - includes assessment team (1 Registered Nurse, 1 Occupational Therapist)
  - early in assessment, identify needs and appropriate referrals
  - Westview
- Gentle Care Philosophy in Homecare System
  - can identify people sooner with regard to dementia
  - caregivers in home get education to manage behaviors, earlier than before
  - Crossroads Regional Health Authority
- Smoking Cessation Programs
- Community based groups important
  - i.e., Drop-In Centers catch people that “fall between cracks”
- Seniors Wellness Conference
  - organized by seniors
- Tie into other issues that are important — i.e. curling plus senior benefits, sessions on finance
- Senior Friendly
  - empowering seniors to advocate on their own behalf to obtain services that meet their needs (Alberta Council on Aging) e.g., City of Camrose
- Ever Active Adults
  - physical activity and policy development program
  - education program for activity lodge coordinators through Alberta Centre for Active Living
- Regular review of medications
  - empowerment of seniors to get medications, review education
  - includes seniors talking to seniors
  - Contact: Capital Health Authority

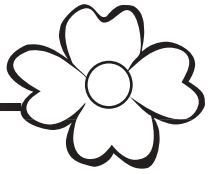


- Steady As You Go
  - prevention of falls
  - Contact: Capital Health Authority
- Fit For Life
  - resistance training program for elderly — Province Fitness Unit — University of Alberta
- ARMS
  - program to provide help with affordable home repairs, to keep seniors in homes longer (Edmonton Retired/Semi Retired)
- Ambulatory Geriatric Assessment Clinics
  - available in hospitals — University of Alberta, Misericordia, Royal Alexandra, Grey Nuns, Glenrose
- Computers in seniors lodges for resident use/enjoyment
- Enhanced/supportive housing
  - care options — partnerships are working!
- 1-800 number — coordinates transportation services in rural area (Beaver County)
- Provincial role
  - to encourage/facilitate initiatives for accessible transportation options (municipal and provincial cooperation)
- Playground set in lodge common area
  - occupies visiting children, residents enjoy just watching kids at play
- Deal with transportation and socialization issues when looking at programs
- Ask people what they want and follow through!!!
- ASCRA — Alberta Senior Citizens Recreation Association
- Alberta Senior Games every second year
  - in off years, we support other games, workshops for new games where requested, programs e.g., cross ministry and Alpine Skiing — Calgary, hockey in Edmonton, parlour games as well as physical activities, creative writing/arts and crafts competition, adapted rules, instruments which allow people to continue to participate (curling delivery stick)

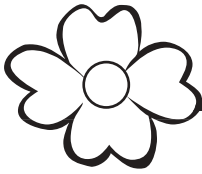


#### Group 4 — Engaging with life

- Seniors For Seniors Group — Three Hills
  - advocate — assist seniors to navigate the system etc.
  - educate (speak to schools — all ages)
  - volunteer and get others to volunteer
- Action for Health Grants to RHAs
  - a number used for grants to seniors' groups e.g., newsletters, peer support groups, education campaigns
- In addition to our senior's wellness program we host movie nights at senior's centers (they pick the movie), we bring the snacks (has been well attended).
- We utilize a large number of seniors as volunteers (flu clinics, babysitters, drivers)
- We have hired seniors in retirement to come back into nursing
- Caregiver support (dementia)
  - seniors giving support to seniors
- Driving succession support group
  - seniors giving support to seniors
- “Date and Mate” service
  - sharing home with new partner decreased emphasis on ailments and renewed connection with love, laughter and life
- Seniors advocate for seniors e.g., services, appropriate care, homeless
- Adult Day Support Programs — old idea with good results
- Recreation Coordinator in Senior Lodges (suggestion to be expanded to senior's apartments and individual homes)
- Senior Centres — smaller communities it appears to work well
- Adopt a grandparent in schools
- Family dances for all generations
- Story Book (as sponsored by Family and Community Services) — individual experiences or histories
- Peer Support Groups
- Lifestyle of Hutterite colonies/culture diversity — tell stories



- Seniors Legislature
  - Leadership group to impact policy (empowerment) — (Seniors Advisory Council)
- Opportunities for physical activity
- Opportunity for learning (university/college)
  - audit or take courses
- Challenge: these “good examples” are critically based on transportation resources
- “Golden Years Society” in Fort McMurray fund-raised and built the Golden Years Society Center which has a multitude of social opportunities including weekly lunches (pot luck), health presentations for seniors etc.
- In Three Hills, seniors organization purchased a bus, which makes regular trips to Red Deer (larger center) for shopping, medical appointments and other outings (conferences etc.)
- In Vermilion, seniors organization has formed a “dance club” which entertains throughout the region
- Laurier House Resident’s Council Edmonton totally involved in service delivery at their center
- Camrose and others have adopted “Senior Friendly” policy: sidewalks accessible, housing lots priced manageably for seniors (\$25,000)
- Okotoks half-finished community center now being used by seniors and youth groups who are actively fund-raising to complete construction
- Local senior in Fort McMurray provides education throughout school system re: local flora/fauna, wildlife. Led “community garden” initiative which now flourishes locally



## Appendix C Description of Areas of Focus

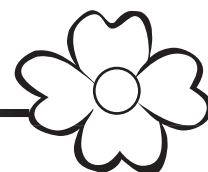
A brief description of each area of focus in the Healthy Aging and Seniors Wellness Strategy Framework follows. This description is intended to facilitate a common understanding among stakeholders when pursuing strategies and developing performance measures.

Note: Asterisked (\*) areas of focus have also been identified as priorities for implementation.

Area of focus	Description
<b>Healthy eating practices*</b>	Dietary patterns that provide the amounts of nutrients needed by the body while reducing the risk of disease. Common recommendations include at least five servings of fruits and vegetables per day, achieving and maintaining a healthy body weight, ensuring the presence of essential nutrients, obtaining less than 30 per cent energy as fat (less than 10 per cent from saturated fatty acids), obtaining 55 per cent of energy from carbohydrates, reduce the intake of sodium, caffeine, and alcohol (less than 5 per cent total energy). <sup>1</sup>
<b>Smoking cessation*</b>	Initiatives to stop smoking. Various cessation methods are available including self-help programs and products, counseling and formal support programs, drug therapies and a variety of other non-drug therapies.
<b>Prevention of injuries from falls*</b>	Falls were the second leading cause of injury-related deaths to seniors aged 65 and greater accounting for 16 per cent of all injury-related deaths in this age range. Seventy-two percent of all injury related hospitalizations to people aged 65 and greater were due to falls. That number increased to 84 per cent in the 85 and greater age range. <sup>2</sup> Various falls prevention strategies are aimed at preventing the number and/or reducing the severity of falls.

<sup>1</sup> Young, T. Kue. 1998. Population Health. Concepts and Methods. New York: Oxford University Press.

<sup>2</sup> Alberta Centre for Injury Control and Research. <http://www.ualberta.ca/acicr/pages/facts/sfalfact.htm>. Accessed 17 January 2002.

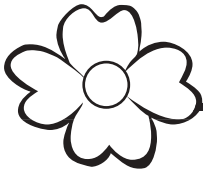


Area of focus	Description
<b>Early detection of chronic diseases</b>	Early detection refers to screening procedures to detect the onset of a disease process before it is too late for effective treatment to succeed. <sup>3</sup> Screening procedures may be directed at specific diseases and target groups, for example, mammography for the early detection of breast cancer in women. Chronic diseases refer to those diseases persisting one year or longer.
<b>Vaccine-preventable diseases*</b>	Infectious diseases that are preventable through immunization with available vaccines such as diphtheria, haemophilus influenza, measles, meningococcal disease, mumps, pertussis (whooping cough), poliomyelitis, rubella, tetanus.
<b>Management of chronic pain</b>	Chronic pain may be viewed as a disease in and of itself as it persists over long periods of time and can be made much worse by environmental and psychological factors. The goal of pain management is to improve function, enabling individuals to participate in their day-to-day activities. Various types of treatment may be pursued including drug therapies, alternative therapies, physical therapy and rehabilitation, psychotherapy, and surgery. <sup>4</sup>
<b>Management of chronic conditions*</b>	Chronic conditions or diseases refer to those diseases and illnesses that are prolonged (persisting for one year or longer), do not resolve spontaneously, and are rarely cured completely. <sup>5</sup> Various approaches may be taken to effectively manage chronic conditions depending on the nature and severity of the condition.

<sup>3</sup> Young, T. Kue. 1998. Population Health. Concepts and Methods. New York: Oxford University Press.

<sup>4</sup> National Institutes of Neurological Disorders and Stroke. [http://www.ninds.nih.gov/health\\_and\\_medical/pubs/chronic\\_pain\\_htr.htm](http://www.ninds.nih.gov/health_and_medical/pubs/chronic_pain_htr.htm). Accessed 17 January 2002.

<sup>5</sup> National Centre for Chronic Disease Prevention and Health Promotion. <http://www.cdc.gov/nccdphp/about.htm>. Accessed 17 January 2002.



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Area of focus	Description
<b>Medication use*</b>	Use of prescription and over-the-counter drugs. Particular attention is given to inappropriate use of medications, which is defined as the over-or under-provision or use of prescription and over-the-counter medications or the provision and use of medication when some other approach would be healthier. Other problems include the impact of mixing of prescription and over-the-counter drugs and mixing alcohol and medications. <sup>6</sup>
<b>Physical functioning</b>	Capability to carry out physical functions associated with independent living. <sup>7</sup> Such functions include activities of daily living such as dressing, using the bathroom and eating and instrumental activities of daily living such as meal preparation, light housework, shopping, using telephone, managing finances, managing medications, and transportation/traveling. Other areas of physical functioning include walking, driving, carrying items, reaching, and bending over, etc.
<b>Active living practices*</b>	Active living means including physical activity and fitness in people's daily lives. Physical activity is any body movement involving large muscle groups that substantially increases resting energy expenditure. This body movement can include active physical leisure, exercise, sport, work and household chores. <sup>8</sup>

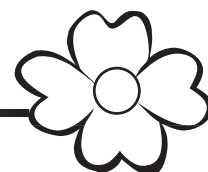
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<sup>6</sup> Health Canada. Partners for Action: A Canadian Workshop on Seniors and Medication, Alcohol and other Drugs. <http://www.hc-sc.gc.ca/hppb/alcohol-otherdrugs/pub/partners/appendb.htm>. Accessed 08 October 2001.

<sup>7</sup> Alberta Health and Wellness. (November 2000). Continuing Care Outcomes Project: The Alberta Continuing Care Minimum Data Set Initiative. Appendix L: Alberta Continuing Care Minimum Data Set Element Definitions.

<sup>8</sup> The Alberta Centre for Active Living. <http://www.centre4activeliving.ca/facts.htm>. Accessed 17 January 2002.





Area of focus	Description
<b>Mental functioning</b>	Includes both mental health status and cognitive abilities. Mental health status may refer to a state in which a person is able to fulfill an active functioning role in society, interacting with others and overcoming difficulties without suffering major distress, abnormal or disturbed behaviour. <sup>9</sup> Cognitive abilities refer to a person's ability to remember, think coherently and organize daily self-care activities. <sup>10</sup>
<b>Depression*</b>	A combination of multiple symptoms, both psychological and physical that may last for months, affect a person's ability to function in daily life and usually doesn't go away on its own. Treatment may involve counseling and/or psychotherapy and antidepressant medications.
<b>Addictions*</b>	Addiction may refer to dependence of two types: physical and psychological. Physical dependence is generally characterized by continued, compulsive use in spite of negative physical outcomes, withdrawal symptoms, and increased tolerance. Psychological dependence is usually described as a mental and emotional preoccupation with a drug or activity so that it becomes the central focus for one's life. <sup>11</sup>
<b>Social interactions*</b>	May refer to social functioning, which addresses limitations in usual roles, integration, contact and intimacy. Contact includes behaviours with others and intimacy includes perceived feelings of closeness. <sup>12</sup>
<b>Community involvement*</b>	Involvement may refer to integration, which includes participation in community life. <sup>13</sup>

<sup>9</sup> Donaldson and Donaldson. 1993. Essential Public Health Medicine.

<sup>10</sup> Alberta Health and Wellness. (November 2000). Continuing Care Outcomes Project: The Alberta Continuing Care Minimum Data Set Initiative. Appendix L: Alberta Continuing care Minimum Data Set Element Definitions.

<sup>11</sup> <http://members.tripod.com/health10/addiction1.html>. Accessed 18 January 2002.

<sup>12</sup> Young, T. Kue. 1998. Population Health. Concepts and Methods. New York: Oxford University Press.

<sup>13</sup> Ibid.

