

Active Living - An All Seasons Affair • Volume 1 | Number 3 | March 2007



Kingston Community Health Centres



Kingston Community Health Centres (KCHC) first opened its doors in 1988 at the North Kingston Community Health Centre in an under serviced area of the city. Some of the first members to join the new centre were seniors who wanted to stay connected with their community. A social group was formed and soon a physical activity program was up and running three times a week with a yearly speaker's series, and an outreach cooking program for isolated seniors. Senior volunteers are an integral part of the programs filling the roles of co-facilitators and instructors. Over the years the focus has been on safe healthy aging through active living, healthy eating, falls prediction and prevention, and social and civic engagement. Senior members of the KCHC opportunities for sport and recreation including indoor shuffleboard at three locations, two indoor winter walking programs, line dance demonstrations at health fairs and special community events as well as an intergenerational knitting program with grade 4/5 students. www.kchc.ca

Seniors and Addictions: A bad gamble

Bulletin of the National Advisory Council on Aging

What is an "addiction"?

An addiction usually occurs in stages. It often begins with a "sense of need" - a psychological dependence. For example, the use of a specific substance to help relax, forget problems, socialize and alleviate physical pain places a person at high risk of developing an addiction. When an occasional need to consume a substance becomes a habit, a physical dependence often develops with signs of physical withdrawal (for instance, nervousness, irritability, insomnia). If unable to consume the substance, the person may also become

secretive and increasingly preoccupied with thoughts about the substance. People may be unable to consume the substance in moderation or unable to re-take control despite physical, psychological or social harm to themselves or others.

Despite disagreements among experts in the field of addictions research concerning the origin of addictions, recent models of addictions have expanded their definitions to include excessive, unhealthy behaviour - such as compulsive gambling - in addition to that of chemical substances.

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Seniors and addictions

Smoking Drugs Alcohol Gambling

Why seniors?

Irrespective of education, intelligence or social status, seniors are more vulnerable to addictions because of health issues, isolation, loneliness, and other factors.

Example

Casinos can be very appealing to older women. The friendly service and safe environment may make them feel comfortable even if they are alone. Compared to older men who mostly gamble for excitement, pleasure and financial gain, many senior women gamble to reduce social isolation and escape problems. For Aboriginal seniors, some researchers believe there may be a link between unreconciled cultural loss and additions. For example, in Kanawake, Quebec, alcohol was rated as one of the major problems facing First Nations seniors. In turn, this raises particular concerns, as many Aboriginals suffer from diabetes.

For more information

Alcoholics Anonymous. The Big Book, 2006 Available online: www.aacanada.com/bb.html

Centre for Addiction and Mental Health.
Responding to Older Adults with Substance Use,
Mental Health and Gambling Challenges.: A Guide
for Workers and Volunteers. Toronto 2006

Health Canada. Tobacco Control Program. *On the Road to Quitting - Guide to becoming A Non-Smoker*. Ottawa 2003

Lemay, A. et al.. Betting on Older Adults: A Problem Gambling Prevention Clinical Manual for Service Providers. Sault Area Hospital, St. Joseph's Care Group, Centretown Community Health Centre, 2006

ALCOA Welcomes New National Executive Director



We are very pleased to announce the appointment of Dianne Austin. Dianne has prior experience as the C.E.O. of a Community Living agency and as E.D. of a Big

Brothers/Big Sisters agency. She is no stranger to the public arena having held elected office as a Reeve, County Councillor and School Board Trustee. She also believes strongly in the strength brought to agencies through their volunteers and has volunteered herself for numerous organizations at both the local and provincial level. She brings to ALCOA strong skills in the area of marketing, fundraising, grant writing, and overall agency management. Dianne states, "I am looking forward to working with all of our partners in achieving ALCOA's Vision of a society where all older Canadians are leading active lifestyles and thereby contributing to their physical and overall well-being. Together we will achieve success!"

quote of the day

"To handle yourself, use your head. To handle others, use your heart."
-author unknown-



66

Hs we laughed she cleared her throat and began,
"We do not stop playing because we are old; we grow old because we stop playing. 99

The first day of school our professor introduced himself and challenged us to get to know someone we didn't already know. I stood up to look around when a gentle hand touched my shoulder.

I turned around to find a wrinkled, little old lady beaming up at me with a smile that lit up her entire being. She said, "Hi handsome. My name is Rose. I'm eighty-seven years old. Can I give you a hug?"

I laughed and enthusiastically responded, "Of course you may!" and she gave me a giant squeeze. "Why are you in college at such a young, innocent age?" I asked.

She jokingly replied, "I'm here to meet a rich husband, get married, and have a couple of kids". "No seriously," I asked.

I was curious what may have motivated her to taking on this challenge at her age. "I always dreamed of having a college education and now I'm getting one!" she told me.

After class we walked to the student union building and shared a chocolate milkshake. We became instant friends. Every day for the next three months we would leave class together and talk nonstop. I was always mesmerized listening to this "time

machine" as she shared her wisdom and experience with me.

Over the course of the year,
Rose became a campus icon and
she easily made friends wherever
she went. She loved to dress up
and she reveled in the attention
bestowed upon her from the other
students. She was living it up. At
the end of the semester we invited
Rose to speak at our football
banquet. I'll never forget what she
taught us. She was introduced
and stepped up to the podium.
As she began to deliver her
prepared speech, she dropped her
three by five cards on the floor.

Frustrated and a little embarrassed she leaned into the microphone and simply said, I'm sorry I'm so jittery. I gave up beer for Lent and this whiskey is simply killing me. I'll never get my speech back in order so let me just tell you what I know." As we laughed she cleared her throat and began, "We do not stop playing because we are old; we grow old because we stop playing. There are only four secrets to staying young, being happy and achieving success. You have to laugh and find humor every day. You've got to have a dream. When you lose your dreams, you die.

We have so many people

walking around who are dead and don't even know it! If you are nineteen years old and lie in bed for one full year and don't do one productive things, you will turn twenty years old. If I am eightyseven years old and stay in bed for a year and never do anything I will turn eight-eight. Anyone can grow older. That doesn't take any talent or ability. The idea is to grow up by always finding opportunity in change. Have no regrets. The elderly usually don't have regrets for what we did, but rather for things we did not do. The only people who fear death are those with regrets." She concluded her speech by courageously singing "The Rose."

She challenged each of us to study the lyrics and live them out in our daily lives. At the year's end Rose finished the college degree she had begun all of those years ago. One week after graduation Rose died peacefully in her sleep. Over two thousand college students attended her funeral in tribute to the wonderful woman who taught be example that it's never too late to be all you could possibly be.

Remember, growing older is mandatory, growing up is optional.

Percentage of persons who are active, moderately active or inactive, by age group, 2003

Excerpt taken from: A Portrait of Seniors -Statistics Canada

In 2003, 27% of men aged 65 to 74 were considered physically active in their leisure time, almost identical to the proportion of men in the 25 to 54 age group (26%). In contrast, a slightly greater proportion of women aged 25 to 54 (22%) than aged 65 to 74 (17%) were active.

After people reach their mid-70s, physical activity levels decline significantly. Two-thirds of individuals in the 75 and over age group were physically inactive, compared to half of people in the 25 to 54 age group. For many seniors, this decline in physical activity is a consequence of the onset of some disability or limitation.

A higher proportion of men than women are physically active. A striking observation is that the proportion of men aged 75 and over who were active (20%) was almost identical to the proportion of active women in the 25 to 54 age group (22%). And the proportion of men in the 65 to 74 age group who were either active or moderately active (53%) was greater than the proportion of active women in the younger age group (48%).

On a provincial basis, seniors in British Columbia were the most physically active (Table 2.1.14). One possible reason for higher level of physical activity in British Columbia is the more clement weather, which makes physical activities like walking for exercise or gardening easier to accomplish.

Arts 'defeat stigma' of mental illness

by Charles Enman

The arts can be a powerful tool in helping people with mental illness and in combating the stigma that is too often

associated with mental problems, the Canadian ambassador to the United States told a roundtable yesterday at the National Arts Centre.

"Artists can play a powerful role in advancing the quality of care and support for the mentally ill", Michael Wilson told the NAC's Roundtable on Mental Health and the Arts. "You can do much to help defeat stigma - to help generate understanding, acceptance and support."

Mr. Wilson, perhaps best known to Canadians as the long-serving minister of finance in the Mulroney government, called out for "a world where understanding and acceptance of mental illness are routine, not rare, and where stigma and discrimination are rare, and not routine."

The roundtable was attended by leaders in the medical and social policy fields, as well as arts supporters and senior policymakers, including Diane Ablonczy, parliamentary secretary to the minister of Finance and Steven Fletcher, parliamentary secretary to the minister of Health.

Mr. Wilson noted that he has served since 2000

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as honorary chairman of the Global Business and Economic Roundtable on Mental Health, a Canada-based organization that seeks to promote awareness of the economic effects of mental illness.

Mr. Wilson pointed out that mental disorders cost Canada an estimated \$33 billon a year in lost economic production. Half of all illnessrelated absences from work are due to some form of mental illness.

Of the 4,000 Canadians who kill themselves each year, 90 per cent are suffering from depression, Mr. Wilson said.

Artists have much to contribute to the alleviation of mental illness and to the stereotypes associated with it, he said.

"Let your voice be heard to combat this stereotyping," the ambassador said.

> "Mental illness, some say, is a flaw of character, a figment of the imagination or a sign of human weakness - but all of this is untrue."

> > Researchers now know that mental illness is a brain disorder with physical properties. "Mental illness can depress our Limmune system, increase the risk of heart attack and compound the effects of arthritis," Mr. Wilson said. "There is nothing imaginary about those."

Another stereotype, propagated in film,

television and newspapers, connects mental

illness with a propensity to violence, which again is untrue, Mr. Wilson said.

Artists and arts institutions can play an important role in correcting these misconceptions by "projecting the real face of

mental illness."



Dr. David Goldbloom of the University of Toronto's psychiatry department discussed recent findings connecting brain structure with creativity. He said researchers are just now reporting the first candidate genes for creativity.

during their lives, including schizophrenia, depression, bipolar disorder or addiction.

Dr. Bin Hu of the University of Calgary's Hotchkiss Brain Institute described his research in the use of music in treating Parkinson's disease. He said music does in certain cases provide a temporary easing of the freezing of muscle action that inhibits the walking of many patients.

The NAC holds roundtables each year in tandem with the National Arts Fall Gala, which raises funds to support the National Youth and Education Trust, the NAG's primary resource for supporting artistic development of young Canadians.

NAC president Peter Herrndorf said a report on the roundtable will be shared with the arts and medical associations across the country.

-Ottawa Citizen

Going to the Farm: Agrotourism and Active Living

By Philippe Markon, Ph.D, ALCOA past Chair and University of Québec professor

fter visiting the museum, the church, the public park, or the restaurant, what else can we offer older adults for tourism activities? Why not a trip to the farm? For the last eight years, we have had many older adults visiting our farm, Ferme Le Beau Markon, on the lles of Orléans near Québec City, for apple U-picks. In fact, people of all ages visit us, from newborns to great-grand mothers. This activity is accessible and reasonably priced. An opportunity to enjoy yourself for few hours, and then go home with a basket of appleswhat could be better?

We are one of the few orchards recognised by Kéroul, an organization in Québec for tourism and culture for people with limited physical abilities. The farm does need further adaptation (a washroom, better access to the orchard and fruit, an adapted basket, for example). However, groups are usually well organised, and when it comes to mobility disabilities, volunteers make the whole difference.

One group that visited was a walking club (average age above sixty), who organized their activity at the farm. This group of seventy participants had an 8 km walk through the orchards, fields, and the sugar bush. They then picked their apples, and completed their activity under the trees with a picnic.

Another group of twenty-five older adults came by bus from a retirement home. About half of the group used wheelchairs or walkers. After the group gathered near the orchard and the picnic tables, some of them picked the apples for themselves or their friends. While part of the group was waiting, they enjoyed feeding the goats and the horses nearby. After that, they ate, participated in a draw, heard a speech about apple growing, and enjoyed the views of the Laurentien Mountains and the Saint Lawrence River. The next day they enjoyed preparing apple pie and compote for other residents at home.

Another group of fifteen volunteers from St-Vincentde-Paul, in Laval, came in to pick up apples for a school in





older adults enjoying their day at the farm

need. It was a typical intergenerational group, and about half were above seventy years old. Within two hours, they harvested more than 2000 pounds of apples. Distributing the apples in the following days also increased their activity level.

What are the benefits of agrotourism? Benefits include fresh air, getting out of the house, sharing a relaxing and active experience, being close to animals, and enjoying healthy fruit. How could an activity like this one be financed? The group from the retirement home had volunteers to help and a drug store donated money for their transportation. Organizations, volunteer associations, and participants may also share expenses. So why not organize an activity for picking blueberries, raspberries, strawberries, or apples in your community?

Excerpt taken from: A Portrait of Seniors - Statistics Canada

Health, stress, leisure: How seniors are faring

While aging is associated with a decline in general health and the onset of different forms of activity limitations, a large proportion of seniors are faring well.

For example, 40% of individuals aged 65 to 74

described their health as very good or excellent in health surveys, and another 37% reported it as good. Among Canadians aged 75 or older, 32% described their health as very good or excellent and 36% described it as good.

Approximately 6 in 10 seniors said their life is not at all stressful or not very stressful, compared to about 3 in 10 people aged 25 to 54. Seniors who say their life is stressful most often attribute this to concerns regarding their own health or the health of a family member.

Levels of physical activity vary across age groups and gender. In 2003, 53% of men aged 65 to 74 were physically active or moderately active, almost the same as men aged 25 to 54 (51%). A smaller proportion of women aged 65 to 74 (42%) were physically active or moderately active.

Rising rates of obesity are evident among Canadians of all ages and seniors are no exception. Between 1978/1979 and 2004, the incidence of obesity among seniors aged 75 or older increased

from 11% to 24%; among those aged 65 to 74, it increased from 20% to 25%.

Cancer and heart disease remain the leading causes of death among seniors, while arthritis/rheumatism and high blood pressure remain the most prevalent chronic conditions.

In leisure time, computer use has become an increasing part of everyday life for many seniors,

as it has for younger Canadians. In 1997, only 3.4% of households headed by a senior had Internet access; by 2004, this had jumped seven-fold to almost 23%.

Between 2000 and 2003, the share of individuals aged 65 to 74 using the Internet more than

doubled from 11% to 28%. The same upward trend was evident among seniors age 75 and older, albeit at a lower level.





Would you like a copy?

Contact ALCOA for a copy of the Research Update on Physical Activity. That is issue # 9, Physical Activity and Coronary Heart Disease.

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