# "Opportunities for Ontario-based Dietitians and Public Policies to Positively Impact Healthy Aging and Age-Friendly Communities."

By:

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May 24, 2018

*Key Issue*:
Population aging is giving rise to
an increasing need for developing and
sustaining age-friendly communities.

# Background:
# Age-Friendly Communities (AFC)

❖ 2007: World Health Organization and international partners developed the *Global Age-Friendly Cities: A Guide* that outlines the framework for creating age-friendly communities

❖ 2013: Finding the Right Fit: Age-Friendly Community Planning Guide launched by the Seniors Secretariat.
http://www.seniors.gov.on.ca/en/afc/guide.php



Finding the Right Fit
**Age-Friendly Community Planning**

ontario.ca/seniors
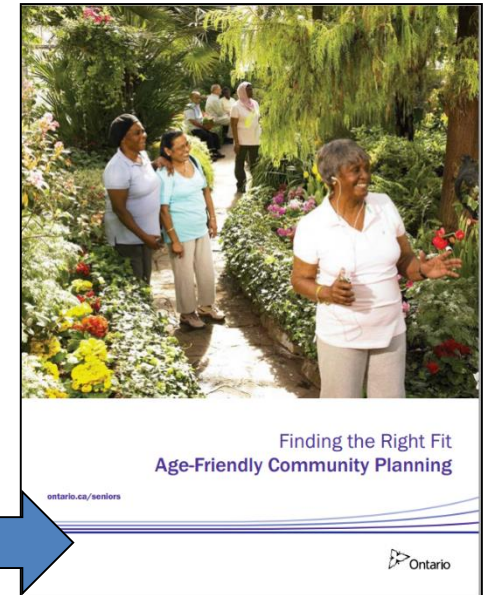
Ontario

# Example Initiative

- The Ministry of Seniors Affairs has partnered with the University of Waterloo, Queens University, Huntington/Laurentian University, the Ontario Interdisciplinary Council for Aging and Health (OICAH) and the Seniors Health Knowledge Network (SHKN) to administer the [Ontario Age-Friendly Communities (AFC) Outreach Program](#).

- This example initiative is designed to help communities increase awareness of age-friendly planning principles, share best practices, and start, continue, evaluate and improve on AFC action plans.

# **8** Essential Dimensions of AFC



- Transportation
- Housing
- Outdoor spaces and buildings
- Social Participation
- Community support and health services
- Age-Friendly Environment
- Respect and social inclusion
- Communication and information
- Civic participation and employment

# **8** Essential Dimensions of AFC



**Physical environment:**
- outdoor spaces and buildings
- transportation
- housing

**Social environment:**
- social participation
- respect and social inclusion
- civic participation and employment
- communication and information
- community and health services

# *Why is an age-friendly community important?*

- Adopting an age-friendly approach <u>means that a community will consider the needs of seniors in the development and implementation of local policies, programs and services</u>.


- If priorities are not defined, communities with a high number of seniors residing within the County of Simcoe will be at greater risk of: poorer health outcomes, augmented poverty levels, lacking sustainable housing, plus, accessibility and transportation needs will not be met.

**Sample Age-friendly Community Project Objectives:**

- To engage stakeholders in our communities to help define the key principles for aging well;

- To collect more detailed information about age-friendly priorities in our communities by conducting a consultative process and facilitating a needs assessment;

**Source: County of Simcoe**

**Sample Age-friendly Community Project Objectives:**

- To increase awareness of communities to help support healthy aging, which will thereby improve the health, well-being, satisfaction and quality of life for seniors residing in our municipality; and

- To incorporate age-friendliness in our communities into the short and long-range strategic planning process.

**9**

**Source: County of Simcoe**

# Sample Nutrition-Oriented Age-Friendly Community Initiatives in Ontario

- Mattawa - Cooking for Seniors - workshops run by chefs and dieticians

- Northeastern Manitoulin & The Islands - Nutrition workshops

- Brantford - Crock Pot Cooking

**Source: Sara Webster, SHKN**
**https://shrtn.on.ca/seniors-health-knowledge-network**

# Sample Nutrition-Oriented Age-Friendly Community Initiatives in Ontario

- South Glengarry - Learn To Project (Workshops on various topics, including nutrition)

- North East LHIN - Promoting "Eat well for life" program and primary care "Nutrition screen"

**Source: Sara Webster, SHKN**
**https://shrtn.on.ca/seniors-health-knowledge-network**

# Why a Focus On The Nutritional Needs of the Aged?

# *SO WHAT ? !*

- **34%** of older Canadians are at nutritional risk, and women more so.

**Source:** Alberta Caregiver College. (2014). *Support for Caregivers of Older Adults: Hydration*.
http://www.caregivercollege.org/scoa/?Hydration.html

**Cited: https://agefriendlyontario.ca/community-care-resources-nutrition**

# Sample Causes of Nutritional Deficiencies Among the Aged

- Increased sedentary lifestyle, and lowered metabolic rate.

**Source:** University of Rochester Medical Center. (2014). *Nutrition Needs in Older Adults*.
http://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=2321

**Cited: https://agefriendlyontario.ca/community-care-resources-nutrition**

# Sample Causes of Nutritional Deficiencies Among the Aged

■ Chronic conditions or disability may affect ability to cook.

**Source:** DiMaria-Ghalili, R. (2012). *Nutrition in the Elderly, Nursing Standard of Practice Protocol: Nutrition in Aging*. http://consultgerirn.org/topics/nutrition_in_the_elderly/want_to_know_more

Cited: https://agefriendlyontario.ca/community-care-resources-nutrition

# Sample Causes of Nutritional Deficiencies Among the Aged

■ Poor oral hygiene.

**Source:** DiMaria-Ghalili, R. (2012). *Nutrition in the Elderly, Nursing Standard of Practice Protocol: Nutrition in Aging*. http://consultgerirn.org/topics/nutrition_in_the_elderly/want_to_know_more

**Cited: https://agefriendlyontario.ca/community-care-resources-nutrition**

# Sample Causes of Nutritional Deficiencies Among the Aged

- Increased deficiency in key vitamins and minerals;

- A reduced sense of taste and smell.

**Source:** University of Rochester Medical Center. (2014). *Nutrition Needs in Older Adults*.
http://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=2321

Cited: https://agefriendlyontario.ca/community-care-resources-nutrition

# Sample Causes of Nutritional Deficiencies Among the Aged

- Difficulty chewing or swallowing;

- A restricted diet for a health condition; eating alone.

**Source:** University of Rochester Medical Center. (2014). *Nutrition Needs in Older Adults*.
http://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=2321

**Cited: https://agefriendlyontario.ca/community-care-resources-nutrition**

# Sample Causes of Nutritional Deficiencies Among the Aged

- ## Loss of appetite;

- ## and medications.

**Source:** University of Rochester Medical Center. (2014). *Nutrition Needs in Older Adults*.
http://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=2321

**Cited: https://agefriendlyontario.ca/community-care-resources-nutrition**

■ Older adults are also at risk for under-nutrition - due to dietary, economic, psychosocial, and physiological factors.

**Source:** DiMaria-Ghalili, R. (2012). *Nutrition in the Elderly, Nursing Standard of Practice Protocol: Nutrition in Aging*. http://consultgerirn.org/topics/nutrition_in_the_elderly/want_to_know_more
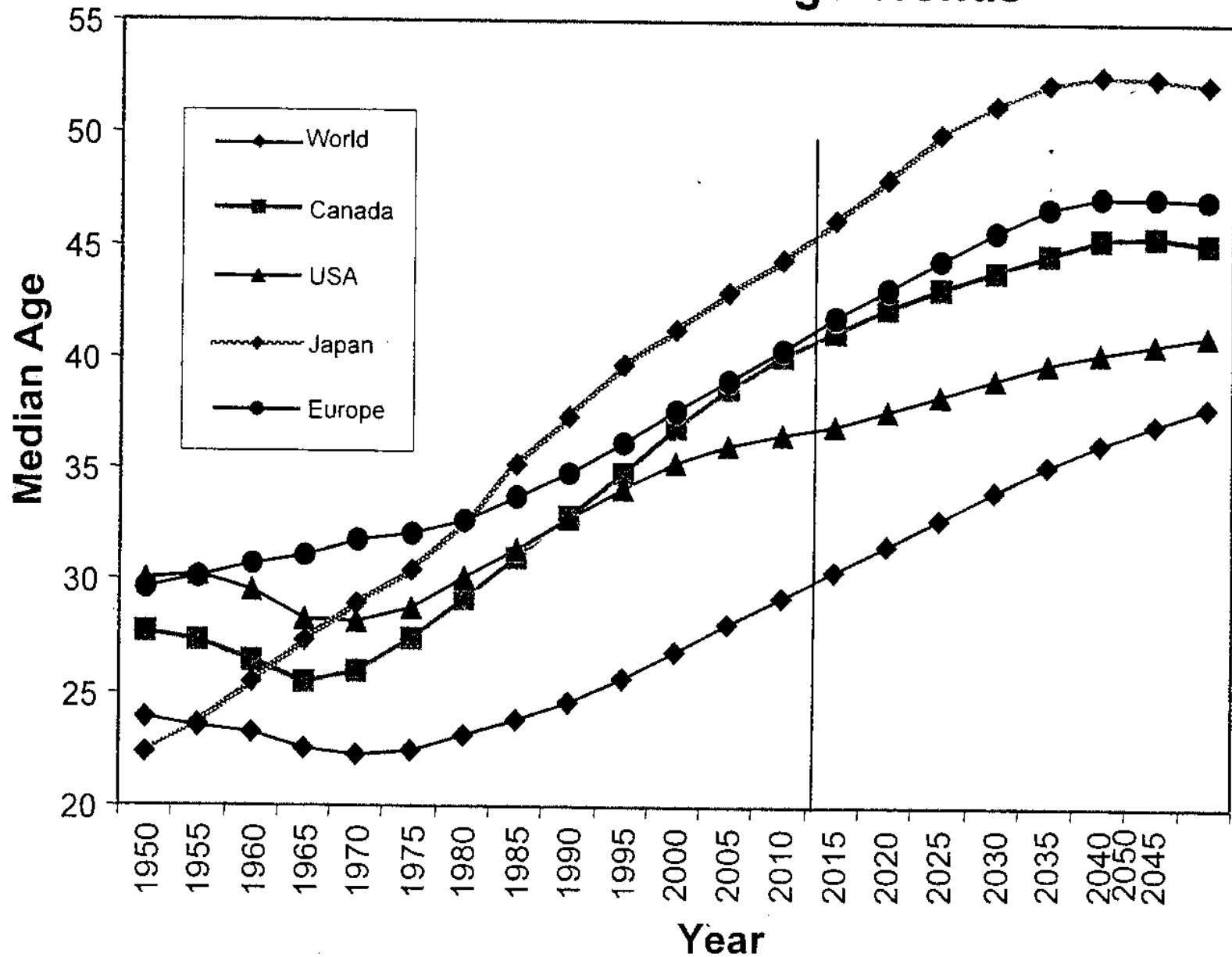
**Cited: https://agefriendlyontario.ca/community-care-resources-nutrition**

Consider as well:

→   →   →

# Population Aging - Factors

- → Declining birth rate (Canadians are having fewer children).

- → Delayed childbirth (as women increasingly enter the work force).

- → Life expectancy is increasing (to 80 +), due to medical advances and improved living standards.

Source: Kenny, N. (2004). *What's Fair? Ethical Decision-Making in an Aging Society*. Research Report F44 – The Change Foundation & The Canadian Policy Research Networks Inc.
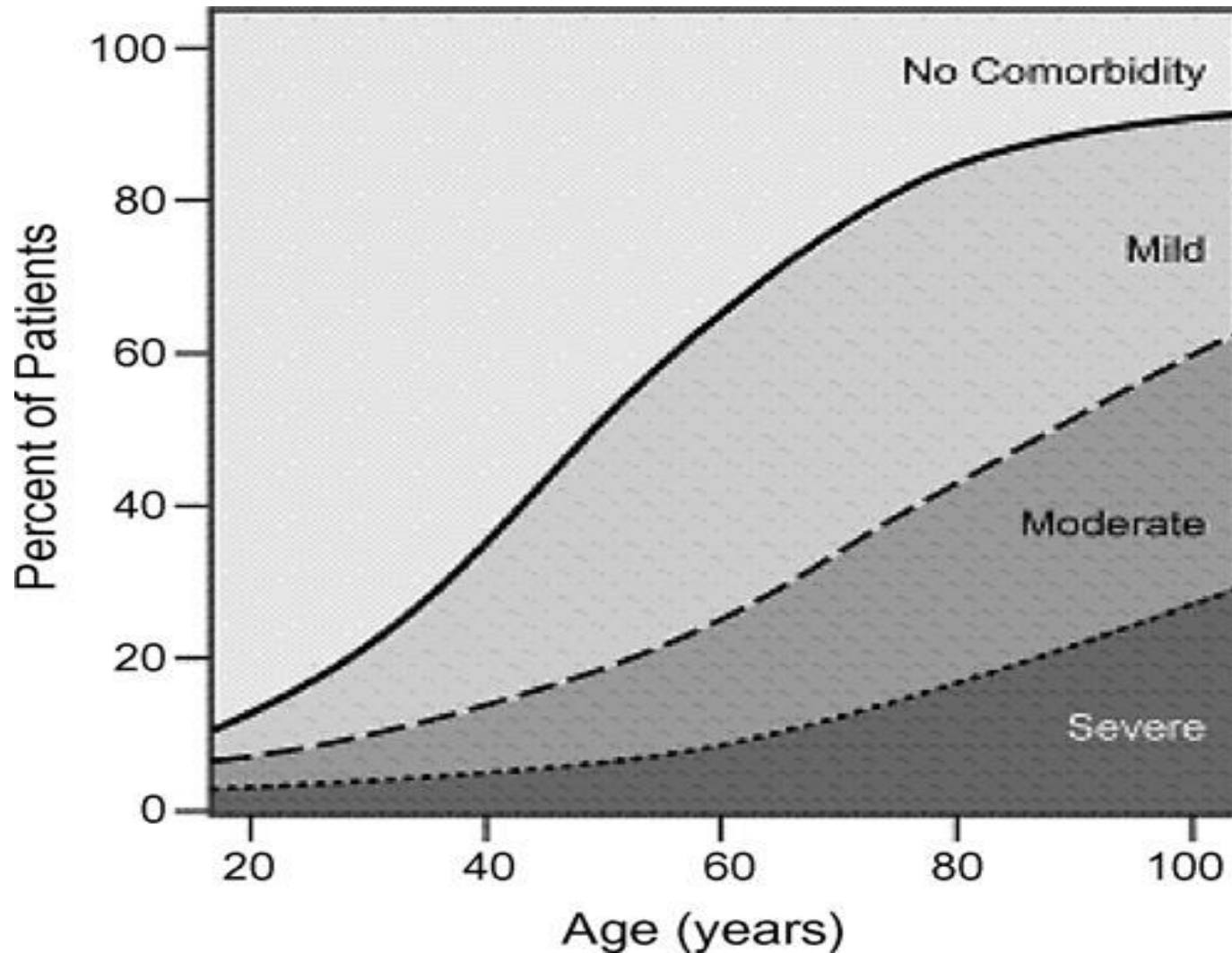
# Global Median Age Trends



Legend:
- World
- Canada
- USA
- Japan
- Europe

Y-axis: Median Age (20, 25, 30, 35, 40, 45, 50, 55)

X-axis: Year (1950, 1955, 1960, 1965, 1970, 1975, 1980, 1985, 1990, 1995, 2000, 2005, 2010, 2015, 2020, 2025, 2030, 2035, 2040, 2045, 2050)

# Population 65+, Canada (1851-2041)
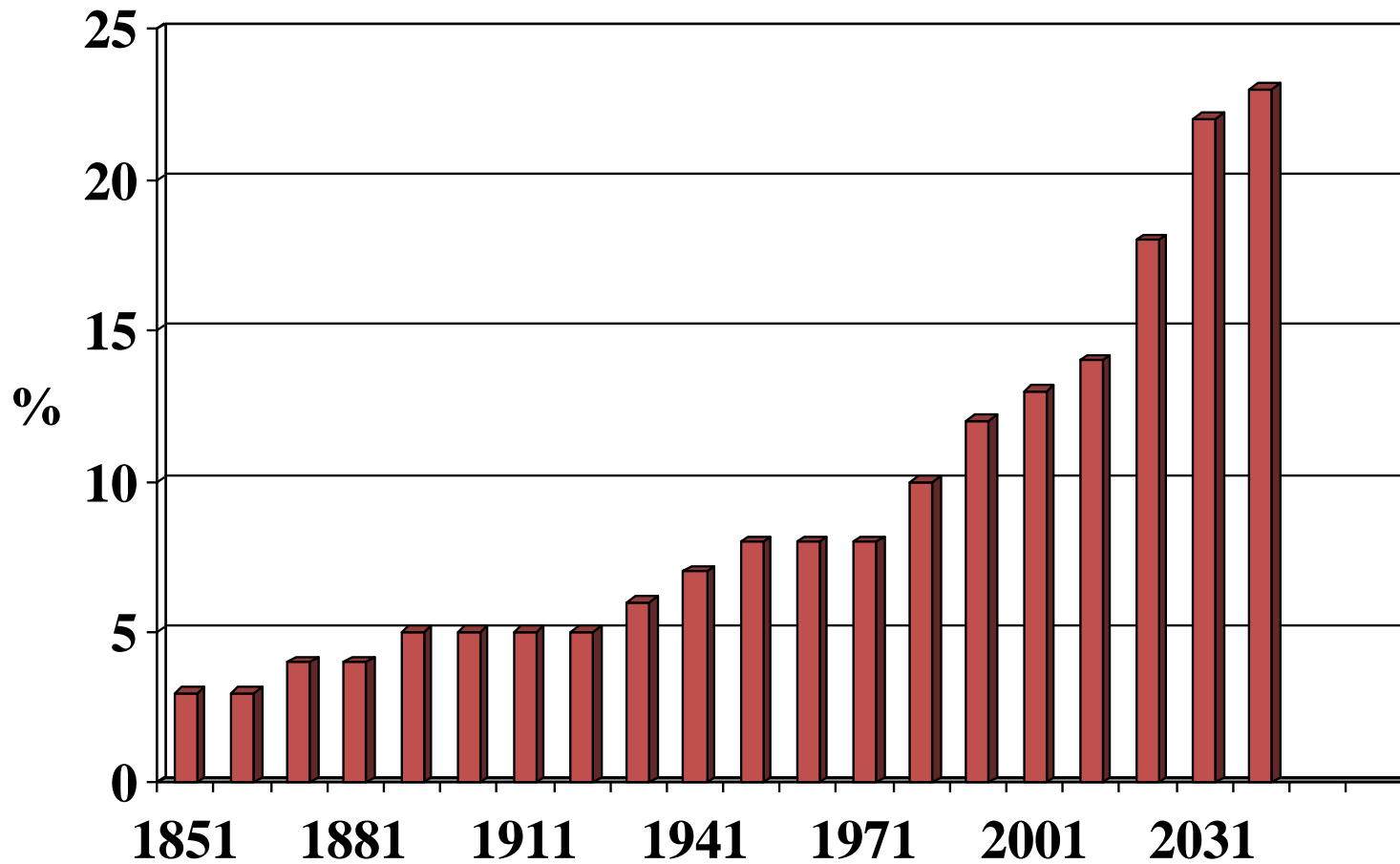
# Patterns of Comorbidity

# *World Demographics*

- At just over 7.1 billion, the population of the world in 2013 is growing at a rate of 1.2 per cent per year.

- All populations in the world are becoming older, in part, as a result of decades of fertility declines worldwide.

- It is anticipated that by 2050 the world will see **21 per cent** of its population being over the age of 60.

**Source: World Health Organization, 2014.**

# *World Demographics*

- The change in **life expectancy at birth** is projected to be from 69 years in 2005–10 to 76 years in 2045–50.

- According to the United Nations, the oldest countries today are Japan, Germany, and Italy, with median ages exceeding 44 years.

**Population projections for the province of Ontario indicate significant projected growth in the age cohorts 60 years and over, as indicated below:**
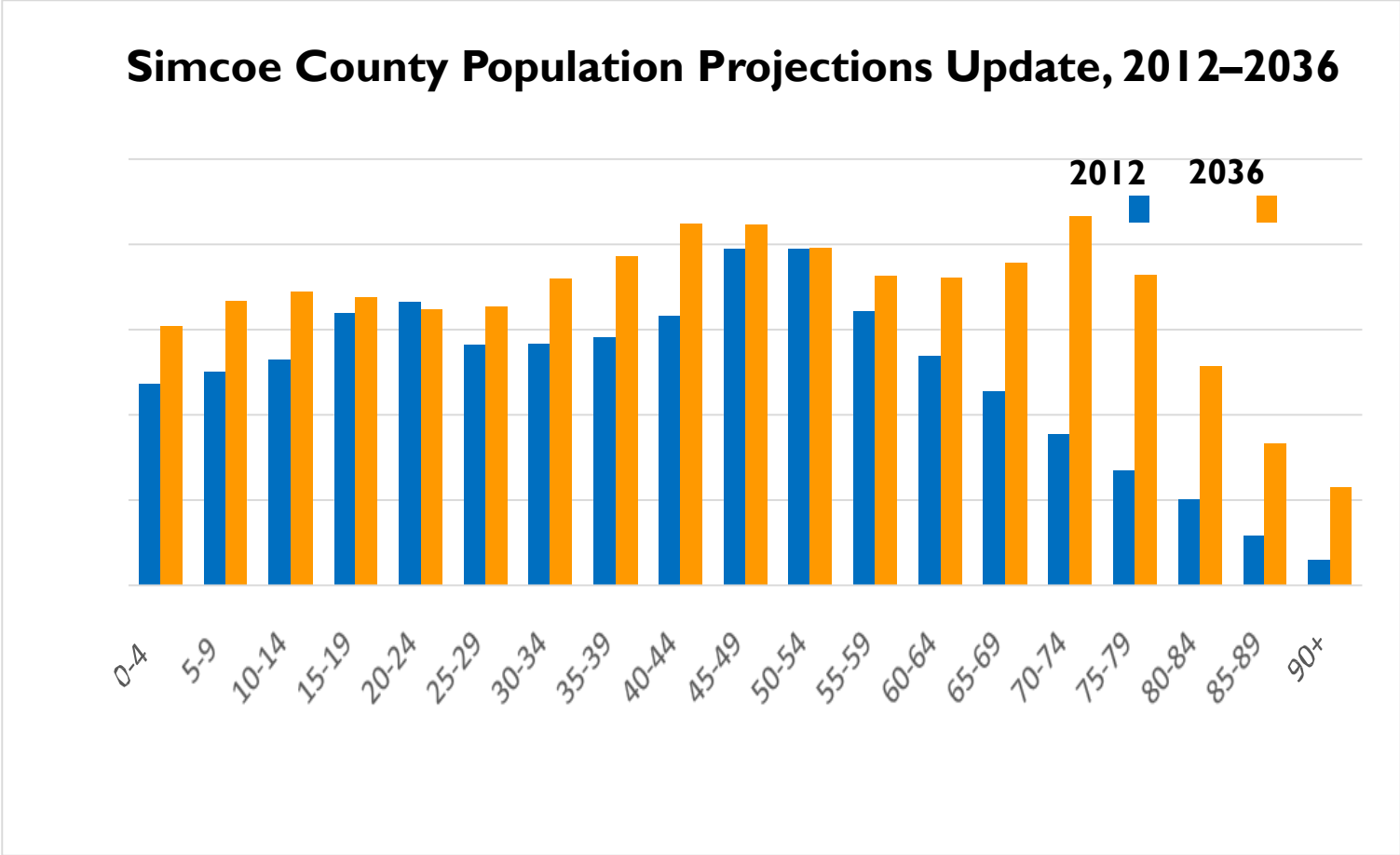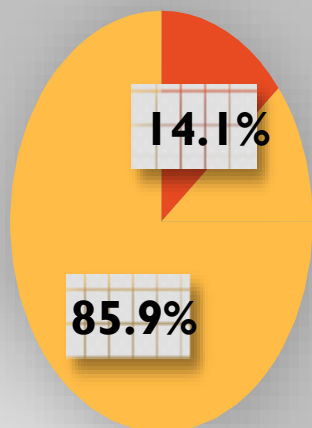


**Simcoe County Population Projections Update, 2012–2036**

# Simcoe County is experiencing rapid aging above national and provincial averages.

## As of 2014:
### Canada
### 14.1%

14.1%

85.9%

- Population 65 years and over
- Population under 65 yrs

## As of 2014:
### Ontario
### 13.9%

13.9%

86.1%
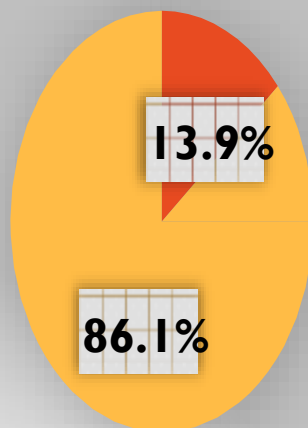
- Population 65 years and over
- Population under 65 yrs

## As of 2014:
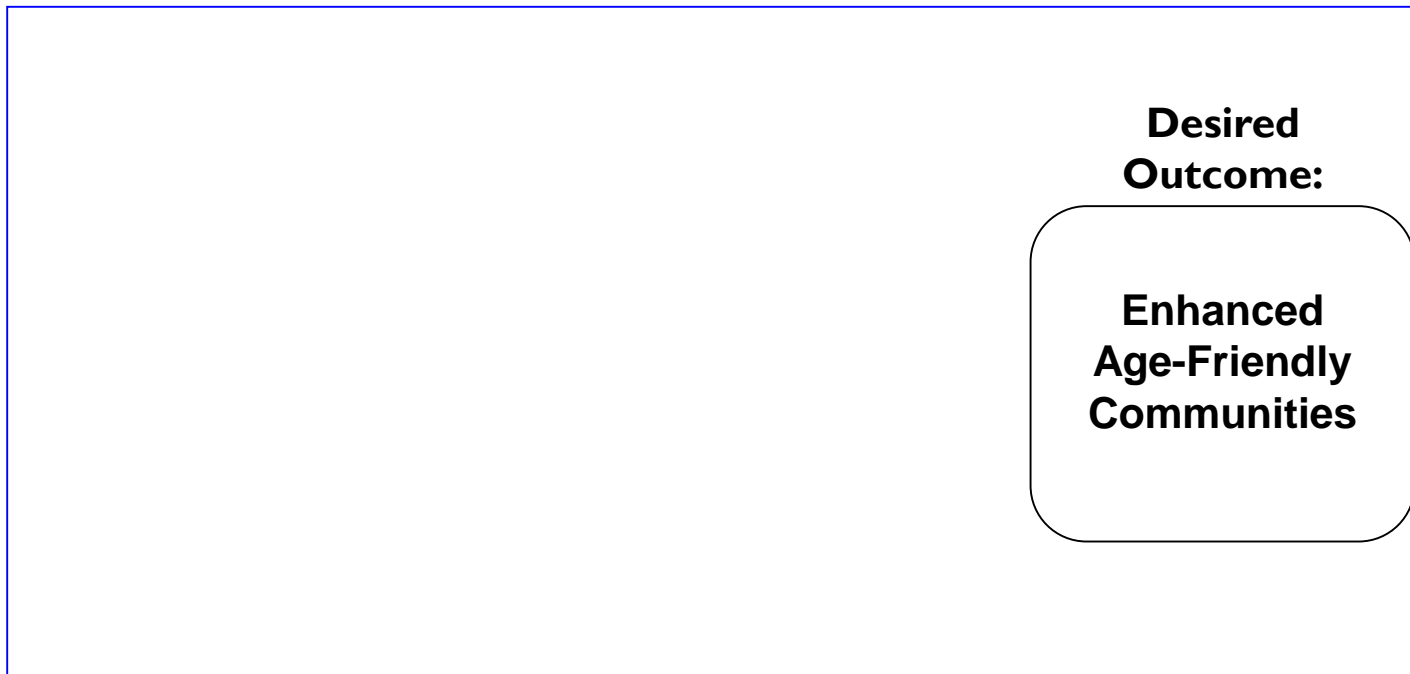### Simcoe County
### 18.3%

18.3%

81.7%
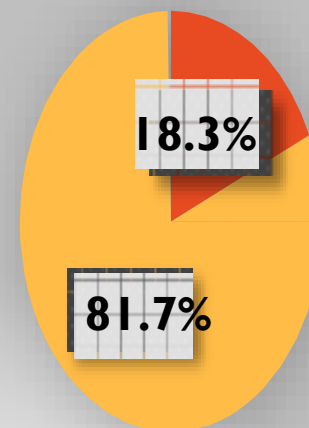
- Population 65 years and over
- Population under 65 yrs

# Towards Achieving an Age-Friendly Community

**Figure 1** Dialectical Strategies to Enhance Age-Friendly Communities

*The Willison Model*

**Desired Outcome:**

**Enhanced Age-Friendly Communities**

# What is 'age-friendly community'?

**An age-friendly community is one where policies, services and structures related to the physical and social environments are designed to support and enable older people to live in a secure environment, enjoy good health and continue to participate fully in their communities.**

**Source: World Health Organization, 2007**

**2**

# The Essence of AFC

- An aged-friendly Community (AFC) is a place where (all) people (the aged for example) may better perceive themselves to be: understood, respected, supported, included and - have choice and control over their day-to-day lives and level of engagement.

**Source: World Health Organization, 2007**

**Figure 1 Dialectical Strategies to Enhance Age-Friendly Communities**
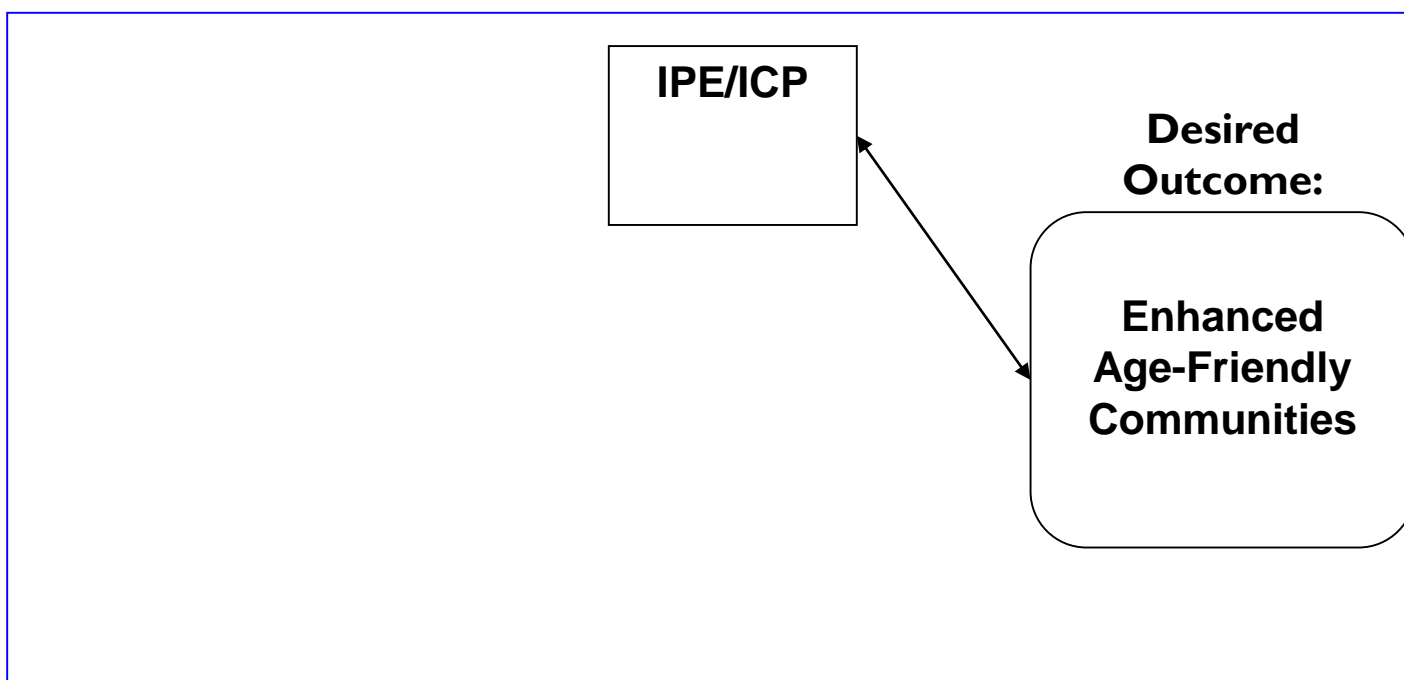
*The Willison Model*



**Legend: KM = Knowledge Mobilization; KT = Knowledge Translation; CBPR = community based participatory research; IPE = Inter-professional Education; ICP = Intercollaborative Practice(s)**

# *Necessary Skills for IPE/ICP*

- Openness
- Communication
- Understand each other's roles
- Develop teamwork/ partnerships.
- Humility
- Equality
- Commitment

- Respect one another's opinions
- Reliability
- Accountability
- Advocacy
- Not afraid to speak up.
- Give and receive constructive feedback.

**Source: from varied sources as reviewed and collated by Kevin Willison**

**Figure 1 Dialectical Strategies to Enhance Age-Friendly Communities**

*The Willison Model*
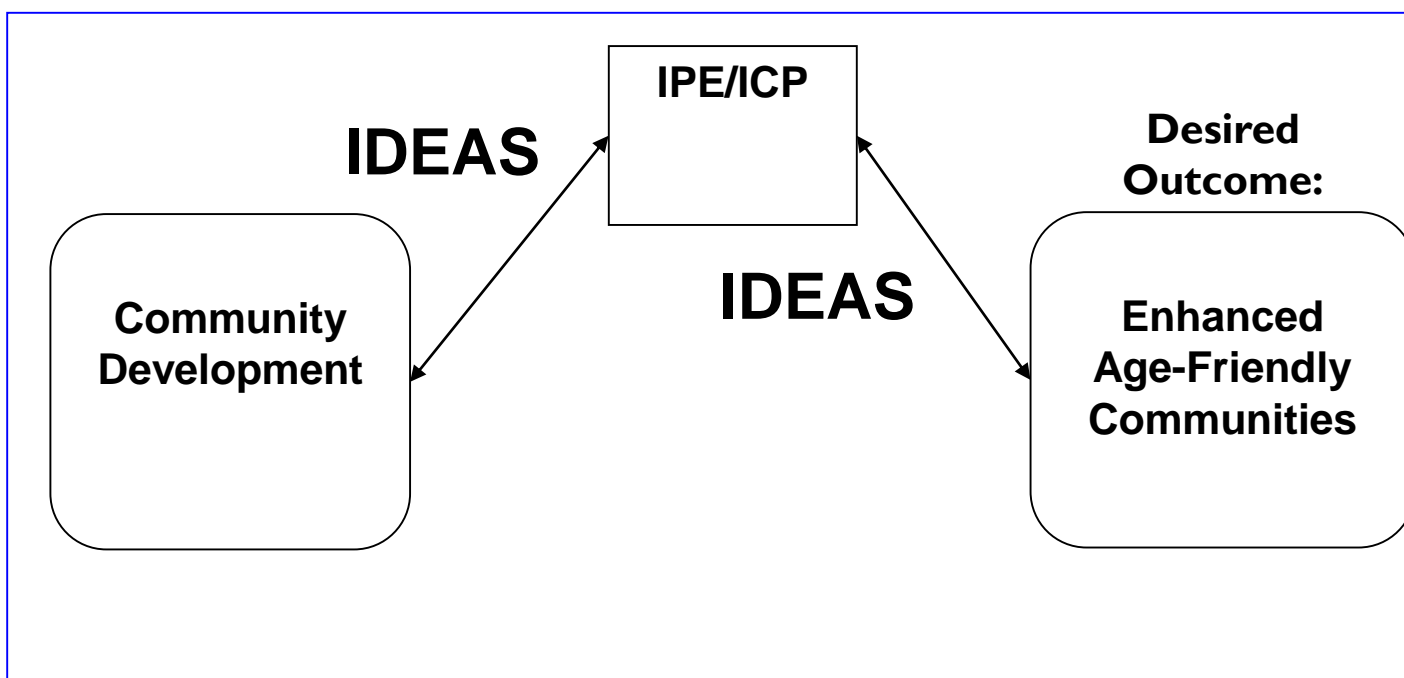
# What is Community Development?

Community development strives for <u>positive change</u> within a given community. It strives to maximize a given community's potential.

# Community Development - Expanded

*  *The potential for CD* expands by involving community participation  - to help (for example) to effectively plan and implement initiatives and programs.

# Community Development - Expanded

- CD may entail a variety of <u>citizen-led efforts</u>, carried out within or on behalf of a community, to define problems, develop solutions, and attract the resources necessary to implement activities that address the identified problems.

# One way to do community development ?

# via CBPR → COMMUNITY BASED PARTICIPATORY RESEARCH

**Figure 1** **Dialectical Strategies to Enhance Age-Friendly Communities**

*The Willison Model*
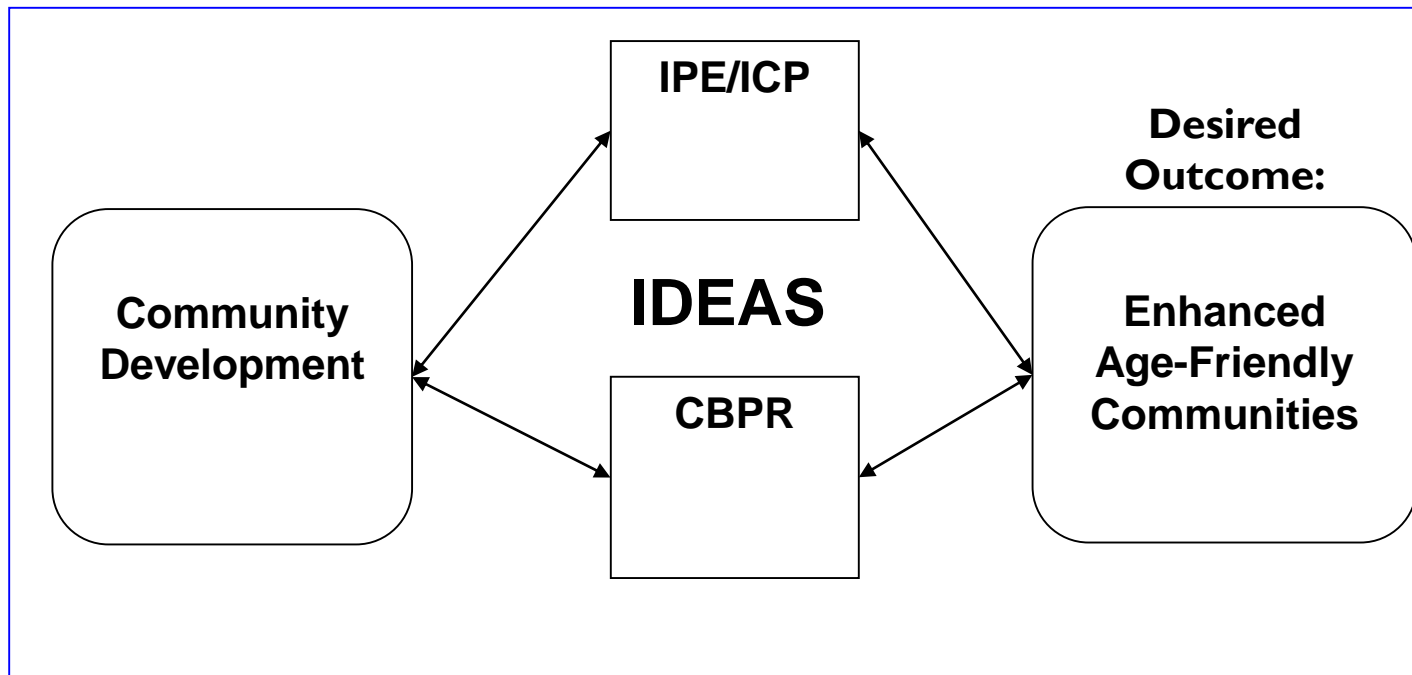
**CBPR**

*involves* & *values* :

EDUCATION (Collaborative)

PRACTICE (Client-Centred)

KNOWLEDGE (Exchange)

# CBPR

- Seeks to build community partnerships.
- Focuses on the perceived needs of a given community.
- Seeks to improve client-centered, holistic intervention.
- Requires community input / participation.
- Seeks to meet actual community needs (by determining actual community needs)

# "Participatory"

- Provides a means for the "voice" of others (who are normally not heard).

- Promotes sharing of (practical) ideas.

- Provides new knowledge (and ideas) about inequalities (how to address such issues).

- Enhances "emancipation."

# "Participatory"

- Community members are provided opportunities to contribute their expertise and/or life experiences. Such information can help others (e.g. the "experts") better understand individual and community needs / concerns.

# Examples of Community Consultation Methodologies

- Host an event that invites community members from different sectors to mingle and brainstorm ideas for age-friendliness;

- Community events/consultations to identify priorities;

- In-person sessions and online surveys;

- Home interviews with older adults who are less likely to participate in mainstream consultations or at risk of isolation;

# Examples of Community Consultation Methodologies

- Feedback sessions with local groups;

- Presentations to local councils;

- Pilot testing of focus group questionnaires;

- Press releases, newsletters, flyers, bulletins;

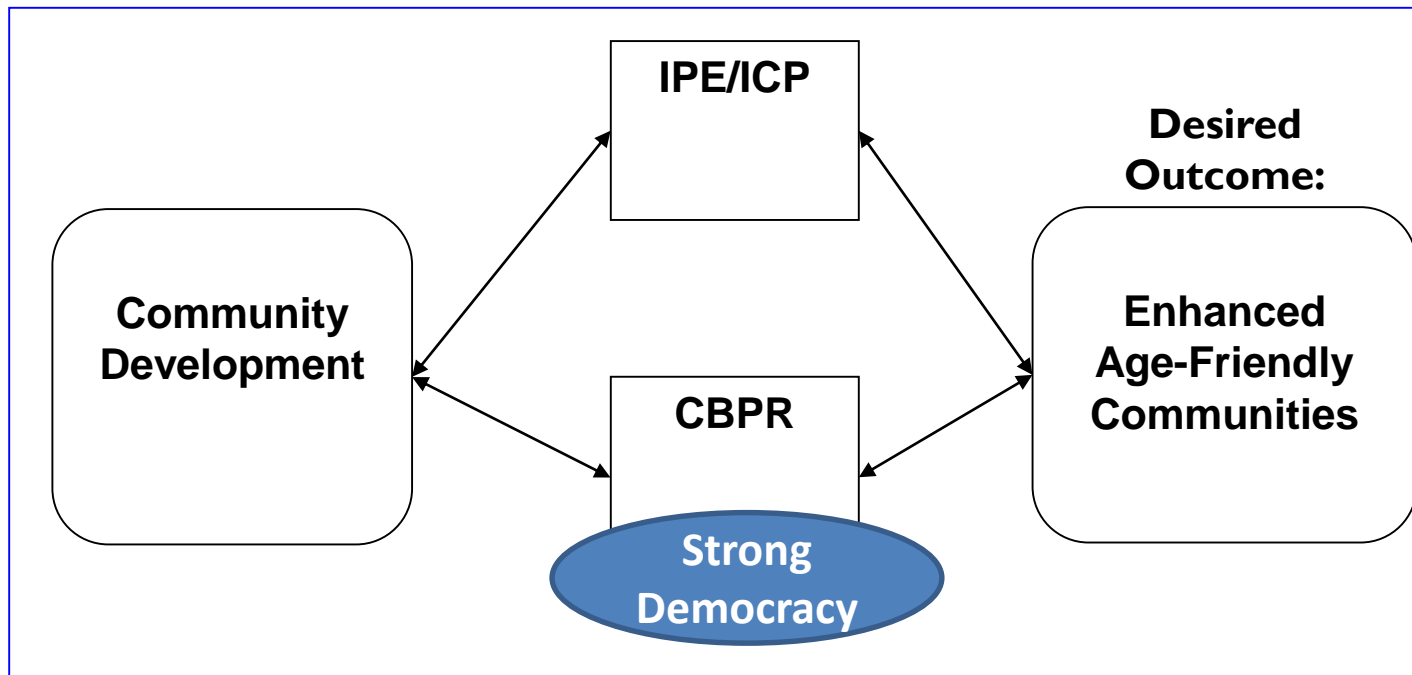- Age-Friendly Community pages on County website

# Key

- When community knowledge is gained, such may be used for the benefit of a community involved (such as helping to identify gaps and/or shortcomings in existing social and health care services).

# CBPR ↔ STRONG DEMOCRACY

**Dialectical Strategies to Enhance Age-Friendly Communities**
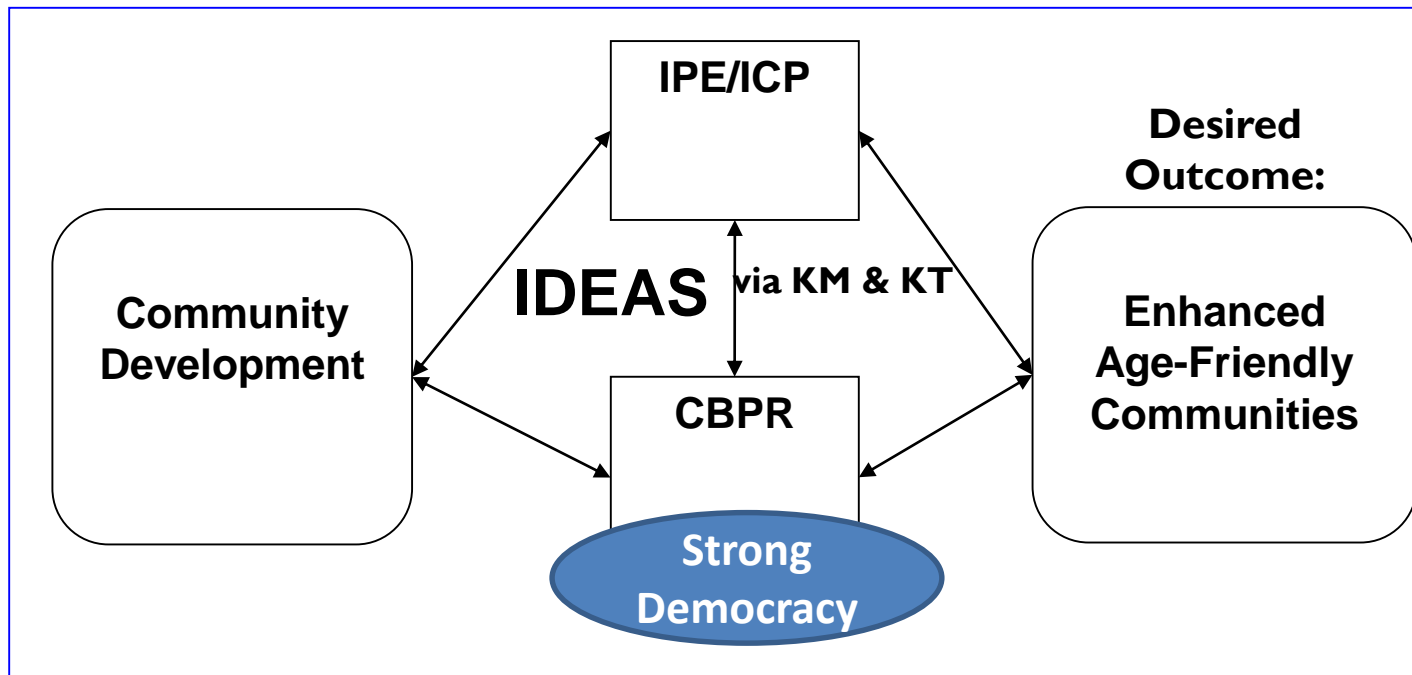
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# STIMULATING IDEAS & INNOVATION ↔ via KT AND KM

**Figure 1** **Dialectical Strategies to Enhance Age-Friendly Communities**

*The Willison Model*



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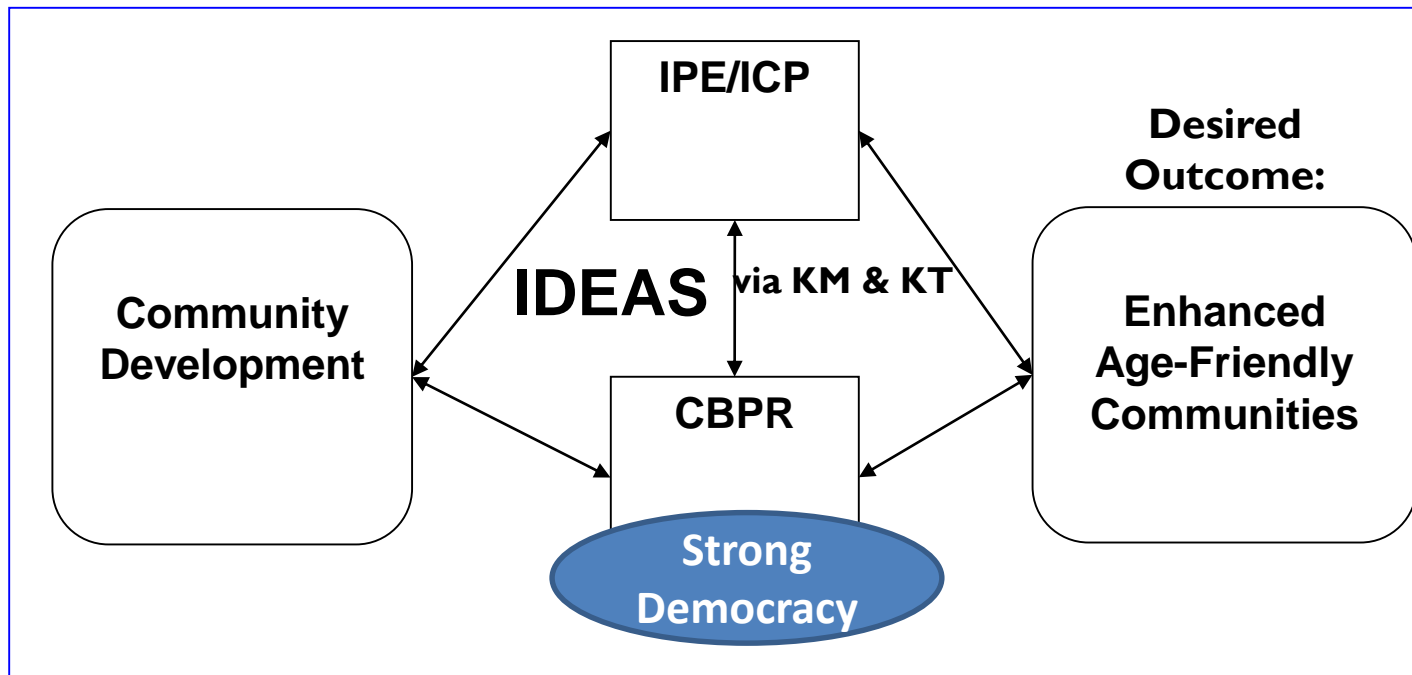
# KM – Knowledge Mobilization

- Promote the exchange of knowledge.

- Facilitates productive communication.

- Enhances knowledge access – internally (interdepartmental) and externally (via partnerships).

# SUMMARY

**Figure 1** **Dialectical Strategies to Enhance Age-Friendly Communities**

*The Willison Model*



**Legend: KM = Knowledge Mobilization; KT = Knowledge Translation; CBPR = community based participatory research; IPE = Inter-professional Education; ICP = Intercollaborative Practice(s)**

**Questions?**

# Presenter's Background

→ → →

# Your Presenter:
# Dr. Kevin D. Willison



- **Ph.D.** (Public Health Sciences). (Division: **Social and Behavioral Health Sciences**). Faculty Of Medicine, University of Toronto, Canada).

  * Focus: Sociology of Health and Illness, Social Gerontology, Social Psychology and Public Health.

# *Example Presenter Publication - 1*

- Willison K.D., Lindsay S., Taylor M., Schroeder H., Andrews G. **Aging and Chronic Illness: Towards an Inter-Professional Approach in Primary Health Care**. In: Adams J, Magin P, Broom A. (Eds.) *Primary Health Care and Complementary and Alternative Medicine - Research and Practice*. London: Imperial College Press. September 2013. http://www.worldscientific.com/worldscibooks/10.1142/p875 [Book Chapter]

# Example Presenter Publication - 2

- Willison, K.D. (2013). **Maximizing Chronic Disease Prevention and Management through Community Based Participatory Research and Inter-collaborative Practices**. *Open Journal of Social Science Research* 1(1):7-14.
- DOI: 10.12966/ojssr.04.02.2013. See: http://ssrn.com/abstract=2285793

## *Example Presenter Publication - 3*

- Willison, K.D., Palos, T. (**2010**). **Enhancing Interprofessional Collaboration and Community-based Participatory Research through Technology**. *The International Journal of Technology, Knowledge and Society.* 6 (4):1-12.
- URL:http://ijt.cgpublisher.com/product/pub.42/prod.700

# *Example Presenter Publication - 4*

- Willison K.D. Strengthening Chronic Disease Management Capacity through Knowledge Mobilization. Chapter 2 of: *New Perspectives on Knowledge, Attitudes & Practices in Health*. R.W. Pierce and R. Schwartz (Editors). Hauppauge, New York: Nova Science Publishers Inc., 2008. www.novapublishers.com

ISBN-13: 978-1-60456-036-7.

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