



# Shifting the Paradigm on Ageism: Strategies for Positive Active Aging

The supposition that the culture of ageism is prevalent in our society and there is a need to address the clichés, myths and stereotyping of the elderly (ageism) was tested, and validated. Strategies to create a more supportive, enabling and senior-sensitive society were explored by 147 participants who came to learn about this subject matter and gain a common understanding of the multidimensional aspect of aging. Ten (10) priority issues were identified with recommendations for action. The findings will be shared with key stakeholders, policy influencers and policy makers in order to address perceptions of aging that may create negative systemic

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Contents

Executive Summary .....4

Section A: Purpose the day.....6

Section B: Our Speakers.....4

Section C: Our participants .....11

Section D: Evaluation ..... 5

Section F: Discussion and Findings .....5

    F.1 - Overview of the Approach .....5

    F.2 - Findings and Recommendations ..... 6

        Income ..... 7

        Affordability .....8

        Employment .....8

        Education ..... 9

        Access to Information .....10

        Health Care .....11

        Transportation .....14

        Accountability .....14

        Develop a Framework for Active Aging .....15

Section G: Next Steps .....16

SectionH: Conclusion .....17

Appendices .....20

    Appendix A - Forum Marketing .....21

    Appendix B – Evaluation Forms .....22

    Appendix C – Facilitator Guide .....23

    Appendix D - Summary of Comments by Table

    Appendix E – Forum Agenda .....27



## Executive Summary – Shifting the Paradigm on Ageism: Strategies for Positive Active Aging

*"Aging is not lost youth but a new stage of opportunity and strength." Betty Friedan (1921-2006)*

Ontario Coalition of Senior Citizens' Organizations (OCSCO) mission is to improve the quality of life for Ontario's seniors by; encouraging seniors' involvement in all aspects of society; keeping them informed on current issues; and focusing on programs to benefit an aging population. OCSCO has focused on barriers to positive active aging and has worked to transform the culture of aging.

In 2012, former OCSCO Co-Chair Colin Benjamin hypothesized that there may be negative stereotyping of adults in the aging process. If there were negative stereotypes of older adults ("seniors"), the systemic and societal barriers should be identified and addressed. The process selected to educate Ontario Seniors and raise awareness of this topic as well as provide an opportunity to provide feedback, share experiences and get involved through community participation was the development of a one (1) day Forum.

The starting point for the development and implementation of this 1-day Forum was a successful grant application to New Horizons for Seniors in 2012. The project was to use a "bottoms-up" approach and get seniors involved in identifying barriers or gaps and providing ways forward to positive active aging. The goals of this project were to:

- focus on the perspectives of seniors in identifying barriers to ageism;
- solution provision to barriers to ageism moving forward;
- identifying cultural and systemic barriers and gaps.

The Forum would also identify proposed changes for OCSCO so that a growing aging population can age with dignity and respect, and have access to needed resources. A Positive Active Aging Forum Committee comprised of seniors was struck for the planning, development and implementation of the Forum. Under the leadership of the Positive Active Aging Forum Committee, a 'world café' type of discussion was selected. This style allowed for contribution and encouraged movement from table to table to get the broadest input. Each table had up to ten (10) persons with one (1) table facilitator (who was an older



person). Participants were informed that they could select the topic of interest to them and to change tables as they wished. Facilitators' were trained on this methodology and were given a guide to follow.

Effort was made by OCSCO to ensure that the Forum included participants who were experiencing barriers because of low income or other issues such as language, diversity. Participants spoke to the barriers to active aging and how they could be addressed. The Forum was mostly comprised of non-provider older adults (89%).

The Forum was held on October 1, 2013, on National Seniors Day in Canada and was opened by OCSCO's Co-Chair, Carolann Fernandes. Several speakers including Minister of State (Seniors) Hon. Alice Wong, set the tone for the day's conversations. MPP Monte Kwinter brought greetings from the Minister Responsible for Seniors'. Lauren Bates Senior Lawyer for the Law Commission of Ontario (LCO) and Project Head for the LCO's new project on the law of capacity, decision-making and guardianship created a common platform for discussion for participants. LCO work resulted in a report called "*A Framework for the Law as it Affects Older Adults*" released in 2012, which she shared with participants.

Three (3) topics for discussion in smaller groups were:

- What does ageism look like in your community? How have you or your family or friends experienced it? (*participants were reminded of the principles noted in the Law Commission Framework and to keep this in mind as they thought about ageism*)
- How could your community be better for older persons – what needs to be done?
- What specific actions can we take – either as individuals or as groups or as associations – to improve

There were fifteen (15) tables for conversations. Each table named itself after a specific area or region of Ontario. This was as a reminder to participants that their scope was of a broader nature for feedback and discussion.

Session information captured by each table was posted on the walls so participants could review results. As well participants had access to 'stick on dots' for the purposing of highlighting or 'voting' for a particular comment or recommendation that they thought was important.



Topic discussions in the afternoon session were assigned to each table based on results of first two morning discussions and participants selecting priorities for further exploration.

As a result of the participant issue identification process and feedback process, 10 issues were identified as both cultural and system barriers.

The issues were:

- Income
- Affordability
- Employment
- Education
- Access to Information
- Health Care
- Language and Culture
- Transportation
- Accountability
- Framework for active aging to guide investments, planning

The one (1) day Forum fulfilled what it wanted to achieve. The goal was to create a seniors-led activity to enhance the community's awareness and understanding of seniors' issues that lead to negative stereotyping of older adults. Also, the Forum was to identify the type of collective effort required to break down these barriers and address the misconceptions of aging in our society.

The senior-led planning and implementation committee consisted of seven (7) participants across the province. One hundred and forty-seven (147) participants attended the Forum from points across Ontario. Although the majority of participants came from the GTA, participants travelled from as far as Ottawa, Windsor, St. Catharines, North Bay and Michigan.

The Forum also addressed two (2) of the four (4) recommendations out of paper Priorities for an Aging Population in Ontario. The paper is a collaborative effort of nine (9) organizations representing one (1) million seniors that was released in March 2011. The



Forum also supported the Ontario Trillium Foundation document called “The Challenge Ahead”.

This activity reached out to low income seniors and persons with disabilities - groups and organizations that are a new client base for OCSCO.

As part of OCSCO's next steps, one of the starting points to raise awareness and understanding of senior's issues and approaches to changing culture is to share this written report with OCSCO's 140 member organizations and 140+ individuals as well as community stakeholders and policy influencers. This will help raise awareness and understanding of what older people face in dealing with inappropriate behaviours, actions and values and next steps to work towards promoting a positive image of the aging process. It was an opportunity for OCSCO's new client base to share as well as provide recommendations for cultural and systemic change based on their experiences.

OCSCO will continue distribution of this report by mail, electronic format or through meetings with select stakeholders and policy influencers. This is in addition to making presentations and speaking in the community such as the University of Toronto's Aging Populations Conference in January 2014.

As part of OCSCO board Strategic Planning process in 2013, evidence of ageism identified in Ontario and that OCSCO needed to work against systemic and cultural ageism. The Positive Active Aging Forum consolidated the feedback from one hundred and six (106) seniors, forty-one (41) seniors service providers and facilitators' into a report which identified ten (10) areas to focus, and validated evidence of ageism.

Although the four (4) recommendations provided by participants to specifically for OCSCO to address were more Toronto/GTA focused, it was acknowledged that some of these could have broader reach. For example recommendation # 1 could include transit providers from outside of Toronto – especially if there are other cities that are doing innovative and supportive things for seniors transit solutions. The recommendations are organized in list of participant priorities.

1. Speak with the TTC; have a two way dialogue about transportation issues and opportunities. Participants recognized the importance and key role that public



transportation plays in the lives of seniors as they age, especially when they give up their “independence” with the loss of a driver’s license. As a result, they expressed that OCSCO should take a more active role in public transportation discussions with the appropriate stakeholders and Ministry. This feedback is consistent with the findings in Chapter 4 of *Ageing in the Twenty-first Century: A Celebration and Challenge*, a report written in collaboration with: UNDESA, FAO, ILO, OHCR, UNAIDS, UNDP, UN Habitat, UNICET, UN Women, WFP, WHO, ECA, ECE, ECLAC ESCAP, ESCWA, GAA, HelpAge USA, IFA, INPEA, IOM.

In this report, it identified that “many participants still express dissatisfaction with the quality of public transport. Concern is voiced about the safety and accessibility of transport, both physically and financially, as well as the coverage of bus services.” OCSCO has an opportunity to provide feedback and input to public transportation agencies in their planning processes as well as assist in the bridging interministerial activities.

2. Intergenerational work – bring together different generations to talk about the world – inclusion and exclusion issues because of age
3. Bring in someone from Toronto District School Board (or other boards of education) to meet with OCSCO to discuss any intergenerational programs in the community. OCSCO was encouraged to do outreach and begin to work with boards of education to develop credit courses for students to understand aging in society. Other countries are doing this already! In addition, such courses would be beneficial in shaping students’ in determining their future vocations.
4. Focus group discussions specific to inter cultural/ethnic aging experiences. In recognition that Ontario is a multicultural, diverse province, OCSCO was urged to take a leadership role in organizing focus group discussions to recognize the differences and similarities in needs of inter cultural/ethnic aging populations. Without doing so, government planners may be creating unplanned barriers to the access and/or delivery of future services and programs.

As the *Ageing in the Twenty-First Century: A Celebration and A Challenge* report concluded in Chapter 4, “only older people themselves can know what really helps them”. As a result





the range of comments and views of the one hundred and forty-seven (147) Forum participants provides an overview of their experiences, and identifies what they think does or does not work based on the older person's perspective.

## Section A: Purpose the day

*"The apocalyptic picture of the future is indeed ageist, because it objectifies people who are ageing and treats them as though they are all alike. They are not people anymore; they are 'the burden'. From this negative point of view, these older people are not capable of contributing creative solutions to meeting their own needs. They have no agency. They are inert, the burden. The sky is falling, and it is falling because there are too many older people. That sounds ageist to me."*  
(Longino, 2005)

In 2012 former OCSCO Co-Chair, Colin Benjamin hypothesized that there may be negative stereotyping of adults in the aging process. If there was negative stereotyping of older adults ("seniors"), any barriers to positive active aging, both systemic and societal needed to be identified as well as what actions would be needed to address this. The process to educate Ontario Seniors and raise awareness of this topic as well as provide an opportunity to provide feedback, share experiences and get involved through community participation was to develop a one (1) day Forum.

OCSCO applied for a grant to involve seniors in a process which would not only identify issues and recommend solutions on a go forward basis, but would raise awareness and further educate seniors, community stakeholders and policy influencers on the issue of ageism.

This project involved seniors across the province in the development, organization, implementation and participation of a one (1) day Forum. "Seniors" for the purpose of this project were found to be described and defined differently by various groups. For example, for the Ministry of Transportation a senior is 80+, pensionable age is a senior 65+, etc. Based on the different thresholds of what is a senior, an objective definition of "old", "senior" or "elderly" was unrealistic.

OCSCO decided that a senior would be described as any adult who was 50+, as this is a common cohort for retirement age for groups such as educators, municipal workers, autoworkers, who were also participants in the Forum. The development and organization of a Forum called Positive Active Aging, was a senior-led activity.



The Positive Active Aging Organization Committee was struck. The Forum would test the hypothesis of negative stereotyping and gather feedback from participants on what they felt were main areas of concern and what enable the creation of a supportive environment. Addressing misconceptions of aging in our society would be done through participant recommendations. The Forum findings and any recommendations would be shared with key stakeholders and policy influencers as a contribution to age-sensitive policy making.

The Organization Committee met every two (2) weeks and developed a target audience of four (4) age cohorts – 50- 64; 65 – 74; 75 – 84 and 85+ - within the common cohort retirement group. This concept of cohort age groups of seniors is also consistent with that of Martin Turcotte and Grant Schellenberger, in their book called *A Portrait of Seniors in Canada*, for Stats Canada.

The Positive Active Aging Forum Committee decided that the methodology which provided greatest opportunity for contribution as feedback was to use the World Café style of discussion. It was felt that this would provide a non-threatening, supportive environment. It was hoped that upon conclusion of this project positive impact would be made by identifying unacceptable behaviours, actions and values, and recommendations to bring about societal change. A central location, North York Seniors Centre, was selected as the venue. In addition to being accessible to public transit the building is fully accessible with a ramp, elevators and services to persons with disabilities.

It was agreed that the outcomes of this project would be shared in a written report with community stakeholders, policy influencers, and OCSCO members as part of the next steps to work towards promoting a positive image of the aging process. The Executive Summary would also be available on the website for the public.

## **Section B: Our Speakers**

Although initially it was conceptualized to have up to five (5) speakers at the Forum, it was decided by the committee to restrict the number of speakers, therefore, enabling participants to contribute fully to the conversation.

The Minister of State (Seniors), Hon. Alice Wong shared what is being done at the federal government to identify and address barriers to positive active aging. She self-identified that



she had “officially” become a senior. Monte Kwinter, MPP who spoke to the importance of the day on behalf of Minister Responsible for Seniors, Mario Sergio, the provincial government’s commitment to ensuring that seniors have the necessary supports to live safely, independently and with good health and dignity was confirmed. MPP Kwinter commended OCSCO for its leadership and efforts in this matter. He also shared that he was the not only the longest serving MPP at Queen’s Park, but he himself was a senior.

To establish a common understanding of the issue to be discussed, Lauren Bates, Senior Policy Advisor with the Law Commission of Ontario provided an overview of the recently released Law Commission of Ontario report related to seniors. She is also Project Head for the LCO’s new project on the law of capacity, decision-making and guardianship presentation created a common platform for discussion for participants. Twenty-five (25) copies were available to participants and an additional twelve (12) copies were requested after the Forum.

## **Section C: Our participants**

The project’s goal was to attract one hundred (100) seniors to participate in all phases of the Forum project from conceptualization to completion. Roles for seniors to participate were: planning and development process, facilitator roles, volunteers, as Forum Speakers and Forum participants. Recruitment of target participants was done through a variety of contact points. Target participants included low income seniors, seniors with disabilities and diverse seniors. Organizations such as LOFT Community Services, SRINT’s LGBT Seniors Group were specifically targeted (Appendix A, Recruitment Efforts).

The Positive Active Aging Committee was struck, consisting of seven (7) “senior” members. A Forum Poster was designed, with feedback from the committee and was used as part of the promotion strategy to attract volunteers, facilitators and Forum participants. The Forum information was posted on OCSCO’s website. OCSCO member organizations (150 organizations and 140+ individual members) received notification via email and/or mail. The information was posted on external websites such as SNAPd. In addition, eighty-five (85) organizations and fifty-four (54) individuals were personally invited to participate. One



hundred and forty-seven (147) individuals attended: forty-one (41) representatives from seniors groups and providers e.g. lawyers, RNAO participated and one hundred and six (106) other interested parties e.g. seniors themselves.

A call for volunteers including table facilitators was done through OCSCO's website, as well as through contact with the membership base. This resulted in fifteen (15) table facilitators. A facilitator training session with facilitator table guide was created so that everyone had the knowledge, skills and resource to facilitate.

It was acknowledged that transportation could be a barrier for participants, primarily due to mobility and distance, but also as an unplanned cost. To eliminate barriers for participation, transportation assistance was offered to seniors who registered. This was done by organizing three (3) buses as well as payment for parking costs and/or mileage at the Forum venue. For mobile seniors and those for whom affordability was not an issue, the Forum venue which was selected was located along the Toronto subway line, allowing for access by public transportation. Complimentary refreshments and a meal were also provided to participants to maximize the attendance and involvement in Forum activities.

To ensure that participants had a common understanding of the process and issues, the morning session included presentations from the The Honorable Alice Wong, Minister of State (Seniors), The Honorable Monte Kwinter, MPP, (Ontario's longest sitting member) and Lauren Bates, Senior Staff Lawyer, Law Commission of Ontario. Both Minister Wong and Mr. Kwinter in their respective presentations self-identified themselves as seniors.

Note: throughout the day participants used different terminology – seniors, older adults, older persons, senior citizens. In some cases the terms were used interchangeably but in other cases participants were using the term 'older persons' or 'older adults' to indicate that issues impacted people 50 + or those younger than 65. Thus for reporting purposes, we have stayed consistent with the language and terminology used by the participants themselves within each of the groups.



## **Section D: Evaluation**

Participants were provided with an evaluation form, as were the Table Facilitators. Table Facilitators evaluated the participation and their role as volunteer leaders. Evaluations were also done by observing changes in participant's level of knowledge by OCSCO staff and the Forum's facilitators. Participants received an evaluation form to complete at the end of the Forum. As some participants had to leave before the Form ended due to the time of the pre-arranged transportation, sixty (60) participants did not complete the Form. A total of forty-eight (48) evaluation forms out of eighty – seven (87) were completed.

The majority of participants indicated in writing that they gained new knowledge about the barriers and issues of ageism faced by seniors. This was also demonstrated in the table presentations when speaking about the issues and recommendations.

All participants indicated that they were able to participate and contribute to this topic. This supported the observations that participants were provided a supportive and non-threatening environment. Participants were encouraged to change tables and move around if they felt they would be engaged more fully at another table conversation. Few participants did so in the afternoon sessions, which indicated they were comfortable with the facilitator and Forum style for input. One (1) participant indicated in writing that this was not the case and that the environment was not supportive for them.

Although a large portion of participants were aware of the issue, the majority of participants indicated they gained new insight. This was confirmed by comments from the facilitators as well as observing the "aha" commentary from participants as they expressed new insight and revelations. The participants were made aware that some of their comments would be recorded, anonymously, and included in the final report to support new insight.

A copy of the participant evaluations and commentary follows this section.



Participant Evaluation						
Date of Event: October 1, 2013						
Question	YES	Somewhat	NO	N/C	Total Number of Evaluations	
Did you have a better understanding of the issues/barriers on ageism faced by seniors?	35	12	1	0	48	
Were you able to provide feedback or share ideas/approaches on how to positivley change attitudes towards aging?	35	11	0	2	48	
Did you get new insight on how to eliminate negative attitudes and what work needs to continue to eliminate ageism?	25	19	4	0	48	
Was a supportive environment provided for you to feel comfotable to disucss your ideas and share your feedback and insight?	42	5	0	1	48	



## Section F: Discussions and Findings

### *F.1 - Overview of the Approach*

The Forum was held on October 1<sup>st</sup>, National Seniors Day in Canada in order to emphasize the importance of seniors' contributions and voice in society. A copy of the agenda is attached as *Appendix C*.

Carolann Fernandes (Seniors Advisory Council of Hamilton) and OCSCO Co-Chair opened the Forum. She welcomed participants, facilitators and speakers addressing the purpose the day. Carolann gave an overview of how the Forum was conceptualized. Forum speakers included the Minister of State (Seniors) Hon. Alice Wong, Mr. Monte Kwinter, MPP for York Centre, and Lauren Bates, Senior Lawyer and Project Head for the work related to law and seniors done by the Law Commission of Ontario. Ms. Bates provided a very informative presentation on the work done by the Law Commission. This work resulted in a report called "*A Framework for the Law as it Affects Older Adults*" released in 2012, which she shared with participants.

The day was organized to support a 'world café' method of discussion. This methodology allowed for some movement by participants from table to table and maximum contribution during the day. Initially it was planned to have only ten (10) tables for discussion. Due to the large number of participant responses, it was necessary to move from the initial plan of ten (10) tables to fifteen (15) tables. In recognition of the importance of this topic, no one was turned away from the Forum, despite the late last minute registrants. However, the room layout and high number of participants somewhat hindered the opportunity for greater movement which was a component of the world café methodology.

Each table was given a list of names of a particular community in Ontario – for example North Bay, Belleville and Chatham – for self-identification. That activity provided persons with the opportunity to name their table, and resulted in some fun which was enjoyed by all. It served as a reminder to participants that their comments and perspectives were from a broader provincial one. Also in keeping with the spirit of the world café tables were covered with craft paper and markers were provided so that participants would jot down their thoughts or draw out issues. Each table was provided with a flip chart for the facilitator



to capture the senior participant's comments. Candies strewn across the tables helped provide a welcoming environment.

Each table had a facilitator. Facilitators received training on the world café conversation methodology and learned how to get the table participants to contribute. They were provided with a resource guide. Although most facilitators (10) were selected prior to the day, some (5) had to be recruited on the day of the Forum, due to the large number of unexpected participants (147). Facilitators were volunteers and themselves older persons or persons who work regularly with older persons. In addition facilitators were asked to observe participants and complete an evaluation form on the three (3) tables which they oversaw.

A morning discussion session took place after the presentations. This included three (3) topics for discussion in smaller groups – namely

- i. What does ageism look like in your community? How have you or your family or friends experienced it? (*participants were reminded of the principles noted in the Law Commission Framework and to keep this in mind as they thought about ageism*)
- ii. How could your community be better for older persons – what needs to be done?
- iii. What specific actions can we take – either as individuals or as groups or as associations – to improve (topic assigned to each table based on results of first two discussions).

The results from the morning sessions (as captured on flip charts by each group) were posted on the walls so that during the lunch break, participants could review the results from other groups. As well participants had access to 'stick on dots' for the purposing of highlighting or 'voting' for a particular comment or recommendation that they thought was important. The comments/recommendations were consolidated into twelve (12) questions to consider, with the participants agreeing on the questions prior to breaking out into table discussions. As well, there were several parking lot issues identified and recommendations to OCSCO for immediate consideration.

In the afternoon the fifteen (15) groups reviewed a question designed for the specific context and desired purpose as selected by participants from the morning session. Although





the day did not focus specifically on identifying what was working well in terms of supporting active aging, many people spoke to examples of what they liked, what had been helpful, and even what could be learned from reports or other jurisdictions in addition to sharing their personal experiences. Because the attendee group was mostly non provider older adults, and because an effort was made to ensure that the Forum had attendees who were experiencing barriers because of low income or other issues such as language, participants were very able to speak to the barriers to active aging and what they thought could address them.

The results from the first two discussions and summaries can be found as *Appendix E*.

The day produced a significant number of recommendations for action – at many levels of the spectrum. Some recommendations are appropriately directed at policy makers and involve political funding decisions. Others are more specifically directed at provider groups such as hospitals, physicians, and providers of education, information and services - from Toronto Transit Commission to the Boards of Education. And some can be taken forward by groups who serve older persons as both opportunities to improve what they do now, and as a foundation for a broader research and public policy action planning. As well four (4) specific recommendations were given to the host organization - OCSCO – for future planning events they should hold.

## ***F.2 - Findings and Recommendations***

Following the morning discussions within the fifteen (15) tables/groups, topic areas were developed for further attention in the afternoon discussion groups. Over lunch, participants voted with colored dots to select the issues and opportunities that were important to them.

Based on the number of times a certain issue and opportunity received a “dot” from the participants, it was identified as a topic for exploration. Identification of these issues to create a focus topic question was done by OCSCO staff and the facilitator. Prior to discussion of the topic question, participants reached agreement on what they would focus on.

The topic areas agreed to be focused for discussion in the afternoon were:



1. Income
2. Affordability
3. Employment
4. Education
5. Access to Information
6. Health Care
7. Language and Culture
8. Transportation
9. Accountability
10. Framework for active aging to guide investments, planning

It was recognized that certain topic areas – such as income – might cross over into some of the other discussions. For example in the discussion of health care groups, the issue of costs of parking at hospitals, and costs for actual services such as physiotherapy arose, as it was noted that for fixed or lower income older adults these are barriers to accessing needed care. Issues of language and culture also crossed into some discussion areas including those related to accessing information.

As well during the morning sessions the intergenerational theme came up across several discussion tables. Subsequently for the afternoon discussions, each table was asked to keep this theme in mind and how intergenerational activities might be incorporated as part of the solution to the issues being addressed.

Parameters in the topic areas discussed included taking information about a specific issue/barrier and developing some ideas or recommendations for action which could be taken to address them. It was noted that ideas/recommendations for action could be by individuals, groups, associations and could be activated at the federal or provincial policy level or local area by providers/organizations.

The results from the afternoon were a combination of additional clarification (restatement) of each issue/ barrier as well as recommendations for specific action/response for each of the ten (10) topic areas. These are summarized by topic area below. Also included are selected participant's comments.



## **Income**

The group developed a list of changes and actions that would significantly assist older persons with income challenges. These included:

- paid mentoring by seniors in the work place or schools
- more comprehensive insurance
- pension income reform/adequate income supplements (A 'right' as seniors)
- local information exchange networks, accessible public information
- means to match skills to work opportunities
- social enterprise among seniors
- planning for future & financial education
- discounts – abolish seniors bureaucracy
- debt relief – decrease income disparity
- intergenerational exchanges
- remove government subsidies for offshoring; encourage hiring older adults

## **Affordability**

The participants decided that there was value in discussing the issue of affordability separate from income. However some of the solutions were similar.

This group noted:

- incomes don't keep pace with cost of living
- taxing retired persons with the same tax approach as is applied to people who are working is not a good system, as these persons are living off a mixture of personal savings, income assistance (government pension/OAS) and personal pension scheme
- financial planning education and support is valuable. Many people think they know what their financial needs are ahead of them and then learn differently. For example there can be unanticipated benefit level changes which people do not understand in advance e.g. Old Age Security (OAS) cut back if you work and earn a certain amount while some other pensions which are act as a bridging until full retirement age are cut back once you reach sixty-five (65) with the assumption OAS will replace it
- reduced buying power of older adults can also lead to reduced power and influence in society. This creates a cycle of diminishing opportunities for older adults
- eliminate incentives for companies to hire/out-source out of country e.g. RBC is doing this and instead promote/recognize companies who hire older adults for these type of jobs



- ensure public funds are used responsibly so as to maximize the level of support available for older adults

## **Employment**

Not surprisingly, as the theme of the Forum was 'active aging', issues of employment were discussed throughout the day. These discussions focused on income, knowledge and experience, respect, and socialization. The predominant theme was that older persons have a large contribution to make. While some participants continued to work past the normal retirement age out of necessity, many others were able and interested in working. Both groups of participants expressed they had experienced barriers to working, both societally and systemically. A participant expressed .....

- "Some seniors are reluctant to appear too "pushy" in terms of advocating for their rights re employment".

Some of the recommendations emerging from this discussion have wide reaching policy implications. They would go a long way within communities across the province to foster greater contributions by older persons whether work was paid or unpaid (volunteering). The recommendations included:

- Some programs serving primarily seniors should be staffed by seniors.
- Laws exist to protect the elderly from ageism in employment situations however they need to be revisited to see if they are adequate. This applies as well to regulations flowing from such laws to ensure that they are appropriately integrated within levels of government.
- Seniors need access to information about their legal rights in employment situations and how to exercise these rights. Access can be improved through defined and publicized routes of access to such information, and assistance in exercising these rights should be made available.
- Widespread education and advocacy is needed to publicize the benefits of employing older workers and to combat stereotypes.
- In instances where older workers may actually perform less effectively than younger workers, employers should be made aware that there are countervailing advantages



that older workers bring e.g. history of a particular situation, ability to mentor younger/new staff, experience in managing risks, etc.

- Seniors sometimes need additional education to allow them to remain competitive in the job market (e.g. technology training). Such education should be available and affordable and seniors should be made aware that it is available. This could be an excellent area for intergenerational programs through the education system, whereby younger persons obtain credits for teaching computer skills programs to older adults
- Intergenerational alliances need to be created so that older workers can help and support younger workers and vice versa. The group noted, for instance, that both younger adults and older people face stereotypes about how well they perform in the workplace, even though these stereotypes may differ.
  - One group member cited the UK as a jurisdiction that has developed intergenerational alliances.
- To some extent there has been an erosion of the concept of seniority in the employment environment. While seniority should not be the only basis for employment practices such as wage levels and promotions, seniority should still be a recognized factor.

## **Education**

The group looked at education for older persons, plus actions that would result in others being more informed on the issues of aging. As well, their discussions interpreted education in the broadest sense of the word from identifying a source of services to courses and programs for learning.

This group also noted that they had four (4) 'aha' themes during their discussions. These themes were; where people access required information and knowledge; language and other challenges to the 'how to' of accessing sources; messaging and awareness impacting 'what' information is received; and reasons 'why' there is a lack of awareness by older persons including those who are isolated by social, income or rural factors.

It was noted that there were four (4) important sources of information/education, which need to be strengthened as part of promoting active aging and combatting ageism, namely:



- Community resources providers/centres
  - colleges
  - schools
  - libraries
  - community centres
  - church/faith group events/networks
  - mall kiosks
  - brochures
  
- Media
  - newspapers
  - magazines
  - TV
  - Internet
  
- Hospitals/health providers
  - programs for disease management
  - health information
  - physicians, nurses, social workers, other health care providers
  - parish nurses
  
- Provincial organizations/outreach
  - OCSCO outreach
  - events and consultations

**Considerations:**

- Important to have information/education resources available in different languages
  - settlement houses and other groups such as COSTI, YMCA, WCA UW funded programs – provide support in multiple languages, also have translators – these are examples of what works and what can be built upon
- Literacy issues vary; radio and particularly TV can help get around the literacy issue– for example the elder abuse ads on TV were very striking and informative; people understood them immediately, they raised awareness across all communities and gave contact information for help



- Web sites are good for content, but some are not helpful regarding contact information or follow up

Recommendations for action to include:

- agencies who provide services to seniors need to mail out info, newsletters
- use media especially visually clear messaging ads such as elder abuse awareness campaign
- use mall kiosks to enhance information access points
- use translators when possible
- create a senior friendly 211 or 311 line
- create intergenerational programs and for sharing between kids and older adults, i.e. book clubs
- Grandparent programs also positive way to education youth about aging
- co-training with one another – teens and older adults
- educate youth in aging e.g. what is a chronic illness, Alzheimer's, dementia, Parkinson's

## **Access to Services Information**

A second group reviewed access to services information. Some of what was recommended may already be in place in various parts of the province, so the fact that these were being recommended speaks to the issue of public awareness of what already exists. This is an issue for funders and service providers.

*As a participant noted, "We need to provide older adults with the information they need to access the programs and services available to them; utilization of some good programs is lower because of lack of information."*

The recommendations from this group included:

- comprehensive government information impacting older adults – at all 3 levels
- specific, targeted and regular sponsored public information programs for older adults
- recognize 'one size does not fit all' for older adults and look at approaches that work e.g. Employment Ontario
- use multiple distribution channels from CCACs to blogs; employ full range of traditional and social media to reach older adults



- develop inventory of what is available – publicize and then strategize to fill gaps at each community level; harmonize service delivery by feds and province
- have one number for all seniors services and programs (like 311 but just for seniors)

## **Health Care**

One of the prime topics raised during the day was health care. Discussions ranged from frustration about the lack of focus on disease prevention and promotion of wellbeing for older adults to costs for required health care activities such as delisting costs for parking at hospitals. Everyone in the room had experience with and opinions on how the health care system could better enable older adults to be active and healthy. For this reason three groups asked to work on this as their focus area for the afternoon discussion.

One group participant expressed their experience within health care as

*"The feeling is that a senior has no of value, can be discarded to save money."*

The results from the three (3) groups overlapped to some extent, but some unique ideas emerged from each as well. Although the recommendations focus on seniors, the recommendations in some cases could be applicable to anyone who comes in contact with the health care system.

The results from the groups have been sorted by topic area – legal, policy, etc. They speak to actions which can be taken at multiple levels to promote change – policy, health system operations, education of health professionals and by older persons themselves.

Several participants voiced that

"There is no hospital champion/coordinator so you get lost in the resident team shuffle" and

"Stop passing the buck' take the time to listen to seniors when they interact with you"





Participant comments were consistent with other health care professionals observations including Dr. Nathan Stall who wrote *"in hospitals, the elderly are commonly called "bed blockers" who are blamed for taking up too much time and resources."*

The results from the three group discussions are:

#### Policy/Political

- create the position of provincial Ombudsman for Seniors
- develop policy/guidelines for hospitals to reduce long waiting times for older adults at ERs (can be upwards of 10 hours). If there is a need to be admitted there is often another long wait of 1 to 2 nights before getting to the floor/bed)
- advocate for funding for additional beds to reduce pressures in hospitals
- advocate to local LHINs who have a role in ensuring accountability of the system which includes access to appropriate services for seniors
- include 'quality of life' as a health care metric/accountability standard;

#### Legal Issues

- FOI issues identified by Law Commission which impact an aging population
- widen definition within the criminal code of what constitutes abuse (elder abuse)

#### Access

- public education to build health literacy
- improved communication with ethnic communities
- address issue of limited access to gerontologists, sometimes limited to just one (1) visit
- address challenge of finding a regular family doctor; many are retiring and some don't want to take new patients

#### Models of Care

- access to team-based care for seniors; more people working who can spend time with older adults, getting to know you e.g. NPs or nurses can pre-screen before the visit with the doctor, and they can do calls to follow up
- support older adults who need more help navigating the system, in hospital or across the various levels of care has this support



- better manage the issue of disparity between drugs given in hospital and in the home; reduce the risks which can result in serious complications or even death
- train staff on senior's health and developing relationships with seniors and their families (should not be an adversarial relationship)
- designate one person on hospital team to champion the patient's interest e.g. internist– this would not have an added cost as outcomes would be better
- improve CCAC from hospital to home process; have one (1) CCAC person become external consultant to your MD – resulting in communication improvements
- recognize that seniors heal at different rates; provide services not just at the bare minimum for therapies or MD consultations
- coordinate the MD visit process instead of having the senior run back and forth for MD visits (GP or Specialist) plus other tests
- triage seniors at ER faster as they may become sicker waiting for services
- create a better discharge planning process and take into consideration issues such as time of discharge, ability to get medications/services, cost of taxis, etc.

#### Health Care Professionals

- write to medical associations clearly stating the problems experienced by older adults (case study examples) and provide them with practical solutions
- advocate for more assistance with PSW workers
- educate key stakeholders on the need for more gerontologists as the needs of an aging population are different
- educate medical professionals re how to communicate effectively with older adults
- increase educational opportunities for health care professionals e.g. Nurse Practitioners to work with older adults
- eliminate assumptions about causes of health issues for older adults; focus on communications to determine the real issue(s)

#### Intergenerational Approaches

- develop curriculum in high schools to include information around aging; this information can impact future care providers

#### Health Care Costs

- reconsider the de-listing of services for seniors; this may help them in their health maintenance, recovery, mobility e.g. physio, OT, prostate screening



- address the burden on older adults of high costs of parking at hospitals, e.g. provide those 65+ with a special in and out parking rate; and hold spots for them close to the entrance recognizing they may have mobility issues
- Healthcare profession is influenced by pharma industry; get MD to have discussion with their patient as to what is actually needed – is it blood thinners or just aspirin? – are cost differences involved
- find transition solutions for hospital to home so that seniors are not re-entering hospital – which now happens at a rate of 25 % or higher in some jurisdictions

#### Awareness for Older Adults

- make friends with your care providers; establish relationships so they get to know you as a person
- support the Seniors for Seniors type groups – as they employ seniors – in addition to providing a variety of care services and programs

### **Language and Culture**

This table looked at how language and culture may present additional barriers to active aging for older adults. There was a strong theme related to the importance of interactions, shared learning around life experience – especially across cultures and ages.

As one participant noted “interactions = understanding” and expressed support for increased multicultural events.

*“Canada is one country and there is a need for governments and provincial agencies to do more education with youth and seniors focusing on similarities of culture/religion etc.”*

Other ideas put forth included:

- provide cultural sharing opportunities in more communities such as allocating space to programs and services related to cross cultural sharing of experiences
- workshops that go out to other geographical areas
- more ESL classes for older adults as they learn differently than younger learners;
- distribute government funding to more seniors groups



- opportunities for cultural interpreters to ensure seniors can access programs about abuse, 911, social programs in the language of their choice
- new immigrants e.g. Roma population face discrimination. Seniors groups can help position themselves to support new population groups through advocacy, education, inclusion
- older women (identified by culture/religion, income, single status/widowed) – current systems may not meet their needs. We need to know more about how to support them – e.g. research into older women's health as well as additional income support for older women who usually live longer and on their own

## **Transportation**

The table looking at transportation noted that the issues for urban versus rural residents may be different, as would be the solutions.

For urban areas the primary issues noted were costs and accessibility. Weather conditions and wait times were also noted including the responses to these in urban versus rural communities.

For rural areas the participants agreed that a number of additional factors that impacted on transportation were present including distance to services, travel time required, lack of public transportation options, reliance on service groups, or no service group's support. And again, weather conditions were seen as very important in rural and northern areas where weather could also impact on the provision of voluntary or service group's transportation supports.

Recommendations for cost improvements for seniors within an urban environment included;

- public transit providers such as the TTC offering free travel to older adults during non-peak times e.g. between 10 a.m. and 2 p.m.

For more rural areas the ideas put forth were:

- implement a 'dial a bus' concept, recognizing that the provision may not necessarily be an actual bus, but some sort of locally available and accessible transportation vehicle for persons in need of transportation support



- consider how to provide socialization through other methods when transit is not possible

## **Accountability**

Some participants expressed concerns that resources available for helping older adults – particularly grants – were not being used well. They want to see greater accountability for monies spent to address issues related to age.

The recommendations were not targeted at any specific level of government, but were more general.

Suggestions included:

- ensure clear criteria for accessing funding
- remove politics from the funding decisions
- ensure that groups who receive grants use the money as they stated in their submission, and that there are publicly available results posted
- look at equitable distribution of money for example the same groups should not get funding all the time; let new groups try to impress with what they can do with a little funding support

## **Develop A Framework for Active Aging**

During the morning discussions, support emerged for a comprehensive active aging framework. This type of framework would include identifying and addressing issues of power inequity for older adults.

According to a participant

*"There is a difference to how older adults are described/perceived versus what we contribute and can contribute"*

Discussion on the elements of on an active aging framework included the following comments and recommendations:

- There are existing models and tools on which to build upon, for example:



- Social Determinants of Health
  - World Health Organization (WHO) age friendly, active living
  - British Columbia Seniors Policy Lens & Tools
  - 8 to 80 Lens (online resource)
  - Law Commission of Ontario report
- 
- Elements of the framework would include:
    - 7 principles of Law Commission report (also use these for planning)
    - definition of ageism
    - definition of diversity
    - build a positive economic model
    - incorporate anti-oppression strategy

Additionally the group noted the following concerns, considerations:

- Voice of older citizens is missing in
  - policy development
  - law making, regulation
  - corporate world
  - board tables
  - planning
- learn from feminist and civil rights movements and how they brought about change
- critique existing power inequities and corporate interests
- older adults in work force is a case of casino economics – older adults are losers, younger are winners
  - Example: denial of benefits to persons 65 +
- build awareness to the question – who profits from ageism? what are their values?

## **Section G: Next Steps**

This project, Positive Active Aging Forum, fulfilled its objective - supporting the social participation and inclusion of seniors at all levels of the process - as well as confirmed the hypothesis that there are barriers to positive active aging. The seniors-led forum created a better understanding of what leads to negative stereotyping of older adults and the type of



collective effort required to break down these barriers and address the misconceptions of aging in our society.

By enhancing the community's awareness and understanding of seniors' issues, a proactive approach to eliminating the attitudes behind ageism can be developed on a go forward basis.

### **Starting Point**

A starting point to raise awareness and understanding of senior's issues and approaches to changing culture is to share this written report with OCSCO's one hundred and forty (140) member organizations and 140+ individuals as well as community stakeholders and policy influencers. This will continue to draw attention to ageing and provide a better understanding of what older people face in dealing with inappropriate behaviours, actions and values. The goal is to work towards promoting a positive image of the aging process.

### **Community Outreach**

Sharing the report entails providing the report by mail, electronic format or through meetings with select stakeholders and policy influencers such as the federal Minister of State (Seniors), Minister Responsible for Seniors (Ontario), Minister of Health and Long Term Care, LHHIN Collaborative, Ontario Association of Community Care Access Centres, the Ontario Public Transit Association, Association of Municipalities of Ontario, Ontario Public School Board's Association, Council of Ontario Universities, Colleges Ontario, Ontario Catholic School Trustees.

### **Public Access to the Report**

Another part of the process to eliminate age discrimination is to make Executive Summary and Appendices available on the OCSCO website. Presentations to the community on the Positive Active Aging Forum will continue, such as the University of Toronto's Aging Populations Conference in January 2014, as they become available will be put online.

### **OCSCO's Strategic Plan**



As part of the Board's Strategic Planning process in 2013, the Board identified that ageism was evident in Ontario and that OCSCO needed to work against systemic and cultural ageism. The commitment by the Board was to identify areas where this was evident. The Positive Active Aging Forum consolidated the feedback from one hundred and six (106) seniors, forty-one (41) seniors service providers and facilitators' into a report which identified ten (10) areas of focus. These ten (10) areas will be used to develop and execute action plans to address specific areas, which will then form part of the Board's Operating Plan for years 2014-2015 and 2015-2016.

### **Forum Participant Recommendations to OCSCO**

Although the four (4) recommendations provided by participants were more GTA focused, it was acknowledged that some of these could have broader reach. For example recommendation # 1 could include transit providers from outside of Toronto. The recommendations are organized in order of participant priorities.

1. Speaker from TTC; have a two way dialogue about transportation issues and opportunities. Participants recognized the importance and key role that public transportation plays in the lives of seniors as they age, especially when they give up their "independence" with the loss of a driver's license. As a result, they expressed that OCSCO should take a more active role in public transportation as part of infrastructure discussions with the appropriate stakeholders and Ministry.

This feedback is consistent with the findings in Chapter 4 of *Ageing in the Twenty-first Century: A Celebration and Challenge*, a report written in collaboration with: UNDESA, FAO, ILO, OHCHR, UNAIDS, UNDP, UN Habitat, UNICET, UN Women, WFP, WHO, ECA, ECE, ECLAC ESCAP, ESCWA, GAA, HelpAge USA, IFA, INPEA, IOM.

This report identified that "many participants still express dissatisfaction with the quality of public transport. Concern is voiced about the safety and accessibility of transport, both physically and financially, as well as the coverage of bus services." OCSCO has an opportunity to provide feedback and input to public transportation





agencies in their planning processes as well as assist in the bridging interministerial activities.

2. Intergenerational work – bring together different generations to talk about the world – inclusion and exclusion issues because of age. Seniors may experience a need to feel that they are contributing to the next generation. This need may be filled through relationships with children and grandchildren or by looking for other means to make a positive difference in the lives of younger people. This type of intergenerational work can fill this void. OCSCO was encouraged to act as a bridging organization between senior's groups and youth groups as a way to encourage older persons to participate more fully and as an investment in young people to improve the future the lives of future older generations.
  
3. Bring in someone from Toronto District School Board (or other boards of education) to meet with OCSCO to discuss intergenerational programs in the community. OCSCO was encouraged to do outreach and begin to work with boards of education to develop credit courses for students to understand aging in society. Other countries are doing this already! In addition, such courses would be beneficial in helping students determine their future vocations. This concept is supported in the BC Care Providers Association's *Creating Caring Communities: A Guide to Establishing Intergenerational Programs for Schools, Care Facilities and Community Groups*. *"Careers in senior care can be nurtured through intergenerational connections and research has proven this to be true. Often youngsters who take part in an intergenerational project go on to become volunteers with seniors. At the very least, these initiatives uphold learning expectations developed by our education community while teaching young and old alike solid values on the importance of caring for others."*
  
4. Focus group discussions specific to intercultural/ethnic aging experiences. In recognition that Ontario is a multicultural, diverse province, OCSCO was urged to take a leadership role in organizing focus group discussions to recognize the differences and similarities in the needs of inter cultural/ethnic aging populations. Without doing so, government planners may be creating unplanned barriers to the access and/or delivery of future services and programs.



## **Section H: Conclusion**

This report captures the feedback and insight of a small number of older Ontario adults who travelled across Ontario and came from areas outside the GTA to contribute. The project fulfilled its goals. It provided a proactive focus for older people to make recommendations and share their perspectives on aging in a supportive environment.

It created a seniors-led activity to enhance the community's awareness and understanding of seniors' issues that lead to negative stereotyping of older adults and the type of collective effort required to break down these barriers and address the misconceptions of aging in our society.

One hundred and forty-seven (147) participants attended the Forum from points across Ontario. Although the majority of participants came from the GTA, participants travelled as far as Ottawa, Windsor, St. Catharines, North Bay and Michigan. The fifteen (15) table facilitators were either seniors or individuals working for seniors' provider organizations. The Forum day facilitator was a senior. The opening remarks provided by both the federal and provincial government representatives self-identified themselves as seniors.

The Forum re-affirmed that the approach taken by OCSCO supports older person's desire for engagement in policy making as well as age-inclusive programming. Participants provided positive images of aging, re-affirming that older age can be experienced as a time of opportunity instead of a life to be feared. Barriers associated with income security and ensuring access to affordable health care – preventative, curative care and rehabilitation – continued to be concerns that can only be addressed by provincial and national policy frameworks and government ministries.

The Forum provided an opportunity to promote a positive image of the ageing process. It reinforced the ability of new and current seniors to contribute to policy making and decision making as representatives of communities across Ontario. It facilitated the creation of new ideas and approaches to respond to social issues by enabling participants to share their expertise and personal experiences. While sharing unacceptable behaviours, participants



freely contributed to the solutions and addressed issue of low income, disabilities and risk of isolation to help planners and decision makers be aware of the barriers.

The Forum also addressed two (2) of the four (4) recommendations out of the paper *Priorities for an Aging Population in Ontario*, a collaboration of nine (9) organizations representing one (1) million seniors that was released in March 2011. As well it supported the Ontario Trillium Foundation document posted on their website called *The Challenge Ahead*.

As the *Ageing in the Twenty-First Century: A Celebration and A Challenge* report concluded in Chapter 4, “only older people themselves can know what really helps them”. As a result the range of comments and views of the one hundred and forty-seven (147) Forum participants provides an overview of their experiences, and identifies what they think does or does not work based on the older person’s perspective.

The ten (10) topics agreed to by participants for further exploration support the literature on aging. In other words, there is a strong individual/personal sense of aging, where the desire to make decisions and have control of one’s life is important. When programs and services are planned and implemented, the concept of choice must be included in order to acknowledge this aging population’s fundamental need.

As people age, their desire to contribute to community is not diminished. It may take a different role in each age cohort. Some of this ability to contribute can be done through intergenerational activities. This means that primary, secondary and post secondary institutions as well as the Ministry of Education have a role to play in positive active aging. This was demonstrated repeatedly through the Forum by participants expressing a desire to have social interactions with others of all generations. Social and municipal planners can play a key role in creating opportunities for intergenerational, social interactions especially when the age-friendly community lens is applied.

One forum participant expressed that there was nothing new provided at the Forum which has not already been explored or reviewed. Older Ontarians’ echoed what needed to be changed as found in the recent United’ Nations’ *Ageing in the Twenty-First Century: A Celebration and A Challenge*. Older persons want the media to play a role in eliminating the



stereotyping of old age. It was expressed that “people see someone as JUST OLD rather than a unique individual; it is a Hollywood style stereotyping”.

They want to be included in all groups of society, not segregated. This is a concept that should be kept in mind by ministries when dealing with institutional living such as Long Term Care Facilities or future seniors accommodations.

Older persons expressed that a sense of pride and dignity is essential for quality of life, and did not want to be seen as a burden to society – especially in health care and health care costs. Participants gave numerous examples of being treated disrespectfully or not welcome in the system. These comments reflected a broader provincial issue. While recent Ontario government programs have been introduced to address the complex health care system and navigation of it, participants commented on the poor communication between all levels of health care providers and older persons as well as how easy it is to “get lost in the services” from hospital to home. There was a sense that society begrudged seniors for using the health facilities that were built with their tax dollars, and was expressed as “we have worked hard for our health care programs, and now they are taking them away”. Models of care need to adapt to the needs of aging persons with more cross cultural integration of senior’s groups

These comments support the need for the development of additional human resources in the health care system who are experts in geriatrics, and who have the appropriate communication skills and understanding of older persons. Timelines in the government’s health human resources planning should be revisited, recognizing that current targets might not be achievable not due to a lack of funding, but by not incorporating what is needed to support healthy aging. These comments and views again supports the United Nation’s report identifying the importance of access to health care, which supports healthy aging, while at the same time providing appropriate levels of services to those in need of health care treatment.

It was also emphasized that as complex as the current health care system is with its multiple service layers and providers, it was hardest on new immigrants and older persons with language barriers. A lack of sensitivity and awareness of issues of older LGBT persons was also identified. Ministries that provide services to older persons should acknowledge the challenges of meeting the broader aging population’s needs by including those of immigrant



and LGBT populations. These could be achieved through modifications in current curriculum for doctors and other health care professions or additional training programs in order to raise awareness.

Participants commented throughout the day on the burden of living on “fixed incomes” and struggling to keep up with cost of living. When probed further, there was an “ah ha” moment which occurred when defining what “fixed income” means. Participants – even those in receipt of employer pensions – acknowledged that they lived on a reduce income e.g. pension and subsidize that income with savings through RRSP or otherwise. At the same time, expenses which they had not previously incurred on medications or for in-home support, started to erode what monies they were living off of. With little personal financial resources to purchase “extra” services, today’s aging persons forecast a life leading to poorer physical and mental health, decreased mobility and increased isolation over the next 10 – 15 years. Health care and municipal planners have an opportunity

Both the federal and provincial governments have a fundamental role in income assistance. First, both levels of government should review legislation to make sure that any changes e.g. pensionable age are integrated between the two (2) levels, and that there are no systemic gaps. With the realization that older persons must continue to work longer, whether part time or casual, incentive or recognition opportunities may be created for employers who hire older persons or who maintain a “balanced” age cohort workplace.

The current tax structure on income of older persons should be revisited, recognizing the additional expenses which are incurred as people age. Participants were not averse to paying additional monies into the Canada Pension Plan. This was based on experience that employees could not longer count on remaining at the same job for 20+ years or that the employer would not respond to the “market place”. Municipalities it was expressed can also play a role in assisting older persons – perhaps a break in fares for public transportation in off peak hours or cultural events? In planning for housing, transportation and business e.g. retail, municipalities can take a leadership role in infrastructure standards and requirements to ensure accessibility and affordability in housing, incorporate a holistic review of transportation and make business aware of trends in demographic changes so that they can respond effectively to age population and client changes.



While participant tables provided individual solutions to the topic and issues they addressed it was expressed that all levels of government needs to work together to enrich the quality of life for older persons. The voice of older persons also needs to be at the table with all three (3) levels of government, not just having one (1) seniors' group representing all Ontarians or Canadians as older persons are not a homogeneous group.

It was emphasized that age-friendly communities and neighbourhoods that respond to the people who live within them – regardless of whether it is northern, rural, suburban or urban and regardless of the ethocultural mix of people in that community – was the best solution, as a take-away from the Forum. Funding, participation in and creating support for age-friendly communities by all three (3) levels of government would work effectively to eliminate the barriers of ageism and be a positive move towards positive active aging.

The participant table summaries (Appendix D) provides government, planners and community groups with insight on recommended changes to help an older person remain active, healthy, socially engaged and independent. The recommendations range from style and approach and to reviewing funding or making taxation changes and addressing the lack of long term (greater than 5 years) planning. The outcomes and participant table barriers identification and positive active aging solutions reflected the Fifth Annual International Positive Aging Conference's relevant to five (5) topic areas fundamental to Positive Aging and recommended themes for all future Positive Aging Conferences.



## Appendices

### Appendix A – Forum Promotion Awareness and Target Participants

OCSCO undertook a strategic process to attract maximum participation at the 1-day Forum. Positive Active Aging Forum Committee members provided suggestions for outreach and promotion in addition to approaches to raise awareness of the Forum.

This was done by:

- Informing 140 member organizations of the Forum by email and mail
- Informing 140+ individual organizations of the Forum by email and mail
- Informing the public with OCSCO website posting and release of posters
- Informing seniors in the Toronto area through the Toronto Public Library
- Informing the community by posting the Forum information on SNAPd a seniors community newspaper
- Informing the community by posting the Forum information on media websites such as radio and TV stations
- Strategically targeting groups for participation and inclusion such as Supportive Housing in Peel, Seniors Program –Social Services Network, Copernicus Lodge, LOFT Community Services, Native Canadian Centre of Toronto, Elm Grove Living Centre, Garden Court Nursing Home, 519 Community Centre

In addition to contacting OCSCO member organizations, 54 individuals and 85 organizations associated with seniors' program delivery were contacted. Toronto municipal councilors, Minister Responsible for Seniors' and the Minister of Health and Long Term Care were informed of this Forum.

Although the Forum was actively promoted as a no cost admission event, the availability of "complimentary" meals and refreshments was also highlighted as part of the promotion activity. Pre-registration for the Forum was mandatory. This process was used to track the target goals to meet the Forum participant numbers. The targeted participation level for the Forum was 100 participants. Parking costs for participants was reimbursed. Three (3) buses were organized for participants within the GTA, resulting in seniors travelling from the far



west and east end of Toronto. The transportation subsidy supported the concept of “no cost” to the senior, reducing barriers for maximum participation.

Five (5) days prior to the Forum, it was decided not to turn away participants. This was partially based on OCSCO's previous experience with Conference and event organization – up to 20% of participants would not show up. Therefore 20% above the target level of participants was deemed the appropriate number for participant pre-registration level.

The day before the Forum, there were one hundred and twenty-two (122) participants registered. On the day of the Forum, twenty (27) participants came to the Forum without prior registration and two (2) participants who had registered called to say they were unable to attend.

As a result the number of table participants increased from eight (8) to ten (10), and five (5) table facilitators received training on the day of the conference. The Forum Day Facilitator was also the recorder of the Forum outcomes.





## Appendix B – Evaluation Forms

### Table Facilitator Evaluation Form:

*Please circle the appropriate response*

1. Did the Forum allow you to gain new insight on the issues concerning seniors and ageism and provide you with knowledge that could help eliminate those attitudes?

Yes    Somewhat    No

2. How did today help you to contribute to issues and actions necessary to positively change attitudes towards aging?

Yes    Somewhat    No

3. Did you observe that Forum participants were able to provide feedback and or/new ideas/approaches in your group without constraint?

Table 1: \_\_\_\_\_

Table 2: \_\_\_\_\_

Table 3: \_\_\_\_\_

4. Did volunteering help you in your learning experience or on this subject matter?

Yes    Somewhat    No

Please provide us with any further comments and feedback:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information if you wish to be notified about upcoming events.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Thank you for your support!**





## Appendix C – Table Facilitator Training and Guide

# Positive Active Aging Forum : *Defying the Barriers of Ageism*

## *Table Facilitators' Guide*

**October 1, 2013**

9:00 – 3:30 p.m.

North York Seniors' Centre  
21 Hendon Avenue, Toronto

Author: Lynne Lawrie



*Thank you for agreeing to be a table facilitator at the Positive Active Aging Forum.*

*This guide is intended to build on your own experience and skills and not to be proscriptive about style. Your own natural facilitation abilities will be most effective in moving the discussions forward.*

*The guide articulates the approach for the day, expectations around group discussions, how tools will be used, and how timing will be maintained.*

### **Overview of What We Are Asking You to Do**

There will be 3 small-group sessions during the day - with 6 to 8 people in each session. Please refer to the attached agenda to see the timing of the discussion groups. You will be a table facilitator for one of the 14 tables. It is important that you be present for the start of each break out session. While participants will move from table to table for each break out, you will stay at the same table.

The day will be taking an amended world café approach – whereby people will move from table to table over the course of the day. The primary purpose of this is to ensure that ideas circulate, that there is a building upon ideas during the day, and that people get to speak with and hear from different persons.

In a World Café approach, conversation should flow as in a coffee shop in any place in the world, with people of good intent coming together to sharing their lived experience and their ideas to develop solutions.

OCSCO is doing some things to make sure the tables are world café friendly – such as candies on the table, craft paper and pens for drawing out concepts, sticky notes, etc. As well for lunch, food will be brought to each table as it would in a café.



Thus the persons at your table for the second session will remain there for lunch – so some informal conversation among them may continue. However your primary role at this point is to ensure that you have a summary of key points discussed in the first two sessions available for us – ideally on flip chart paper. Please bring these to Cheryl or Lynne at the front of the room. We will be using these to develop the themes for the afternoon break-out sessions.

As the day progresses we will be posting ideas on the wall- we will refer to this as the idea wall. The flip chart summaries from your sessions will also be posted up here. Please ask participants to note points they think need to be emphasized and to write these comments and any other ideas on sticky notes and put them on the idea wall. Remind them that if there is a similar idea there – to group the comments together as much as possible.

Lynne Lawrie will be circulating around the room and listening and making notes during the sessions. For this part of the day she will be a 'roving facilitator' who may ask a question of the group or just remind you of timing.

## **Break Out Group Questions**

### **Break out # 1**

**Question: What does ageism look like in your community? How have you or your family or friends experienced it?**

***Facilitator Prompt: Think about the principles noted by Lauren Bates – such as participation, respecting dignity and worth, and understanding membership in a broader community - and if ageism is impacting these – in a good or a bad way.***



The focus is on describing the current state - identifying issues of ageism, barriers from it, in the communities of the participants. Please note that people may define their 'community' by geography –such as a town or neighbourhood, by living arrangement – such as a long term care home or retirement community, by an ethnic specific orientation – such as Italian, East Asian, Caribbean. There is no right definition of community – all are ok as the issues will likely be applicable to some general themes which will emerge during the day.

## **Break out # 2**

**Question: How could your community be better for older adults – what needs to be done to make it age friendly?**

***Facilitator Prompt: What needs to change? What is working now that can be built upon? Are there lessons from other places or recent reports to help with a local approach?***

The focus is to have participants start to think in a positive way about what an optimal community for older adults would be – identifying what they would like to see/have in their communities to eliminate barriers from ageism.

## **Break out # 3**

Please note that during lunch, the facilitator for the day and staff from OCSCO will identify 6 – 8 theme areas related to the ideal future state; each table will be asked to look at one of these. You will be provided with this focus area prior to the completion of the speaker remarks.

**Question: What specific actions can we take – either as individuals or as groups or as associations – to achieve, build, ensure awareness etc.. *XXX topic TBD***



The focus of the last part of the day will be spent identifying specific actions/steps to create the preferred future state (who needs to do what and most importantly what can we – the participants – do to move toward the solutions identified).

## **Mechanics**

Please arrive no later than 8:45 a.m. at the Centre.

Cheryl Lochnan will be at the reception table and will have your package of materials.

Lynne Lawrie will be available if you have any questions about the table facilitator role.

Each table will be supplied with:

- Name of a community in Ontario – the table will be identified as that community during the day (e.g. Huntsville) which can go on all report sheets
- Table Number signage
- flip chart (table top type with chart pages with sticky backing)
- flip chart marker pens
- craft paper
- sticky notes
- pens & markers for participants
- voting dots

You can decide to do some note taking or ask for a volunteer from the group. Or you may do the notes on the flip chart and ask one of the participants to jot down some points as well.

After each session, please ensure you have 1 – 3 flip chart page summaries of the key ideas discussed by the group. Please mark each page – session 1 or session 2 and number each page.



After the second session please bring your summary sheets to Lynne Lawrie. *We will need to have some information from each of the two groups to post up on the walls + we will need to review this information to identify the macro level themes for the afternoon focus groups.*

We apologize for the flip chart on the table which is not well aligned with the world café approach. However there is no opportunity for stand up flip charts in this venue. If you prefer to take notes on paper and then transfer the themes to flip chart paper after your session, then that will be fine.

### **General Facilitator Guidelines**

- ensure participants understand the assignment and how the meeting elements fit together overall
- ask questions and is a good listener (facilitators do not interject their own opinions or comments on the questions as it may seem to represent an anticipated outcome of the day); however clarifications are appropriate – for example my understanding of what was intended is....etc.)
- note aloud key words and ideas or writes them on a flip chart for all to see and build upon
- ensure every participant has an opportunity to speak (if a group is being dominated by one or two persons, it is appropriate to say “let’s do a once around the table check in” and give each person a chance to speak)
- manage the discussions within the timeframe
- ensure information for report back is available and accurate
- provide a cheerful and positive face to the day, reinforcing the message about working together on these tough issues.

### **Tips for facilitators in the World Café Setting:**



- welcome the participants as they join your table; create a hospitable environment
- you may want to note that your table is named after a certain community in Ontario and ask who knows anything about that community
- pose the question and make sure everyone has it visible – for example on the flip chart
- encourage everyone to participate
- remind people to note down key ideas, including using the craft paper to draw concepts or reminder words
- remind people to note any key connections they hear emerging during the day, and to share these at each table they visit
- by group 2, help build the café experience by reminding people that the group before them spoke about X and Y; and then introduce next question
- invite people to comment on what they heard from speakers and how it might have changed some of their thinking
- invite people to listen for insights and share discoveries as they move to the next table discussion

Questions? Please contact Cheryl or Lynne

Cheryl Lochnan [cheryl.lochnan@ocscsco.ca](mailto:cheryl.lochnan@ocscsco.ca)

Lynne Lawrie [llawrie@sympatico.ca](mailto:llawrie@sympatico.ca)





## Appendix D - Forum Agenda

8:45 – 9:20 a.m.	Forum Registration
9:20 – 9:25 a.m.	Welcome and Overview of the Day, Carolann Fernandes, OCSCO Co-Chair, Board of Directors
9:25 – 9:45 a.m.	The Honourable Alice Wong Minister of State (Seniors)
9:45 – 10:00 a.m.	Monte Kwinter, Member of Provincial Parliament for York Centre , Parliamentary Assistant to the Minister of Economic Development, Trade and Employment
10:00 – 10:30 a.m.	Presentation by Lauren Bates, Senior Lawyer for the Law Commission of Ontario, on Systemic Barriers Impacting Aging Ontarians
10:30 – 11:15 a.m.	1st Table conversation
11:15 – 11:30 a.m.	Break
11:30 – 12:15 p.m.	2nd Table conversation
12:15 – 1:15 p.m.	Lunch
1:15- 2:30 p.m.	3rd Table conversation
2:30 – 3:15 p.m.	Report back to Forum Facilitator, Lynne Lawrie, Health System & Change Management Consultant
3:15 – 3:30 p.m.	Summary of the Day Next steps, Elizabeth Macnab, Executive Director, OCSCO



## **Appendix D**

### **Summary of Comments Morning sessions/Results by Table**

*Inquiry areas: what does aging look like and what are some ways to address it?*

#### **Summary**

During the morning sessions, participants raised a wide range of issues related to ageism – how it had impacted them personally or others in their community. Participants also spoke to factors which make life better/richer for older persons, and how we might get there. Some quotes have been highlighted within the summaries to help illustrate the feelings and passion of the participants.

While there were many topic areas raised as part of these discussions, ten were selected for the afternoon discussions which were focused on how to move forward to improve or create each of these ten areas. These are addressed in the body of the report, under Section F: Results and Findings.

Some themes running across the morning discussions during the morning which are important to note summarized below.

#### **Individual/Personal Sense of Aging**

- desire to make own decisions, have control in life
- ability to contribute to community
- desire to be part of a community, have social interactions with others of all generations
- sense of pride and dignity is essential for quality of life

#### **Being part of a Community**

- older persons are stereotyped – media and movies have a part in this
- not well linked into systems - such as the education system - which could help break down stereotypes and isolation system by creating intergenerational programs



### **Health care access and experience**

- interaction with parts of the health system is a disappointment for many older persons
- treated disrespectfully
- feeling of being a burden on society especially health care – although helped to create what exists now, not welcome in the system
- poor communication between health care providers and older persons; apparent lack of interest in changing this dynamic
- easy to get lost in the services – take what you can get so as not to make anyone angry or lose services
- few advocates to help older persons understand and find appropriate services
- harder for new immigrants and older persons with language barriers
- issues of older persons LGBT population – little sensitivity beyond a few providers

### **Income & employment opportunities**

- most living on fixed incomes and struggling to keep up with cost of living etc.
- difficult to support socialization activities as they can be expensive – can we give a break to seniors on transportation or cultural events/centres at off peak times? need to work together and be creative to enrich the quality of life and experience for older adults
- little personal resources to 'buy' extra services; government is cutting back on what they cover such as physiotherapy and Occupational therapy - leading to poorer physical and mental health, decreased mobility, increased isolation
- little focus or resources for enabling older persons to find employment
- workforce is not generally senior friendly e.g. loss of benefits after 65 even if been in same job for 20 years
- older persons face tough tax situation – if they work or don't – caught in a squeeze between trying to supplement income for better life and having it taken away from taxes.

### **Need for comprehensive approach to reduce ageism and support healthy aging.**

- governments at all levels have a role to play
- legal frameworks – like that of the Law Commission – can help create a framework from which policy and programs flow; can help change values and attitudes



- can build senior friendly community systems/neighbourhoods which respond to those who live within them – regardless of whether it is northern, rural, suburban or urban and regardless of the ethno-cultural mix of people in that community

## **Comments by Participant Tables**

### **1. LONDON**

#### Ageism and Barriers:

- older persons working (past 60, past 65) and still poor
- seniors on fixed income, OAS, get it reduced because they work to improve their life quality or just to survive
- most want to live at home but it is not economically viable
- Health system looks more at illness treatment than at prevention for older adults

***“Playing by the rules can be detrimental to your health and wellbeing.”***

- medications for older persons an issue – some are over medicated; benefits pharma but not necessarily the older adults themselves
- doctors using template approaches rather than treating as individuals
- in health care often get treated like children – baby talk approach, no consideration of the life experience sitting in front of them

#### Solutions:

- barrier free access everywhere
- accessible, properly maintained housing and transit options
- reasonable access at hospitals and other health care facilities with less costly parking

***“Parking at hospitals will make seniors bankrupt.”***

- reduce social isolation by offering more free access e.g. ROM, AGO even if on non-busy days only
- CPP and GIS need to be overhauled to take seniors out of poverty and guarantee them a liveable income, indexed to inflation
- need better awareness around entitlements, and payment should be retroactive if someone discovers later that they were eligible for support but did not claim it due to lack of information or difficulty making application
- policy makers should have to ‘walk a week in the shoes of a senior’ to enlighten themselves about the attitudes, barriers and assumptions in play
- Younger generation feels entitled to many things and often gets them; world of social media and instant communication; older adults left behind but have same expectations about having a good life

### **2. BARRIE & WINDSOR (Tables combined)**

#### Ageism and Barriers:

- dismissive, stereotyping attitudes
- lack of support systems



- quality of health care
- dissemination of information
- lack of skilled professionals
- lack of geriatric knowledge
- lack of resources close to where person lives, transportation options
- travel more challenging, leads to more isolation
- lack of sufficient financial independence

**Solutions:**

- Education – youth, professionals who care for/work with older persons, older adults
- Bridge the gaps between generations e.g. develop intergenerational programs
- Increased networking
- build knowledge base of providers
- free travel times/options for seniors
- access to raw data for research/inform practice e.g. for GLBT older persons

### **3. MANITOULIN**

**Ageism and Barriers:**

- regardless of culture, younger generation is disrespectful and can also be discriminatory
- technology take away from time with older person
- there are passionate persons over 50 with significant contributions to make
- AGE is universal; we all get there

***"AGE is a feeling as well as a fact, should entail pride, dignity, sense of worth"***

**Solutions:**

- allocate funding and services to older persons in their own home
- ensure that older persons are part of all levels of government and those who make decisions; older person voice needs to be at the table
- connect and incorporate into our school system – the importance of older persons to the country, economy, collective wisdom

### **4. TORONTO**

**Ageism and Barriers:**

- society begrudges seniors for using the health facilities that we built
- doctors can be evasive, laugh at our concerns
- doctors do not always know how to connect you with other services
- health concerns about some supported housing e.g. bed bugs
- power of attorney issues – complex and can result in family problems
- Ageism is hell.
- cutting back on services for older persons e.g. bone density, mammograms, pap tests



- Cutting pensions – 67?

***"We have worked so hard for our health care programs and now they are taking them away."***

Solutions:

- doctors and other health professionals need to better communicate with older persons
- health professionals need more training in how to be 'gay friendly' in their service delivery
- more housing options gay seniors
- reduce financial burden on older persons

## 5. OTTAWA

Ageism and Barriers:

- feel marginalized by children/youth (particularly those of older immigrants)
- stereotyped

***"People see someone as JUST OLD rather than a unique individual, it is Hollywood style stereotyping."***

- lack of caregiver support
- marginalized at work; no or non-stimulating project
- navigating bureaucracy – they wear you down
- excluded coverage for certain drugs and procedures, e.g. better quality hospital beds and mattresses, phosomax for osteoporosis, physiotherapy de-listed

Solutions:

- can we build of what has been successful elsewhere? learn from reports and good stories from other jurisdictions – look to Scandinavia
- seniors need to form a more viable advocacy (lobby group) through Facebook, twitter, LinkedIn, etc. – to do this requires tech capacity and literacy so more training for people in using these tools
- make seniors more self sufficient
- models of care need to adapt to needs of seniors – more outreach, MDs, remember that it 'takes a village to support and maintain seniors' just as it does for children
- more cross cultural integration of seniors groups
- Banks should give bonuses on GICs
- government should use incentives to support active aging seniors
- seniors should not pay for mail out of invoices, statements isolation

## 6. PETERBOROUGH

Ageism and Barriers:



- older persons are hesitant to raise concerns as they rely on service providers and don't want to make them angry

***"We are treated like children."***

- governance and agencies – not necessarily involving older persons – they know best what we need; older people have little or no input into program development and design
- discrimination in hiring practices against older persons
- social isolation & lack of support systems and need for a model to address this gap (e.g. community development, leveraging neighbours, senior friendly society)
- isolation of new immigrant senior population especially due to language barriers and transportation limiting seniors mobility
- ageism is complicated by language barriers e.g. services not provided in culturally appropriate way
- government does not provide adequate funding to allow for person centred care and support
- transportation, health care and housing are needs to be met

**Solutions:**

- learn from age friendly societies and cities
- improve attitudes toward seniors, recognize the contributions -some countries do a better job of this (e.g. Italy, China)
- be persistent/ older persons play an active role
- create 'win-win' solutions versus 'win-lose' where seniors lose
- older persons be our own champions; educate society about what we have done and can do, educate society and influence policy makers
- make full use of available social resources
- look at creative solutions that are not necessarily 100 % funded; for example cost sharing approaches
- reframe society's thinking e.g. mature/older workers as mentors + coaches
- seniors educate other age cohorts
- support senior friendly companies
- execute actions and be visible
- celebrate aging vs. viewing it as a burden
- recognize older persons own view of 'aging'
- important to give consideration to physical and mental health needs of older persons in service design and delivery
- child friendly society and now need to focus on senior friendly society

## **7. SCARBOROUGH EAST**

**Ageism and Barriers:**

- learning what is available
- access to transportation ('who you know' to get Wheeltrans pass)



- retail stores not very accessible, entrance may not be accessible, carts are too far, too heavy
- hospital wait times and triage
- lack of adequate home care to support longer life expectancy
- Housing - needs to be senior friendly & affordable
- comments to MDs are sometimes discarded, derogatory seniors moment
- educate younger people about aging, foster respect and patience which is not there now
- entry to some events, entertainment venues denied if you try to bring your own food ; but if you are diabetic this is important
- low CPP and OAS – poverty levels for seniors is high as income does not match expenses e.g. home help, medications, PLUS still being taxed at level as if working
- employers don't want to hire older adults
- OHIP access for returning Canadians

**Solutions:**

What is better for older adults/optimal looks like:

- ✓ right to choose
  - ✓ respect
  - ✓ dignity
  - ✓ formal programs to teach people who work with older adults – needs, communication
  - ✓ more tolerance, intergenerational understanding
  - ✓ legislation to support seniors + enforce what exists e.g. disability parking
  - ✓ improved access to government services with telephone, print, electronic (balanced)
  - ✓ stop canvassers who pressure seniors
  - ✓ more of the Seniors 4 Seniors type of service delivery models
  - ✓ more home delivery, cleared by police e.g. pharmacy, groceries
  - ✓ someone or a service to accompany older adults in different stages of life of health situations
- Plus
- provide reduced rates for social outings such as ROM, Zoo Castle Loma
  - address issue of high taxes on RRSPs and RIFF – access earlier (not common knowledge)
  - change tax system to encourage pensioners to work and collect CPP
  - no taxing of pensions
  - access to transportation
  - medication and benefits to be offered – not just trillium grant

## **8. KINGSTON**

Ageism and Barriers:

- negative discrimination based on age alone
- government agencies have a- “no hurry” response





- resistance by seniors themselves to age-change
- government cut backs based on age
- costs to society – attitudes
- attitudes toward older immigrants – needs more accommodation
- fear of ageism should be fought

Solutions:

- communication between government agencies and senior citizens
- provide information in advance instead of when seniors retire/apply for benefits
- encourage a more positive attitude toward aging in all parts of society including among seniors themselves
- youthful 'joie de vivre' if treated with respect who then becomes a senior with dignity
- use concept of 'dignity, wiser adult, maturity' for messaging
- government policies should reflect reality
- need cultural sensitivity; suggest OCSCO create an event focused on Inter ethnic community and what would work well

## 9. CHATHAM

Ageism and Barriers:

- Most seniors are capable of making their own decisions
- seniors are living in isolation
- hearing problems increasing but lack of government support to address
- rental housing, costs of transit and food, keep going up, penalizes seniors on fixed incomes
- public transit in Toronto – assessment process to qualify for Wheeltrans – no doctors involved

Solutions:

- ESL programs to help older persons with language issues
- specific Senior Dept. within the federal government
- joint programs for young and old – will help educate young
- Programs like SPRINT in North Toronto help address senior's isolation issues; more programs like this are needed
- keep private/for-profit out of the system of care and support for older persons
- provide more support for dental care for seniors

## 10. BELLEVILLE

Ageism and Barriers:

- experiences in work place, re jobs
  - in part it exists due to disabilities of some older persons
  - lack of full time employment options for older persons
- public transportation
  - seats not offered to older persons in need
- male domination toward older women in some cultures



- example Dancing – “Indian Bollywood’
- hospital/healthcare
  - requests ignored
  - too many assumptions by staff
  - not respectful/sensitive to needs of older persons/condescending
  - older person requires and advocate
- technology
  - oldest adults ignored re usage and need to contact
  - it is for the young people
- lack of access to information
  - esp. true for some diverse ethno-cultural groups
  - how to find and use info when a person needs it the most
- lack of accessibility to dental care
  - lack of medical coverage for dental care, prescriptions

## 11. NORTH BAY

### Ageism & Barriers:

Active seniors are different from those are not able to be active. Thus situation and barriers are different.

### Active seniors

- participating and finding out about programs
- ‘Boomers’ not retiring
- prepare to stay in their home longer, maintain independence rather than go to live with family
- community support, continuity of programs, meeting the needs of seniors
- more physical programs would be helpful

### Inactive seniors

- isolation
- financial issues
- language issues
- resources and lost on computers
- uninformed, poorer access to information
- some community support from neighbours, family, service providers
- segregation in the community

***“Preparing for aging – and related issues such as mental health, physical health, financial stresses, can lead to loss of family connectivity/breakdown of family unit”***

### Solutions:

- Intergenerational programs e.g. high school courses which involve seniors, credits for students for working with seniors in the community – will help now and down the road for the next generation of seniors
- community gatherings, picnics, meals – helps with isolation, nutrition for low income families and in low income communities



- public and private collaborations -working together in the community to provide services to help families /group effort-, not everyone has a computer
- accessing information in a central system that is user friendly
- seniors helping seniors is a good model
- information in different languages/organizations are starting to provide translators which helps
- different groups within communities - recognize this dynamic
- transportation issues need to be addressed in micro level – for example where are there specific service issues and how can we work together to solve them
- information kiosks around the city
- Bulletin boards (are they useful?)
- rules and standards within organizations serving seniors
- isolation in condos/apts. (accessibility challenges, lack of green space to come together at parks, children, new immigrants – opportunity for natural community dynamics to occur but not happening for many seniors because of their locale)

## **12.HUNTSVILLE**

### Ageism & Barriers (community level)

- employment; 50 + workers labeled – e.g. dinosaurs, around the block guy
- volunteerism - seniors have time, experience, input to provide - but is it valued?
- Health care – older adults seen as 'disease', sick, a problem
- impatience - older adults are blamed because they are old
- stigma – word senior itself has stigma; older adult less so – but either way there is a sense of age, sense of loss
- perception that there is something wrong with older adults, and older adults tend to internalize this and it becomes self-actualizing

### Ageism & Barriers (individual)

- pressure to look younger, buy and use make up and creams, have surgery
- technology – pressure to keep up in this area reinforces issues of impatience, stigma about older adults
- gender is an issue – roles are changing, people living alone
- social – maintaining family relationships
- transportation – older adults using public transportation more; waiting for a bus can be hard
- lack of preparation for retirement
- 'expert panels' and committees are separate from average citizens and their voices
- Legal issues
- employment access and barriers on applications

### Solutions:

- bridge the gaps of age, acknowledge the differences
- intergenerational employment can work
- transportation options



- building design/community space
- share older adult experience – vocalize both needs and strengths
- aging does not equal incompetence – message needs to be stronger and supported
- intergenerational programs – create communities of interest where everyone has something to offer
- accept the aging process – be proud, honest, strong, show value and how aging in a positive and healthy way

### 13. KENORA

#### Ageism and Barriers:

- invisibility
- lack of acknowledgement of support needs
- exclusion – both conscious and unconscious
- patronizing negatively
- poor design of public spaces
- not age friendly
- intergenerational gap
- vulnerable seniors don't get home care because of lack of funding
- limited employment opportunities
- age discrimination in employment access

***"Seniors are viewed as a liability to the health care system."***

- dental care access is limited
- limited transportation especially in rural areas
- priority seating not designated for seniors –not everywhere and where it is others use it anyway
- low income housing not available to all who need it
- senior citizens experience isolation
- language that reinforces stereotypes

#### Solutions:

- access to information in a variety of formats
- public education
- economic benefits
- challenge to government funding to help people to get things in place
- government planning ahead for pension benefits
- organizing events and opportunities for seniors
- no references to ageism in media
- collectively develop a language around ageism to resist (stereotyping) and demand equity of opportunity
- diversity our story lines about seniors – remember that there are frail seniors but also very active and healthy seniors in the community
- articulating a framework to guide and organize active aging models (WHO example)
- use and apply the framework; through it also address minority group issues



- look a policy, law, environment, pensions etc. through this 'older adult' lens

#### 14.MIDLAND

##### Ageism and Barriers:

- attitudes
- invisible
- housing issues
- language used to describe seniors – 'senior tsunami' makes society resent seniors
- professional paternalism
- sense of seniors being worthless, grumpy
- intergenerational conflict
- status which comes with income is eroded
- authority which comes from job is gone
- paternalistic services
- some seniors not able to deal with new technology

##### Solutions:

- arts and culture can play leading role in breaking down stereotypes/attitudes
- intergenerational conversations

***"We need to promote the concept of 'sage-ism' not ageism."***

- Ombudsman for seniors
- client centred care – treat and support the individual
- mentorship to youth, caseworkers
- can teach old dogs new tricks - learning courses useful and inspirational for many seniors

#### 15.MARKHAM

##### Ageism and Barriers:

- pains and aches
- disability to ageism
- isolation
- lack of coverage for some medical problems
- lack of organized counselling for aged adults
- problems of mobility
- monetary issues: fixed income & rising costs of living
- accountability in spending/grants for seniors

##### Solutions:

- physio therapy should be covered by OHIP
- home nursing services should become easily available
- networking for seniors to overcome isolation
- medication not covered should be provided
- easy mobility services should be promoted
- pensions should be adjusted to rising cost of living



- proper monitoring of grants and outcomes from this funding

***"Good health gives you energy;  
Energy gets you to motivation;  
Motivation leads you to success."***



## **Appendix E – Forum Leaders**

### **Positive Active Aging Forum Committee Members:**

Colin Benjamin (Chair), Roslyn Harris, Judith Wheeler, Marg Muir, Mary Allen-Armiento, Elizabeth Macnab, Cheryl Lochnan

### **Table Facilitators:**

Andrea Crooks, Derrell Dular, David Globerman, Alvin Johnson, Lisa Mudie, Ismay Murray, Jane Teasdale, Donald Officer, Elizabeth Macnab, Colin Benjamin, Claude Hould, Khamy Ganesthasan, Judith Wheeler, Ann Welsh, John Butler, Cheryl Lochnan

### **Forum Registration Desk:**

Lydia Sun - volunteer, NYSC volunteers, Deborah Spencer (staff)

### **Forum Day Facilitator:**

Lynne Lawrie