

Key issues in Healthy Aging: Strategies for Health Promotion

Ottawa Charter Supplement

An Integrated Population Health Approach

DRAFT- FOR DISCUSSION PURPOSES

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northern health

the northern way of caring

“... Sometimes it feels like this. There I am standing by the shore of a swiftly flowing river, and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who is upstream pushing them all in.”

McKinlay, J.; 1979

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The Ottawa Charter for health promotion is an international resolution of the World Health Organization. This global agreement calls for action toward health promotion through five areas of strategic action: build health public policy, create supportive environments, strengthen community action, develop personal skills and reorient health services. In concert, these strategies are mutually reinforcing and can create a comprehensive approach to healthy aging.

The following sections present examples that support the five strategic action areas of the Ottawa Charter to support healthy aging in northern B.C. Examples are evidence-based and come from an environmental scan of strategies proven effective in other places. They are presented as examples to encourage thinking of a range of options and should not be viewed as the only menu of options.*

1.0 Build Healthy Public Policy

A broad range of organizations have a role to play in building healthy public policies, including at the local, regional, provincial and federal levels. In this, health promotion goes beyond health care; it puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to consider their role in promoting healthy aging.

Examples of public policy to support various aspects of healthy aging include:

- Ensure that policies are evidence-based. For example, British Columbia's [Healthy Aging Through Healthy Living](#).
- Plan for and set strategic priorities that support healthy aging. For example, [Safe Communities Canada](#) and BC's [Healthy Minds, Healthy People Plan](#) address mental health and problematic substance use.
- Move forward on the [Seniors in British Columbia: A Healthy Living Framework](#).
- Develop policies to specifically target those groups of older adults that are identified to be at higher risk (e.g., Swedish policies to address unintentional injuries).
- Acknowledge that Aboriginal seniors have different historical, social, cultural, economic and environmental determinants; policies should be developed that recognize how these factors impact active living, healthy eating, and other healthy lifestyle activities.
- Develop policy that promotes a national food supply that is both healthy in composition, safe to consume and with equitable access to food.
- Elder abuse prevention: The Aboriginal Family Care Conference (AFCC) is an elder-focused, family-centred, community-based intervention for the prevention and mitigation of elder abuse. It is based on a family conference intervention developed by the Maori people of New Zealand. The AFCC provides the opportunity for family members to come together to discuss and develop a plan for the well-being of their elders.¹
- [National Blueprint: Increasing Physical Activity among Adults 50 and older](#) identifies a range of policies.

* All links are current and active as of September 15th, 2013.

2.0 Create Supportive Environments

People interact with a variety of settings in daily life. As such, healthy aging should be considered in a variety of environments when seeking to create supportive environments for older adults, including the spaces in which we live, work, learn, play and are cared for. Within each of these environments, support healthy aging.

Examples of ways to create environments that are supportive of healthy aging include:

- Support fall prevention. [SAIL](#) is a provincial fall risk reduction program integrated into home support services.
- Promote prevention of falls and other related injuries among residents in assisted living. For example, [Promoting Active Living](#) (PAL) is a provincial resource.
- Support regulation of training for the operation of motorized vehicles.
- Elders in First Nations communities represent a culturally-relevant resource for health that is currently underused. For example, communities might draw upon their wisdom and influence to decrease tobacco exposure and promote community health in other ways.
- There are a number of key initiatives to potentially decrease social isolation; however, an intervention must target the type of support action to meet the particular situation and needs.²
- Adapt programs and guidelines to meet the needs of particular communities.
- Address the needs of rural populations with unique circumstances (e.g., food access and quality on reserve; access to leisure and recreation [e.g., comprehensive interventions recognize that reduced fees do not solve the issues related to equipment procurement, such as appropriate shoes or safety equipment]).
- Establish flexible, individualized community-based addiction treatment programs through services that support health and the activities of daily living,³ as recommended by the [Canadian Centre on Substance Abuse](#).

3.0 Strengthen Community Action

Successful action to increase population-wide participation in supporting healthy aging are planned and implemented in partnerships and collaborations. Comprehensive interventions to support healthy aging address health as a social or community (shared) issue. Collectively setting priorities, making decisions, and planning and implementing strategies can support sustained community action. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours. Often and as appropriate, public, private and non-governmental organizations can be involved from local, regional, provincial, and federal levels.

Examples of community action to support various aspects of healthy aging include:

- In the framework of the Northern Health [Position on Healthy Communities](#), engage with partners at the community level to promote the health-focused approach for older adults.
- Support communities by developing the capacity to address injury challenges (e.g., [Parachute Canada](#), a WHO affiliate).

- Promote suicide prevention and draw upon local, regional and provincial initiatives (e.g., [Suicide PIP Initiative](#)).
- Establish flexible, individualized community-based addiction treatment programs through services that support health and the activities of daily living,⁴ as recommended by the [Canadian Centre on Substance Abuse](#).
- Support and work with communities to consider their strengths and assets for community-based chronic disease management (CDM), including prevention and early intervention. Some resources available to support CDM interventions include:
 - [BC CDM collaborative process - team-based approach](#) to prevention and early intervention.
 - A [Newfoundland approach](#) based on use of facilitative support.
 - A [multidisciplinary community-based approach](#) to managing arthritis.
 - An [Ontario Guide to Chronic Disease Management](#).
- Translate evidence-based learning to information that is accessible by communities (a knowledge-to-action approach). This approach premises that communities have knowledge that can contribute to the existing research.
- Plan and deliver [programs for Aboriginal elders with a focus on “supporting one another”](#) versus “help-seeking” hold implications for access to mental health and community services.

4.0 Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available for people to exercise more control over their own health and over their environments, and to make choices conducive to health. A variety of resources and systems are available to support individuals to improve health outcomes through awareness, engagement, education and capacity building. Examples of programs and campaigns that may encourage the development of personal skills involved in healthy aging include:

- Support development of publicly-available, evidence-based resources that support personal skills and integrate the elements of healthy aging.
- Develop programming and resources that teach literacy about healthy lifestyles for seniors.
- Explore and support online self-management resources for chronic health conditions (e.g., online forum for men to share stories and strategies about dealing with depression (a condition still surrounded by stigma and often associated with other chronic conditions)). For example, see [It’s a Guy Thing](#).
- Explore and support online information to empower seniors to develop personal skills in preventing falls.
- Raise awareness of preventable injuries (e.g., [Preventable.ca](#)).
- Support enhanced public health interventions for nutrition education targeted to seniors. Two types of intervention are recommended: prevent malnutrition through promotion of optimal nutrition or screening in populations at risk to prevent or delay decline in muscle

mass and strength; and target undernourished seniors and seek to increase muscle mass through nutrition supplementation, along with a progressive increase in physical activity (Health Canada).

- Using processes of knowledge transfer and public education and with a focus on the unique communication needs of older adults, draw upon national and provincial guidelines and messages to support individual skill development. For example, [Eating Well with Canada's Food Guide](#), [Canadian Physical Activity Guidelines](#), [Canada's Low-Risk Alcohol Drinking Guidelines](#), and strategies to support self-management of chronic health conditions (e.g., Registered Nurses' Association of Ontario's Strategies to Support Self-Management in Chronic Conditions; British Columbia's guidelines for palliative care).⁵
 - Develop resources, particularly for older adults, to engage the Northern Health [Position on Sedentary Behaviour and Physical Inactivity](#).
 - Develop resources, particularly for older adults, to engage the Northern Health [Position on Healthy Eating](#).
 - Raise awareness of healthy eating. For example, the [Healthy Eating for Seniors](#) handbook addresses many of the barriers to healthy eating. It provides a range of information on nutrition including how to eat to prevent or manage chronic disease.
 - Physical fitness: Physical Activity for Older Adults initiative [Narrowing the Gap](#) Primary Care Fall Prevention Multimedia Package [Staying Independent](#).
- WHO recommends targeting intervention strategies to sedentary individuals instead of persuading moderately-active people to become more active.
- Tools and resources for falls prevention. For example, those provided by the [BC Ministry of Health](#).
- Tailor effective smoking cessation interventions (e.g., campaigns) to seniors.
- Promote publically-available, evidence-based health promotion resources for targeted vulnerable older adults (e.g., Aboriginal elders, older adult men).

5.0 Reorient Health Services

The responsibility for health promotion is shared among individuals, community groups, health professionals, health service institutions, and governments. They must work together towards a health care system that contributes to the pursuit of health.⁶ For example, health professionals (including general physicians and allied health professionals), local governments, community planners and volunteer groups can all influence healthy aging.

Examples of these strategic approaches could include:

- Continue to support the [Healthy Families BC](#) community-focused health promotion platform.
- Peer support model: Train community health workers from underserved communities to deliver self-management support, in partnership with primary health care teams. For example, the [Health Council of Canada](#) has some guidelines.

- Encourage that people are activated in their own care. The [Co-creating Health](#) initiative (a large scale demonstration project) aims to embed self-management support within mainstream health services across the UK by transforming the patient-provider relationship.⁷
- Partner with other agencies to advocate for healthy aging. For example, The Canadian Coalition for Seniors' Mental Health project has produced guidelines related to delirium, depression, mental health issues in long term care and suicide.⁸
- Develop consistent health-focussed messaging between organizations for communities.
- Work with communities to develop capacity to support (co-create) healthy aging. For example, [Canadian Injury Prevention and Control Curriculum](#), [Canadian Falls Prevention Curriculum](#), [Northern Health's IMAGINE Grants](#).
- Collaborate for surveillance, data collection, and evaluation to support healthy aging and in areas such as: suicide, elder abuse and unintentional injuries.
- Support health care providers to obtain systematic nutrition and physical activity training and/or access to resources that are specific to older adults and supported by professionals. For example, assist community groups to have support from registered dietitians for various chronic care conditions.

¹ Holkup, P.A., Salois, E.M., Tripp-Reimer, T. & Weinert, C. (2007). Drawing on Wisdom from the Past: an elder abuse intervention with tribal communities. *Gerontologist* 4(92): 249-254.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2727073/>

² Rowe, J. W. & Kahn, R. L. (1997, p. 433). Successful aging. *The Gerontologist*, 17(4): 433-440.

³ Canadian Centre on Substance Abuse. (2011). Seniors Overview. Retrieved November 9, 2012 from <http://www.ccsa.ca/Eng/Topics/Populations/Seniors/Pages/SeniorsOverview.aspx>.

⁴ Canadian Centre on Substance Abuse. (2011). *Seniors Overview*. Retrieved November 9, 2012 from <http://www.ccsa.ca/Eng/Topics/Populations/Seniors/Pages/SeniorsOverview.aspx>.

⁵ Registered Nurses' Association of Ontario. (2010, p. 6). *Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients*. Toronto, ON: Registered Nurses' Association of Ontario. Retrieved October 22, 2012 from http://rnao.ca/sites/rnao-ca/files/Strategies_to_Support_Self-Management_in_Chronic_Conditions_-_Collaboration_with_Clients.pdf

⁶ World Health Organization, Health and Welfare Canada & Canadian Public Health Association. (1986). *Ottawa Charter for Health Promotion: An International Conference on Health Promotion: The Moves Towards a New Public Health*. November 17-21, 1986. Ottawa, ON. Retrieved September 26, 2012 from <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/pdf/charter.pdf>.

⁷ The Health Foundation (2012). Co-creating Health: Evaluation of first phase. Retrieved September 16, 2013 from <http://www.health.org.uk/public/cms/75/76/313/3404/CCH%201%20evaluation%20report.pdf?realName=ZRQkIZ.pdf>.

⁸ Canadian Coalition for Seniors' Mental Health. (2006). National guidelines for seniors' mental health. *Canadian Journal of Geriatrics*, 9(S2): S52-S58. Retrieved November 6, 2012 from <http://www.ccsmh.ca/pdf/final%20supplement.pdf>.