

A Literature Review

Planning for Healthy Aging



Research, Knowledge Translation
and Library Services Branch

Planning and Innovation Division

Ministry of Health

Planning for Healthy Aging

A Literature Review

Eleanor Kallio
Senior Policy Analyst
Research, Knowledge Translation and Library Services Branch
Planning and Innovation Division
Ministry of Health
Victoria, British Columbia
2011

ACKNOWLEDGEMENTS

The literature search for this report was conducted by:

Heather-Ann Laird
Librarian

Eleanor Kallio
Senior Policy Analyst

Research, Knowledge Translation and Library Services Branch
Planning and Innovation Division
Ministry of Health

Cover Photograph:

John Crouch and Lindsay Elms, Vancouver Island, B.C.; Golden Hinde in background, 2007.

Photographer: Val Wootton

Editing assistance provided by:

Terese Kumlin
Co-op Policy and Research Assistant
Seniors' Healthy Living Secretariat

Desktop publishing work by:

Eve Millar
Project Management Analyst
Seniors' Healthy Living Secretariat

This report was prepared for the Seniors' Healthy Living Secretariat and a summary of the findings was presented at the Active Aging Symposium on June 9, 2011, in Vancouver.

TABLE OF CONTENTS

Table of Contents	v
Executive Summary	vi
Key Areas to Plan for Healthy Aging	viii
Development of Tools and Other Resources for Planning for Healthy Aging	xi
Conclusion	xii
Main Report.....	1
Purpose	1
Literature Review	1
Planning types and stages	7
Interconnectedness of all domains	10
Other factors associated with healthy aging.....	11
Areas to plan for healthy aging	13
Health	13
Social Networks.....	18
Housing.....	21
Transportation.....	23
Finance	26
Volunteering.....	30
Methodology	33
Considerations for B.C.	36
Conclusion	40
Appendix 1.....	41
Endnotes.....	57
References	62

PLANNING FOR HEALTHY AGING

HEALTHY AGING LITERATURE REVIEW

EXECUTIVE SUMMARY

OBJECTIVE

This report provides a literature review on planning for healthy aging and a sample of existing tools and resources to help older adults plan. The target audience is older adults age 65 – 74; however, age 50 – 64 and 75 plus have also been considered. The majority of tools apply to all groups.

SUMMARY OF METHOD

Literature searched includes rationale for and benefits of planning for healthy aging, and existing tools and resources. The search included academic literature, grey literature, and relevant websites. While already-evaluated checklists within academe were sought, only one housing checklist was found. Most planning tools were drawn from the private, public and non-profit sector.

FINDINGS: THE RATIONALE FOR PLANNING FOR HEALTHY AGING

The literature scan identified six main reasons to plan for healthy aging:

To have Greater Control

Planning can help determine when to retire, or whether to continue to work. It can enable continuation or realization of a desired lifestyle, and help make the most of older age. Planning can ensure there is a personalized kit of resources available to help support, adapt to, or better manage unforeseen changes in health or circumstance, and remain as independent and healthy as possible.

To make the Most of the Third Phase of Life

Today, Canadian women can expect to live to age 85, and men to age 81. That means a potential 16 – 30 years of living after retirement. Retirement is the last opportunity for realizing dreams and goals and structuring a chosen combination of leisure and work to make the most of this phase of life.

To have a Satisfying Retirement

Planning can help older adults experience a more satisfying and positive retirement, by putting things in place to help maintain and maximize self-sufficiency, productivity and social satisfaction.

*"THE FUTURE BELONGS TO THOSE WHO PLAN
FOR IT"*

Dr. Robert Butler, pioneer in the field of healthy aging

To Heed the Advice of Retirees

We can learn many important things from others, and this is true in planning for healthy aging. Older adults reveal they place much greater importance on planning once retired, versus the amount of pre-retirement planning they had undertaken.

To Reduce/Avoid Costs

The increasing number of older adults is already and will continue to impact our health care system. Aging healthily is every individual's responsibility, and will avoid increasing the burden on families, communities and provincial budgets.

To Maintain Health and Independence

Both health and independence can be optimized with deliberate planning or jeopardized without it. With a strong social network and regular physical activity, older adults can maintain an active rather than sedentary lifestyle. Planning housing and transportation needs can help older adults adapt the home or find alternatives to driving. Financial planning also supports health and avoids poverty, particularly for single women.

PLANNING TYPES AND STAGES

Several studies identified useful categories of planners and stages of planning for developing planning tools and understanding barriers. Other factors can affect planning including ill health, changes in employment and financial saving habits. Research found, rather than planners or non-planners, that there are many shades of grey. Distinct groups like the baby boomers range from those struggling with financial, and/or health problems, to those who are self-reliant, have a high education and income, and substantial savings. Planning is an iterative process, involving many steps or stages. The older adult needs to first think about a vision for retirement, and then identify the necessary steps to achieve it.

INTERCONNECTEDNESS OF ALL DOMAINS

Several sources note the interconnectedness of these dimensions: health, social networks, finance, housing, transportation, and volunteering. Each influences all the other areas – none stands alone. Planning needs to cover all realms holistically, to achieve a secure, healthy and happy old age.

ADDITIONAL FACTORS IN PLANNING FOR HEALTHY AGING

The literature identified other elements which can positively contribute to healthy aging: an internal locus of control, a positive attitude, and the ability to adapt. Personal control is connected to practicing good health habits more often; a positive attitude helps cope with life-changes; and resiliency can help fight depression, strengthen self-confidence and boost optimism.

KEY AREAS TO PLAN FOR HEALTHY AGING

Health

Older adults need health planning because they are at risk for becoming inactive and developing a major illness, or disability, or chronic disease. The individual can do much to address these challenges: one-half of age-related declines are preventable and physical activity is one of the best antidotes to age-related disease and disability. Maintaining good health is critical to retaining independence and living at home longer.

Low intensity, low-cost activities such as moderate, regular walking are among the most simple and popular ways to be physically active. Having social support and the recommendation of a physician are both helpful for getting older adults more physically active. Practicing a healthy lifestyle is also beneficial for the brain—this is especially important, as the risk of dementia increases with age. Cognitive and physical activity and healthy eating have been linked to brain health, maintaining memory, and lowering the risk of dementia.

Social Networks

The literature strongly emphasizes social networks: they contribute to general well-being and are integrally linked to health, happiness, and self-worth. They help older adults stay engaged and active—especially important for those who live alone or who have lost loved ones. They provide emotional support, assistance with daily living activities, and activities such as walking groups can even enhance health. Social benefits can also be realized through online communities.

Housing

The majority of older adults live in their own homes, and would prefer to stay there as long as possible. Both home physical environment and surrounding environment play roles in healthy aging. Safe, appropriate housing has features that support optimum independence, even if changes in function or ability occur. In the surrounding environment, neighbourhoods that are perceived as safe and offer walking routes to local services and parks encourage residents to rely less on their cars. Many older adults are realizing the benefits of living close to essential services and are leaving suburban and rural areas for the city.

The sooner older adults assess their living environment, the easier it will be to make changes or adaptations to support healthy aging. If they remain until their home is no longer suitable and must move, their housing options will narrow, and they may be less able to adapt. Studies show the longer older adults remain at home, the less likely it is that they'll move, because of financial, emotional and logistical barriers, even if the home becomes unsuitable.

Transportation

Mobility outside the home is important for many reasons. It enables people to maintain social connections, participate in the community, and fulfill personal needs; and it supports independence and choice. An active lifestyle can help the older adult to retain driving capacity longer, since physical frailty and associated health issues commonly force driving cessation.

Addressing driver fitness in older adults is often sensitive. Often people are dependent on driving and uninformed about alternatives; consequently, they feel they need to keep driving. There are safety concerns with older drivers, such as slow reaction time, driving too slowly, and not paying attention to pedestrians. Older drivers are better at identifying vision and fatigue problems, as opposed to cognitive function declines. Factors that may compromise the older adult's driving ability include changes in visual field, reduced hearing ability, decreased strength, coordination and flexibility, and medication side effects.

It is useful to assess driving ability in mid-life, and there are self-assessment tests readily available. Being proactive and informed about alternatives means that changes can be accommodated and lifestyle minimally disrupted when driving ceases. The older adult will live about 7 – 10 years beyond their driving ability, so anticipating future transportation matters.

Finance

At every income level, financial planning can contribute to greater well-being, and is a pillar of healthy aging. It can help the older adult avoid or reduce poverty, and maintain an adequate income for an active and independent lifestyle. It can also provide more options, should life circumstances or health status suddenly change, and a cushion is needed. For example, if the ability to do yard work or housecleaning becomes a challenge, it can still be possible to remain at home by engaging assistance with these tasks.

A significant percentage of Canadian seniors live below the poverty line, with women at higher risk for financial insecurity in older age. Women are generally less financially prepared for retirement: they are less financially literate, save less, and live longer, so they must support themselves longer.

Many older adults rely too heavily on the Old Age Security and Canada Pension Plan as their main retirement income. One or two sources of income are not a strong financial foundation, should changes in health or circumstance occur. A three-pronged approach is recommended, public pension plus two other sources, such as savings, employer pensions or real estate investments. Most people need to pay more attention to financial planning and begin thinking earlier about the desired lifestyle in retirement, and discover the steps to achieve it. All mid-life adults and older adults should become financially literate and work for financial stability.

Volunteering

Approximately one third of Canadians age 65 and older volunteer; and they volunteer more hours than other age groups. This is an example of a productive aging activity. Older adults have knowledge, skills and abilities, which they can give if barriers are removed, and opportunities made known. Volunteering offers many benefits: it helps keep people connected with communities, is associated with longevity, and increases both happiness and satisfaction. The reasons older adults volunteer are both personal and altruistic: to benefit the community and feel a sense of belonging, to have social interaction and mental stimulation, to feel useful, and occupy free time. For volunteering to be long-lasting and satisfying, a good and enjoyable fit is important. One should establish volunteering earlier in life, or opportunities in later life may be lost, due to declining health.

DEVELOPMENT OF TOOLS AND OTHER RESOURCES FOR PLANNING FOR HEALTHY AGING

Tools

Several tools have been identified for planning in each dimension of healthy aging. These include checklists, booklets, guides, and books. Most of these resources are free and can be obtained by downloading from the internet or ordering online or by telephone. Some of the tools have been developed by B.C. sources, others are Canadian, and some are from other jurisdictions such as the US. The tools are organized by planning area.

CONSIDERATIONS FOR B.C.

Literacy and ethnic considerations are aspects that need to be considered as part of tool development, so that resources made available to older adults in B.C. can be readily accessed and easily used by the broadest population possible.

The cost of developing and distributing the tools, along with affordability to the older adult, are considerations in the next steps of tool development for B.C. A variety of formats such as print and web-based materials will likely provide the greatest access. Although the majority of tools identified in the report are available online for no charge, it would be advisable to make the tools available in other formats as well, for older adults with limited or no computer access or computer skills. The majority of the tools identified in this report have useful elements for adults age 50 to 75 and beyond. The tools are also highly useful for families and friends of older adults, as resources for assisting their loved ones to plan for healthy aging and take the needed steps to be able to live as independently and as healthily as possible.

To make a specific toolkit broadly available to B.C. older adults, some adaptation or development of materials would be required and/or permission sought to use existing tools for this purpose. It would be best if the tools were centralized in one location, such as the B.C. Seniors Portal, for easiest access.

CONCLUSION

A strong rationale exists in the literature to plan for healthy aging. Optimal planning will take a multi-dimensional approach. Each dimension is important and interconnected with the others, to give support and provide a strong foundation. Many factors need to be taken into account when developing the planning tools.

Planning for healthy aging is best initiated earlier in life rather than later, to provide the most options, satisfaction and independence in older age. Many excellent tools and resources exist to help older adults plan for healthy aging, and remain living at home independently for as long as possible. Some of the tools may need to be adapted for British Columbian residents, and preferably centralized for user-friendly access.

MAIN REPORT

PURPOSE

The purpose of this report is to provide:

- 1) a summary of findings from a comprehensive review of the literature on the rationale for, and benefits of, planning for healthy aging;
- 2) a sample of tools and resources that exist to help older adults plan for healthy aging; and
- 3) an analysis of the types of tools available, and their applicability for use by older adults in British Columbia.

LITERATURE REVIEW

WHY PLAN FOR HEALTHY AGING? THE RATIONALE

The importance, necessity and benefit of planning for healthy aging has been acknowledged, studied and reported in the literature by jurisdictions from the United States to Hong Kong, by health care professional bodies such as nursing, and by retirees of all ages.

The literature identifies many reasons to plan for this phase of life:

To have greater control over the circumstances and well-being of the later years

Planning can help determine when to retire and whether continuing to work is by choice or because of need. It can enable continuation of the currently enjoyed lifestyle and help people make the most of this phase of life. A study by Stats Canada, *Retirement, health and employment among those 55 plus*, identified the need to be financially prepared in order to have greater control over your life during retirement, and help ensure economic well-being. The Stats Canada findings showed nearly 40% of never retired workers had financial plans that were “less than adequate.”¹

In *Preparing the Work Force for Retirement – the Role of Occupational Health Nurses*, author Pam Zinner notes “one of the key factors driving the decision to resume working

	Budget Amount	Actual Expense
Savings	125.00	100.00
- Bank Account	100.00	100.00
- RRSP	150.00	100.00
Investments		300.00
Housing		
- Mortgage	750.00	750.00
- Taxes	112.00	862.00
Food		
Utilities	215.00	215.00
- Power		
- Water	50.00	47.00
- Heating	115.00	22.00
- Telephone	40.00	104.00
Insurance		
- Home		36.00
- Car	295.00	214.00
- Personal	38.00	
Transportation	92.00	92.00
- Gas for Car	69.00	69.00
- Repairs & Tires	199.00	199.00
Clothing & Shoes	230.00	
Entertainment	120.00	347.00
- Satellite		72.00
- Internet	48.00	
- Books	51.00	72.00
	20.00	
TOTALS	\$2,459.00	\$2,323.00

is underestimating cash flow” and “financial security affects other quality of life indicators,” such as health.² *Get Smarter About Money*, a non-profit organization established by the Ontario Securities Commission, informs users on their website about how to plan to ensure enough money to cover the cost of the lifestyle desired in later years, and provides exercises to help determine how much is needed, based on interests, activities and general lifestyle.³

To leverage longevity

Not so long ago, people lived for only a few years after they retired from working, and then died. Today, life expectancy in many countries has increased substantially: Canadian men can expect to live an additional 16 years after age 65 and Canadian women an average of 20 years.⁴ In the United Kingdom, more than ten million people can now expect to live to reach the age of 100.⁵ In Hong Kong, where men live the longest from age 65 of any country – 17 years, and women the third longest after 65 at 20.7 years (after Japan and France), an increasing number of people can expect to spend a full quarter of their lives in retirement.⁶

FROM AUSTRALIA TO HONG KONG TO BRITAIN, PEOPLE ARE CONCERNED ABOUT PLANNING FOR HEALTHY AGING, WISH THEY HAD DONE MORE OF IT, AND HIGHLY RECOMMEND EVERYONE START NOW!

This is a significant amount of time to have, and with the average age of retirement in Canada declining,⁷ the later years can be a time for realizing dreams not met yet, pursuing new goals, and embracing the life always wanted. According to *What Color is Your Parachute? For Retirement*, retirement should be the time when older adults “get to enjoy development, productivity and leisure in any combination we choose,” and ensure all the dimensions of life (geo-financial, psycho-social and bio-medical) are on a strong footing to enable that.⁸

To have a satisfying retirement

One of the greatest challenges in later years is to maintain self-sufficiency, productivity and social satisfaction. Planning can help put things in place to support and maximize all of these areas. In a study referenced by Noone et al, “75% of individuals who had thought about retirement and made substantial plans reported being very satisfied with their retirement” versus the 45% who rated their retirement as satisfying and had not done any planning.⁹



In the report *Understanding resources in later life*, Hill et al. interviewed a panel of 91 respondents age 65 – 84 in central England, to find out how older people have planned and are planning for later life, what resources are available to them and how important they are to them. The authors found people accepted retirement more when they had planned and were “ready to retire” or “had not enjoyed their job or working environment.”¹⁰

In their study of 1565 retirees in the south-eastern US, authors Rosenkoetter and Garris noted that “planning for retirement was the second strongest predictor of retirement satisfaction among male respondents” and “retirement planning was associated with positive attitudes toward retirement.”¹¹

To heed the advice of retirees

In a study by Rosenkoetter and Garris, 764 respondent retirees from seven south-eastern states completed a 72-item questionnaire on retirement planning. Findings showed a significant difference between what respondents had done to prepare for their retirement, and what they believed was important to do to prepare after they had been retired. The age of those surveyed ranged from early 40’s to 94, the majority were married, and living independently.

Respondents gave greater importance to all areas of planning after they had retired, from finance to time management to benefits and family, compared to what planning they had done before they retired.¹²

SIX MAIN REASONS EMERGED FROM THE LITERATURE TO FORM THE CENTRAL RATIONALE FOR PLANNING:

- *TO MAKE THE MOST OF THE 16 – 30 YEARS YOU HAVE LEFT, ONCE YOU RETIRE*
- *TO HELP YOU REALIZE THE LIFESTYLE YOU’D LIKE TO HAVE IN YOUR LATER YEARS AND BETTER MANAGE ANY UNFORESEEN CIRCUMSTANCES*
- *TO USE THE LESSONS LEARNED FROM THOSE ALREADY RETIRED – YOU ONLY GET TO DO IT ONCE, AND THOSE WHO HAVE ALREADY GONE BEFORE YOU WISH THEY HAD DONE MORE PLANNING*
- *TO GAIN MORE PLEASURE AND MEANING IN YOUR RETIREMENT BY PUTTING PLANS IN PLACE BEFOREHAND*
- *TO STAY AS HEALTHY, ACTIVE AND INDEPENDENT AS LONG AS POSSIBLE*
- *TO REDUCE FUTURE POTENTIAL BURDENS ON EVERYONE, INCLUDING YOURSELF, YOUR FAMILY AND THE HEALTH CARE SYSTEM.*

To reduce costs to our health and social systems, ourselves and our families

The report: *The Midlife Bulge: Promoting Health in Canada’s Expanding Midlife Population*, states “Canadians need to take action on health issues in order to prevent poor health and avoid increasing the burden on our health and social systems.”¹³

In the US, the 65+ age group is projected to grow from 12.4% in 2000 to 19.6% in 2030, and the age group 85+ is the fastest growing segment of the population.¹⁴ The demographics for Canada’s aging population show a similar pattern.

Rosenkoetter & Garris, in their study *Retirement planning, use of time, and psychosocial adjustment*, advise “planning becomes especially important when considering the impact that the increasing numbers of older people are having, and will continue to have, on the existing health care system.”¹⁵

To help maintain health and independence

The importance of planning to maintain physical health in later years is recognized in the literature,¹⁶ and a growing body of research has found a consistent relationship between preretirement planning and health, along with positive attitude and good adjustment to retirement and life satisfaction in general.¹⁷



Retirement can become a time when people “take it easy” after a life of working, and become less active, unless they have planned their social networks and built some regular form of physical activity they enjoy, into their lives.

A study of 1565 retirees in the US found a “significant increase in the amount of time spent watching television and reading” in retirement, indicating the development of a more sedentary lifestyle.¹⁸

Several studies highlight the potential vulnerability of women in later life, and single people versus those who are married, if they have not planned their finances adequately.

SOME 8% OF THOSE 65+ ARE LIVING BELOW THE POVERTY LINE, THE GREATER PROPORTION BEING SINGLE WOMEN.

If women have not involved themselves in financial planning earlier in life and become financially literate, they run the risk of having to manage under reduced income if their life situation changes. For example, if their spouse died early in retirement, or needed additional care at home or had to move into an institution due to the development of dementia. Rosenkoetter and Garris note “Because of the prevailing ‘myth’ among women that they will be cared for (presumably by the men in their lives) in old age and women’s fear of growing old, women often do not aggressively plan for their retirement.”¹⁹

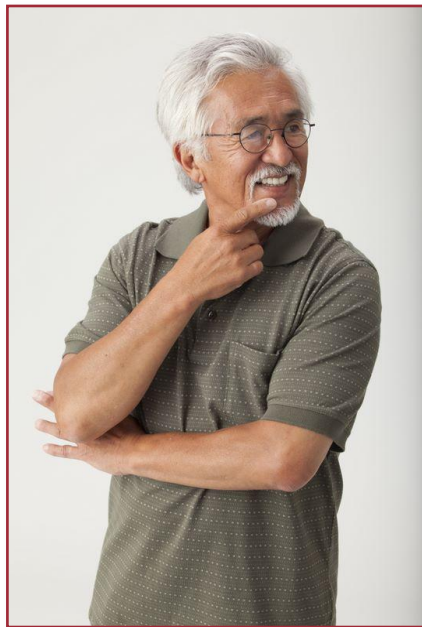
In Hong Kong, “women are living longer, and because of their lack of financial retirement planning, they are prime candidates for poverty.”²⁰ A telephone survey of 1,078 respondents looked at middle-aged adults’ retirement planning activities. It found while women are more involved with planning in the areas of health, living arrangements and psychological well-being, their low involvement in financial planning leaves them unprepared and lacking in resources for later life.

Men as well as women can jeopardize their independence and health, if they have not taken the time to cultivate a broad social circle of support, to consider transportation alternatives if they are unable to continue driving, or have not planned to ensure adequate income if a life event leaves them on their own and potentially isolated and lacking adequate support.^{21 22}

Canadian families have become smaller and more geographically disparate and are less likely to live in one place over a long period of time. Even in traditional cultures such as Hong Kong, there is growing evidence of the challenges families are facing to maintain the role of primary care provider for their older members, compared to the past.²³ Although families are still an important part of the older Canadian’s social network and support system, to maintain independence it is good planning to include a variety of friends in one’s “emotional circle” to provide support when family members are not available to help as needed.²⁴

PLANNING TYPES AND STAGES

Several studies in the literature have identified different categories of planners, stages of planning, and cohort segments that may be useful to know about when wanting to engage older adults in planning for healthy aging.



DIFFERENT TYPES OF PLANNERS

- *NON-PLANNERS*
- *LIFE-TIME PLANNERS*
- *LATE ON-SET PLANNERS*

In the UK, in-depth interviews were conducted with 91 older adults, aged 65 – 94, in central England, about retirement resources and planning. The researchers found it difficult to categorize respondents in the traditional forms of ‘planner’ or ‘non-planner.’

Instead, they found it was more accurate to place people into four loose groupings: non-planners, late-onset planners, those who had their plans taken off course, and lifetime planners.²⁵

The study also revealed additional factors that can complicate the planning arena:

- Various factors can support or undermine planning processes, such as earlier life circumstances, including ill health, and employment instability.
- Some respondents continued to plan into later old age, whereas others felt goals had been achieved and saw no need to plan further; felt the future was too uncertain to plan for; or had plans go awry in the past, and therefore did not have confidence in future planning.
- Different types of saving behaviour (active savers, non-savers, spenders).
- Health was seen by many as something that couldn’t be planned for.
- Some planned extensively for their death but did not plan in other areas, because dying was seen as a certainty.

In New Zealand, researchers Noone et al. used a general planning process model as the basis to develop a set of 52 questions for assessing the stage people are at in the retirement planning process. The tool, *The Process of Retirement Planning Scale* or PRePS was used on 1,449 older adults aged 49 – 60. PRePS organizes the questions into four sections: mental representation, goal-setting, deciding to prepare, and preparing for retirement. Results showed representation of retirement (a picture of the future) had a greater impact on the areas of financial, lifestyle and psychosocial than on health. It was thought that respondents had already done some thinking and/or taken steps about their own health. Results also showed people who had done a significant amount of retirement planning had a greater orientation to the future and felt greater control of their lives.²⁶

The *American Association of Retired Persons* (AARP) conducted a comprehensive analysis of the baby boomer cohort, and identified five distinct groups, which may be useful to be aware of for planning:²⁷

- **The strugglers** – lowest wage category, heavily influenced by financial problems and many have had a serious life event, such as major illness.
- **The enthusiasts** – look forward to retirement, have stable employment and are satisfied with the state of their plans.
- **The anxious** – have regular employment, but feel they need to save more for retirement than they have, even though they have good average savings.
- **The traditionalists** – plan to do some work in retirement for income, interest or to be self-employed, plan to rely on government support for much of their retirement income.
- **The self-reliants** – have the highest education and income, may work or volunteer in retirement, and have substantial savings.

The non-profit organization *GetSmarterAboutMoney* has a host of resources and tools on their website, including pre-retirement questions that are categorized into chapters, similar to the stages used in the PRePS model in the New Zealand study. The questions prompt older adults to think about areas to plan for, help to identify steps to take in planning, and take action on those steps at the appropriate time.²⁸

Here are examples of chapter headings:

- “What do I need to think about as I get ready to retire?”
- “What steps do I need to take to get ready to retire?”
- “What do I need to do in the year before I retire?”
- “How do I put my estate plans in order before I retire?”

STAGES OF CHANGE MODEL

The Stages of Change Model may also be useful to keep in mind when developing planning tools for older adults to use for healthy aging. This model has similarities to the PRePS approach, suggesting that people move along a continuum that begins with thinking about their situation first, well before taking any action towards changing their behaviour.



THE 'STAGES OF CHANGE MODEL'
IDENTIFIES FIVE STAGES TO
PLANNING FOR HEALTHY AGING:

- *PRE-CONTEMPLATION*
- *CONTEMPLATION*
- *PREPARATION*
- *ACTION*
- *MAINTENANCE*

The five stages identified are:

Pre-contemplation – e.g. raising awareness about retirement issues

Contemplation – looking at options for approaching the issue(s)

Preparation – making a commitment to change and believing in one's ability to change

Action – making the change

Maintenance – taking steps to support the continuation of the new behaviour/approach

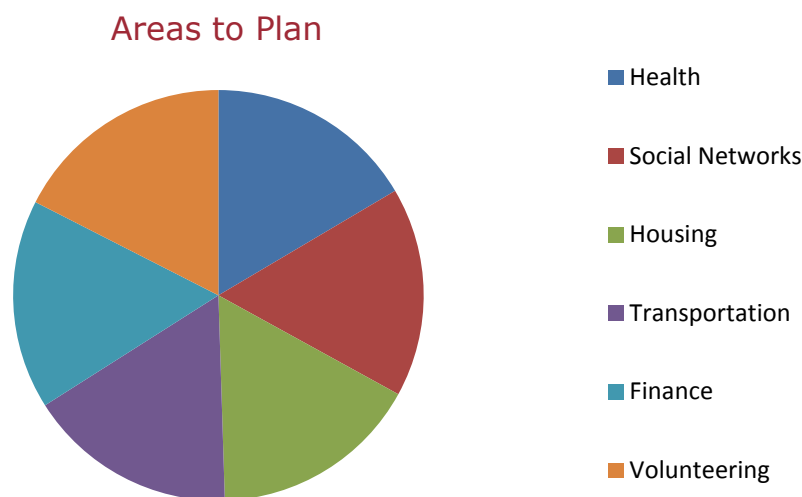
When encouraging people to plan for healthy aging, it is important to find out what stage the person might be at, and then to look at what planning resources are suitable to support a person in moving along the continuum and eventually taking action.²⁹

INTERCONNECTEDNESS OF ALL DOMAINS

Several sources in the literature and at the 2011 conference put on by UBC’s Centre for Health Services and Policy Research (CHSPR) speak about the interconnectedness of all areas for healthy aging. It is not just about making sure there is enough money to live on or taking care of one’s health – finances, health, housing, transportation, psychosocial factors and civic engagement are all intertwined and need to be planned for as a collective health aging whole.

In her opening remarks at the 2011 CHSPR conference, Dr. Patricia Baird noted how difficult it is to separate health, including other social factors, from housing and transportation. All are important areas and each influences the others in planning for and living well in our older years.³⁰

All areas are interconnected and interrelated and need to be considered when planning for healthy aging



Jon Glasby, a social worker from the United Kingdom, in his presentation at the CHSPR conference, declared it is not possible to differentiate between health and social services. The two areas are integrally linked, and both are vital to supporting healthy aging.³¹

Author Lyndsay Green (*You Could Live a Long Time: Are You Ready?*) refers to close friends and family as the emotional circle, and the “most valuable part of your retirement savings plan.” However, she also includes self care, home, health, finance, mental health, and civic engagement as integral and connected parts of planning for healthy aging.

In the book *What Color is Your Parachute? For Retirement*, authors Nelson and Bolles recommend using their Retirement Well-Being Model to plan for healthy aging. The model includes three dimensions: psycho-social, geo-financial and bio-medical. These spheres are shown as inter-linked – none of the areas stands alone, and none is more important than the other, for achieving a financially secure, healthy and happy old age.³² In a study conducted on 1,078 Hong Kong residents aged 40 – 59 to look at what retirement planning activities are being undertaken, four planning areas were surveyed: health, living arrangements, financial and psychosocial. The study “assumes that adequate pre-retirement planning should encompass a comprehensive range of activities and behavior” and not just one or two areas.³³

OTHER FACTORS ASSOCIATED WITH HEALTHY AGING

Additional elements were identified in the literature which can positively influence, support and contribute to healthy aging. Research on healthy aging has found links between having an internal locus of control, a positive attitude, and the ability to adapt to or recover from change, with healthy aging. It is useful to be aware of their role in aging well – these qualities can be strengthened, cultivated and incorporated into one’s plan for healthy aging.

In the 2001 study “*Living Long and Keeping Well*,” a sample of 2,783 Canadian community-dwelling seniors (age 75+) was asked “What do you think makes people live long and keep well?” Responses were recorded verbatim by interviewers, and categorized into 24 themes. Within the category of personal factors, a positive attitude and accepting life’s circumstances were seen as important for healthy aging. Respondents viewed it better to adjust to a situation or make the best of it, than to worry about it. Autonomy was considered to be critical, and many respondents emphasized the importance of doing as much as possible for themselves, and having a feeling of control over life.³⁴

Locus of control is a theory about people's perception of the amount of control they have over the outcome of a situation or behaviour. When people have an internal locus of control, they feel that they have a degree of personal control in the situation. If people feel their situation is controlled more by external factors which are beyond their control, they have an external locus of control. People with an internal health locus of control tend to manage their health better and practice good health habits more than those with an external locus of control.^{35 36} Oswald et al, in their study *Relationships Between Housing and Healthy Aging in Very Old Age*, also found a sense of mastery and competence in managing the environment to be associated with health in later life.³⁷ Research has shown that people can develop an internal locus of control. A study of patients in a physical therapy group demonstrated a much higher perception of control in therapy sessions after participants were given a pamphlet which encouraged taking an internal locus of control.³⁸

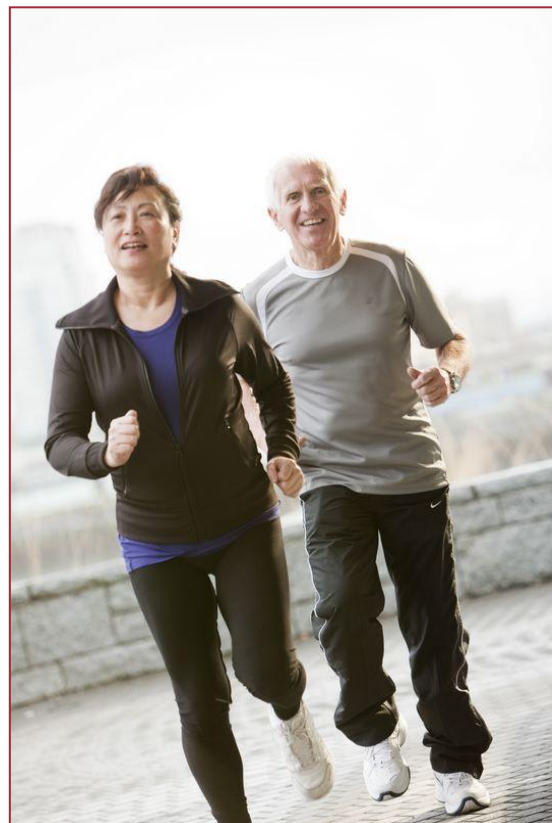
Resiliency is "an ability to recover from or adjust easily to misfortune or change."³⁹ Resilience can promote adaptation, boost self-confidence, enhance optimism, and help fight depression.⁴⁰ Gail Wagnild, RN, PhD, in her comparison of resilience among low and high income older adults, found resilience was associated with healthy aging, regardless of income. Resilience appears to be related to many characteristics of successful aging, including better health, a positive attitude, and social involvement. Wagnild also identified the potential for health professionals such as nurses, to support and acknowledge resilience in their patients. By doing this, they can help older adults realize they possess this quality and can draw upon it to help them cope with life's challenges and changes.⁴¹ Family and friends of older adults can also recognize resilience in their elders, and similarly support them.

AREAS TO PLAN FOR HEALTHY AGING

Planning for healthy aging in the past has often focused more on financial planning than other aspects of a person's life. More recent research supports many reasons for planning in all spheres of life: to stay as healthy as possible, maintain independence, continue to enjoy connections with family and friends, and ensure adequate finances to support the desired lifestyle and cover changes that may not be anticipated.

HEALTH

Older adults are a population at higher risk for inactivity and developing a major illness or disability.⁴² As well, the longer we live, the greater are the chances of developing a chronic disease. The statistics are humbling: by age 65 one in three older adults will have a disability and by age 75, one half.⁴³ Three quarters of older adults today do not exercise at recommended levels,⁴⁴ and in the United States, 51% of adults age 65+ are classified as inactive.⁴⁵ However, there is a bright side: "including physical activity in our daily lives is the greatest weapon we have against age-related disability and disease,"⁴⁶ since it is estimated that fully half of all physical decline associated with aging is preventable.⁴⁷



In the UK study *Understanding resources in later life*, a panel of 91 people age 65 – 84 was interviewed. In their report, authors Hill et al note "health was perceived overwhelmingly to be the most valued resource among respondents."⁴⁸ The majority of the group had undergone some type of health problem in recent years, which had resulted in a variety of adjustments, including changes in lifestyle, more limited participation in activities, and increased needs, which also brought added expenses. Many people had not planned for ill health, the related health decline and additional help needed in their home.⁴⁹

There is overwhelming evidence in the literature on the benefits of regular physical activity for healthy aging. Physical activity has been shown to help prevent or delay the onset of cardiovascular disease, diabetes, osteoporosis, osteoarthritis, incontinence, depression and dementia.⁵⁰

DID YOU KNOW THAT DAILY PHYSICAL ACTIVITY IS THE GREATEST WEAPON AGAINST AGE-RELATED DISEASE AND DISABILITY? FULLY ONE HALF OF ALL PHYSICAL DECLINES ARE PREVENTABLE!

One of the most important reasons for staying physically active is to prevent or delay the development of chronic disease, because chronic disease is related to development of disability, which can lead to loss of mobility and subsequent loss of independence.



The good news is it is never too late to add physical activity into your daily life, and the healthier you enter middle/older age, the better off you will be.⁵¹ Physical activity has been shown to lower cardiovascular risk factors, including vascular diseases which have a link to dementia.⁵² Exercise can help to reduce weight loss even in the frail, and improve joint proprioception and balance.⁵³ Good balance is important for preventing falls which can lead to loss of independence. Exercises that strengthen the pelvic floor, such as pilates and yoga, can help to prevent incontinence, which is one of the leading reasons for nursing home placement.⁵⁴

Physical activity for healthy aging can be low intensity and low cost, since activities as simple as walking can meet this requirement. “Regular, low intensity exercise improves physiologic function, cognitive function, and enhances functional independence. And moderate-intensity exercise for at least thirty minutes most days of the week is enough to substantially reduce cardiovascular problems.”⁵⁵

Walking:

In south-eastern Ontario, a set of six community consultations was held in urban and rural communities to help identify what helped older adults to age healthily.⁵⁶ A total of 200 adults, most over age 75, participated. The majority of the group preferred walking as their physical activity, and most walked on their own in their local area, and not in an organized program.



One of the best things older adults can do is go for a daily walk – walking has been found to be the most preferred and popular physical activity of older adults, from Australia to Canada, and just 30 minutes a day in periods as short as 10 minutes can provide the needed benefit.⁵⁷

A walking program was tested with a group of 260 adults age 65 – 74, in Perth Australia.⁵⁸ Participants were randomly selected from an electoral roll for 30 different city neighbourhoods. The walking group met twice a week for 26 weeks, in small groups. Walks were led by a trained leader, and included stretching exercises. Walking time was built up gradually, beginning with 10 minutes and reaching an hour after six months. 65% of the group completed the program, and 80% said they would continue to walk twice a week after the program ended. By the end of the 26 weeks, the average weekly walking time was 100 minutes. Participant feedback included feeling “fitter,” “able to get more done in a day,” “more aware of health and well-being,” and “generally became more active.”⁵⁹



Team leaders in the Australian program learned that participants needed to change their attitude about their walking capacity; they did not think they were capable of walking longer distances until they were actually doing it later in the program. Social support in terms of meeting as a group to walk, and access to benches and toilets in the area was also found to be important for participants.

Literature on health and wellness promotion for adults age 65+ provides some tips for getting this age group moving: firstly, physician’s advice has been found to be strongly

correlated with older patients becoming more physically active; secondly, it is helpful to find out what stage of change the person is in, so interventions can be matched to the stage; and thirdly, “high levels of self-efficacy have been found to be essential for older adults initiating and maintaining a behavioural change in an exercise program,” so this needs to be encouraged and supported.⁶⁰

*ONE OF THE BEST THINGS OLDER ADULTS CAN DO IS GO
FOR A DAILY WALK.
JUST 30 MINUTES A DAY IN PERIODS AS SHORT AS 10
MINUTES CAN PROVIDE THE NEEDED BENEFIT!*

Practicing the basics of a healthy lifestyle is fundamental to aging well. A longitudinal study was conducted on the elderly population living in Cache County, Utah (originally 5,092 subjects) - an area which has the highest conditional life expectancy in the US, and nearly ten years above the national norm for men. It is likely low mortality is influenced by the low level of alcohol and tobacco use, which is part of the lifestyle encouraged by the population’s religion (Church of Jesus Christ of the Latter-Day Saints). What is remarkable is that even the oldest-old, 60% of those 85+, reported their health as good to excellent, and the majority were independent in their activities of daily living. Even for people age 85 and older, 87 – 90% of the men and women were still living at home. Most of the group had at least one major disease, but this did not seem to seriously affect their overall health and well-being. Also of interest is the fact that one quarter of the men aged 65 – 74 were still employed, and some were still working after age 85.⁶¹

An additional and significant benefit to taking care of one’s health in later years is the economic one. According to Reicherter and Greene, “the per capita healthcare cost for those older than 65 is 3 to 5 times greater than the cost for those younger than 65.”⁶² Given the demographics of the aging baby boomer population, there is potential for enormous savings in healthcare costs if middle-age and older adults develop a healthier lifestyle and take responsibility and initiative to maintain it. The costs associated with poor health in later years are also not just economic ones. Authors Lyons et al. of the Canadian report: *The Midlife Bulge: Promoting Health in Canada’s Expanding Midlife Population* state, “an unhealthy midlife and older population challenges our health care systems, our economy, our communities and our families.”⁶³ We have a responsibility to age as healthily as possible not just for ourselves, but also for our loved ones, our neighbourhoods and our country’s future well-being.

MENTAL HEALTH

A healthy lifestyle also has a positive effect on brain health and mood. This is important, because the longer we live, the greater are the chances are of developing dementia: some 15% of adults age 65+ will develop some form of dementia, and by age 85 it increases to 35%⁶⁴.



The book *Healthy Aging for Dummies*, devotes an entire chapter to brain health. The authors note a US study of over 8,000 people, which showed the risk factors for cardiovascular events such as strokes were the same as for dementia. Unhealthy states such as high cholesterol, hypertension, smoking, and having diabetes at midlife can all increase this risk. All four combined increase the risk by two and a half times and one risk factor alone increases the risk by 20 – 40%.⁶⁵

Cognitive and physical stimulation, as well as a healthy lifestyle, can help to maintain perceptual and memory skills and delay the onset of dementia, through activities such as doing crossword puzzles, playing cards, reading newspapers, and listening to the radio.^{66 67} In one study of older people and memory it was found that people lost memory three times more quickly than a group that practiced cognitive exercise daily.⁶⁸ Similar to the importance of doing physical activity regularly, it seems to be equally beneficial to exercise our brains every day.

A link has also been discovered between good nutrition and brain health. Diets that are high in fat have been found to negatively affect cognition, whereas a diet with ample fruits, vegetables, cereals and fish is associated with better cognitive function and a lower risk of developing dementia.⁶⁹

The relationship between exercise, mood and good health has also been demonstrated in research. In Cache County Utah, the older adults studied who had a good mood were more than three times as likely to report good or excellent health.⁷⁰ Enhancing mood to benefit health in older adults can be as simple as taking a 15 minute daily walk, for just this small amount has been shown to have a positive effect on mood.⁷¹

The benefits of health and wellness on one's mental state go beyond enhancing mood to actually decreasing depression, number of hospital days and use of psychoactive drugs. *Project Enhance*, two evidence-based health and wellness programs, have shown these measurable outcomes in addition to improved physical function. This program includes a group exercise class and a behaviour change program. It was begun in 1997 in four seniors' centres in Seattle, Washington as a partnership between Senior Services and the University of Washington. Today, the program is provided in more than 100 sites in 13 states.⁷²

SOCIAL NETWORKS

The benefits of planning for and deliberately developing a solid social network for healthy aging are strongly emphasized in the literature. In the UK study *Understanding resources in later life*, authors Hill et al. state “the ability to draw on social networks of friends or family is known to make an important contribution to general well-being and quality of life.”⁷³ In some cases, social networks are ranked above areas such as financial planning, because they are deemed to be so significant for the older adult’s wellbeing. Lyndsay Green, author of the popular book *You Could Live a Long Time: Are You Ready?* writes “the most valuable part of your Retirement Savings Plan is your emotional circle.”⁷⁴



RESEARCH SHOWS
THAT 1 IN 10 ADULTS
OVER AGE 65 HAVE NO
FRIENDS!

In the study *Living Long and Keeping Well*, 2,783 Canadian seniors are interviewed about what they think, in their experience, makes people live long and stay well. The authors note that “overall, people recognized that their interactions with others were linked to their health.”⁷⁵ Participants emphasized the critical importance of maintaining an interest in community affairs, staying involved with organizations and keeping connected with family and friends.

Social networks are shown to be related to happiness, and they can help to protect against and decrease depression and stress; and increase feelings of self worth. Social networks help to keep people active and engaged, and avoid loneliness and isolation. These benefits are particularly important for the older adult who lives alone, and for those who have lost a spouse, or friends to Alzheimer’s disease or death. Social networks facilitate forming other networks, through attending classes, groups, or clubs and meeting people with similar interests who can become personal friends. Social networks are also valuable for providing emotional support and assistance with Activities of Daily Living, such as practical help with grocery shopping.⁷⁶

Social networks can enhance physical health and overall health status in many ways. By organizing or joining a local walking group, for instance, the social connections and friendships developed with group members help to support regular physical activity and group participation. In a six-month walking program held with 260 Australian adults aged 65 – 74, social networks were found to help support and sustain continued physical activity. The social experience of the small group structure was an important motivator

for participation and enabled interactions that helped people to form new social networks within the group.⁷⁷

In Cache County Utah, one of the areas in the US with the highest conditional life expectancy, ratings by older adults of healthy mood were high, and social participation, along with religious, was common.⁷⁸



Health benefits can also be realized by participating in online communities – a virtual network the older adult can tap into easily from home, with computer access. While this type of social network is not involved with physical activity, contacts formed online can contribute to wellbeing by helping people to manage their stress, providing mental stimulation and opportunities to make new friends, and decreasing feelings of loneliness.

The numbers of adults over the age of 60 using the internet in the US in 2007 was between 20 – 50% and growing.⁷⁹ Learning computer and internet skills as an older adult can increase feelings of independence, as well as provide new access to a world of resources and networking opportunities.

Medical and other health-related information can be obtained through the internet to inform and support self-care, and seniors' online communities provide discussion forums on a wide range of topics, planning tools for financial management, games for mental stimulation, and act as a communication forum for making new friends.

Family often forms the nucleus of an older adult's social network. Many of the respondents (age 65 – 84) in the UK study *Understanding resources in later life*, identified a close family network as being very valuable to them, particularly when they were most in need of help. Often family members provided practical assistance, such as transportation, grocery shopping and repairs around the home. In exchange, the older adults often acknowledged their appreciation for help by providing money or some other type of treat. This reciprocity of different types of support was seen as important by both parties in the exchange.⁸⁰

Green also notes the significance of family in the lives of the older Canadians she interviewed, and reports that about two thirds of older adults who receive help in their home have it provided by a relative. Family, however, does not have to be restricted to blood relatives. Friends can be part of a person's family, and in this way anyone can make their own "family." This may be a useful approach for aging baby boomers: many do not have children, come from smaller families than the previous generation, or may be geographically separated from their family members. One of the 85 year-olds Green

interviewed minces no words about the importance of friends in her life: “Your children are a comfort to you. They phone you once a week. But it’s your friends you need.”⁸¹



Many sources in the literature refer to social networks as a resource, and one that is best cultivated earlier in life to ensure an expansive and supportive one later on. Often adults are too busy with work, raising children and managing a household, to take the time to cultivate new friendships and maintain the ones they have. However, middle age is our best opportunity to build social relationships consciously. If social networks are not well developed by middle age, it can become too

late to do it at a later age, and people risk becoming socially isolated after retirement.

Research has found that one out of ten people over age 65 report they have no friends, and of those age 75 and older, some four out of five have not met any new people in the past month that they would like to become friends with. All of these findings, plus the fact that an older adult could lose their spouse or older friends to death or limiting chronic diseases, point to the importance of planning and actively developing a broad social network for healthy aging, to provide a resource that can be drawn on as needed.⁸²

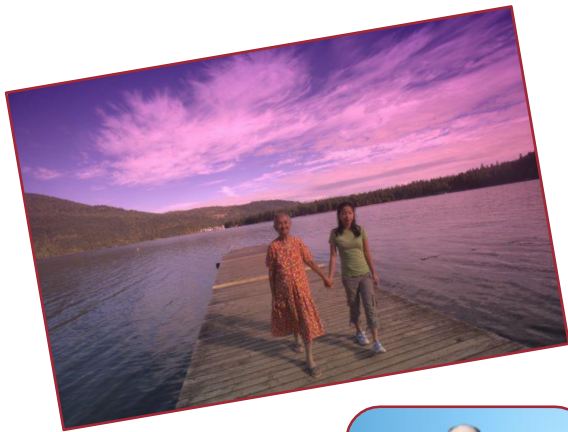
The literature provides several practical tips on how to stay connected with friends, make new friends, and nourish spousal relationships – all aspects of the social network. It is recommended to use a variety of modes to maintain contact with friends and to pick those that fit personal preference, abilities and situation.

Channels for communication include email, online communities, telephone, letter, personal get-togethers such as lunch or dinner dates, teas, birthday parties, and group activities like book clubs, exercise classes and walking groups.

It’s best to make social interactions part of your routine, such as having a weekly telephone call organized with family members, to ensure connections take place on a regular basis. It’s also recommended to participate in group activities as well as private ones (for example, a yoga class and having a friend over for tea), to provide a “balanced social portfolio.”⁸³ This requires deliberate planning to ensure variety and regular interaction with others, and intentionally joining some groups just for the opportunity to make some new friends.⁸⁴

It is important as well to be a good friend, in order to make and keep friends. Green provides a checklist of tips for interacting with others, and shares suggestions from the 40 older adults she interviewed. Helpful hints include staying abreast of current affairs, taking care of one’s appearance, staying focused on the present rather than the past,

and not dwelling on sharing detailed descriptions of one's health problems. Having younger friends in a social network can help to stay current and engaged with a wider variety of interests and activities.⁸⁵



*SOCIAL NETWORKS ARE
A KEY PART OF HEALTHY
AGING*

Planning now to stay connected with family and friends, and consciously and actively building and nurturing a broad network, can reap multiple benefits later in life and provide a valuable resource of support when needed.



HOUSING

The majority of older adults live in the community, and most want to remain living in their own homes and age in place.⁸⁶ If people choose to stay in their homes in their later years, a number of issues need to be considered, in order to assess and decide if the home and the local neighbourhood are appropriate for healthy aging, and whether changes or adaptations need to be made now or in the future to support it.⁸⁷

Older adults are at higher risk for inactivity, and more vulnerable to the elements of their environment.⁸⁸ Research shows the physical and social environment both play an important role in population health.⁸⁹ For example, certain characteristics of a neighbourhood have been identified as desirable for older adults. These include easy access for walking, public transportation, and medical services.⁹⁰ Areas that have parks and walking routes which are also perceived as safe help to encourage physical activity for this age group.⁹¹ In this way an environment that is user-friendly for walking, cycling, and doing essential shopping by foot or bus can help to decrease obesity and delay the onset of disability through regular exercise.⁹² When services are accessible by foot, it helps to reduce reliance on driving, encouraging independence should an older adult have to stop driving, if his or her spouse is unable to drive any longer, or they lose their spouse.

There is also a trend towards urbanization today with older adults returning to the city to have better access to services and other amenities, and avoid potential isolation in less populated areas.⁹³ Many people, as they age, seek out areas to live where they can

get to places easily for social stimulation and other activities, to help them remain engaged with their community.



When assessing one's home and its suitability for aging in place, many factors need to be considered. These include the home itself, and whether adaptations need to be made now or in the future, to make it as safe and supportive as possible. Older adults are encouraged to do a home assessment, and preferably when they are in their mid-fifties rather than later on, to see if

any changes need to be made, whether to consider moving and downsizing to a smaller home, and if that might include moving to a new community.⁹⁴

Thinking about the suitability of one's home for healthy aging should be considered sooner than later for several reasons. Reports from older adults' housing experiences indicate that the decision to move, downsize or simplify needs to be timely because you may not have the physical health later on to realize the change. In the UK study *Understanding resources in later life*, it was found that financial, logistical and emotional barriers could increase difficulty with moving, and decrease the likelihood of its happening, even if the current home was found not suitable later on. In the group studied, some older adults downsized earlier, but others were very reluctant to leave their home, and often saw it as an asset they wanted to leave for their children.⁹⁵

In an evaluation of *The Safe Living Guide: a home hazard checklist for seniors*, middle-age adults age 55 – 59 were able to identify more hazards in their homes than older age groups. This finding adds further rationale for assessing the home in mid-life rather than later, to determine what may need to be fixed or changed for healthy aging. People who used the checklist also found it made them aware of things they might need to put in place later on as they grew older.⁹⁶

Remaining in a home that does not support healthy aging can force a move later on, if ill health develops and physical or mental function declines. Generally, if older adults do not downsize by the time they are 80, it will only be illness or the death of a spouse that forces a change. In this situation, the older adult often has less control over their living choices than if they had assessed their home sooner and made changes when they were younger to better accommodate healthy aging.⁹⁷

It can be challenging to remain at home if changes occur in physical/mental function. Research shows that some of the home activities older adults have the most difficulty with include "moving heavy objects, washing windows, and cleaning the house."⁹⁸

Often older adults have difficulty acknowledging they need some assistance, and may associate asking for help with decreased independence. They may feel as if they need to do as much as possible themselves in order to stay independent and remain living at home.⁹⁹

*MOST PEOPLE WOULD LIKE TO REMAIN
LIVING IN THEIR OWN HOMES AS LONG
AS POSSIBLE*

However, this attitude can also place people unnecessarily at risk, when they try to perform tasks they are no longer able to do safely. As a result, events such as falls may happen, resulting in a broken hip, hospitalization, increased frailty, and perhaps a forced move to more supportive type of housing. Falls prevention is a serious concern for older adults, as “falls are the most common cause of injury and the sixth leading cause of death for seniors.”¹⁰⁰

Research demonstrates the strong relationship between housing and healthy aging. In a study of 1,918 people age 75 to 89 in five European countries, results showed those who lived in more accessible homes who saw their home as meaningful to them and useful, and had an internal locus of control, were more independent in their activities of daily living and had a greater sense of well-being. This study highlights the importance of making modifications to the home to help compensate for declines in older age and maintain independence and a healthy state.¹⁰¹

TRANSPORTATION

Mobility outside the home is important for healthy aging for many reasons: it enables people to maintain social connections and participate in community activities; fulfill personal needs such as grocery shopping and attending health-related appointments; and supports independence and choice in being able to go where you want to and when, without help from others.¹⁰² Maintaining a healthy, active lifestyle can help the older adult to retain many aspects of their driving capacity longer, since evidence shows that physical frailty and associated medical/health issues are the most common reason for people giving up driving.¹⁰³

The subject of driver fitness in older adults is often a sensitive one, for many people view discontinuing driving or giving up their license as a great loss that significantly affects their lifestyle and their self-image.¹⁰⁴ Often people have become reliant on using a car for their transportation needs and are uninformed about alternatives. As a result, they feel very dependent on being able to drive, and feel the need to retain their driving ability as long as possible.

There are safety concerns with older drivers. “The most common areas of concern are: slow reaction time, driving too slowly, not paying attention to other drivers and pedestrians; recent crashes, and/or forgetting where you are or were going.”¹⁰⁵ With the number of older drivers increasing due to the baby boomer demographic, driving issues related to this age group will likely gain exposure in coming years.



Drivers over age 80 have a higher crash rate per mile driven of any age group, except teenagers,¹⁰⁶ and there is additional evidence that drivers older than age 80 are less safe than other age groups.¹⁰⁷ Research shows older drivers are reasonably good at identifying vision and fatigue problems in their driving, but not as adept at noticing declines in cognitive function. Although it has been

found that drivers with mild dementia have no greater crash risk than new drivers, the risk of a crash does increase with more advanced dementia, primarily due to inattention and difficulty staying in the lane.¹⁰⁸ Many factors can potentially compromise driving ability in the older adult. These include changes in visual field, reduced hearing ability, decreased strength and coordination and cognitive decline. Many older adults have one or more chronic disease, and if they are taking medication, may experience side effects that can affect their driving.¹⁰⁹

In a study of 183 adults age 75+, the majority (85%) were still driving. Those no longer driving were older, primarily female, lived in an independent living residence, had more health conditions, a lower ability in activities of daily living, greater cognitive impairment and decreased physical strength.¹¹⁰

RESEARCH REVEALS THAT MOST OLDER ADULTS WILL LIVE 7 – 10 YEARS PAST THEIR DRIVING ABILITY

The literature recommends looking at driving ability sooner rather than later, and in a positive light by focusing on the person’s functional capacity, rather than on their age or only seeing potential loss and limitation if transportation modes need to be changed.¹¹¹ Drivers can be alerted to a number of warning signs of unsafe driving in their practice, and explore what can be done to drive more safely. Warning signs include things such as experiencing a lack of confidence in driving, confusing the brake and gas pedal, having difficulty making turns, and being easily distracted.¹¹²

Older adults can be proactive about their future transportation plans for healthy aging by thinking about what would happen if and when they can no longer drive. It is estimated that the average older adult will live at least 7 – 10 years beyond their driving

ability, so it is helpful to anticipate this in middle age and plan how to continue to meet transportation needs, rather than experience unnecessary limitation in the future.¹¹³



Transportation planning includes considering the home location and current distance to services and places often travelled to; obtaining information on alternative transportation for the area; and comparing the cost of owning and operating a vehicle versus public/private/volunteer transportation and what one's budget can afford.¹¹⁴

There are other considerations to think about for transportation planning, should the transition from driving need to be made and public transportation used instead.

These include distance to bus stops and possessing the physical/mental ability to travel to the bus stop; availability of bus/taxi/volunteer drivers and at the times preferred; safety of the bus stop area and access to shelter/bench while waiting for a bus, and ability to carry/transport items from trips on the bus and to your home.¹¹⁵



All of these issues can be thought about and assessed before any change might be needed. The older adult or their spouse if they have one, may not be able to drive as long as they would like, due to unexpected changes in health status or other circumstances, and being knowledgeable and prepared to use alternatives can do much to support a continued active lifestyle and healthy aging.

FINANCE

“Financial planning leads to greater well-being regardless of household income.”¹¹⁶ This powerful statement by Noone et al. speaks to the importance of planning one’s financial future, no matter what age. Traditionally, financial planning was the main type of planning undertaken for retirement, and once that was in place, people felt set to retire. Today, the financial dimension is only one aspect of planning for healthy aging, but it is still a critical element for a number of reasons.

The first reason for financial planning for older age concerns the older adult population itself. Many older adults in Canada, the US, and other countries, are poor, and particularly if they live alone. According to Statistics Canada, in 2005, 6.8% of all seniors in Canada were living below the after tax Low Income Cut-Off (LICO) - Canada’s unofficial poverty line, and over 17% of all single seniors lived below the LICO.¹¹⁷

*IN NOVA SCOTIA, 30% OF OLDER ADULTS LIVE ALONE,
AND RELY ON A SINGLE SOURCE OF INCOME FOR THEIR
MAIN NEEDS.*

Women, specifically, are at higher risk for financial insecurity in their older age. Many women are not financially literate, rely on their husband’s assets or mistakenly think their family will take care of them later on; they save less than their male counterparts, live longer than men, and are generally unprepared for retirement. This places women in a vulnerable position and at even greater risk for financial hardship should they divorce or lose their spouse.¹¹⁸ In addition, many middle-aged and older adults do not have a financial plan for their retirement, are not saving much towards it, and are relying on Old Age Security and Canada Pension Plan payments as their main source of income in retirement.

This does not bode well for people who wish to maintain the lifestyle they are used to, cover unanticipated expenses, or manage on their own, should their partner, if they have one, die before they do, or should they develop a chronic disease or disability that requires additional unplanned for expenses.¹¹⁹

The majority of these scenarios can be avoided, or at the very least ameliorated, with good financial planning, appropriate saving and investing, and self-education. Lyndsay Green, in her interviews of Canadian older adults and their finances finds “that the elders seem to have adequate resources speaks volumes about their planning, and they suspect that many boomers are not behaving with the same kind of fiscal responsibility.”¹²⁰ They are likely correct. A 2008 Canadian survey showed only 43% of retirees were confident in their plans and one fifth of the retirees interviewed were experiencing some financial constraints.¹²¹

One of the benefits of having adequate money in older age is that it provides more options and choices later on, and helps to support independence and a healthy lifestyle. If, for example, declining health or some physical limitation is experienced, savings may be needed to hire help to maintain the yard, or do house-cleaning or grocery shopping

It is difficult to plan for the type of circumstances which might be encountered, but having a financial cushion can support the ability to continue to live as well and independently as possible, should changes occur.

Adequate income is also important for being able to eat a healthy diet. A study of seniors and food security in Nova Scotia found that those who were living on their own and relying solely on public pensions were at greater risk of running out of money by the end of each month. In Nova Scotia, almost 30% of seniors live alone and rely on a single source of income for all their main needs.



This is a great concern, because people who are classified as food insecure are more likely to have poor or fair health, and have more than one chronic disease.¹²²

In the UK study *Understanding resources in later life*, interviewers found “several examples of people struggling to make ends meet,” such that some people were limiting themselves to one meal a day, to be able to manage on their limited income. To avoid these types of situations, it’s critical that all adults become financially literate and take steps early in order to enter retirement with a strong financial foundation.¹²³

As found in the Nova Scotia research, the seniors living in England with constrained incomes had more health problems.¹²⁴ Adequate income is important for many reasons, including being able to eat a healthy diet.

In planning the financial future, many sources in the literature recommend relying on more than one source of income in retirement, and not just Old Age Security (OAS) and the Canada Pension Plan (CPP). Service Canada, in its *Services for Seniors Guide*, cautions that OAS and CPP provide only a modest income, and older adults should not rely only on these for their retirement. Similarly, the planning book *What Color is Your Parachute? For Retirement* presents five “pillars” of financial planning: personal savings, employer plans, real estate, employment, and social security. The authors advocate choosing three of these pillars to provide the most potential for a financially secure retirement.¹²⁵



Many professional groups have queried their members with regard to retirement preparedness. In the study *Are nurses prepared for retirement?* the authors sent out a questionnaire to 200 randomly chosen nurses age 45 – 64 who were working in Newfoundland and Labrador. Findings showed only 24% had done any substantial planning for their retirement.¹²⁶ They discovered that nurses did more planning when closer to retirement, but the majority needed to focus more on financial planning generally, and earlier on in their careers. The research also recommended a three-pronged approach for nurse's financial plans, which included company pension, social security and personal investments and savings.¹²⁷

The study on Canadian nurses concluded that nurses can estimate how much saving and investing they need to do before they retire, by taking the initiative to do their own research and becoming educated about financial planning. Mid-life and older adults can take similar steps to plan for healthy aging. There are many calculator tools, worksheets, case studies and checklists that can help an individual to do this. As well, attending workshops and pension planning sessions can help to increase financial literacy and increase awareness and understanding about future options and approaches that can be taken.

Many websites on financial planning also provide a myriad of tips to help enter retirement with a strong foundation. These include actions such as using a bank that has free checking services, downsizing your home to decrease living expenses, paying off debt and working part-time to provide additional income.

Financial planning starts with thinking about retirement and the type of lifestyle desired. Research shows that a “tendency to look at the future is associated with higher levels of financial preparedness.”¹²⁸ From there, tools can be used to estimate how much money will be required to support the envisioned lifestyle, and how much should be saved or invested in order to achieve that picture. Planning has been shown to be associated with a lack of decline in living standards and better adjustment to retirement.

However, it often isn't until after a person has retired that they learn the importance of planning more in mid-life. This was the finding in a study of retirees from an international company in the US, which showed a significant difference between what respondents had done to prepare for retirement and what they believed was important to plan for after they had retired.¹²⁹ In the area of financial planning, 78 or 10.2% out of 764 participants reported they had made preparations before they retired. After they

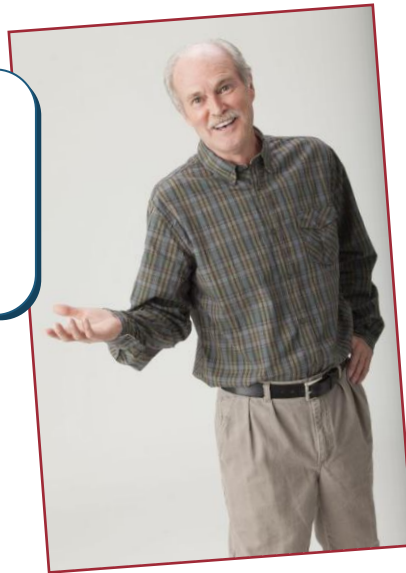
were retired, 572 or 74.9% out of the 764 indicated that finance was an important area to plan for.¹³⁰

As with housing, there are additional considerations to bring into the healthy aging planning picture for finance. These include looking at the current housing situation and assessing the affordability and location of the home for aging in place: is the home larger than needed and would it be financially prudent to downsize, is the home in an isolated location without access to alternate transportation, and could this limit spending later on? Other financial areas needing attention are income tax considerations, budgeting, and estate planning. Estate planning is often avoided by many people, but this approach can create a great burden and needless angst for family members or friends who are left to take care of things as best they can. Estate planning includes planning for power of attorney, making a living will, and having an advanced care plan early on, before health issues arise.

There is a great deal of emphasis in the literature on self-management and financial planning. It behooves all middle-aged and older adults to become literate in this area and take the necessary steps to ensure financial stability for themselves for healthy aging. Even in formerly traditional cultures such as in Hong Kong, studies reveal the great vulnerability for poverty of women who will soon be entering retirement.¹³¹ In 2008, elderly women had nearly double the poverty rate of men in the US (11.9% versus 6.7%).¹³² And in Canada, our baby boomers also seem to be turning a blind eye to preparing financial for retirement. It has been shown that people are more likely to plan if they have sufficient knowledge and resources, have an orientation to the future, and have confidence in their plans. It's up to the older adult to take those first steps, and sooner rather than later, for healthy aging.¹³³

VOLUNTEERING

VOLUNTEERING HELPS TO
INCREASE LONGEVITY,
HAPPINESS AND
SATISFACTION IN OLDER
AGE



Approximately one third of Canadians age 65 and older volunteer, and as a body, they give the most hours to volunteering of any other age group.¹³⁴ When aging baby boomers become factored into this equation, the volunteer potential of older adults is tremendous.

Volunteering offers many benefits to the older adult, as evidenced in the literature. It has been shown to be an important part of healthy aging, helps to keep people connected with their community, is associated with enhanced longevity, and increases both happiness and satisfaction in older age.¹³⁵

The reasons older adults volunteer are both personal and altruistic. A study on why older adults volunteered at a research registry based at the University of Queensland, Australia, found four main motivators: to contribute to society and research, to be involved in research, to meet others, and be informed about the university environment. The author's research found that people's personal and philanthropic reasons for volunteering are often interconnected. Generally, older adults volunteer to benefit the community and feel a sense of belonging, have social interaction and mental stimulation, feel useful and needed, and occupy free time.¹³⁶

The literature identifies certain characteristics of older adults who volunteer. In the study the *Dynamics of Volunteering in Older Europeans*, adults age 50 and older were surveyed in 11 Continental European countries. Findings showed that a higher percentage of people in the northern countries (Denmark, Sweden, the Netherlands) volunteered (17 – 18%), versus the southern countries such as Greece and Spain (2 – 3%). However, it seemed that volunteering in the southern areas could be superseded

by social interactions with family, so this may explain the lower number. In general, the average rate of volunteering for adults age 50+ in Continental Europe is 10%. This European study also found that people were more likely to volunteer if their spouse already volunteered, if they were not working, had higher education, and had volunteered before, earlier in their lives.¹³⁷



The older Canadian adults interviewed by Lyndsay Green for her book *You Could Live a Long Time: Are You Ready?* provide several tips to help ensure success with volunteering. They recommended choosing a volunteer activity that is enjoyable and about which the volunteer is passionate. They also suggested trying out volunteering earlier, for example in mid-life, to explore what volunteering is like, find something interesting and ensure it's a good fit. Generally, it's also better to get established in volunteering earlier in life before the opportunity to get engaged is lost later on due to declining health or other circumstances.

*APPROXIMATELY ONE THIRD OF CANADIAN ADULTS
AGE 65 AND OLDER VOLUNTEER
AND THEY GIVE THE MOST HOURS OF ANY AGE
GROUP*

In the six community consultations undertaken in south-eastern Ontario with older adults age 75+, participants noted that they learned about volunteer opportunities mainly through friends, family, newspapers, church groups or community support agencies. With regards to the internet, "less than 5% of the seniors interviewed (200 in total) indicated that they used the internet as a vehicle for accessing information about community events/activities."¹³⁸ This trend for internet use is likely changing however, since a larger proportion of younger seniors (age 65+) use the internet, and this number is growing.

The older adults interviewed in Ontario also identified two key barriers to volunteering which many of them experienced. These were "affordable and accessible transportation options."¹³⁹ Many of them no longer drove, and often relied on family or friends for assistance. They found the public system expensive for those on fixed incomes, and the service was not frequent enough or often not even available in rural areas. This issue could be a limiting factor in many communities across Canada, and affect the number of older adults who volunteer and how often they can travel to volunteer locations in their area.¹⁴⁰

Older adults are a significant source of knowledge, skills and abilities, and many organizations are already targeting baby boomers to try and tap into this valuable resource.

Authors Hank et al., in their European study of older volunteers describe volunteering as “one of the most prominent examples for a productive aging activity.” Older adults are a significant source of knowledge, skills and abilities, which they can provide to their communities if certain barriers are removed, and opportunities are made known to them. And by becoming engaged in volunteering, this in turn supports their healthy aging.¹⁴¹



METHODOLOGY

RESEARCH OVERVIEW

The research for this project consisted of scanning the literature for the rationale and benefits of planning for healthy aging, and identifying tools and resources that can be used to help older adults plan for healthy aging. The literature search was conducted by a librarian and an analyst, and the report was written by the analyst.

The Research Request

The research team was asked to address the following research question:

- *What are some examples of the best kinds of tools used to help older people (age 65 – 74) plan for healthy aging?* The findings were to be summarized in a report and presented at a symposium on planning for healthy aging in Vancouver in June, 2011.

Jurisdictions to be covered in the scan included Canada, the US, Australia, New Zealand, Great Britain, and Scandinavian countries such as Denmark. Literature published in the last 2 – 3 years was preferable, but the scan could be extended to the past 10 years.

English-only literature was to be searched, and public, private and non-profit sectors included. The categories of health, housing, finance, social networks, transportation and volunteering were requested to be covered – a comprehensive search that would provide some findings in each area, but not necessarily exhaustive.

Research Method

Articles, studies and reports were sought from a wide variety of sources, including databases on the EbscoHost Platform (e.g. Medline with full text, Academic Search Premiere, AgeLine, PsycINFO, SocIndex), and individual data bases: Ageline (focuses on the 50+ population and issues of aging), CINAHL (covers the fields of nursing, allied health, consumer health, alternative and complementary medicine), ERIC (education literature and resources), and Soc Index (sociology and related areas). Grey Literature databases searched included the Canadian Health Research Collection, Grey Literature Report and OAister in Worldcat.

Search terms included retirement planning tools, retirement AND checklist OR planning OR self-assessment, checklist and active aging, retirement and healthy aging, checklist and active aging, retirement and health, retirement and planning, and evaluation of active aging checklist.

The research team endeavoured to find evaluations of healthy aging checklists, but only one was identified: *Evaluating the Safe Living Guide: A Home Hazard Checklist for Seniors*.

Grey literature sources included books related to planning for healthy aging, checklists, handbooks, and guides developed by private businesses, non-profit organizations and national, federal and provincial bodies in Canada and other countries such as the US.

Examples of websites scanned include: the Public Health Agency of Canada, Canada Mortgage and Housing Corporation, World Health Organization, BCAA Traffic Safety Foundation, Manitoba Seniors and Healthy Aging Secretariat, AAA Foundation for Traffic Safety, WeCare Home Health Services, Agency for Healthcare Research and Quality, Volunteer Canada, the Investor Education Fund (GetSmarterAboutMoney), and Service Canada.

Research Challenges

Traditional literature searches follow a process of identifying subject-appropriate bibliographic databases and formulating search terms to retrieve citations to published academic literature, such as academic journal articles, books and dissertations.



Academic literature tends to document the findings of specific research studies using empirical methodologies or, through systematic reviews or meta-analysis, reviews other studies to arrive at a conclusion about the state of knowledge in a topic area. The "grey literature," which includes reports, papers, and other documents published outside common publisher channels, usually reflects the work of governments, academic research think tanks, and

non-profit or for-profit organizations. The literature review for this project was different. The project sought to identify effective tools and checklists aimed at helping older people plan for a healthy retirement and old age. Searches of the academic and grey literature did not uncover much in the way of evaluation of planning tools for seniors.

Most planning tools identified during this search were produced by the private, public and non-profit sector, including housing agencies, home health care companies, and traffic safety foundations.

These tools are distributed through the organization's web sites and service points. It is unlikely to find tools like these evaluated or documented in the research literature, unless they form part of a larger project with a broader mandate. Moreover, rigorous evaluation of planning aids for healthy aging would require answers to such questions

as: What measurable outcome are you evaluating? Are you measuring uptake of the tool itself, or improvement in older people's health status? How do you measure the outcome? Is the data collection methodology statistically sound?

Given the nature of these consumer-focused planning aids and the time constraints of the project, it is not surprising that so little information was found in academic research databases or the traditional grey literature sources. However, the evolution of online technologies and the changing attitudes, skills, and needs of boomer seniors will perhaps result in more research being carried out in this area in coming years.

Findings

Several types of tools and resources were identified for each of the planning dimensions. The majority of the tools are available for free online, or through ordering by telephone. Books that have been reviewed are available through the public library or by purchasing from a local bookstore for a modest price, or ordering online. Each resource is described, along with contact information and cost, if applicable. The resources can be found in Appendix 1. These planning tools are not an exhaustive inventory of all that is currently available in the public, private and non-profit sector. (The appearance of these tools in this report does not represent endorsement by the Ministry of Health). They are a set of examples that, upon initial research and analysis, seem appropriate and useful for the purpose of planning for healthy aging.

CONSIDERATIONS FOR B.C.

Literacy

Literacy, defined as “an individual’s ability to read, write, and speak in English...at levels of proficiency necessary to function in ...society”,¹⁴² is an important aspect to take into consideration for any of the tools that are chosen to become part of the kit for planning for healthy aging. Handbooks developed for older adults in British Columbia, such as *Healthy Eating for Seniors*, have taken literacy into account, generally using plain language at a Grade 6 level, and a minimum 12 point font with the content organized into short sections of text for easy readability.

There are different types of literacy, including health literacy - “the ability to read and comprehend... essential health related materials required to successfully function as a patient”,¹⁴³ and numeracy – the ability to understand numbers and do basic calculations in order to do tasks such as follow the directions on a prescription, or find out if the number of calories in a serving of ice cream is allowed within a certain diet. All of these are considerations for the types of tools made available for B.C.’s older adults, so they can be accessed and used easily by the broadest population possible.

Literacy skills are often overestimated, so it often comes as a surprise to learn that approximately 40% of Canadians do not have the basic literacy skills to be able to function well in society.¹⁴⁴ Since literacy skills tend to decrease with age, it is even more important that any tools developed to help older adults plan for healthy aging are written at an appropriate grade level for the older adult.

There are tools available to help determine the grade level of a document, ensure a publication is written at the appropriate level for the intended audience, and check the literacy level of an individual. These include:

- The Flesch-Kincaid readability statistics feature in Microsoft Word for assessing readability.
- The FOG index for ascertaining the approximate grade level of a document.¹⁴⁵
- Checklists to assess and help ensure readability of documents for older adults.¹⁴⁶
- “The Newest Vital Sign” - a health literacy screening tool, available in English and Spanish, can be used to assess if an individual has a low literacy level. The tool was developed by Pfizer Canada, a health care company, and can be downloaded for free at: <http://www.pfizerhealthliteracy.com/>. The tool takes approximately three minutes to use, and is designed for use by health care professionals such as nurses, but it could also be adapted for use by an individual.

- *The Rapid Estimate of Adult Literacy in Medicine and the Test of Functional Health Literacy in Adults.*¹⁴⁷

Additionally, a simple test is to ask the individual who is being assessed to read aloud a section of a health care pamphlet that is related to their health care, to see if they can accomplish this correctly and easily.¹⁴⁸

Ethnic/Cultural Considerations

B.C. is an ethnically diverse province, and this includes the older adult population. Approximately 30% of all seniors in Canada are foreign-born, and for many English is not their first language. For example, of seniors of visible minorities in Canada, 71.7% are Asian, and nearly 1 in 4 of immigrant seniors coming to Canada are from Asia and the Middle East.¹⁴⁹

Because of this diversity, ethnic considerations are critical for optimizing awareness, understanding and uptake of any tools made available to older adults to plan for healthy aging. Language limitations can restrict the older adult's ability to learn about services and programs, use the internet to obtain resources, and be able to understand how the tools and resources can help them.

The poverty rate for elderly immigrants is also higher than for Canadian-born elderly: 12.5% for immigrant men versus 8% of native born, and 20.1% for immigrant women compared to 17.6% of those born in Canada (Stats Canada, 2005).¹⁵⁰ Education level has been shown to be linked with poverty level, and lower education levels can create even greater challenges for immigrant seniors to obtain information and understand it, particularly if computer and internet skills are required.

It is important to learn what each ethnic group's preferred ways of receiving and obtaining information is (e.g. printed handbook, video, face to face meetings), determine if translation or other special services are needed to make information accessible, know what the barriers are to accessing and understanding tools such as those for planning for healthy aging, and tailor approaches to the group/individual.

Cost/Affordability

Cost is a consideration in deciding what tools and resources will be developed, adapted or made available to plan for healthy aging, how they will be distributed and what format will be used (e.g. web-based, printed material, videos, or combination). Cost considerations include possible fees for obtaining permission to use or adapt an existing tool, printing and distribution of materials if using a handbook or brochure format, marketing of the tools, and website development if hosting resources on the internet.

Many of the tools described in this report are available on the internet for free, and this is a relatively low cost approach for older adults to use for accessing resources, but computer access and internet skills are required to do this. A good percentage of B.C.'s seniors use the internet and this number will grow as the more internet-savvy baby boomer population retires. However, many older adults do not have a computer or know how to use one, and computer/internet access and skills are likely not a common way for many ethnic seniors to obtain information about resources.

It is probable that a variety of formats for tools will need to be used, to make them accessible to the broadest number of older adults across B.C.. As tools are selected and/or developed associated costs will need to be estimated to determine what the most affordable and appropriate approach is to make them available to the target group.

WHO CAN USE THESE TOOLS?

Older adults from age 65 to 75 plus and their family members and friends

Planning tools can be used by both generations – by the older adults to assess their situation and make improvements to optimize healthy aging, and by mid-life adults to assist their aging parents and friends. The tools will help them to start thinking about what they want their golden years to look like and what planning steps need to be taken to realize their vision.

Usefulness of tools for pre and post retirement older adults

The majority of the tools recommended in this report have useful aspects for adults age 50 to 75 and beyond. The tools generally have the flexibility to be used by:

- pre-retirees (e.g. age 50 – 60/65) for planning ahead and to prompt thinking about steps to take or identifying changes that may need to be made later on;
- people who have recently retired and now have the time to solidify or more fully develop or change their initial plans;
- older adults who might need to re-assess their life situation and make changes in certain areas to better support themselves for optimal healthy aging.

These tools are also highly useful for the families and friends of older adults, to provide resources they can share with them, use as a starting point for discussion about steps to take or changes that are needed, or use the check-lists to assess their family member's situation and identify changes that are needed for healthy aging and living independently.

The information contained in the identified tools is beneficial for a broader audience as well. Adults of all ages, their families and communities, can gain from these resources. For example: practicing an active, healthy lifestyle, developing a broad social network, choosing a home that suits and supports the needs of its occupants, becoming financially

literate, developing a solid financial base for the future, and engaging in the community as a volunteer, reap multiple benefits for everyone.

Applicability of existing tools/use of for B.C.

Many of the tools listed in this report are available in the public domain and can be downloaded at no charge from the internet. Some of the resources are books, which can either be purchased by the individual or borrowed from a public library. Others are available for free, and the hard copy can be ordered online or by telephone.

Several identified tools from jurisdictions outside B.C. could be used in their entirety if permission was obtained, and others would need to be adapted for use by the B.C. population.

These tools identified provide many lessons that can be applied should B.C. consider adapting any existing tools or creating new ones suitable for B.C. older adults

CONCLUSION

A strong rationale exists in the literature for planning for healthy aging. Many reasons form that rationale, including being able to have more control over lifestyle and circumstances in older age, increasing the ability to live independently at home longer and more safely, having the resources to make the most of the third phase of life, optimizing health and life-satisfaction, and reducing costs – financial, emotional and social, for the older adult, their families, communities and B.C.’s provincial health care system.

Many factors need to be taken into account when developing tools for older adults to use for planning for healthy aging, from the individual’s planning type to the role of attitude and resiliency to being able to adapt positively and pro-actively to changes that come with older age. In most cases, healthy aging involves some kind of behaviour change at some stage, and older adults need to be encouraged and supported to plan in ways that match the stage they are at, and take the initiative to start.

All the dimensions of healthy aging are interconnected – no single area is more important than the others, and having plans in one sphere helps in turn to support all the others. In this way, planning for healthy aging needs to be viewed and treated as a holistic activity that addresses all areas of life.

Planning for healthy aging is best approached sooner in life than later, although it is never too late to put some plans in place and improve one’s situation. The earlier adults begin to think about how they envision their life in older age, the greater the opportunity they have to realize that vision, maintain their health and independence, and fulfill their dreams and goals.

Many excellent resources and tools exist to help older adults plan for healthy aging. It would be best if they were centralized into one location, for example on the B.C. Seniors Portal, and broadly advertised to make the resource well-known; and communicate the importance and benefit of planning ahead.

There is a real need currently in B.C. for tools to support healthy aging planning: for older adults to use to assess their situation and make improvements to optimize healthy aging; for mid-life adults, to be able to assist their aging parents to make appropriate decisions to support their healthy aging; and for baby boomers, to help them start thinking about what they want their “golden years” to look like and take steps to realize that, as they witness the aging of their own parents.

APPENDIX 1

HEALTHY AGING PLANNING TOOLS: A SET OF EXAMPLES

Health /Mental Health

Get Going to Keep Going Guide

This 14-page booklet is one of the healthy aging resources available from *We Care*, a Canadian private home care service provider. *We Care* was founded in 1984 in Brandon, Manitoba, and has 50 locations in 800 communities across the country.

The booklet includes the areas of healthy eating, physical activity, mental health, volunteering, medications management and getting the most out of health care appointments with providers. *Get Going to Keep Going* has checklists and bulleted lists in each section, making it easy to read and identify key information. Tips are provided in each section as well, and a web link to additional resources. The language used is simple, positive and action-oriented.

- Canadian publication
- Available for free by calling 1-877-853-1195 or ordering through their website: www.wecare.ca
- User-friendly size and checklist layout. Appropriate language level, and action oriented (e.g. Get involved, Get eating)
- Covers all the main health areas for maintaining a healthy lifestyle
- Private organization publication
- Does not include health screening

Women: Stay Healthy at 50+/Men: Stay Healthy at 50+

These two checklists were developed in partnership by the Agency for Healthcare Research and Quality (AHRQ) with the American Association for Retired Persons (AARP), in 2008. They are formatted in brochure style, and are designed to help adults over the age of 50 learn what they can to do stay healthy and prevent disease. The brochure includes a checklist on key steps for good health to practice on a daily basis, recommended screening tests and frequency, and a screening test record, to fill in as tests are done over the years.

- Easy to use pamphlet style
- Separate publication for men and for women
- Well-organized and easy to understand

- Covers health basics and prevention practices (screening), with personal record form for tracking tests done
- Covers age range 50+
- American publication
- To see the Tool: View the brochures by going to these links and viewing the PDF file <http://www.ahrq.gov/ppip/men50.htm> and <http://www.ahrq.gov/ppip/women50.htm>

Clinical preventive services for normal–risk older adults

This table provides screening recommendations, immunization and chemoprevention and counselling markers for people age 50 – 75, to help encourage healthy aging in primary care settings. Some aspects are similar to B.C.’s Lifetime Prevention Schedule. A second table on maintaining physical function is also included in this journal article. Some aspects of it could be adapted and added to a health check-list, for example, types of physical activities that promote healthy aging. Published in *Geriatrics*, Vol. 61, No. 4, April 2006.

- Well organized information, easy to match to your age to the test/service recommended
- Designed for adults age 50 – 75
- Covers key screening tests, immunization and lifestyle counseling
- Would be suitable as a pocket-tool, to take for visits to your GP for discussion and tracking purposes
- American source
- Only focuses on a narrow area of health

WebMD

This website is available to provide an opportunity to ask health professionals about health-related questions online. Information on a broad range of health issues & conditions can also be accessed, and on-line discussions held with others. The site provides an extensive number of tools, such as quizzes to test people’s knowledge and increase awareness about various health conditions, with information on how to prevent and manage. Link: http://my.webmd.com/living_better/age

- Health Information can be obtained quickly and questions asked of a health professional at any time from home, via the internet
- Provides information on a broad range of health issues and conditions
- Provides a variety of tools to inform and increase awareness about health
- Requires computer access and computer skills to use the internet and navigate the site

AARP Step Up to Better Health/Get Fit on Route 66

The American Association for Retired Persons (AARP) was honoured by the International Council on Active Aging for two programs designed to motivate adults age 50+ to be more physically active. The Step Up program is designed to increase walking to 10,000 steps a day over 10 weeks, while Route 66 provides an online experience for people to translate their exercise minutes into miles, to follow the infamous Route 66 across the US. These online tools provide intermediate goals and progress tracking features to encourage and enable participation. These programs have been included with the health tools because of their linkage to promoting walking, which is one of the most popular forms of exercise for older adults.

The walking tools can be found on the AARP website:

<http://aarp.stepuptobetterhealth.com/> and <http://aarp.getfitonroute66.com/>

- Provides an easy to use walking tool that anyone can use on their own for setting and maintaining a walking fitness program
- Is geared towards older adults
- Requires computer access and computer skills to use the internet and navigate the site
- Is American-based
- Requires AARP membership (\$17 US for Canadians for 1 year)

Healthy Aging for Dummies

This book, by Brent Agin, MD and Sharon Perkins, RN is one of the *For Dummies* series, published in 2008. This book provides a comprehensive resource on all areas of health, from nutrition and fitness to mental health, decreasing stress and falls prevention. It is full of checklists and includes a health self-assessment survey. This book is best used as a complete reference guide, but the individual sections can be used as checklist tools.

- Provides key health information on an extensive number of areas
- Contains checklists in each section, along with tips
- American publication
- \$25.99 to purchase, or can be borrowed from the public library
- Copyrighted material: likely not able to use checklists apart from book

Keep Your Brain Alive

This book, by Katz and Rubin contains 83 exercises to help prevent memory loss and increase mental fitness. The resource is included in the journal article *Behavioural Determinants of Healthy Aging: Good News for the Baby Boomer Generation* (Online Journal of Issues in Nursing, May 31, 2003). The book can be ordered at www.keepyourbrainalive.com.

- Provides an extensive number of cognitively challenging activities anyone can do, to help keep the brain fit and flexible – e.g. using the non-dominant hand to

brush teeth or comb hair, reading a magazine never seen before, taking a totally new route to a common destination

- Available through the public library, or order online through Amazon.com (\$8.95 paper copy or audio book for \$8.95 - \$13.46, in 24 languages)

Housing

Independent Living Guide

This 10-page booklet is available for free from *We Care*, a Canadian private home care service provider. The guide uses a check-list style and has large print. The guide is sectioned by each room in the house, which has its own checklist on safety features, and has tips and reminders for added safety. External areas of the home such as entrances and the garage are included, as well as a section on fire prevention, driving, medications, fraud protection and healthy active living. The majority of the booklet is focused on safety in and around the home. A chart is included at the end of the booklet for people to list the changes they need to make to meet all the recommendations, and note when they have been addressed.

- Short, concise booklet that contains a substantial amount of useful information in a reader-friendly format
- Checklist format for easy home assessment
- User-friendly print-size, spacing and organization of content
- Could be used by older adults or their family/friends to assess home safety
- Free publication – obtain by ordering online through their website: www.wecare.ca or by telephone at 1-877-853-1195
- Covers areas beyond home safety
- Canadian publication

The Safe Living Guide

This guide to home safety for seniors is published by the Public Health Agency of Canada, and is available on line at <http://www.phac-aspc.gc.ca/seniors-aines>. The guide was last revised in 2008 and was evaluated in 2003. The evaluation, *Evaluating The Safe Living Guide: A Home Hazard Checklist for Seniors*, looked at how useful and reliable the checklist was as a tool for identifying hazards in the home. It was found to be both, and can be used by older adults or family/friends or caregivers. The guide is written in large print and contains multiple checklists that are easy to use and cover all areas of the home. The guide also includes tips for additional safety improvements, and case studies to illustrate how safety changes or adaptations can help older adults live more safely and healthily. Medication safety and the benefits of leading an active lifestyle are provided as well.

Note: evaluation of the guide found that adults age 80+ were more likely to identify fewer hazards in their homes using the checklist, than younger adults. It may be

advisable to have a family member or friend complete the checklist with the older adult if they are 80+, to ensure the majority of hazards are identified.

- Canadian, recent publication
- Evaluated in 2003 and found a useful tool for older adults to use
- Large-print for easy reading by older adults, and easy to understand wording
- Comprehensive for all aspects of home safety
- Provides a multitude of practical tips for improving home safety
- Easy to use checklists for assessing safety
- Provides additional safety-related/special needs information
- Available free, online, to the general public
- 38 pages long – well-organized and easy to read format
- Requires computer access, printer and internet skills to obtain a copy

Maintaining Seniors' Independence Through Home Adaptations

This 24-page guide is available from the Canada Mortgage and Housing Corporation (CHMC), and is a self-assessment tool for older adults to use to assess the features of their home and learn about adaptations they can make to improve safety and support them living at home as long as possible. The guide was revised in 2009. It is formatted in large print and is organized by room and activities done in the home. A checklist style is used throughout the guide, making it easy to use and identify problem areas. Many suggestions are provided for how to improve areas, and illustrations provided to clearly show how useful adaptations look in the home.

- Canadian publication, and recently revised (2009)
- Free, by ordering from CMHC at www.cmhc.ca or calling 1-800-668-2642
- Well laid out, with easy to read large print, illustrations and practical tips
- Comprehensive, but relatively short – content is focused on providing the self-assessment checklists and ways to improve/adapt areas in and around the home rather than including additional text

To Move or Not to Move?

This guidebook is published by *Senior Living Magazine* (2007). It is a comprehensive guide to assessing whether the home is suitable for aging in place, what types of services might be obtained to support staying in the home, options for alternate types of housing and how to assess which is the best option, information and tips about the moving process, and information on related legal and financial matters. Checklists of questions are included in the various sections, to assist the older adult in assessing their home situation.

- Canadian, recent publication
- Well-organized and thorough guide on housing and healthy aging

- User-friendly size for older adults and friends/family
- Written by an older adult organization – knowledgeable experts on the topic
- Covers home adaptation to assisted living to complex care facilities – the full spectrum of housing for older adults, and all related considerations
- Cost of \$14.95, but also available in public libraries

The Best the Rest – Downsizing for Boomers and Seniors

This handbook, by Doug and Judy Robinson, is similar to *To Move or Not to Move?* in content, and length. It is also Canadian, and was published in 2010.

- Useful for age 50+, and family members who are helping their relatives to make housing decisions
- Covers aging in place, downsizing, moving considerations and steps, intergenerational households, and housing alternatives, including long term care facilities
- Abundance of checklists to use for everything from general housing considerations to identifying the features wanted in a new home to assessing an apartment or nursing home
- Well-organized, easy to use specific sections or as overall comprehensive guide for planning all housing considerations
- Cost to purchase - \$19.95, although also available through the public library

At Home with Alzheimer’s Disease

This booklet is available from Canada Mortgage and Housing Corporation (CMHC), and is available for free by contacting them at 1-800-668-2642. It was developed in 1990 and revised and reprinted in 2008. It provides basic background on Alzheimer’s Disease and what the main mental and behavioural changes are, along with tips and suggested adaptations that can be made to the home to provide a safe environment and prevent wandering outside the home. Illustrations are provided for many of the recommendations, so readers can see what the adaptations look like when installed.

- Concise booklet (10 pages), with English and French sections
- Useful illustrations to demonstrate adaptations
- Includes information about Alzheimer’s Disease that can help for spouses/family to understand changes in a person’s behaviour and abilities
- Well organized, with many tips and useful/simple suggestions
- Free publication from Canada Mortgage and Housing Corporation
- Small print

Maintaining Senior’s Independence – A Guide to Home Adaptations

This guide is published by the Canada Mortgage and Housing Corporation (CMHC), and is available for free by contacting them at 1-800-668-2642. It was revised in 2010. The

guide is an 80-page, coil-bound handbook that is designed for an occupational therapist to use as a home assessment tool, but could be used by an older adult, their family or friends. The purpose of the guide is to help people identify obstacles, hazards or other types of barriers in the home that can limit independence, and provide suggestions for modifications or changes that can be made to help improve the living environment and assist in maintaining/restoring the adult's ability to live in the home as they age.

- Extensive guidebook, with checklists for every room in the house, and recommendations on how to improve problems with relatively inexpensive solutions/adaptations
- Takes into consideration various types of physical limitations that may limit the older adult
- Includes checklists for assessing activities of daily living (ADL), such as meal preparation and grocery shopping, house cleaning, leisure time and bathing, and modifications to support independent living
- Easy to use checklist format, can use for specific sections of the house or certain ADL's or as a complete independent living tool
- Includes case studies on older adults: their living situation, and modifications made to support them staying in their home
- Free publication
- Designed as an assessment tool for a health professional to use

Checklist of Essential Features of Age-friendly Cities

This checklist was developed in 2007 from consultations done in 33 cities in 22 countries, as part of a World Health Organization project. It is designed as a tool for individuals and/or groups to use to assess the features of their city environment for supporting healthy aging needs of older adults. This tool could be used by older adults to assess the features of a new community they may be considering moving to in their retirement, or to assess the suitability of their current city/neighbourhood for supporting them to age in place now or in the future. Source:

www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

- Checklist has been developed through extensive consultation with older adults from a broad spectrum of cities
- Focus of checklist is on environmental features which support older adults and healthy aging
- Useful as a planning tool for assessing suitability of a current environment for aging in place or considering moving to a new area
- Can be used as a companion checklist to ones which assess the internal features of a home, for overall living assessment
- Free tool, available on the WHO website
- Requires computer and internet skills to access the tool

Social Networks

Online Communities

Online communities for older adults are becoming increasingly popular, and have been shown to provide many benefits for this population. For these reasons, a short selection of sites is included to provide some examples. Two Canadian communities are www.seniorsdaily.net and www.zoomers.ca. These sites provide discussion forums on a broad range of topics, as well as information on all areas of healthy aging.

The online social networking portal www.meetup.com was founded in 2001, to facilitate group meetings on a variety of topics, in cities around the world. This site was recently written up in *Senior Living*, (April, 2011), a magazine aimed at the 50+ population living on Vancouver Island. The site can be used to search for specific kinds of groups in an area (e.g. gardening), receive an alert when new groups in that category are formed nearby, or create one's own group. There is no set fee for linking up with an existing group, but organizers of groups pay \$180 per year to the head office in New York City to cover administrative expenses, and this may be recovered by charging group members a small annual fee.

- Provides a potential social resource for any older adult who has access to a computer and can use the internet
- Affords a social resource for isolated/home-bound older adults who may have difficulty making new friends/are not able to travel outside the home or very far from home
- Offers socializing opportunities that can be online and/or include group participation
- Provides potential social connections related to a wide variety of interests and activities
- Offers older adults the opportunity to join or form their own group
- Low cost when covered by a small annual fee to group members
- Requires access to a computer and internet skills

Transportation

The Mature Drivers Program

The B.C. Automobile Association (BCAA) has a Mature Drivers Program within the Traffic Safety Foundation section of their website, located online at <http://www.tsfbcaa.com/18.aspx>. The program includes resources such as a Safe Driving Review, Safe Driving Checklist, Planning Ahead Worksheet, information about alternatives to driving, and knowing the safety features of your vehicle and how/when to use them. The Safe Driving Checklist is a road test score sheet that is best used by a companion who accompanies the driver and checks the appropriate boxes for each

section during a drive. It could also be used by an individual as a review of safe driving technique, by reading through the checklist and comparing with current driving practices.

- B.C. resource
- Safe Driving Checklist uses same categories as a B.C. driver's road test – provides a detailed and thorough check on current driving practice based on provincial standards
- Safe Driving Review provides a quick and easy way to self-evaluate driving comfort and competence level
- Planning Ahead Worksheet is excellent for assessing alternatives to driving and planning how to get around using other ways
- Provides extensive safety tips and practices (e.g. Know Your Vehicle)
- Each resource is linked with the others to provide a complete package of resources
- Material can be downloaded from the website for free :
<http://www.tsfbcaa.com/18.aspx>
- Requires computer and internet skills to obtain the resources

The Older and Wiser Driver

Manitoba's Seniors and Healthy Aging Secretariat provides several online tools, tips and safety information for older drivers, on its website www.gov.mb.ca/shas/driver. The site has a self-rating form which consists of 15 questions to answer about driving practices. There are three ranges for scoring results, which pertain to level of awareness and safe driving behaviour. The user can follow-up on areas where they did not score well, and obtain information and tips on how to improve in this area, under Suggestions for Improvement. The website also includes additional driving tips on how to handle a variety of road conditions, rural and city driving, highway driving and more. Transportation options are discussed as well – a form is provided to use to account for current transportation expenses as an awareness exercise about the cost of running a private vehicle, with some information on alternatives. The site is generally well organized and easy to follow.

- Provides self-assessment tool and tips/additional information on each area assessed, to help drivers learn how they can improve their driving, handle varying driving conditions, become aware of potential hazards
- Material is aimed specifically at the older driver
- Self-rating tool is easy to use
- Includes information on transportation options and assessing the cost of operating a private vehicle
- Requires access to a computer and internet skills to obtain the resources

American Automobile Association Foundation for Traffic Safety –

www.aaafoundation.org

This website provides a broad number of tools to help older adults assess their driving ability, learn how to improve, and drive more safely in general. Below are just a few examples:

Roadwise Review Online – A Tool to Help Seniors Drive Safely Longer

This free screening tool was developed by the American Automobile Association (AAA), and licensed to the AAA Foundation for Traffic Safety. It takes about 30 minutes to go through, and assesses physical and mental abilities that are important for driving safely. It is available online at www.seniordrivers.org.

Drivers 65 Plus: Check Your Own Performance

As with *Roadwise Review*, this tool from the AAA Foundation for Traffic Safety can also be found online at www.seniordrivers.org. It contains a 15-question survey to self-rate driving performance – the questions are the same as those on the Manitoba website – with information about each driving practice contained in the survey, and tips for improvement. The format is a 15-page booklet that can be printed and kept as a reference, or used by family/friends with the older adult.

How to Help An Older Driver – A Guide for Planning Safe Transportation

This 24-page guide provides background on how age affects driving, self-assessment questions, tips for improving driving practices, and retiring from driving. It can be used as a self-assessment tool, or by family/friends of an older adult to help assess driving safety/practices, and explore alternatives. The booklet is illustrated with humorous pictures, to provide a light side to this serious topic. Available from the AAA Foundation for Traffic Safety at www.seniordrivers.org.

The Older and Wiser Driver

This 6-page brochure covers key information about vision, cognition, fitness, medication, and when to stop driving. Free copies can be viewed, printed or ordered at: <http://www.aaafoundation.org/pdf/older&wiser.pdf>

Safe Driving for Older Adults

This booklet is available from the National Highway Traffic Safety Administration (NHTSA). It is free, and can be obtained by calling 1-888-327-4236 or online from www.nhtsa.gov. It includes questions for assessing driving skills, tips to help cope with age-related changes, and drive safely.

Driving Transitions Education – Tools, Scripts and Practice Exercises

This 54-page comprehensive guide is produced by the National Highway Traffic Safety Administration (NHTSA). It is designed for use by professionals who work with older adults, or their families/friends. It is formatted in three modules. It contains extensive

checklists, scripts and tips for having discussions with older adults about their driving, talking about changes that can affect driving, transportation alternatives, and driving and dementia. This document can be found online at www.nhtsa.gov, by typing in Driving Transitions Education into the search box.

- Extensive array of resource material available, from short brochures to full-length guides
- Driving Transitions Education include scripts that families of older adults could use to discuss driving practices/driving cessation
- Most material can be downloaded for free from the website, one resource (Safe Driving for Older Adults) must be mailed to a US address and then forwarded to obtain in Canada
- American publication
- Lengthy document – 54 pages
- Intended for use by professionals who work with older adults or their family/friends, rather than the individual older adult

Finance

Resources abound on financial planning, and it can be challenging to identify ones that are not tied to a private-sector financial institution whose agenda is focused on increasing their customer base. Here are three resources: one provides detailed information about federal financial services, one has several online planning tools, and the last is a book which devotes a good section of its material to retirement income planning.

Services for Seniors Guide – Service Canada, 2008

This 18-page guide is available for free from Service Canada (www.servicecanada.gc.ca/seniors), and can be printed directly from their website. The guide is aimed at Canadians age 50+ who are planning for retirement, or a family member/friend of an older adult who is assisting them with financial planning. Information focuses on federal services and programs for seniors and their families. The document is also available in large print, Braille, audio cassette, CD, DAISY and computer diskette.

- Canadian resource
- Comprehensive source of information about federal financial services
- Available in large print and other formats
- Can be downloaded for free from the website
- Requires computer and internet skills to access document

GetSmarterAboutMoney.ca

The Investor Education Fund (IEF) hosts this financial planning website. IEF is a Canadian non-profit organization established by the Ontario Securities Commission (OSC), and it is funded by settlements and fines from OSC enforcement proceedings. It “develops and promotes unbiased, independent financial information, programs and tools to help consumers make better financial decisions.”¹⁵¹

The website provides tools such as case studies on topics such as building an income portfolio for retirement, making your pension savings last, and planning your estate, which are useful for the older adult. The site provides a lifestyle calculator to help users plan their retirement lifestyle, and learn how much income they would need to sustain it. There are also sets of pre-retirement questions that can encourage people to think about their financial picture in retirement and the steps they need to plan and take in order to realize it. (e.g. What do I need to think about as I get ready to retire, What steps do I need to take to get ready to retire, What do I need to do in the year before I retire?)

- Unbiased source of financial planning information
- Free material available through the internet
- Provides a host of tools on a variety of subjects useful for older adults
- User-friendly tools – simple to use, simple language
- Covers pre-retirement and post-retirement re questions to think about, steps to take to plan, managing pension income
- Requires computer and internet skills to access document and use tools

Redefining Retirement – New Realities for Boomer Women (book)

This book was referred to as the “favourite of all the financial resources” by Lindsay Green, author of *You Could Live A Long Time: Are You Ready?* It is a resource that is equally useful for men, and provides tools such as a budget sheet for listing current expenses, to help calculate what income will be needed in retirement to sustain the same lifestyle. This book is geared for the pre-retiree.

- Canadian publication
- Contains some simple tools for estimating current expenses and using to plan for post-retirement
- Provides information on a number of internet-based retirement planning calculators
- Discusses the three streams of retirement income, including public & private pensions
- Useful for both men and women
- Includes useful information on other retirement planning topics: housing, working, health, relationships and healthy aging in general, and additional internet-based resources in each section

- Cost of \$15.72 to purchase, or available from the public library
- Book format, so may contain more information than desired, if only wanting specific tools

Volunteering

The literature scan identified a relatively minor number of articles that addressed the subject of volunteering within planning for healthy aging, but several tools are included in the chapter on Civic Engagement in the book *You Could Live a Long Time: Are you Ready?* Three of these resources are listed here, to provide a starting point for this area.

Attention Boomers: Change the World...Again! A Toolkit to Meaningful Volunteering

This 8-page guide was funded by the Government of Ontario, and is available online through the Catholic Immigration Centre in Ottawa, at www.renaissance50plus.ca. It is directed at the Boomer age group, and includes statistics on why people in Canada volunteer, tips for finding the right fit in a volunteer position, examples of sources for finding volunteer work, expectations of the volunteer and the agency, and additional resources.

- Available free online
- Concise document that covers the key areas of becoming a volunteer as an older adult
- Canadian publication
- Tailored to the boomer age group
- Includes a list of sources for potential volunteer positions which are beyond the volunteer centre
- Has a checklist of questions to help people identify the type of volunteer work desired
- Requires computer and internet skills to access
- Agencies suggested to contact are national in nature. To identify agencies in a specific community for volunteering at, a person would need to contact the local volunteer centre

A People Lens: 101 Ways to Move Your Organization Forward!

A team of volunteer writers developed this handbook for Vantage Point (formerly Volunteer Vancouver). Its purpose is to give agencies ideas for engaging the baby boomer generation as volunteers, by provide examples of the myriad ways people are involved in various organizations as volunteers and the resulting effects they are having. This resource could also be used by mid-life adults to explore types of roles they could take on as a volunteer by reading about others' experiences.

- B.C. resource

- Useful for agencies wanting to attract baby boomers to volunteer or baby boomers who want to explore volunteer roles via examples of real-life experiences
- Cost: \$9.99 to order an e-copy or \$24.99 for a hard copy
<http://www.thevantagepoint.ca/content/people-lens-success-stories>
- Book format rather than briefer guide or checklist – takes more time to read
- Requires computer and internet skills to order the resource

Baby Boomers – Your New Volunteers

This is a 15-page workbook produced by Volunteer Canada for organizations wanting to attract baby boomers to volunteer. Its website, <http://www.volunteer50plus.ca/index.php> provides background information and statistics on Canada’s baby boomer population, research about the reasons this age group volunteers, key approaches for recruiting and retaining baby boomers as volunteers, and how to design volunteer positions that will appeal to baby boomers. All of this information is also summarized in the workbook, which can be downloaded for free. While aimed at organizations, this resource could also be used by mid-life adults themselves, to raise awareness and understanding about the type of volunteer roles that are best suited for them, and use it as a tool to discuss ideas with the agency they are interested in volunteering at.

- Canadian resource
- Targeted at baby boomer age group
- Designed to help agencies attract and retain baby boomers as volunteers, but could also be used as a volunteer exploration tool by older adults
- Free, available online from <http://www.volunteer50plus.ca/index.php>
- Lists additional resources on the topic of volunteering and healthy aging
- Not specifically designed as tool for older adults

Multi-Category Resources

This section consists of a short selection of books which have been identified as useful resources that cover several dimensions of planning for healthy aging in one volume (e.g. health, housing, finance, social networks). Most of the books include additional resources and tools in each section, so it is akin to having a multi-tool planning kit in one short book.

You Could Live a Long Time: Are You Ready?

This recent (2010) Canadian publication by Lyndsay Green addresses all the spheres of healthy aging except transportation. Lyndsay interviewed 40 older adults across Canada about healthy aging, and summarized her findings into this resource-packed, engaging book. The author is a baby boomer herself, and her experience and findings from

researching the topic dramatically changed her perception of what is important to plan for healthy aging.

- Covers most dimensions of healthy aging
- Just over 200 pages – relatively quick and easy read
- Canadian content
- Written by a baby boomer for baby boomers, also useful for those older than 65 and their families
- Provides a wealth of resources and tools in each category of healthy aging, and real-life learning captured in interviews with older adults
- Recent publication (2010)
- Cost of \$19.95 or can be borrowed from the public library
- Does not cover transportation area

What Color is Your Parachute? For Retirement

Written by Richard Bolles, author of the popular job-hunting book *What Color is Your Parachute*, and John Nelson, a retirement planning speaker and seminar facilitator, this book helps the reader clarify and develop their vision and plan for a healthy, satisfying retirement. The authors use a retirement “Well-Being Model” to guide planning – the three dimensions of the model are psycho-social, geo-financial, and bio-medical. The book provides questions and exercises to help mid-life adults identify the key elements desired in an ideal retirement for each dimension, and discusses life transitions in depth and how people can plan to help ensure overall well-being in older age.

- Covers most dimensions of healthy aging, except transportation, and additional areas such as personal values
- Relatively recent publication (2nd edition, 2007)
- Looks deeply and broadly at each area, and encourages the reader to really think about what is important to them in each. For example, the geography section explores what is important about geographical location, what purposes a home will be needed for in older age, how supportive the local community is for healthy aging and what qualities are desired in the region lived in
- \$19.99 to purchase or can be borrowed from the public library
- American publication (some financial information applies only to the US), but most content is broadly applicable

Redefining Retirement – New Realities for Boomer Women

This book is written by two Canadians, psychologist Dr. Margret Hovanec and lawyer Elizabeth Shilton. Also referenced in the financial tools section of this report, this book is written for women not yet retired, but could also be a resource for men. The categories of health, finance, housing, relationships, volunteering and work are discussed, with planning considerations and strategies included for healthy aging in all the spheres.

Issues more specific to women are also covered, including facts about Canadian women (income, percent of population, percent living in poverty, percent unattached); financial considerations for women and health concerns such as menopause and bladder problems.

- Particularly useful for women for pre-retirement planning – includes many issue and considerations women can benefit from being aware of and knowing more about for healthy aging
- Relatively recent publication (2007)
- Canadian content
- Includes additional resources that are Canadian
- Provides tips (e.g. for reducing expenses, healthy eating)
- Lists several recommended online calculators for financial planning
- Practical, personal orientation (e.g. thorough financial planning section with budget sheets for pre and post retirement expenses)
- \$15.72 cost to purchase (Amazon.ca), or available from the public library

ENDNOTES

- ¹ Park, J., Retirement, health and employment among those 55 plus - Statistics Canada p. 9-10
- ² Zinner, P. Preparing the work force for retirement: The role of occupational health nurses. p. 532
- ³ Website: www.getsmarteraboutmoney.ca
- ⁴ Butler, R. N., The Longevity Revolution: The benefits and challenges of living a long life. p.404
- ⁵ Berry, C., Can older drivers be nudged? How the public and private sectors can influence driver's self-regulation. p. iii
- ⁶ Lee, W. K., Women and retirement planning: Toward the "feminization of poverty" in an aging Hong Kong. p. 35
- ⁷ Lyons, R., Langille, L., & Gardner, P. The midlife bulge: Promoting health in Canada's expanding midlife population. p.29
- ⁸ Bolles, R., & Nelson, J. What color is your parachute? for retirement: Planning now for the life you want. p. 12-20, 34-39
- ⁹ Noone, J. H., Stephens, C., & Alpass, F. M. Preretirement planning and well-being in later life: a prospective study p. 297
- ¹⁰ Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. xi
- ¹¹ Rosenkoetter, M., & Garris, J. Retirement Planning, use of time and psychosocial adjustment. p. 705
- ¹² Rosenkoetter, M., & Garris, J. Retirement Planning, use of time and psychosocial adjustment. p. 707-712
- ¹³ Lyons, R., Langille, L., & Gardner, P. The midlife bulge: Promoting health in Canada's expanding midlife population. p.1
- ¹⁴ Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 296
- ¹⁵ Rosenkoetter, M., & Garris, J. Retirement Planning, use of time and psychosocial adjustment. p. 704
- ¹⁶ Blakeley, J., & Ribeiro, V. Are nurses prepared for retirement? p. 746
- ¹⁷ Noone, J. H., Stephens, C., & Alpass, F. M. Preretirement planning and well-being in later life: a prospective study p. 296
- ¹⁸ Rosenkoetter, M., & Garris, J. Retirement Planning, use of time and psychosocial adjustment. p. 713
- ¹⁹ Rosenkoetter, M., & Garris, J. Retirement Planning, use of time and psychosocial adjustment. p. 706
- ²⁰ Lee, W. K., Women and retirement planning. Toward the "feminization of poverty" in an aging Hong Kong. p. 31, 43, 44
- ²¹ Green, L. You could live a long time: Are you ready? p. 25
- ²² Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. ix-x
- ²³ Lee, W. K. Women and retirement planning. Toward the "feminization of poverty" in an aging Hong Kong p. 32
- ²⁴ Green, L. You could live a long time: Are you ready? p. 49
- ²⁵ Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. 29-36
- ²⁶ Noone, J. H., Stephens, C., & Alpass, F. M. The process of retirement planning scale (PREPS): Development and validation p. 528-529, 531
- ²⁷ Zinner, P. Preparing the work force for retirement: The role of occupational health nurses p. 533
- ²⁸ Website: www.getsmarteraboutmoney.ca

- ²⁹ Lyons, R., Langille, L., & Gardner, P. The Midlife Bulge: Promoting health in Canada's expanding midlife population. p. 46, 47
- ³⁰ Dr. Patricia Baird, geneticist, UBC. UBC Centre for Health Services and Policy Research conference, Vancouver, February 22, 2011.
- ³¹ Jon Glasby, Director of the Health Services Management Centre, University of Birmingham, and Professor of Health and Social Care. UBC Centre for Health Services and Policy Research conference, Vancouver, February 22, 2011.
- ³² Bolles, R., & Nelson, J. What color is your parachute? for retirement: Planning now for the life you want. p. 34-39
- ³³ Lee, W. K. Women and retirement planning. Toward the "feminization of poverty" in an aging Hong Kong p. 37
- ³⁴ Bassett, R., Bourbonnais, V., & McDowell, I. Living long and keeping well: Elderly Canadians account for success in aging. p. 116
- ³⁵ Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 300
- ³⁶ Taylor, S. E. Health Psychology. p. 54
- ³⁷ Oswald, F. *et al.*, Relationships between housing and healthy aging in very old age. p. 97
- ³⁸ Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 300
- ³⁹ Merriam Webster's Collegiate Dictionary, 10th Ed. p. 996
- ⁴⁰ Wagnild, G., Resilience and successful aging: Comparison among low and high income adults. p. 42
- ⁴¹ Wagnild, G., Resilience and successful aging: Comparison among low and high income adults. p.48
- ⁴² Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 295
- ⁴³ Green, L. You could live a long time: Are you ready? p. 145
- ⁴⁴ Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 297
- ⁴⁵ Jancey, J. M., Clarke, A., Howat, P. A., Lee, A. H., Shilton, T., & Fisher, J., A physical activity program to mobilize older people: A practical and sustainable approach. p. 251
- ⁴⁶ Hartman-Stein, P. E., & Potkanowicz, E. S. Behavioral determinants of healthy aging: Good news for the baby boomer generation. p. 5
- ⁴⁷ Jancey, J. M., Clarke, A., Howat, P. A., Lee, A. H., Shilton, T., & Fisher, J., A physical activity program to mobilize older people: A practical and sustainable approach. p. 251
- ⁴⁸ Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. viii
- ⁴⁹ Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. viii
- ⁵⁰ Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 297
- ⁵¹ Ross Upshur, Professor, University of Toronto. UBC Centre for Health Services and Policy Research conference, Vancouver, February 22, 2011.
- ⁵² Nakasato, Y. R., & Carnes, B. A. Health promotion in older adults: Promoting successful aging in primary care settings p. 30
- ⁵³ Nakasato, Y. R., & Carnes, B. A. Health promotion in older adults: Promoting successful aging in primary care settings p. 30
- ⁵⁴ Green, L. You could live a long time: Are you ready? p. 166-167
- ⁵⁵ Green, L. You could live a long time: Are you ready? p. 156
- ⁵⁶ Southeastern Ontario District Health Council. Healthy aging in Southeastern Ontario: Healthy Aging Task Force Project Report. p. 9

- ⁵⁷ Green, L. You could live a long time: Are you ready? p.156; Southeastern Ontario District Health Council. Healthy aging in Southeastern Ontario: Healthy Aging Task Force Project Report. p. 19; Jancey, J. M., Clarke, A., Howat, P. A., Lee, A. H., Shilton, T., & Fisher, J., A physical activity program to mobilize older people: A practical and sustainable approach. p. 251, 255; Canadian Physical Activity Guidelines, www.csepa.ca
- ⁵⁸ Jancey, J. M., Clarke, A., Howat, P. A., Lee, A. H., Shilton, T., & Fisher, J., A physical activity program to mobilize older people: A practical and sustainable approach. p. 255
- ⁵⁹ Jancey, J. M., Clarke, A., Howat, P. A., Lee, A. H., Shilton, T., & Fisher, J., A physical activity program to mobilize older people: A practical and sustainable approach. p. 255
- ⁶⁰ Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 298, 300
- ⁶¹ Østbye, T. *et al.* Ten dimensions of health and their relationships with self-reported health and survival in a predominantly religiously active elderly population: The Cache County Memory Study. p. 203
- ⁶² Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 297
- ⁶³ Lyons, R., Langille, L., & Gardner, P. The midlife bulge: Promoting health in Canada's expanding midlife population. p. 1
- ⁶⁴ Nakasato, Y. R., & Carnes, B. A. Health promotion in older adults: Promoting successful aging in primary care settings. p. 29
- ⁶⁵ Agin, B., & Perkins, S. Healthy aging for dummies, p. 252
- ⁶⁶ Hartman-Stein, P. E., & Potkanowicz, E. S. Behavioral determinants of healthy aging: Good news for the baby boomer generation. p. 9
- ⁶⁷ Green, L. You could live a long time: Are you ready? p. 173
- ⁶⁸ Green, L. You could live a long time: Are you ready? p. 173
- ⁶⁹ Weller, N. J., Raltan, S. I. S. (Eds.). Healthy Aging and Longevity. Third international conference. p. 389
- ⁷⁰ Østbye, T. *et al.* Ten dimensions of health and their relationships with self-reported health and survival in a predominantly religiously active elderly population: The Cache County Memory Study. p.207
- ⁷¹ Hartman-Stein, P. E., & Potkanowicz, E. S. Behavioral determinants of healthy aging: Good news for the baby boomer generation. p. 5
- ⁷² The journal on Active Aging (2007). *ICAA honors innovative approaches to active aging* p. 70
- ⁷³ Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. 14
- ⁷⁴ Green, L. You could live a long time: Are you ready? p. 21
- ⁷⁵ Bassett, R., Bourbonnais, V., & McDowell, I. Living long and keeping well: Elderly Canadians account for success in aging. p. 122
- ⁷⁶ Wagnild, G., Resilience and successful aging: Comparison among low and high income adults. p. 43, 48; Bassett, R., Bourbonnais, V., & McDowell, I. Living long and keeping well: Elderly Canadians account for success in aging. p. 114, 121-122; Østbye, T. *et al.* Ten dimensions of health and their relationships with self-reported health and survival in a predominantly religiously active elderly population: The Cache County Memory Study. p. 203, 207; Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. ix, 14-15; Green, L. You could live a long time: Are you ready? p. 21-34
- ⁷⁷ Jancey, J. M., Clarke, A., Howat, P. A., Lee, A. H., Shilton, T., & Fisher, J., A physical activity program to mobilize older people: A practical and sustainable approach. p. 256
- ⁷⁸ Østbye, T. *et al.* Ten dimensions of health and their relationships with self-reported health and survival in a predominantly religiously active elderly population: The Cache County Memory Study. p. 203
- ⁷⁹ Nimrod, G. Seniors' Online Communities: A quantitative content analysis p. 383
- ⁸⁰ Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. ix, 14-16
- ⁸¹ Green, L. You could live a long time: Are you ready? p. 24

- ⁸² Green, L. You could live a long time: Are you ready? p. 24; Bolles, R., & Nelson, J. What Color is Your Parachute? for Retirement: Planning the life you want. p. 217-218; Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. 16
- ⁸³ Green, L. You could live a long time: Are you ready? p. 31
- ⁸⁴ Green, L. You could live a long time: Are you ready? p. 31
- ⁸⁵ Green, L. You could live a long time: Are you ready? p. 35-38
- ⁸⁶ Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 295; Cohen-Mansfield, J., & Frank, J. Relationship between perceived needs and assessed needs for services in community-dwelling older persons. p. ; Masotti, P. J., Fick, R., Johnson-Masotti, A., & MacLeod, S. Healthy naturally occurring retirement communities: A low cost approach to facilitating healthy aging. p. 505
p. 1164, 1165
- ⁸⁷ Hawken, P. L., & Hillestad, E. A. Retirement, a job in itself. p. 106
- ⁸⁸ Masotti, P. J., Fick, R., Johnson-Masotti, A., & MacLeod, S. Healthy naturally occurring retirement communities: A low cost approach to facilitating healthy aging. p. 1167
- ⁸⁹ Masotti, P. J., Fick, R., Johnson-Masotti, A., & MacLeod, S. Healthy naturally occurring retirement communities: A low cost approach to facilitating healthy aging. p. 1166
- ⁹⁰ Masotti, P. J., Fick, R., Johnson-Masotti, A., & MacLeod, S. Healthy naturally occurring retirement communities: A low cost approach to facilitating healthy aging. p. 1165
- ⁹¹ Masotti, P. J., Fick, R., Johnson-Masotti, A., & MacLeod, S. Healthy naturally occurring retirement communities: A low cost approach to facilitating healthy aging. p. 1165
- ⁹² Reicherter, E. A., & Greene, R. Wellness and health promotion: Educational applications for older adults in the community. p. 297; Masotti, P.J., Fick, R., Johnson-Masotti, A., & MacLeod, S. Healthy naturally occurring retirement communities A low cost approach to facilitating healthy aging. p.1166
- ⁹³ Masotti, P. J., Fick, R., Johnson-Masotti, A., & MacLeod, S. Healthy naturally occurring retirement communities: A low cost approach to facilitating healthy aging. p. 1165; Green, L. You could live a long time: Are you ready? p. 128-131
- ⁹⁴ Sorcinelli, A., Shaw, L., Freeman, A., & Cooper, K. Evaluating the safe living guide: A home hazard checklist for seniors. p. 129; Green, L. You could live a long time: Are you ready? p. 123-144
- ⁹⁵ Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. x, 24-25
- ⁹⁶ Sorcinelli, A., Shaw, L., Freeman, A., & Cooper, K. Evaluating the safe living guide: A home hazard checklist for seniors. p. 131
- ⁹⁷ Green, L. You could live a long time: Are you ready? p. 123
- ⁹⁸ Cohen-Mansfield, J., & Frank, J. Relationships between perceived needs and assessed needs for services in community-dwelling older persons. p. 506
- ⁹⁹ Cohen-Mansfield, J., & Frank, J. Relationships between perceived needs and assessed needs for services in community-dwelling older persons. p. 515
- ¹⁰⁰ Scott, V., & Rajabai, F. Seniors' falls can be prevented. p. 1
- ¹⁰¹ Oswald, F. *et al.*, Relationships between housing and healthy aging in very old age. p. 96
- ¹⁰² Berry, C., Can older drivers be nudged? How the public and private sectors can influence driver's self-regulation. p. v
- ¹⁰³ Carr, D. B., Flood, K., Steger-May, K., Schechtman, K. B., & Binder, E. F. Characteristics of frail older drivers. p. 1125
- ¹⁰⁴ Berry, C., Can older drivers be nudged? How the public and private sectors can influence driver's self-regulation. p. iii
- ¹⁰⁵ National Highway Traffic Safety Administration. Driving transitions education. Tools, scripts, and practice exercises. p.9
- ¹⁰⁶ O'Connor, M. G., Kapust, L. R., & Hollis, A. M., DriveWise: An interdisciplinary hospital-based driving assessment program. p.352

- ¹⁰⁷ Berry, C., Can older drivers be nudged? How the public and private sectors can influence driver's self-regulation. p.2
- ¹⁰⁸ O'Connor, M. G., Kapust, L. R., & Hollis, A. M., DriveWise: An interdisciplinary hospital-based driving assessment program. p. 353, 358
- ¹⁰⁹ O'Connor, M. G., Kapust, L. R., & Hollis, A. M., DriveWise: An interdisciplinary hospital-based driving assessment program. p. 352
- ¹¹⁰ Carr, D. B., Flood, K., Steger-May, K., Schechtman, K. B., & Binder, E. F. Characteristics of frail older drivers. p. 1125
- ¹¹¹ National Highway Traffic Safety Administration. Driving transitions education. Tools, scripts, and practice exercises. p.3
- ¹¹² National Highway Traffic Safety Administration. Driving transitions education. Tools, scripts, and practice exercises. 20, 15
- ¹¹³ Carr, D. B., Flood, K., Steger-May, K., Schechtman, K. B., & Binder, E. F. Characteristics of frail older drivers. p. 1125
- ¹¹⁴ National Highway Traffic Safety Administration. Driving transitions education. Tools, scripts, and practice exercises. 48, 49
- ¹¹⁵ National Highway Traffic Safety Administration. Driving transitions education. Tools, scripts, and practice exercises. 49, 50
- ¹¹⁶ Noone, J. H., Stephens, C., & Alpass, F. M. The process of retirement planning scale (PREPS): Development and validation. p. 529
- ¹¹⁷ Green, R. J., Williams, P. L., Johnson, C. S., & Blum, I., Can Canadian seniors on public pensions afford a nutritious diet? p. 70
- ¹¹⁸ Weiss, B., Balancing act: A nurse's guide to retirement planning p. 63
- ¹¹⁹ Service Canada. Services for Seniors Guide. A guide to government of Canada services for seniors and their families p.2; Blakeley, J., & Ribeiro, V. Are nurses prepared for retirement? p. 746
- ¹²⁰ Green, L. You could live a long time: Are you ready? p. 184
- Green, L. You could live a long time: Are you ready? p. 184-185
- ¹²² Green, R. J., Williams, P. L., Johnson, C. S., & Blum, I., Can Canadian seniors on public pensions afford a nutritious diet? p. 76
- ¹²³ Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. Understanding resources in later life: Views and experiences of older people. p. 17
- ¹²⁴ Green, R. J., Williams, P. L., Johnson, C. S., & Blum, I., Can Canadian seniors on public pensions afford a nutritious diet? p. 76
- ¹²⁵ Bolles, R., & Nelson, J. What color is your parachute? for retirement: Planning now for the life you want. p. 103-125
- ¹²⁶ Blakeley, J., & Ribeiro, V. Are nurses prepared for retirement? p. 744, 748
- ¹²⁷ Blakeley, J., & Ribeiro, V. Are nurses prepared for retirement? p. 750
- ¹²⁸ Noone, J. H., Stephens, C., & Alpass, F. M. The process of retirement planning scale (PREPS): Development and validation p. 520
- ¹²⁹ Rosenkoetter, M., & Garris, J. Retirement Planning, use of time and psychosocial adjustment. p. 711
- ¹³⁰ Rosenkoetter, M., & Garris, J. Retirement Planning, use of time and psychosocial adjustment. p. 711
- ¹³¹ Lee, W. K. Women and retirement planning. Toward the "feminization of poverty" in an aging Hong Kong p. 31, 36
- ¹³² Calasanti, T. Gender Relations and Applied Research on Aging. p. 722
- ¹³³ Noone, J. H., Stephens, C., & Alpass, F. M. The process of retirement planning scale (PREPS): Development and validation p. 528; Lee, W. K. Women and retirement planning: Towards the "Feminization of Poverty" in an aging Hong Kong p. 45
- ¹³⁴ Green, L. You could live a long time: Are you ready? p. 112

- ¹³⁵ Southeastern Ontario District Health Council. Healthy aging in Southeastern Ontario: Healthy Aging Task Force Project Report. p. 11-12; Green, L. You could live a long time: Are you ready? p. 106; Hank, K., & Erlinghagen, M. Dynamics of volunteering in older Europeans p. 170
- ¹³⁶ Warburton, J., & Dyer, M. Older volunteers participating in a university research registry: Helping others my age. p. 369
- ¹³⁷ Hank, K., & Erlinghagen, M. Dynamics of volunteering in older Europeans. p. 171, 174
- ¹³⁸ Southeastern Ontario District Health Council. Healthy aging in Southeastern Ontario: Healthy Aging Task Force Project Report. p. 12
- ¹³⁹ Southeastern Ontario District Health Council. Healthy aging in Southeastern Ontario: Healthy Aging Task Force Project Report. p. 12
- ¹⁴⁰ Southeastern Ontario District Health Council. Healthy aging in Southeastern Ontario: Healthy Aging Task Force Project Report. p. 12
- ¹⁴¹ Hank, K., & Erlinghagen, M., Dynamics of volunteering in older Europeans p. 170
- ¹⁴² Billek-Sawhney, B., & Reicherter, E. Literacy and the older adult. Educational considerations for health professionals p. 275
- ¹⁴³ Billek-Sawhney, B., & Reicherter, E. Literacy and the older adult. Educational considerations for health professionals p. 275
- ¹⁴⁴ Health literacy skills can impact anyone – Audio conference with Michelle Helliwell, Dec. 13/2006
- ¹⁴⁵ Billek-Sawhney, B., & Reicherter, E. Literacy and the older adult. Educational considerations for health professionals p. 277
- ¹⁴⁶ Billek-Sawhney, B., & Reicherter, E. Literacy and the older adult. Educational considerations for health professionals p. 279
- ¹⁴⁷ Billek-Sawhney, B., & Reicherter, E. Literacy and the older adult. Educational considerations for health professionals p. 277
- ¹⁴⁸ Billek-Sawhney, B., & Reicherter, E. Literacy and the older adult. Educational considerations for health professionals p. 277
- ¹⁴⁹ Durst, D. Diversity and aging among immigrant seniors in Canada: Changing faces and greying temples. p. 28-29, 2006 Census data
- ¹⁵⁰ Durst, D. Diversity and aging among immigrant seniors in Canada. Changing faces and greying temples. p. 134, 2005 data
- ¹⁵¹ Website: www.getsmarteraboutmoney.ca/about

REFERENCES

- Agin, B. & Perkins, S. (2007). *Healthy aging for dummies*. Hoboken, NJ: Wiley Publishing.
- Bassett, R., Bourbonnais, V., & McDowell, I. (2007). Living long and keeping well: Elderly Canadians account for success in aging. *Canadian Journal on Aging, 26*(2), 113-126.
- Berry, C. (2011). *Can older drivers be nudged? How the public and private sectors can influence driver's self-regulation*. Produced by The International Longevity Centre for the Royal Automobile Foundation. Retrieved from http://www.ilcuk.org.uk/files/pdf_pdf_158.pdf.
- Billek-Sawhney, B., & Reicherter, E. A. (2005). Literacy and the older adult. Educational considerations for health professionals. *Topics in Geriatric Rehabilitation, 21*(4), 275-281.
- Blakeley, J., & Ribeiro, V. (2008). Are nurses prepared for retirement? *Journal of Nursing Management, 16*, 744-752.
- Bolles, R. N., & Nelson, J. E. (2007). *What color is your parachute? for retirement: Planning now for the life you want*. Berkeley, CA: Ten Speed Press.
- Butler, R. N. (2008). *The longevity revolution: The benefits and challenges of living a long life*. New York: PublicAffairs.
- Calasanti, T. (2010). Gender relations and applied research on aging. *The Gerontologist, 50*, 720-734.
- Canadian Society for Exercise Physiology (2011). *Canadian Physical Activity Guidelines*. Retrieved from: <http://www.csep.ca/CMFiles/Guidelines/CSEP-InfoSheets-older%20adults-ENG.pdf>.
- Carr, D. B., Flood, K., Steger-May, K., Schechtman, K. B., & Binder, E. F. (2006). Characteristics of frail older drivers. *Journal of the American Geriatrics Society, 54*, 1125-1129.
- Cohen-Mansfield, J., & Frank, J. (2008). Relationship between perceived needs and assessed needs for services in community-dwelling older persons. *The Gerontologist, 48*, 505-516.

- Durst, D., & MacLean, M. (eds.) (2010). *Diversity and aging among immigrant seniors in Canada: Changing faces and greying temples*. Calgary, AB: Detselig Enterprises.
- Green, L. (2010). *You could live a long time: Are you ready?* Toronto, ON: Thomas Allen Publishers.
- Green, R. J., Williams, P. L., Johnson, C. S., & Blum, I. (2008). Can Canadian seniors on public pensions afford a nutritious diet? *Canadian Journal on Aging, 27*(1), 69-79.
- Hank, K., & Erlinghagen, M. (2009). Dynamics of volunteering in older Europeans. *The Gerontologist, 50*, 170-178. Retrieved from: <http://gerontologist.oxfordjournals.org>.
- Hartman-Stein, P. E., & Potkanowicz, E. S. (2003). Behavioral determinants of healthy aging: good news for the baby boomer generation. *Online Journal of Issues in Nursing, 8*(2), 1-24. Retrieved from: <http://www.nursingworld.org>.
- Hawken, P. L., & Hillestad, E. A. (2000). Retirement- a job in and of itself. *Nursing Administration Quarterly, 25*(1), 102-106.
- Hill, K., Kellard, K., Middleton, S., Cox, L., & Pound, E. (2007). *Understanding resources in later life: Views and experiences of older people*. York, UK: Joseph Rowntree Foundation.
- International Council on Active Aging (2007). ICAA honors innovative approaches to active aging. *The Journal on Active Aging, 7*: 68-71.
- Investor Education Fund (2011). *Get smarter about money: Unbiased money and investing information*. Retrieved from <http://www.getsmarteraboutmoney.ca>.
- Jancey, J. M., Clarke, A., Howat, P. A., Lee, A. H., Shilton, T., & Fisher, J. (2008). A physical activity program to mobilize older people: A practical and sustainable approach. *The Gerontologist, 48*, 251-257.
- Lee, W. K. (2003). Women and retirement planning: Towards the “feminization of poverty” in an aging Hong Kong. *Journal of Women & Aging, 15*(1), 31-53.
- Lyons, R., Langille, L., & Gardner, P. (2005). *The midlife bulge: Promoting health in Canada's expanding midlife population*. Atlantic Health Promotion Research Centre, Dalhousie University.
- Masotti, P. J., Fick, R., Johnson-Masotti, A. P., & MacLeod, S. (2006). Healthy naturally occurring retirement communities: A low-cost approach to facilitating healthy aging. *American Journal of Public Health, 96*, 1164-1170.
- Merriam-Webster's Collegiate Dictionary*. Tenth Edition. (1998). Springfield, MA: Merriam-Webster Incorporated.

- Nakasato, Y. R., & Carnes, B. A. (2006). Health promotion in older adults. Promoting successful aging in primary care settings. *Geriatrics*, 61(4), 27-31.
- National Highway Traffic Safety Administration (2009). *Driving transitions education. Tools, scripts, and practice exercises*. US Department of Transportation.
- Nimrod, G. (2009). Seniors' online communities: A quantitative content analysis. *The Gerontologist*, 50, 382-392.
- Noone, J. H., Stephens, C., & Alpass, F. M. (2009) Preretirement planning and well-being in later life: A prospective study. *Research on Aging*, 31(3), 295-317.
- Noone, J. H., Stephens, C., & Alpass, F. M. (2010). The process of retirement planning scale (PRePS): Development and validation. *Psychological Assessment*, 22, 520-531.
- O'Connor, M. G., Kapust, L. R., & Hollis, A. M. (2008). Drivewise: An interdisciplinary hospital-based driving assessment program. *Gerontology & Geriatrics Education*, 29(4), 351-362.
- Østbye, T., Krause, K. M., Norton, M. C., Tschanz, J., Sanders, L., Hayden, K., Pieper, C., & Welsh-Bohmer, K. A. (2006). Ten dimensions of health and their relationships with overall self-reported health and survival in a predominantly religiously active elderly population: The Cache County memory study. *Journal of the American Geriatrics Society*, 54(1), 199-209.
- Oswald, F., Wahl, H. W., Schilling, O., Nygren, C., Fänge, A., Sixsmith, J., Szeman, Z., Tomsone, S., & Iwarsson, S. (2007). Relationships between housing and healthy aging in very old age. *The Gerontologist*, 47(1), 96-107.
- Park, J. (2011). *Retirement, health and employment among those 55 plus*. Statistics Canada. catalogue no. 75-001-X Perspectives on Labour and Income.
- Reicherter, E. A., & Greene, R. (2005). Wellness and health promotion: Educational applications for older adults in the community. *Topics in Geriatric Rehabilitation*, 21(4), 295-303.
- Rosenkoetter, M., & Garris, J., (2001). Retirement planning, use of time, and psychosocial adjustment. *Issues in Mental Health Nursing*, 22, 703-722.
- Scott, V., & Rajabai, F. (2007). *Seniors' falls can be prevented*. BC Injury Research & Prevention Unit & BC Falls and Injury Coalition.
- Service Canada (2008). *Services for seniors guide: A guide to government of Canada services for seniors and their families*. Retrieved from: http://www.servicecanada.gc.ca/eng/about/publication/bundling_seniors/index.shtml.

- Sorcinelli, A., Shaw, L., Freeman, A., & Cooper, K. (2007). Evaluating the safe living guide: A home hazard checklist for seniors. *Canadian Journal on Aging, 26*(2), 127-137.
- Southeastern Ontario District Health Council. (2004). *Healthy aging in southeastern Ontario: Healthy aging task force project report*. Kingston, ON.
- Taylor, S. E. (1999). *Health psychology*, 4th Edition. McGraw-Hill.
- Wagnild, G. (2003). Resilience and successful aging: Comparison among low and high income adults. *Journal of Gerontological Nursing, 29*(12), 42-49.
- Warburton, J. R., & Dyer, M. L. (2004). Older volunteers participating in a university research registry: Helping others my age. *Educational Gerontology, 30*(5), 367-381.
- Weiss, B., (2005). Balancing Act: A nurse's guide to retirement planning. *RN 68*(12), 63-65. Retrieved from: www.rnweb.com.
- Weller, N. J., & Rattan, S.I. (Eds.). (2008). *Healthy aging and longevity: Third international conference*. (Vol . 1114). Boston, MA: Blackwell Publishing.
- Zinner, P. (2006). Preparing the work force for retirement: The role of occupational health nurses. *AAOHN Journal, 54*, 531-536.