

Active Living and Diabetes: Building on Our Successes

Creating National Recommendations for Action: Primary Prevention for Type II Diabetes Amongst Older Adults



The Active Living Coalition for Older Adults

The Active Living Coalition for Older Adults (ALCOA) is a nationally incorporated non-profit organization that brings together governments, seniors, health and professional organizations, the private sector, and academia. Its objective is to encourage well-being and independence for older Canadians through daily physical activities.

Project Background

In April 2007, ALCOA initiated a project called Active Living and Diabetes: Building on Our Successes with the goal of developing a National/Local framework to encourage active living, and healthy eating amongst older adults in order to decrease diabetes. The aim of the project was to develop and recommend implementation strategies, and an action plan to deliver these strategies to older Canadians adults.

Anticipated outcomes were: 1) to increase awareness of the needs of older adults, and the diabetes programs and services for older adults offered in each region, 2) to encourage sharing of best practices from those programs, and to create partnerships with key stakeholders, 3) to share ALCOA knowledge and resources at all levels, and 4) to develop a national action plan in order to advance primary prevention of Type II Diabetes amongst older adults.

The project included developing a national advisory committee, hiring regional consultants, and developing regional advisory committees in the East, West (including the Yukon) and Central Canada inclusive of francophone, Aboriginal and new immigrants. As well, the project sought to: survey consumers and service providers; document best practices in primary prevention of Type II Diabetes amongst older adults in each region; and develop recommendations to address needs in each region. Finally, a national meeting reviewed the findings and leading practices from each region, and developed National Recommendations for Action on Primary Prevention of Type II Diabetes amongst older adults.

Regional Input

Preparation for the National Meeting began with the development of Regional Advisory Committees which distributed a survey to assess needs of both consumers and providers and to identify best practices in their region. The criteria for best practices were:

- Targets older adults (50+)
- Includes a component of physical activity
- Focuses on primary prevention
- Evidence-based
- At least 1 positive outcome
- Promotes personal or social change
- Includes measurement tool
- Implemented by provider
- Sustainable /or partnered with another organization
- Trained leaders

Each Regional Committee met and provided members and invited participants an opportunity to review the survey results and provide input to the final recommendations. While there was agreement that the criteria for reviewing programs should remain the same, the term “best practice” was revised, with program review organized in three categories:

- Leading – Met all criteria developed for this project
- Promising – Has opportunity to become leading practice by making an adjustment to include elements of measurement or evaluation
- Complementary – Does not include physical activity but complements programs that include physical activity by focusing on screening, nutrition, retirement, etc.

Although there were limitations due to time constraints, results confirmed findings from other research and action

areas at both regional and national levels. These findings were presented to the national meeting.

Regional observations on gaps in programs for older adults were as follows:

- Fragmented resources (silos) –people are unaware programs exist and this could lead to duplication
- Primary prevention programs need to go further in addressing determinants of health
- Most programs target individuals
- Limited links between medical community & social/recreational services
- Lack of guidelines for programs to measure individual results
- Lack of trained professionals and service providers and certification
- Lack of information on prevention and integration with treatment for consumers

Key themes that emerged from the regional consultations were the need for:

- work on primary prevention of Type II Diabetes amongst older adults
- more coordination of messages and services
- a holistic approach that addresses determinants of health
- the key is to understand how to motivate older adults to act to prevent Type II Diabetes through exercise and healthy living

Highlights of Regional Recommendations for Action

Each of the three regions made recommendations based upon the needs of their region and their experience. The recommendations were as follows:

..... Atlantic Region

- 1) Create a stronger presence for ALCOA, adding regionally focused resources on the ALCOA website.
- 2) A regional infrastructure
- 3) Greater communication with Public Health Agency of Canada to avoid survey overload
- 4) Guidance on measurement of activity programs
- 5) A regional conference so ALCOA can share goals, resources, and best practices
- 6) Workshops on program strengthening.

Central Region

- 1) A stronger presence for ALCOA, including more sharing and coordination with communities programs, and professional programs. This sharing is vital at the government level, as well as across the country, and must include the opinions and ideas of older adults.
- 2) Upgraded programs to develop supportive environments, put trained leaders in place, and develop more leaders through certification programs.
- 3) Older adults require more education to be motivated through user friendly information. Society's views of aging and active living need to be addressed, as well as support, preferably corporate, for older adults unable to pay for programs.
- 4) More research is required to understand how to motivate older adults.
- 5) Concurrently, all levels of government must make health a priority, including subsidies for healthy food – especially in the North.
- 6) Exercise needs to be encouraged and supportive facilities for winter exercise must be made available.
- 7) The medical profession needs to be more pro-active regarding prevention, health promotion and fitness.
- 8) Communities need to encourage healthy living through marketing, greater access to community centres, and programs aimed at inactive older adults.
- 9) Continued communication between the regional groups regards the implementation of the plan were also recommended.

Western Region

- 1) Develop strategies to motivate individuals. To reinforce this strategy, champions need to be found to develop ongoing relationships, follow up on exercise programs, and increase awareness of available programs.
- 2) All programs and strategies need to be sustained through partnerships, increased government funding, and greater communication with health authorities.
- 3) High risk populations must be engaged. Communities must engage their members with consultation and involvement, more programs aimed at older adults, including alternatives such as yoga.
- 4) Rural communities must be included and larger communities should help through loans of equipment and expertise.
- 5) Standards must be developed that include determinants of health. All members of society need to be welcomed and feel included.

Resource Materials

Several reports and resources were developed for the national meeting including a report of the survey results from each region. From a comparison of findings between regions, a resource book was created featuring all Leading, Promising and Complementary programs, and a DVD with a narrated slide show was produced portraying twelve exemplary programs from across Canada. References were circulated to participants in advance of the national meeting, and research reports from Rick Gilbert and Shelley Callaghan (CAAWSPA) provided additional evidence.

In addition, Jim Frankish, Professor and Director of the Centre for Population Health Promotion Research at the University of British Columbia and a member of the Western Regional Advisory Committee and National Advisory Committee for this project, provided evidence on the links between social determinants of health, primary prevention and diabetes. Dr. Frankish's presentation and all other resources are available on the ALCOA website www.alcoa.ca

Qualities of Successful Programs

Participants identified the following characteristics of successful programs: leadership, community development, goals that adapt, available information, encouragement, novelty, networking, and exercise people will continue with, that is comfortable, gives results and builds social connection.

National Meeting

The National Meeting of the project was held on February 25–26 with representation from the ALCOA Guardians, the National Advisory Committee, and the Regional Advisory Committees.

Objectives for the meeting included:

1. Determine needs and gaps in primary prevention amongst older adults in Canada;
2. Showcase leading programs for older adults from across Canada;
3. Provide participants with new strategies to take back to their organizations;
4. Develop national recommendations for action;
5. Encourage commitment amongst ALCOA, other non government organizations, funders, advisory committee members, and participants for future collaborative projects.

Evaluations of the meeting indicate that the meeting was successful in achieving these objectives, with the majority satisfied with the process and outcomes of the meeting.

National Recommendations For Action

At the national meeting participants considered the recommendations from regional committees for action in five key areas:

1. *Sustainability*

Sustaining programs beyond most government funding cycles is a challenge. An expectation of self reliance, limited core funding, and the threat of volunteer 'burnout' are all a matter of concern. One recommended path is to coordinate with like-minded organizations:

- Promote long-term initiatives
- Coordinate activity and deliverables with other related programs
- Identify federal, provincial and municipal champions
- Credible corporate partnerships
- Support among voters to pressure government
- Advocate for core funding
- Strategic partner engagement to raise the profile of important issues
- A lobbyist to represent NGO's as a collective voice
- Identify what is working well/ how to build upon it
- Treat volunteers with respect and give them a professional structure to work within

2. *Measurement*

Essential to motivate older adults and to ensure program effectiveness and accountability:

- Identify what can be measured
- Determine what should be measured
- Determine methods of measurement
- Develop a business/feasibility case
- Establish budget for the above recommendations and the time required
- Establish a health profile for individuals
- Measure cost verses benefits
- Integrate with other programs, e.g.,
 - o Blood pressure – Canadian Hypertension Education Program
 - o Weight – Canadian Diabetes Association
 - o Physical activity – Canadian Society for Exercise Physiology and ALCOA
 - o Diet - Canadian Dieticians Association

3. *Training*

Trained instructors make a difference in primary prevention amongst older adults. There is a scarcity of trained instructors in Canada.

- A marketing program to encourage the importance of trained personnel

- Develop models of training, based on what's already successful
- Change the focus from disease prevention to wellness
- Base training on function, and not be disease specific
- Develop standards of recognition and compensation
- Guidelines for physicians and health professionals re: community resources
- Quality assurance with feedback on the impact of training as part of program evaluation
- Employee Health Services in the workplace for education, counseling and referral
- Partnerships with kinesiology/phys ed students and community volunteer trainers to use techniques that are age and culturally appropriate
- Share resources with other organizations

4. *Program Connectivity/Integration*

There is little integration amongst activity and nutrition programs and diabetes screening.

- High level political support for an integrated approach
- A multi-sectoral body to develop coordinated client centered programs that are not disease specific
- Marketing and messaging in the media
- Professional referral method to link individuals to a variety of programs
- Health fairs and community partners
- Incentives for partnering initiatives

5. *Determinants of Health*

Determinants of Health: personal health and coping skills, education and literacy, transportation, income and social status, physical environment (housing, social support – family & friends), gender, environment (community, culture), and health status. Research shows these determinants have an impact on both incidence and management of Type II Diabetes. There must be greater emphasis on a balance between focusing on the individual and the overall population.

- Educate government on the value of prevention
- Educate organizations on the determinants of health
- Develop programs that increase self-esteem
- Safe, accessible programs; accessible to rural and outlying areas; provide transportation alternatives
- Incorporate all age groups, e.g., grandparent, children (family activities)
- Materials that meet literacy level of group
- Different programs specific to culture and gender
- Address present health status
- Advocate for marginalized populations
- Involve partners in planning, training and marketing health benefits

A Go-forward Leadership Strategy for ALCOA:

Implementing the National Recommendations for Program Development & Enhancement

National meeting participants strongly recommended that ALCOA play a key role in advocating for action and take the lead with a go-forward strategy.

1. *Communicate*

The project must be communicated to have an impact on program and policy development. Recommendations of the project need to be released to the media, public, and government at all levels. Stories to be released should be targeted to specific audiences. ALCOA should ask the PHAC how the report will be used for planning larger projects (future direction), collaborate on presentations at conferences, and follow-up with meeting delegates on how the report is used. As well, ALCOA should apply to PHAC for funding to implement the strategy.

2. *Strengthen ALCOA*

To prepare for the future, action must be taken now to strengthen the capacity for leadership and plan for sustainability through a business case. ALCOA is a coalition, also a not for profit organization currently dependent on government funding and corporate sponsorship. There should be a membership drive to increase the power of the coalition; discussions with funding organizations such as the Public Health Agency of Canada to advocate for longer termed funding; and adoption of standardized evaluation tools and RFP processes. Opportunities to diversify funding need to be pursued, such as partnering with other organizations in submitting proposals.

3. *Engage and develop partners*

More people and organizations need to be engaged in ongoing primary prevention of Type II Diabetes. Recommendations for action will serve as a resource for a partnership strategy and identifying corporate/ community champions. Ownership should rest with ALCOA member national organizations, and allied health/fitness professionals, corporations, governments, and foundations. The partnership strategy should work together towards a common vision of chronic disease prevention through active living (including mental, spiritual, emotional, physical, and social well being).

4. *Improve policies and programs*

The National Meeting found a need for increased emphasis on measurement, training, sustainability, and determinants of health in programs and policies for older adults. There was strong agreement that coordinating efforts should go across all chronic diseases – not just Type II diabetes. In the short term it is recommended that a national seniors’ consensus convention be held and an inventory of resources be completed; in the mid-term there would be efforts to advocate for new funding programs that allocate funding across chronic diseases; and in the long term (within 10 years) policies and programs must incorporate determinants of health.

A Commitment from the ALCOA Chair – Don Fletcher

One of the hallmarks of a democratic society is that we, as citizens, and organizations, have both the right and the responsibility to choose and to do whatever it is we can to make our society a better place. As Volunteers, we

have a wealth of energy and expertise that is vital to the health of us all. The thoughtful discussions of these past few days come from the hearts and minds of you, the participants, and from the ideas of many others that have participated in the process to date. These ideas will form a basis for ALCOA to put forward recommended courses of action to the Federal Government, to Provincial governments, and to other like minded NGO's who have a concern for the well being of Older Adults in Canada.

Coalitions, by their very nature can be powerful if the collective voice is targeted to effect change. This will require the marshalling of the energies of the partners in the Coalition, and the recruitment of new partners to the process. Each of us has the responsibility to assist in that process. Each of you can take the messages from this summit back to your own home organizations and community. You can choose to make some of these ideas a reality within the ambit of your influence. Some of you may wish to join the Coalition. For our part, many of the ideas and recommendations will assist ALCOA in its own strategic direction for improving the well being and active living of Older Adults.

Thank you for your participation. Together we can and will make a difference.

The full report is available on the ALCOA website at www.alcoa.ca



Contact Information

ALCOA, P.O. Box 143, Shelburne, ON, L0N 1M0
ph) 1.800.549.9799 fax) 1.519.925.3955
email) alcoa3@ca.inter.net
web) www.alcoa.ca

The financial support of the Public Health Agency of Canada is gratefully acknowledged.