



# Active Independent Aging

A community guide for falls prevention and active living



Community Health Research Unit, University of Ottawa and  
Public Health and Long-Term Care Branch, City of Ottawa



# Active Independent Aging

A community guide for falls prevention and active living

Produced by the Community Health Research Unit, University of Ottawa and  
City of Ottawa Public Health and Long-Term Care Branch

© Community Health Research Unit, University of Ottawa and  
Public Health and Long-Term Care Branch, City of Ottawa, 2004

Funded by Health Canada and Veterans Affairs Canada

© Community Health Research Unit, University of Ottawa and  
Public Health and Long-Term Care Branch, City of Ottawa, 2004

Funded by Health Canada and Veterans Affairs Canada

Information in this guide is available on our web site at:  
[www.falls-chutes.com](http://www.falls-chutes.com)

Disponible en français

For more information contact:

Donna Lockett, PhD  
Community Health Research Unit, University of Ottawa  
451 Smyth Rd., Room 1118  
Ottawa, ON, K1H 8M5  
Tel: (613) 562-5800 ext. 8439  
Fax: (613) 562-5658  
[dlockett@uottawa.ca](mailto:dlockett@uottawa.ca)

Ginette Asselin B.Sc.N.  
Public Health Nurse  
Seniors' Health and Caregiver Support, City of Ottawa  
495 Richmond Road  
Ottawa, ON, K2A 4A4  
Tel: (613) 724-4122 ext 2-6236  
Fax: (613) 724-4123  
[ginette.asselin@ottawa.ca](mailto:ginette.asselin@ottawa.ca)

# Preface

*Active Independent Aging* promotes the health and independence of older adults and veterans by offering:

- ◆ Information about falls among older adults
- ◆ Suggestions for how to reduce hazards for falls
- ◆ Ideas for how to encourage older adults to be active every day
- ◆ Tools to help you make your centre and your community safer

*Active Independent Aging* is for anyone who works with older adults and veterans who live independently in the community, particularly people such as:

- ◆ Recreation and leisure leaders
- ◆ Committee chairs or leaders in legions, churches, or cultural groups
- ◆ Staff or volunteers who provide home support to older adults living in the community
- ◆ Public health staff

Older adults are a diverse group and so are the organizations that serve them.

Whether your organization has staff or is operated entirely by volunteers, no matter the size of your budget or the range of your programs, *Active Independent Aging* has information and ideas for you, including:

- ◆ Program ideas and information handouts
- ◆ Facts, quizzes and checklists
- ◆ Ready to use resources and activities
- ◆ A list of other print, video and web-based resources available on falls prevention and active living

This *Guide* reflects the thinking and experience of many older adults, veterans, coordinators of programs for older adults, and program managers from the City of Ottawa. It also draws on the experience of other programs from across Canada. We hope that sharing these ideas and experiences will help you develop strategies that work for your organization as you support your members' efforts towards active and independent aging.

## IV Preface

Please note that the information in the *Guide* is NOT intended for frail older adults.\* For those who are interested in this topic, some resources for frail older adults are listed in *Section 11: Resources*.

\*A person who is frail is physically weak and is unable to easily or consistently perform daily functions without assistance due to poor health or prolonged inactivity. People who are frail can gain strength and ability for daily functions, but they require specific guidance that is beyond the scope of this Guide.

## Terms of use

*Active Independent Aging*, A community guide for falls prevention and active living was created by the University of Ottawa Community Health Research Unit and the Public Health and Long-Term Care Branch of the City of Ottawa. Funding for this initiative was made possible by Health Canada and Veterans Affairs Canada: Falls Prevention Initiative. The views expressed herein do not necessarily represent the official policies of the University of Ottawa, City of Ottawa, its funding agency or partners.

### Not medical advice

The information provided in the guide is intended for educational purposes only. It is not and should not be taken as advice or treatment from a doctor or health care professional. Never disregard professional, medical or health care advice or delay in seeking it because of something you have read in this guide.

### Copyright

Active Independent Aging is protected by Canadian copyright law. The content may be used without specific permission for non-commercial or educational purposes. No part of this publication may be reproduced for any

other purpose without written permission of the City of Ottawa.

### Limitation of Liability

In no event shall the University of Ottawa, the City of Ottawa, Health Canada or Veterans Affairs Canada, its directors, employees, agents, or licensors be liable for damages of any kind arising from the use of information in *Active Independent Aging*.

### Disclaimer of Warranties

Information and content are provided “as is”. While we endeavour to provide content that is correct, accurate and timely, no representations or warranties are made regarding Active Independent Aging. By using the guide, the user acknowledges and agrees that he or she is using the guide at their own risk and liability.

### Referencing the Guide

Please use the following references:  
Lockett, D., Bonenfant, D., Asselin, G., Kuhn, M., Edwards, N. (2004). *Active Independent Aging: A Community Guide for Falls Prevention and Active Living*. University of Ottawa and City of Ottawa, Public Health and Long-Term Care Branch, Ottawa, Ontario, Canada.

## VI **Terms of use**

### **Information**

To order or obtain more information,  
including permission, please contact:

Ginette Asselin B.Sc.N.,  
Public Health Nurse  
Seniors' Health and Caregiver Support  
495 Richmond Road,  
Ottawa (ON) K2A 4A4

Tel:(613) 724-4122 ext 2-6236,  
Fax:(613) 724-4123  
[ginette.asselin@ottawa.ca](mailto:ginette.asselin@ottawa.ca)



## Acknowledgements

*Active Independent Aging: A Community Guide For Falls Prevention And Active Living* was co-written and produced by the Community Health Research Unit and the City of Ottawa. Information included in this Guide are also available at [www.falls-chutes.com](http://www.falls-chutes.com).

Funding for the development of this Guide was provided by the Health Canada/Veterans Affairs Canada Fall Prevention Initiative.

Contributions to the development of the Guide and website were made by:

**Donna Lockett**

Community Health Research Unit,  
University of Ottawa (project director)

**Dot Bonenfant**

University of Ottawa (project  
coordinator)

**Ginette Asselin**

Public Health and Long-Term Care  
Branch, City of Ottawa (community  
mobilizer)

**Marilynn Kuhn**

University of Ottawa (writing, editing)

**Sabrina Farmer**

University of Ottawa (editing,  
evaluation, administrative support)

**Judy Kavanagh**

University of Ottawa (web design,  
graphics, guide layout)

Many thanks to our project team and community partners who helped identify the priority need areas for this project and provided knowledge, guidance and expertise:

**Dr. Nancy Edwards**

University of Ottawa

**Faranak Aminzadeh**

Regional Geriatric Assessment  
Program of Ottawa- Carleton

**Joseph Bonenfant**

Strathcona Legion Branch 595

**Francine Boutet**

Day Hospital, Pavillon Bruyère

**Jennifer Chen**

Victorian Order of Nurses

**Ruby Elver**

Older Adult Volunteer

**Elizabeth Fitzpatrick**

South East Ottawa Centre for a  
Healthy Community

**Jessica Hayward**

Orléans Legion Branch 632

**Kathleen Holdway**

University of Ottawa Institute on  
Health of the Elderly

## VIII Acknowledgements

### **Julie Lévesque**

City of Ottawa, Seniors Health and  
Caregiver Support  
Fall Prevention Program

### **Hilda Moore**

Zone Chairperson; Richmond &  
District Branch 625

### **Winona Mooers**

Retired Public Health Nurse and  
Older Adult Volunteer

### **Maryan O' Hagan**

City of Ottawa Public Health &  
Long-Term Care Branch

### **Margo Ouimet**

Le Service D'Entraide  
Communautaire pour les aînés  
Francophone and Older Adult  
Volunteer

### **Jocelyne Pion**

South East Ottawa Centre for a  
Healthy Community

### **Gilberte Robichaud**

The War Amps of Canada

### **Dr. Heidi Sveistrup**

University of Ottawa Institute on  
Health of the Elderly

### **Amie Taylor and Laura Evans**

The Good Companions-Seniors'  
Centre

Thanks to the rest of our staff and  
team: Alette Willis, Andrée Fauteux,  
Carole Clement and Tarek Virani.

A big thanks to our four Ottawa based  
pilot sites and our “champions” who  
helped us test out this program:

- ◆ Westboro Legion; Roger Knapp,  
Madeline Le Blanc, Edie Anderson,  
Violet Enright and Teresa Young.
- ◆ Centre Pauline Charron; Léo  
Lavergne and Gaetan Paquette.
- ◆ Centre de Jour Guigues; Andrée  
Fauteux.
- ◆ Le Patro; Denis Bédard, Henri-  
Louis Trudel and Sylvie Leclerc

# *Table of Contents*

|   |           |
|---|-----------|
| <b>Section 1 - Introduction.....</b>  | <b>1</b>  |
| What's the problem? .....   | 1         |
| What can make a difference? .....   | 1         |
| How can your organization help? .....   | 2         |
| How can this Guide help your organization? .....  | 3         |
| <b>Section 2 - Getting started.....</b>   | <b>7</b>  |
| Introduction .....  | 7         |
| Know your organization .....  | 7         |
| What resources are available to you? .....  | 7         |
| How can falls prevention fit with your organization's mandate and current programs? ..... | 8         |
| Know your allies.....   | 9         |
| Know your members.....  | 10        |
| Are your members ready to make a change?.....   | 10        |
| What do your members need to make changes? .....  | 12        |
| Know what you can do.....   | 13        |
| YOU CAN: Provide information and learning opportunities .....                             | 13        |
| YOU CAN: Offer programs and activities.....   | 14        |
| YOU CAN: Motivate and support your members .....  | 15        |
| YOU CAN: Remove barriers to change .....  | 16        |
| YOU CAN: Make changes in and around your centre .....                                     | 16        |
| YOU CAN: Provide links to other resources in the community .....                          | 17        |
| YOU CAN: Evaluate your programs .....   | 17        |
| To help you as you get started.....   | 17        |
| Contact list – Getting started.....   | 18        |
| <b>Section 3 - Falls and falls prevention .....</b>                                       | <b>21</b> |
| Introduction .....  | 21        |
| What you need to know.....  | 21        |
| Facts about falls.....  | 21        |
| Facts about risk factors for falls .....  | 23        |
| Facts about reducing risks to prevent falls .....   | 26        |

|  |           |
|--|-----------|
| What your organization can do .....                          | 26        |
| Provide information and learning opportunities .....         | 27        |
| Offer programs and activities .....                          | 29        |
| Motivate and support your members as they make changes ..... | 30        |
| Reduce barriers to making change .....                       | 31        |
| Make changes in and around your building .....               | 31        |
| Provide links to other resources .....                       | 31        |
| To help you help your members prevent falls.....             | 32        |
| Contact list – Falls and falls prevention.....               | 33        |
| <b>Section 4 - Active living .....</b>                       | <b>37</b> |
| Introduction.....  | 37        |
| What you need to know.....                                   | 37        |
| What is active living? .....                                 | 37        |
| Facts about inactivity .....                                 | 37        |
| Facts about physical activity .....                          | 39        |
| Basic precautions .....                                      | 40        |
| What your organization can do .....                          | 41        |
| Provide information and learning opportunities .....         | 42        |
| Offer programs and activities .....                          | 45        |
| Motivate and support your members as they make changes.....  | 45        |
| Remove barriers to participation.....                        | 47        |
| Make changes in and around your building .....               | 47        |
| Provide links to other resources.....                        | 47        |
| To help you help your members become more active.....        | 48        |
| Contact list—Active living.....                              | 49        |
| <b>Section 5 - Safer centres .....</b>                       | <b>53</b> |
| Introduction.....  | 53        |
| How safe is your centre?.....                                | 53        |
| What can your organization do?.....                          | 55        |
| Provide information and learning opportunities .....         | 56        |
| Have centre safety checks.....                               | 56        |
| Make changes in and around your building .....               | 57        |

|   |           |
|---|-----------|
| To help you make your building safer from falls.....                                | 61        |
| Contact list – Safer centres.....   | 61        |
| <b>Section 6 - Safer communities .....</b>  | <b>65</b> |
| Introduction .....  | 65        |
| Potential problems in your community.....   | 65        |
| What your organization can do .....   | 67        |
| Provide information and learning opportunities .....                                | 67        |
| Conduct neighbourhood checks.....   | 69        |
| Reach out to your community .....   | 70        |
| To help you create a safer neighborhood .....                                       | 73        |
| Contact list - Safer communities .....  | 74        |
| <b>Section 7 - Evaluating your program .....</b>                                    | <b>77</b> |
| Introduction .....  | 77        |
| Planning your evaluation.....   | 77        |
| What to ask .....   | 78        |
| How to get the information you need.....  | 79        |
| When to collect the information .....   | 80        |
| Collecting your information.....  | 80        |
| Interviewing and surveying members .....  | 81        |
| Assessing changes made to your surroundings.....                                    | 82        |
| Reviewing program documentation .....   | 82        |
| Understanding your findings .....   | 83        |
| Using and sharing your findings.....  | 83        |
| To help you in your evaluation .....  | 85        |
| Contact list - Evaluating your program.....   | 86        |
| <b>References.....</b>  | <b>87</b> |
| <b>Section 8 - Program Tools .....</b>  | <b>93</b> |
| Introduction .....  | 93        |
| 1. Your programs .....  | 95        |
| 2. Your members.....  | 97        |
| 3. Falls prevention: Tips for supporting older adults at each stage of change ..... | 99        |

## XII Table of Contents

|   |            |
|---|------------|
| 4. Active living: Tips for supporting older adults at each stage of change.....     | 103        |
| 5. Tips for making a presentation .....   | 107        |
| 6. Tips for leading a discussion group.....   | 109        |
| 7. How adults learn.....  | 115        |
| 8 Tips for planning your program .....  | 117        |
| 9. Is your centre safe and activity-friendly? .....                                 | 123        |
| 10. Is your neighbourhood safe and activity-friendly?.....                          | 141        |
| 11. Poster #1 .....   | 145        |
| 12. Poster #2 .....   | 147        |
| 13. Sample poster for active living .....   | 149        |
| 14. How to motivate your members .....  | 151        |
| 15. Tips on working with the media .....  | 157        |
| 16. Tips for influencing public opinion .....                                       | 159        |
| 17. Tips for advocating for change .....  | 161        |
| 18. Sample evaluation questions and strategies.....                                 | 165        |
| 19. Tips for interviewing and surveying members .....                               | 167        |
| 20. Sample questions for members .....  | 169        |
| 21. Member satisfaction survey .....  | 175        |
| 22. Program log forms .....   | 177        |
| 23. Template for a letter to city hall.....   | 181        |
| 24. Contact list.....   | 183        |
| <b>Section 9 - Handouts .....</b>   | <b>187</b> |
| Introduction .....  | 187        |
| 1. A guide to preventing falls .....  | 189        |
| 2. Test your knowledge about falls.....   | 199        |
| 3. CMHC's Home Adaptations for Seniors' Independence program (HASI).....            | 201        |
| 4. Canada's Physical Activity Guide to Healthy Active Living for Older Adults ..... | 203        |
| 5. Benefits of physical activity .....  | 207        |
| 6. 5 tips for getting physically active .....                                       | 209        |
| 7. 5 tips for staying physically active .....                                       | 211        |
| 8. Safety tips and stop signs .....   | 213        |
| 9. Winter Active Winter Smart .....   | 215        |
| 10. My active living diary .....  | 217        |

|   |            |
|---|------------|
| 11. Tips for walking.....                                 | 219        |
| 12. Hazard report form .....                              | 221        |
| 13. Physical activity: a fountain of youth.....           | 225        |
| 14. Add it up!.....                                       | 229        |
| <b>Section 10 - Activity Tools .....</b>                  | <b>232</b> |
| Introduction .....  | 233        |
| 1. Use your sea legs in the bathroom! .....               | 235        |
| 2. On the stairs and outdoors, keep a firm footing! ..... | 251        |
| 3. PAR-Q .....  | 263        |
| 4. Physical activities: Participant's waiver .....        | 267        |
| 5. How to start a walking club.....                       | 269        |
| <b>Section 11 - Resources .....</b>                       | <b>276</b> |
| Introduction .....  | 277        |





## Section ONE

# Introduction



Photo by Jan Jakobiec

## Section ONE

# Introduction

|  |   |
|--|---|
| What's the problem? .....                        | 1 |
| What can make a difference? .....                | 1 |
| How can your organization help? .....            | 2 |
| How can this Guide help your organization? ..... | 3 |

## Section ONE

# Introduction

### What's the problem?

Falls can happen at any age. However, as we get older, falls become more dangerous. Older adults are more likely to face serious injury, hospitalization or even admission to long-term care facilities as a result of falling.

### What can make a difference?

**Keeping active is one of the best ways to make a difference.** At any age, we can take steps to improve our health and reduce our risk of falling. By simply walking, climbing stairs, or bending in the garden we strengthen our muscles, improve our balance and increase our flexibility. Strong muscles, good balance and flexibility play a key role in preventing falls.<sup>1</sup> Even 30 minutes a day helps! Active living is about healthy, independent aging.

**Removing hazards is another important strategy for reducing older adults' risk of falling.** Hazards for falls are everywhere – in the home, in community buildings, and along neighbourhood sidewalks and roadways. Often simple changes in a home or community building make a big difference. Changes in your neighbourhood typically require a little more effort. But, these efforts can have a huge payoff because they can reduce older adults' risk of falling and help ALL OF US feel safer and be more active.



***Older adults can prevent falls.***

Photo, Health Canada  
© Minister of PWGSC, 2001

### Key Messages

Falls are an important issue for older adults.

Individuals, organizations and communities can take action to help prevent falls.

*Active Independent Aging* provides information to help individuals and organizations to take action to prevent falls and create activity-friendly places.

Keeping active is not only about healthy muscles and bones. It is also good for mental and social well-being.

As one senior said:

*"I enjoy the scenery... I invariably find that I have solved some of the little personal problems that have been on my mind... It's very therapeutic for me. I really enjoy this walk."*

## How can your organization help?

Organizations play an important role in supporting individuals to reduce risks related to falls and to be active. Your organization can help your members by:

- ◆ Providing them with accurate information about the risk of falls and falls prevention strategies
- ◆ Offering information and programs that encourage them to get active and stay active
- ◆ Supporting them as they make changes in lifestyles and behaviours
- ◆ Removing hazards for falls within and around your building
- ◆ Seeking opportunities to make your centre and your community more activity-friendly

## Word short cuts

To avoid long, explanatory phrases throughout the *Guide* we have used the following words to represent groups that may be quite diverse.

**"Older adults"** refers to anyone in their senior years, including veterans.

**"Members"** refers to all older adults who might benefit from information or exercises in the *Guide*. They may be formal members of an organization, clients of a home support service or simply participants in a public program.

**"Leaders"** refers to anyone who works with older adults, formally as a program planner or leader, or informally as a committee chair or volunteer.



Photo by Judy Kavanagh

## How can this Guide help your organization?

This *Guide* was developed to help organizations and leaders support active, independent aging. The information, activities, handouts and resources in the *Guide* can help you:

- ◆ Develop and deliver effective programs related to falls prevention and active living
- ◆ Identify changes that you can easily make in your organization to reduce the risk of falls
- ◆ Identify and work with partners to take action to reduce fall hazards in your larger community
- ◆ Implement simple strategies in your centre and community to encourage your members to be active every day

Resources in the *Guide* can also help you document and evaluate your programs to learn what works well for your members. Read *Section 7: Evaluating your program*, while you are making plans, before you start a new initiative.

Find out what others are doing. Remember, your organization is not alone in its efforts to promote falls prevention and safe, active living among older adults. Other groups may be involved in educating older adults around falls prevention or lobbying for changes in policies and municipal standards to make the environment safer. The *Guide* has suggestions for finding these organizations. Together you can build momentum to reduce falls while making neighbourhoods and communities safer and more activity-friendly for all of us as we get older.



***Support and encourage your members to be active.***

Photo by Dan Burden  
[www.pedbikeimages.org](http://www.pedbikeimages.org)

### **Active living can mean**

Taking the stairs instead of the elevator

Doing simple exercises in a chair or at the kitchen sink

Parking at the far corner of the parking lot, or the far end of the mall

Walking around the block

**Remember - every move counts!**

**An activity-friendly building, neighbourhood or community is one that is:****Safe**

Hazards that increase the risk of falling have been eliminated or reduced as much as possible.

Features that promote personal safety (for example, good lighting) are present.

Pedestrian safety concerns are addressed (for example, crossing lights provide adequate time on busy streets).

Sidewalks, stairs, floors and other areas where people walk are free of hazards.

**AND****Inviting for people to be physically active**

The surroundings make it easy and pleasant to be active.

Outdoors, this means good paths link people to regular destinations such as shops or services.

Walkways have shade, wind protection and benches, and are visually appealing.

Indoors, being active is encouraged and reinforced not only by attention to safety, but also by visual cues inviting active living—for example, a sign encouraging people who are able to take the stairs instead of the elevator.



## Section TWO

# Getting started



Photo by Jan Jakobiec

## Section TWO

# Getting started

|   |    |
|---|----|
| Introduction .....  | 7  |
| Know your organization .....  | 7  |
| What resources are available to you? .....  | 7  |
| How can falls prevention fit with your organization's mandate and current programs? ..... | 8  |
| Know your allies.....   | 9  |
| Know your members.....  | 10 |
| Are your members ready to make a change? .....  | 10 |
| What do your members need to make changes? .....  | 12 |
| Know what you can do.....   | 13 |
| YOU CAN: Provide information and learning opportunities .....                             | 13 |
| YOU CAN: Offer programs and activities .....  | 14 |
| YOU CAN: Motivate and support your members .....  | 15 |
| YOU CAN: Remove barriers to change.....   | 16 |
| YOU CAN: Make changes in and around your centre .....                                     | 16 |
| YOU CAN: Provide links to other resources in the community .....                          | 17 |
| YOU CAN: Evaluate your programs .....   | 17 |
| To help you as you get started .....  | 17 |
| Contact list – Getting started.....   | 18 |



## Section TWO

# Getting started

## Introduction

You have decided that falls prevention and active living are important issues for your organization. Congratulations! What next? Every situation is different. This section outlines steps to help you identify what might work best for your organization, members and community.

## Know your organization

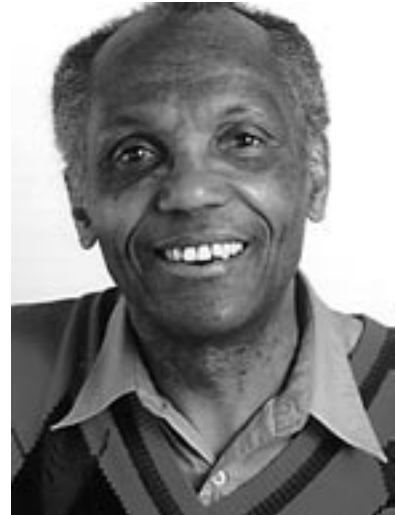
The experience and resources of your organization are the foundations for planning a new initiative. Take time to consider your resources and your mandate.

## What resources are available to you?

Remember to look around your community as well as within your own organization for the resources you need, including.

### **Financial resources:**

Do you have money for new programs, for staff, or for changes to your environment? Can you make do without having the financial resources? For example, you might use volunteers. Or, you might approach an organization or business in your community to sponsor some of your initiatives.



***Who are the potential leaders in your group?***

Photo, Health Canada,  
© Minister of PWGSC, 2001

## Key Messages

Know your organization.

Know your members' needs and interests.

Link with other resources in the community.



***Knowing your organization can help you decide where and how to start on falls prevention.***

Photo, Health Canada,  
© Minister of PWGSC, 2001

### ***Physical resources:***

What is your space like? This is especially important if you want to start an exercise program. Maybe you don't have room for a Tai Chi class but can start an outdoor walking club. Or perhaps you can find an indoor location nearby where you can host a Tai Chi class. Also, local arenas, gymnasiums, and shopping malls may be willing to allow your group to use their facilities for an indoor walking club.

### ***People:***

Who are some key folks to get involved? New initiatives are usually a team effort. You may need people who are good at promoting new ideas, leading a discussion, organizing an information session, coordinating activities or finding resources from the community. Who are the potential leaders in your group?

### **How can falls prevention fit with your organization's mandate and current programs?**

An organization's programs are shaped by what it intends to achieve. This is often stated as its purpose or mission. The purpose of this *Guide* is to “*promote the health and independence of older adults and veterans through falls prevention, active living and activity-friendly environments.*”

How does this purpose fit with what you hope to achieve within your organization? Can you begin to consider this mandate by building small changes into existing programs? For example, could you have a 10 minute break during bingo or card programs to do some stretching or Tai Chi? If you already have a walking club, could you encourage members of that

club to look for potential fall hazards on their route?  
Little changes can make a BIG difference!

See *Section 8: Program Tool 1 – Your programs*

## Know your allies

You may already have connections with other groups in your community. Check your list of contacts and see who might have ideas or resources related to falls prevention and active living. At the end of each section of this Guide you will find suggestions for groups that might be helpful in the “Contact list.” These are groups such as:

**Public Health Departments** with professionals who are an excellent source of information about falls among older adults in your region, falls prevention and active living.

**Service groups** who share your concerns about falls and safe, active living among older adults, such as community health centres or rehabilitation services.

**Community groups** concerned about walking and pedestrian safety, such as parents of young children and environmental groups.

**Businesses** that have an interest in more pedestrian traffic.

**Service clubs or faith groups** who support community initiatives.



***Meeting with others is a good way to get ideas, inspiration, support or the ‘right’ contact.***

Photo by Jan Jakobiec



***Find out about your members' needs and interests before you plan programs.***

Photo, Health Canada, © Minister of PWGSC, 2001

**Recreation groups** that provide programs that encourage older adults to be active.

**Media** – radio, TV and print media that carry local health and human interest stories.

## **Know your members**

People participate when programs address their interests and needs. Before you plan a program on falls prevention or active living, think about your members.

What are your members needs and interests? Can you answer the following questions about your members?

- ◆ What do your members know about falls prevention?
- ◆ Is falls prevention important for your members?
- ◆ Who is currently physically active? What encourages them to keep active?
- ◆ Is active living important for your members?
- ◆ Who gets very little physical activity? Why aren't they more active?
- ◆ Who might be a strong supporter for a falls prevention or active living program?

See *Section 8: Program Tool 2 – Your members*

## **Are your members ready to make a change?**

At some time, most of us have tried to make a change in our lifestyle. We may have been successful, or not. Change is not easy. Think about a time when you have tried to stop smoking, change your eating habits, or start exercising. Understanding how people

make changes in their behaviour will help in planning successful falls prevention and active living programs.

Research has taught us that people make lifestyle changes in stages. They typically go through a series of steps or stages as they move from thinking about making a change towards adopting a new behaviour. For example, as someone progresses from being inactive to being active, they likely go through the following stages:

**Stage 1: Not active and not thinking about it.**

These people are not thinking of making any lifestyle changes. They see no benefit to being active and/or have no intention of becoming active anytime soon.

**Stage 2: Not active, but thinking about it.**

These people are thinking about the benefits of being active for them. Some may be only thinking about what they might do to be more active. Others may even be getting ready to try out different ways of being active.

**Stage 3: Active.**

Some people may have just begun to add physical activities to their daily routine. Others may be regular exercisers and have been physically active for some time (at least six months).

As you plan programs and activities, knowing what stage your members are at is VERY important. Different messages and approaches work best for people at specific stages. The following tools in *Section 8: Program Tools* describe the stages people go through to make changes in their behaviour and the related goals, messages and strategies for leaders.



**What stage are your members at?**

Photo, Health Canada,  
© Minister of PWGSC, 2001

**Any change is good!**

Helping a person move from one stage to the next is an accomplishment.

Any movement on the part of your members towards being more active or taking measures to prevent falls is success.

I think I can, I think I Can,  
I THINK I CAN!

Remember, **relapse** is a natural part of change. It is important to see these relapses not as a defeat, but as a normal experience in making lifestyle changes.

- ◆ *Program Tool 3 – Falls prevention: Tips for supporting older adults to make a change*
- ◆ *Program Tool 4 – Active living: Tips for supporting older adults to make a change*

### **What do your members need to make changes?**

Research tells us that to support people through lifestyle changes we need to address each of the following:

#### ***Knowledge of risk factors:***

People need to know what it means to be at risk and what may put them at risk. For example, to consider reducing falls hazards in their homes, your members need to know what might increase their risk of falling around their home. To consider becoming more active, they need to know the risks of being inactive.

#### ***Perception of personal vulnerability:***

People need to believe that falls or health problems can happen to them. For example, older adults may believe that only frail seniors fall. Since they are not frail themselves, they incorrectly think that they are not at risk of falling and are not likely to make changes. Similarly, if someone does not see his own risk of health problems related to inactivity, it will be difficult to motivate him to be more active.

#### ***Knowledge that change is good:***

People are more likely to make changes if they believe the change will lead to a positive outcome. For example, a person who believes that using a cane will keep him safer is more likely to use a cane than someone who doesn't believe a cane can prevent a fall.

And, a person who believes that getting active will help her stay independent longer is more likely to listen when a speaker talks about walking as a good idea, and more likely to start walking.

### **Confidence in their ability to make the change:**

When people believe they can do something, they are more likely to do it! For example, a person who believes that he really can walk for 30 minutes each day, or that his phone call to the municipality will get the sidewalk fixed, will more likely take these actions.

## **Know what you can do**

### **YOU CAN: Provide information and learning opportunities**

Sharing information with your members can encourage them to think about their experiences and help them find strategies to use in their own lives. Use your creativity to get the messages out. Try posters, bulletin boards, brochures, newsletters, presentations, demonstrations, guest speakers, discussion groups, videos and displays.

*Section 9: Handouts* provides information on falls and active living that you can share with your members.

As you make plans to share information with your members, keep in mind:

- ◆ Adults are motivated to learn when they are solving a problem that matters to them.
- ◆ Adults learn from each other's experiences. Sharing personal stories about falls, for example, can help your members see that the issue really does affect them.

*"To expect all seniors to make changes immediately following information is unrealistic. Risk reduction often means coming to terms with issues of aging and its compromises. Sharing these thoughts with others in the group can be comforting and reassuring."*

Home Safe Home: Road Show,  
p. 34

Older adults are more likely to come to your groups if you offer:

FUN... FOOD... and  
FRIENDSHIP

- ◆ Repeating information and activities helps people build knowledge, skills, and confidence. Over time, repetition may also help people change their attitudes.
- ◆ Adults also learn best when a variety of ways of communicating are used.

See *Section 8: Program Tools*:

- ◆ *Program Tool 5 – Tips on making a presentation*
- ◆ *Program Tool 6 – Tips for leading a discussion group*
- ◆ *Program Tool 7 – How Adults Learn*

### **YOU CAN: Offer programs and activities**

Planning programs starts by considering participants' interests, needs, schedules, and budgets. See *Section 8: Program Tool 8 – Tips for planning your program* for a practical step-by-step approach.

Programs can be for individuals or groups. They may be formal or informal. They may have a single focus or a mix of information sharing, skill building, awareness raising, social interaction or entertainment! Programs that encourage people to explore their beliefs through reflections and discussions are particularly effective in helping them make changes.

Programs may be offered on a one time only basis. Events such as trips to walking trails, holiday parties,

#### **In general, we remember:**

- ◆ 20% of what we hear, 30% of what we see, 50% of what we see and hear,
- ◆ 70% of what we hear, see, and talk about, and
- ◆ 90% of what we hear, see, talk about and practise. <sup>2</sup>



participation in the annual Seniors' Games, celebrations or award ceremonies, a group walk on International Day of Older Persons or a health fair during Seniors' Safety Week are opportunities to promote safe, active living.

Programs may also be offered on an on-going, regular basis. Activities such as balance or stretch breaks during card games, walking clubs, Tai Chi classes, strength or balance training, falls prevention clinics and foot clinics could become regular features at your organization. See *Section 10: Activity Tools* for sample programs that you might want to try with your members. Some of these programs are complete – you only need to review them, make sure you have whatever props you need, and get people involved. You could also develop your own programs, using a sample program as a starting point.

### **YOU CAN: Motivate and support your members**

Supporting people through change means helping them set goals and track their progress. It means helping people find their own solutions and providing personal support. This may be a simple telephone call or a brief chat in the hallway to let someone know that you are aware of her efforts to make a change and are available to help however you can. Find out how she is doing and LISTEN to what she has to say!

Support also means recognizing members' achievements and providing positive reinforcement for people making lifestyle changes. Positive reinforcement helps people recognize the small steps they have taken, overcome obstacles and discouragement and keep going.



***Friends can help each other make changes.***

Photo, Health Canada,  
© Minister of PWGSC, 2001

An “**achievement**” is specific to the abilities and goals of each individual.

Purchasing a cane may be a major achievement if a person fears it will make him look old and feeble.

Completing a 5 km run may be an achievement for an active, healthy older person.

Often a simple pat on the back and a few encouraging words can help. You can also reinforce positive achievements more formally with awards, special events, and recognition in a newsletter or on a bulletin board.

See *Section 8: Program Tools*:

- ◆ *Program Tool 3 – Falls Prevention: Tips for supporting older adults*
- ◆ *Program Tool 4 – Active Living: Tips for supporting older adults*

### **YOU CAN: Remove barriers to change**

Making it as easy as possible for people to participate in events that help them make lifestyle changes is also an important support. Common barriers to participation relate to the cost or scheduling of an event and access to transportation.

Think creatively about how you can reduce obvious barriers and reach as many members as possible. For example, you could schedule a “balance or stretch break” before an afternoon bridge session or develop a small library of videos for people who want to do exercises at home. Improve transportation to your centre by contacting your local bus company to ensure that your members with special needs will be picked up and dropped off in a timely way, or set up a car pool system. Keep costs to a minimum by using volunteers to help out with programs when possible.

### **YOU CAN: Make changes in and around your centre**

Your centre can become safer. Even small changes can be crucial in supporting more active lifestyles



***Make changes in and around your centre.***

Photo by Judy Kavanagh

and in minimizing older adults' risk of falling. Your community can be safer too. You may want to reach out to other groups in your neighbourhood and work with them to ensure your community is safe and inviting for active living (activity-friendly).

For many ideas and strategies see:

- ◆ *Section 5: Safer centres*
- ◆ *Section 6: Safer communities*

### **YOU CAN: Provide links to other resources in the community**

No organization can do it all. Likely many organizations in your community have helpful information, programs or services. Each section of this *Guide* has some suggestions for whom to contact as a starting point for reaching out to other groups for support and additional resources that could be of benefit to your members.

### **YOU CAN: Evaluate your programs**

Evaluation is an important part of program planning. Evaluation done throughout the program helps you decide what was successful and how to do better next time. Before you start a new program, think about how you will know if it has made a difference. Read *Section 7: Evaluating your program* for some simple, practical suggestions.

### **To help you as you get started**

See *Section 8: Program Tools*

- ◆ *Program Tool 1 – Your programs*
- ◆ *Program Tool 2 – Your members*
- ◆ *Program Tool 3 – Falls prevention: Tips for supporting older adults*

*‘I realized that if I made changes, I could help others be healthier and safer. For example: As I became more active, my partner joined in. If we put a handrail on the stairs, we would be safer—and our visitors as well.’*

An older adult, Ottawa

- ◆ *Program Tool 4 – Active living: Tips for supporting older adults*
- ◆ *Program Tool 5 – Tips on making a presentation*
- ◆ *Program Tool 6 – Tips for leading a discussion group*
- ◆ *Program Tool 7 – How adults learn*
- ◆ *Program Tool 8 – Tips for planning your program*
- ◆ *Program Tool 24 – Contact list*

## **Contact list – Getting started**

If you have not already done so, you may want to set up a book to list contacts you make as you initiate activities related to falls prevention and active living. See *Section 8: Program Tool 24 – Contact list* for a form you might use.

Look for the following organizations in your community. They may have the information or resources listed that could help you develop programs.

- ◆ Public health departments – Injury prevention or seniors’ health programs
- ◆ Recreation departments – Seniors’ recreation leaders
- ◆ Community health centres – Seniors’ programs or community outreach
- ◆ Volunteer centres – Experienced volunteers to help with program planning
- ◆ The United Way – Trained volunteers who help not-for-profit groups do planning

## Section THREE

# Falls and falls prevention



Photo by Jan Jakobiec

## Section **THREE**

# Falls and falls prevention

|  |    |
|--|----|
| Introduction .....   | 21 |
| What you need to know .....                                  | 21 |
| Facts about falls .....                                      | 21 |
| Facts about risk factors for falls .....                     | 23 |
| Facts about reducing risks to prevent falls .....            | 26 |
| What your organization can do .....                          | 26 |
| Provide information and learning opportunities .....         | 27 |
| Offer programs and activities .....                          | 29 |
| Motivate and support your members as they make changes ..... | 30 |
| Reduce barriers to making change .....                       | 31 |
| Make changes in and around your building .....               | 31 |
| Provide links to other resources .....                       | 31 |
| To help you help your members prevent falls .....            | 32 |
| Contact list – Falls and falls prevention .....              | 33 |

## Section THREE

# Falls and falls prevention

## Introduction

Most of us have slips and trips with no serious consequences. However, among older adults falls are more common and more often result in serious injuries. They have serious consequences both for those who fall and for society.

The **good news** is that older adults can reduce their risk of falling. And, as an organization, you can help your members learn more about the factors that increase their risk of falling and what they can do about them.

## What you need to know

### Facts about falls

Research in the past decade has provided considerable information about the extent and the seriousness of falls among older adults.<sup>1</sup>

### *How many older adults fall each year in Canada?*

- ◆ Each year, one quarter to one third of all older adults experience at least one fall.<sup>3,4</sup>
- ◆ In a one-year period, 39.8% of veterans had one or more falls.<sup>5</sup>

## Key Messages

As people age, their risk of falling increases.

Older adults who fall are at greater risk for injury, disability and loss of independence.

Falls are costly for individuals, communities and the health care system.



***Older adults can reduce their risk of falling.***

Photo by Jan Jakobiec

*What is a fall?*

*A fall is “an event that results in a person coming to rest inadvertently on the ground or floor or other lower level.” This could include an event where the person landed on the ground, tripped on stairs, slipped, or lost his or her balance and hit against an object like a chair or bed.*

Kellogg International Work Group, 1987; RNAO, 2002, Nursing Best Practice Guideline Prevention

**What is the cost of falls to the health care system?**

- ◆ Health care costs related to falls are \$2.8 billion – almost half of these costs are for older adults who fall.<sup>6</sup>

**What is the cost for older adults?**

Older adults experience multiple costs in relation to falls:

**Personal injury**

- ◆ Falls are the most common cause of injury for older adults.<sup>7</sup>
- ◆ Falls cause more than 90% of all hip fractures. And, 80% of those who survive a hip fracture lose the ability to perform at least some activities of daily living.<sup>8</sup>

**Fear of falling**

- ◆ Being cautious and aware of risky situations can be healthy. Problems arise when this normal caution becomes a fear of falling. This fear causes many older adults to limit their activities resulting in less physical activity, and reduced strength and flexibility. This in turn can increase the risk of falling.<sup>9</sup>

**Loss of independent living**

- ◆ Falls can result in the loss of independence for older adults. About 40% of nursing home admissions are the direct result of a fall.<sup>10</sup>

**Death related to injuries from falls**

- ◆ Falls are a major cause of injury related deaths among older adults.<sup>7</sup>



- ◆ Falls are the 6th leading cause of death among older adults in Canada.<sup>11</sup>
- ◆ Twenty percent of older adults who break a hip die within one year.<sup>8</sup>

### **Facts about risk factors for falls**

Both personal and environmental factors can increase an older adult's risk of falling.<sup>12, 13, 14</sup> More often than not, personal factors and hazards in the environment interact with each other, making the risk of a fall even greater. The following list highlights a few risk factors.

#### **Personal risk factors**

- ◆ **Health:** As we age, our bodies change. Many older adults experience eyesight and balance problems, loss of muscle and bone strength, chronic illnesses, and increased use of certain medications. Any and all of these may increase an older adult's risk of falling.
- ◆ **Behaviours and lifestyles:** Certain behaviours and lifestyle choices can contribute to an older adult's risk of falling. Rushing, not paying attention or taking unnecessary risks are examples of behavioural risk factors. Being physically inactive, having a diet that is not well-balanced and improper footwear are a few lifestyle risks for falling.

#### **Environmental risk factors**

- ◆ **Indoor hazards:** Conditions inside the home and in buildings in the community can increase an older adult's risk of falling. Potential hazards include bathtubs without grab bars or non-slip



***Outdoor hazards can increase the risk of falling.***

Photo by Judy Kavanagh

*‘Eighty percent of seniors don’t go out in winter. They are too afraid of falling on ice... Winter is too long and older persons have to close themselves inside because they are so much afraid of falling.’*

Aminzadeh, Edwards, 1997

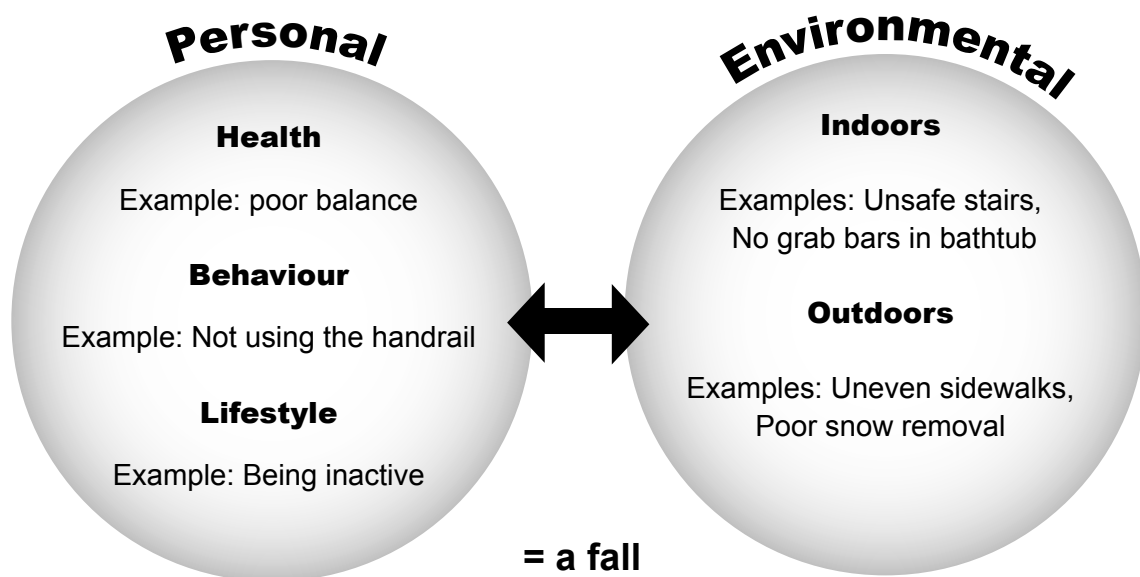
surfaces; scatter mats that are not well secured to the floor; electrical or telephone cords in walking areas; and stairs with poor lighting, no handrails, or uneven steps.

- ◆ **Outdoor hazards:** Many hazards outside can increase the risk of falling. These include poor lighting, broken sidewalks, badly designed or poorly marked stairs, and poor snow or ice removal.

The following fictional story of Tom and Mary is, unfortunately, not uncommon. It highlights how falls are often the result of an interaction between the

### Risk factors add up to falls

The following diagram provides examples of personal and environmental risk factors. Falls often have more than one cause. Personal and environmental factors can interact to increase the chances of having a fall. To lessen the possibility of falling, it’s important to reduce risks in both areas.



### The story of Tom and Mary

Tom is 72. He has experienced many of the “natural” changes that occur with aging. He has early cataracts and wears bifocals. He used to walk on a regular basis but now believes that exercising is not needed at his age and walks only infrequently. As a result, he has experienced loss of muscle, reduced strength, and poorer balance.

One day Tom was out walking with his friend Mary. Mary has experienced losses in vision similar to Tom. But, she has continued to walk daily and has retained her strength and balance.

Tom and Mary were enjoying their walk, chatting as they made their way down the sidewalk. Although they had only been walking five minutes, Tom was feeling a little fatigued. Suddenly, they both stumbled on a crack in the sidewalk. Neither had seen it because of their visual challenges. The fact that they were so busy chatting also likely contributed to their not seeing the crack. Fortunately for Mary, her regular walks had helped her to maintain her strength and balance. She was able to regain her balance and not fall. It also helped that she was wearing good walking shoes.

Tom was not so lucky. Because Tom no longer walks on a regular basis he became tired easily and his balance and strength were poor (personal factors). As a result, he was not able to regain his balance when he tripped over the crack in the sidewalk (environmental factor). Tom fell hard and was not able to get up on his own. Mary called for help. When they examined Tom at the hospital, they discovered that he had broken his hip. Tom never really recovered from the fall. He became fearful of falling and did even less outside of the home. His strength deteriorated even more. That was last year. Today, Tom is in a nursing home.



Photo by Dan Burden,  
[www.pedbikeimages.org](http://www.pedbikeimages.org)

**Two effective ways  
to help prevent falls:**

Regular physical activity

Changes to the  
environment



***Walking—as little as 4 hours  
a week can make a big  
difference.***

Photo by John Sylvester, Veterans  
Affairs Canada

individual and the environment. Notice the reasons given for Tom's fall. They illustrate how several risk factors can be at play in one incident.

**Facts about reducing risks to prevent falls**

Many older adults believe they can do nothing to prevent falls. "My bones are just too old" is a commonly held belief. However, accidental falls don't just happen. In fact, they are often associated with specific risks. Although older adults probably can't prevent all falls, they can minimize some of these risks.

Using a combination of approaches is most likely to reduce the risk of falling.

*Sections 4, 5 and 6* in this *Guide* provide details on the two approaches known to be most effective for falls prevention: regular physical activity and environmental modifications. This section explores general ways that you can help older adults in your organization and community to reduce their risk of falling.

**What your organization can do**

As an organization that offers programs and services for older adults, you can support your members to take steps to reduce their risk of falling by:

- ◆ Providing information and learning opportunities
- ◆ Offering programs and activities
- ◆ Motivating and supporting your members as they make changes
- ◆ Reducing barriers that your members may experience as they attempt to make changes

- ◆ Making adaptations in and around your building to eliminate hazards
- ◆ Letting members know about other resources in your community

### **Provide information and learning opportunities**

Some important messages to share with your members are:

- ◆ Falls are usually caused by a combination of factors. By changing some of these factors, they can lower their chances of falling.
- ◆ Most falls are preventable.
- ◆ Information and support are available to help prevent falls at home, at your centre and in your neighbourhood.

Here are a few suggestions to get started:

#### **Information handouts**

Handouts help to reinforce ideas and information that people have already heard, discussed or seen.

By themselves handouts do not move people to action. However, in combination with other strategies they can increase awareness and shift thinking.

Several handouts to share with your members are found in *Section 9: Handouts*, including:

- ◆ *Handout 1 – A guide to preventing falls*
- ◆ *Handout 2 – Test your knowledge about falls*

*“A weekly exercise programme focusing on balance, plus exercises at home helped to prevent falls among Australians aged 70 years and over living at home and in good health.”*

BMJ volume 325, July 2002



**Share information handouts with your members.**

Photo by Judy Kavanagh



**Grab bars can make  
bathrooms safer.**

Photo by Judy Kavanagh

It is best to combine handouts with other strategies. When used with other activities they can help move people to action.

### ***A display of assistive devices***

Provide your members with a chance to see assistive devices and practise using them.

Contact local retailers or manufacturers of canes to display various models of canes, ice picks to put on canes, or “grippers” to put on boots for winter walking.

Invite a supplier or renovator to do a display of bathroom aids such as grab bars.

### ***Discussion groups***

Have members share success stories, problem-solve difficulties or challenges they experience in making changes, and learn from each other’s experiences.

Ask people to respond to a short quiz. A quiz can get people talking as well as help them to identify areas where they could use more information. See *Section 9: Handout 2 – Test your knowledge about falls*.

### ***Posters***

Share information in small bites on posters. They should have practical information and be updated on a regular basis – once a week or once a month. See *Section 8: Program Tools 11 and 12* for sample posters.

Draw attention to a different “hazard” each week (or month). You may want to reinforce the message in several ways. One way may be to set aside 15 minutes after lunch for people to share information on strategies they have used to deal with this hazard. For example, if the hazard is a slippery bathtub, people who have installed grab bars could talk about their

experience. Someone could develop a list with specific information on cost, places to purchase grab bars, and how to get them installed.

Post telephone numbers where members can get more information.

### **Bulletin boards**

Bulletin boards offer “bite size” pieces of information. Use your bulletin board to highlight special falls prevention messages or events.

Have a space to recognize what members are doing to prevent falls. For example, you could put up pictures of members doing various falls prevention activities.

### **Newsletters**

Newsletters provide an opportunity to repeat messages about falls prevention and active living. Insert ideas on falls and falls prevention on a monthly basis.

### **Offer programs and activities**

Many wonderful programs are available for falls prevention. *Section 10: Activity Tools* includes two falls prevention discussion programs to get you started.

- ◆ *Activity Tool 1 – Use your sea legs in the bathroom!*
- ◆ *Activity Tool 2 – On the stairs and outdoors, keep a firm footing!*

These programs are based on research. They were developed by the Régie régionale de la santé et des services sociaux de Montréal-Centre as part of a

The goal is not simply to inform your members about falls, but to encourage them to do something to reduce their risk of falling.



***Invite a guest speaker to help your members learn what changes they can make to prevent falls.***

Photo by Dan Burden  
[www.pedbikeimages.org](http://www.pedbikeimages.org)

program called STAND UP! It is a twelve-week program that can be purchased for use in your centre or legion. See *Section 11: Resources* for information on how to order the entire STAND UP! program.

The session outlines are detailed enough that some of your members may be comfortable facilitating a session. Perhaps two members would be willing to co-facilitate. You might arrange for a few members to receive STAND UP! training. These outlines could also be a model to develop more discussion sessions based on your members' needs.

### **Motivate and support your members as they make changes**

Your ultimate goal is not simply to inform your members about falls, but also to encourage and support them to do something to reduce their risk of falling. Some strategies that may help are:

#### ***A special event***

Many groups or communities have an annual “falls prevention” campaign. Special displays, speakers and coverage in the local media help to generate interest, and also to reinforce the fact that, “Falls prevention is an important issue!” Plan information sessions to build on the interest around such events. If you have the space, you could even involve your members in organizing a “Fall-Free Fair” at your centre.

#### ***Personal encouragement***

Recognize the changes individuals have made. Congratulate people who have done something to



prevent falls. Recognize individuals who are able to overcome difficulties to make changes.

### **Champions**

Identify older adults who would be positive role models for other members.

### **Reduce barriers to making change**

Removing barriers makes it easier for people to take the first step towards trying something new. For example, you can:

- ◆ Make information as accessible as possible by sharing handouts. See *Section 9: Handouts*.
- ◆ Provide information on funding programs available: For example, the Canada Mortgage and Housing Corporation (CMHC) has the HASI program (Home Adaptations for Seniors Independence). See *Section 9: Handout 3 – CMHC’s Home Adaptations for Seniors’ Independence*.

### **Make changes in and around your building**

Support falls prevention by making your centre as risk-free as possible for falls. See *Section 5: Safer centres* for detailed tips on what to do to make sure that your centre is safe for your members.

### **Provide links to other resources**

More and more organizations are actively engaged in falls prevention programs with older adults. Help your members find out about other programs or groups in your community that may be helpful to them. Among other things, you could:



***Providing information and encouragement can help people make changes.***

Photo by John Sylvester, Veterans Affairs Canada



***ALL older adults are vulnerable to falling.***

Photo by Dan Burden  
www.pedbikeimages.org

- ◆ Bring in experts: A special speaker or panel can spark interest in other resources. With permission, you could even videotape the presentation for future use.
- ◆ Have a section on your bulletin board for falls prevention news from the community.
- ◆ Post the number of your community “hotline” (if there is one) for your members to report hazards they identify.

See *Section 11: Resources* for more information on what is available to you.

## **To help you help your members prevent falls**

See *Section 8: Program Tools*

- ◆ *Program Tools 11 and 12 for sample posters.*
- ◆ *Program Tool 24 – Contact list*

See *Section 9: Handouts*

- ◆ *Handout 1 – A guide to preventing falls*
- ◆ *Handout 2 – Test your knowledge about falls*
- ◆ *Handout 3 – CMHC’s Home Adaptations for Seniors’ Independence program.*

See *Section 10: Activity Tools*

- ◆ *Activity Tool 1 – Use your sea legs in the bathroom!*
- ◆ *Activity Tool 2 – On the stairs and outdoors, keep a firm footing!*

## Contact list – Falls and falls prevention

If you have not already done so, you may want to set up a book to list contacts you make as you initiate activities related to falls prevention and active living. See *Section 8: Program Tool 24 – Contact list* for a form you might use.

Organizations that may have information or resources on falls and falls prevention include:

- ◆ Public health departments – Injury prevention or seniors' health programs
- ◆ Falls clinics – Services to help those at risk for falls, and those who have fallen
- ◆ Regional geriatric assessment programs – Resources (people, publications) for healthy aging
- ◆ Hospitals or geriatric day hospitals – outpatient or older adults' clinics
- ◆ Rehabilitation centres – Work with clients who have had heart attacks, strokes, etc.
- ◆ Community health centres – educational programs for older adults
- ◆ Not-for-profit associations focusing on specific medical conditions such as osteoporosis or arthritis – information on appropriate physical activity and falls prevention



## Section FOUR

# Active living



Photo by Jan Jakobiec

## Section **FOUR**

# Active living

|   |    |
|---|----|
| Introduction.....   | 37 |
| What you need to know.....                                  | 37 |
| What is active living? .....                                | 37 |
| Facts about inactivity.....                                 | 37 |
| Facts about physical activity.....                          | 39 |
| Basic precautions .....                                     | 40 |
| What your organization can do .....                         | 41 |
| Provide information and learning opportunities .....        | 42 |
| Offer programs and activities .....                         | 45 |
| Motivate and support your members as they make changes..... | 45 |
| Remove barriers to participation.....                       | 47 |
| Make changes in and around your building .....              | 47 |
| Provide links to other resources.....                       | 47 |
| To help you help your members become more active .....      | 48 |
| Contact list—Active living .....                            | 49 |

## Section FOUR

# Active living

## Introduction

Regular physical activity is important to our well-being. Staying physically active helps us to remain strong and flexible and able to carry out everyday tasks. It plays a role in preventing illness, alleviating symptoms related to chronic health problems, improving our mood, and reducing stress. Also, it helps to reduce the risk of falling.

Physical activity is for everyone at any age and ability, even frail older adults. And, it's never too late to get active or to start being active again.

## What you need to know

### What is active living?

Active living refers to all kinds of physical activity. This includes everyday activities such as walking, gardening, swimming or bicycling as well as more structured exercising and sports. Ideally, activities are varied and work different muscle groups. Some build and maintain endurance, while others help to increase flexibility and improve strength or balance. Active living is about all our movements, every day!

### Facts about inactivity

### Risks of inactivity

Experts around the world agree that physical inactivity has a serious impact on health.



***Active living is good for spirit, mind and body.***

Photo by Jan Jakobiec

## Key Messages

Physical activity is important for healthy independent aging.

Physical activity can help prevent falls.

Organizations can help older adults get and stay active.

## Getting the words straight

**Active living** is a way of life in which physical activity is valued and integrated into our everyday life.

**Physical activity** includes all leisure and non leisure body movement that uses the skeletal muscles resulting in a substantial increase in energy expenditure. It can be related to an occupation, household activities or leisure-time pursuits.

**Exercise** is a part of physical activity that is planned, structured, and repetitive. It is done specifically to improve or maintain physical fitness.

Research has shown that being physically inactive increases the risk for disease, disability and even death. Some of the health problems linked to being inactive include: <sup>16</sup>

- ◆ Heart disease
- ◆ Stroke
- ◆ Obesity
- ◆ Depression
- ◆ High blood pressure
- ◆ Colon cancer
- ◆ Type 2 diabetes
- ◆ Premature death
- ◆ Osteoporosis
- ◆ Falls

### ***How widespread is the problem of inactivity?***

According to *Canada's Physical Activity Guide to Healthy Active Living for Older Adults*, 60% of Canadians are not active enough to benefit their health.<sup>17</sup> The statistics get worse for the older adult population. The Canadian Fitness and Lifestyle Research Institute states that 55% of men 65 and over and 67% of women 65 and over are inactive.<sup>18</sup> These numbers get worse with more advanced age.

Inactivity is also a concern for our health care system. The current cost related to physical inactivity has been estimated at \$2.1 billion annually.<sup>19</sup> With an aging population, these costs can only increase unless we make healthy changes in our lifestyles and communities.



***Why aren't older adults active?***

According to the Canadian Fitness and Lifestyle Research Institute,<sup>20</sup> some reasons offered by older adults for not being physically active include:

- ◆ Lack of energy or motivation
- ◆ Fear of injury
- ◆ Lack of time
- ◆ Lack of safe routes or a place in which to be active

Efforts to support older adults in becoming more active need to address these barriers.

**Facts about physical activity*****Benefits of physical activity***

Physical activity is one of the most important things older adults can do for their health and quality of life. Older adults who are active may enjoy fewer falls<sup>2</sup> as well as:<sup>17</sup>

**Better physical health**

- ◆ More energy
- ◆ Fewer aches and pains
- ◆ Better weight management
- ◆ Better posture and balance

**Better mental health**

- ◆ Improved self-esteem and well-being
- ◆ Reduced stress
- ◆ Improved social contacts

**Continued independent living****Improved quality of life**

***Exercises for leg strength can be simple and fun to do with friends.***

Photo, Health Canada,  
© Minister of PWGSC, 2001

### **How does physical inactivity relate to falls?**

Physical inactivity is linked to an increased risk of falling among older adults. Being inactive can lead to:

Poor leg strength and flexibility

Poor coordination

Balance difficulties

Gait problems (the way we walk)

### **How much activity is enough?**

Health Canada recommends being moderately active 30 to 60 minutes per day, most days of the week to maintain good health.<sup>17</sup> The good news is that this can be accumulated ten minutes at a time. This means that ten minutes of walking, gardening, housework or leisure activities throughout the day can add up to better health. A mixture of strengthening, stretching and cardiovascular activities is important throughout the week to develop:

- ◆ Endurance, by working the cardiovascular system with activities such as walking, biking, swimming or skiing
- ◆ Flexibility, by doing activities such as yoga or simple stretching exercises
- ◆ Strength and balance through activities such as Tai Chi, strength training, and walking

Consistency is the key. Doing these activities only sporadically may not improve health or reduce the risk of falling.

See *Section 9: Handout 4 – Canada’s Physical Activity Guide to Healthy Active Living for Older Adults*.

### **Basic precautions**

Physical activity leads to many health benefits, but needs to be approached with care. The following guidelines are important when inviting older adults to be more active:

- ◆ Encourage your members to see their health care provider before starting a physical activity program. *Section 10: Activity Tool 3 – PAR-Q* (Physical Activity Readiness Questionnaire) is an important part of a registration procedure.
- ◆ Proper technique is very important for getting the most out of an activity and reducing the risk of injury. A qualified activity leader provides not only instruction but also guidelines for a safe and rewarding program and environment.
- ◆ Participants should start out slowly and gradually build up the duration as well as the intensity of activities, go at their own pace and not overdo it.
- ◆ Participants should stop exercising if they feel dizziness, nausea, chest pain, shortness of breath or pain in their joints.
- ◆ Participants should delay exercising if they are recovering from a recent illness such as a cold or flu.
- ◆ For those with a history of falling, brisk walking should not be encouraged.

## What your organization can do

Your organization can work towards making “being safe and active” the norm for members who come to your centre. You can promote safe, active living by:

- ◆ Providing information and learning opportunities about active living



***Tai Chi can help with strength, balance and relaxation.***

Photo by John Sylvester, Veterans Affairs Canada

*“You can make time for physical activity now or make time for illness later.”*

Author unknown

*“Our research shows that gradual functional decline does not have to be part of the aging process. We know that as much as one-half of the decline between the ages of 30 and 70 can be attributed not to aging itself, but rather to a sedentary lifestyle.”*

Dr Normand Gionet, Chair,  
Canadian Fitness and Lifestyle  
Research Institute

- ◆ Offering programs and activities that promote active living
- ◆ Motivating and supporting your members in their efforts to become more active
- ◆ Removing barriers for your members as they attempt to become more active
- ◆ Making adaptations in and around your building to support positive changes
- ◆ Sharing information about other resources in your community for active living

### **Provide information and learning opportunities**

Physical activity should be fun! Be creative in finding ways to share these key messages with your members:

- ◆ Being active has many benefits and inactivity has many risks.
- ◆ Everybody can be active.
- ◆ Being active does not require lots of effort. Simple changes make a difference.

Use a range of strategies to communicate the message, “Active living is good for you.” Build on the following ideas.

### **Information handouts**

Handouts help to reinforce ideas and information that people have already heard, discussed or seen.

Make handouts available, but don’t expect that, by themselves, they will move people to action. A copy of *Canada’s Physical Activity Guide to Healthy Active Living for Older Adults* is included with this *Guide* in *Section 9: Handout 4*. It’s a colourful, informative and very readable

introduction to active living for your members. Other handouts in *Section 9* are:

- ◆ *Handout 5 – Benefits of physical activity*
- ◆ *Handout 6 – 5 tips for getting physically active*
- ◆ *Handout 7 – 5 tips for staying physically active*
- ◆ *Handout 8 – Safety tips and stop signs*
- ◆ *Handout 9 – Winter Active, Winter Smart*
- ◆ *Handout 10 – My active living diary*
- ◆ *Handout 11 – Tips for walking*

### **Discussion groups**

Have members share success stories, problem-solve the difficulties or challenges of making changes, and learn from each other's experiences.

Use a quiz to initiate discussion and test your members' knowledge of active living. See *Section 9: Handout 13 – Physical activity: a fountain of youth.*

Invite a speaker to kick-off a discussion around a specific theme, for example, "Walking, the Wonder Drug!"

Play a video related to the importance of older adults keeping active. See *Section 11: Resources* for a list of videos.

### **Posters**

Post practical information and update it on a regular basis. See *Section 8: Program Tool 13* for a sample poster to promote active living.

Post notices:

- ◆ Encouraging people who are able to use the

*"I generally feel good all day after I have exercised. Having just walked for 20 or 30 minutes, I feel better in my mind. I feel good inside."*



***There are many ways to enjoy active living.***

Photo, Health Canada,  
© Minister of PWGSC, 2001



***Walking is the favourite physical activity of older Canadians.***

Photo, Health Canada,  
© Minister of PWGSC, 2001

*“The Heart and Stroke Foundation recognizes physical activity as a major component in the prevention and treatment of heart disease and physical inactivity is a major risk factor for heart disease.”<sup>15</sup>*

Dr. Bruce Reeder  
University of Saskatchewan

stairs rather than the elevator. (Make sure your stairs are safe first!)

- ◆ Illustrating simple stretches that your members can try at home. Have a “Stretch of the Week” to introduce a range of simple activities over time.
- ◆ Focusing on a different safety tip each week. Throughout the *Guide* you will find safety tips for walking, for being active in winter or summer weather, and for physical activity generally. Discuss these safety tips. Then use a poster to remind your members of how important they are.

### **Bulletin boards**

Use bulletin boards to highlight key messages about active living.

If you have the space, include pictures, notices, contests or humour related to active living themes.

Here are a few suggestions.

- ◆ Highlight individual and collective achievements. For example, post a public “congratulations” to the walkers or stair climbers who have collectively met their target.
- ◆ Have a “suggestions” space for people to post strategies they have used to build safe, physical activity into their regular activities each day. For example, getting off the bus one or two stops before a destination, or parking a car at the back of the mall lot. Use *Section 9: Handout 14 – Add*

*it up!* to show how these activities can quickly ensure at least 30 minutes of activity a day.

- ◆ Post maps identifying “activity-friendly” walking trails or inspirational articles on active living from various print media.
- ◆ Have an “active-living” cartoon corner.

### Offer programs and activities

Physical activity programs can be full of fun and friendship, as well as effective in helping your members develop endurance, strength, flexibility and balance. Program resources in the *Guide* include:

- ◆ *Section 10: Activity Tool 5 – How to start a walking club*
- ◆ *Section 11: Resources* includes a list of programs and videos, and information on how to order them.

Program organizers are encouraged to include the following forms found in *Section 10: Activity Tools* as part of their program registration procedures.

- ◆ *Activity Tool 3 – PAR-Q: The Physical Activity Readiness Questionnaire*
- ◆ *Activity Tool 4 – Physical activities: Participant’s waiver*

Keep in mind that active living is about more than structured programs. You can find many informal ways to encourage and support your members to be active.

### Motivate and support your members as they make changes

Your ultimate goal is not to inform your members about active living, but to encourage them to become

The **Active Seniors Program**, from the City of Ottawa provides everything you need to start a simple exercise program for older adults, including chair exercises. It has a 45-minute audiocassette tape and instruction manual that guides a group through a blend of exercises to improve balance, muscular strength, stability and flexibility. For information on how to order this resource see *Section 11: Resources*



***Congratulate your members  
on their efforts to be active.***

Photo by Jan Jakobiec

**It is never too late  
to start being active.**

Even after years of  
inactivity, older adults can  
turn back the aging clock.

more active. Support and reinforcement for doing something is important. Here are a few ideas:

- ◆ Make every activity an opportunity for active living: Include a ten minute exercise break in a bridge game. Start a “frequently active awards program.” Grade the activities that you offer in terms of their contribution to active living. Provide one point for each 10 minutes of movement. For example, a 30-minute walk would get three points, but a bridge club would not get any unless they added ten minutes of exercise during the bridge game. Encourage members to accumulate more points each week or month.
- ◆ Offer personal encouragement of your members: Recognize the changes individuals have made. Have a simple recognition ceremony every six months for people who have met their active living goals for that period.
- ◆ Start a “Keeping active and independent club” for people who would like a buddy for mutual encouragement. A buddy could be someone to walk with or someone to offer support and encouragement. Support may be as simple as a weekly phone call.
- ◆ Promote active living throughout the year: Cold in winter and heat in summer discourage many older adults from walking outdoors. Encourage members to find safe alternatives when walking outdoors is a problem.



### Remove barriers to participation

Removing barriers makes it easier for people to take the first step towards trying something new. Some of the ways to encourage participation include:

- ◆ Providing transportation or ways to access transportation to get to your centre to participate in an active living class
- ◆ Scheduling programs at convenient times
- ◆ Keeping fees low
- ◆ Ensuring that requirements for special clothing or equipment will not deter people
- ◆ Gearing programs to the level of your least fit member and building gradually
- ◆ Keeping your programs varied and fun

See *Section 8: Program Tool 14 – How to motivate your members*

### Make changes in and around your building

Basic adaptations in your centre can encourage your members who want to be more active. *Section 5: Safer centres* provides detailed information on how to make your centre safer and more inviting for active living.

### Provide links to other resources

Many organizations provide information and programs about physical activity suitable for older adults.

The events section in your local newspaper and the bulletin board at your local library are good sources of information about such groups in your community. Contact them to:

- ◆ Get information you can pass along to your members



***Make it easy for people to join in programs.***

Photo by Jan Jakobiec

*“How old would ya be if you didn’t know how old ya was?”*

Satchel Paige

*"The greatest risk for older adults is being physically inactive."*

The World Health Organization, 1998

- ◆ See if they have trained leaders who might offer a program at your centre
- ◆ Ask if they provide training programs that your members might take to qualify to lead simple exercise or activity programs. The YMCA/ YWCA may be a good place to start.
- ◆ Invite speakers to talk about different kinds of activities available in the community, for example, Tai Chi, aquafit or nature hikes. Some groups may be persuaded to offer complementary introductory sessions.
- ◆ Identify people who are good active living role models to share their experiences at a luncheon. Over time, be sure to invite people with different ability levels.

### **To help you help your members become more active**

See *Section 8: Program Tools*

- ◆ *Program Tool 13: Sample poster for active living*
- ◆ *Program Tool 14 – How to motivate your members*
- ◆ *Program Tool 24 – Contact list*

See *Section 9: Handouts*

- ◆ *Handout 4 – Canada's Physical Activity Guide to Healthy Active Living for Older Adults*
- ◆ *Handout 5 – Benefits of physical activity*
- ◆ *Handout 6 – 5 tips for getting physically active*
- ◆ *Handout 7 – 5 tips for staying physically active*
- ◆ *Handout 8 – Safety tips and stop signs*
- ◆ *Handout 9 – Winter active, winter smart*

- ◆ *Handout 10 – My active living diary*
- ◆ *Handout 11 – Tips for walking*
- ◆ *Handout 13 – Physical activity: a fountain of youth*
- ◆ *Handout 14 – Add it up!*

See *Section 10: Activity Tools*

- ◆ *Activity Tool 3 – PAR-Q (Physical activity readiness questionnaire)*
- ◆ *Activity Tool 4 – Physical activities: Participant's waiver*
- ◆ *Activity Tool 5 – How to start a walking club*

## Contact list—Active living

If you have not already done so, you may want to set up a book to list contacts you make as you initiate activities related to falls prevention and active living. See *Section 8: Program Tool 24 – Contact list* for a form you might use.

Organizations that may have information or resources on active living include:

- ◆ Public Health Departments
- ◆ Recreation Departments
- ◆ Outdoor recreation groups (check your local library or sporting goods stores) –walking clubs, cross-country ski groups, cycling groups
- ◆ Indoor activity groups – aquatic centres, dance groups, fitness centres, Tai Chi centres, recreation complexes, YMCA/YWCA, city recreation facilities
- ◆ YMCA/YWCA – instructor training
- ◆ Outdoor nature groups – check with your local field naturalists or local environmental groups
- ◆ Other centres for older adults



**Active living role models.**

Photo by Judy Kavanagh



## Section FIVE

# Safer centres



Photo by Jan Jakobiec

## Section FIVE

# Safer centres

|  |    |
|--|----|
| Introduction.....                                    | 53 |
| How safe is your centre?.....                        | 53 |
| What can your organization do? .....                 | 55 |
| Provide information and learning opportunities ..... | 56 |
| Have centre safety checks.....                       | 56 |
| Make changes in and around your building .....       | 57 |
| To help you make your building safer from falls..... | 61 |
| Contact list – Safer centres.....                    | 61 |

## Section FIVE

# Safer centres

## Introduction

Hazards in and around your centre can put your members at risk for falling. They can also prevent them from being active. Simple changes can often make a difference. This section helps you to identify potential problems in and around your centre and suggests ways to make it safer from falls. By making your environment safer from falls, you also make it more inviting for active living. Your centre becomes activity-friendly!

Some issues concerning your surroundings have implications for the community-at-large. *See Section 6: Safer communities* for ideas about how to connect and work with other groups to address these broader community concerns.

## How safe is your centre?

Many factors in and around your centre influence whether or not your members are at risk for falling. Take a look around your centre. Then, read the list in *Section 8: Program Tool 9: Is your centre safe and activity-friendly?* For how many items on this list can you say, “Yes, that describes our space?”

Many hazards relate to surfaces people walk on, stairs they use and good lighting. Some simple things that your center can do to reduce the risk of falling is to ensure:



***Clear the snow at the entrance to your centre.***

Photo by Jan Jakobiec

## Key Messages

Organizations can help reduce falls by making changes in their own buildings.

Involving members in making facilities safer can be educational as well as cost effective.

Safe environments also support active living.



***Have boxes of grit available outside during winter.***

Photo by Jan Jakobiec

### **Surfaces that people walk on are safe.**

- ◆ Floor surfaces are uncluttered, well-maintained and not slippery.

### **Entrance ways are safe.**

- ◆ Floor mats are available and have non-skid backings.
- ◆ Sturdy benches or chairs are available near doors for people to change boots or shoes.
- ◆ Walkways are promptly cleared of snow and ice in winter.
- ◆ Boxes of sand and grit are available outside during winter.

## **Activity-friendly centres are safe and inviting**

### **Safe**

Hazards that increase the risk of falling have been eliminated or reduced as much as possible.

- ◆ Stairs are safe to use.
- ◆ Floor surfaces are dry and free of clutter or obstacles.
- ◆ Outdoor walkways are well lit and free of cracks or holes (and, in the winter, free of snow and ice).

### **Inviting**

The surroundings make it easy and pleasant to be active.

- ◆ Being active is encouraged and reinforced by visual cues - for example, a sign encouraging people who are able to take the stairs instead of the elevator.
- ◆ Outdoors, walkways or paths are visually appealing and benches are provided for members to rest on when they go for a walk.



### Stairs are safe.

- ◆ Stairs have two sturdy handrails.
- ◆ Stair edges are marked with a contrasting colour to make them more visible.
- ◆ Stairs have sufficient lighting so that there are no shadows or dark areas.
- ◆ Stairs have a non-slip surface to ensure good footing.
- ◆ Outdoor stairs are maintained free of snow and ice.

### Lighting is good.

- ◆ All areas are well lit.
- ◆ The maximum wattage recommended for the light fixture is used.

When your centre is as safe as possible, consider how you can encourage members to be more active. For example, post a simple message to encourage those who are able to take the stairs instead of the elevator. “Using the stairs is good for your heart!” You may also want to paint, directly on the stairs, the message “Use the handrail”.

### What can your organization do?

Your organization can probably do a lot. Changes need not cost too much and often small changes can make a big difference. You can:

- ◆ Provide information and learning opportunities
- ◆ Conduct regular checks of the space in and around your centre
- ◆ Make adaptations in and around your building to make it safer
- ◆ Reach out to your community for support



***Stairs can be made safer to use.***

Photo by Mike Patterson

Your organization can make changes to be more activity-friendly. It doesn't need to cost a lot. Small changes can make a big difference.



**Bulletin boards can help keep your members informed.**

Photo by Jan Jakobieć

### **Provide information and learning opportunities**

Use a range of different strategies to help your members become aware of hazards that may put them at risk for falling, such as:

#### ***Discussion groups***

Have members share stories about falls and hazards that contributed to a fall.

Ask them what makes it difficult or easy to be active.

Find out which features of your building, or other buildings, they fear might increase their risk of falling.

#### ***Posters***

Post information to encourage members to report hazards in and around your centre to the proper centre authority.

Post reminders for members to use the handrail on the stairs.

#### ***Bulletin boards or newsletters***

Inform your members of changes that you are making to create a safer centre.

Make suggestions for how they can help.

### **Have centre safety checks**

*Section 8: Resources - Program Tool 9 - Is your centre safe and activity-friendly?* is a checklist to help you look for falls hazards in and around your centre. You could even develop policies in your organization that address:

**Who should do the safety checks?**

Safety checks can be done by a staff member or a volunteer. You could involve your members in conducting the safety audits as part of a regular program. Or, perhaps you have a Health and Safety Committee who can take this on.

**How often should the checks be done?**

Safety checks should be done on a regular basis. Much of what is considered to be safe wears out over time or is neglected. For example, you may have put a non-skid mat by the entrance to your building, but the backing may no longer be intact. As a general guide, performing a safety check every season is a good strategy. A winter check could focus on the additional risks presented by snow or ice and ways to minimize these risks.

**Make changes in and around your building**

The hazard checklist, (*Section 8: Program Tool 9 - Is your centre safe and activity-friendly?*) offers specific recommendations that can guide your work in improving the safety of the space in and around your centre. However, implementing most changes requires some resources – funding and/or people. For example, purchasing a non-slip rug for the front entrance can be costly. For many organizations cost is a prohibitive factor in making even the simplest change to their physical environment.

The following are a few strategies that may help you find resources to make the changes required.

**Fundraising**

Your center may already have experience fundraising.



**Find ways to reduce hazards, such as loose rugs, in your centre.**

Photo by Judy Kavanagh



***Your members can help make your centre activity-friendly.***

Photo by Judy Kavanagh

Although the possibilities for fundraising events are endless, some simple ideas include:

- ◆ Hosting or participating in a bazaar, with your members contributing the goods for sale
- ◆ Having a bake sale
- ◆ Engaging children and grandchildren to host a car wash
- ◆ Organizing a special event such as a concert or dinner
- ◆ Having a fundraising auction. Your members may be willing to contribute an hour, or even a day, to be “auctioned” at a fundraising event. Many people might be happy to bid on a 2-hour computer consultation, five knitting lessons or a weekend at a summer cottage.

Don’t forget to notify the media of your fundraising efforts to get the word out.

### ***Using volunteers***

You probably have a wealth of talents and skills within your membership. Do you have a retired carpenter? Or handyman? Or someone who loves to paint? Volunteers can come from outside your centre too. Look for groups that are known to lend a hand from time to time, for example, youth groups such as the Cadets, Boy Scouts or Girl Guides. Your community may also have a volunteer association that helps link individual

volunteers with organizations looking for help. Working with volunteers from the community can be an enriching experience for both members and volunteers.

### ***Making involvement in changes part of a program or activity***

Look for ways to integrate making physical changes into your programs. For example:

- ◆ Have a carpentry club oversee the installation of handrails on stairs.
- ◆ Invite a gardening group to consider planting flowers to improve the visual appeal of the surroundings outside your centre and promote walking. The group's activities could include weekly maintenance of the gardens.
- ◆ Hold a contest to design the most engaging sign to post near the stairs and elevator to encourage members to use the stairs.
- ◆ Challenge your members to suggest creative ways to eliminate hazards in and around your centre.

### ***Sponsorship***

Speak with local businesses. They may be willing to sponsor an activity or help offset costs associated with a change. "Help" may mean reduced rates or even free products or services. Often, sponsors require you to advertise the company or store that has provided the support. Thank them by putting up a sign next to the product that was donated, sending a thank you letter that could be posted in the company's entranceway, or publishing a

**Volunteers are precious.** There may be people with skills who are willing to help make some of the changes.



***Speak with local businesses about sponsoring an activity.***

Photo by Jan Jakobiec

notice of their support in your organization's newsletter. Some companies that you could consider approaching for sponsorship are:

- ◆ Hardware or other retail stores that carry products such as grab bars, non-slip mats, benches, or paint. The key is to look at what the store sells and match it up with your needs.

### Working together for change

A public health department and a community health centre in Ottawa worked together on a stair safety pilot project. The project planned to:

- ◆ Raise awareness about stair safety
- ◆ Check the safety of the stairs in apartment buildings where older adults lived and address key issues
- ◆ Build support among older adults, building owners, businesses and other groups for stair safety
- ◆ Support older adults in taking action for stair safety

Seven older adults took part in a stair-safety check in their apartment building. They found that the lack of contrasting marking on the edge of the stairs was a hazard for the building residents. A letter and stair-safety report were sent to the building owner and the Manager of the Tenants' Program.

Since the residents did not have funding, the Tenants' Association of the building and the building manager worked with a local high school to get the changes made. High school students painted the edges of the stairs with a contrasting colour as part of their community work. As a result, older adults felt more confident when



Photo by Jan Jakobiec

- ◆ Service providers, such as contractors, who might be able to help with changes you are considering, such as installing handrails on stairs or building safe walkways around your centre.

## To help you make your building safer from falls

See *Section 8: Program Tools*

- ◆ *Program Tool 9: Is your centre safe and activity-friendly?*
- ◆ *Program Tool 24 – Contact list*

## Contact list – Safer centres

If you have not already done so, you may want to set up a book as a permanent place to list contacts you make as you initiate activities related to falls prevention and active living. See *Section 8: Program Tool 24 – Contact list* for a form you might use.

Your awareness of groups that could help make your centre safer will evolve over time. Two kinds of groups to consider are:

Groups you might call on for help in making changes at your centre or in your neighbourhood, such as:

- ◆ A regional hardware association
- ◆ A local hardware store
- ◆ Local youth groups
- ◆ Local service clubs
- ◆ Print media
- ◆ Radio stations
- ◆ Community television stations



***An activity-friendly centre helps members reduce their risk of falling and encourages them to be active.***

Photo by Jan Jakobiec

City staff to whom you could report hazards. Useful numbers would include:

- ◆ The central switchboard for the city
- ◆ Special numbers for reporting hazards such as: a hotline or general number for sidewalks, traffic hazards, stoplights or crosswalks
- ◆ Special numbers for reporting barriers to active living such as: too few trees or benches, or inadequate public transit



## **Section SIX**

# **Activity-friendly communities**



Photo by Dan Burden, [www.pedbikeimages.org](http://www.pedbikeimages.org)

## Section SIX

# Safer communities

|  |    |
|--|----|
| Introduction.....                                    | 65 |
| Potential problems in your community.....            | 65 |
| What your organization can do .....                  | 67 |
| Provide information and learning opportunities ..... | 67 |
| Conduct neighbourhood checks.....                    | 69 |
| Reach out to your community .....                    | 70 |
| To help you create a safer neighborhood .....        | 73 |
| Contact list - Safer communities .....               | 74 |

## Section SIX

# Safer communities

## Introduction

By now you know that, for older adults, keeping active is an important part of being healthy and independent. Walking is the most popular way to keep active.

Unfortunately, many neighbourhoods are not designed or maintained with older adults in mind. A simple walk down the street might put older adults at risk for a fall and injury. Issues related to traffic or crime may add to their sense of vulnerability.<sup>21</sup>

Look around! What hazards for falls are waiting for older adults in your neighbourhood? Does your neighbourhood invite older adults to be active?

This section helps you to identify potential problems in your neighbourhood and community. It also looks at ways your organization, alone or with other groups, can contribute to creating a more activity-friendly community for everyone.

## Potential problems in your community

The following list highlights the more common concerns in a community that might put older adults at risk for falling. Many of these might also discourage older adults who are otherwise inclined to be active



***What is it about your neighbourhood that invites people to be active?***

Photo by Judy Kavanagh

## Key Messages

Many things in the community can be hazardous for older adults who want to walk.

Together with other groups, your organization can contribute to a safer community for active, older adults.

Safe communities invite older adults to be active.

*"82% of Canadians would like to walk more."* <sup>23</sup>

National Survey on Active Transportation, 1998

outdoors. For a more complete list of potential problems and tips to improve the situation in your community, see *Section 8 - Program Tool 10 - Is your neighbourhood safe and activity-friendly?*

### **Sidewalk and ramp hazards**

- ◆ Uneven or broken sidewalks
- ◆ Items left on the sidewalk such as bikes, toys, or garbage
- ◆ Ramps that are too steep
- ◆ No sidewalks, leaving only road shoulders to walk on
- ◆ Surfaces covered in water, ice or snow

### **Traffic and road hazards**

- ◆ Cars not obeying red traffic lights - turning into pedestrians who are walking with the green light.
- ◆ Cars not stopping at pedestrian crosswalks
- ◆ Cars that exceed the speed limit

## **Activity-friendly neighbourhoods and communities are safe and inviting**

### **Safe**

- ◆ Features that promote personal safety (for example, good lighting) are present.
- ◆ Pedestrian safety concerns are addressed (for example, crossing lights provide adequate time on busy streets).
- ◆ Sidewalks, stairs, floors and other areas where people walk are free of hazards.

### **Inviting**

- ◆ Paths link homes to shopping, schools and businesses inviting everyone to walk.
- ◆ Walkways have shade, wind protection and benches, and are visually appealing.
- ◆ Walkways pass by pleasant spots such as parks and rivers, encouraging people to be out and about.

- ◆ Crosswalks that are not conveniently located
- ◆ Crosswalks with uneven surfaces
- ◆ Walk lights that don't allow enough time to cross the street safely

### Personal safety hazards

- ◆ Inadequate lighting
- ◆ Fear of crime
- ◆ Not enough people on the streets to help walkers if they have a problem
- ◆ No companion to walk with

### What your organization can do

Some community-level changes require long-term action to influence policies and practices. Others involve simple steps you can take to make a difference in the short term, such as

- ◆ Providing information and learning opportunities for your members about the problems created by hazards.
- ◆ Conducting regular audits of your neighbourhood and encouraging members to do the same, and reporting hazards to proper local authorities.
- ◆ Reaching out to other groups in your community for support and partnerships to begin working together for lasting change.

### Provide information and learning opportunities

You can provide your members with information and tools to make them more aware of problems in their neighbourhoods and communities. You can also help them be proactive about hazards. Your members



**Well marked pedestrian crosswalks are part of an activity-friendly community.**

Photo by Judy Kavanagh

*"I thought it'd be easier to take the ramp rather than the stairs. I guess the ramp was a little steep and my shoes were a little worn. My feet slid right out from under me."*

Older adult, Ottawa

### **Not all pedestrians are created equal!**

Two Canadian researchers<sup>22</sup> surveyed municipalities in North America to find out what walking speeds they used to figure pedestrian crossing time at intersections, twenty-six municipalities responded. 85% said they used a walking speed of 1.2 meters/second.

They then tested people in the lab. Timing results showed that the mean normal speed was slower for “senior” participants than for “adult” participants. For example, the mean normal speed for adult men was 1.34 meters/second compared with 1.13 meters/second for senior men (which is slower than assumed by most municipalities).

The researchers advocated assuming a somewhat slower walking speed to allow seniors to cross safely.

should know that they can, and should, report hazards to the proper authorities. Discussion groups, posters, bulletin boards and newsletters are all tools to share information.

### **Discussion groups**

Have members share their stories. What features in the community do they fear might increase their risk of falling? Ask them what makes it difficult or easy to be active.

Introduce members to *Section 9: Section 8 - Program Tool 10 - Is your neighbourhood safe and activity-friendly?*

- ◆ Encourage them to use the checklist and share their findings.
- ◆ Discuss various ways of drawing attention to uneven surfaces that increase the risk of falls until they can be fixed. For example, use chalk to highlight the hazard.
- ◆ Invite representatives from the municipality to your centre to discuss how they fix hazards related to traffic, crosswalks or sidewalk maintenance.
- ◆ Invite representatives from other groups who might be interested in creating safer communities to meet your members and share their information.

### **Posters**

Post reminders for members to be aware of hazards outside of their home and of how to report them.

Encourage members to be proactive. Post information on who the appropriate authorities are and how best to contact them. Provide a phone number for local municipal authorities.

### **Bulletin boards or newsletters**

Inform your members of ways in which your centre is working to create a safer community and how they can help.

Let members know of other groups that share their interest in working towards a safer community.

Display a phone number that they can call if they find hazards in their neighbourhoods.

Share tools that might help them be proactive such as *Section 9: Handout 12 - Hazard report form* or *Section 8: Program Tool 23 - Template for a letter to city hall*.

### **Conduct neighbourhood checks**

As a centre, you can help assess your neighbourhood for hazards. Take a look around your neighbourhood and community. Use *Section 8: Program Tool 10 - Is your neighbourhood safe and activity-friendly?* to help you. This tool is a checklist to identify fall hazards as well as barriers to safe activity in your neighbourhood. You could also develop policies in your organization that address:

#### ***Who should do the neighbourhood hazard checks?***

These checks can be done by a staff member or a volunteer. You may want to involve your members in conducting the safety audits as part of a regular program.

#### ***How often should the checks be done?***

Neighbourhood checks should be done on a regular basis and hazards reported to the proper authorities. Something that is initially considered to be safe wears out over time or becomes neglected. As a general guide, perform a safety check every season. A winter check



***Do neighbourhood safety checks each season to identify hazards and activity-friendly features.***

Photo by Dan Burden,  
[www.pedbikeimages.org](http://www.pedbikeimages.org)

Lasting change usually takes time. Don't be discouraged.

Remember the long struggle of those who identified tobacco as a health hazard many years ago. Think about the changes in attitudes towards smoking today.

Set short-term goals in your journey towards a safer community for older adults and celebrate each step along the way.

could focus on the additional risks presented by snow or ice and strategies to minimize these risks.

***Who should link with the city authorities to report hazards and follow-up to ensure that they are addressed?***

### **Reach out to your community**

As you look at how your organization can contribute to making your surroundings safer, you will likely want to reach out to other groups. Look for people who share your concerns as well as people who can contribute to the solutions. Collaboration is particularly useful when a number of different groups have a common interest and when solutions involve changes over the long term. Groups can usually share information and find ways to support one another. Occasionally they may share

### **Real life example of how letter writing can help:**

In the winter of 1993-94, two older adults fell on winter sidewalks while returning home from an exercise and crafts program in Ottawa, Ontario. Upset, they wrote to their city councillor. These letters described dangerous winter sidewalk conditions and requested a meeting to discuss winter sidewalk safety. A public meeting was held. Sixty-five older adults, city councillors, staff from three Community Health Centres and the Manager for Road Operations for the City of Ottawa attended and set up a Winter Sidewalk Safety Committee. This resulted in some changes!

- ◆ Sidewalks were better maintained.
- ◆ Snow-banks were removed more often.
- ◆ A “Safe and Active Winter” program was implemented in the region aimed at reducing the risk of falls by promoting the use of assistive devices (e.g. canes, walkers, ice grippers for boots), encouraging older adults to stay active in winter, and increasing public awareness of winter sidewalk safety.



resources and carry out joint projects. The simple fact is that the more voices that are heard on an issue, the easier it is to get action from City Hall.

When considering who might collaborate with you, think about who else uses your neighbourhood, who else shares your concern, and who else is able to contribute at the time. Having a safer environment for people who walk is not the exclusive concern of older adults. Some potential allies include:

- ◆ Schools, families, recreation centres and community centres who want safe, accessible outdoor routes for children
- ◆ People with physical limitations
- ◆ Clubs for walkers or cyclists
- ◆ Groups of environmentalists or naturalists
- ◆ Local businesses or services
- ◆ Groups who sponsor special events such as, “Walk to School” day or “Cycle to Work” day
- ◆ Health promotion professionals

Examples of how you might work with others in your community include:

- ◆ Contacting a local hardware store to sponsor paint to mark stair edges (with permission from the building management) that are identified as a problem in your neighbourhood.
- ◆ Approaching a local service club to sponsor a bench or contribute some plants for a flower garden.

### Whom should I call to report a hazard?

In apartment buildings, stores, or restaurants contact the owner or manager.



Photo by Jan Jakobiec

In a shopping mall contact the mall authority. In your centre contact the centre health and safety division, the director, manager, or president.

On city streets or sidewalks, or in city-owned buildings, contact the local municipality.



**Work with others with the same interest in making safer communities.**

Photo by Jan Jakobiec

- ◆ Contacting the media to increase awareness of the issues. *Section 8: Program Tool 15 - Tips for working with the media* offers suggestions about how to approach media contacts.
- ◆ Working with groups who have experience in influencing public opinion to promote safer communities for walking and biking. For example, “Go for Green” already has a campaign for safer communities for bikers and walkers. *Section 8: Program Tool 16 - Tips for influencing public opinion* has suggestions on how you and your allies can help to change public opinion.
- ◆ Forming a group to advocate for change. Many different people are involved in decisions that affect our surroundings. For example, different planners and decision-makers share responsibilities for traffic, neighbourhood and pedestrian safety, land use and community design. People who want

### **City or municipality staff won't know about a hazard unless someone tells them.**

All municipalities have a formal process to deal with:

**Sidewalk repair:** Most municipalities have a plan to identify sidewalks needing repair and a system to set priorities for maintenance.

**Traffic safety:** Traffic managers have systems for setting things such as speed limits, where to put warning signs in neighbourhoods with schools or seniors' residences, and the timing of lights for pedestrian crossings.

If their systems don't work for you, you need to let them know where and why.

a change often have to communicate with a range of individuals. Your efforts may include allies within city hall, as well as other citizen groups within the community. See *Section 8: Program Tool 17 - Tips for advocating for change*.

## To help you create a safer neighborhood

See *Section 8: Program Tools*

- ◆ *Program Tool 10 - Is your neighbourhood safe and activity-friendly?*
- ◆ *Program Tool 15 - Tips for working with the media*



***Snow and ice on the sidewalk can be dangerous for older adults.***

Photo by Judy Kavanagh

### Successful collaboration with city administration

Collaboration led to a telephone hotline to identify sidewalks needing repair in the municipality of Prince George in British Columbia. A community-based advisory committee was set up to identify priority areas for falls prevention initiatives. Unsafe sidewalks were identified as a priority.

A representative of the committee contacted a supportive city councillor. He was referred to a city engineer with a personal interest in safe environments. The engineer had already set up a data bank to gather data about problem spots (location, use, dangerous for whom, problem reported, etc.). However the engineer did not have the people power to go out and inspect every sidewalk, curb and other potential problem. Citizens, including older adults and veterans, were out and about and very aware of problem sites.

The municipality agreed to have a 'hotline' to take incoming calls identifying problem sites. The information would go directly to the engineering department and be placed on the data base. Within 48 hours the spot would be inspected. If it was an "easy fix" it would be repaired immediately. If not, it would be put into the work plan based on the repair criteria priority list.

Tom MacLeod, Prince George



***Find friends and allies in local businesses.***

Photo by Jan Jakobiec

- ◆ *Program Tool 16 - Tips for influencing public opinion*
- ◆ *Program Tool 17 - Tips for advocating for change.*
- ◆ *Program Tool 23 - Template for a letter to city hall.*
- ◆ *Program Tool 24 – Contact list*

See *Section 9: Handouts*

- ◆ *Handout 12 –Hazard report form*

## **Contact list - Safer communities**

If you have not already done so, you may want to set up a book to list contacts you make as you initiate activities related to falls prevention and active living. See *Section 8: Program Tool 24 – Contact list* for a form you might use.

Organizations that you may find helpful in your efforts to promote safer neighbourhoods and communities are:

- ◆ Media contacts: print, radio, TV, neighbourhood/ community newspapers.
- ◆ City contacts: a hotline; people responsible for pedestrian and traffic safety; your mayor and city councillor.
- ◆ Other community groups: a public health unit, older adults' advocacy groups, safety or falls coalitions, and community recreation groups.

## Section SEVEN

# Evaluating your program



Photo by Jan Jakobiec

## Section SEVEN

# Evaluating your program

|  |    |
|--|----|
| Introduction.....                                | 77 |
| Planning your evaluation .....                   | 77 |
| What to ask .....                                | 78 |
| How to get the information you need.....         | 79 |
| When to collect the information.....             | 80 |
| Collecting your information.....                 | 80 |
| Interviewing and surveying members .....         | 81 |
| Assessing changes made to your surroundings..... | 82 |
| Reviewing program documentation.....             | 82 |
| Understanding your findings .....                | 83 |
| Using and sharing your findings.....             | 83 |
| To help you in your evaluation .....             | 85 |
| Contact list - Evaluating your program.....      | 86 |

## Section SEVEN

# Evaluating your program

## Introduction

Evaluation is something we do every day. We gather and look at information about things that we do in order to learn from our experiences.

As you become involved with falls prevention and active living programs you will likely have questions about how effective your efforts have been. You may want information to help you plan future programs. Or, you might need to do an evaluation to meet the requirements of funders or justify further funding.

Whether your evaluation is complicated or simple, the basic steps are the same:

- ◆ Plan your evaluation
- ◆ Collect information
- ◆ Understand your findings
- ◆ Use and share the findings

## Planning your evaluation

An evaluation begins with a clear statement of what you hope to achieve in your program and the strategies you will use to deliver the program.

It also involves considering what information you will need to answer key questions, and how you will get this information.



***Interviews with members can provide feedback on programs.***

Photo by Jan Jakobiec

## Key Messages

Evaluating programs helps you see if you've done what you hoped to do.

Evaluation can help you plan for future programs.

Evaluation includes identifying what information you need, how and when to get it and how to use the information.

*“Take a little time to think about what exactly you really want to know about the initiative. Your evaluation system should address simple questions that are important to your community, your staff, and (last but never least!) your funding partners.”*

Community Tool Box 30:3

### **What to ask**

After a program is finished, you will want to know:

#### ***Did we do what we said we would do?***

This information comes mainly from program records. For example, the number of times or hours the program was offered and the number of participants in the program.

#### ***What did we learn about what worked and what didn't work?***

Probably not everything you did was equally successful. Deciding what worked or not is a matter of judgment, guided by what you hoped to achieve. Some questions to build on for this part of the evaluation are:

- ◆ What worked well to achieve each of your objectives for the program? Why?
- ◆ What did not work well? Why?
- ◆ What did you learn about organizing this kind of program?
- ◆ What did you learn about working with others in doing this program (if you worked with another organization)?

#### ***What difference did this program make?***

To know if your program made a difference, you need some way to measure whether or not things have changed. You will also want to know if a change is linked to your program. Questions you may want to ask include:

- ◆ What changes of attitudes, knowledge, skills or behaviours did participants experience as a result of this program?



- ◆ What changes in attitudes, knowledge, skills or behaviours did we (the organizers) experience as a result of offering these programs?
- ◆ How did our involvement with the broader community change (if at all) as a result of these programs?
- ◆ In what ways has our centre become more activity-friendly for our members?

### ***What could we do differently?***

The answer to this question is the “lessons learned” section of your evaluation. Your findings will help you determine:

- ◆ What you would recommend to other groups offering this program
- ◆ What new skills and resources would be needed to improve this program
- ◆ What challenges would need attention if the program were offered again

### **How to get the information you need**

Next, you need to think about who has the information. You may want to talk to your staff or volunteers, review program records, or survey your members. You may want to do a physical check of your centre to identify which hazards are gone and which are still there.

Evaluation tools need to be specific to the program being evaluated. However, you can often adapt tools used by other groups. Ask other community groups if they would be willing to share any tools they have.

A helpful tool for planning your evaluation is *Section 8: Program Tool 18 - Sample evaluation questions and strategies*.



***Ask your members what they thought of the program.***

Photo by Jan Jakobiec

Document, document, document—set up ways to keep track of information as your programs progress.

It provides samples and guidelines for questions and strategies to collect information on programs you have developed using this Guide.

### **When to collect the information**

Ideally, you need to collect at least two sets of information: one to describe the situation before the program begins and a second after a certain period of time, such as six months, to know whether or not there has been any change. It is never too soon to start setting up systems for documenting your work to prepare for the evaluation.

Specific decisions about when to carry out your evaluation will depend on several factors:

- ◆ what is realistic
- ◆ what deadlines must be met
- ◆ the expectations of your funders
- ◆ your resources

### **Collecting your information**

You have a plan! Next, you need to collect the information. This section looks at how you might gather information for an evaluation of programs based on *Active Independent Aging*. Some of these approaches require more resources and expertise than others. The strategies include:

- ◆ interviews and surveys with members
- ◆ assessments of changes made at your centre and in your neighbourhood
- ◆ reviews of program records

The best systems are not complex and usually consist of checklists and simple forms.

### Interviewing and surveying members

Getting member feedback is often a regular part of any program. It may be the first indicator that a particular aspect of a program or activity is working or not.

Interviews can provide rich information, but they take time and expertise. Surveys are quicker but may not provide opportunities for clarification. Either way, you should do your best to make sure that the questions are asked in a consistent way. For example, if you want to know how many members are active on a regular basis, you need to make sure that the question is asked in the same way to all members. Among other things, this would mean being clear about what you mean by “active” and “regular”.

For more detailed information about doing interviews and surveys, and to see sample surveys you could adapt, look at the following tools in *Section 8: Program Tools*:

- ◆ *Program Tool 19 – Tips for interviewing and surveying members*
- ◆ *Program Tool 20 – Sample questions for members*
- ◆ *Program Tool 21 – Member satisfaction survey* can help you to identify whether members are satisfied with programs and activities. However, this tool is very general. It may not be able to identify the specific aspects of the program or activity that were well received or those with which members were unhappy. For more detailed information, you will want to supplement the tool with specific questions about features of your activity or program.



**Surveys, interviews, program reviews and safety checks are all key parts of an evaluation.**

Photo by Jan Jakobiec



**Do neighbourhood safety checks each season to identify hazards and activity-friendly features.**

Photo by Judy Kavanagh

### **Assessing changes made to your surroundings**

Two tools found in *Section 8: Program Tools* are recommended as part of an evaluation of programs intended to encourage and support modifications to the surroundings at your centre or in your community.

- ◆ *Program Tool 9 – Is your centre safe and activity-friendly?*
- ◆ *Program Tool 10 – Is your neighbourhood safe and activity-friendly?*

These tools can help your members identify fall hazards. Also, both include features in your building or neighbourhood that might encourage or discourage older adults from being active.

### **Reviewing program documentation**

Your program records and documentation are a good source of information for evaluation. They can help you to address evaluation questions, such as:

- ◆ Have your programming practices changed? Are you offering new programs? Has the content or format of traditional programs changed? Have the messages in your promotional materials changed?
- ◆ Are your members attending and enjoying your programs?

If you plan to use program documentation for evaluation, you need to track the information you want to use. Ideally tracking strategies should be in place before you begin any activities recommended in this Guide. The best systems are not complex and usually consist of checklists and simple forms. One system is outlined in *Section 8: Program Tool 22 – Program log forms*.

## Understanding your findings

The goals you set when you were planning the evaluation are the starting point for interpreting your results. The information you gathered helps you answer the following questions.

- ◆ What did we learn about what worked and what didn't work?
- ◆ What strategies worked well? Why?
- ◆ What strategies didn't work well? Why?

“Why” questions are usually harder to answer than “what” questions. Knowing you had twice as many older adults involved in your walking club this year compared to last year is great. However, knowing “why” this has happened is probably more important.

Once you have accurate numbers, take the time to bring a few people together. Discuss each of the objectives you set when you started the program. This dialogue can help interpret the results. Several people together are usually better than one in providing insight into what has been happening.

## Using and sharing your findings

Your evaluation can be a great tool to help you:

- ◆ Celebrate your achievements
- ◆ Set new goals and plan new activities
- ◆ Attract new members
- ◆ Communicate with your funders
- ◆ Attract media attention and get your message to the broader community



***Why” questions are usually harder to answer than “what” questions.***

Photo by Judy Kavanagh

Make sure your evaluation does not sit on a shelf. Find a way to share your lessons learned so people can use them.

Too many evaluations sit on a shelf. Access to modern technologies offers many opportunities for creatively presenting and sharing your results. Think about how you might use computers, video recorders or colour printers to present your results. Consider different audiences and what might be the most effective way of presenting your results to them.

Some ideas for formats for different audiences are:

***For funders:***

Prepare a formal report for funders of your organization. Show them that you have completed your obligations and think about how to use the results creatively in ways that will make them want to continue supporting you.

Use a brief written summary to celebrate your achievements. It might be particularly useful to have a “thank you” summary list of what has been accomplished with the project. Your messages could describe the improved social, mental and physical health of older adults. Use pictures or stories to give your message a personal touch.

***For members:***

Create a poster announcing the key results. Reinforce your successes with a celebration of individual or collective achievements. For example, recognize the 25 members who were active for at least 30 minutes a day 75% of the days over the past 3 months.

Develop a 1-2 page pamphlet or brochure to reinforce positive changes in your centre.



***Create a poster to celebrate your results.***

Photo by Judy Kavanagh

### ***For your community stakeholders or partners:***

Produce a brief slide or video presentation that highlights their involvement and may encourage future shared initiatives.

### ***For your community:***

Send out a short press release summarizing achievements that might interest a journalist in doing a story about falls prevention or active living. This could give you a chance to promote your group and your cause, and to attract new members.

### ***For other communities:***

Post a brief summary of the results on your website or write a brief article in a newsletter to help spread the word and promote interest in your programs.

## **To help you in your evaluation**

See *Section 8: Program Tools*:

- ◆ *Program Tool 9 – Is your centre safe and activity-friendly?*
- ◆ *Program Tool 10 – Is your neighbourhood safe and activity-friendly?*
- ◆ *Program Tool 18 – Sample evaluation questions and strategies*
- ◆ *Program Tool 19 – Tips for interviewing and surveying members*
- ◆ *Program Tool 20 – Sample questions for members*
- ◆ *Program Tool 21 – Member satisfaction survey*
- ◆ *Program Tool 22 – Program log forms*
- ◆ *Program Tool 24 – Contact list*



***How you present the information from your evaluation may be limited by your resources, but should not be limited by your imagination.***

Photo by Dan Burden,  
[www.pedbikeimages.org](http://www.pedbikeimages.org)

### **Contact list - Evaluating your program**

If you're considering an evaluation strategy that challenges your resources or skill level, think about where you might look for help. While it may be difficult to find anyone to actually do an evaluation — unless you have funding—you may find someone who can help you think about the questions you want to ask or set up the systems you need to gather information. Some of the groups you might check with are:

- ◆ A college or university (consider working with professors or students)
- ◆ The United Way
- ◆ Your social planning council
- ◆ Your volunteer bureau



# References

1. The Cochrane Collaboration (2000). Interventions for preventing falls in the elderly. <http://gateway-di.ovid.com/rel420/server1/ovidweb.cgi>
2. Wiman, R.V. & Meierhenry, W.C. (Eds.) (1969). Educational media: Theory into practice. Columbus, OH: Merrill.
3. Aminzadeh, F., Edwards, N., Lockett, D., & Nair, R. (2001). Patterns of bathing, device utilisation and acceptability of bathroom safety devices among community living older adults. *Technology and Disability*, 13 (2), 95-103.
4. Tinetti, M.E., Speechley, M. (1989). Prevention of falls among the elderly. *New England Journal of Medicine*, 320(16), 1055-1059.
5. Speechley M, unpublished data, 2004. Canadian Centre for Activity and Aging
6. Asche, C., Gallagher, E., & Cotote, P. (2000). Economic impact of falls among Canadian Seniors. Unpublished manuscript, University of Toronto, Department of Health Administration, Faculty of Medicine.
7. Raina, P., Dukenshire, S., Chambers, L., Toivonen, D., & Lindsay, J. (1997). Prevalence, risk factors, and health care utilization for injuries among Canadian seniors: An analysis of the 1994 National Population Health Survey (IESOP Research Report No. 15). Hamilton, ON: McMaster University.
8. Zuckerman, J.D. (1996). Hip fracture. *New England Journal of Medicine*, 334(23), 1519-1525.

9. Tinetti, M.E., Speechley, M., & Ginter, S.F. (1994). Fear of falling and fall-related efficacy in relationship to functioning among community-living elders. *Journal of Gerontology*, 49(3), M140-M147.
10. Rawsby, E. (1998). Review of the literature on falls among the elderly. *Image - the Journal of Nursing Scholarship*, 30(1), 47-52.
11. Wilkins, K. (1999). Health care consequences of falls for seniors. *Health Reports*, 10(4). Statistics Canada, Catalogue 82-003.
12. Tinetti, M.E., Speechley, M., & Ginter, S.F. (1988). Risk factors for falls among elderly persons living in the community. *New England Journal of Medicine*, 320(16), 1055-1059.
13. Berg, W.P., Alessio, Mills, E.M., & Tong, C. (1997). Circumstances and consequences of falls in independent community-dwelling older adults. *Age and Aging*, 26, 261-268.
14. Connell, R.B., & Wolfe, S.L., for the Atlanta FISCIT Group. (1997) Environmental and Behavioral Circumstances Associated with falls at home among healthy elderly individuals. *Archives Physical Medicine Rehabilitation*, 78, 179-186.
15. Heart and Stroke Foundation of Canada. <http://ww2.heartandstroke.ca/Page.asp?PageID=1613&ContentID=10781&ContentTypeID=1>
16. Canada's Physical Activity Guide to Healthy Active Living for Older Adults.
17. Health Canada & The Canadian Society for Exercise Physiology (CSEP). [http://www.hc-sc.gc.ca/english/lifestyles/physical\\_activity.html](http://www.hc-sc.gc.ca/english/lifestyles/physical_activity.html)
18. The Canadian Fitness and Lifestyle Research Institute. (2001). *Physical Activity Monitor*.

19. Katzmarzyk, P.T., Gledhill, N., Shephard, R.J. (2000). Canadian Medical Association Journal. 163(11) p. 1435-40
20. [http://www.cflri.ca/cflri/tips/92/LT92\\_07.html](http://www.cflri.ca/cflri/tips/92/LT92_07.html) Canadian Fitness and Lifestyle Research Institute. (1995). Physical Activity Monitor.
21. Lockett, D., Willis, A., Edwards, N. (2004). 'Through seniors' eyes: an exploratory qualitative study to identify environmental facilitators and barriers to walking. Submitted to Canadian Journal of Nursing Research.
22. Coffin, A., & Morrall, J. (1997). Walking Speeds of Elderly Pedestrians at Crosswalks." Transportation Research Record No. 1487: Planning and Administration Safety and Human Performance-- Nonmotorized Transportation Research, Issues, and Use.
23. National Survey on Active Transportation. (1998). Go For Green, Environics

