

# **Annex F**

## **What Matters to Canadian NGOs on Aging: An Analysis of Five Public Dialogue Discussions**



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# **I Project Overview and Approach to the Research**

## **A. Background**

The Canadian Policy Research Networks (CPRN) developed a public dialogue discussion kit aimed at determining *What Matters to Canadian NGOs on Aging* in support of the federal government's *Response to the United Nations International Strategy for Action on Ageing 2002*. The current report presents the results of five public dialogue discussions that have been held thus far to help inform the Canadian government's positions. Of these five dialogue discussions, three were held at the end of October 2001 and two more were held in February 2002.

## **B. The Dialogue Process**

CPRN convened the groups specifically to include members representing non-governmental organizations. In one group, participants work with seniors or on issues concerning seniors across Canada. In the other four groups, participants had no particular focus on seniors or seniors' issues. Professionally-trained moderators from One World Inc. facilitated each of the five sessions. Independent recorders used laptop computers to capture the content of the dialogue discussions. To help further ensure the accuracy of the recording procedures, the dialogue discussions were tape-recorded.

The dialogue discussions on aging were organized in the following manner. First, the moderators provided an overview of the session and a general discussion of the three themes to be discussed: maximizing participation, enhancing well-being, and respecting diversity. The members of each group then completed pre-dialogue questionnaires to gather information about their organizations and their particular attitudes toward each of the themes. Prior to the start of the actual dialogue discussions, the moderators reviewed the ground rules for the dialogues. The groups then spent most of the time discussing each theme in greater detail. Following the in-depth discussions, the moderator then worked with the groups to identify common ground with respect to values, trends, and barriers. The moderators wrapped up the sessions with a brief discussion of participants' perceptions and reflections on their experiences with the dialogue sessions. Lastly, the participants completed post-dialogue, follow-up questionnaires to determine whether any shifts in their thinking had occurred or if any new ideas emerged as a result of the discussions.

## **C. Analyzing the Results**

The content of the dialogue sessions was analyzed inductively based on the participants' written responses to the questionnaires, the transcripts of the actual dialogue discussions, and the summary results captured on flip charts used in the last part of the dialogues when participants were encouraged to look for common ground. The bulk of the analysis revolves around a systematic thematic analysis of the discussions, focusing on the frequency and context within which specific ideas are discussed. The thematic analysis includes unique codes and discussions for each of the three different theme areas, as well as an overall assessment of common themes and ideas identified on flip chart summaries.

The pre- and post-dialogue questionnaires were coded using standard data coding, entry, and cleaning procedures in conjunction with a statistical software package (Statistical Package for the Social Sciences). The organizational and demographic information were coded numerically for each participant, as were their responses to a series of twenty questions intended to measure their attitudes toward various aspects of maximizing participation, enhancing well-being, and respecting diversity. Finally, the responses to open-ended questions asking participants to identify Canadian government priorities and to provide dialogue session feedback were subjected to a summary analysis.

## **II Dialogue Group Discussion Results**

### **A. Participating Organizations**

The five dialogue groups consisted of 47 individuals in total, or an average of 9.4 participants per session. These individuals represented 35 distinct NGOs, including one session with 12 volunteer members of the National Advisory Council on Aging (see the appendix for the full listing of participating organizations). Half of the organizations represented had at most six paid members, though more than 31 percent had 100 or more paid personnel. In addition, about 57 percent of these organizations had at least 100 volunteers actively serving on their behalf.

Many of the organizations (41 percent) were nationwide in scope, or located across most if not all of the provinces and territories. Most of the remainder were based either in Quebec (27 percent) or in Ontario (27 percent). Of the 35 organizations, three-fourths reported working on senior-related issues at the community level. A majority worked at both the provincial (57 percent) and national (63 percent) levels as well. Only one in five reported working on seniors' issues at the international level.

The representatives of half of the participating NGOs identified their organizations as serving the general population of Canadian seniors rather than targeting specific groups. Several of the Montreal dialogue discussion group members mentioned Francophones as the key target group. One in ten groups served English- and French-speaking peoples for the most part, although others could be involved as well. Two groups served mainly multicultural groups, while four others targeted ethno-specific groups (Jewish, Italian, Metis, and Inuit).

In terms of the work of the participating NGOs, one discussion group involved only members of the National Advisory Council on Aging (NACA), while the other groups consisted of representatives from a diverse range of organizations. In addition to NACA, one in three groups reported advocacy as a central facet of their work, which might entail health issues, retirement income or financial security, basic rights, multicultural groups, women's issues, or seniors with disabilities. Other participants described their groups as providing education or information, conflict resolution, community activities, or other supports for seniors as needed. In brief, the participants had extensive experience in working with or advocating on behalf of seniors.

## **B. Demographic Information for Dialogue Participants**

The gender split was even among dialogue participants, with 51 percent males and 49 percent females. Their ages ranged from 22-79, with an average age of 55.5 years (less than 10 percent were under the age of 35). Nearly 87 percent of the participants were born in Canada and, indeed, had lived their entire lives in Canada. In total, 69 percent spoke English as their first language and nearly one-fifth reported French as their first language.

Finally, the group tended to have higher than average levels of education, with roughly 43 percent having pursued or completed post-graduate degrees. Another 30 percent had earned university degrees. Everyone who participated reported having at least a high school diploma.

Half of the participants had been working for their respective organizations for three years or less, though they had been working on aging-related issues on average for about seven years. Their positions within their organizations varied widely, including Executive Directors, Board members, research and policy analysts, public education and advocacy specialists, community development, marketing/communications, and a variety of program coordinators, assistants, and other types of administrators.

In summation, the participants were fairly represented in terms of their gender split, but not on the basis of the other demographic characteristics assessed. Compared to average Canadians, these representatives of NGOs were considerably older, more educated, and more likely to have been born and raised in Canada (speaking English, French, or both). On the other hand, the participants may have been a fair representation of those working for NGOs, although additional evidence would be needed to confirm such speculation.

## **C. Thematic Discussions**

### **1. *Maximizing Participation***

The theme for maximizing participation generated the broadest ranging discussion, wherein participants across the sessions identified nearly four dozen specific sub-themes. The sub-themes were therefore grouped into larger categories linked to the participant materials and based on the similarity of the content. These categories included the following:

- Work and retirement
- Lifelong learning
- Volunteering
- Barriers to participation
- Attitudes

**Work and retirement.** With respect to work and retirement, the participants tended to endorse the view that more flexibility in retirement options would be quite helpful. While some participants expressed the view that many seniors are quite content to be retired and to have that option at 65, they further reasoned that those who preferred to continue with paid employment should not be denied the opportunity. As a February participant reasoned, “You don’t retire from life.”

One view held that there were pressures for older workers to retire in rural areas to provide their younger counterparts with more chances, whereas seniors appeared to be encouraged to continue working in urban environments. Others countered, however, that the issue really involved a combination of the type of community and the work demands of the community. A Montreal participant pointed out that the discussion materials appeared to frame the issue in an almost contradictory manner, which might need to be clarified to arrive at more fruitful conclusions:

*Quand on parle de travail : on dit que les aînés doivent être suffisamment nantis pour ne pas avoir à enlever le travail aux jeunes, mais plus loin on dit que plusieurs doivent travailler plus longtemps – il y a une contradiction. On aide les plus vieux à s'en aller plus vite... mais aussi, on les oblige à travailler pour vivre dignement?*

In many instances the concept of gender cropped up in these discussions. In particular, some participants commented that women have not enjoyed the same work experience, incomes, or retirement benefits as men and thus may be inclined to prefer to continue working as seniors. Hence some workers (usually men) are well-positioned to retire at even earlier ages, although key sectors such as health care might experience real shortages if everyone pursued early retirement. The general consensus was that flexible retirement options with the choice to continue working, whether full- or part-time, would be the preferred strategy. As an Ottawa participant concluded, "It is all about choice. Some people want to retire and some want to continue."

Yet some people may not have the same degree of choice in deciding whether or not to retire, or may need to continue working into their advanced years. In the first place, some seniors have economic pressures that *require* their continued participation in the paid labour force. Some argued further that the social benefits of continued working into later life cannot be ignored, in that retirement might mean vulnerability, loneliness, or even depression. More generally, ongoing participation can be equated with continued activity and, in many cases, can enhance the personal quality of life that individuals experience.

**Lifelong learning.** The issue of lifelong learning tended to receive enthusiastic endorsements from the dialogue participants. The positive benefits of lifelong learning and the apparent willingness of more seniors to continue their pursuit of knowledge and their understanding of new technologies were highlighted. Lifelong learning represents another potential dimension of active aging.

Just as important, some participants felt that younger workers were unable or perhaps unwilling to continue *their* learning by engaging older co-workers. At the extreme, some participants expressed the view that younger generations were not interested in anything their elders had to offer. One dialogue participant offered the following assessment:

(We) need to re-examine how we look at life itself. Work, learning, and volunteering doesn't necessarily entail participation. Look at the Aboriginal perspective on elders. The elders continue to participate during their lifetimes, accumulating wisdom... Being an elder, you're honored to share life experiences. We need to believe in life-long learning.

**Volunteering.** Concerns about the devalued role of seniors extended into the discussions regarding volunteering. Some participants believed that volunteer activities, while rewarding in general, often required additional investments or entailed excessive barriers. Some thought that the voluntary roles that seniors performed might be unimportant or even demeaning, or perhaps a threat to their dignity. More commonly, though, the concerns revolved around barriers to volunteering. As one participant described,

(W)e do not facilitate volunteering ... You should not have to pay for parking and you should be able to have a meal. There is a range of things that (seem) minor but can become a significant impediment to the person who wants to give their time.

At the same time, several participants commented that volunteer activities were important to healthy aging. For example, an Ottawa participant observed “Volunteering is a good component of healthy and productive aging.” Another suggested that “volunteering is the healthiest thing you can do. A colleague, who is a doctor, always writes on prescriptions, *Do you volunteer?*”

**Barriers to participation.** The five groups identified a number of barriers to participation, including physical limitations or disabilities, economic issues, cultural differences, social isolation, knowledge deficits, stereotypes and discrimination. The physical limitations were most readily apparent among those who had disabilities or the frail elderly. There were some concerns about how these seniors were perceived.

Others suggested that the lack of income or other means affected seniors’ ability to participate. Another group discussed the impact of social isolation or the absence of social supports that might hinder participation. One participant noted as well that poverty often preceded the transition to senior citizenship, which means that the patterns of non-participation or exclusion often develops well before and thus cannot be readily changed without addressing the issues much earlier during the life course.

All groups raised the issues of stereotypes and discrimination in general, while most also identified gender as relevant. For example, one Montreal group participant argued that there should be some means to compensate women for their unpaid work. More generally, the theme of gender differences and barriers came up frequently in different contexts within the sessions, some of which will receive further attention in subsequent sections.

**Active aging.** The participants held different views on “active aging.” One view held that seniors should remain active and have much to offer in the realms of work and volunteering. Advocates of such a perspective usually identified both health and economic benefits for the seniors, as well as extensive benefits to society as a whole.

In contrast, some members of the Montreal group in particular were skeptical about the concept of active aging in the context of a discussion about maximizing participation. The cultural expectation that all members of society should be active tends to evoke negative judgments of those, including seniors, who do not appear to be as productive. The following comments represent perhaps the strongest expression of such a view:



On dirait que la participation c'est devenu un mode de contrôle des gens. On est obligé de participer et il faut démontrer qu'on est intégré pour pouvoir être vu comme un citoyen à part entière. Si on n'a pas le goût de faire des choses, si on n'est pas capable de s'impliquer et d'être utile socialement, on ne mérite pas d'être un citoyen. C'est pas correct de ne rien faire de productif – c'est en train de devenir une norme, ça.

By the same token, beyond continuing to be employed or volunteering, seniors contribute a great deal to the economy as *consumers*:

On ignore l'apport des aînés retraités, qui font rouler l'économie et c'est pas rien ça. Ça rapporte – même leurs loisirs, comme la visite au salon de quilles, leurs voyages, pour les compagnies de transport et les hôteliers... on pourrait sortir beaucoup d'autres exemples. On dirait qu'on parle des aînés comme un parasite et non comme contributeur.

**Attitudes.** The participants frequently talked about the attitudes that people held with respect to seniors. Several individuals discussed the mistaken beliefs that mainstream society may hold toward seniors. Others cited the declining role or importance of aboriginal elders, from whom “mainstream society could learn.” More generally, the concept of “stereotyping” emerged within each discussion group. Here are some of the comments:

“Stereotyping is a major problem. It says in the document (participant kit) older people are taking jobs from younger people. It seems to be a generation problem now that the Fat Cat Seniors are scooping up all the money, jobs and going back to school.”

“Discrimination, âgisme, image véhiculée: le message social est les aînés sont un fardeau fiscal.”

“Stereotypes about people's working abilities needs to be changed.”

“You are stereotyping everybody at 65 and over...”

Older adults' contributions to society, (such as) volunteering or continuing in the workplace, give a positive image and help get rid of stereotypes.

The groups were concerned about stereotypes not only as an impediment to maximizing participation, but further as a reflection of inaccurate information and cultural differences. For example, one participant stated the following:

There is not enough information as to what the statistics really are. It is mentioned in the document (participant kit) that youth will assume that a senior person is taking (his or her) place, but that is not necessarily the case. It is maybe assumed because of the lack of information explaining the plight of seniors. (We have to) find a way to work together.

Indeed, as one participant suggested, “even people who don’t stereotype have limited attitudes about seniors.” A similar message bubbled up in several different contexts, i.e., that there should be a change in understanding of the meaning of “old” where individuals can lead healthy and active lifestyles well beyond their seventy-fifth birthdays. Some participants felt that growth and change continue apace regardless of chronological age. Although the incidence of chronic and debilitating health conditions clearly increases with advancing years, the majority of seniors continue to maintain full and independent lifestyles.

One group stressed repeatedly the need to promote positive attitudes toward and images of seniors. A focus on their assets rather than the deficits or costs of an aging society might be especially helpful in facilitating greater public understanding. For example, one participant stated that “more needs to be done to get the message out to the general public. We have seniors’ wisdom and experience that needs sharing.” Instead, the dominant message equates productivity with paid employment (which some interpret as an idea promoted by the participant materials) and thereby contributes further to negative assessment of seniors’ contributions.

## **2. *Enhancing Well-being***

One of the main issues identified was the tension between maintaining a healthy, active lifestyle and the degree to which seniors are “blamed” if they become ill. Some participants viewed certain of the negative health outcomes that seniors experience to be the byproducts of their lifestyles. An Ottawa participant argued that heart disease and arthritis required preventive measures from a much earlier age and the willingness to change one’s lifestyle. Ironically, another participant from another dialogue group suggested that people are more open to the idea and have a greater capacity to change their lifestyles in their 50s and 60s.

The weight of dialogue input, however, challenged the lifestyle viewpoint. In some instances, participants distinguished between the social and structural impediments to well-being as opposed to the prominent view that lifestyles are the primary drivers of health in later years. One Montreal participant suggested that deteriorating health reflects deep-seated causes linked to social conditions, such as poverty and social exclusion, that appear long before people enter their golden years. An Ottawa participant echoed the same theme, using the example of growing up in a poor family – clearly not by choice – and yet suffering certain long-term health or other consequences.

Another Ottawa participant complained that the model of well-being under discussion generally “assumes that when things go wrong, it is your fault and that you failed. You have programs to promote and enhance well-being and, if you do not make it, you have failed.” Finally, a Quebecer commented that the dialogue participant kit appeared to promote the idea that well-being reflects personal choices and individual responsibility:

Que tu sois riche ou pauvre, en santé ou pas, c’est de ta faute. C’est la famille qui doit te prendre en charge, la part de l’État de moins en moins. C’est vos choix de style de vie qui vous mènent là où vous êtes et on veut vous faire changer ça pour que vous arrêtiez de vous fier à l’État pour prendre soin de vous.

Another theme centred on the issue of maintaining independence, which included several dimensions such as physical well-being, economic independence, and housing conditions. The overarching sentiment was that seniors often preferred to live within their own homes, but not necessarily in isolation. Stated another way, seniors preferred to maintain a level of autonomy in directing their own decision-making, while at the same time being confident that informal (friends and family) and formal (health care, home care, etc.) supports were available as needed. One participant summed up the position as follows:

We should encourage people to age in a comfortable place, the home environment where they feel comfortable (rather than) being shipped to a nursing home. A lot of older people maintain that their home is where they want to be, not a nursing home, but in an environment they are comfortable in. If they need long-term care, it's different, but staying in their own homes is very important.

An Ottawa group extended the discussion to the Aboriginal population to a degree, wherein the environments supporting independent living might vary dramatically from the reserves to urban settings. While certain benefits are targeted to Aboriginal peoples living on reserves, those same benefits typically are *not* available to those living in urban environments.

The groups identified many potential barriers to enhancing the well-being of seniors, such as health care supports, technology, poverty, transportation, caregiver burden, literacy levels, and cultural differences. The main issue identified with respect to health care supports concerned equal access or the less-than-adequate universality of the system. Here the issue of multiculturalism and ethno-specific services received some discussion and support.

While some seniors have retired financially secure and may be living in comfort, others have not. The participants noted gender as an important focus in this context too, as women were considered to be more vulnerable due to their more limited historical participation and job-related benefits compared to men. The economic disparities among the elderly as a whole mean that those without adequate income suffer undue hardship due to factors beyond their control, such as a sharp rise in oil prices.

The transportation issue arose specifically in the context of rural locales, where seniors have fewer options. The difficulties are intensified with Canadian winters and among those who live alone. In the extreme, "people break down mentally, they feel that they are left alone (and) violated because they do not have enough money to get around."

Literacy was raised mainly in the context of information-sharing on the part of the government. For example, Canada's food guide and other health-related literature may be written at levels that are difficult for many seniors. One participant argued that the high correlation between poor education and poor nutrition demanded a simpler guide.

Finally, caregiver burden ended up as an important issue in each of the discussion groups. The consensus among participants was that more supports needed to be developed, particularly in the form of respite care and through financial recognition of such work for caregivers of seniors. A number of participants discussed the fact that some people had to leave the paid labour force to

assume caregiving responsibilities, which tended to result in increased isolation and financial hardship. Both the caregiver and the senior were viewed currently as at risk for negative health and social outcomes without additional supports. Once again, gender differences or the differential impact upon women on average emerged as a related concern. One participant reasoned that parental leaves for elder care should be available much as maternity leaves are available for newborns:

Les aidants naturels, qui ne choisissent pas de l'être dans la grande majorité des cas, ont un taux de mortalité et de morbidité très élevé. Il y aurait peut-être moyen de penser à un congé parental élargi : on en a un pour prendre soin de son bébé, pourquoi pas aussi pour prendre soin de son parent si c'est ça qu'on veut nous imposer?

Several participants argued that additional incentives should be provided to enhance caregiving, such as increased work security, extended leave opportunities to care for those who are dying, and other financial supports such as tax credits. One group stressed the need to change the cultural mindset about aging and caring for seniors, such that families might be natural places within which to continue to process without fear of the social and economic consequences. In simplest terms, "if you choose to be a family caregiver, then you should get support."

Yet there was no clear consensus regarding who should assume the primary responsibility for caregiving. Some preferred to view the issue as a family responsibility, with an emphasis on multi-generational families and mutual caring. Others viewed the issue more as a community responsibility, with more programs and other supports needed. In the end, most participants would probably agree that a shift toward decreased family caregiving would mean an increased need for formal services.

### **3. *Respecting Diversity***

The diversity theme received less attention compared to the previous two themes, partly because certain of the relevant sub-themes were discussed earlier in the dialogue sessions and due to time constraints. In two of the English-speaking groups, the first issue discussed was the plight of Aboriginal peoples. The participants believed that the government has a constitutional responsibility to support at least those designated groups on reserves and that actions should be taken "immediately to ameliorate the conditions of our First Nations."

In line with the discussion of Aboriginal groups, some participants sounded a cautionary note that seniors should not be lumped together as one homogeneous population. A participant from a February dialogue group argued that there are many types of diversity beyond ethnicity, including educational, regional and other types of cultural diversity. Indeed, a participant from an earlier session commented that "I do not think you can talk about public policy for the diverse seniors."

In general, the dominant opinion with respect to multiculturalism and diversity was that some resources might be helpful in support of ethno-specific service delivery. The ideal situation would be to maximize service availability, which might include helping to develop and fund

institutions within different communities. A French participant offered the following perspective:

C'est vrai qu'au niveau de l'accessibilité des services, il faut savoir qu'ils existent pour en profiter (plusieurs peuvent en ignorer l'existence) – très peu sont capables de se donner des institutions, sauf certains groupes (les juifs et les italiens peut-être). Ça demande des efforts importants de pouvoir donner les mêmes soins aux groupes culturels. Il faut peut-être parler de représentativité et non de spécificité.

In recognizing that a generational difference exists between first-generation immigrants (especially those who arrive in Canada as seniors) and their progeny, the participants tended to favour the idea of government continuing to share information and offering services in multiple languages. On the other hand, at least some participants believed that immigrant sponsors should be more responsible to further assist newcomers. Still others felt that seniors without knowledge of an official language might not find existing services particularly useful without the ability to communicate effectively. There were serious concerns about the possible marginalization of these seniors. Future generations will continue to struggle with these concerns based on current immigration patterns.

In general, the groups were more highly critical of service providers and institutional limitations than of multiculturalism. One criticism was directed at health care providers, with limited knowledge of diseases or issues more commonly arising in some ethnocultural contexts. The hospitals themselves had limited capacities to respond to ethnocultural, spiritual, and generational differences. The health care system as a whole has not been responsive to the many alternative or complementary medicine practices used by many ethnocultural groups.

The other prominent issue addressed under diversity was the situation of senior women in Canada. Several participants expressed concerns about the fact that women have had less paid work experience than men, which often results in unequal economic outcomes in later years. The problem continues to affect many women, while their options for retraining or new work experiences continue to be limited. One participant suggested a double standard too in that the older women returning to the labour market were resented more than the men by the younger workers. Finally, the fact that the situation may improve for future younger generations does not comfort those who believe that older women today and many of those approaching their senior years are not as secure as they might otherwise be with more supports in place.

### III Participant Questionnaire Results

All but two of the dialogue participants completed questionnaires prior to and following the discussions to assess their individual views of the aging themes discussed. In addition to providing information about their organizations and some basic demographics, the participants responded to a total of 20 statements with one of five possible responses: strongly agree, agree, not sure, disagree, or strongly disagree. Six or seven statements each pertained to the three themes of maximizing participation, enhancing well-being, and respecting diversity.

#### A. Maximizing Participation

With respect to “maximizing participation,” the comparative results from the pre- and post-dialogue questionnaires indicate that for most of the statements there were no significant attitude shifts (see Table 1). Clear majorities of the participants agreed that: 1) there should be more flexibility in work-to-retirement plans; 2) employers should receive incentives to provide training opportunities for older workers; and 3) more government programs should be in place to help older Canadians adapt to the changing workplace; and 4) seniors ought to participate more fully in the labour force to help educate younger generations.

On the flexibility issue, some participants shifted to “not sure” or “disagree” after the dialogue, but the vast majority (93 percent) continued to agree. A few were not as convinced that employers should be offered incentives for training opportunities for older workers. In addition, the participants shifted slightly more in favour of government programs as necessary to assist older Canadians adapt to the changing world of paid work.

**Table 1: Maximizing Participation, Pre- and Post-Dialogue Responses (%)**

Statements...	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1. Most older Canadians need to continue working because their existing incomes are inadequate.	4	7	40	49	9	9	42	35	4	–
5. Older Canadians will need to play an increasing role in the labour force in the coming years because of labour shortages.	17	11	37	50	28	20	15	14	2	5
7. Employers should be given incentives to provide training opportunities for older workers.	35	29	56	53	7	7	2	7	–	4
11. There needs to be increased flexibility in work-to-retirement plans to allow seniors to keep working if they prefer to continue.	61	54	39	39	–	5	–	2	–	–
14. More supports for on-going learning should be in place to assist seniors, even if that means less resources for younger Canadians.	4	9	11	18	11	18	64	40	9	16
17. More government programs are needed to help older Canadians adapt to changing work practices & technologies.	20	20	59	64	11	9	9	5	2	2
19. We need seniors to participate more fully in the labour force to help educate younger generations.	24	22	57	58	4	13	15	7	–	–

A small majority (54 percent) agreed as well that older Canadians have a role to play in the near future because of labour shortages, with an even higher percentage (61 percent) agreeing *after* the dialogue discussions. The opinions were more divided on the issue of whether or not older Canadians continued to work because of economic need, with a higher percentage agreeing with such reasoning following the dialogues as compared to their pre-dialogue responses.

The one statement with which more than half the participants *disagreed* concerned the tradeoff between the importance of devoting more supports for learning to assist seniors – even at the expense of resources that otherwise might be earmarked for younger Canadians. As the dialogue transcripts revealed, some participants were uncomfortable or simply did not agree with the logic that resources devoted to seniors’ issues necessarily meant less for their younger counterparts. After the dialogues, however, a slightly higher percentage tended to agree (27 percent) or to express uncertainty (18 percent) in comparison with their responses before the sessions.

## B. Enhancing Well-Being

There was even more of a consensus with respect to the statements related to “enhancing well-being.” For instance, there was a consensus that “there need to be more supports in place to assist caregivers within families who look after aging loved ones who can no longer look after themselves.” Similarly, everyone agreed that “we need to invest more resources to enhance home care supports for the majority of seniors who continue to live at home in Canada.” The participants all agreed that Canada should enhance the availability of suitable nursing homes and residences close to the homes of those seniors requiring more intensive care. Finally, nearly all of the participants agreed (at least 93 percent) that the government should invest more resources in health care to ensure that seniors have better access.

**Table 2: Enhancing Well-Being, Pre- and Post-Dialogue Responses (%)**

Statements...	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
2. The government needs to invest more resources to ensure that all seniors have better access to the health care system.	67	62	29	31	4	4	–	2	–	–
4. There need to be more supports in place to assist caregivers within families who look after aging loved one who can no longer look after themselves.	91	84	9	16	–	–	–	–	–	–
8. For seniors that require more intensive care, we need to enhance the availability of suitable nursing homes and residences close to their homes.	63	58	33	42	4	–	–	–	–	–
9. In my province, the quality of life as a place to grow old and retire has improved in the last five years.	2	–	24	33	37	24	24	31	13	11
12. We need to invest more resources to enhance home care supports for the majority of seniors who continue to live at home in Canada.	76	73	22	27	–	–	2	–	–	–
15. Current pensions provided for Canada’s seniors are adequate to meet their financial needs.	2	7	13	16	16	14	47	35	22	28
18. The quality of health care for most seniors in my province tends to be excellent.	–	–	26	23	17	18	50	48	7	11

The participants were somewhat divided on the other issues raised under the well-being theme. For example, the majority did not feel that current pensions were adequate to meet seniors' needs in Canada, although the percentage agreeing increased by eight percent after the discussions. The two statements dealing with perceived changes in the quality of life and the current quality of health care within the provinces also received more of a mixed response. For example, roughly one in four agreed that the quality of health care for most seniors tended to be excellent, while another 18 percent were not sure, and more than half disagreed. The opinions were split even more equally among the “agree”, “not sure”, and “disagree” responses to the item about whether or not the quality of life for growing old in recent times had improved for seniors.

### C. Respecting Diversity

The “respecting diversity” theme dealt mainly with access to services within a multicultural society (see Table 3). As with the other themes, there was widespread agreement among participants on most issues. By the end of the dialogue discussions, everyone agreed that seniors should be consulted more in the design of services for a diverse senior population. A consensus emerged as well on the statement that “ensuring that services and supports are easily accessible to all Canadian seniors should be a major priority for government policies targeting seniors.”

Similarly, only one person disagreed with the statement that “funding should be increased to ensure that services and supports are easily accessible to all Canadian seniors.” At the end of the sessions, only two participants disagreed with the notion that “more supports need to be in place to target the specific needs of aging women,” though the intensity of those views waned slightly for some.

**Table 3: Respecting Diversity, Pre- and Post-Dialogue Responses (%)**

<i>Statements...</i>	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
3. Ensuring that services and supports are easily accessible to all Canadian seniors should be a major priority for government policies targeting seniors.	76	73	20	27	2	0	2	0	–	–
6. More supports need to be in place to target the specific needs of aging women.	59	49	35	44	2	2	4	5	–	–
10. Funding should be increased to ensure that services and supports are easily accessible to all Canadian seniors.	52	53	39	38	9	7	–	2	–	–
13. In my province, there is a real problem with seniors' access to services due to their ethnic or cultural backgrounds.	15	13	30	42	33	33	22	9	0	2
16. Seniors themselves should be consulted more in the design of services for a diverse senior population.	57	62	39	38	4	0	–	–	–	–
20. Increased funding should be available to assist cultural groups to maintain their own traditions or practices in support of aging seniors within their communities.	22	29	50	44	13	11	15	11	0	4



Not everyone agreed (roughly 73 percent) that there should be more funding to help different cultural groups maintain their own traditions in support of aging seniors within their communities. Finally, the responses were quite divided on the issue of access to services based on ethnic or cultural backgrounds. A significant minority of participants (45 percent) agreed with that statement before the discussions, which increased to a majority of 55 percent following the dialogue sessions. One in three participants were not sure. Thus the shift occurred in that half as many *disagreed* with the general statement following the discussions as compared with before the discussions.

## **D. Canadian Government Priorities**

The participants in both the pre- and post-dialogue questionnaires responded to the following question: “What do you see as the three main priorities that the Canadian government should focus on in the years ahead to ensure maximum readiness to accommodate an aging society?” In response, the participants identified a total of 36 different responses. Prior to the dialogue discussions, the ten most common priorities (identified by at least 10 percent of the participants) were the following:

- Improve the health care system and health supports for the aging population (55.6%)
- Ensure adequate retirement incomes and/or economic security among seniors (33.3%)
- Enhance home care options and support (28.9%)
- Change attitudes by providing accurate information and through public education (22.2%)
- Invest in health promotion strategies (17.8%)
- Provide more alternatives or supports for affordable, appropriate housing (17.8%)
- Provide more funding for support services in general (15.6%)
- Support independent living or the ability of seniors to remain in their homes (13.3%)
- Enhance seniors’ employability or labour market attachments (11.1%)

Thus the dialogue participants before beginning their discussions believed that the health care system and seniors’ health, financial security, and more home care supports should be the main priorities of the Canadian government. The participants expressed additional support for a more active government approach to sharing information and helping to break down stereotypes about seniors in Canada. Several participants further identified continued or increased funding supports for support services and investments in health promotion as desirable priorities. Several participants stressed the importance of government providing more alternatives or supports for affordable housing, while other preferred support assisting seniors to live independently. Finally, at least one in ten talked about helping seniors to enhance their employability.

Following the dialogue discussions, the response to the question about government priorities had changed somewhat, but not dramatically. Most of the same priorities were identified, although some of the relative rankings changed. Health care issues continued to rank first, with half the participants identifying relevant issues. The one issue that stood out following the discussions was the increased support for public education, which ranked second after the dialogue sessions. More than one in three participants identified the need for more information and an emphasis on changing attitudes about seniors and their contributions, as well as the aging process in general.

The issues of economic security, home care, and housing continued to be listed among the priorities, although their relative proportions each declined in the aftermath of the sessions. Apart from the shift in emphasis to public education, more participants identified the need for more systemic forms of support for the aging population in general, whether that be in the areas of health promotion, family supports, basic security, or in other areas. Finally, there was more support for research on the impacts of aging on society and vice-versa.

## **IV Common Themes and Conclusions**

### **A. Common Themes**

The common themes that emerged from the discussions and through the flip chart materials were relatively straightforward for the most part. In terms of core values, the participants across the groups generally valued choice, flexibility, access, and autonomy or independence. The diverse nature of the senior population stimulated some participants to argue for diversity as a common value that should continue to be recognized and that Canada should continue to foster respect for the individual, regardless of their backgrounds. Several groups identified the importance of adopting a more holistic perspective toward aging, while three groups considered lifelong learning and volunteering to be important to healthy, active aging.

Apart from the aforementioned positive emphases, one group did not appreciate having the many issues reduced to economics or supply and demand, while another expressed concern about the “commodification” of society. The concerns essentially were linked to the belief in three groups that productivity and profits were driving the response to aging issues rather than other core values, such as caring, dignity, and the sense of shared responsibility. Each of the groups discussed concerns about stereotypes or negative public attitudes in one context or another. The sharpest framing of that issue, though, emerged in one discussion of the “deficit” view of aging, i.e., the general sense that seniors’ contributions to society were minimal and that the group as a whole were an economic drain on society. Instead, some participants believed that a public education campaign should be launched, refocusing on the strengths, wisdom, and other resources that seniors have to offer.

The different views with respect to active aging or participation deserve additional consideration. While most participants expressed support for the idea of active participation, there was also a strong cautionary undercurrent that stemmed from two related factors. On the one hand, participants valued choice, which would include recognition that being inactive should be an acceptable alternative too and should not be frowned on by society. On the other hand, the participants voiced the concern that active aging might be seen as a “solution” or end-product that promotes the idea that if you have not aged well, it is because you have not been active enough. Some participants considered this to be a dangerous message because it leads to the possibility that people are blamed as individuals for their state of aging. The participants felt that such an “individual blame” perspective detracts from recognizing the impact of systemic issues (such as poverty) or health issues (such as arthritis) over which people have little control. From a policy perspective, these nuances need to be considered as there were many concerns raised about ageism that could be exacerbated by a blanket approach to active aging.

In fact, the common barriers articulated across the discussion groups included first and foremost the perception of widespread stereotyping and negative attitudes toward seniors. The groups expressed concerns about both physical and technological barriers confronting seniors. Another common theme was that of *disempowerment* among the seniors (as one group suggested) or the sense that failures tended to be linked to or blamed on individual shortcoming (as discussed by three groups). Finally, a relative lack of integrated services or service information received widespread attention, while some stressed language and literacy as potential barriers.

The broader trends that these groups highlighted started with the importance of changing attitudes toward seniors. A second common theme concerned the gender divide, which participants generally believed required attention and should be decreased. A third trend was the movement in the direction of even greater diversity among seniors, which implied that continuing efforts would be required to be responsive to Aboriginal needs and the needs of a multicultural senior population. The trend toward a backlash against seniors with high needs received some cross-over discussion, while two groups discussed the imposition of new technology as oppressive to seniors, though some participants believed that these issues could be addressed effectively through increased training support.

## **B. Concluding Remarks**

In conclusion, most of the dialogue participants clearly agreed that each theme – maximizing participation, enhancing well-being, and respect diversity – should be included in any comprehensive strategies proposed to address seniors’ issues. In fact, the themes naturally wove together in various observations that, for example, maximizing participation would enhance the well-being of seniors, or that a greater respect for diversity correlates with less stereotyping and hence greater opportunities for participation.

As a result, the five groups clearly advocated for increased government supports and interventions in several different areas discussed. Their concerns, however, were that sweeping policies might not be the most effective strategy for a diverse senior population, that the principles of choice and flexibility should be recognized, and that the issues should not be framed as an intergenerational conflict. On that latter point, some participants expressed concerns that the language of the dialogue discussion documents and the popular discourse on seniors’ issues tended to exaggerate and exacerbate the divide between generations. Others were concerned that the public discourse on seniors often stressed the deficits and the *costs* of aging, rather than the positive opportunities for healthy aging and the contributions that seniors continue to provide.

These participants and the organizations that they represented clearly demanded action, although many were not optimistic that their views would carry much weight in government deliberations (“that nothing will be done”). While most participants appreciated the exploration of values and different viewpoints, some individuals expressed a frustration that there were not enough concrete priorities or actions identified through the process. As one individual concluded in providing feedback on the sessions: “It would have been nice to work from a government tentative position, so that we could have more hope of having an influence.”

Nevertheless, the participants believed that the government should be doing more in each of the following areas: improving access to the health care system, ensuring greater financial security among retirees, providing more home care alternatives and supports, recognizing the special needs of women and Aboriginal peoples, offering more respite care, promoting the exchange of more accurate information about seniors, and encouraging healthier, more active aging and participation among seniors. The underlying principles highlighted by these dialogue participants were choice, flexibility, universality, diversity, independence/autonomy, and the importance of changing attitudes toward seniors and aging.

## Appendix A: Dialogue Feedback

As for the dialogue process, more than half of the participants suggested that they had learned something new or different about seniors, from information about the plight of Aboriginal peoples to the diversity of the senior population to the sobering conclusion that much work really needed to be done to address the prevailing problems. Most participants enjoyed the dialogue process, particularly with respect to the diversity or the group mixture and the openness or quality of the dialogue exchanges. Some commented positively on the quality of the moderation, as well as the general relaxed atmosphere within the English-speaking groups in particular.

The dislikes were not numerous and none of the one-quarter who commented expressed exactly the same concerns about the dialogue process, with the exception that a few people did not believe the groups were able to move far enough along to the concrete action stage. The only other issues that arose here as real complaints were concerns about the portrayal of Aboriginal peoples or the lack of discussion around certain Native issues (e.g., Nunavut). The other concern, at least in the Montreal group, was that the session at times straddled a fine line between dialogue and debate, with some people perhaps feeling somewhat intimidated. At least one member of the group believed that the tone of the dialogue discussion from the outset, as per the materials contained in the discussion kit, tended to be “neo-liberal” or slanted somewhat in an overly economic and individualistic manner. One other Toronto participant expressed some frustration that others appeared more intent on advancing their personal agendas rather than engaging in a dialogue discussion.

In closing, nearly three-fourths agreed that they would participate again in a dialogue process, while the remainder mostly responded “maybe,” depending on whether or not the topic was appropriate or interesting. A few participants stated either that action needed to be taken (rather than more dialogue) or that they had some reservations or uncertainty about how the information would be used. On balance, though, most were pleased to be able to participate, to share their ideas with others, and to learn about new perspectives or the perceptions that others held from different social locations.

## **Appendix B: List of Participating Organizations**

Assemblée des aînés francophones du Canada  
Association of Jewish Adults 50+ (AJA50+) - Ottawa  
Association québécoise de défense des droits des personnes retraitées et pré-retraitées (AQDR)  
Canadian Association of Retired Teachers  
Canadian Association of Independent Living Centres  
Canadian Jewish Congress (Montreal)  
Canadian Pension and Benefits Institute  
Centraide du Grand Montréal  
Centre Connectivité  
Coalition of National Voluntary Health Organizations  
Congress of Aboriginal Peoples  
Conseil régional des Personnes âgées italo-canadiennes de Montréal (CRAIC)  
Fédération de l'âge d'or du Québec (FADOQ)  
Fondation en Adaptation Motrice  
Older Women's Network  
National Advisory Council on Aging (NACA)  
Regroupement des aidantes et aidants naturel(le)s de Montréal  
Youth Canada Association