ACTIVE AGING IN BRITISH COLUMBIA:
A CALL FOR COLLABORATIVE ACTION

PREPARED FOR DISCUSSION
March 2007
This document, *Active Aging in BC: A Call for Collaborative Action*, proposes a collaborative approach to communities, organizations, health authorities, governments and individuals working together to create the conditions that will allow older people to live as independently as possible and continue to contribute to the life of British Columbia.

Active aging is a key focus of ActNow BC, the provincial health promotion platform to encourage and support British Columbians to live healthier lives through physical activity, eating healthier foods, living tobacco free, and making healthy choices in pregnancy. The goal of ActNow BC is to make our province the healthiest jurisdiction to ever host the Winter Olympic and Paralympic Games by 2010.

The Premier’s Council on Aging and Seniors’ Issues looked at how to support seniors’ ability to continue as contributing members of society and how to support seniors’ independence and health; the Council released its recommendations in its report *Aging Well in British Columbia* in December of 2006. The report endorses ActNow BC and key areas of focus for active aging – physical activity, healthy eating, living tobacco free, falls prevention, and social connectedness. Of the 16 recommendations put forward in this report, five are highlighted as key recommendations and include *Staying healthy*.

*It’s urgent that British Columbians live healthier, so that we age better. Tomorrow’s older adults have the potential to live even longer and healthier than the current generation, but how we live now affects how healthy we will be in the future. Older people are more likely to have chronic health problems such as heart disease, diabetes, dementia, or arthritis if they have been physically inactive and eaten a diet high in salt, fat, and sugar. We are concerned by recent data showing that most British Columbians are not sufficiently active and are eating unhealthy diets.*

*We need to structure our communities so they support healthy choices, with healthy living on municipal and local community agendas to reach people where they live, on an everyday basis.*

*We recommend that the B.C. government significantly enhance healthy living initiatives focused on older adults, customized for British Columbia’s diverse population.*

*Aging Well in British Columbia (2006)*
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INTRODUCTION

Populations are aging the world over, and British Columbia is no exception. For almost a decade, society has recognized the need for, and has progressively worked toward more collaborative approaches to active aging. In British Columbia, this work addresses the diversity of older adults that make up this province’s society.

The following excerpt from Healthy Aging in Canada: A New Vision, A Vital Investment (2006), a national report prepared for the Federal/Provincial/Territorial Ministers Responsible For Seniors, summarizes current thinking on our aging population in Canada and points to the need to address barriers to seniors’ capacity to adopt healthy behaviours.

Each of us is aging. And as a population, Canada is aging faster than ever before. Today, there is a more informed recognition of the important contribution that older people make to their families, communities and nation. There is also a growing understanding of the diversity of Canadian seniors in terms of age groupings, levels of independence, and ethnocultural backgrounds. Women and men experience aging in different ways and women far outnumber men in the oldest age categories (80-plus). For both men and women, there are significant differences between life at age 65, 75 and 85-plus. These groups are also heterogeneous, reflecting diverse values, educational levels and socioeconomic status. Canada is in a unique position due to immigration and Aboriginal Peoples in terms of ethnic, racial and linguistic diversity among the older population.

Today, older Canadians are living longer and with fewer disabilities than the generations before them. At the same time, the majority of seniors have at least one chronic disease or condition. Our health care system primarily focuses on cure rather than health promotion and disease prevention. Redirecting attention to the latter is required in order to enable older people to maintain optimal health and quality of life. It will also help to manage health system pressures.
The evidence is clear. While recognizing that active aging depends on all the broad determinants of health, older adults can live longer, healthier lives by staying socially connected, increasing their levels of physical activity, eating in a healthy way, taking steps to minimize their risks for falls, and refraining from smoking. But there are real environmental, systemic, and social barriers to adopting these healthy behaviours. Some relate to inequities as a result of gender, culture, ability, income, geography, ageism, and living situations. These barriers and inequities need to be and can be addressed now. Through a combination of political will, public support, and personal effort, healthy aging with dignity and vitality is within reach of all Canadians.

This national report supports the work we have undertaken in this province over many years and affirms the direction that many stakeholders have been taking to support older British Columbians to be healthy, active, and engaged in their communities.

**Purpose of this Document**

As services and programs for older adults are offered by a large number of provincial, local, and community-based organizations and agencies, further success in promoting active aging requires the collaboration of many sectors. Encouraging active aging requires collaborative action and the coordinated efforts of government ministries, health authorities, local governments, non-profit, private, and voluntary sectors, academia, and older adults themselves. No single agency or organization can effectively address active aging without engaging with its partners.

The need for cross-sectoral collaboration and partnerships is the basis of *Active Aging In British Columbia: A Call For Collaborative Action*. Its purpose is to help encourage and guide provincial, regional, and local collaborative action based on a common understanding of the task at hand.

This document is in two parts. The first part tells the story of active aging by summarizing international, national, and provincial historical milestones that have led BC to where it is today — a province with an aging population, and a growing capacity and political will to address active aging.

The second part offers principles important when planning for an aging population. These are offered as a starting point for discussion amongst provincial, regional, and local planners and other stakeholders with an interest in developing a collaborative approach to active aging.

*When we use the terms “older people,” “seniors,” and “older adults” in this document, we are referring to people over the age of 65.*
PART I: ACTIVE AGING – THE PAST, THE PRESENT

THE CONCEPT OF ACTIVE AGING

Active aging includes all activity that involves the body and the mind, that is meaningful and purposeful, and that engages people in the continual change that characterizes human life at all stages. The word active refers to continuing to participate in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active (WHO, 2002). We have chosen to adopt the following definition of active aging developed by the World Health Organization:

*Active ageing is the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age…. The term “active ageing” was adopted by the World Health Organization in the late 1990s. It is meant to convey a more inclusive message than “healthy ageing” and to recognize the factors in addition to health care that affect how individuals and populations age. – World Health Organization (2002)*

While the term healthy aging has been used in earlier documents, we believe that healthy aging is a subset of active aging. The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active aging aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care.

*Three Pillars of a Policy Framework for Active Ageing*

*Source: Active Ageing: A Policy Framework, World Health Organization, 2002*
BUILDING BLOCKS TO ACTIVE AGING

For many years, international, national, and provincial organizations have recognized the importance of active aging and have been articulating this recognition at pivotal events and in a number of important documents, reports and plans. This work is the foundation upon which a provincial collaborative approach can be built. This important work is summarized below.

1998 – We take as a starting point, the 1998 release of the Principles of the National Framework on Aging: A Policy Guide. This document sets out a vision for aging - “Canada, a society for all ages, promotes the well-being and contributions of older people in all aspects of life”. It also sets out five principles – dignity, independence, participation, fairness and security - that provide a common set of values for all jurisdictions. Today, jurisdictions continue to use these principles as the foundation for their planning for an aging population.

1999 - The next year was the United Nations’ International Year of Older Persons that recognized humanity’s demographic coming of age and the promise it held for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century. It was a global event that highlighted the importance of healthy and active aging and the contributions that older citizens make to their families, communities and society in general.

2001 - Health Canada’s Division of Aging and Seniors convened experts, non-governmental stakeholders and governmental representatives for a series of workshops on healthy aging. The workshops examined aging and health practices and sought advice on strategic directions and priority areas for action on key issues contributing to healthy aging. After considering numerous issues related to healthy aging, the participants reached consensus that there are four key areas that are most important for achieving healthy aging -- physical activity, healthy eating, tobacco cessation and falls prevention. The rationale for these four areas include their impact on seniors' health, the availability and effectiveness of interventions, the costs associated with treatment for health problems associated with these factors, and their potential to reduce health inequities. The results of these workshops are presented in the Dare to Age Well reports.

2002 - The Madrid International Plan of Action on Ageing (United Nations) calls for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of aging in the twenty-first century may be fulfilled. Under the issue of health promotion and well-being throughout life, the Plan calls for action that “encourage[s] older persons to maintain or adopt an active and healthy lifestyle, including physical activity and sport.”
During the same year, the World Health Organization released *Active Ageing: A Policy Framework*, intended to inform discussion and action plans that promote healthy and active aging. This document identifies the following determinants of active aging -- gender, culture, economic circumstances, health and social services, behaviour, the physical environment, social situation, and personal determinants such as genetics. These are reminders that all these factors and the interplay between them are good predictors of how well both individuals and populations age.

**2004 - Planning for Canada’s Aging Population: A Framework** was developed by the Federal/Provincial/Territorial Ministers Responsible for Seniors to guide governments across Canada as they develop policies and programs for their aging populations. The Framework outlines three pillars for action: health, wellness and security; continuous learning, work and participation in society; and supporting and caring in the community.

**Building Blocks to Active Aging**

- **Active Aging in British Columbia: Towards Collaborative Action (2007 -)**
- **Aging Well in British Columbia (2006)**
- **Healthy Aging in Canada: A New Vision, A Vital Investment from Evidence to Action (2006)**
- **ActNow BC (2005)**
- **Healthy Aging Through Healthy Living Discussion Paper (2006)**
- **Planning for Canada’s Aging Population (2004)**
- **Dare to Age Well (2001)**
- **International Year of Older Persons (1999)**
- **National Framework on Aging (1998)**

**2005 -** The following year, these same ministers continued to highlight the importance of healthy and active aging and endorsed *five areas* as key to healthy aging. Four of the five, namely healthy eating, falls prevention, physical activity, and smoking cessation support Health Canada’s previous work. The fifth key issue of social connectedness was endorsed in recognition of its important contribution to healthy aging.
In BC, the Ministry of Health released *Healthy Aging through Healthy Living: Towards a comprehensive policy and planning framework for seniors in B.C.* This document provides an evidence-based framework for a comprehensive approach to healthy aging and establishes the Ministry of Health’s strategic platform for healthy aging in the same five key areas.

In March 2005, the Premier launched *ActNow BC*, BC government’s strategy to improve the health and quality of life of all British Columbians by supporting them to be more physically active, eat healthier foods, live tobacco-free, and make healthy choices in pregnancy with the goal of making our province the healthiest jurisdiction ever to host an Olympic and Paralympic Games. It is a multi-sector, cross-government initiative that involves all provincial ministries as well as partners in other levels of government, NGOs, communities, schools, and the private sector. *ActNow BC* has been called a “vanguard in health promotion” by the World Health Organization.

**2006 -** In March of this year, the BC Ministry of Health hosted a Healthy Aging Expert Forum that brought together individuals representing seniors’ organizations, academic and other organizations identified as having a particular expertise in healthy aging, healthy living or seniors’ issues. The Forum provided an opportunity for individuals to dialogue with each other on recommended actions, strategic directions and effective interventions to achieve healthy aging for B.C. seniors. Forum participants endorsed the five key areas outlined in the *Healthy Aging through Healthy Living* document as an important starting point for action on active aging.

A few months later, seniors were identified as a focus population for *ActNow BC*.

In September, Federal/Provincial/ Territorial Ministers Responsible for Seniors further validated the importance of the five key issues of healthy aging in *Healthy Aging In Canada: A New Vision, A Vital Investment*. The new vision on healthy aging is one that:

- values and supports the contributions of older people
- celebrates diversity, refutes ageism and reduces inequities
- provides age-friendly environments and opportunities for older Canadians to make healthy choices, which will enhance their independence and quality of life.

Finally, in December, the Premier’s Council on Aging and Seniors’ Issues released its recommendations in *Aging Well in British Columbia*. The Council’s mandate was to examine two main issues:

1. How to support seniors’ ability to continue as contributing members of society; and
2. How to support seniors’ independence and health.
Of 16 recommendations put forward in the report, five are highlighted as key recommendations and include staying healthy.

*It’s urgent that British Columbians live healthier, so that we age better. Tomorrow’s older adults have the potential to live even longer and healthier than the current generation, but how we live now affects how healthy we will be in the future. Older people are more likely to have chronic health problems such as heart disease, diabetes, dementia, or arthritis if they have been physically inactive and eaten a diet high in salt, fat, and sugar. We are concerned by recent data showing that most British Columbians are not sufficiently active and are eating unhealthy diets.*

*We need to structure our communities so they support healthy choices, with healthy living on municipal and local community agendas to reach people where they live, on an everyday basis.*

*We recommend that the B.C. government significantly enhance healthy living initiatives focused on older adults, customized for British Columbia’s diverse population.*

This report also endorsed the five key areas of active aging. The government’s response to this report and its recommendations will have a significant impact on the development of activities focused on active aging.

**2007** – A provincial *Active Aging Symposium* is held to identify actions through:

- sharing promising practices that support active aging;
- discussing of how cross-sectoral collaboration can be encouraged and supported throughout British Columbia.

This brief history illustrates significant alignment of activity and momentum at many levels which support healthy and active aging. While this chronology documents the policy activity supporting active and healthy aging of provincial, national and international organizations, it is acknowledged that much of the valuable work in response to this policy occurs as a result of community-based partnerships which exist in many cities and communities in British Columbia.

These program and policy efforts all point to the need to work together within the same frame of reference to address the challenges and opportunities of our aging population and promote active aging throughout British Columbia. Such a coordinated, cross-sectoral, collaborative approach will optimize opportunities for health, participation and security in order to enhance quality of life as people age in British Columbia.
CURRENT COLLABORATIVE INITIATIVES

In British Columbia, there is a wide range of activities already underway at provincial, regional, and local levels that exemplify the kind of collaborative action envisioned within this document. Below are a few examples.

**World Health Organization (WHO) Age Friendly City Guide**: The WHO is partnering with 33 cities from around the world to develop a guide that will assist cities to be more age friendly. An age friendly city is one that is characterized by supportive and enabling physical and social environments. These environments include all the settings of life in the city, all the services that are provided or exchanged and the products that are used in the activities of daily living. An age-friendly community benefits everyone. Removing barriers in buildings and on streets increases the mobility and independence of a 28 year-old, as well as a 78 year-old person with a disability. Reduction of environmental pollutants promotes healthy child development. Secure neighbourhoods protect children and women alone from harm as well as older adults. Community members benefit from the participation of older persons in volunteer or paid work, civic activities and educational programs. Local businesses and workers benefit from the patronage of older adult consumers. Safe communities support and enable older persons to age in place. In short, an age-friendly community is a community for all ages.

Partner cities have consulted with older persons and community leaders to identify the major physical and social barriers and solutions to achieve active aging. The WHO will compile the results into Age-Friendly City guidelines that can be used by cities around the world to develop and implement plans to make their cities more age friendly. **Saanich** is BC’s partner city in this WHO project and will be a model from which others can learn.

**Canadian Age-Friendly Rural/Remote Community Initiative (CAFRRCI)**: Similar to the above project, the CAFRRCI will focus on small, rural and remote communities to better understand how they, too, can adapt to support an aging population. The Villages of **Alert Bay** and **Lumby** are the BC pilot sites for this initiative. The result will be a Rural and Remote Age-Friendly Community Guide for rural and remote communities in Canada to complement the WHO City guide.

It is anticipated that both guides will be released in the Fall of 2007.

**2010 Olympics and Paralympics Games (2010 Games) and Seniors’ Participation**: The 2010 Games provide a tremendous opportunity to develop a role for seniors. Public attention will be turning to seniors as the first baby boomers will reach age 65 in 2011, making 2010 an opportune time for a public celebration of active aging in British Columbia. The BC government in conjunction with 2010 Legacies Now, Vancouver Olympic Committee and other
stakeholders are exploring how to involve seniors in meaningful and creative ways in the 2010 Games as well exploring opportunities to highlight excellence in active aging and illustrate society’s collective commitment to support active, socially and physically engaged seniors.

**Union of British Columbia Municipalities (UBCM) Environmental Scan of Community Readiness for an Aging Population:** UBCM is conducting an Environmental Scan of Community Readiness for an Aging Population which will give an overview of current local government practices in a number of areas including age friendly strategies, transportation, housing, preventative health, exercise programs, safety and emergency and community engagement programs. The results of the scan will be compiled and shared with local governments and with other orders of government as appropriate. The results will both help to identify where local governments are doing things well and where there are needs that are not being met. This information will help inform the distribution of the age friendly city/community guides noted earlier.

**BC Recreation and Parks Association (BCRPA) Community Consultation on Active Aging:** In the fall of 2006, BCRPA through their Active Communities program, led a comprehensive, province-wide consultation on active aging that included 27 focus groups with recreation and health professionals, seniors organizations as well as sport, education, arts and culture, First Nations, transportation, housing, social services and multi-cultural organizations. This consultation resulted in information about strategies, promising practices, services and supports that assist seniors in staying active. The consultation also identified barriers and gaps in community supports. This information will also help inform the distribution of the age friendly city/community guides.
STAKEHOLDERS

There are many important stakeholders who are key to the success of a collaborative approach to active aging. Some examples are listed below, but there are many others.

Examples include:
- seniors’ organizations including major provincial seniors organizations, local seniors advisory committees and others
- community organizations
- UBCM and local governments
- BC Recreation and Parks Association and local recreation centres
- Health authorities
- Academia including the centres of aging and gerontology
- Non-profit organizations including sector specific organizations
- 2010 Legacies Now
- Healthy Living Alliance
- government ministries

RESOURCES

There are numerous resources and sources of funding that support active aging. Some of these are broad population based, but would support active and healthy aging. Others are specific to seniors programming and planning. Appendix 1 provides a few examples with background information.

We know that the seniors of tomorrow will be different from those of today and that planning for active aging will require a flexible approach. The timing is right in British Columbia for moving forward and building upon past successes in order to enhance coordination and cross-sectoral collaboration that will support older adults to be healthy, active and engaged in their communities as they age.
PART II: PLANNING PRINCIPLES FOR ACTIVE AGING IN BRITISH COLUMBIA

The following principles are offered as parts of a framework for active aging that can inform the basis for provincial, regional, and local planning and activity. These principles have been adapted or are based on the significant policy foundation outlined in Part I of this document and are thus firmly anchored in international, national, and provincial research, consultation, evidence and policy development.

National Framework on Aging Principles

The five principles of dignity, independence, participation, fairness and security that were identified in the National Framework on Aging (NFA) need to be considered when planning for the overall health and well-being of seniors. Each principle is further elaborated on below to assist with planning and program development at all levels.

**Dignity:**
- being treated with respect, regardless of the situation, and having a sense of self-esteem;
- having a sense of self-worth and being accepted as one is, regardless of age, health status;
- being appreciated for life accomplishments;
- being respected for continuing role and contributions to family, friends, community and society;
- being treated as a worthy human being and a full member of society.

**Independence:**
- being in control of one’s life, being able to do as much for oneself as possible and making one’s own choices (e.g. decisions on daily matters);
- being responsible, to the extent possible and practical, for things that affect one;
- having freedom to make decisions about how one will live one's life;
- enjoying access to a support system that enables freedom of choice and self-determination.
Participation:
- getting involved, staying active and taking part in the community;
- being consulted and having one's views considered by government (e.g. being active in all facets of life socially, economically, politically);
- having a meaningful role in daily affairs;
- enjoying what life has to offer;
- participating in available programs and services; and being involved and engaged in activities of daily living (decisions/initiatives in all spheres, not just those specifically oriented to seniors).

Fairness:
- having seniors' real needs, in all their diversity, considered equally to those of other Canadians (e.g. having equitable access (socially, economically, politically) to available resources and services);
- not being discriminated against on the basis of age;
- being treated and dealt with in a way that maximizes inclusion of seniors.

Security:
- having adequate income as one ages and having access to a safe and supportive living environment (e.g. financial security to meet daily needs);
- physical security (e.g. living conditions, sense of protection from crime);
- access to family and friends;
- sense of close personal and social bonds; and support.

PLANNING PRINCIPLES

The following planning principles build upon the NFA principles and are important considerations that will guide the development of provincial, regional, and local active aging plans and activities. These principles speak to both the planning process and the content of the plans.

Inclusiveness

- **seniors’ involvement and leadership**: Active aging initiatives should be planned and implemented with the advice, involvement and leadership of seniors.
- **collaboration**: Active aging initiatives should be based on clearly identified partnerships among community organizations concerned with aging, health, activity, recreation and other determinants that support active aging. The importance of collaboration with non-traditional partners should not be overlooked.
- **diversity**: Active aging initiatives should consider and respond to the diversity of BC’s seniors’ population (all ages, health/disability status, rural vs. urban location, community resources, ethnicity, gender, etc.).
equity: Active aging initiatives should also address individuals and populations who are most disadvantaged, that is, individuals who experience significant barriers to living active, engaged lives.

Evidence

five key areas: Active aging initiatives should focus on staying socially connected, increasing levels of physical activity, eating in a healthy way, taking steps to minimize risk for falling and refraining from smoking.

best practice: Active aging initiatives should be based on the best available evidence and promising practices.

evaluation: Active aging initiatives should include an evaluation component developed at the outset of planning.

Communication

public awareness: Active aging initiatives should bring to the attention of the general public the importance of active aging and its relationship with living longer and healthier lives.

Sustainability

built on/within existing structures: Active aging initiatives should identify and build on existing initiatives and be located within an existing organization thereby enhancing current programs and services for seniors and its sustainability.

Leadership

leaders: Active aging initiatives should seek to enhance leadership within both the seniors’ and seniors’-serving communities and the broader community.
APPENDIX 1: RESOURCES

1. New Horizons for Seniors Program

Description:
This program supports local projects across Canada that encourages seniors to contribute to their communities through social participation and active living. The program objectives are to:

   a. Encourage seniors to contribute their skills, experience and wisdom in support of social well-being in their communities; and
   b. Promote the ongoing involvement of seniors in their communities to reduce their risk of social isolation.

Contact Information:
Human Resources and Development Canada
c/o North Shore Service Canada Centre
Suite 100, 221 West Esplanade
North Vancouver BC V7M 3N7 Telephone
Toll free (Canada and the United States)
For service in English: 1 800 277-9914
For service in French: 1 800 277-9915
TTY device: 1 800 255-4786

2. Active Communities

Description:
The Active Communities Initiative is part of a much larger wellness initiative, called ActNow BC, which is aimed at promoting healthy lifestyle choices and environments. The BC Recreation and Parks Association is implementing the Initiative with funding from ActNow BC and in partnership with 2010 Legacies Now.

An Active Community is one that promotes and supports, through a coordinated strategy, a way of life in which physical activity is valued and integrated into daily life.

The Active Communities Initiative mobilizes and supports communities, local governments and partner organizations in promoting healthy lifestyles, increasing physical activity levels amongst British Columbians, and developing supportive community environments.
3. Healthy Communities

*Description:*
The BC Healthy Communities (BCHC) initiative was launched in the fall of 2005, with funding from the BC Ministry of Health through ActNow BC. Their work is guided by a 15 member Steering Committee, with representation from seven provincial organizations, and eight organizations at the community-level. The community representatives include four elected local government members from different parts of the province. Their website provides a comprehensive listing of funding available for communities and municipalities.

*Contact Information:*
545 Superior Street
Victoria, BC, V8V 1T7
Tel: (250) 356-0892
Fax: (250) 356-5119
Toll free: 1-888-356-0892
[http://www.bchealthycommunities.ca/Content/Home.asp](http://www.bchealthycommunities.ca/Content/Home.asp)

4. Localmotion

*Description:*
Localmotion maximizes options for healthy, active living in communities throughout British Columbia. This program gives local governments extra resources to improve traffic, safety, reduce energy consumption, and encourage all British Columbians to get out and be more active in their communities. The goals of the program are:

a. improving physical fitness;
b. improving safety;
c. reducing air pollutants; and
d. meeting the diverse needs of British Columbians including seniors, young families and people with disabilities.
5. Seniors Housing and Support Services Initiative

**Description:**
This program was developed to assist communities in developing strategies around provision of housing and services for their senior population. Program activities include information sharing initiatives such as workshops and conferences, web-based information via [www.seniorsincommunities.ca](http://www.seniorsincommunities.ca) and a modest funding envelope to encourage community based information sharing initiatives. Pilot projects exploring innovative solutions to senior’s services are also underway.

**Contact Information:**
Union of BC Municipalities
"Seniors in Communities"
545 Superior Street
Victoria BC, V8W 1X4
Phone - 250-356-5133
Fax - 250-356-5119
sclark@civicnet.bc.ca

6. Community Health Promotion Fund

**Description:**
The UBCM’s Community Health Promotion Fund, announced in 2005, was created through a one-time $5 million grant from the provincial Ministry of Health through ActNow BC. The goals of the Fund are to support pilot projects that assist communities to build the skills and abilities needed to address their own health promotion priorities; support best practice development, information sharing, and networking and strengthen collaboration between local governments, health authorities and other health-related organizations to protect and promote the health of their citizens.
7. Population Health Fund

Description:
Health Canada has adopted a population health framework, which recognizes that many factors, in addition to the health care system, have a strong influence on health. The Population Health Fund was established in 1997 to support national and regional projects. Its goal is to increase community capacity for action across the determinants of health by developing, evaluating and distributing models for applying population health approaches; increasing the knowledge base for future programming and policy development; and developing partnerships.

In BC/YK, an internal working group, coordinated by a member of the Adult Health Unit, manages the Fund. Issues that have been recently supported through project funding include: falls prevention, elder abuse, FAS/FAE, food security, health of children and youth, and workplace health.

Contact Information:
Public Health Agency of Canada British Columbia/Yukon Region
757 West Hastings Street, Suite 440F
Vancouver, British Columbia
V6C 1A1
Tel: (604) 666-2729
Fax: (604) 666-8986
Website: www.phac-aspc.gc.ca/ph-sp/phdd/funding/
REFERENCES


