

**DIVINING FOR DOLLARS:
FUTURE TRENDS AND THE WELL-BEING
OF SENIORS**

presented by
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NEW WELLS FOR WELL-BEING

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INTRODUCTION:

The population of senior citizens in Canada is expected to triple by the year 2030.¹ Such a statistic already assures us that senior citizens are going to be a considerable force in the future in Alberta and throughout Canada. I will speak today about some of the issues that will be important, and indeed, are already becoming important, as seniors in Alberta exercise their 'demographic' muscles.

The title for my talk was suggested by the theme of 'wells' in the title of the Conference here this week. Divining for water means relying on intuition to discover hidden but valuable springs for refreshment and continued survival. Divining for dollars means much the same: in this case, we must rely on 'educated guesses' about the future to know where to look for funding. My objective today is to indicate where I believe some of the searching should be done.

For my talk today, I rely on the findings of a group with which I have been involved, namely, the Community Trends Working Group. We have been meeting for several years in Edmonton, and our goal is to look at some of the future trends as they affect us in Edmonton. Last year we published a booklet called **Tracking the Trends: Future Directions for Human Services in Edmonton.**² In the 1989 edition, we emphasized the future trends that we believed would influence the provision of human services for seniors in the coming decade. In 'divining for dollars' it might therefore be

¹ **1989 and Beyond: Challenges of an Aging Canadian Society** (Ottawa: National Advisory Council on Aging, 1989), p. 2.

² **Tracking the Trends: Future Directions for Human Services in Edmonton** (Edmonton: Community Trends Working Group, 1989).

suggested, if we continue the analogy, that **Tracking the Trends** is my forked stick!

In developing our study an important part of the exercise was the opportunities we had to involve both recipients and delivers of human services to seniors. We initially identified about fifty people that we felt were 'key informants' with respect to services for seniors. In approaching them we asked that they identify on a questionnaire what they thought would be the most significant trends in the decade ahead. They were then asked to take each of these trends and tell us what they thought would be the major implications for the delivery of services. Once we had collected up all of the questionnaire we then invited them all to come to one of a series of 'focus group discussions' where the task was to help us rank the various trends in order of importance. There were in fact five basic trends which we felt would most affect seniors in Edmonton, and by extension, I can say in Alberta. in the coming decade. It will be these five trends that will form the basis of my presentation this morning. It is most unlikely that these five trends will be news to any of you, but I believe that it is critical that as we begin this important conference that we together put these trends into some perspective and start to understand what implications each one will have for the provision of funding and services to address the community needs of seniors throughout our province.

So what are these five important trends? The five are:

1. **Increasingly, seniors are striving for self sufficiency and the opportunity to live in their communities.**
2. **Despite improving income support for seniors, there will be greater disparity of income among seniors' groups and more seniors will be living near or below the poverty line.**

3. The health needs of seniors will change as a result of the increasing number of both frail and well elderly.
4. The expanding seniors' population will exercise greater political influence.
5. The increasing number of seniors will encourage a greater understanding about aging and its consequences.

Quite a handful of issues. I am sure that many of you have already dealt with aspects of these trends in your own lives. Certainly, from these trends will spring the challenges that will need to be addressed by seniors who are active in their communities throughout the province. As we respond to these challenges can we expect to simply dip our bucket into the government's apparently bottomless well? Or do we have to strike out in new directions armed with our diviner's rod and our intuition in search of new wells for well being?

TREND ONE: SELF-SUFFICIENCY FOR SENIORS

The Trend:

The first trend we heard about was a desire on the part of many seniors for greater self-sufficiency coupled with the opportunity to live independently in their own communities. The concept of self-sufficiency has become increasingly significant for a number of reasons, first, because of the growing number of seniors, second, because of the economic advantages of self-sufficiency for government, and third, because more and more it is what seniors want.

Alberta has been experiencing an 'aging' of its population since the start of the twentieth century. This will only become more pronounced, as the 'baby boomer' generation of the post-Second World War period ages. In Edmonton, for example, the size of the population over the age of 65 will increase from its current level of 8% to 10% by the year 2000.³ In addition, we must keep in mind the many Albertan seniors who live in rural areas. Although demographic statistics indicate that more and more people are moving off the land and into the cities of Alberta, we must remember the need for appropriate services will be required for an aging and smaller rural population, if the towns of Alberta are to remain vital communities.

Service Implications:

1. Home Care:

What exactly are the service implications of an aging but still healthy population wanting self-sufficiency? First, there will be less and less of a demand for the institutions which we have usually built for seniors. In the past, the typical solution to more seniors was bigger and more costly nursing homes or auxiliary hospitals. Sadly,

³ Tracking the Trends, p. 22.

Alberta is still the leading province in Canada in the institutionalization of the elderly.⁴

Instead of placing seniors away in homes, there will be more attempts to create the types of home care services that can help them live successfully in their own homes. Ideas here are endless: community outreach programmes for in-house therapeutic services, distributing prepared meals, in-home nursing treatments, rehabilitation programmes, local social activities, nutrition and pharmacy counselling, and temporary home relief for care-givers. Of course, many of these programmes already exist, but are limited in accessibility, and usually only available in large, urban centres. The unique features of the countryside, with its wide open spaces, can lead to isolation for rural seniors, many of whom lack access to transportation.⁵ There is a shortage of services in the rural areas, and so many seniors must rely on informal support from their family, friends, or religious communities.⁶

2. Isolation:

Related, therefore, to this greater independence of seniors will be a recognition of affordable and accessible transportation as integral to the lives of seniors. One Canadian study found that accessibility, not availability of resources, was the highest unmet need for seniors.⁷ Programmes to provide discounted rates for public transportation to seniors must be maintained, and others,

⁴ The Future of Community Support Services, p. 2.

⁵ The Future of Community Support Services for Seniors in Alberta (Summary of the Proceedings of a Symposium held in Edmonton in May, 1984), p. 1.

⁶ Peter T. Faid, "Albertans as Canada's Leading Volunteers" (an unpublished paper of the Edmonton: Edmonton Social Planning Council, 1989), p. 6.

⁷ Betty Havens, "Differentiation of Unmet Needs Using Analysis by Age/Sex Cohorts", in Victor W. Marshall (ed.) *Aging in Canada: Social Perspectives* (Don Mills: Fitzhenry and Whiteside, 1980), pp. 215-21; footnoted in *The Preventive Approach*, p. 12.

including greater wheelchair accessibility to public locations, must be encouraged. Crucial to this must be more research into the high rates of vehicle and pedestrian accidents among the elderly, which, unless checked, will become a greater and greater problem into the next century.⁸

We must also not increase the personal isolation of seniors in the guise of self-sufficiency. The elderly must cope with many stressful changes in their lives: retirement from work, loss of spouse and friends through death, changes of residence, changes in ability to perform certain tasks, physical energy and resistance to stress. Because of this, single seniors may require support to live alone. Older people have high rates of mental illness and high suicide rates, and this likely reflects society's inability to help seniors cope with losses in their lives.⁹ Some agencies currently do provide special programmes for seniors' mental well-being,¹⁰ but more programing needs to be directed into these areas.

Particularly hard done by isolation are elderly women. Many women outlive their husbands, more and more older women are divorced or never married. In total, one-third of women over the age of 65 live alone. As one expert stated, "Many [older women] experience loneliness, [yet] many do not readily admit to this, partly because of the excessive premium we have placed on independence."¹¹ Special programmes need to be put into place to

⁸ 1989 and Beyond, p. 8.

⁹ **The Preventive Approach, Preventive Programs and Alberta's Seniors: A Discussion Paper...** (Edmonton: Senior Citizens Bureau and Alberta Social Services and Community Health, 1986), p. 11.

¹⁰ See **FCSS Programming and Prevention for Seniors: A Discussion Paper...** (Edmonton: Family and Community Support Services Association of Alberta and Senior Citizens Secretariat, 1986), p. 20, for a list of programmes.

¹¹ Remarks of Dr. Cope Schwenger, Professor of Community Health, Faculty of Medicine, University of Toronto. Quoted in **The Future of Community Support Services**, p. 1.

reconnect older women with each other and to others in our community, yet still allowing them self-sufficiency.

3. Other Housing Options:

Still, the continued changes in society allowing greater self-sufficiency for seniors will permit diverse housing options. Access to appropriate housing is an essential component in determining the quality of life of seniors. This is especially true, since currently, about 87% of elderly Canadians live independently, and only 7% are residents in institutions.¹² Many older Albertans own their own homes, and these require repairs and maintenance. Home equity may also present a problem in access to social assistance to older persons who have little income. In response to these problems, some have proposed 'reverse mortgages', where homes are gradually sold, assuring the resident of a long-term income. Other options include: shared housing, 'granny flat' communities, and seniors' floors in apartment complexes.¹³ Any good solution must include the need for movement between levels of services, especially for older couples with widely differing care requirements, or the option of transferring back and forth among different levels of care. In addition, further consideration needs to be given to giving seniors greater control of the decision-making process, for example, including seniors on urban development boards.¹⁴

4. Informal Care-Givers:

A renewed emphasis on home care will require a parallel emphasis on the importance of informal care-givers, and demands will surface for education and support for these care-givers.

¹² A further 6% live in "supported environments". 1989 and Beyond, p. 7. In Alberta, the rate is only slightly lower, with 81% of Albertans over 65 living in households, and 19% in institutions. Older Albertans 1988 (Edmonton: Alberta Senior Citizens Secretariat, 1989), p. 30.

¹³ See *Women in an Aging Society*, p. 10, or 1989 and Beyond, p. 8, for other ideas.

¹⁴ Idea from *Women in an Aging Society*, p. 10.

Informal care-givers consist of family members and friends who assist in the home maintenance of seniors. At present, family members provide 85 to 90% of the home care of seniors, and most of these are women: wives, daughters, daughters-in-law.¹⁵ Seniors also do some of this work themselves; a study of the Edmonton Social Planning Council indicated that 34% of seniors do formal volunteer work (assisting agencies, often with care of other seniors), and 47% do informal volunteer work (helping friends or family members, often preparing or serving food).¹⁶

In the future, it may be more difficult to find informal care-givers, as women increase their participation in the labour force, as families have fewer children, as adult children live further from their parents, and as the number and longevity of seniors increases. Seniors may have to rely more and more on their own care.¹⁷

Equally essential to keep in mind are the human costs associated with informal care. Informal care requires both the willingness *and* the capacity to care for an older family member. Programmes must be developed which encourage willingness, but above all the capacity for this care.¹⁸ Education must direct itself toward helping the helpers deal with the stress of home care which has been shown to be a significant problem for care-givers.¹⁹

¹⁵ 1989 and Beyond, pp.3-4.

¹⁶ Volunteerism Project, (Edmonton: Edmonton Social Planning Council, 1988).

¹⁷ See "Response by Dr. Schwenger" in *The Future of Community Support Systems for Seniors in Alberta*, p. 6.

¹⁸ "Strengthening Personal Support Systems", Keynote speech by Elaine Brody, in *Alberta Symposium on Aging - 1982: Guidelines for the Future*, Proceedings from the Alberta Symposium on Aging, sponsored by the Provincial Senior Citizens Advisory Council and Alberta Social Services and Community Health, Edmonton, May 31 to June 3, 1982, p. 50.

¹⁹ Symptoms include: insomnia, headaches, irritability, and depression. Outcomes may include: strained family relationships, divorce, conflict, problems between grandparents and grandchildren. "Nonetheless," Brody

Women in particular, who are already experiencing 'role overload' in their double duty as job-holders and home-makers, may be the hardest hit by the additional work. We must realize that as the number of women in the paid labour force continues to increase, they may be able to provide much less informal support to the elderly than they have in the past. Any home care programmes must include emotional assistance to care-givers, including support counselling by human service agencies, family education by government and the media, and what is called 'respite care', that is, occasional 'holidays' from care-giving by periodic stays for the care-receivers in institutional care facilities.²⁰

Tragically, the increased social pressure on families to care for their elderly members may result in an increase of elder abuse. Elder abuse can include: financial abuse, psychological, emotional, or physical abuse, active or even passive neglect. In a 1985 Alberta study, the abusers were most often family members who acted officially as informal care-givers.²¹ Abuse of the elderly is often linked to other forms of family violence, unresolved family conflict, and a history of a learned family response. Particularly significant, however, is the place of a stressed care-giver in elder abuse, which again only serves to emphasize the need for models of support to care-givers. We can hope that as public awareness increases, there may be more reporting of and responding to elder abuse.

Funding Implications:

Once stated, it must be added that all of these diverse programme alternatives will require maximum funding flexibility

continues, "investigators are impressed with the amount of stress families are willing to endure to maintain their elderly relatives at home." Ibid., pp. 52-3.

²⁰ Ibid., pp. 57-8.

²¹ **Elder Abuse and Neglect** (Edmonton: Alberta Family and Social Services, Senior Citizens Secretariat, and the Office for the Prevention of Family Violence, 1988), p. 3.

and considerable reallocation of resources. One example of a potential source for future funding, about which I am sure you will hear more during this workshop, is the province-wide Family and Community Support Services (FCSS). FCSS has already funded many community-based service programmes for seniors. In fact, approximately one-quarter of all FCSS funding is directed toward seniors, although they presently make up only one-twelfth of the population.²² Generally, rural areas allocated a larger percentage of their overall funds to seniors than did urban areas.²³

The most common FCSS seniors projects across the province are those which encourage self-sufficiency among seniors. Some of these supply a social atmosphere to seniors, such as drop-in centres and information and referral centres. Next frequent are those services which attempt to alleviate the isolation of some seniors: homemaker and home help programmes, including Meals on Wheels, visitation programmes, and transportation, shopping, and home maintenance assistance. After this, the next most common services provide education and recreation: craft and fitness programmes, financial and legal advice, health education and counselling, and the volunteer training and support for these and the above services.²⁴

Still, as an example, FCSS could work toward improving its programmes to seniors. According to one estimate, only one-third of seniors actually use the services, and this may be due in part to the fact that many of these programmes require a fee, although some of the fees are charged on a sliding scale according to income.²⁵ The

²² Information is from FCSS Programming, p. 10, and based on 1984 annual report.

²³ Edmonton and Calgary allocated 20% of their overall funds to seniors, areas outside these two centres allocated 32%. Ibid., p. 11.

²⁴ Ibid., p. 12.

²⁵ Use of services is a high estimate based on 1984 statistics. As regards fees, 78% of the projects in areas outside Edmonton and Calgary charged a fee, and 37% of these were based on a sliding scale. Ibid., p. 11.

key to effective programmes in the future will be flexibility in funding, and the FCSS mandate, based as it is on concepts such as prevention and well-being, provides an excellent place to start in this process.

Of course, FCSS is only an example, and a recent survey of services for seniors in Edmonton showed that most community-based, non-profit programmes for seniors relied on public fundraising, including established systems like the United Way, to fund their support services.²⁶ This will be more and more important, as governments attempt to abdicate their role as primary service-providers, in the so-called 'dismantling of the welfare state'.

Government funding is an essential aspect of proper home care. At present, governments offer only limited financial incentives to encourage self-sufficiency among seniors. These include: rent subsidies for low-income renters²⁷ or to owners of mobile homes,²⁸ and special financial grants to assist with home heating,²⁹ property tax reduction,³⁰ and home improvement.³¹ These programmes

²⁶ See "Seniors Services in Edmonton" in *Tracking the Trends*, p. 24.

²⁷ Both federal and provincial initiatives. See *Seniors' Guide to Federal Programs and Services* (Ottawa: National Health and Welfare, 1989), p. 53, for the federal government's Rent Supplement Program. See *Programs for Seniors, 1989* (Edmonton, Alberta Seniors' Secretariat, 1989), p.30, for the provincial government's Renters Grant for those over 65.

²⁸ The provincial government's Renters' Assistance for Owners of Mobile Homes over age 65. *Ibid.*, p.30.

²⁹ *Ibid.*, p. 31, for the provincial government's Senior Citizens' Home Heating Protection Program for those over 65.

³⁰ *Ibid.*, pp. 30-1, for the provincial government's Property Tax Reduction Benefits for those over 65.

³¹ Both provincial and federal programmes. See *ibid.*, pp. 31-2 for the provincial Seniors' Home Improvement Program Extension and the Home Adaptation Program, and *Seniors' Guide to Federal Programs and*

must be strengthened to make home care less of a financial burden on the individual. Special attention must be paid to ensuring adequate funding for home renters, who are often spending a greater percentage of their income on housing than are home owners, most of whom have paid off their mortgages. This particularly affects elderly women, who are much more likely to rent housing than are elderly men.³²

For informal care-givers, better financial incentives will also be needed to offset the advantages of paid employment. Some advocates have suggested income tax credits or reductions, a package of pension benefits for those who stay at home (the so-called 'homemaker's pension'), and even direct financial aid to the care-giver.³³ Funding in the future must guarantee that home care costs will be competitive with institutional care costs.

Government should be reminded often that home care is cheaper than institutional care. A recent study by the Foothills Health Unit in Calgary demonstrated substantial savings through home care for 27 sample clients. Instead of auxiliary hospital care or nursing home care, these persons remained at home, at a savings to the government of a total of \$44,164.00 each month (or an average of \$1636.00 per person). This money was saved, even with extensive home care services for many of the clients in the survey.³⁴

Services, p. 54, for the federal government's Residential Rehabilitation Assistance Program (RRAP).

³² **Women in an Aging Society: Report of Proceedings of a National Workshop in Halifax, Nova Scotia, October 1988** (Ottawa: Seniors' Secretariat and Health and Welfare Canada, and Status of Women Canada, 1989), pp.57-8.

³³ See, for example, Recommendation 9 from the Brief presented to the Committee on Long Term Care for Senior Citizens by Edmonton's Hospital District 24, p. 19.

³⁴ A study of the Foothills Health Unit Co-ordinated Home Care Program, 1987, unpublished paper entitled "Home Care: A Cost Effective Alternative to In-Patient Extended Care", p. 3.

The Society for the Retired and Semi-Retired in Edmonton conducted a similar study, showing the cost-effectiveness of home-sharing for seniors.³⁵

Government resources must therefore be redirected from expensive, technologically-sophisticated institutions, to community-based care. The recently-released Hyndman Commission's **Rainbow Report** on the future of health care in Alberta has called for "Albertans, individually and within their families and communities, [to] play the major role in the maintenance and enhancement of their health".³⁶ Considering the often-heard laments about rising health care costs, home care is not only a viable solution, but may be the best financial solution.

In sum, self-sufficiency is an important goal for seniors, but will require more flexible services and funding to meet the new needs it will engender. Now is the time to begin action to prepare for greater self-sufficiency, and ensure that those services and sources of funding are available and accessible.

³⁵ Personal correspondence with the Society for the Retired and Semi-Retired, Carol Ip, Homesharing Co-ordinator.

³⁶ Premier's Commission on Future Health Care for Albertans, **The Rainbow Report** (Edmonton: Queen's Printer, 1989) Vol. I, p. 15.

TREND TWO: SENIORS AND POVERTY

The Trend:

The second important trend that our key informants identified was that despite these financial programmes just mentioned, and improving income support for seniors, there is likely to be greater disparity of income among seniors, as well as more seniors living near or below the poverty line. According to the most recent Canadian census, one-quarter of all seniors lived below the poverty line.³⁷ Even more revealing is the number of seniors living in near poverty: 42% of all seniors had income of less than half the national average.³⁸ Particularly hard hit were unattached seniors (a poverty rate of 43%)³⁹ and especially unattached, older women (a poverty rate of 46%).⁴⁰ To repeat, almost half of unattached, older men and women live in poverty. Another 21% live in near poverty. Altogether, therefore, about two-thirds of the unattached elderly live in precarious financial circumstances.⁴¹

We must recognize that this level of poverty is an improvement over levels of just a decade ago, when for example,

³⁷ According to 1986 statistics. See Table 5.1 in David P. Ross and Richard Shillington, *The Canadian Fact Book on Poverty: 1989* (Ottawa/Montréal: Canadian Council on Social Development, 1989), p. 40. Statistics Canada's definition of poverty is based on average income levels where 58.5% or more of an individual or family's income goes to food, clothing, and shelter. On average, however, a Canadian family spends only about 38.5% of its annual income on the above necessities. The term 'Poverty Gap', not used by Statistics Canada, also records how far below the poverty line some individuals and families live.

³⁸ Ibid. See *ibid.*, p. 33 for CCSD definition of poverty (based on one-half the national average).

³⁹ *Ibid.*, p. 68 (Table 7.2).

⁴⁰ Table R in *Poverty Profile: 1988* (Ottawa: National Council of Welfare, 1988), p. 43.

⁴¹ *The Canadian Fact Book on Poverty*, p. 69.

65% of older, single women lived in poverty.⁴² This improvement is largely due to increased Old Age Security benefits, in particular, increases in the Guaranteed Income Supplement (G.I.S.) to the elderly who do not have other pension benefits. Into this category fall most older women, who were absent for most of their lives from the 'official' labour force, at home raising families, or who worked in low-paying jobs without benefits in the service industry. Any concerted effort to improve availability of funding for seniors must begin with personal finances, and reducing the still-too-high numbers of poor seniors.

This work must be done in an atmosphere in which there is increasing pressure to eliminate universal programmes or at least to reduce greatly their costs. We have seen a clear example of this, when the Conservative Government tried to de-index Old Age Security in 1985.⁴³ Most recently, the government introduced in this year's budget the so-called 'clawback' on universal Old Age Security benefits. According to this plan, individual seniors earning more than \$50,000 per annum will be required to pay back some of their O.A.S. in income tax.⁴⁴ Although this does not seem overly severe, the government has indicated that the cut-off level "will be reviewed periodically and adjusted appropriately."⁴⁵ What will prevent a future government from lowering the level, eventually restricting the eligibility only to a small percentage of Canada's

⁴² *Poverty Profile*, p. 43 (Table R).

⁴³ Ron Verzuh, "Grey Power comes out of the closet" in *Perception: A Canadian Journal of Social Comment* Vol.9 No.1 (September/October 1985), pp. 13-6.

⁴⁴ Seniors earning more than \$76,332 will be required to pay back all of their O.A.S. Information from *The 1989 Budget and Social Policy* (Ottawa: National Council of Welfare, 1989), p. 10.

⁴⁵ Quoted in *ibid.*

seniors? Even without cut-backs, the inflation rate will reduce the ceiling in ten years to a 'real' amount of \$40,000.⁴⁶

Service Implications:

Behind all of these restrictions is an assumption that we must cut spending on social programmes, that we can no longer afford them, and that they are out of control. This is a myth. The facts do not demonstrate that our expenditures on health and social services present an unacceptable burden to an effective and compassionate welfare state. Presently, Canada spends only about one-fifth of our Gross Domestic Product on health, social services, and education. This is only slightly above the rate of spending of the United States, yet we reassure ourselves that our social programmes are so much better than those of the Americans. In fact, eleven other western nations spend a greater percentage of their GDP on social expenditure. Even so, Canada has a poverty rate for seniors more than twice that of Norway or Sweden, countries with extensive social programmes.⁴⁷ A modern, industrialized nation such as ours can support social programmes. As anxious as we are to reduce our deficit, this cannot be done at the expense of universal social programmes.

Still, we are likely to see increasing support for fee-for-service programmes and 'for-profit' service providers. We have already seen that most FCSS programmes for seniors charge a fee. In fact, in 1980 Alberta voluntary organizations already received 36% of their revenue from the sale of goods and services, that is, through user fees, and this is the highest percentage in the country. In contrast, in

⁴⁶ Based on estimates of the National Council of Welfare. Ibid., pp. 14-9.

⁴⁷ The poverty rate for persons aged 65 to 74, and for those over 74 are as follows: in Canada in 1981 was 11.2 and 12.1%, for Norway in 1979 was 2.7 and 7.3%, for Sweden in 1981 was 0 and 0%. By contrast, the poverty rate in the United States in 1979 was 17.8 and 25.5%, for West Germany was 12.7 and 15.2%, and for the U.K. was 16.2 and 22%. **The Canadian Fact Book on Poverty**, p. 84 (Table 10.1).

the same year voluntary organizations only received 11% of their revenues from government grants, and this is the lowest percentage in the country.⁴⁸ Even more frightening, however, is the spectre of 'privatization' looming in the future.⁴⁹

By this I refer of course to the recent trend toward the contracting of social service delivery programmes to private, often for-profit agencies. Such a movement sits well with governments whose political philosophy has always been uncomfortable with a 'welfare state'. Privatization is almost always used in the same breath with the word 'restraint', since these governments argue that reducing government expenses on health, education, and social services will allow them the freedom to encourage economic investment and reduce taxation. Often associated with the idea of privatization is the dissatisfaction with government regulations and bureaucracy which seem especially awkward in human services.

But much more often, the privatization of social services results from less noble motives: a desire to avoid government responsibility for embarrassing service delivery errors, and a desire to reduce the costs of services, even at the expense of the quality of those services. Some of the worst political scandals and some of the biggest 'fleecing' of the taxpayers in recent years were directly due to contracting out of government services. Moreover, it is difficult to measure the 'cost effectiveness' of a human service, since there are obvious contradictions between the goals of human services and the profit orientation of market competition.

⁴⁸ Peter Faid and Thomas Grauman, "Privatization and the Non Profit Sector: How Should Community Agencies Respond?", an unpublished address to the Annual Meeting of Family and Community Support Services, Grande Prairie, Alberta, 3 October 1986, p. 4.

⁴⁹ Generally, for information on this section, see *ibid.*, or Peter Faid, "Facing the Future: The Economic and Political Realities of Voluntarism in the 1990's", an unpublished presentation to the Canadian Cancer Society's International Conference on Support Care - **More Than Medicine**, Montebello, Quebec, 19 July 1988.

We must reaffirm the principle that a person's well-being should never depend completely on the marketplace, on family connections, or on family resources. This is supported by the people, as for example in a recent survey in Edmonton, in which 50% responded that the government should be paying for human services, and 48% responded that government should be responsible for delivering these services, while only 1% thought these services should be handled by for-profit companies.⁵⁰ It seems therefore that many agree that governments have a moral obligation to 'meet the needs of strangers' on the collective behalf of us all.

Funding Implications:

Even more distressful than the theoretical problems of service delivery is what privatization of social services may bring about in funding. Human services are labour intensive, and any cuts to funding of services will be at the expense of staff, salaries, and training. This is particularly true for women, many of whom work in this industry. Alberta has a noticeably poor record for affirming standards. In all likelihood, greater privatization will only result in some services being eliminated, longer waiting lists, and budgets balanced at the expense of hiring qualified staff. There also exists questions of the accountability of contracted agencies, both to governments, and to users of the services.

Moreover, as funding tightens, non-profit community-based services will be pressured to improve their efficiency and effectiveness. Many small agencies will be required to spend considerable effort and paper work writing proposals for

⁵⁰ Quoted in *ibid.*, pp. 13-4. The question read: "Which groups should be responsible for paying for help provided to people facing physical, financial, emotional or social hardship?" 50% responded that it was the responsibility of government, 36% of individuals and their families, 9% of citizens through charitable donations. The second question asked who should be responsible for delivering the help, 48% responded government, 41% friends and relatives, 13% churches or non-profit groups, and 1% non-profit companies.

government contracts which will inevitably take time and effort away from service delivery time. More importantly, agencies may feel a need to orient their services towards those issues where funding seems to be most available, rather than to respond to the real needs in the community. Furthermore, reliance upon government contracts may damage one of the principal virtues of non-profit groups: their ability to conduct collective advocacy with unresponsive governments on behalf of their clients.

As a result of privatization and the resultant greater user fees, services oriented to funding, and other possible trends, the quality of service to those who cannot pay may be inferior, and services may be less accessible. Already, FCSS estimates that its programmes only reach one-third of the seniors in Alberta.⁵¹ The Alberta government booklet on services for seniors mentions certain health-related equipment which is not wholly covered by government programmes, including: eyeglasses, dental care and dentures, hearing aids, and some medical or surgical supplies and rehabilitation equipment.⁵² The remainder of these costs must be borne by the user. This provincial government previously allowed for a 'user fee' through 'extra-billing' for all health care. Fortunately, the practice was eventually forbidden by the federal government through its Canada Health Act.

Of course, the federal government is not beyond introducing similar approaches in other areas. The most serious initiative in this area has been the federal government's decision to end universal old age pensions. In an era when even government-sponsored programmes have been accused of differential treatment for the rich and the poor, especially in health care, one is left to ponder the

⁵¹ FCSS Programming, p. 14. The 1984 statistics record 66,000 senior Albertans used their programmes. This does not take into account the same senior who may have used more than one service.

⁵² Programs for Seniors, pp. 20-5, listed under "The Extended Health Benefits Program".

effects of greater privatization, with less government responsibility and regulations, on the equal treatment of all seniors.

Also with possible service implications to low-income seniors are changes in the labour market. Alberta's unemployment rate has generally been high in this decade, although recently lowered, but there is little expectation that it will change dramatically in the next few years. These changes may keep older, unemployed workers from entering the workforce, unable to collect necessary benefits for future pension, or even sufficient for eligibility for unemployment insurance. Such financial insecurity is particularly felt by homemakers, by middle-aged Albertans near the age of retirement, by seniors with little formal education or long gaps in employment, and by older women.⁵³

Initiatives to correct these deficiencies are long overdue. The federal government has long promised to introduce a homemaker's pension, a generally popular proposal,⁵⁴ without enacting actual legislation. Likewise, several reforms to private pension plans are also overdue, reforms such as transferring plans from one employer to another, matching investments to inflation, rules for pension-splitting with marriage breakdown, and others.⁵⁵ Unless changes

⁵³ For example, in a recent poll of men and women over the age of 50 directed by the University of Alberta, 42.3% of the men worked full-time and only 1.9% part-time. In contrast, only 13.3% of the women worked full-time, and 8.3% worked part-time. This may indicate desire to work as well as ability to find work, still, its findings demonstrate the difficulty of older women to access retirement pensions and unemployment insurance. Note also that women over 50 who worked full-time only averaged 2 months of work, insufficient to collect U.I.C. benefits, while men over 50 averaged 5.6 months, sufficient for the same benefits. University of Alberta Population Research Laboratory 1989 findings.

⁵⁴ 67.5% of Albertans surveyed in a University of Alberta poll believed that there should be a homemaker's pension, and 52.8% strongly agreed. Ibid.

⁵⁵ For more information, see Crawford E. Laing, "Future Directions for Pensions", an unpublished Brown Bag Forum, Edmonton Social Planning Council, Edmonton, Alberta, 16 April 1986.

are made, the vagaries of Alberta's labour market may leave the poorer elderly ill-prepared financially for the retirement years.

All Canadians must continue to oppose federal and provincial cut-backs in universal programmes for seniors. As we search for new 'wells', let us not forget to fight to maintain the existing sources of supply for income replacement, pension improvements, and against privatization and 'user fees'. We must use the demographic pressure of seniors to force governments to recognize the growing plight of older Canadians who live in poverty.

TREND THREE: HEALTH NEEDS OF SENIORS

The Trend:

The third trend identified by the Tracking the Trends group concerned the health needs of seniors, and the changes which will result from the increasing number of both frail and well elderly. We have already examined how the percentage of seniors in the general population will increase in the next few decades. The percentage of seniors over the age of 75 will also increase. In Edmonton the number of seniors will almost double.⁵⁶ This will mean that there will be more frail elderly requiring more extensive health care.

One area certain to be emphasized in future trends will be preventive services and health maintenance for seniors. This stems from a modern focus in health care on holistic wellness, and on personal responsibility.⁵⁷ In the federal report by the Health Promotion Directorate, a strong link was identified between self-evaluated health and happiness.⁵⁸ Likewise, the recent provincial report on Future Health Care for Albertans recommended in many ways self-directed health care.⁵⁹ Seniors, as indeed with all Albertans, will be required to take a more active role in their own health care.

Service Implications:

As indicated by demographics, a younger, healthier, better educated senior population will seek a wider range of activities and

⁵⁶ Tracking the Trends, p. 3.

⁵⁷ For an example of the former, see the report of the federal Health Promotion Directorate, *Achieving Health for All* (Ottawa: Health and Welfare Canada, 1986), and for an example of the latter, see the report of the Premier's Commission on Future Health Care for Albertans, *The Rainbow Report* (Edmonton: Queen's Printer, 1989).

⁵⁸ *Achieving Health for All*, p. xx.

⁵⁹ *The Rainbow Report*, Vol. I, p. 15.

life experiences, and may need greater assistance preparing for retirement. The retired have on average twice as much leisure time as do those who are working.⁶⁰ Much effort will have to be devoted to find satisfying replacement activities for the retired. This is essential, since research has shown that maintaining physical fitness can retard the physiological aging process.⁶¹ More funding must be targeted to preventive programmes for seniors.

Employers will likely be increasingly asked to educate staff about retirement issues that extend beyond financial concerns. The Alberta Council on Aging has been instrumental in providing information on retirement issues, with their newsletter and with assistance on pre-retirement courses. Presently, some government offices and corporations are offering such courses, and it is hoped that such opportunities will continue with the growing political pressure exerted by seniors. Effective bodies like the Alberta Council on Aging, the Seniors' Secretariat, and the Society for the Retired and Semi-Retired will play an ever greater role in such education. Seniors will be the key educators in such endeavours.

Seniors will become increasingly organized into self-help and support groups so that they can respond to specific concerns of aging, and, in particular, to health needs and issues. The self-help process is recognized more and more as an effective tool in psychological adaptation, and has been used informally by seniors for years. Peer support will require more formal structure, as seniors move from familiar settings to new homes or institutions, but the need for support will remain the same. Already, most institutions offer a wide variety of social activities for clients or associates. More

⁶⁰ Mark Novak, *Successful Aging: The Myths, Realities and Future of Aging in Canada* (Markham, Ontario: Penguin Books, 1985), footnoted in *The Preventive Approach*, p. 13.

⁶¹ Barry D. McPherson, "The Aging Process: Adaptation to Physical Change", chapter 5 in *Aging as a Social Process* (Toronto: Butterworths, 1983), footnoted in *The Preventive Approach*, p. 13.

programmes could be directed to providing such an outlet for seniors living at home, who, once again, represent the overwhelming majority of seniors.

With delayed need for entry into auxiliary hospitals and nursing homes, seniors in these institutions will tend to be more frail. Currently, long delays exist for seniors wishing to enter institutions. With the aging population in Canada, the delays will only grow worse. These delays often force acute care facilities, like active-treatment hospitals, to devote beds to patients better served in other facilities. Those seniors who live in institutions, therefore, will be older, and require more complete care. Staff training and board policies will need to reflect these changes.

Funding Implications:

Seniors must become active in pressuring governments to release more funds for long-term care units, and can influence the process by joining boards and helping to direct policy. Greater financial pressure on governments will encourage health departments to promote more appropriate institutionalization of seniors. Already we have discussed the monetary and psychological advantages of informal, home care when compared to formal, institutional care. More work must be done to convince government of this fact.

Of course, the increase in the number of older seniors will generate greater need for services that support those with medical and psychiatric disorders, especially in long-term care facilities. In particular, special care must be given to seniors with chronic or degenerative illnesses such as Alzheimer's disease. The medical intervention necessary to manage such diseases is quite different from the usual curative approach favoured by the medical establishment. The traditional approach is inappropriate and

ineffective for chronic and degenerative diseases.⁶² Thankfully, already in Alberta's major centres, special hospital units are dedicated to such unique care requirements. Alberta's seniors must advocate for greater recognition of their special health treatment needs.

In order to direct the funding into the best possible programmes, demands will increase for co-ordination among existing and planned services for seniors. Already, advocacy groups for seniors have been actively working for better and more active communication between service deliverers. Edmonton's Hospital District 24 presented a brief to the Committee on Long Term Care for Senior Citizens which addressed many advocacy needs: long-range planning, independent assessment and placement, co-ordination of clients, a centralized registry, a flexible continuum of care, and interdepartmental and intergovernmental co-ordination.⁶³ Any reform of service provision must be flexible enough to deal with differences among individuals, changes over time, and differences between different geographical regions, especially urban and rural differences. Such a reform must insist upon long-range planning, setting priorities, dealing with preventive care, and not merely reacting to immediate circumstances.⁶⁴ Above all else, it must encourage co-ordinated efforts between government departments, between government and the private sector, between non-profit and profit service providers, between formal and informal care. Much of this work is already being done by the Alberta Council on Aging. Much more remains to be done.

⁶² See remarks by Dr. Michelle Montplaisir, "Older Women: Users of Health Care Services", to the National Workshop: Women in an Aging Society, Halifax, Nova Scotia, 20 October 1988, p. 40.

⁶³ Recommendations one through six, Brief presented to the Committee on Long Term Care for Senior Citizens, pp. 11-12.

⁶⁴ The Preventive Approach, pp. 22-3.

Although greater resources and energy must clearly be directed to services for seniors, we must be cognizant that growing public concern about the cost of health and social services will increase political concern about the amount of resources directed to seniors. We hear much talk nowadays about the deficit, and, as anxious as we all are to reduce it, we cannot do so at the expense of the health needs of Albertans.

TREND FOUR: SENIORS' POLITICAL INFLUENCE

The Trend:

The fourth trend discussed in our focus groups was that the increasing percentage of seniors in Alberta's population will almost certainly exercise greater political influence as a result of their numbers. Already the political strength of seniors has been felt in the Alberta Legislature and in Parliament, and this strength will only increase. As one commenter has phrased it: "I think the Grey Panthers of Canada still have sharp claws!"⁶⁵ Seniors have already forced the federal government to back down from its plan to de-index seniors' pensions.

Seniors should continue to demand greater involvement in policy and programming affecting them. Decisions concerning seniors are made every day in Alberta: by regional and urban development boards, by hospital, university, and social service agency advisory boards, by research and development foundation boards. Seniors need to join the boards which make these vital decisions, and promote their interests. These are important aspects of volunteering where seniors might be particularly effective. More effort must therefore be made by seniors to become involved with the 'movers and shakers' of Alberta. A 1987 Canada-wide poll discovered the following results for Alberta:⁶⁶

- only 34% of seniors volunteer formally, compared to 40% of all Albertans,

⁶⁵ Dr. Madeleine Blanchet, referring to the federal government's apparent policy to withdraw gradually from social programmes, in an address to the National Workshop on Women in an Aging Society, Halifax, Nova Scotia, 20 October, 1988, p. 18.

⁶⁶ All statistics are taken from Peter Faid, "Albertans as Canada's Leading Volunteers", an unpublished paper of the Edmonton Social Planning Council, 1989.

- 47% of seniors volunteer informally, at about the same rate as other Albertans (48%), and at a slightly higher rate than other Canadian seniors (43%),
- most seniors volunteered for the same reasons as others: helping others, helping a cause one believes in, feeling that one is accomplishing something, although a higher percentage of seniors than others volunteered as a religious obligation or because they felt they owed something to the community,
- seniors are more likely to volunteer if they consider themselves to be "very religious" and in "good health",
- seniors spend most of their volunteer time fundraising, followed closely by preparing or serving food, and a significant percentage provide care, companionship, and friendly visits,
- seniors are more likely than others to volunteer through religious organizations, and, with others, through social service groups.

While all of this work is important, seniors will only increase their political power when they direct their voluntary efforts more to professional activities: sitting on committees, researching, acting as advisors, being board members. The Alberta Council on Aging is an excellent vehicle through which to encourage seniors to take these positions of responsibility in the community.

Service Implications:

One certain consequence of greater political involvement will be that seniors will become more aware of discriminatory practices against them, and will demand legislation that prevents age discrimination. Already we have seen numerous challenges to mandatory retirement, using the anti-discriminatory clauses in the Canadian Charter of Rights and Freedoms, the Canadian Human Rights Act, and Alberta's Individual Rights Protection Act. The courts are still involved in developing new directions for retirement laws. Seniors can play an important role in this development.

The Standing Committee on Human Rights of the House of Commons drafted a 1988 report entitled **Human Rights and Aging in Canada**,⁶⁷ in which they found discrimination against older Canadians "disturbing" and "extensive". Much of this discrimination is institutionalized, in such practices as mandatory retirement, which they characterize as a process "in which age, rather than competence, dictates the fate of employees."⁶⁸ The discrimination was also implicit, whenever seniors are denied accessibility to resources, or the "financial privation" suffered by so many of the elderly.

Even beyond the obvious human rights issues involved, ending age discrimination will be necessary to ensure a full labour force. As Canada's 'baby boom' population grows older, the labour surpluses of the seventies and eighties will become labour shortages in the nineties and beyond. Employers will likely be encouraging older workers to remain on the job longer.⁶⁹

Still, for the present, seniors will have to pressure governments and big business to set examples for others in keeping workers past traditional retirement. Much creativity can be expressed in designing jobs for this new arena. Practices such as job retraining, job-sharing, part-time work, or even second careers will need to be examined, and may provide an appropriate niche for seniors who want to remain working. Certainly, flexibility for individuals in setting their own retirement date will be a necessity.⁷⁰

⁶⁷ Reginald Stackhouse, M.P., Chairman, **Human Rights and Aging in Canada: Second Report of the Standing Committee on Human Rights** (Ottawa: Queen's Printer, 1988). See especially the section entitled "Findings: An Overview", pp. 4-6, and "Table of Recommendations", pp. 6-9.

⁶⁸ Ibid., p. 4.

⁶⁹ 1989 and Beyond, p. 12.

⁷⁰ Ibid.

Other political influences will be felt from the growing number of seniors in Alberta's newcomers. In this regard, pressure to address the diverse needs of ethnic Albertans will first increase. Given the multicultural make-up of Canadian society, it is surprising what little effort has been made in this area. Still, as one piece of research states, "Twenty-two per cent of seniors in Canada report an ethnic origin other than British or French, and approximately 6000 seniors immigrate to Canada each year."⁷¹ Research and training are desperately needed to adapt services accordingly. For instance, many institutionalized, ethnic seniors revert to their first language, and this can be an isolating experience if there is no care-giver to understand them.⁷² Last week, for the first time in Edmonton, a conference for service providers was dedicated to cross-cultural issues.⁷³

Second, pressure to deal with the particular issues of Native seniors will be felt. While Native people in Alberta have tragically low rates of life expectancy, the numbers of Natives who reach the age of 65 is increasing. More and more Natives are also leaving reserves for towns and cities, and it is estimated that already half of native seniors do not live on reserves.⁷⁴ Thus, the services provided for Natives on reserves or in rural settings will not help most elderly Natives in the future.⁷⁵ Special services must be provided to

⁷¹ Ibid., p. 13. Other statistics are available from the Department of the Secretary of State, *Aging in a Multicultural Canada: A Graphic Overview* (Ottawa, date unknown).

⁷² Example provided from *Alberta Symposium on Aging*, p. 237.

⁷³ The conference was entitled "Baba and Dido: Who Cares? An International Conference on Ethno-sensitive Health Care for Seniors" and was held from May 23 to 27, 1990, sponsored by St. Michael's Extended Care Centre and Grant MacEwan Community College's Senior Studies Institute.

⁷⁴ Ibid.

⁷⁵ These services are delineated in *Seniors' Guide to Federal Programs and Services*, in the section entitled "Native Peoples", pp. 85-9. Included are: Indian Adult Care Services on Reserves, Inuit Elder Conferences, Medical

compensate for the discrimination, the poverty, and the poor health conditions experienced by so many Natives in cities.

Finally, while greater political strength may draw greater financial resources to seniors, other groups may perceive the allocation to be unfair. With political gains always comes the danger of a 'backlash', and future planning for seniors must be sensitive to this possibility. Older Albertans must not back down from political action, but must be careful to research needs carefully, and voice advocacy issues clearly.

Funding Implications:

Older Albertans can gain access to already existing funding sources and grant allocations, but must press for greater funding for these areas, and must not attempt to divert funding from one human service to another. 'New wells' can be found here in previously untapped sources of government funding: multiculturalism, human rights protection, equality programmes. Again, our governments can afford to fund all aspects of human service if that is their priority.

TREND FIVE: UNDERSTANDING ABOUT AGING

The Trend:

The fifth and final trend is related in many ways to all the above: the increasing numbers of seniors, and their increasing political power, will require a greater understanding of aging and its consequences.

Service Implications:

With the growing population and political strength of seniors, this is likely, we can hope for more of an emphasis on gerontology and geriatrics in education for professional and informal service providers. One excellent example of an initiative in this area is the conference to be held in Edmonton this August on future planning in gerontology, sponsored by Grant MacEwan Community College's Senior Studies Institute.⁷⁶

First, however, a greater acceptance of aging and the process of aging is necessary. There are few programmes in general education, either elementary, secondary, or even post-secondary that deal with aging. Much work could be done with the media, with school and health boards, with advisory committees to promote a general understanding of aging. Presently, programmes tend to centre on seniors with special needs, rather than on the general seniors' population.⁷⁷

Funding Implications:

Funds do exist for researching aging and related social issues. Such funds are the National Health Research and Development

⁷⁶ The conference is entitled: "Gerontology in the 1990s: A Think-Tank Approach for Planning, Managing, and Evaluation of Health Programs", and will be held on August 13 and 14 or 16 and 17, 1990 in Edmonton, sponsored by Grant MacEwan Community College Senior Studies Institute and St. Michael's Extended Care Centre.

⁷⁷ The Preventive Approach, p. 20.

Program (NHRDP), the National Welfare Grants (NWG), and the Social Sciences and Humanities Research Council (SSHRC) for research into aging, but concerned professionals need to avail themselves of the funding opportunities. One major initiative of the NHRDP is currently looking at social and health care services for persons with Alzheimer's disease.⁷⁸ General education will be useful in making academics aware of the research potential in gerontology.

Funds need to be firmly in place which emphasize seniors evaluating their own needs and designing their own research. The federally-sponsored Seniors' Independence Program is one such initiative. The New Horizons Program, also federal government sponsored although sadly in financial limbo,⁷⁹ specifies that any project it funds must be directed by seniors. There are also similar funds for women's groups which might target older women.⁸⁰

As seniors grow in numbers and power, they will present excellent market opportunities for private corporations and government-sponsored research facilities. While most seniors will continue to be informed consumers, some may be vulnerable to exploitation because of their numbers and collective wealth. As the 'baby boom' generation ages, more and more advertising and product marketing will be directed toward seniors. Older persons will be in a position to demand specialized, quality goods and services. Work can begin now to demand seniors' rights as consumers, including, according to one report, "such issues as print, language, packaging,...

⁷⁸ For information on this project, on other related projects, and on areas of focus for the NHRDP, see **Seniors' Guide to Federal Programs and Services**, pp. 38-9. For information on the NWG, see *ibid.*, pp. 36-7, and for SSHRC, see *ibid.*, pp. 43-4.

⁷⁹ See "Seniors' New Horizons funds frozen for grant policy review", in *The Edmonton Journal*, May 9, 1990, p. A4. As part of the freeze, Alberta's funding under the programme will be reduced from \$1.1 million to \$719,000.

⁸⁰ For information on the Seniors Independence Program, New Horizons Program, or Funding for Women's Groups, see **Seniors' Guide to Federal Programs and Services**, pp. 40-43.

protection from fraud and abuse, and eliminating ageist or negative attitudes toward the elderly in marketing".⁸¹

Understanding the process of aging will be an important element in future trends for seniors. Seniors, and other members of the community in which they live will benefit as they better understand the experiences of aging. All of us will benefit by gaining a greater appreciation of the significant role that seniors can continue to play in all aspects of our society.

⁸¹ 1989 and Beyond, p. 12.

CONCLUSION

If I might end my talk today by emphasizing one point, it would be that of political action. We must acknowledge that we operate in a decidedly political environment and that we must, for our own protection and advancement, be prepared to develop our own political strategies and agendas. We must accept the fact that the decisions which most affect us are made at the legislative and board levels, and we must participate at the heart of these bodies.

Moreover, we must work hard to clarify the nature of the relationship that we wish to have with governments in the future. We must be determined to see that seniors' priorities remain paramount and that we educate governments into respecting the importance of seniors and their needs. We must be very cautious in our judgements before accepting what appears to be a ready source of cash from the private sector or through fundraising. Instead, we must use political savvy to encourage governments to hold at least to current funding levels, and better yet, to develop new, more appropriate forms of funding that allow us greater flexibility and independence.

In doing so, we must demonstrate to government that seniors play an essential role in our society, and deserve their full support. Seniors already have much goodwill in the community, but must use this goodwill to promote political action. In this regard, knowledge such as that provided by a recent University of Alberta Population Laboratory Survey is very useful, since it indicated that:

- 81% of those surveyed disagreed with the statement: the elderly should receive less benefits from the government if costs rise (and of those, 72% strongly disagreed - that is, they thought seniors should continue to receive the same or better benefits).

- 59% of those surveyed agreed that taxes should be raised if the government needs extra money to provide expenses to the elderly (and 38% strongly agreed).
- 68% of those surveyed agreed that there should be a homemakers' pension (and 53% strongly agreed).
- 64% of those surveyed thought that there should be no age of mandatory retirement.⁸²

There is much support for seniors in society; seniors must use that support to build strong, political alliances for change.

Self-sufficiency, poverty, health care, political action, gerontology: these were identified as the major trends for seniors in the years ahead. To conclude again with the metaphor of wells, each issue is a large bucket which will require much water to fill, and much strength to carry. To ask government to fill it as we wait will not be enough; you must demand your fair share. The partnership of government and the voluntary sector can work along the same lines: government can provide the water to fill the bucket, while the voluntary sector provides the strength to carry it. Therefore, as you begin through this important conference to look at 'new wells', let us not forget to protect the wells we already have.

⁸² University of Alberta Population Laboratory Survey, 1989, responses to questions 50d, 50b, 50e, and 92a respectively.

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