

I am sure many of you recognized that audio clip as the brilliant work of jazz pianist Oscar Peterson. Mr. Peterson made that particular recording on the celebration of his 75th birthday. It represented 60 years of artistry and innovation, since he won his first talent contest in Montreal at the age of 14.

I played this clip to remind us all of the enormous contribution that older people make. Whether they are international leaders or ordinary citizens, seniors actively contribute to the economic, social, spiritual and cultural fabrics of our lives.

As you know, seniors are not a homogeneous group anywhere in the world. In Canada, they reflect the diversity of our country and the broader world. Nor do they exist in a vacuum. They are—and must be—active participants in an age-integrated society that takes a life-course perspective and supports intergenerational solidarity.

Good health that enables participation, independence and productivity is the key facilitator of this kind of experience.

What is Healthy Aging?

The definition of active or healthy aging has been described as “lifelong process of maximizing opportunities for physical, social and mental well-being”.

Healthy aging depends on a variety of factors or “determinants” that surround individuals, families, communities and nations. Health care is one of those factors, but it is not the only one.

Gender, culture and biology can have a profound effect on how we age. So can personal behaviours such as physical activity, healthy eating, smoking, alcohol and drug use. It is never too early or too late to encourage healthy lifestyle choices. As George Burns once said: “ We can’t help getting older, but we don’t have to get old.”

Sometimes we forget that quitting smoking, healthy eating or taking up regular physical activity in older age can make an enormous difference in one’s quality of life, in addition to helping to prevent or delay chronic diseases. *Canada’s Guide to Healthy Active Living for Older Adults* is one example of an important tool that supports this strategy. It gives older consumers and policy makers some clear guidelines on the kind of things they need to do to improve their health.

We know that income, employment and social security programs are directly and indirectly related to health. Older people with high incomes are almost three times as likely to have high levels of functioning than those with low incomes.

Here in Canada the economic well-being of seniors has increased substantially over the last 20 years due to our income security policies. But even so, we must not

forget that one in five older Canadians still lives below the low-income cut-off line. Most of these people are older women who do not have employment pensions and live alone.

Safe, adequate housing and “age-friendly” environments can also make the difference between dependence and independence for some older people. Social support networks, opportunities for education and lifelong learning, and protection from violence and abuse are other key factors that enhance health in older age.

You can appreciate that the struggle to improve the quality of our health care system while keeping costs down is a daily preoccupation of all the Ministries and Ministers of Health in Canada. We are committed to working to build a Canadian health care system that responds to seniors’ needs. I know that home care assistance, palliative care, financial support for prescription drugs and care for people with Alzheimer’s Disease and other dementias are all top concerns of seniors and those of you who work with older Canadians.

The Minister and I also believe that our health care system must promote healthy aging and prevent illness and disability at the same time as we work to create communities that support caring for older people who need help. If we are to meet our goals of quality care and fiscal efficiency, helping older Canadians stay healthy has got to be a priority for all levels of government.

The Canadian Perspective on Healthy Aging

I am proud to say that many of the ideas and the policy framework outlined in the World Health Organization’s publication are based on the Canadian experience. In 1974, *A New Perspective on the Health of Canadians* recognized that promoting health required more than treating illness. In 1985, *Achieving Health For All* articulated the importance of reducing inequities and enhancing autonomy in the pursuit of health. The *Ottawa Charter for Health Promotion* laid out a framework for intersectoral action. In 1996, *Strategies for Population Health* confirmed the evidence relating to the broad determinants of health.

The Canadian approach to aging policy has reflected this history. It has also been strongly influenced by what older Canadians tell us. Our National Framework on Aging is based on the principles that older Canadians value. These principles—*independence, participation, fairness, dignity and security*—are Canada’s adaptation of the United Nations Principles on the human rights of older people.

One group of older Canadians that has been particularly influential and helpful for over 20 years is NACA—the National Advisory Council on Aging who provide advice to the federal government. NACA’s recommendations, advice, position papers and publications have influenced the debate. This Council has made governments and

the general public more aware of the role, needs and contributions of older Canadians. NACA's role as an informed champion of seniors will be increasingly important over the next four decades, as the big generation of baby boomers reach age 65.

This conference provides clear proof that here in Canada and around the world, there is a sound gerontological knowledge base and the research capacity to inform aging policy. At the same time, there are knowledge gaps in some critical areas. For example, we need to know more about the lifecourse approach to understanding older age. We need to know what specific policies and programs can help prevent social isolation, support family caregivers, address the mental health needs of older people, and facilitate the important voluntary contributions that older people make in all of our communities.

In this regard, I am especially pleased that the Institute on Healthy Aging was named as one of the 13 founding institutes in the Canadian Institute of Health Research. The Canadian Institute of Health Research is an exciting new Canadian initiative with an overall budget of some \$500 million. The Institute on Healthy Aging will support research that promotes healthy aging and addresses a wide range of conditions associated with aging. With the able leadership of its Scientific Director, Dr. Réjean Hébert, its Advisory Board and the Governing Council, the Institute will work with others to forge a health research agenda across different disciplines and sectors. This agenda will reflect scientific excellence of a world class standard and the emerging needs of older Canadians. As Deputy Minister of Health, I will ensure that this research knowledge is translated into sound policies and effective programs and practices that support healthy aging for Canadians.

The International Perspective

In developed countries, the transition toward a society in which older people will make up at least one-quarter of the total population is occurring at a predictable and ongoing pace. This demographic shift will have a profound effect but it will not produce an economic or social crisis—as long as governments, the private sector, the voluntary sector and individual citizens and families start now to maximize the advantages and minimize the disadvantages of this change.

The reality in developing countries, as has been pointed out by Dr. Kalache, is quite different. The aging phenomenon is rapidly accelerated in developing countries and is often not accompanied by economic growth. Conditions tend to be worst for older people who live in rural areas, in very poor countries and in situations of conflict or humanitarian disasters.

Many of these countries must cope with a double burden of disease. While they still fight to control infectious diseases, they are increasingly having to cope with chronic

diseases associated with aging and Western lifestyles. The tragic outcome of AIDS puts enormous pressures on older women in Africa and Asia—many of whom are left to raise their orphaned grandchildren with no financial means of support.

I believe that Canada and other developed nations have an obligation to work with developing countries to help them find solutions. Money, technical assistance, knowledge transfer, support to international voluntary sector initiatives and the sharing of ideas are all ways that we can help. The Canadian contribution to the United Nations Second World Assembly on Ageing will be an important part of that contribution.

In Conclusion

You will forgive me if I use a uniquely Canadian analogy to finish my talk this morning. As the Canadian representative on this panel, it is, I hope, my prerogative to do so.

It is the story of the Canada goose and the lessons we can learn about collaboration from observing these fantastic birds in flight.

[powerpoint video of Canada Geese flying in formation]

1. The Canada geese fly as a community in V-formation that creates an uplift for the birds that follow. Together, the flock adds 71 percent greater flying range than if each bird flew alone.

Travelling together, on the thrust of one another, will help us get where we want to go faster and easier.

2. When the lead goose tires, it rotates back into formation and another goose moves ahead. If a goose gets sick or wounded, two geese break out of formation and follow it down to protect it.

As with geese, we are interdependent of each others skills and resources. We need to share the leadership. And to stand by each other in difficult times as well as when we are strong.

3. Lastly, the flying geese honk to encourage those up in front to keep up their speed. We need to keep honking about the importance of healthy aging. And we need to make sure that our honking is encouraging and productive.

I am prepared to invite all of you to join in on the exciting and challenging flight that lies ahead of us.

I want to conclude my remarks by reiterating Health Canada's pleasure at the release

of the World Health Organizations's booklet on health and aging. The department is pleased to have provided conceptual support and funding for the development of this document. It will make a substantial contribution to debate and discussion on the importance of active aging as we prepare for the Second UN World Assembly on Aging next year in Madrid.

Congratulations to Dr. Kalache, Irene Hoskins, Peggy Edwards and their WHO colleagues who deserve much credit for the development of this impressive booklet.

Thank you.