

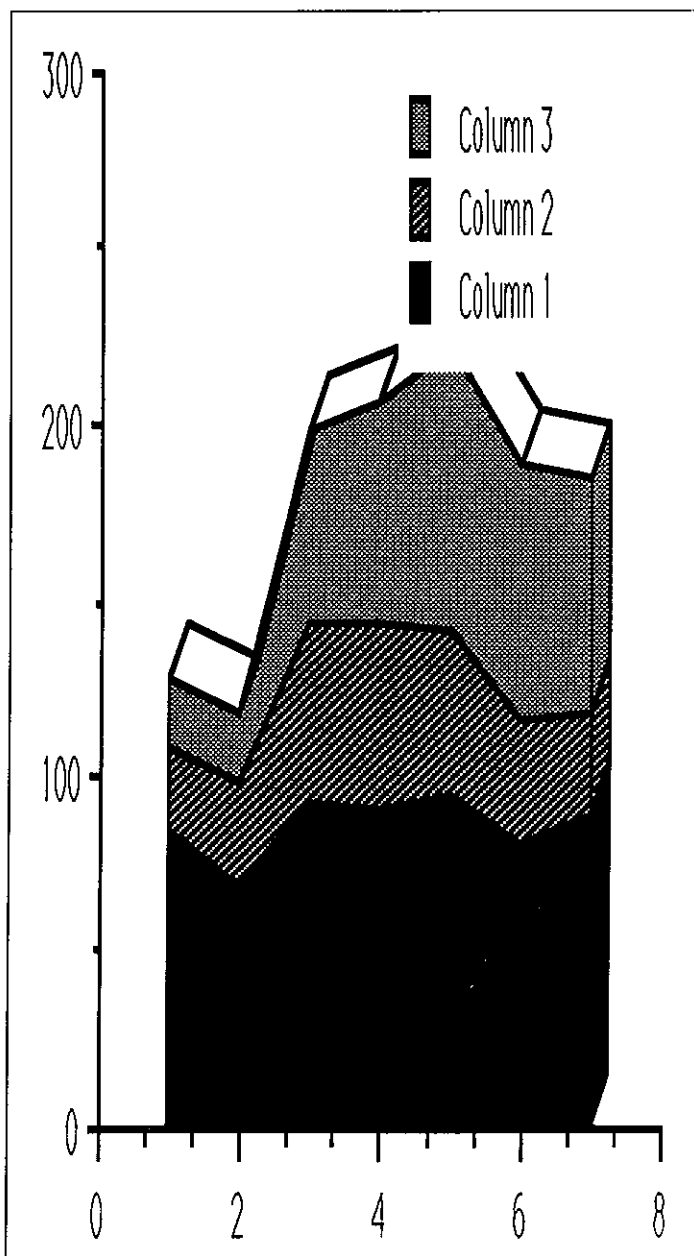


Where will be when this year is over? Unless we have definite plans to make significant changes in our lives, most of us can say, with reasonable certainty, that at the end of this year we will be pretty much where we are right now.

We all know, however, that most things change somewhat over the course of a year. There are too many factors which, despite any stated intention on our part not to change, act upon us both as individuals and as part of the larger community.

Over the next year and, even more significantly and dramatically, over the next decade and approaching the end of the century, our lives and society will change. Some of the factors which will affect that change, and some trends indicative of the direction we may be going, are the subject of this edition of *First Reading*.

The principal issues examined inside deal with the social economy of Edmonton, privatization and its effects on the voluntary sector, and concerns relevant to our aging population.



Future Trends

SOCIO-ECONOMIC FUTURES

Harvey Crone

Both Alberta and Edmonton have experienced significant economic and social change since 1981. A period of recession and then modest growth have replaced the frantic boom of the late 1970s. What does the future hold? If you thought you've seen a lot, well you ain't seen nothin' yet!

A number of forces are coming together which suggest that we can expect even more profound and rapid changes to the year 2000. These forces will change the way we do business and challenge our ability to adjust to our changing economic environment. Among the more significant forces are the following:

- the continued shift to a service economy,
- the development and location of advanced technologies, and
- the rise of a middle-aged population.

CONTINUED GROWTH OF THE SERVICE ECONOMY

The strong shift to the service industries has a long history, so why is the continuation of this trend so significant? A straight forward answer is that the service industries are increasingly the creators of economic value and employment. Edmonton provides a graphic example. Between 1981 and 1987, essentially all the jobs created in Edmonton were in community, business and personal services (see Figure 1). Major losses occurred in manufacturing and construction.

Three of the impacts of these shifts to services are particularly important.

1. Job Creation in Smaller Workplaces

Service firms tend to occupy less space than those in manufacturing. On the job creation side, researchers in Canada estimate that the smallest firms (less than 20 employees) created 55% of net new jobs between 1974 and 1982.

Service firms are customer driven; they need to be close to their clients. Personal services firms will be attracted to suburban areas because of the strong population growth. Business oriented firms will gravitate to the downtown and suburban

employment areas. Although this is good news for downtown, these firms are not "Class A" tenants and their small size will not support large new office building construction which needs significant pre-lease commitments. Combine this feature with Edmonton's modest head office function and current high office vacancy rates, and one would not expect new office construction to be a significant growth factor for the downtown in the foreseeable future.

2. Rise in Part-Time Work

Services firms tend to need flexibility in staffing because of their long operating hours and the need to keep down labour costs. The result is a growing demand for part-time employment.

The growth in part-time employment in Alberta is staggering. (Data is not available for Edmonton, but the trend is likely the same.) Essentially, since 1981 in Alberta there has not been a full-time job created, on a net basis. All of the recovery in jobs since the recession ended in 1983 has been in part-time employment. This situation is clearly an extreme condition, and as the economy revives, more full-time jobs can be expected.

Part-time work will continue to grow, however. One consequence of part-time employment is that it provides less income, creating pressure on retail trade. Discount stores with lower cost merchandise may flourish at the expense of mid-level stores. As an example, the rise in Edmonton of the large food superstores, with lower prices, has led to the closure of numerous conventional supermarkets.

3. The Rise of the Experience Industry

Is West Edmonton Mall an "experience centre" in the growing experience industry? Many service activities, including retailing, now have to meet customer demands for richer stimulation. People may go to "shopping centres" more for entertainment than to buy goods, although they will still buy. The experience may be entertainment, rec-

Figure 1
**EMPLOYMENT CHANGE BY INDUSTRY,
 EDMONTON, 1981-1987**

AGRICULTURE	RESOURCE	MANUFACTURING	CONSTRUCTION	TRANSPORTATION	TRADE	FINANCE	SERVICES	ADMINISTRATION
-1.795	-1.3	-7.08	-14.5	-2.31	2.64	-3.76	30.485	-1.465

reation, travel or socialization.

The implications for retailers are stiffer competition and a greater need to create an enjoyable shopping ambience. New store locations, with greater convenience and ranges of goods, and new types of shopping such as "festival markets" can be expected. There will be more stores, with different concepts and locations. Malls, like West Edmonton, will continually add to their mix of activities so they are always appealing to new and old customers. Retailing will continue to be highly dynamic in Edmonton.

DEVELOPMENT AND APPLICATION OF ADVANCED TECHNOLOGIES

The application of technology is continuously changing our economy. One report, *Work Place 2000*, suggests five technologies that will have the greatest impact: information storage/processing, communications, advanced materials, biotechnology and super conductivity. The range of impacts within these technologies is enormous, from home shopping using computer terminals, to artificial intelligence in medicine, to fast growing farm animals.

Several aspects have direct implications for Edmonton.

1. Declining Demand for Natural Resources

Technological advances are making products lighter and more durable, using fewer natural resources. The effect of declining per capita demand for various materials, especially energy products, would be to moderate any price increases for these goods. The associated shrinking revenues from natural resources is a powerful force motivating the province to undertake economic diversification; to look for new sources of revenue to replace resource royalties.

2. Dispersal Versus Concentration of Knowledge Industries

Many technologies will overcome current barriers of time and distance. For the individual, work at home becomes possible. For Edmonton, its distance from the major population centres of North America will become less of a handicap. But running counter to these dispersal forces are strong tendencies for spatial centralization, even in the newest of high technology/high knowledge

industries. As an example, biotechnology is barely ten years old as an industry. Yet, one recent study of the locations of biotechnology firms in the United States found that over 35% of all firms were concentrated in only three metropolitan areas. Other authors believe that, "knowledge industries are likely to multiply in just the locations where they are most strongly entrenched already."

Edmonton has a small core of knowledge industries in fields such as biotechnology, electronics and telecommunications. Whether this core is strong enough to overcome the powerful centralization forces is an open question. The distribution of these firms will be an important factor in Edmonton's growth.

RISE OF A MIDDLE-AGED POPULATION

"The rise of middle-age" may be the most appropriate description of population change in Edmonton between 1987 and 2000. Profound changes are expected in the 35-54 groups which will bracket the baby boom generation (those born between 1946 and 1961) by 2000.

In Edmonton, between 1987 and 2000, the population in the 35-44 group will grow by 84% and the 45-54 group will grow by 79%, compared to overall population growth of 19%. The population in the 65+ group will grow by 53% (see Figure 3). Interestingly, the increase in the 40-44 group

alone (36 400) could be larger than the increase of the 65+ group (+24 900).

What might this mean? The effects will sweep across the economy, affecting all sectors. The potential issues include:

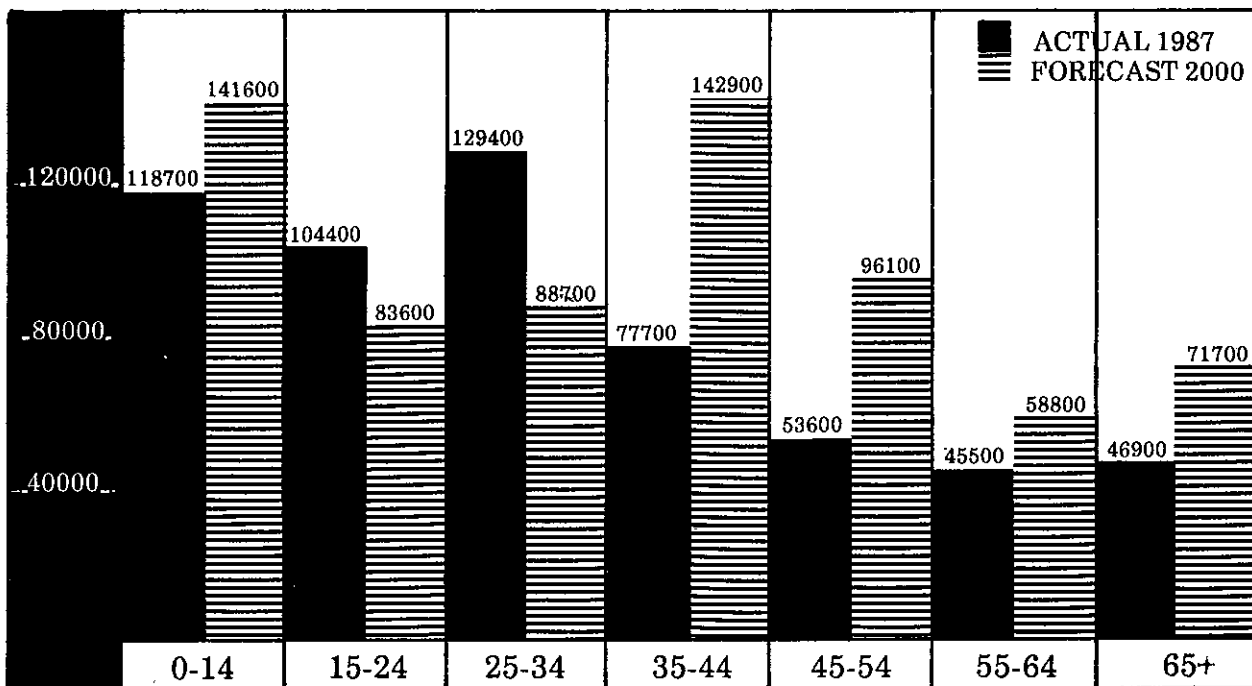
1. Clash Between Economic Turbulence and Aging

The changes to the service economy noted above will create problems for middle-aged and older workers. Adjustments such as job changes, relocation, migration and retraining are more difficult for older workers. A paradox is emerging: just as the economy is entering a period of rapid change, with a need for quick response from all productive sectors, the labour force is aging, increasing in rigidity and losing its flexibility of response.

2. New Market Opportunities

As the population in peak earning years surges, significant new opportunities for goods and services directed to this market will emerge. New housing needs, financial planning, travel and entertainment are some examples. For instance, the demand for large single-family homes would grow side-by-side with new forms of housing for empty-nesters and early retirees. The demographic shift will support continued changes in retailing with

Figure 3
EDMONTON POPULATION BY AGE GROUP, 1987 & 2000



new stores attempting to attract this growing market.

3. Middle-Aging and Small Business Creation

An interesting feature of the recognized rise of importance of small business for job creation is its correspondence with the age structure of the baby boom generation. As the number of baby boomers entered the work force in the 1970s and early 1980s, the number of new businesses rose.

Now, as baby boomers settle into middle-age, it's not clear whether their entrepreneurial spirit will continue to flourish. Family and retirement savings needs and vesting of pension rights, for example, tend to conflict with job changes and investments in high-risk small businesses. Alternatively, middle-aged boomers caught in work plateaus with no advancement, or in the turbulence of downsized businesses, may jump or be pushed into new business creation.

The balance between these competing forces

will likely be uncertain in the next five years, but there can be little doubt that by the late 1990s the forces of middle-age will affect the rate of small business startups.

Summing Up

Change in the economy, our population and our values will drive us forward in the next few years. One observer has concluded that "the economy of the future will be a race to catch up." The challenge will be to respond creatively in that ever changing race.

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PRIVATIZATION AND VOLUNTARISM: FACING THE FUTURE

Peter Faid

The voluntary sector has, of necessity, become more aware of the various economic and demographic trends that are likely to affect it in the decade ahead. These trends include the changing structure of the Canadian family, the growing number of women who have joined the labour force, the rising levels of unemployment, the aging of our population, the increasing struggle for corporate and philanthropic dollars and the apparent escalating costs of health care and social services. Our difficulty however has been trying to interpret the myriad of influences that spring from these identified trends. Often they are complementary, but equally often they are contradictory. If we do manage to find the time and the energy to respond to some of the short term implications we are seldom able to figure out their long term

impact or grasp the "big picture."

However, a recent economic and political phenomenon has surprisingly helped us to coalesce these significant trends. I believe that we are now able to see more clearly the implications they hold for the non-profit sector in general and upon the actions and activities of volunteers in particular. So what is this phenomenon that has so unexpectedly focused our attention and sharpened our ability to concentrate on our collective future?

Privatization and its Apparent Appeal

In a word "privatization." First, what is privatization and what seems to be its particular appeal? In recent years we have heard much about the apparent virtue of entrusting human services currently provided by government to either private

entrepreneurs or to non-profit organizations. This is accompanied by increasing pressure for us to meet more of our individual social service or health needs through private or family means. The argument goes something like this. An individual's first line of defence must be his own resources and those of his family. If these prove to be inadequate to meet the particular human service needs then the second avenue of recourse is to the local community — preferably by using the services of a volunteer non-profit agency. Only when all these have failed has government a responsibility to intervene. But the intervention must only be a temporary; there must be a clear goal of restoring individual self reliance as soon as possible.

This then is privatization; a policy which is intended to lessen the involvement of government in the delivery, regulation and funding of human services, by encouraging added responsibility for families, private enterprise and communities. Of course we probably all appreciate that the provision of human services in this country has for decades been provided through a "mixed social economy" of informal care from family and friends, government, non-profit agencies and commercial operators. What should give us cause for concern about privatization is the dramatic shift among these four elements.

Privatization and the Canadian Family

But what might privatization mean for Canada's families? Shouldn't we all be doing a little more to help ourselves? Clearly the virtue of private effort by kith and kin to provide care and assistance for those in need is self evident. However, whether it is reasonable, or possible, to see an expansion of these efforts must be seriously questioned. It is here that we see the impact of a number of the important social and economic trends that will likely also have an impact on the voluntary sector in the decade ahead. With their push for privatization, politicians and decision makers have conveniently overlooked the fact that these trends will have a decided impact on the supply of, and the demand for, family care resources.

The notion that informal caregivers will be available as a substitute for formally organized public services is based on the misplaced assumption that women, and particularly daughters, will be willing and able to care for elderly, sick or

disabled family members. The changes in the traditional nuclear family, the loss of the extended family network, the increasing rates of divorce and the rapid rise in the number of women in the workforce, challenge this critical assumption. To attempt to combine the roles of wife, mother, worker and then caregiver is much more than we have a right to expect. Along with the increased mental and emotional burden it is evident that the additional costs involved can be substantial. Women in this situation are often forced to give up jobs, to lose work time, to lose opportunities for leisure time and a reasonable social life.

Politicians and policy makers have failed to understand that responsibility cannot simply be delegated to families. Adequate support services must be made available and families must not be subjected to the emotional blackmail of believing that they are acting irresponsibly if they lack the necessary resources to offer the care and attention in their own homes. We must also demonstrate to those who call for the return of some golden age of family responsibility that, despite the changing trends, the traditional obligation of kinship still remains strong. However, I would suggest that the capacity of families to serve their dependent members, without assistance, has been stretched close to its limit.

Privatization and the For-Profit Sector

Perhaps the most alarming aspect of privatization is the deliberate attempt to encourage the involvement of the for-profit sector in the delivery of health and social services. First and foremost there is the inherent contradiction between the goals of health and social services and the profit motive. This desire for profit, coupled with the fact that health and social services are labour intensive, has meant that any cuts will almost inevitably be at the expense of staff numbers, salaries and training. The eventual outcome must be the deterioration of service quality. There is also a growing concern in both the United States and Canada about corporate concentration in some areas of service, such as nursing homes, hospitals, day cares and prisons. As a result of corporate domination there is a fear that important social policy objectives are now being set by those whose primary interest is profit. There are now very strong lobby groups working on behalf of com-

mercial operators to convince governments that they should be removing regulations and standards because of the significant costs involved in meeting them. There is also the concern that, with profit as the major motive, any loyalty to a particular client group or community will quickly evaporate if financial returns are not as high as expected. Attention would turn to more profitable enterprises.

Privatization and the Non-Profit Sector

What does privatization hold for the non-profit community? Certainly it is evident that we have a lot at stake in the decade ahead. In the short term, privatization may appear to offer considerable benefits, particularly if the financial resources that flow from governments insure the survival of individual agencies. However, if we are not careful, these immediate opportunities and benefits will blind us to the long-term consequences. What are some of these likely consequences?

Historically, non-profit health and social service agencies have been at the forefront of community concern and innovation in the delivery of services. It has been the non-profit sector that has been there, breaking new ground, providing new services, advocating for improvements in social conditions and encouraging groups of citizens to work together in mutual support. Governments have come to a new appreciation of the role of volunteer agencies, but unfortunately it has been for all of the wrong reasons! It is not because they see us as the generator of new ideas, seeking improvements in our way of life. It is not because they have come to appreciate that the participation of volunteers in the decision making of agencies enhances the political process and contributes to a healthy democratic society. Their motives are far less lofty. They view the voluntary sector as a possible vehicle upon which they can "download" many of their existing health and social services as they battle with the pressures of fiscal restraint. It is not mere coincidence that privatization emerged as a popular theme at the same time levels of social spending were being critically examined.

I am also far from convinced that governments have made any real effort to understand the new dynamics of the voluntary sector. The idea of a great reserve army of volunteers that is expected to materialize in the new privatization dawn sug-

gests that governments do not understand the backgrounds of those who wish to volunteer, or the type of experience that they are seeking. A recent Statistics Canada survey confirmed for us yet again that the old image of a volunteer as a well-meaning, middle-class, middle-aged housewife with time on her hands has disappeared. She has been replaced by the well-educated, professionally employed married couple in their late thirties who are concerned about contributing to their community, particularly if they have children, or are looking for a way to enrich their lives with an opportunity that is not available to them through their work. They are anxious to find a way to contribute as volunteers, provided that the tasks involved are well defined, challenging and time limited.

Nor do governments seem to appreciate that voluntary organizations have changed considerably over the past few decades and that many of their responsibilities are now carried out by skilled professionals, rather than the volunteers of old. A frequent concern in the volunteer literature is the difficulty of responding to the tensions that can arise between these professionals, already employed by agencies, and an increasing number of volunteers who are expected to contribute to service delivery. Governments, and perhaps the general public, also tend to view volunteers as free labour. In actuality they require the same support, supervision, training and rewards as paid employees. All too often staff in an agency are expected to simply add the management of volunteers to their existing jobs. The result is that support is not available for volunteers, and they quickly leave the agency to seek volunteer opportunities elsewhere. A further evident tension is between the voluntary sector and organized labour. If voluntary organizations begin to assume increased responsibility for the delivery of services there is a justifiable fear that well-paid unionised jobs will be replaced by volunteers or low-paid, non-unionised staff employed by agencies.

Meeting the Demands

The voluntary sector's ability to meet the fiscal demands of an increased involvement in the delivery of health and social services is likely to be severely strained if governments become determined to reduce their financial investment, as well

as their participation in delivery. Evidence from the United States has shown that under these circumstances some services have to be eliminated, longer waiting lists become inevitable and budgets are balanced at the expense of hiring qualified staff. The gradual introduction of fees for service seems inevitable if other sources of funding begins to dry up, with the sad outcome being the development of an additional level of service which is beyond the reach of the poor. In 1980 in Alberta, already 36% of the revenue of charitable organizations came from fees for service, a figure that has undoubtedly increased in the past eight years. The non-profit sector must therefore become even more determined in its fight for the philanthropic dollar as new, more aggressive, competitors, such as Hospital Foundations, enter the fray. A recent article from the United States commented that in that country both foundations and corporations remain adamant that they are not prepared to become a source of financial resources to replace lost public sector funds.

The movement of government money towards the non-profit sector has already seen much greater use of contracts between agencies and governments. While a contractual relationship may appear to be a satisfactory way of transferring funding and delivery responsibilities, there are serious limitations that must be appreciated. First, a contract offers no guarantee of continuity from one year to the next, and participating agencies can suddenly find themselves very vulnerable to yet another sudden change of government policy. As well, evidence from Ontario and Alberta shows that both agencies and governments are hopelessly unrealistic about the real costs of providing a service, especially with regard to overhead costs and management time. It is also apparent that agencies, quite naturally, find it expedient to orient their services to where funding seems to be most available, rather than to the real needs in the community. In any system of contracting it is fundamental that potential contractors be selected in an impartial and systematic way. In my experience there have been just too many examples where the contract approach has generated an unfortunate pattern of inequality and patronage, where the friends of government find it comparatively easy to find the support they require. A further concern for small non-profit organizations

is that they are often very inexperienced in the cut and thrust of contract bidding, and the time that must be devoted to preparing for annual contract competitions is time that is not available for service delivery. As well, in the frantic business of offering and responding to proposals for service contracts, no one takes responsibility for the master plan. Any leverage that governments might have to encourage some degree of coherence and public accountability can be quickly forgotten. Some writers have also complained that contracts lead to slick presentations, where form and market oriented techniques become more important than substance or the objectives of the particular health or social service program.

But perhaps the most damaging aspect of privatization for the non-profit sector is the potential harm it will do to one of its principle virtues, its ability to conduct collective advocacy on behalf of its client groups. In a for-profit setting clients can quickly become captive, with little opportunity to ever question the services or the treatment that they are receiving. The non-profit sector has a proud and important history in protecting the collective interests of its clients. However, with a government contract as a major source of funding there is evident reluctance to challenge the status quo through fear that any criticism of government activity or policy will jeopardize any future funding. Voluntary agencies are almost the only vehicle through which our society can enhance the visibility of important social and economic issues. Our communities will be all the poorer if we in the voluntary sector abandon our rightful role; the press for reforms, the redressing of wrongs, the representation of the disadvantaged, and the highlighting of oversights, weaknesses and blatant obstruction in the delivery of services.

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THE ELDERLY, THEIR HEALTH AND THE COMMUNITY

David Skelton M.D.

The proportion of those persons aged 65 or greater within Canada's population should now be recognized as constituting one of the major social issues which will face us over the next four decades. This is a matter of increasing concern, not only for health care professionals, but also for legislators, planners, social economists and laypersons alike. There can be little argument that the need to provide more services for the aged is obvious, nor that such programs have to be cost-efficient as well as effective. Robert Butler, while director of the National Institute on Aging in the United States, pointed out that many of the assumptions used in structuring our service systems were either unduly simplistic - or wrong - and not always shaped by a thorough understanding of the needs and nature of the clientele.

Some health care critics have presented to us the image of our nation rushing at breakneck speed into not only old age, but also financial insolvency -- threatened with inadequate pension plans and escalating health care costs. However, European countries, such as Sweden, the Netherlands, Germany and the United Kingdom, have already experienced the ravages of the population aging process, and their economies, while severely challenged, have certainly not collapsed.

Writing in 1983, the British sociologist Margot Jefferies pointed out that, "while 150 people in every 1000 were aged 65 or older, some 20% of them were still economically active and less than five percent were resident in facilities other than their own private homes." By the turn of the century she projects that 15 persons in every 1000 will be aged 85 or greater in the British population, and she forecasts that it is not beyond the capability of human ingenuity to ensure the resources necessary to provide for their well-being. Should we Canadians be any less optimistic?

Who Are Our Elderly

In 1920, five out of every 100 Canadians were

aged 65 or more; in 1971 eight percent were senior citizens. According to the census of 1981 almost ten percent of our population is now over 65 years of age. In the decade 1971 to '81, the number of persons aged 65 or older increased by 35%, while the total national population had rose only 13%. In the same period there was a corresponding decrease of 14% in the number of children aged 14 years or less. These statistics indicate clearly the aging of Canada's population.

In the past two or three decades we have witnessed a marked increase, especially in the numbers of the old old. Those aged 85 or older have increased far faster than the young elderly group. Where only five percent of the elderly were aged 85 or more in 1951, the figure is now almost double. Such increases in population affect particularly the female gender. At the beginning of 1980 women out-numbered men by two-to-one in the age group 85 and older.

The vast majority of the elderly are married - 76% of males and 40% of females. However, the number of widowed women is very high indeed - 50% of those aged 65 or more. This important demographic fact can be explained by three main trends: the life expectancy of men in practically every age group is lower, there is a general tendency for men to remarry after the death of a spouse, and women tend to marry men older than themselves.

A common misconception exists that most older persons are living in institutional settings. Actually more than 90% of those aged 65 or more live in private households. Even among the older old more than 50% can be so categorized. Of those elderly people living in private households, 70% are either living alone or only with their spouse.

Other Facts

Population studies have revealed other interesting facts concerning seniors. While the senior years are usually associated with retirement, some

25% of males, and ten percent of females, aged 65-70 are still involved in the labour force. The major source of income for Canadian elders is from government transfer payments, such as the old age security. Investment income, although important, presently contributes less than one-fifth of the total income of seniors.

It has been concluded from detailed census studies that the population of seniors will continue to grow, in both real numbers and percentages, well into the next century. In four decades from now, when the tail end of the baby boom occurs, the population aged 65 or more will account for some 21% of the entire Canadian population. Such figures as this have caused considerable apprehension among the social planners who have regard for the future of our welfare systems. The federal government, however, has suggested that, based on predictions of improved education and income, the dependency of the elderly on government transfer payments might actually fall in the future. Further, it is hoped that more women will join the labour force and that again their dependence on government finances during their retirement years may decrease. Changes and improvements in pension plans and the removal of compulsory retirement at age 65 may also reduce the dependency of the elderly upon governments.

The Alberta Situation

Alberta's population is currently somewhat younger than the Canadian population as a whole. In 1981, the 65 year old group constituted only 7.3% of the province's population, compared with almost ten percent for the country over all. Persons living in the western provinces have, in general, a slightly greater life expectancy at age 65 than the national average. However, Alberta can expect the proportion of elderly people within its population to rise at, if anything, a somewhat faster rate than the national average. The economic recession has reversed the trend of substantial immigration to the province by young people in search of jobs. At the same time there is evidence that an increasing percentage of elderly people are migrating into this province. The annual report of the Alberta Health Care Insurance Plan, published in March 1986, pointed out that between 1983 and 1985 the number of Alberta Health Care registrants between the ages of 15 and 24 years decreased by

13%, while the 65 and older age group increased by just over five percent. In the same two year period the elderly increased from 7.3% to 7.9% of total registrants. In absolute terms, the number of elderly will grow from the 1986 level of 186 600 to 342 700 in the next 25 years.

Some 93% of all expenditures for long-term care is currently directed towards institutional facilities, whereas only seven percent of the province's expenditures on long-term care go to community based services such as home care and day care programs. The relative cost of long-term institutional care is clear. While approximately one-sixth of the people requiring long-term care in the year 1983-84 were looked after in auxiliary hospitals, such care consumed more than one-half of the province's expenditures on long-term care.

Present Trends, Problems and Misconceptions

The growing importance of chronic and degenerative conditions is becoming obvious even to our less perceptive colleagues. The stresses that these conditions impose on existing resources are a concern in every developed country. Too frequently the problem is addressed by hasty and thoughtless provisions of larger and more expensive long-term care institutions, or by suggestions that favor the rationing of health and welfare services to the elderly. Hospitals continue to be designed more suitably for the management of acute emergencies, and health care professionals continue to be trained in ways inappropriate for the community's changing needs. Non-institutional support services are almost invariably inadequate to maintain chronically sick persons at home. Even now, the demand by this sector of the population is more than can be easily coped with, and the problem can only grow rapidly worse unless far-sighted adjustments are introduced.

There is a tendency for some health workers and some segments of society to speak of the aged as a homogeneous group — a group which stereotypically is physically decrepit, mentally infirm and in need of services because of an inevitably diminished capacity to participate in society. In fact, less than three percent of normal aging octogenarians require any assistance because of dysfunction in the activities of daily living. However, the sick role is frequently the only one available to an aging individual.

Retirement can bring loss of social status. Minimal opportunities for post-retirement employment may engender feelings of redundancy in the elderly. Self worth and ego satisfaction are thereby eroded. Bereavement, loss of friends and contemporaries, increased family mobility, decreased ethnic contacts and scarce social support and counselling resources may conspire to leave the elderly feeling less loved and wanted. Lessened financial and material security, compounded by the ravages of inflation, inappropriate shelter, nutritional deficiencies and other deprivations can lead to reduced physical and psychosocial well-being.

These factors, and many more, may result in increased dependency, lowered self respect and diminished personal identity. Health care delivery to the elderly must be designed to modify these adverse influences. The therapeutic milieu must be normalizing, stimulating and motivating, and opportunities for home treatment must always be explored.

The Challenge to the Community

Most thoughtful individuals would agree with Robert Butler when he said that our present service systems are flawed. Very little is known about how to organize and deliver a comprehensive range of services to the aged. Communities are often unable to respond effectively and efficiently to the age-related needs of individuals and families. Service programs are often not flexible enough for the persons in need — in fact, sometimes they are not available at all. Even when service programs are available, many persons who need them may be unaware of their existence.

At the level of health care provisions, the recognition of the complex interaction of physical, psychological and social factors, both in the cause of disabilities and in their management, must lead to the development of health care services provided more frequently within the context of family, community and cultural life patterns. It must be clearly recognized that not only health education and prevention can be undertaken in the community, but also that assessment, active treatment, rehabilitation and continuing care can also be provided by adequately funded and sufficiently well staffed community care services.

Clearly, the solutions to our problems do not

lie only in the replacement of outdated buildings or the development of new facilities. Rather, the better management and use of existing resources, as well as the provision of a greater range of services within the community is required. Cognizance must be given to such issues as cultural factors, religious and ethical considerations, nutrition, physical environment, transportation, social services, legal service provisions, adult education and recreation opportunities, civic participation and the influence of the market place and commerce on the lives of seniors. Employment enhancement, economic support, and the development of an easily accessible, single point of information and referral in each administrative area, need to be developed.

The care of the elderly is a total care requirement, and planning at all levels must take this into account. The recent national impetus in this direction, needs to be matched by similar action at local levels. The first task is, of course, to raise the whole status of this area of care, and of the people concerned in its provision.

An opportunity now exists to plan the services for the elderly on a comprehensive basis. In Alberta, this should include study of the special problems caused by the preponderance in certain areas of an aging and elderly population, and the severe strain imposed upon the provision of adequate facilities and services. Hopefully, the government will recognize that solutions will not come through published reports alone, nor for that matter by simply encouraging the goodwill and increased industry of already hard-pressed professionals. The injection of sensible funding and the encouragement of sensitive planning will be essential. This implies, of course, difficult decisions regarding the distribution and apportionment of limited resources. Distinctions will have to be made between funding health care for the elderly within the community or within active treatment hospital programs. Our national and provincial governments maintain that they are indeed kind-hearted, but it is true that they are facing financially trying times. Nonetheless, they present a nettle which must be grasped.

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This Canadian Council on Social Development publication, the result of a seminar on Free Trade and Social Policy, examines the issues of harmonization of national social programs, the implications of free trade in services on the management of health institutions and the impact of "national treatment" requirements.

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Child Care: A Better Alternative

This timely National Council of Welfare publication reviews our present child care system, the new federal child care strategy and provides an alternative. A summary of recommendations is included.

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SPEAKERS SERIES

The Resource Centre for Voluntary Organizations, a cooperative venture between The Junior League of Edmonton, The Canadian Centre for Philanthropy and Grant MacEwan Community College, is presenting a Speakers Series to complement the Centre's activities.

On 28 February 1989 the topic will be "Board Development." The program is designed for the board or staff member interested in the legal, moral and ethical responsibilities of board members. The public trust concept will also be examined.

Programs begin at 7:30 p.m. in Room 320, 10030-107 Street (Seventh Street Plaza - North Tower), Edmonton. There is no admission charge.

YOU CAN MAKE A DIFFERENCE!

Your knowledge of public relations, educational programming or marketing, and your interest in improving the community you live in is what the Social Planning Council is looking for! We have three positions available on our Public Education Committee and we need your help to fill them. If you are curious - what does it mean to be a committee member - and interested in attending one meeting to find out what we do, please give Carmen a call at the Council office, 423-2031.