Toronto seniors explored how government policy decisions were influencing their health and well-being. In this participatory policy study, emphasis was upon the lay and critical knowledge of highly informed seniors. Focus groups and interviews revealed that all three levels of governments were seen as not listening to seniors' voices. In nine key policy areas identified as influencing seniors' quality of life – hearing seniors' voices, housing, acute illness care, long-term care, income supports, transportation and mobility, promoting healthy lifestyles, access to information, and hearing voices from cultural communities – many concerns were raised. The gap between government rhetoric and government action on seniors' issues merits public health attention.

Des personnes âgées de Toronto se sont penchées sur la façon dont les décisions d'orientation du gouvernement influencent leur santé et leur bien-être. L'étude d'orientation participative a mis l'accent sur les connaissances profanes et critiques de personnes âgées très bien informées. Des groupes de concertation et des entrevues ont révélé que les trois paliers de gouvernement sont perçus comme n'étant pas à l'écoute des personnes âgées. Celles-ci ont formulé de nombreuses craintes dans neuf domaines clés pouvant influencer leur qualité de vie : écoute des personnes âgées, logement, soins actifs, soins de longue durée, soutien du revenu, transports et mobilité, promotion de modes de vie sains, accès à l'information et écoute des communautés culturelles. L'écart entre le discours des gouvernements et leur réponse aux préoccupations des personnes âgées mérite d'être étudié dans une perspective de santé publique.

How Government Policy Decisions Affect Seniors' Quality of Life: Findings from a Participatory Policy Study Carried Out in Toronto, Canada

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Building healthy public policy is a cornerstone of health promotion action.¹ Public policy is also a focus of how societies support population health across the life-span.²⁻⁵ Societies differ in their provision of social safety nets and supports for population health reflecting the political ideologies of the governments of the day.^{6,7}

Public policy analysis – the disciplined application of intellect to public problems⁸ – is usually restricted to experts associated with universities, governments, and institutes.^{9,10} Such a view of policy expertise is limited.^{6,11} These limitations were acknowledged in Health Canada's call for participatory and action-oriented projects as part of the *International Year of Older Persons*. The *Improving the Quality of Life of Canadian Seniors Project* subscribed to the belief that seniors themselves were the best ones to direct an inquiry into how government policy decisions were affecting their health and well-being. Eight studies were funded; this article provides findings from the Toronto study.¹² Quality of life is the term used to describe factors affecting health and well-being.¹³

Key elements of the Toronto study

Three elements informed this study: the importance of citizen lay and critical

knowledge, participatory research, and the social determinants of health.

Citizen knowledge

Like many fields, public health relies on expert knowledge to guide the development of healthy public policy and public health programs.¹⁴ The typical policy process involves interaction of political elites in a policy community of groups and organizations lobbying for policy change.¹⁵⁻¹⁷ These include analysts in the private and public sectors: social scientists, civil servants, politicians, and interest groups.

Public health reliance upon expert knowledge has led to emphasis on lifestyle issues at the expense of focus on government policy making.^{6,13} Alternative forms of knowledge can inform policy development.¹⁸ Lay knowledge is acknowledged as important for community-based health promotion.¹⁹⁻²² Critical knowledge – exploration of how political and social forces influence population health – is also a means of understanding health determinants.²³⁻²⁵ In this study the knowledge of informed lay citizens from organizations such as the Canadian Association of Retired Persons, the Older Women's Network, Canadian Pensioners Concerned, and Care Watch, among others, was sought. This information was supplemented by input from service providers and government staff associated with seniors programs, and available reports and documents.

Participatory research

Participatory research is a means by which lay and critical knowledge can be applied by having participants guide the research.^{18,26} There has been some work on participatory approaches towards policy

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development but it has been limited to urban development and social planning exercises.²⁷⁻²⁹ None have involved seniors identifying policy issues related to health and well-being. Upon funding by Health Canada of the Seniors Health Promotion Interest Group and the University of Toronto's joint proposal, a Seniors Coordinating Committee formed to manage the study. It hired a coordinator, who, with a university advisor, provided assistance. The study structure included an Advisory Committee of 44 members and a network of 60 Associate Organizations, and volunteers and students. The Seniors Coordinating Committee had final say over study decisions.

Social determinants of health

Health Canada outlines a number of non-medical health determinants.³⁰ The ones especially relevant to seniors are income and social status, social support networks, physical and social environments, personal health practices and coping skills, and health services. One study purpose was to evaluate whether issues identified by seniors as affecting quality of life were consistent with these determinants. There were four phases to the study.

STUDY PHASES

Phase 1: Developing study structure

During phase 1, plans were formulated and questions identified to guide information gathering. An ongoing process of consultation and careful review involving both the Seniors Coordinating and the Advisory Committees was undertaken.

Information was sought from informed seniors, seniors service providers, and government staff through focus groups and interviews. Many participants had spent years considering – and attempting to influence – government actions through their organizations and employment activities. Through consultation with the Advisory Committee and others, nine key issues were identified: hearing seniors' voices, housing, acute illness care, long-term care, income supports, transportation, promoting healthy lifestyles, access to information, and voices from cultural communities.

TABLE I Governments' Listening to Seniors' Voices
<p>"If you have been following at a national level, never in the Speech from the Throne that just came down at the end of the International Year of Older Persons, nor in the recent economic update was there any meaningful reference at all to seniors. Absolutely none."</p> <p>"But I will be quite honest with you, I don't see the point of meeting with [Ontario Seniors Minister] Helen Johns because – and I am not sure whether there is a point to meeting with [Ontario Health Minister] Elizabeth Witmer either – the truth of the matter is power is centralized in the Premier's office. That is where the power is. And they are committed not to spend money."</p> <p>"I just want to add that the existence of the [now defunct] Toronto Mayor's Committee, quite aside from what it did directly, indirectly kept the issue of aging on the agenda for everybody. It was in everybody's consciousness because it was this active committee that did things from time to time and everybody heard about it."</p>

TABLE II Policy Issues Identified Related to Housing and Health Care for Seniors
<p>Housing</p> <ol style="list-style-type: none"> 1. Canada is the only developed country without a national housing strategy. 2. Priority given to Ontario tax cuts and debt reduction at the expense of social housing programs. 3. The "invisible" degree of "protection" for tenants from the Tenant Protection Act. 4. The moratorium on social housing. 5. Lack of standards and regulations which ensure quality living in retirement homes. 6. Tribunals that hear eviction notices are not tenant-friendly. 7. Official Plan Amendment-2 overturned [protection of rental housing], but under appeal. 8. Monopoly of the Toronto Housing Company. 9. Change in eligibility for social housing. <p>Acute and Long-term Care</p> <ol style="list-style-type: none"> 1. Threat to universality of health care in Canada. 2. Deterioration of Ontario's health care system. 3. Poor funding of Community Care Access Centres and home care. 4. Lack of regulation of retirement homes. 5. Reductions in Ontario Health Insurance Program coverage. 6. Reductions in length of hospital stays without assuring adequate support in the community. 7. Semi-privatization of nursing homes.

The importance of these areas was verified through data collected from a Seniors Survey distributed at seniors' events and posted on the study's web site.³¹ These areas became the focus of inquiry into government actions and their consequences.

Four questions guided information gathering:

1. What policy decisions being made by governments are affecting seniors' quality of life?
2. How do these decisions affect their quality of life?
3. What factors are influencing governments to make these decisions?
4. What responses to these decisions could be made?

Phase 2: Collecting information

Sixteen focus groups and numerous interviews were conducted between November 1999 and April 2000. Eight focus groups of informed seniors addressed the first eight key topics. Participants were Advisory Committee members or recommended by Committee members. Next, four focus

groups sampled the cultural diversity of Toronto: Cantonese-speaking seniors, Portuguese-speaking seniors, a mixed group, and First Nations people. Finally, four focus groups of service providers and government representatives addressed health and long-term care, housing and income, transportation and healthy lifestyles, and access to information and seniors' voices. Additional interviews were conducted with informed seniors unable to participate in the focus groups. From these, topics emerged such as caregivers' concerns, dental care, and elder abuse. Interviews of up to 90 minutes were conducted by university staff and Coordinating Committee members.

Phase 3: Analyzing and synthesizing information

Discussions and interviews were tape-recorded and transcribed. These were carefully read and key themes identified. The text was broken into units of information and then combined into themes.³² The process of categorizing and forming themes was repeated until the best fit between the

TABLE III
Government Policy in the Housing and Health Areas

Housing

"Canada should have a policy that everybody should know about, that this is what we stand for. We need to have a clear policy on what being a Canadian citizen means in terms of housing. Money from the surplus should reactivate a federal commitment to housing."

"The Tenant Protection Act [the Ontario law that ended rent control] protects tenants from having money for food and having money to spend on other things."

Health Care

"The philosophy of the Harris government is the old American frontier system in which people are responsible for themselves. So you are responsible for your own welfare and you are responsible for your own health care and if you can't pay for it, then there is something wrong with you and you have to be punished."

"So then you get cuts in health services...lying on gurneys in hospital hallways and having to wait for surgery and not getting adequate care because there are not enough backup staff, nurses, and technicians."

"Facilities are encouraged to cut the fat and put the minimum number of health care workers within each area. Staff are increasingly asked to account for time on shifts through a variety of measurable tasks. A 'just enough time' emphasis is replacing a quality emphasis."

TABLE IV
Healthy Lifestyles, Income Supports, and Transportation

Healthy Lifestyles

"There have been tremendous cuts in [education] programs. We have been absolutely slaughtered because of changing fee structure [that requires greater payment by seniors]. Over 50% of programming was lost. People are not taking programs and they are going to become ill. Someone is going to be forced to look after that and there does not seem to be any of that bigger picture there."

"There is a wide range of financial resources and financial ability. Some seniors cannot take a holiday even if they would like to. They are highly dependent upon the recreational programs that you provide for them."

Income Supports

"The general feeling among people is that the way in which [Paul] Martin has succeeded in getting a bigger budget surplus, is on the backs of the elderly and the poor...not in a direct monetary sense, but in withdrawing from social programs, such as housing, health care, and education."

"When services are cut back, if [seniors] still need those services, they will have to pay for them ... The whole system is really squeezing seniors in a whole bunch of ways. I mean, that is [the case for] home care in Ontario, and in every single province seniors now pay co-payments and deductibles for drugs."

Transportation

"One of the questions asked for Wheel Trans eligibility [municipal transport for those with disabilities] was: 'Can you walk up stairs in your home?' One man I know who has had a stroke answered yes because he goes up his stairs backwards on his seat, one step at a time. He was cut off Wheel Trans. This is an extreme example, but for thousands of other seniors walking up a few stairs in your home is not the same thing as stepping onto a bus or taking 25 steps in the subway."

"If your only source of income is the Old Age Security and Guaranteed Income Supplement, you will receive about \$900 a month. A single or bachelor apartment costs \$600 or \$700 a month, leaving about \$200 for food and everything else. Obviously, this does not leave any money for public transportation. It is not accessible to such people."

data and the themes was achieved. Themes for each group or individual were written up as eight- to ten-page narratives and involved a team approach of the authors. A synopsis of key policy issues and identified policy solutions was prepared. Information was supplemented by reports and documents. Emphasis was upon information from the seniors' focus groups.

Phase 4: Taking action

The Action Phase involves assuring wide dissemination of study findings, lobbying

government departments for action, organizing of workshops and seminars, and assuring sustainability of the study network.¹²

RESULTS

Participants saw governments doing little listening to seniors. Policy decisions reflected this lack of sensitivity. Federally, Canada was identified as one of the few industrialized nations with no implemented formal plan for dealing with seniors

issues. Provincially, policy emphasis on cost and program reduction limited interest in seniors-supporting policies. Municipally, the legislated amalgamation of the six Toronto municipalities created policy uncertainty, such as the dissolution of the *Toronto Mayor's Committee on Aging* and reductions in seniors' education and recreation programs. Table I provides some results regarding hearing seniors' voices. Key policy concerns raised are provided below. The full report is available.¹²

Health and housing

Changes in federal and provincial housing and health policies were seen as threatening the well-being of many Toronto seniors. Both the federal and provincial governments have removed themselves from providing housing. The federal government is without a national housing policy and Ontario has cancelled new social housing and rent control.³³⁻³⁶ In the health area, the federal government reduced transfers and provincially, hospital funding has been reduced, without adequate resources being made available to community care.³⁷⁻³⁹ Table II provides the key policy issues identified; Table III provides comments.

Supporting healthy lifestyles

As a result of provincial downloading of costs, reductions in a range of city services and programs make it difficult for many seniors to maintain healthy lifestyles. These cuts have been acute in education and recreation programs.⁴⁰ Table IV provides illustrative findings from this and the policy areas of income supports and transportation.

Income supports

Many seniors – especially unattached seniors – live with very low incomes.⁴¹⁻⁴⁵ When combined with reduction of City and Provincial services, this situation has major consequences for seniors' health and well-being.

Transportation and mobility

This is an especially important area of concern for seniors with profound potential for health-related effects when transportation is not available.^{40,46} At the City level, access to special transportation has

been restricted and discounts for seniors for public transportation are minimal.

Changes in public health programming

Public health programming in Toronto used to have a strong emphasis on promoting healthy lifestyles among seniors. This has changed, however, as presented in Table V.

DISCUSSION

The *Improving the Quality of Life of Canadian Seniors Project* examined the effects of government policies on seniors' quality of life. Seniors did not see government policy-makers as being sensitive to seniors' concerns, an opinion shared by service providers.

One of the striking findings was the placing of the findings by our participants within a larger consideration of the roles and responsibilities of governments to its citizens. Cutbacks to services were seen as occurring in conjunction with decisions to reduce government expenditures and change the tax structure to favour the very well-off.^{47,48} Many participants saw privatization as behind the erosion of public services and supports important for maintaining the quality of life of Toronto seniors.^{49,50}

Determinants of health

Health Canada took direction from the Canadian Institute of Advanced Research (CIAR) in outlining health determinants.³⁰ Determinants identified as relevant for seniors – income and social status, social support networks, physical and social environments, personal health practices and coping skills, and health services – were verified in this study as valid. And whether or not these determinants of health are of good quality is determined by government policy-making.

There is, however, a disconnect between the Health Canada/CIAR determinants and many of the issues identified by seniors. Housing, transportation, and hearing seniors' voices were seen as important for seniors. Should housing and transportation be classified as part of the physical or social environments? What about hearing seniors' voices? Does participation

TABLE V
Changes in Public Health Programming for Seniors

"Public Health has always been the forerunner of health promotion education in Ontario and the other provinces. Then the federal government changed their focus a few years ago to something they call Population Health which means that every program that is now developed has to be amenable to every segment of society. But they don't seem to recognize that there is a difference between population cohorts. And the provincial level pulled out their funding from seniors programming with the exception of falls prevention or injury prevention, so that Public Health nurses who for many years provided health promotion education are no longer there. Nobody else is doing it, except in what comes through Parks and Recreation and through Elderly Persons' Centres, which is very limited."

in government policy-making have a place in the Health Canada/CIAR scheme of determinants?

In fact, the findings are more consistent with the "Social Determinants of Health" identified by a 1998 WHO Task Force.^{51,52} In the WHO scheme, health determinants include social status and income differences, stress, social exclusion, social support, unemployment, food, and transport.

But the best exposition of the determinants of health of Toronto seniors may be the ones obtained from seniors themselves: hearing seniors' voices, housing, acute illness care, long-term care, income supports, transportation and mobility, promoting healthy lifestyles, access to information, and hearing voices from cultural communities. Health workers and government policy-makers should consider the value of identifying sets of determinants from the experiences and perceptions of seniors themselves.^{21,22,53}

The value of participatory research

Participatory research is about those being studied having control over study development, implementation, and outcome. In this study, a Seniors Coordinating Committee directed the study with final say over decisions. Participatory also means paying attention to the views of seniors and those who work with them.

Knowledge obtained from this process is based on lived experience or wisdom. It is at least as valid, and maybe more so, than knowledge collected through traditional surveys, questionnaires, and observations.^{18-22,54-59} In this study – where a wealth of experience and wisdom was available through our participants – this information is essential. This approach democratizes decision-making and can foster community-level change in response to changing policy environments.⁶⁰

TOWARDS THE FUTURE

Participants placed policy decisions within the context of a societal vision. Many felt that Toronto and Canada were at choice points between a society where the market dominates the allocation of resources and services and one where the common good takes precedence through provisions of services associated with the welfare state.⁶¹⁻⁶⁹

United Nations principles for older persons of *independence, participation, care, self-fulfilment, and dignity* overlap with those in the Federal/Provincial/Territorial Ministers' seniors policy document of *dignity, independence, participation, fairness, and security*.^{70,71} The present study indicates a clear gap between government rhetoric and actions, the magnitude of which demands attention by the public health community.⁷²

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The views expressed in this report are those of individuals who participated in the project and do not necessarily reflect the views of Health Canada, the Associate Organizations, or individual members of the Advisory Committee.

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Style Requirements for Authors

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Submit one printed original of your paper and two reviewer copies (single-sided, double-spaced) including all figures and tables, accompanied by an electronic version. Number all pages consecutively, including abstract, abstract translation (if provided), text, acknowledgements, references, tables and figures.

Manuscripts of original articles should not exceed **2,000 words** in length. Short Reports, which will get priority for publication, should not exceed **800 words**; it is not necessary to provide an abstract for a short report. Please provide a word count for your article.

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