Educational Gerontology

Aging Research Across Disciplines: A Student-Mentor Partnership Using the United Nations Principles for Older Persons

Kate Dupuis, Shanna Kousaie, Walter Wittich, Pat Spadafora

A Centre for Research on Biological Communication Systems, Department of Psychology, University of Toronto at Mississauga, Mississauga, Ontario, Canada
B Centre for Research in Human Development, Department of Psychology, Concordia University, Montreal, Quebec, Canada
C Department of Neurology & Neurosurgery-Neuroscience, McGill University, Montreal, Quebec, Canada
D Sheldon Elder Research Centre, Sheridan Institute of Technology and Advanced Learning, Oakville, Ontario, Canada

Online Publication Date: 01 April 2007

To cite this article: Dupuis, Kate, Kousaie, Shanna, Wittich, Walter and Spadafora, Pat (2007) 'Aging Research Across Disciplines: A Student-Mentor Partnership Using the United Nations Principles for Older Persons', Educational Gerontology, 33:4, 273 - 292

To link to this article: DOI: 10.1080/03601270701198802

URL: http://dx.doi.org/10.1080/03601270701198802

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: http://www.informaworld.com/terms-and-conditions-of-access.pdf

This article maybe used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
AGING RESEARCH ACROSS DISCIPLINES: A STUDENT-MENTOR PARTNERSHIP USING THE UNITED NATIONS PRINCIPLES FOR OLDER PERSONS

Kate Dupuis
Centre for Research on Biological Communication Systems, Department of Psychology, University of Toronto at Mississauga, Mississauga, Ontario, Canada

Shanna Kousaie
Centre for Research in Human Development, Department of Psychology, Concordia University, Montreal, Quebec, Canada

Walter Wittich
Department of Neurology & Neurosurgery-Neuroscience, McGill University, Montreal, Quebec, Canada

Pat Spadafora
Sheldon Elder Research Centre, Sheridan Institute of Technology and Advanced Learning, Oakville, Ontario, Canada

The authors thank the Canadian Institutes of Health Research for their generous support. Special thanks to Rebecca Hart, a Sheldon Elder Research Centre (SERC) research assistant who aided in preparation of the questionnaire and data collection. We also thank Helen Hamlin, the International Federation on Ageing's main representative at the United Nations, New York, NY, for her insightful input on our work.

Portions of this manuscript were presented at the International Federation on Ageing 8th Global Conference, Copenhagen, Denmark, May, 2006.

Address correspondence to Kate Dupuis, University of Toronto, Department of Psychology, Mississauga, Ontario ON L57 1C6, Canada. E-mail: kated@psych.utoronto.ca
A grant from the Canadian Institutes of Health Research for training on communication and social interaction in healthy aging was used to support the collaboration of three students and one program mentor from various age-related backgrounds (e.g., vision, hearing, cognition, and social work) to develop a transdisciplinary and interinstitutional research program. The first project focused on integrating the United Nations Principles for Older Persons into a research agenda to gauge awareness of the principles in 100 seniors-related organizations in Ontario, Canada. The questionnaire elicited both quantitative and qualitative data related to the principles, and these data are discussed herein.

In 2002, a strategic training program for mentor-supervised graduate and postdoctoral students was funded by the Canadian Institutes of Health Research (CIHR) to focus on Communication and Social Interaction in Healthy Aging. A subsequent paper in Educational Gerontology (Scialfa, Pichora-Fuller, & Spadafora, 2004) introduced the grant as an effective means for promoting interdisciplinary research and the translation of research findings from lab to life. As a continuation, the present paper provides an example of one such interdisciplinary project conducted by three trainees (Dupuis, Kousaie, and Wittich) and one mentor (Spadafora) from the training program.

The authors of this paper first worked together at a workshop introducing effective means of social interaction with seniors (Scialfa et al., 2004) in August of 2004. They envisioned collaboration between their disparate research interests (hearing, cognition, and vision) and, once introduced to the United Nations Principles for Older Persons (UNP), agreed to use the UNP as a base for an interdisciplinary project. The principles are five-fold: independence, participation, care, self-fulfillment, and dignity. They were adopted by the UN General Assembly in 1991, in full awareness that people worldwide are living longer and healthier lives. They were an integral part of the International Year of the Older Person in 1999, which encouraged movement towards a society for all ages (United Nations, 1999), and were developed as guidelines for improving the lives of older persons. Although governments have been encouraged to incorporate the principles into their policies and national programs (United Nations, 2000), progress has been slow. Similarly, few researchers have investigated whether the UNP have been operationalized for use with older adults, or whether the principles have indeed been used as a benchmark to improve the lives of older adults. The first step of this collaboration was to develop a questionnaire to measure the degree to which the UNP are acknowledged,
operationalized, and implemented in seniors-related organizations across the province of Ontario, Canada. This questionnaire integrated questions concerning all five principles.

Each of the three areas in which the trainees conduct research relate to the UNP in a unique way. Although this article focuses on the questionnaire, a short description of how the principles of independence and participation can be applied to age-related changes in hearing, vision, and cognitive and linguistic functioning demonstrates how easily the UNP relate to basic research.

**HEARING**

Along with arthritis and hypertension, age-related hearing loss, termed presbycusis, is one of the most prevalent health conditions among seniors (Houston et al., 1999). Presbycusis affects approximately one-third of older adults; similar statistics are reported around the world (e.g., the U.S.: Tesch-Römer, 1997; Italy: Cacciatorne et al., 1999; and Scandinavia: Lupisakko, Kautiainen, & Sulkava, 2005). After the age of 75, the prevalence of age-related hearing impairment increases to almost 50% (Davis, 1989). Hearing aid fitting is an important part of rehabilitation, although less than one-third of presbycusics own a hearing aid (Davis & Mueller, 1987). Of this small number, many find it difficult to adjust to wearing hearing aids and refuse to wear them, which can negatively impact the older adult’s functioning. This low compliance rate is influenced by the difficulty of using hearing aids. Many are quite small, and older adults with concurrent visual (e.g., cataract, diabetic retinopathy) or motor (e.g., arthritis, Parkinson's disease) impairments may find it difficult to see and/or manipulate the necessary dials and settings.

Age-related changes in hearing can have a strong negative impact on communication. Research has shown that older adults with hearing loss are less likely to interact with friends. They are also more dependent on their caregiver (e.g., your spouse will have to repeat everything a friend tells you), which decreases independence. A decreased ability to hear conversations often leads to a decrease in participation. If it becomes too difficult or embarrassing for older adults to communicate with their peers (e.g., having to ask a friend to repeat a sentence four times), they will often reduce their participation in social activities. Indeed, higher levels of social isolation and a reduced confidence in communication abilities have been demonstrated in older adults who have a hearing loss (e.g., Heine & Browning, 2002; Villaume, Brown, & Darling, 1994).
VISION

Age-related vision impairment in western countries is most commonly caused by the onset of cataracts, glaucoma, diabetic retinopathy, or macular degeneration (Pascolini et al., 2004). Vision is our dominant sense, and the onset of this type of impairment often has devastating psychosocial, behavioral, and emotional consequences (Burmedi, Becker, Heyl, Wahl, & Himmelsbach, 2002a, 2002b; Wahl, Schilling, Oswald, & Heyl, 1999). The effects of age-related vision impairment can be linked to the UNP of Independence and of Participation. These are both aspects of an individual’s functioning that are greatly influenced by the consequences of vision impairment. Little previous work has focused on the UNP in the context of age-related vision impairment; however, it is a worthwhile endeavor to examine these principles from this standpoint (Overbury, Wittich, & Spadafora, 2005).

Maintaining independence in the face of adult onset vision loss creates challenges for the individual on several levels. Not only will the person have to adjust internally, but independence in the environment becomes a daily test. In addition, visual impairment, much like hearing loss, has been shown to contribute to social isolation among seniors (Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005) and reduced communication with others (Berry, Mascia, & Steinman, 2004). Overall, the onset of these sensory impairments drastically reduces an individual’s ability to maintain functional independence and participation skills, specifically from a communication perspective (Heine & Browning, 2002).

COGNITION AND LANGUAGE COMPREHENSION

Aging has also been associated with declines in cognition, which ultimately affect language comprehension. A prominent hypothesis in the literature that attempts to explain the language comprehension difficulties associated with aging is that older adults exhibit an inhibition deficit. A seminal paper by Hasher and Zacks (1988) proposes that older adults experience reduced efficiency of inhibitory processes. This results in an increase in the amount of irrelevant information that enters working memory (i.e., a multicomponent system that functions to retain and manipulate information while performing complex cognitive tasks [Baddeley & Hitch, 1974]) and receives sustained activation. The extra information causes difficulties in language comprehension because the working memory system may become overloaded with irrelevant information, drawing attention away from relevant aspects of the message that are being conveyed.
Given that language is our primary form of communication, it follows that difficulties in language comprehension lead to decreases in social interaction and increases in social isolation; this understandably has negative consequences for both the physical and mental health of older adults (Hall & Havens, 2001; Ryan & Butler, 1996). Furthermore, difficulties in language comprehension pose challenges for the implementation of the UNP. Specifically, an increased understanding of the nature of these comprehension difficulties will promote better communication and more effective and efficient implementation of the UNP within the aging population.

In addition to language comprehension difficulties, aging is associated with an increased risk of dementia. It is estimated that one out of four Canadians over the age of 65 suffers from some form of cognitive impairment, including dementia of the Alzheimer’s type. This number increases to two out of three Canadians over the age of 85 (Canadian Institutes of Health Research: Institute of Aging, 2005). Given increases in life expectancy, this means that the number of older adults suffering from some form of cognitive impairment is also increasing. In terms of the UNP, special considerations must be considered when implementing the principles in these populations.

**METHOD**

The main purpose of the study reported in this paper was to evaluate the awareness of the UNP in a representative sample of aging-related agencies in Ontario. There was also an attempt to understand the extent to which the UNP are operationalized, shared, and put into practice within each agency.

**Participants**

A database of agencies whose clientele are seniors was compiled from lists of organizations found on zip411.com, the Ontario Seniors’ Secretariat Web site, and the Ontario Long-Term Care Facility Employment Web site. The agencies were placed into four categories: long-term care facilities, retirement facilities, umbrella seniors’ organizations, and recreation centers. A random sample of 25 agencies was chosen from each list, for a total of 100 agencies.

**Materials and Apparatus**

The questionnaire was developed by Pat Spadafora, SERC Director, and Rebecca Hart, SERC Research Assistant and, at the time, a
second year student in Sheridan’s Social Service Worker-Gerontology Program. It was comprised of two parts (see Appendix A). In the first part, which contained four questions, participants were asked to describe their familiarity with the UNP and the level to which the UNP are available to members of their organizations. The closed-ended questions elicited yes/no responses. These were followed by open-ended questions designed to obtain more specific information regarding the familiarity and use of the UNP within each of the organizations. The second section contained six questions which addressed particular subsets of the principles and required more detailed answers. Specifically, participants responded using a five-point Likert scale or in a yes/no fashion. As in section 1, each question was followed up with an open-ended question in order to obtain qualitative and more meaningful data. Six questions were formulated that cover a broad spectrum of issues related to aging (residing at home, retirement, health care, decision making, exploitation, and personal development).

**Procedure**

A research assistant made preliminary phone calls to each organization to determine the appropriate contact person. If a contact person was not reached, the questionnaire was addressed to the organization in general. One questionnaire was sent to each agency along with a copy of the UNP (Appendix B) and a cover letter (Appendix C), written by Pat Spadafora, to explain the focus and aim of our work. Participants were asked to return the questionnaire in an enclosed prepaid postage envelope within one month.

**RESULTS**

A total of 25 of the 100 questionnaires were returned (25%). When the respondents were divided into agency type, 40% (10/25) were from long term care facilities, 28% (7/25) were from retirement facilities, 16% (4/25) were from umbrella seniors’ organizations, and 12% (3/25) were from recreation centers. A total of 3 respondents specified that they were from a seniors advocacy organization; 3 respondents added education and parks and recreation information services under the option for “other agency type.” Some respondents believed their organization fell into more than one category; therefore, percentages do not sum to 100% of respondents.
A minority of the respondents had been previously aware of the principles (32%). Awareness of the principles had mainly been attained through formal and informal education (50%), print media (38%) such as newspapers, and conferences. Of the respondents who were aware of the principles, 8% made the principles available to their clients; only 4% displayed them within their organization.

In the second section of the questionnaire participants were asked questions based on subsections of the principles. Quantitative and qualitative data were gathered for each of the six questions. Responses to each question and its subsections are described here. Refer to Appendix A for the specific questions.

**Question 1**

Participants responded on a Likert scale with 1 being “not at all important” and 5 being “very important” that older adults remain living in their own home. This question corresponds to the principle of independence and subprinciple number 6 (Appendix B for the UNP). The majority of participants responded 4 or 5 (96%); one participant responded that their response would depend on the person’s health/situation. Participants were invited to report conditions they considered to be necessary for older adults to age in place. We then divided these conditions into a number of categories and determined what percentage of responses fell into each category. The largest number of respondents believed that home support services (36%), community supports (28%), access to affordable resources (28%), and transportation (28%) were the most important conditions. Interestingly, only one respondent (4%) felt that healthy cognition was a necessary condition for an older adult to remain in the home.

**Question 2**

The large majority of participants (92%) believed that older adults should choose when they wish to retire from the workforce. This question corresponds to the principle of independence and subprinciple number 3.

**Question 3**

The majority of participants (72%) believed that older adults receive appropriate access to health care. This question corresponds to the
principle of care and subprinciple number 11. The respondents’ suggestions for educating health and social service providers about the needs of older adults were divided into four themes: adult development and aging processes, service delivery, communication with and including older adults, and accessibility needs. When asked what services they considered to be useful to other professionals who interact with older adults (e.g., bankers, insurance companies), these four themes were again strongly represented, with the addition of information dissemination.

**Question 4**

The agencies represented by the respondents overwhelmingly involved older adults in decision making affecting their personal well being (which corresponds to the principle of participation and subprinciple number 7). Participants were further asked how the older adults were involved in this process. There were seven main themes of participation: program development, daily living decisions, working on the staff or as volunteers, program participation, health, care, and choosing third party advocacy. Furthermore, 13% of the respondents suggested an increase in public funding for seniors’ programs.

**Question 5**

The majority of participants reported that there were systems in place to support older adults who experience physical or mental abuse or exploitation (which corresponds to the principle of dignity and subprinciple number 17). Awareness of these systems was raised through five groups: police, seminars and workshops, the media, community and service providers, and residents’ rights (within a long-term care facility).

**Question 6**

The participants responded that the majority of the agencies had some volunteer positions that could lead to personal skill development for seniors (which corresponds to the principle of participation and subprinciple 8). Older adults at the facilities are made aware of these positions through the media, verbal communication (e.g., requests, word of mouth), promotional material produced by the facility, and community outreach.
DISCUSSION

The questionnaire administered in the current experiment was designed as a preliminary measure for determining awareness of the UNP among agencies that serve the senior population in Ontario. As the UNP were designed for seniors, and nations have been encouraged to implement these principles in their health care policies and procedures, we expected a high level of awareness of the UNP within the agencies. Interestingly, this was not the case; furthermore, awareness of the principles’ importance was low within the group surveyed. Only two of the organizations made the UNP available to their clients, while only one organization displayed the UNP. This suggests that the UNP are not being successfully disseminated to the population for which they were designed, and that the organizations that are aware of them do not recognize the implications of the UNP for seniors. That is, the principles are not being used as tools within organizations to accomplish the goal of improving the quality of life of the growing number of older adults in our society.

Not surprisingly, all but one of the respondents considered it important that older adults remain living in their own homes as long as possible. However, responses regarding the conditions necessary for older adults to age in place were varied and somewhat unexpected. Similar to those scientists who study perceptual and cognitive declines, we expected that healthy cognition and reductions in communication barriers (possibly through treatments or assistive devices to compensate for hearing and/or vision loss) would have been viewed as a priority by the respondents. However, these alternatives were considered important by only 4% of respondents (i.e., 1/25). This is a surprising result given the importance of these factors in maintaining autonomy and independence. The importance of these different factors may depend on the type of organization being surveyed. Further examinations of this question will subdivide the responses based on organization type.

The principles of independence and participation were implied in question two, and the results show that the majority of respondents believe older adults should choose their own retirement schedule. This question was especially relevant as mandatory retirement (at the arbitrary age of 65) was recently abolished by the government of Ontario (Ontario Ministry of Labour, December 12, 2005). The respondents may have been aware of and influenced by this recent development while completing the questionnaire. Legislation such as this supports the idea that, consistent with the UNP’s goals,
governments are working towards providing older adults with increased independence in their decision making.

In Canada, where universal health care is provided for all citizens, basic services are available to all older adults; but, due to physical and/or geographical constraints, many are not able to access these services. Service delivery methods are changing as technology improves. One example of a delivery-method change is the teleophthalmology service available in remote areas such as the Northern territories and the Gaspé (e.g., Burnier Jr., 2003). Educating older adults about these services will improve the quality of care they receive and expand the types of programs they can take advantage of. Education of older adults by older adults can also be implemented, leading to a more proactive approach to health care for this population.

The goal of our project was to use the UNP as a tool for research; however, the responses to questions four and six suggest that the UNP can also apply to policy development and community involvement. In accordance with the results from the previous question, in which communication and involvement by older adults in health care services was reinforced, it was especially interesting to note that a number of respondents suggested that seniors should become stronger advocates for their rights and service provision. This response was most apparent in question six, in which the participants discussed the various volunteer opportunities available to older adults within their organizations. These results support the hypothesis that the UNP can be used to initiate discourse on service provision and use by seniors.

The results from the questionnaire were recently presented at the 8th annual International Federation on Ageing’s Global Conference in Copenhagen, Denmark to great enthusiasm and interest. The next steps for this group include applying for a grant from the Canadian government to support the hiring of a research assistant to carry on the second phase of the research project. With the responses to our first questionnaire, we are now able to modify the original version and conduct a Canada-wide survey. Through use of an effective methodological tool, in this case the UNP, the four members of this project have been able to work together towards a common goal. This is so even though the theoretical perspectives in which the researchers were trained are very different. We think the current project is a prime example of the kind of interinstitution and transdisciplinary research that is encouraged by the CIHR training team and is necessary for further advances within the general area of aging research. This type of educational experience creates great
professional advantages for the participating students by allowing them to develop a broad approach to research questions relevant to aging. Not only are they able to connect with their future collaborators, they are exposed to the challenges of interdisciplinary work. By doing such work, students will benefit by developing the necessary collaboration and problem-solving skills that they will require as leaders in their respective fields.

REFERENCES


APPENDIX A: QUESTIONNAIRE ON THE UNITED NATIONS PRINCIPLES FOR OLDER PERSONS

United Nations (UN) Principles for Older Persons

In December 1991, the U.N. General Assembly adopted the *United Nations' Principles for Older Persons* (attached) which were proclaimed again during the International Year of Older Persons in 1999. Since the principles’ inception, governments have been encouraged to incorporate the five principles: Independence, Participation, Care, Self-Fulfillment and Dignity into their national programs whenever possible.

At the Sheridan Elder Research Centre (SERC), we are interested in learning more about both awareness of the principles and how the principles are being implemented. The purpose of this questionnaire is to present and re-examine the UN Principles for Older Persons as they pertain to older adults in Ontario. This anonymous questionnaire allows you to express your opinions and provide information about your experiences. Please return the questionnaire no later than November 30th, 2005, using the return envelope provided. Thank you in advance for participating in this survey.

SECTION 1

1. Were you previously aware of the UN Principles for Older Persons?

☐ Yes   ☐ No

If you answered yes, please tell us where and how you first became aware of the principles.

............................................................................................................
............................................................................................................
............................................................................................................
2. Are the United Nations’ Principles for Older Persons displayed within your agency/organization?

□ Yes □ No

If yes, what, if any, comments have you received about them?

............................................................................................................
............................................................................................................
............................................................................................................
............................................................................................................

3. Does your agency make copies of the United Nations’ Principles for Older Persons available to the population it serves?

□ Yes □ No

If you answered yes, please tell us how you distribute them to persons affiliated with your agency (staff and/or recipients of your service).

............................................................................................................
............................................................................................................
............................................................................................................
............................................................................................................

4. Are you familiar with the Madrid International Plan of Action on Ageing (adopted at the 2nd World Assembly on Ageing, Madrid, 2002)?

□ Yes □ No
SECTION 2

Please circle your response on the 5 point scale.

1. How important do you feel it is for older people to remain living in their own home?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all important</td>
<td>somewhat important</td>
<td>Very important</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please identify conditions that you believe are necessary in order for older persons to “age in place.” (Principle of Independence, sub-set #6)

- .................................................................
- .................................................................
- .................................................................
- .................................................................

2. Do you believe that older persons should be able to determine when they will retire from the workforce? (Principle of Independence, sub-set #3)

☐ Yes ☐ No

3. Do you think that older persons represented by or, in some way, affiliated with your organization have adequate access to health care that is appropriate to their needs? (Principle of Care, sub-set #11)

☐ Yes ☐ No

Do you have suggestions for further educating health and social service providers (including ophthalmologists and audiologists) about working with an aging population?

- .................................................................
- .................................................................
- .................................................................
- .................................................................
In addition, do you have suggestions for further educating other sectors that have contact with older persons (e.g. pharmacists, architects, bankers, insurance companies et cetera) about working with an aging population?

- ...........................................................................................................
- ...........................................................................................................
- ...........................................................................................................
- ...........................................................................................................

4. At your agency/organization, are older persons involved in decision making that directly affects their well-being? *(Principle of Participation, sub-set #7)*

☐ Yes    ☐ No

If you answered yes, in what ways are they involved?

...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................

Are there other ways in which you feel they could be involved? Please describe.

...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................
5. Are you aware of support systems in your area for older persons who experience exploitation and physical or mental abuse (Principle of Dignity, sub-set #17)?

☐ Yes  ☐ No

If you answered yes, how are older persons made aware of these supports?

............................................................................................................
............................................................................................................
............................................................................................................
............................................................................................................

6. Are there volunteer opportunities within your agency/organization that allow older persons to develop personal skills and interests (Principle of Participation, sub-set #8)?

☐ Yes  ☐ No

If you answered yes, in what ways are older persons made aware of these volunteer opportunities?

............................................................................................................
............................................................................................................
............................................................................................................
............................................................................................................

Additional Comments:

............................................................................................................
............................................................................................................
............................................................................................................
............................................................................................................
Type of agency/organization you represent:

☐ Long term care facility  ☐ Retirement facility

☐ Seniors’ Recreation Centre  ☐ Seniors’ advocacy or self-advocacy organization

☐ Umbrella seniors’ organization  ☐ Other

APPENDIX B: UNITED NATIONS PRINCIPLES FOR OLDER PERSONS

Independence

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.

2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.

3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

4. Older persons should have access to appropriate educational and training programmes.

5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

6. Older persons should be able to reside at home for as long as possible.

Participation

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

9. Older persons should be able to form movements or associations of older persons.
Care

10. Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values.

11. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.

13. Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-Fulfillment

15. Older persons should be able to pursue opportunities for the full development of their potential.

16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.
October 25th, 2005

Dear Questionnaire Recipient

Re: United Nations (UN) Principles for Older Persons

At the Sheridan Elder Research Centre (SERC), we are working with a number of partners including the NGO (non-governmental organization) Committee on Ageing at the UN in New York in an effort to more widely disseminate the UN Principles for Older Persons and to assist organizations in implementing them.

As one part of this initiative, I am pleased to send you a questionnaire designed to provide us with a snapshot about general awareness of the principles as well as how they are being operationalized. You have been selected to receive this questionnaire as representing an agency or organization that we believe has a specific interest in the spirit of the principles.

I would like to thank you in advance for taking time out of your busy schedule to complete the questionnaire. Through the thoughtful responses of questionnaire recipients, we will gain an emerging picture about the how the principles are being implemented.

Please return the questionnaire in the enclosed self addressed, stamped envelope no later than November 30th, 2005.

I look forward to hearing from you at your earliest convenience.

Regards,

Pat Spadafora
Director
Sheridan Elder Research Centre (SERC)
Sheridan Institute of Technology and Advanced Learning
Oakville, Ontario
L6H 2L1
Tel: (905) 845-9430, extension 8615