National Leadership Training Initiatives Project

GUIDELINES FOR LEADERS OF PHYSICAL ACTIVITY PROGRAMS IN LONG-TERM CARE, HOME CARE & THE COMMUNITY

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CANADIAN CENTRE FOR ACTIVITY AND AGING
NATIONAL LEADERSHIP TRAINING INITIATIVES PROJECT

Guidelines for Leaders of Physical Activity Programs in Long-Term Care, Home Care & The Community

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Prelude

Introduction
In 1991, Health Canada, Fitness Division, in cooperation with the Secretariat for Fitness in the Third Age, the National Advisory Committee, provincial and territorial governments, and consultation participants from across the country, released the document “Move Through the Years: A Blueprint for Action.” The document represented a national framework for use by individuals and groups in addressing current and future needs related to active living and older adults. As such, it provided a collective direction for the undertaking of many initiatives to promote active living for older adults in Canada.

As a follow up to the original document, “A Blueprint for Action for Active Living and Older Adults” was published in 1999, outlining guiding principles and priority goals that addressed the active living needs of older adults. In an effort to address the goals of the blueprint, the Canadian Centre for Activity and Aging (CCAA), with funding from Health Canada, took the lead in a project to develop guidelines for leaders of physical activity programs for older adults.

This project specifically addresses the following:

- **Goal 2**: To develop competent leaders in active living who can meet the needs and interests of older adults
- **Goal 4**: To strengthen delivery systems and improve levels of cooperation, coordination and communication among organizations with an interest in active living and older adults
- **Goal 6**: To identify, support and share research priorities and results in aging and active living

Due to the varied functional ability levels of older adults, the leaders were divided into three sectors: those leading group exercise programs in the community, those leading programs for homebound older adults and those working in a long-term care environment. From this project, three separate documents were developed, one for each sector. At this time they are guidelines and recommendations, but our hope is that they will lead to the development of a national certification process.

Process of Development

Step 1: Investigated Existing Programs

Information was collected for each of the three sectors. The following is a brief summary for each sector:
Long-Term Care
In February 2001, the CCAA conducted a survey of long-term care facilities across Canada to look at physical activity programming. They found that the quantity and quality of programs varied, with only warm up and stretching as common components. Program leaders were predominantly from recreation and leisure backgrounds, with no specific training in physical activity programming. Many respondents requested help in developing programs and expressed an intense need for direction related to programs for frail older adults in long-term care facilities.

Home Care
Research into home care services provided across Canada revealed that there is no designated service providing older adults with general exercise programs. The only related services are those that follow an injury, surgery or hospital stay. These services are provided by a physiotherapist, are often short term, and the exercises provided are usually specific to the injured area. Researchers at the CCAA developed the Home Support Exercise Program (HSEP) to provide exercise opportunities for frail seniors in their homes through home support workers (Tudor-Locke et al., 2000). In Ontario, the Home Support Exercise Program has been implemented successfully in some areas, proving that it is feasible to deliver this service. Other provinces are in the process of piloting this program as well. For a description of the research study please see the Appendix.

Community
A search was done for information on leadership training programs for leaders of physical activity programs for older adults. In Canada, the provincial fitness associations follow the NFLAC guidelines, requiring all participants to become certified as general fitness instructors before taking the Older Adult module. Most affiliates, when interviewed, reported that their older adult modules were either no longer being offered or were in need of updates. Those interviewed said they would like up-to-date information and help with developing and delivering the older adult modules. In 1998, American Standards for Preparing Senior Fitness Instructors were published, but based on our investigation, these standards do not appear to have been adopted nationally. The Seniors Fitness Instructor Course (SFIC), developed by the CCAA, trains peer leaders to run safe and effective programs without requiring previous fitness instructing experience or education. Since 1990, almost 1300 leaders from four provinces (Ontario, British Columbia, Nova Scotia and Manitoba) have been trained, with 344 going on to formal certification.

Step 2: Identified potential stakeholders

Individuals were identified from the following four areas:
Government representatives from departments of health and community care, continuing care, seniors programs, special care homes, home care, sport and recreation
- Provincial long-term care associations, home support associations, fitness associations
- National or provincial associations related to health and fitness (NFLAC, Red Cross, VON)
- Educational institutions

These individuals and organizations were provided with information about the project and invited to participate in a national forum in London, Ontario.

**Step 3: Brought together interested parties**

The Canadian Centre for Activity and Aging, with funding from Health Canada, conducted two forums to develop guidelines for the training of leaders of physical activity programs for older adults. Nancy Dubois, from the Health Communication Unit at the Centre for Health Promotion, University of Toronto, facilitated both. Delegates attended presentations on current research in the field of aging and physical activity as well as on existing programs and guidelines. In addition, the delegates were given many opportunities to network and share information in an attempt to foster communication and collaboration among the different organizations.

The first forum, held on October 25, 26, 27, 2001, concentrated on the long-term care sector. Representatives from each of the ten provinces and two territories (Yukon and NWT) attended. There were 30 participants in total. (For a complete list of participants see Appendix 1.) Delegates were divided into groups and asked to identify the areas of knowledge that are important for those leading physical activity programs in long-term care. They decided that, in addition to guidelines for the exercise leaders, there should be guidelines for the individuals who will be responsible for training these leaders (referred to as trainers) and the organizations that design and coordinate the training (referred to as the training organization). In small groups, the delegates started to develop guidelines for each of the identified areas of knowledge and were then given an opportunity to share this information and comment as a large group.

The second forum, held on April 11, 12, 13, 2002, combined home care and community. There were 33 delegates, representing the 10 provinces and two territories (Yukon and Nunavut). (For a complete list of participants see Appendix 1) The delegates were separated into either home care or community groups and asked to review the document developed for the long-term care sector to determine what changes and additions were necessary for the home care and community sectors. After identifying the areas that needed modification, they were asked to make a first attempt at writing guidelines specific to their sector. They were then given an opportunity to share information and comment as a large group.
Step 4: Prepared Document of Guidelines

Following the October 2001 forum, the information collected over the three days was used to develop a document with core guidelines and guidelines specific to long-term care. This was sent to all delegates to review and make recommendations. The core guidelines were used as a starting point for the delegates at the April 2002 forum.

It is important to distinguish between competencies measuring knowledge (cognitive), skills (psychomotor) and values (affective) for evaluation purposes. Each of the three competency areas would be evaluated in a different way; knowledge through a written or oral examination, skills through a practical observation using a checklist and values through the responses and actions of the individual throughout the training and on written and practical exams.

Following the second forum, three separate documents were developed. Volunteers from the home care and community sector worked with the CCAA to further refine the guidelines for these sectors.

As part of this review, the home care representatives identified that the individuals leading the older adults in exercise would not necessarily have the educational background necessary to design exercise programs. If the program were not going to be a set program of exercises like the HSEP, there would need to be an additional person (exercise program developer) involved. To accommodate this need, guidelines were included for the exercise program developer.

In the community sector, delegates identified two possible entry points for leaders, those with priorNFLAC certification as general fitness instructors and the peer leaders with no previous fitness leader certification or experience. Separate guidelines were written for each possible entry point.

The three documents were sent to all delegates to review and their recommendations were used to prepare a draft to be sent to other stakeholders. All of the feedback received was taken into consideration for the final draft. The document and supporting information will be translated into French and will be made available to all interested parties.

DEFINITIONS OF TERMS

Affective Competencies – Behaviour-based and reflecting an attitude or value

Cognitive Competencies – Competencies that relate to knowledge and intellect

Competency – A cluster of interrelated behaviours, knowledge, skills, attitudes and values required for performing effectively in a particular area

Exercise Program Designer – Responsible for designing individual exercise programs to be delivered by the leader (HCA or PSW) in the clients’ homes.
Functional Abilities – The physical and mental attributes necessary to perform self-care activities including mobility, grooming, dressing, eating and toileting.

Functional Fitness – Exercise or physical activities that improve or maintain an individual’s ability to perform the activities necessary for daily living.

Home Care Attendant (HCA) – An individual who has a Home Care Attendant Certificate from an accredited training facility. The HCA provides personal care and helps the frail, elderly, cognitively impaired and physically disabled individuals with activities of daily living.

Knowledge – The ability to recall the underlying principles and theories, and the names of the parts, tools, resources and forms required to perform a task.

Leader – The individual who is leading the exercise program with the older adult.

Learned Helplessness – A perceived loss of control over environmental interactions and an expected loss of control over future interactions experienced by individuals upon entering a long-term care facility. This leads to a decline in abilities beyond that of normal aging and is characterized by increased dependency, passivity, apathy and depression.

Personal Support Worker (PSW) – An individual who has a Personal Support Worker certificate from an accredited training facility. The PSW provides personal care and helps the frail, elderly, cognitively impaired and physically disabled individuals with activities of daily living.

Psychomotor Competencies – Skills-based competencies based on practice and ability.

Restorative Care – The restoration or maintenance of physical functional and / or psychosocial abilities.

Skill – The demonstrated ability to apply knowledge and understanding in performing a task.

Trainer – The individual conducting the training session for the leaders.

Training Organization – The organization responsible for designing and delivering the training programs and for ensuring that trainers and leaders meet the performance standards.
GUIDELINES FOR LEADERS IN LONG-TERM CARE

1. Entry guidelines - to be accepted in the training

1.1 To access training for fitness leaders in long-term care, it is recommended that participants have prior knowledge and / or experience in a related field.

This may be achieved by a minimum of one or more of the following:

1. Diploma or certificate in health related field
   a. health care aide, personal support worker, physiotherapy aide, occupational therapy aide, registered nurse or registered practical nurse
2. Diploma or certificate in a fitness related field
   a. kinesiology, recreation, general fitness leadership training course
3. Diploma or certificate in gerontology
4. Minimum of two years experience in one or more of:
   a. fitness leadership
   b. long-term care facility
   c. health care

2. Performance Standards

Physiology and the aging process

Leaders must understand the physiological process of the aging population and its relationship to physical activity.

Competencies:

1. Understand basic anatomy and physiology (Cog.)
2. Understand body mechanics, joint kinetics and movement processes (Cog.)
3. Be aware of the changes with natural aging to the systems that provide and support movement in the body (Cog.)
4. Understand the effect of physical activity on these systems (Cog.)

Exercise Prescription

Leaders must be aware of appropriate exercise prescription based on programs that have been proven safe and effective through research with older adults.

Competencies:

1. Be aware of research in the field of aging and physical activity (Cog.)
2. Understand the principles of exercise prescription (specificity, progressive overload, FITT) (Cog.)
3. Know the appropriate exercises for strength, balance, flexibility and cardio respiratory fitness for older adults (Cog.)
4. Choose exercises based on established goals for the residents (Psych.)

**Evaluation and Program Design**

Leaders must demonstrate the ability to use an initial evaluation to assess participants’ ability to participate and to choose appropriate activities to include in the program. Assessment tools should include, but not be exclusive to, participants’ lifestyle, history, relevant conditions, physical capabilities, cognitive capacity and personal goals and needs.

**Competencies:**
1. Demonstrate the importance of evaluation for designing safe and effective physical activity programs for older adults (Aff.)
2. Engage the participation of all interested parties (participant, family, caregivers) (Psych.)
3. Know which tools to use based on the individual being assessed, being aware of physical limitations that may lead to safety issues and cognitive deficits that may affect the results (Cog.)
4. Implement each assessment tool effectively (Psych.)
5. Understand and demonstrate how to identify needs and set goals based on analysis of data (Psych.)
6. Translate goals into program content (Psych.)
7. Determine when to access advice from another health professional (doctor, physiotherapist) regarding clinical aspects e.g. cognition, disease processes, physical capabilities (Psych.)

Leaders must understand the importance of regular evaluation using measurable outcomes to ensure that the program continues to be effective and appropriate.

**Competencies:**
1. Understand the reason for using each assessment tool and how often to reassess (Cog.)
2. Be aware of which tools to use based on the reliability and validity of the tool, and any physical or cognitive deficits that may affect the results (Cog.)
3. Know which tools are appropriate for measuring functional outcomes related to physical activity programming (Cog.)
4. Know which tools to use for measuring adherence to the exercise program (Cog.)
5. Interpret data and make appropriate modifications to the program (Psych.)
6. Decide if a resident should be removed from a program or referred elsewhere for evaluation and treatment (Psych.)

**Program Design - Disease related effects**

Leaders must have knowledge of diseases related to aging, including but not limited to: arthritis, multiple sclerosis, Chronic Obstructive Pulmonary Disease (COPD), osteoporosis, diabetes, Alzheimer Disease and other dementias, Parkinson’s Disease, cardiovascular disease, post-polio syndrome, cancer, and the functional limitations associated with the disorder.

**Competencies:**
1. Understand the etiology of the disease (Cog.)
2. Be aware of the complications and limitations imposed on the individual (Cog.)
3. Know the benefits of physical activity (Cog.)
4. Know appropriate exercise interventions (Cog.)
5. Be aware of contraindicated exercises (Cog.)

**Program Design - Safety and Injury Prevention**

Leaders must understand exercise program design and know how to adapt programs to meet the needs of participants using available resources.

**Competencies:**
1. Know how to use equipment to enhance program design (Cog.)
2. Know how to use space effectively to account for safety issues and the needs of clients with visual, hearing or cognitive impairments (Cog.)
3. Be aware of emergency procedures (Cog.)
4. Assess staffing needs to deliver safe and effective programs (Psych.)
5. Understand accessibility and scheduling issues that may prevent participation (Cog.)
6. Understand safety issues related to medications, contraindicated exercises and the screening of participants (Cog.)

**Program Design – Functional Fitness**

Leaders must understand and be able to apply the concept of functional fitness, being aware of the role that each individual plays in developing and implementing a fitness program geared toward improving function.

**Competencies:**
1. Define the terms “restorative care, functional fitness, functional abilities” and “learned helplessness” (Cog.)
2. Explain these terms to other staff members and demonstrate the significance of each (Psych.)
3. Demonstrate the value of physical activity in increasing the resident’s functional ability (Aff.)
4. Be aware of the roles of all staff in increasing the functional abilities of residents (Cog.)
5. Design programs and demonstrate exercises to improve residents’ functional abilities (Psych.)
6. Demonstrate these exercises to other caregivers, family or staff to allow them to assist with the resident's care (Psych.)

Leadership - Motivation

Leaders must have the knowledge and ability to motivate residents to participate in physical activity programming and to recognize the limitations of individuals.

Competencies:
1. Understand behaviour modification techniques and the stages of behaviour change for use with both the residents and those who influence them. (Cog.)
2. Be aware of the psychosocial benefits of physical activity and the ability to explain this to residents (Cog.)
3. Know the psychosocial components of institutionalized care, including the concept of learned helplessness. (Cog.)
4. Understand the link between the social, spiritual and physical domains (Cog.)
5. Accept those who absolutely refuse to participate (Aff.)

Leadership - Communication

Leaders must have the skills necessary for communicating effectively with older adults from varied cultural and educational backgrounds and with visual, hearing or cognitive impairments to help them understand the importance of physical activity in improving their functional abilities.

Competencies:
1. Communicate in simple terms that individuals from diverse cultural and educational backgrounds can understand (Psych.)
2. Communicate effectively with participants with visual, hearing and cognitive impairments (Psych.)
3. Teach exercises and movements using terms of reference that older adults with limited knowledge of the body and/or exercise will understand (Psych.)
4. Draw on residents’ experiences to involve them in the planning of activities (Psych.)
5. Apply the principles of adult learning in a physical activity setting (Psych.)
6. Provide positive motivation, dispel common myths about exercise and make residents aware of their true potential (Psych.)
Teamwork

Leaders must be able to communicate effectively with other staff to increase the awareness of the physical activity / functional fitness programs and promote an interdisciplinary approach to care.

Competencies:
1. Explain and document the results of assessments to the resident, family and other staff/caregivers in terms that they will understand (Psych.)
2. Lead the resident, family and other care providers in setting goals based on assessment results and residents’ needs (Psych.)
3. Use communication and multidisciplinary documentation as forms of accountability (Psych.)

3. Exit Criteria - to become recognized

To be recognized as leaders of physical activity programs for older adults, trainers should prove that they have met all of the entry requirements and performance standards listed above.

This can be accomplished by:
1. Documenting courses or certifications which satisfy entry requirements
2. Completing a theoretical evaluation, which measures competencies identified as cognitive (Cog.) in the performance standards
3. Completing a practical evaluation that measures competencies identified as psychomotor (Psych.) in the performance standards

4. Maintenance Criteria - to remain a recognized leader

To remain effective fitness leaders for older adults, it is recommended that leaders keep up-to-date on current trends and practices related to physical activity for older adults.

This may be achieved by:
1. Documenting participation in approved continuing education courses or conferences related to either fitness or gerontology.
3. Leading a minimum of 50 hours or two to three programs of physical activity with older adults each year.
COMMUNITY GUIDELINES

Part 1: Guidelines for NFLAC certified Leaders

1. Entry guidelines - to be accepted in the older adult module

To be accepted into the older adult module it is recommended that participants have previous knowledge and experience as certified fitness leaders.

This can be achieved by:
- 1. Completing an accredited (NFLAC) fitness leaders program

2. Performance Standards

The aging process

Leaders must have knowledge of the physiological and social-psychological effects of aging and the relationship of physical activity.

Competencies:
- 1. Know the probable age-related changes to the systems that provide and support movement in the body (Cog.)
- 2. Be aware of potential change to emotional and social-psychological well being related to aging (Cog.)
- 3. Understand the effects of physical activity on these systems (Cog.)

Exercise Prescription

Leaders must have knowledge of appropriate exercise prescription based on programs that have been proven safe and effective through research with older adults.

Competencies:
- 1. Be aware of research in the field of aging and physical activity programs (Cog.)
- 2. Understand appropriate exercises for strength, balance, flexibility and cardio-respiratory fitness for older adults (Cog.)
- 3. Choose appropriate exercises based on the health history, current health status, needs assessment and established individual and/or group goals of the participants (Psych.)
- 4. Know how and when to modify exercises for various levels of ability and function (Cog.)
- 5. Incorporate progressive exercises and make decisions about how and when to challenge individual participants (Psych.)
Screening and Evaluation

Leaders should be able to conduct a participant safety screen to determine an individual’s eligibility or limitations to participating in an exercise program.

Competencies:
1. Understand what information is required to allow participation in an exercise program (Cog.)
2. Understand or have access to information on conditions or medications that have precautions or contraindications for exercise (Cog.)
3. Know when to seek medical clearance (Cog.)
4. Maintain up-to-date information on participants and advise them to inform their leader of changes to their condition (Psych.)
5. Respect the individual’s right to confidentiality (Aff.)

Leaders must demonstrate the ability to use an initial evaluation to assess participants’ abilities and to choose appropriate activities to include in the program.

Competencies:
1. Engage all interested parties in participation (participant, family,) (Psych.)
2. Determine which tools to use on particular individuals and what physical limitations may lead to safety issues (Psych.)
3. Implement each assessment tool effectively (Psych.)
4. Understand how to use the results to identify needs and set program goals and objectives (Cog.)
5. Understand how to incorporate these goals and objectives into program design (Cog.)
6. Determine when to access advice from other health professionals regarding clinical aspects e.g. cognition, disease processes, physical capabilities (Psych.)

Leaders must be able to evaluate programs using measurable outcomes, ensuring effective and appropriate programming.

Competencies:
1. Understand the value of evaluation in program design and delivery (Cog.)
2. Understand which tools are appropriate for measuring outcomes related to physical activity programming (Cog.)
3. Understand which tools to use for measuring adherence to the exercise program (Cog.)
4. Choose tools that are appropriate for the exercise setting and realistic for the time and resources available (Psych.)

Program Design
Leaders must be knowledgeable about exercise program design and have the ability to adapt programming to meet the needs of participants using available resources.

Competencies:
1. Know how to use equipment to enhance program design (Cog.)
2. Know when to use music and what is appropriate (Cog.)
3. Understand how to assess staffing needs for delivery of safe and effective programs (Psych.)
4. Be aware of facility accessibility, transportation, financial and scheduling issues that may prevent participation (Cog.)
5. Be aware of the importance of healthy lifestyle education and socialization for older adults (Cog.)
6. Understand safety issues related to medications, contraindicated exercises and screening of participants (Cog.)

Leaders must have knowledge of diseases associated with the aging process including but not limited to: arthritis, osteoporosis, diabetes, cardiovascular disease, stroke and the relationship of these diseases to physical activity.

Competencies:
1. Understand the etiology of the disease (Cog.)
2. Understand the complications and limitations imposed on the individual (Cog.)
3. Be aware of the benefits of physical activity (Cog.)
4. Know appropriate exercise interventions (Cog.)
5. Know where and how to access information on diseases and related exercise precautions (Cog.)
6. Determine when to recommend an alternative program to participants or that they seek medical advice before continuing in the program (Psych.)

**Nutrition for Older Adults**

Leaders must have a general knowledge of healthy eating habits for older adults. (Canada’s Food Guide).

Competencies:
1. Understand the basic nutritional requirements for older adults (Cog.)
2. Understand and recognize the social, environmental, psychological and physical factors that contribute to meeting the nutritional needs of the older adult population (Cog.)
3. Educate participants on basic nutritional techniques to maintain intake and meet nutritional requirements (Cog.)
4. Understand when to refer an older adult to a registered dietician or related health professional for specific nutritional consultation (Cog.)
Leadership

Leaders must have the skills necessary for communicating effectively with older adults.

Competencies:
1. Communicate in simple terms with individuals from diverse cultural and educational backgrounds (Psych.)
2. Communicate effectively with participants with visual, hearing and cognitive impairments (Psych.)
3. Teach exercises and movements using terms that older adults with limited knowledge of the body and/or exercise will understand (Psych.)
4. Apply the principles of adult learning in a physical activity setting (Psych.)
5. Give appropriate feedback (Psych.)
6. Demonstrate good listening skills and be receptive to feedback from participants (Psych.)

Leaders must demonstrate the knowledge, compassion and the ability to motivate clients to participate.

Competencies:
1. Understand behaviour modification techniques and the stages of behaviour change for use with both the participants and their support network (Cog.)
2. Recognize the signs of depression and recommend medical intervention if necessary (Psych.)
3. Create a comfortable, welcoming, non-threatening atmosphere to draw in new participants and increase commitment to the exercise class (Psych.)
4. Provide accurate information to confirm the positive aspects of exercise and dispel misconceptions (Psych.)
5. Understand the psychosocial and physical benefits of physical activity and be able to explain these to participants and their caregivers (Cog.)
6. Understand the link between the social, spiritual and physical domains (Cog.)

3. Exit Criteria - to successfully complete the training and become recognized

3.1 To be recognized as leaders of physical activity programs for older adults, it is recommended that participants prove that they have met all of the entry requirements and performance standards listed above.

This can be accomplished by:
1. Documenting courses or certifications which satisfy entry requirements
2. Completing a theoretical evaluation that measures competencies listed as cognitive (Cog.).
3. Completing a practical evaluation that measures competencies listed as psychomotor (Psych.)
COMMUNITY GUIDELINES

Part 2: Guidelines for non-certified Leaders

1. Entry guidelines - to be accepted in the training

To access training as a fitness leader for older adults in the community, it is recommended that the leader have some related education or experience.

This can be achieved by:
1. Formal education in a health, fitness or gerontology program
2. Experience leading fitness programs
3. Experience working or interacting with older adults

2. Performance Standards

The aging process

Leaders must have knowledge of the physiological and social-psychological effects of aging and the relationship of physical activity.

Competencies:
1. Understand basic anatomy and exercise physiology (Cog.)
2. Understand body mechanics, joint kinetics and movement processes (Cog.)
3. Be aware of the probable age-related changes to the systems that provide and support movement in the body (Cog.)
4. Be aware of potential change to emotional and social-psychological well-being related to aging (Cog.)
5. Understand the effects of physical activity on these systems (Cog.)

Exercise Prescription

Leaders must have knowledge of appropriate exercise prescription based on programs that have been proven are safe and effective through research with older adults.

Competencies
1. Be aware of research in the field of aging and physical activity programs (Cog.)
2. Understand the principles of exercise prescription (specificity, progressive overload, FITT) and their application to older adults (Cog.)
3. Understand appropriate exercises for strength, balance, flexibility and cardiorespiratory fitness for older adults (Cog.)
4. Choose appropriate exercises based on the health history, current health status, needs assessment and established individual and/or group goals for the participants (Psych.)

5. Know how and when to modify exercises for various levels of ability and function (Cog.)

6. Incorporate progressive exercises and make decisions about how and when to challenge individual participants (Psych.)

Screening and Evaluation

Leaders should be able to conduct a participant safety screen to determine an individual’s eligibility or limitations to participating in an exercise program.

Competencies:
1. Understand what information is required to allow participation in an exercise program (Cog.)
2. Understand or have access to information on conditions or medications that have precautions or contraindications for exercise (Cog.)
3. Know when to seek medical clearance (Cog.)
4. Maintain up to date information on participants and advise them to inform their leader of changes to their condition (Psych.)
5. Respect the individual’s right to confidentiality (Aff.)

Leaders must be able to evaluate programs using measurable outcomes, ensuring effective and appropriate programming.

Competencies:
1. Understand the value of evaluation to program design and delivery (Cog.)
2. Understand which tools are appropriate for measuring functional outcomes related to physical activity programming (Cog.)
3. Understand which tools to use for measuring adherence to the exercise program (Cog.)
4. Choose tools that are appropriate for the exercise setting and realistic for the time and resources available (Psych.)

Leaders must demonstrate the ability to use an initial evaluation to assess participants’ abilities and to choose appropriate activities to include in the program.

Competencies:
1. Engage all interested parties in participation (participant, family,) (Psych.)
2. Determine which tools to use on particular individuals and what physical limitations that may lead to safety issues (Psych.)
3. Implement each assessment tool effectively (Psych.)
4. Understand how to use the results to identify needs and set program goals and objectives (Cog.)
5. Understand how to incorporate these goals and objectives into program design (Cog.)
6. Determine when to access advice from other health professionals regarding clinical aspects eg. cognition, disease processes, physical capabilities (Psych.)

Program Design

Leaders must be knowledgeable about exercise program design and have the ability to adapt programming to meet the needs of participants using available resources.

Competencies:
1. Know how to use equipment to enhance program design (Cog.)
2. Know when to use music and what is appropriate (eg. base elements, affect on mood, appropriate volume) (Cog.)
3. Understand how to assess staffing needs for delivery of safe and effective programs (Psych.)
4. Be aware of facility accessibility, transportation, financial and scheduling issues that may prevent participation (Cog.)
5. Be aware of the importance of healthy lifestyle education and socialization for older adults (Cog.)
6. Understand safety issues related to medications, contraindicated exercises and screening of participants (Cog.)

Leaders must have knowledge of diseases associated with the aging process including but not limited to: arthritis, osteoporosis, diabetes, cardiovascular disease, stroke and the relationship of these diseases to physical activity.

Competencies:
1. Understand the etiology of the disease (Cog.)
2. Understand the complications and limitations imposed on the individual (Cog.)
3. Be aware of the benefits of physical activity (Cog.)
4. Know appropriate exercise interventions (Cog.)
5. Know where and how to access information on diseases and related exercise precautions (Cog.)
6. Determine when to recommend an alternative program to participants or that they seek medical advice before continuing in the program (Psych.)

Leaders must be knowledgeable in facility safety to ensure that the environment is safe and appropriate for exercise.

Competencies:
1. Understand how to use the space effectively to account for safety issues and needs of clients with visual, hearing or cognitive impairments (Cog.)
2. Know precautions that should be taken during environmental extremes (e.g. high or low temperatures or excessive humidity) in the program area (Cog.)
3. Be aware of safety issues related to floor surfaces, proper footwear, lighting, acoustics, ventilation and accessibility to water and washrooms (Cog.)
4. Be aware of emergency procedures (location of telephones, address and postal code of facility, fire exit route, location of first aid kit and emergency contacts) (Cog.)
5. Know CPR, basic first aid and what should be included in a first aid kit (Cog.)
6. Be aware of the need to regularly inspect and maintain all equipment to ensure that it is in good working condition (Cog.)

Nutrition for Older Adults

Leaders must have a general knowledge of healthy eating habits for older adults. (Canada’s Food Guide).

Competencies:
1. Understand the basic nutritional requirements regarding the older adult (Cog.)
2. Understand and recognize the social, environmental, psychological and physical risk factors that contribute to meeting the nutritional needs of the older adult population (Cog.)
3. Educate participants on basic nutritional techniques to maintain intake and meet nutritional requirements (Psych.)
4. Understand when to refer an older adult to a registered dietician or related health professional for specific nutritional consultation (Cog.)

Leadership

Leaders must have skills necessary for communicating effectively with older adults.

Competencies:
1. Communicate in simple terms with individuals from diverse cultural and educational backgrounds (Psych.)
2. Communicate effectively with participants with visual, hearing and cognitive impairments (Psych.)
3. Teach exercises and movements using terms that older adults with limited knowledge of the body and/or exercise will understand (Psych.)
4. Apply the principles of adult learning in a physical activity setting (Psych.)
5. Give appropriate feedback (Psych.)
6. Demonstrate good listening skills and be receptive to feedback from participants (Psych.)

Leaders must demonstrate the knowledge, compassion and ability to motivate clients to participate in physical activity programming.

Competencies:
1. Understand behaviour modification techniques and the stages of behaviour change for use with both the participants and their support network (Cog.)
2. Recognize the signs of depression and recommend medical intervention if necessary (Psych.)
3. Create a comfortable, welcoming, non-threatening atmosphere to draw in new participants and increase commitment to the exercise class (Psych.)
4. Provide accurate information to confirm the positive aspects of exercise and dispel misconceptions (Psych.)
5. Understand the psychosocial and physical benefits of physical activity and be able to explain these to participants and their caregivers (Cog.)
6. Understanding the link between the social, spiritual and physical domains (Cog.)

3. Exit Criteria - to successfully complete the training and become recognized

3.1 To be recognized as leaders of physical activity programs for older adults, it is recommended that trainers prove that they have met all of the entry requirements and performance standards listed above.

This can be accomplished by:
1. Documenting courses or certifications which satisfy entry requirements
2. Completing a theoretical evaluation that measures competencies identified as cognitive (Cog.)
3. Completing a practical evaluation that measures competencies identified as psychomotor (Psych.)
GUIDELINES FOR HOME CARE

Part 1: Guidelines for the Leader (Home Care Attendant, Personal Support Worker)

1. Entry guidelines - to be accepted in the training

1.1 To access training for fitness leaders in home care, it is recommended that participants be affiliated with a certified home care agency or organization as either an employee or volunteer.

1.2 To access training for fitness leaders in home care, it is recommended that individuals also have a demonstrated skill in promoting physical activity, healthy aging or wellness for frail older adults.

2. Performance Standards

Program Implementation

Leaders must have the necessary knowledge and skills to properly demonstrate the exercises and ensure that clients perform them correctly.

Competencies:
1. Know proper body mechanics and posture (Cog.)
2. Demonstrate exercises using proper body mechanics (Psych.)
3. Recognize and ensure that clients perform exercises correctly to avoid the risk of injury (Psych.)
4. Recognize when to progress the exercise to meet the abilities and limitations of clients (Cog.)

Leaders must understand the proper use of equipment to enhance the clients program.

Competencies:
1. Understand precautions related to equipment use such as hand weights or bands (Cog.)
2. Find innovative, cost effective methods for incorporating resistance training and cardiovascular endurance (Psych.)

Evaluation

Leaders must have the knowledge and skill to use simple evaluation tools with measurable outcomes to ensure that the program continues to be safe, effective and appropriate for the client.
Competencies:
1. Value the importance of regular monitoring to ensure that the program continues to meet client needs (Aff.)
2. Understand the reason for using each assessment tool (Cog.)
3. Implement each assessment tool effectively (Psych.)
4. Know which tools are appropriate for measuring functional outcomes related to physical activity programming (Cog.)
5. Determine which tools should be used based on the individual being assessed and any physical or cognitive limitations that may lead to safety issues (Cog.)
6. Understand which tools to use to measure adherence to the exercise program (Cog.)
7. Motivate all interested parties (participant, family, caregivers) to participate (Psych)
8. Know when to discontinue an exercise or the exercise program and refer the client to another health professional for a more detailed assessment (Cog.)
9. Accurately record and report changes in clients’ physical condition and functioning (Psych.)

Leadership

Leaders must have the knowledge and ability to motivate clients to participate in physical activity programming and to recognize the appropriateness for, and limitations of, individuals.

Competencies:
1. Understand behaviour modification techniques and the stages of behaviour change for both the clients and those who influence them (Cog.)
2. Be aware of the psychosocial and physical benefits of physical activity and have the ability to explain these to clients (Cog.)
3. Value the importance of regular physical activity in maintaining or improving functional ability (Aff.)
4. Understand the link between the social, spiritual and physical domains (Cog.)
5. Accept those who absolutely refuse to participate (Aff.)

Leaders must demonstrate the ability to communicate effectively with other team members to increase awareness of the physical activity / functional fitness programs and promote an interdisciplinary approach to care.

Competencies
1. Follow directions provided by the supervisor, physician, physiotherapist or other professionals regarding the prescribed exercise program (Psych.)
2. Explain and document the results of assessments and the progression or cessation of exercises to the client, family and other staff / caregivers (Psych.)

3. Use communication and multidisciplinary documentation as forms of accountability (Psych.)

Leaders must have the skills necessary for communicating effectively with older adults from varied cultural and educational backgrounds or with visual, hearing or cognitive impairments, and their caregivers, to help them understand the importance of physical activity in improving functional abilities.

Competencies

1. Communicate in simple terms that individuals from diverse cultural and educational backgrounds will understand (Psych.)

2. Communicate effectively with participants with visual, hearing and cognitive impairments (Psych.)

3. Teach exercises and movements using terminology that older adults with limited knowledge of the body and/or exercise will understand (Psych.)

4. Draw on clients’ experiences to involve them in planning activities (Psych.)

5. Provide positive motivation, dispel common myths about exercise and make clients aware of their true potential (Psych.)

6. Apply the concepts of adult learning in a physical activity setting (Psych.)

3. Exit Criteria - to become recognized

3.1 To become recognized as a leader of physical activity programs for older adults, it is recommended that, leaders prove that they have met all of the entry requirements and performance standards listed above

This can be accomplished by:

1. Documenting courses or certifications which satisfy entry requirements

2. Completing a theoretical evaluation that measures competencies listed in the knowledge section of the performance standards.

3. Complete a practical evaluation that measures competencies listed in the skills section of the performance standards.
Part 2: Guidelines for the Exercise Program Designer

(If using a set program, that has been proven safe and effective for the population being served, there may be no need for an Exercise Program Designer. This individual would be called upon if there is a need to design specific programs for each client.)

1. Entry Criteria: to become recognized as program designer

To be qualified to design exercise programs for clients the designer must be affiliated with a professional agency related to physiotherapy, kinesiology, fitness, nursing or medicine.

Performance Standards

The aging process

Designers must understand the physiological and psychosocial process of aging and the relationship of physical activity to age-related changes.

Competencies:
1. Understand basic anatomy and physiology (Cog.)
2. Know body mechanics, joint kinetics and movement processes (Cog.)
3. Understand the changes with natural aging to the systems that provide and support movement in the body (Cog.)
4. Be aware of the effect of physical activity on these systems (Cog.)
5. Understand the emotional and psychological effects of aging (Cog.)

Program Implementation

Designers must know the appropriate exercise prescription based on programs that have been proven safe and effective through research with older adults.

Competencies
1. Be aware of research in the field of aging and physical activity (Cog.)
2. Understand the principles of exercise prescription (specificity, progressive overload, stress and rest, FITT) (Cog.)
3. Know appropriate exercises for strength, balance, flexibility and cardiovascular fitness for older adults (Cog.)
4. Be aware of the impact of cognitive impairment on exercise design and delivery (Cog.)
5. Choose exercises based on established goals for the clients (Cog.)

Designers must understand the diseases related to aging, including but not limited to: arthritis, osteoporosis, diabetes, Alzheimer Disease and other
dementias, stroke and cardiovascular disease and their relationship to physical activity.

Competencies:
1. Be aware of the etiology of the disease (Cog.)
2. Understand the complications and limitations imposed on the individual (Cog.)
3. Know the benefits of physical activity (Cog.)
4. Know appropriate exercise interventions (Cog.)
5. Be aware of where and how to access further information on diseases and their effect on exercise. (Cog.)

Designers must understand the concept of functional fitness and the role that each individual plays in implementing a fitness program geared toward improving the function of the client.

Competencies
1. Define the terms “functional fitness” and “functional abilities” (Cog.)
2. Explain these terms to other team members and demonstrate the significance of each (Psych.)
3. Be aware of the roles of all team members in increasing the functional abilities of residents (Cog.)

Designers must be knowledgeable of the issues related to implementing exercise programs and be able to design programs that will be safe, effective and realistic and can be delivered by leaders in clients’ homes.

Competencies:
1. Understand the use of accessible equipment (low cost or items found in the household) to incorporate progression and enhance program design (Cog.)
2. Understand how to effectively use space in the home to account for safety issues and the needs of clients with visual, hearing or cognitive impairments (Cog.)
3. Be aware of safety issues related to medications and contraindicated exercises (Cog.)

Evaluation
Designers must know how to conduct an assessment / evaluation and how to apply the results to their program design.

Competencies:
1. Understand the evaluation process and the tools that are used (Cog.)
2. Choose appropriate evaluation tools and modify as needed for the individual client (Psych.)
3. Understand how to interpret the results (Cog.)
4. Understand how to use the results to set goals and objectives for the client (Cog.)
5. Understand how to incorporate these goals into program design (Cog.)
GUIDELINES FOR THE TRAINERS

1. Entry Criteria - to be considered for status

1.1 To be considered for status as a trainer, it is recommended that the fitness leader have knowledge and experience related to the content of the course they will be facilitating.

This may be achieved by:
1. Complete the fitness leader course that they will be teaching
2. Complete all criteria and performance standards listed in the fitness leader section
3. Completion of a degree in Kinesiology, Physical Education (or equivalent)
4. Completion of special needs courses relevant to the population – Alzheimer’s, stroke, etc
5. Experience leading exercise programs for older adults in the corresponding sector
6. Completion of CPR and First Aid certification current within one year

1.2 To be considered for status as a trainer, it is recommended that the fitness leader have some prior knowledge of adult education practices.

This may be achieved by:
1. Formal training or certification in Adult Education
2. Experience in the design or delivery of courses or workshops for adult learners

2. Performance Standards

Functional Fitness

Trainers must have knowledge of the concept of functional fitness and the distinction between general physical activity and functional activity.

Competencies:
1. Define standard terms, including, but not exclusive to, “functional fitness”, “functional abilities,” “restorative care” and “learned helplessness” (Cog.)
2. Understand these terms so that each may be explained to leaders and the significance of each understood (Cog.)
3. Know which exercises have been proven to produce functional improvements in frail older adults (Cog.)
Leadership

Trainers must have knowledge of the agencies or environment through which the exercise programs will be delivered, in order to help leaders plan and implement functional fitness programs with an interdisciplinary approach.

Competencies:
1. Be aware of the roles that other individuals (staff, family, caregivers) play in providing care or support for older adult (Cog.)
2. Have an awareness of the provincial health care systems and organizations and an understanding of the purpose and mission (Cog.)
3. Be aware of any existing industry standards and policies around liability, risk management, safety, privacy and physical activity (Cog.)
4. Understand documentation procedures and other forms of communication within the organization (e.g. long-term care facility, home care agency, community center) (Cog.)
5. Be aware of the scheduled approach to care and service within the long-term care and home care environments (Cog.)

Trainers must understand the varied cultural and educational backgrounds of the leaders. Trainers must be able to present the materials in terms that all will understand.

Competencies:
1. Be able to evaluate the knowledge of participants before presenting information (Psych.)
2. Understand the educational backgrounds of the participants (what relevant information is covered in the courses / certifications that they have taken) (Cog.)
3. Be able to speak in terms that will be understood by all and to explain information at an appropriate level (Psych.)

Trainers must have the knowledge necessary to deliver the course using the principles of adult learning and ensure that all participants are engaged in the learning.

Competencies:
1. Know the principles of adult learning (Cog.)
2. Know the three types of learners (visual, auditory, kinesthetic) and the teaching methods best suited to each (Cog.)
3. Know a variety of teaching methods to meet the individual needs of participants (Cog.)
4. Be able to involve the leaders and encourage them to share their skills and knowledge with each other (Psych.)
5. Have the interpersonal skills to develop trust and create an atmosphere of comfort and acceptance for the leaders (Psych.)
Program Planning and Implementation

Trainers must demonstrate the skills needed to plan and implement the course.

Competencies:
1. Be able to translate learning objectives into lesson plans (Psych.)
2. Know what to include in course content and the amount of time needed to cover material (Cog.)
3. Know the distinction between presentation and facilitation (Cog.)
4. Be able to follow a proposed lesson plan and stay within the timelines (Psych.)
5. Demonstrate the ability to promote active participation of leaders in the learning process (Psych.)
6. Possess the required presentation skills to deliver material in an interesting and informative manner (Psych.)
7. Be able to effectively use audiovisual equipment to enhance presentation (Psych.)
8. Be adaptable to making changes to meet the emerging needs of the leaders (Psych.)

Evaluation

Trainers must have the knowledge and ability to evaluate participants to determine whether or not they meet the performance standards and criteria listed in the fitness leader section.

Competencies:
1. Know the criteria for successfully completing the training program (Cog.)
2. Be aware of the purpose for using each evaluation tool (Cog.)
3. Know the instructions for administering each evaluation tool (Cog.)
4. Be able to administer the evaluation and explain instructions to the participants (Psych.)
5. Know the marking scheme for both theoretical and practical evaluations (Cog.)
6. Be able to interpret answers and results to determine whether requirements have been met (Psych.)
7. Have the required observation skills to conduct a practical evaluation of competencies listed as psychomotor (Psych.)
8. Be able to provide constructive feedback for leaders that will enhance their learning experience (Psych.)

3. Exit Criteria – to become recognized as a trainer

To become recognized as a trainer for fitness leaders of older adults it is recommended that trainers prove that they have met all of the entry requirements and performance standards listed above.
This can be accomplished by:
1. Documenting courses or certifications which satisfy entry requirements
2. Completing a theoretical evaluation that measures knowledge-based competencies listed in performance standards
3. Completing a practical evaluation that measures skills-based competencies listed in performance standards

4. Maintenance Criteria – to remain a recognized trainer

To remain a recognized trainer, it is recommended that the trainer keep up to date on current trends and information in the field.

This may be achieved by:
1. Teaching a minimum of 2 courses/year
2. Maintaining prerequisites for certification
3. Obtaining continuing education credits through approved workshops, conferences and courses in either fitness for older adults or aging in general

To remain a recognized trainer, it is recommended that the trainer keep in regular contact with the training organization.

This may be achieved by:
1. Providing the training organization with evaluations and feedback from courses
2. Recommending curriculum changes as needed
3. Reviewing materials as changes are made to them
4. Reporting continuing education pursuits and accountability annually
GUIDELINES FOR THE TRAINING INSTITUTION (AGENCY)

1. Entry Criteria: To become recognized as a Training Institution for Leaders of Physical Activity Programs for Older Adults.

To be recognized as a training institution, the organization must be a member of, or be recognized by, a national certifying body.

Examples of these are:
1. Canadian Home Care Association
2. Canadian Health Care Association
3. Department of Health for the province
4. National / Provincial Fitness Association
5. National / Provincial Long-Term Care Association
6. Accredited College or University

To be recognized as a training institution, the organization must have a link with informal deliverers of service and with public and private sectors in order to share information.

To be recognized as a training institution, the organization must ensure that courses are planned and delivered with accessibility, heterogeneity of population and cultural diversity in mind.

This can be accomplished by:
1. Ensuring courses are held in accessible locations
2. Using technology that can be accessed by a wide variety of participants or by providing multiple options (email, internet, teleconferencing, video)
3. Using language and terms that can be understood by all participants and by providing explanations and translations as necessary

To be recognized as a training institution, the organization must ensure that the course content contains all of the necessary components and that the information provided is accurate and evidence-based.

This can be accomplished by:
1. Providing course materials such as manuals, overheads and presentations that ensure that the content addresses all competencies for each course
2. Providing content that is based on research
3. Producing clear, well-defined learning objectives
4. Providing both theoretical and practical learning opportunities
To be recognized as a training institution, the organization must ensure that courses are evaluated to ensure that requirements are being met, content is being presented in an effective manner and participants are gaining the skills and knowledge needed to become fitness leaders or trainers.

This can be accomplished by:
1. Providing a test of knowledge for participants
2. Providing a method of evaluating skills (checklist for observation)
3. Providing an evaluation form that provides feedback on course materials, content and trainers’ performance
4. Ensuring that results of all evaluations are reported to the training institution
5. Providing an opportunity for participants to voice feedback

To be recognized as a training institution, the organization must ensure that the individuals providing the training are knowledgeable and skilled in the content and delivery of the training programs.

This can be accomplished by:
1. Providing training for the trainers or access to a recognized Training for the Trainer program.
2. Evaluating trainers to ensure that they have the skills and knowledge required
3. Monitoring trainers to ensure that they continue to meet the requirements

To be recognized as a training institution, the organization must have a system in place for monitoring leaders to ensure that they meet the certification requirements.

This can be accomplished by:
1. Theoretical exam to ensure adequate knowledge
2. Practical exam to measure skills
3. Proof that requirements are met e.g. CPR, first aid if considered necessary

2. Maintenance Criteria: to remain a recognized training institution

To remain a recognized training institution, the organization must ensure that they provide support for trainers and leaders to ensure that they remain current and relevant in content / materials.

This can be accomplished by:
1. Providing continuing education and training opportunities
2. Providing contacts for continuing education outside the organization and keeping an up to date list of recognized courses and programs
3. Providing access or information on articles, books and journals that are relevant to the course content

To remain a recognized training institution, the organization must ensure that they monitor trainers and leaders to ensure that they meet the accountability requirements.

This can be accomplished by:
1. Providing a system for trainers and leaders to document participation in continuing education (e.g. point system)
2. Providing a reporting system for trainers and leaders to record practical hours
3. Requiring trainers and leaders to meet minimum yearly requirements to remain certified

To remain a recognized training institution, the organization must ensure that their materials and information are current and evidence-based.

This can be accomplished by:
1. Keeping up to date on research in the field
2. Updating course materials regularly
3. Monitoring trainers to ensure knowledge is current
4. Developing new resources
5. Incorporating up to date, accessible methods of course delivery (e.g. electronic online courses)
Appendix 1
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