

CILT's Volunteer Vibes

Volume 6 Issue 2
September 2004

Welcome New Volunteers

We are fortunate in that we have had a number of fantastic additions to our volunteer team. Please join me in welcoming *Suzanne Curran*, *Debra Hunt* and *Rita Grotsky* to CILT. We are very pleased to have them working with us.

Thinking About Today's Older Adult Volunteer

Excerpted from "Why Volunteer? Why Not? Understanding the Motivation Question," taken from Volunteer Connections: New Strategies for Involving Older Adults. Volunteer Canada, 2001.

It is helpful to pause and consider the volunteerism dynamics of the more mature population. Today, older Canadians, currently aged 65+, present an interesting picture when it comes to volunteering. While their volunteer rate has begun to diminish as we saw a drop from a participation rate of 23% in 1997 to a surprising - and worrisome - 18% in 2000, those that do volunteer consistently contribute the largest number of hours. These volunteers are a group of people upon whom many non profit organizations place considerable expectations to give more time. And they respond.

Whether as parents or older siblings, today's seniors are the role models for the Baby Boom generation and the bellwether for patterns of involvement and for successes and barriers to volunteer involvement. Right now what is not known is whether these "Baby Boomers" will take on well-established roles of today's "super volunteers" (now in their 70s and 80s) as they move into a post-labour force or whether they will continue to break the mould and create a new era of community engagement and social responsibility.

Many volunteers (81%) agree that finding an opportunity to use skills and experience is a major reason for volunteering. Among older people and Baby Boomers, one presumes that the emphasis is more on use of existing skills and wisdom compared to the strong desire by young people to develop skills that may advance their interests in the work force.

Researchers have begun to examine the positive links between good health and volunteering, and literature provides strong evidence that those who volunteer see a marked improvement in their state of physical and mental health. Social support networks that are developed through volunteering can act as a buffer against stress and illness. Some experts have concluded that the health benefits

of social relationships may be as important as avoiding health risks such as smoking, physical inactivity and high blood pressure.

Volunteering can also enhance self-esteem, personal coping skills and resources – all of which have health benefits. People with a strong sense of their own effectiveness, coping abilities, social usefulness, and who are socially active tend to have better health, lower mortality and healthier lifestyles. Volunteering enhances health because it provides an additional role or identity. In other words, individuals with many interests and roles have increased well being.

"Volunteerism Improves Seniors' Satisfaction with Life" reads the headline in The Seniors Research Group Member Newsletter. A recent national study conducted in the United States by the Senior Research Group found that 52% of seniors, age 62 and older, who volunteer in their community on a regular basis feel very satisfied with their lives compared to only 37% of seniors who never volunteer in their community.

According to the results from the National Survey on Giving, Volunteering and Participating, in the year 2000 the following were the main reasons that older adults chose to volunteer:

- Causes in which one believes - 95%
- Use skills and experience - 81%
- Personally affected by cause - 70%
- Explore own strengths - 57%
- Friends volunteered - 30%
- Religious obligations/beliefs - 26%.

Canada's Aging Specialist Says Volunteering is a Secret Ingredient for Healthy Aging

Press Release, Volunteer Canada, October 1999.

In Montreal, one of Canada's foremost specialists on aging and the health of Canada's senior citizens says that a good dose of volunteer activity is a secret ingredient that can keep people healthy and fulfilled in their senior years.

Dr. Neena Chappell, Director of the Centre on Aging at the University of Victoria, has concluded an extensive review of North American research literature about the relationship between health in old age, and participation in formal and informal volunteer activities. Her paper, "Volunteering and Healthy Aging: What We Know," was co-sponsored by Volunteer Canada, Health Canada and Manulife Financial. The paper reviews what we know about why people volunteer and the benefits of volunteering in terms of health impacts.

'We still need more research in this area, but the literature clearly brings us the good news that people who give their time to a volunteer activity, especially if it involves helping others, are happier and healthier in their later years,' says Dr. Chappell, who delivered the keynote address at the opening of the 1999 Canadian Forum on Volunteerism in Montreal today.

Dr. Chappell's paper asserts that the 'social support' that volunteers receive when they are engaged in volunteer activity is linked to their health and sense of well-being. The paper confirms that social interaction does have an impact on quality of life and mortality. The literature reveals that isolated individuals tend to die younger and that social engagement can help mediate the effects of stress in our lives.

Whether engaged in formal or informal volunteering tasks, Chappell also notes that volunteers seem to derive health benefits from volunteering because they feel that they are useful and are making a contribution. 'Volunteering is a people-to-people business,' says Chappell. 'A lot of the benefit comes from being in touch with others and having an impact on their lives'.

This literature review also offers a new perspective on the well-being of those who provide informal care to ailing or elderly family members. Despite the obvious pressures on the caregiver, Dr. Chappell's paper indicates that taking care of others can be personally satisfying. Caregiving volunteers report high levels of personal happiness and well-being. Whether giving or receiving care, the elderly say that their relationships with others are what they value most in their lives.

'Older volunteers are the mainstay of many voluntary organizations, and provide much of the informal volunteering that goes on in our society,' says Ms. Paddy Bowen, Executive Director of Volunteer Canada. 'Dr. Chappell's paper give us a new perspective on why and how seniors volunteer, and what we need to do to increase their rates of participation. Engaging older adults in voluntary activity continues to be a priority for the sector.'

Statistics Canada's 1998 National Survey on Giving, Volunteering and Participating (NSGVP) survey indicates that almost a quarter (22 per cent in 1987 and 23 per cent in 1997) of Canada's seniors participate in formal volunteering. While the rate of participation by seniors is lower than other age groups, the survey reveals that these older volunteers tend to give more of their time when they do volunteer (202 hours in a year compared with the next largest category -- those aged 55-64 who volunteer for 160 hours per year).

Dr. Chappell's paper admits that it is unclear whether the link between volunteering and good health reflects a causal relationship or selectivity. In other words, does volunteering maintain and enhance well-being, or do those who are in better health tend to volunteer more? In-depth, longitudinal studies are

required to confirm assumptions.

Volunteer Canada intends to use the Chappell paper, in conjunction with an in-depth analysis of the Statistics Canada NSGVP survey, to develop a long-term plan for increasing the participation of seniors in the voluntary sector. 'Clearly the message that volunteering is good for your health will help us attract more seniors to the sector,' says Bowen.

Contact the Volunteer Canada web site at www.volunteer.ca for the full text of 'Volunteering and Healthy Aging: What We Know', an executive summary and for more information about Volunteer Canada, the National Survey on Giving, Volunteering and Participating, and Dr. Chappell's biography.

CILT's Volunteer Appreciation

Please watch your mail closely for an invitation to this year's *Volunteer Appreciation*, which was deferred from last spring. Invitations will be mailed out shortly.

Disability Awareness Corner

Parkinson's disease may be one of the most baffling and complex of the neurological disorders. Its cause remains a mystery but research in this area is active, with new and intriguing findings constantly being reported.

Parkinson's disease was first described in 1817 by James Parkinson, a British physician, who published a paper on what he called "the shaking palsy." In this paper, he set forth the major symptoms of the disease that would later bear his name.

In the early 1960s, researchers identified a fundamental brain defect that is a hallmark of the disease: the loss of brain cells that produce a chemical called "dopamine" that helps direct muscle activity. This discovery pointed to the first successful treatment for Parkinson's disease and suggested ways of devising new and even more effective therapies.

What is Parkinson's Disease?

Parkinson's disease belongs to a group of conditions called motor system disorders. The four primary symptoms are *tremor* or trembling in hands, arms, legs, jaw and face; *rigidity* or stiffness of the limbs and trunk; *bradykinesia* or slowness of movement; and *postural instability* or impaired balance and coordination. As these symptoms become more pronounced, patients may have difficulty walking, talking, or completing other simple tasks.

The disease is both chronic, meaning it persists over a long period of time, and progressive, meaning its symptoms grow worse over time. It is not contagious nor is it usually inherited – that is, it does not pass directly from one family member or generation to the next.

Parkinson's disease is the most common form of *parkinsonism*, the name for a group of disorders with similar features. These disorders share the four primary symptoms described above, and all are the result of the loss of dopamine-producing cells.

What causes Parkinson's?

Parkinson's occurs when certain nerve cells, or neurons, in the area of the brain known as *substantia nigra* die or become impaired. Normally, these neurons produce an important brain chemical known as dopamine, which is a chemical messenger responsible for transmitting signals between neurons in the brain. Studies have shown that people with Parkinson's have an 80 percent loss or more of dopamine-producing brain cells. The cause of the loss of these cells is not yet known, although researchers have come up with all sorts of theories which, in some cases, have led to some fascinating new clues to the disease.

Some scientists have suggested that Parkinson's disease may occur when either an internal or external toxin selectively destroys dopaminergic neurons. An environmental risk factor such as exposure to pesticides or a toxin in the food supply is an example of the kind of external trigger that could cause Parkinson's disease. So far, however, no research has been able to provide conclusive proof that a toxin is the cause of the disease.

Many researchers believe that a combination of four mechanisms - *neuron damage, environmental toxins, genetic predisposition, and accelerated aging* - may ultimately be shown to cause the disease.

Who Gets Parkinson's Disease?

About 50,000 Americans are diagnosed with Parkinson's disease each year, with more than half a million Americans affected at any one time. It strikes men and women almost equally and it knows no social, economic, or geographic boundaries. Some studies show that African-Americans or Asians are less likely than whites to develop Parkinson's disease. Scientists have not been able to explain this lower incidence in certain populations.

Age, however, has a clear correlation with the onset of symptoms. Parkinson's usually begins in late middle age, usually affecting people over the age of 50; although, it has been known to strike at a younger age. Physicians have reportedly noticed more cases of "early-onset" Parkinson's disease in the past

several years, and some have estimated that 5 to 10 percent of patients are under the age of 40. Michael J. Fox, a well-known Hollywood actor, began noticing symptoms when he was in his late twenties.

What are the Major Symptoms?

Parkinson's does not affect everyone in the same way. In some people the disease progresses quickly, while in others it does not. Although some people become severely disabled, others experience only minor motor disruptions. Tremor is the major symptom for some patients, while for others tremor is only a minor complaint and different symptoms are more troublesome. Other symptoms include:

- **Rigidity** - a resistance to movement due to inactivity of muscles;
- **Bradykinesia** - the slowing down and loss of spontaneous and automatic movement and is particularly frustrating because it is unpredictable;
- **Postural instability** - or impaired balance and coordination, which causes patients to develop a forward or backward lean and have a tendency to step backwards.

There are various other symptoms that accompany Parkinson's disease; some are minor, while others are more bothersome. Many can be treated with medication or physical therapy. No one can predict which symptoms will affect an individual patient, and the intensity of the symptoms also varies from person to person, none of which are fatal, although swallowing problems can cause choking. These other symptoms include:

- Depression
- Emotional changes
- Difficulty in swallowing and chewing
- Speech changes
- Urinary problems or constipation
- Skin irritation
- Sleep disruptions.

Treatment for patients with Parkinson's

At present, there is no cure for Parkinson's disease. But a variety of medications can provide relief from the symptoms. Treating Parkinson's with surgery was once a common practice. But after the discovery of levodopa, surgery was restricted to only a few cases. Currently, surgery is reserved for patients who have failed to respond satisfactorily to medication.

Eating a well-balanced, nutritious diet can be beneficial for anyone. But for preventing or curing Parkinson's disease, there does not seem to be any specific vitamin, mineral, or other nutrient that has any therapeutic value. A high protein

diet, however, may limit levodopa's effectiveness.

Because movements are affected in Parkinson's disease, exercising may help people improve their mobility. Some doctors prescribe physical therapy or muscle-strengthening exercises to tone muscles and to put underused and rigid muscles through a full range of motion. Exercises will not stop the progression of the disease, but they may improve balance, helping people overcome gait problems, and can strengthen certain muscles so that actions such as speaking and swallowing become easier. Exercises can also improve the emotional well-being of patients with Parkinson's. Although structured exercise programs help many patients, more general physical activity, such as walking, gardening, swimming, callisthenics, and using exercise machines can also be beneficial.

Sources:

1. *The National Institute of Neurological Disorders and Stroke. Bethesda, MD, USA. August 17, 2001.*
2. *American Academy of Family Physicians. April 15, 1999.*

Community News and Events

Toronto Sunnybrook Regional Cancer Centre presents their 14th Annual Cancer Information Series, sponsored by Florence Winberg, "Dimensions of Cancer":

"The Mary Sue Douglas Memorial Lecture - the Good News about Dealing with Bad News" - Dr. Robert Buckman, M.B., Ph.D., FRCP, FRCPC

Dr. Buckman, a world class expert on interpersonal communication and a medical oncologist will give an inspirational and humorous talk on the best strategies for talking about the subject of illness from the patient, the friend, and the family member's perspective. Dr. Buckman will demonstrate the simple steps and tips that one can use to overcome communication challenges around the topic of illness.

"Fighting Cancer with A Fork" - Suzanne Dixon, MPH, MS, RD

Suzanne Dixon, a Registered Dietician and recognized expert in cancer nutrition and epidemiology, will provide information that is vital for people who want to make the best choices to promote true healing after a diagnosis of cancer.

"Couples and Cancer: Mapping a Shared Path" - Karen Fergus, Ph.D.

A clinician-researcher and post-doctoral fellow at the Toronto Sunnybrook Regional Cancer Centre whose program of research has focused specifically on the effect of cancer on intimate relationships and how couples cope with illness.

"Music as Medicine" - Ann-Marie Boudreau, Soundwork Practitioner (with Soundwork Colleagues)

Through interactive vocalizing and instrumental play, Soundwork can open up a dialogue with our inner life or create a sense of community. Because of the vibrational nature of sound and through intentional sounding, we can access and express a range of feelings, issues and memories as well as release emotional physical blocks while balancing the body's energy.

All lectures are being held at:

The Civic Garden Centre, Toronto Botanical Gardens (formerly Edwards Gardens) 777 Lawrence Ave. E., (at Leslie Street). Music provided by Nick Moore, MD

- Free admission
- Parking available at a nominal fee
- TTC accessible
- Everyone welcome
- Displays
- Doors open at 7:00 p.m.

Birchmount Bluffs Neighbourhood Centre is hosting *-Chair Yoga and Tai Chi Classes*". Enjoy therapeutic classes that you can safely enjoy while seated. You'll practice gentle, low-impact exercises that improve muscle flexibility, strength, range of motion and relaxation. Participants will be encouraged to adapt exercises to suit their abilities and choice.

Chair Yoga - Thursday afternoons

2:30-3:30pm, beginning September 16 through to December 2, 2004 from. Cost is \$20 to join.

Chair Tai Chi - Monday afternoons 11:45am-12:45pm, beginning September 13 through to December 9, 2004. Cost is \$10.00 to join.

Program subsidies are available. All sessions take place at Birchmount Bluffs Neighbourhood Centre, 93 Birchmount Road (at Kingston Road). For more information, please call David at (416) 396-7606 or simply register at the centre's reception desk.

The **Self Help Resource Centre** is hosting an information fair on Self Help. It takes place September 29, 2004 from 3-5pm at their centre, which is located at 40 Orchard View Blvd., Suite 200 (Yonge & Eglinton). For more information, call Jenny at (416) 487-4355.

CILT News

Petra Heinzelmann, coordinator for the Project Information Centre (PIC), has left CILT and has moved to Switzerland. Replacing Petra, we welcome Rolita Siu. Rolita has played an instrumental role at CILT in the past, in putting together the Green Book - a listing of all Support Service Living Units (SSLUs) and attendant service outreach programs in Ontario.

Also joining the staff at CILT is Judy Lu, who has been hired on a part time basis to assist Jamie with administrative duties at CILT.

CILT's AGM (Annual General Meeting) is coming up later this month on September 23, 2004 – 5:30pm - 8pm.

If you would like to attend, please call (416) 599-2458.

CILT's Volunteer Vibes is a quarterly publication of the **Peer Support Program**. If you are interested in volunteering at CILT, please call Nancy to request a Volunteer Application Package.

Centre for Independent Living in Toronto (CILT) Inc.
205 Richmond Street West, Suite 605
Toronto, Ontario M5V 1V3
Tel: (416) 599-2458, extension 27
Fax: (416) 599-3555
TTY: (416) 599-5077
Email: cilt@cilt.ca or peervolunteer@cilt.ca

Web site: www.cilt.ca

Volunteer Vibes is also available on audiotape.

Articles on products, agencies or services are for information only and are not meant as endorsements.

The opinions expressed in this newsletter are those of the contributors and may not reflect the views of CILT.

Supported by a Toronto Community Service Grant, United Way and Human Resources Development Canada