

Dialogue on Graceful Aging
Faculty of Health, York University
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Keynote by Maurice French

I would like to thank Dean Harvey Skinner for the introduction and for inviting me to this Think Tank on Graceful Aging today. The advance documents for today's session present compelling reasons why increasing longevity in industrialized societies poses a formidable challenge on a wide range of issues. The initiative that you are taking in regard to those issues, is commendable and of vital importance.

I note in the discussion document that you intend to identify "champions" of graceful aging in the non-academic community to contribute. At 82 years of age I am not quite sure that I am old enough, or my activities intensive enough, to qualify as a champion, so I will recite this brief résumé in the hope that my day of recognition will come.

During my life I played rugby, and soccer. I enjoyed countless hours of downhill skiing - the challenge of the Canadian Rockies. I am a certified scuba diver - the beauty of Australia's Great Barrier Reef. Over the last 40 years I have coached and motivated men and women to achieve their running goals, specifically the Marathon. A Marathon is 42 kilometers.

I have run 150 Marathons that have included on several occasions: Boston, London, Honolulu, Washington, Toronto and Ottawa. In 1978 I retraced the steps of the legendary Pheidippides from Marathon to Athens. I ran the tough Midnight Sun Marathon in Nanasivic, 840 kilometers North of the Arctic Circle. There are many other Marathons I have competed in such as New York, Chicago, New Orleans, and Paris.

To celebrate my 70th birthday I ran 70 kilometers. During the years I have run or competed in distances from 5 kilometers to 80 kilometers. I still enjoy running.

For the last seventeen years, as a volunteer I have given my motivational talk "The Power of the Dream" every week to clients recovering from substance abuse. My other interests are singing, and poetry. I have recorded a few CD's. Those are some of the enjoyable investments in my Graceful Aging portfolio.

The intent to advocate and introduce fresh thinking and a more positive attitude about growing old promises to bring rewarding benefits. Health science, concerns and action with safety in the work place, clean water and sanitation, safe food, a higher standard of living, improved personal hygiene, increased recreational facilities, and a government universal health plan have without question been major factors in increasing the longevity of the citizens of Canada. In addition there has been aggressive action and laws to ban smoking in public places. With available new powerful drugs and treatments, people are living longer, but what is the quality of their life in these additional years?

Are they, as a result of not paying attention to their health and wellbeing particularly in their younger years, in such poor physical condition that they are just existing? The answer surely resides in the enormous sums of money spent on health services, probing tests, and drugs. Far too many are dependent on portable oxygen, wheel chairs,

assistance and costly medical care just to stay alive – albeit in a depressed, unproductive state.

Despite warnings, there is a large percentage of the population both young and old who think they are indestructible and damage their bodies with drugs, excess alcohol consumption, smoking, and obesity. Little or no exercise makes them prone to cardiovascular disease, diabetes and other life threatening conditions. They are committing suicide on the installment plan. They become a huge, and what will be eventually an unsustainable, burden on Canada's health, human, and financial resources.

There is also a personal financial reason for people to keep fit, manage their affairs, and maintain independence in their own homes. The employment conditions in Canada are steadily changing, from long term employment in the same organization with good pension benefits, to short term contract employment with no pension. In many cases with no self-administered retirement benefits plan, there is the dilemma of not having the money to pay for a private retirement home.

Today retirement homes charge in the range of \$48,000 per year. The family may not be able to find over half million dollars if 10 years of care is required. The question is how will facilities and care be provided; where will the money come from? Will there be large government communal retirement institutions, providing only basic care, at a minimal cost, or a return to the early nineteenth century answer, the work house?

There are countless numbers of people who program their subconscious minds with destructive mantras such as "I am 40 and over the hill" or with the biblical message that we have a life span of "Three score years and ten." Having reached such milestones they do as little as possible, deteriorating mentally and physically.

I believe we must change the present thinking about our life span, from "life expectancy" to "age of the human species". Perhaps then we would not be expecting that we are nearing the finish, when we are only part way through the journey. Others fall victim to the relentless bombardment of pharmaceutical commercials on television and have or show signs of hypochondria thinking they have every complaint or disease on the TV screen.

Prevention, moderation, diet, routine physical exercise, mental activity, the need to have interests, and the zest for life, are so important; indeed they are the prelude to graceful aging. We must get the message also to a younger segment of the population in our educational system. Children should receive parental guidance, support, and encouragement by example in physical activity and health, because it will profoundly influence the child's aging years.

Let's not lock the barn door after the horse is gone. A press secretary and or motivational advocates should be used to convey the message of Graceful Aging on television, the Internet, radio, and in newspapers. These media would be some of the best ways to reach people, because it is safe to assume that the people in most need of the message are indeed sitting, watching, listening, or reading, for hours every day often – sadly – alone.

The Thornhill Fitness Centre has an indoor track built high around the walls of the ice arena, it is 9.3 laps to the mile, 58 laps for 10 kilometers. To accommodate running, this is the smallest a track should be. The centre offers use of track only to applicants who produce a doctor's letter, to say it's needed for their health.

There are not enough of these minimum size, indoor door tracks, with exercise facilities at low membership fees available, particularly when the snow, ice and cold of winters here makes outdoor exercise dangerous for many people. Seniors who can not escape the severity of winter are often confined to their homes, and like many other sedentary people become lethargic, depressed, and gain weight.

The ultimate model for indoor tracks is here at York University. The 200 meter rubberized banked track, with a 7 laps to the mile warm up or walking track, is a superb facility, but distance, traffic volume, and time, make its use impractical for many people, particularly in winter when it's most required. Too often, existing local facilities where programs are available cannot be reached by older people. Shuttle buses to get people to facilities and programs would be a good investment.

The Graceful Aging initiative with its intended composite and inclusive approach of research, program development and advocacy, is in my opinion the right approach. The publishing of scientific papers is not enough alone to make this endeavour successful. If these valuable findings reach health care providers, they may find them difficult to comprehend and therefore are understandably reluctant to implement them.

So in addition to the publication of scientific papers, which are so important for a variety of reasons, knowledge translation is key. The information must be presented to the public and to politicians when facilities and funding are sought in language they can understand. The significance and urgency of what needs to be done must be stressed, as well as how the plan will improve the quality of life for aging people, and help to prevent a collapse of Canada's Universal Health Plan as we know it today.

There was a study that, although focused primarily on cardiovascular disease, serves as an excellent example of a composite method. It took into account all issues, conditions, implementation, and advocacy. Dr Terry Cavenaugh of Sunnybrook Hospital started his now internationally recognized work, by collecting information from healthy fit runners to form his base data. He designed an exercise program for men who had heart attacks, ran himself with his group, making them and the park roads part of his laboratory, and compiling new and pioneering information. Eventually he traveled with his group to Boston, where they successfully ran the Boston Marathon. He had two books published "Heart Attack Counter Attack" and "A Healthy Heart".

In line with this example, research needs to be undertaken in the community as well as in the laboratory. I believe we should emphasize preventive health measures to save future health costs, and reduce loss of our nations' business and production time, due to avoidable health conditions. Canadians must be physically fit and mentally alert to work efficiently, advance, and compete in today's world economy.

Research findings and information should be presented to doctors who, in most cases, are asked to attend to bodies and minds already broken. We must get them to think prevention, physical and mental activity, before prescription drugs, or surgical procedures.

In all of my many years of Marathon coaching, running, and motivational work, the secret of success has been the power of the mind. Indeed, the role of a coach is to program the athletes' subconscious mind with reachable but challenging goals, and give assurance that they can reach them.

Likewise the key to success in this Graceful Aging endeavour is the power of the mind. We must change the way many people think, from negative "I can't do that" or "I am just too old" to the positive "I can". And convince them "We are what we think we are and we can be what we think we can be". So that they will realize through their own experience, that "The body is a servant of the mind". And it is by using our conscious mind to program our sub-conscious mind that we achieve success. The conscious mind is the source of thought, but the sub-conscious mind is the source of power.

The first essential requirement for a new healthy positive "I can" life style is realizing the shallowness of the so called "Good Life" and understanding the dire effects of lack of exercise on health, performance, appearance, energy, and aging. People need to evaluate their present state, and by assessment and admission act with an honest desire to want to change, make a fresh start, improve, seek a program, and to have the determination to carry out the plan. The benefits will eventually motivate continuance, and dramatically change life style habits and priorities.

It is fundamentally important to achieve and maintain a balance of mind, body and spirit, and thereby enjoy life and all it can offer, be content, well, happy, and have peace within. The most effective way to achieve this state is, in my opinion, with mental discipline and physical exercise, doing what is possible with the body one has despite its limitations.

The Special Olympics are a vivid reminder of determination and mental strength. And we admire the courage and grit of those athletes. People have many latent talents. They must be encouraged to develop them. It is amazing what people can accomplish if they are given goals, have an objective, are shown rewards, and motivated to try. Although athletes compete to win their goal is to break records. If they thought existing records could not be broken the incentive to spend years of training would diminish and the Olympic Games would lose its magic.

Indeed the reason I opened this talk today with a few of my activities was to illustrate what is possible in our later years, and thereby to urge you to approach this initiative with an open mind, and to set aside the common attitude and belief, that older people are done, worn out, finished. There is many a good tune played on an old fiddle. And it's never over until it's over.

The proposed Graceful Aging concept offers the real possibility for a higher quality of life as people get older, and to ignite their desire, because of improved health and attitude, to continue to be active, contribute, and to use their experience, now often wasted. I believe this timely initiative, to bring new thinking on issues concerning Canada's increasingly aging population, promises to attract world wide attention and bring recognition to York University and its partners.

I am sure this venture will be demanding. But the tougher the challenge, the greater the reward. Thank you for your time and attention.